

2019 CT 023667 ANB

OBTS Number		<b>ARREST / NOTICE TO APPEAR</b> Juvenile Referral Report		1. Arrest 2. N.T.A.		3. Request for Warrant 4. Request for Capias		1		Juvenile		N									
Agency ORI Number <b>FLO 502600</b>		Agency Name <b>PALM BEACH GARDENS POLICE DEPARTMENT</b>				Agency Report Number (N.T.A.'s only) <b>78-19007581</b>															
Charge Type: Check as many as apply. <input type="checkbox"/> 1. Felony <input type="checkbox"/> 2. Traffic Felony		<input type="checkbox"/> 3. Misdemeanor <input checked="" type="checkbox"/> 4. Traffic Misdemeanor		<input type="checkbox"/> 5. Ordinance <input type="checkbox"/> 6. Other		Weapon Seized / Type 2 <input type="checkbox"/> 1. Yes <input type="checkbox"/> 2. No		Multiple Clearance Indicator													
Location of Arrest (Including Name of Business) <b>2401 PGA BLVD, PALM BEACH GARDENS, FL 33410</b>						Location of Offense (Business Name, Address) <b>PGA BLVD/PROSPERITY FARMS RD, PALM BEACH GARDENS, FL 33410</b>															
Date of Arrest <b>12/26/2019</b>		Time of Arrest <b>02:37</b>		Booking Date		Booking Time		Jail Date		Jail Time		Location of Vehicle <b>KAUFF'S TOWING &amp; RECOVERY 4301 East Avenue, West Palm Beach, FL 33405</b>									
Name (Last, First, Middle) <b>PHILLIPS, PAXTON, CREW</b>						Alias (Name, DOB, Soc. Sec. #, Etc.) <b>NONE</b>															
Race W - White 1 - American Indian B - Black 0 - Oriental/Asian		Sex <b>M</b>		Date of Birth <b>07/04/2000</b>		Height <b>510</b>		Weight <b>150</b>		Eye Color <b>BRO</b>		Hair Color <b>BRO</b>		Complexion <b>LGT</b>		Build <b>MED</b>					
Scars, Marks, Tattoos, Unique Physical Features (Location, Type, Description) <b>SCARS: RIGHT BACK NEAR REAR DELT</b>						Marital Status <b>SINGLE</b>		Religion <b>CHRISTIAN</b>		Indication of Alcohol Influence Drug Influence <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> Unk. <input type="checkbox"/> 1. City <input type="checkbox"/> 3. Florida <input type="checkbox"/> 2. County <input type="checkbox"/> 4. Out of State <input type="checkbox"/> 1											
Local Address (Street, Apt. Number) <b>2487 SAN PIETRO CIR, PALM BEACH GARDENS, FL 33410</b>				(City)		(State)		(Zip)		Phone <b>(561) 379-2952</b>		Residence Type 1. City 3. Florida 2. County 4. Out of State		1							
Permanent Address (Street, Apt. Number) <b>2487 SAN PIETRO CIR, PALM BEACH GARDENS, FL 33410</b>				(City)		(State)		(Zip)		Phone ( )		Address Source <b>FL DRIVER'S LICENSE</b>									
Business Address (Name, Street) <b>TALLAHASSEE COMMUNITY COLLEGE,</b>				(City)		(State)		(Zip)		Phone ( )		Occupation <b>STUDENT</b>									
D/L Number, State <b>P412663002440 FL</b>		Soc. Sec. Number		INS Number		Place of Birth (City, State) <b>JUPITER, FL</b>		Citizenship <b>USA</b>													
Co-Defendant Name (Last, First, Middle)						Race		Sex		Date of Birth		<input type="checkbox"/> 1. Arrested <input type="checkbox"/> 2. At Large		<input type="checkbox"/> 3. Felony <input type="checkbox"/> 4. Misdemeanor <input type="checkbox"/> 5. Juvenile							
Co-Defendant Name (Last, First, Middle)						Race		Sex		Date of Birth		<input type="checkbox"/> 1. Arrested <input type="checkbox"/> 2. At Large		<input type="checkbox"/> 3. Felony <input type="checkbox"/> 4. Misdemeanor <input type="checkbox"/> 5. Juvenile							
<input type="checkbox"/> Parent <input type="checkbox"/> Legal Custodian <input type="checkbox"/> Other		Name (Last) (First) (Middle)				Residence Phone ( )		Address (Street, Apt. Number) (City) (State) (Zip) ( ) ( ) ( )				Business Phone ( )									
Notified by: (Name)				Date		Time		Juvenile Disposition 1. Handled/processed within Dept. and Released. 2. TOT HRS / DYS 3. Incarcerated													
Released To: (Name)						Relationship		Date		Time											
The above address provided by <input type="checkbox"/> defendant and / or <input type="checkbox"/> defendant's parents. The child and / or parent was told to keep the Juvenile Court Clerk (Phone 355-2526) informed of any change of address. <input type="checkbox"/> Yes, by: (Name) <input type="checkbox"/> No: (Reason)						School Attended				Grade											
Property Crime? <input type="checkbox"/> Yes <input type="checkbox"/> No		Description of Property				Value of Property															
Drug Activity N. N/A P. Possess		S. Sell B. Buy T. Traffic		R. Smuggle D. Deliver E. Use		K. Dispense/ Distribute		M. Manufacture/ Produce/ Cultivate		Z. Other		Drug Type N. N/A A. Amphetamine		B. Barbiturate C. Cocaine E. Heroin		H. Hallucinogen M. Marijuana O. Opium/Deriv.		P. Paraphernalia/ Equipment S. Synthetics		U. Unknown Z. Other	
Charge Description <b>DRIVING UNDER THE INFLUENCE</b>		Counts <b>1</b>		Domestic Violence <input type="checkbox"/> Y <input type="checkbox"/> N		Statute Violation Number <b>316.193(1)</b>				Violation of ORD #											
Drug Activity <b>N</b>		Drug Type <b>N</b>		Amount / Unit <b>N/A</b>		Offense #		Warrant / Capias Number				Bond									
Charge Description		Counts		Domestic Violence <input type="checkbox"/> Y <input type="checkbox"/> N		Statute Violation Number				Violation of ORD #											
Drug Activity		Drug Type		Amount / Unit		Offense #		Warrant / Capias Number				Bond									
Charge Description		Counts		Domestic Violence <input type="checkbox"/> Y <input type="checkbox"/> N		Statute Violation Number				Violation of ORD #											
Drug Activity		Drug Type		Amount / Unit		Offense #		Warrant / Capias Number				Bond									
Charge Description		Counts		Domestic Violence <input type="checkbox"/> Y <input type="checkbox"/> N		Statute Violation Number				Violation of ORD #											
Drug Activity		Drug Type		Amount / Unit		Offense #		Warrant / Capias Number				Bond									
Location (Court Room Number, Address) <b>NORTH COUNTY COURTHOUSE, 3188 PGA BOULEVARD, PALM BEACH GARDENS, FL 33410 - PH: (561) 662-6700</b>												Court Date and Time Month <b>JANUARY</b> Day <b>29</b> Year <b>2020</b> Time <b>10:00</b> AM <input checked="" type="checkbox"/> PM <input type="checkbox"/>									
I AGREE TO APPEAR AT THE TIME AND PLACE DESIGNATED TO ANSWER THE OFFENSE CHARGED OR TO PAY THE FINE SUBSCRIBED. I UNDERSTAND THAT SHOULD I WILLFULLY FAIL TO APPEAR BEFORE THE COURT AS REQUIRED BY THIS NOTICE TO APPEAR, THAT I MAY BE HELD IN CONTEMPT OF COURT AND A WARRANT FOR MY ARREST SHALL BE ISSUED.												Signature of Defendant (or Juvenile and Parent/Custodian) <i>Phillips</i>		Date Signed <b>12/26/2019</b>							
HOLD for other Agency Name:		Signature of Arresting Officer <i>[Signature]</i>				Name Verification (Printed by Agency) <b>SCANNED</b>															
<input type="checkbox"/> Dangerous <input type="checkbox"/> Suicidal		<input type="checkbox"/> Resisted Arrest <input type="checkbox"/> Other:		Name of Arresting Officer (Print) <b>Ofc. Cameron Carver</b>		I.D. # <b>#471</b>		(PRINT) <b>DEC 26 2019</b>				PAGE <b>1</b>									
Intake Deputy <b>SMANN 8101</b>		I.D. #		Pouch #		Transporting Officer <b>Ofc. Cameron Carver</b>		ID # <b>#471</b>		Agency <b>PBGPD</b>		Witness here if subject signed with an "X" <b>1</b>		OF 1							

DISTRIBUTION: WHITE - COURT COPY GREEN - STATE ATTORNEY YELLOW - AGENCY PINK - AGENCY GOLD - DEFENDANT (N.T.A.'s ONLY)

J# 0513584

PH 3902

# D.U.I. PROBABLE CAUSE AFFIDAVIT

ON THE 26 DAY OF DECEMBER 20 19, AT 02:02  AM  PM

SUBJECT: PHILLIPS, PAXTON, CREW CASE NUMBER: 19007581

AGENCY: PALM BEACH GARDENS POLICE DEPT. ARRESTING OFFICER: Ofc. Cameron Carver #471

## PERSONAL CONTACT

DRIVING PATTERN: ACTUAL PHYSICAL CONTROL (PHYSICAL EVIDENCE OR STATEMENTS PUTTING DEF. BEHIND WHEEL OF VEHICLE)

I observed a black sedan traveling northbound on Prosperity Farms Road, approaching a red light. I watched as the sedan ran the red light and continue northbound and made a U-turn to catch up and initiate a traffic stop. Officer Yacinthe #460 was eastbound on PGA Boulevard at the intersection when the sedan passed through the intersection and got behind the black Honda Civic bearing Florida license plate JWAU21. Ofc. Yacinthe initiated a traffic stop on the Honda, with it pulling into 2401 PGA Boulevard and coming to final rest. Ofc. Yacinthe identified the white male driver and the sole occupant of the Honda via his Florida driver's license as Paxton Crew Phillips.

## OBSERVATION OF DRIVER:

In the vehicle, I observed multiple opened beer cans and a used bottle of alcohol in the back seat. While speaking with Phillips I noticed his eyes were glassy and bloodshot; he was wearing a black hoodie and black gym shorts and brown Sperry's. Phillips had the odor of cigarettes coming off his person and inside the vehicle. Phillips granted permission to search his vehicle and person, and while searching his person I detected the strong odor of an unknown alcoholic beverage coming off his breath as he spoke.

## DRIVER'S STATEMENTS:

Phillips stated he was coming from "Step In Foods" in North Palm Beach, FL after buying a pack of cigarettes and was on his way home. Phillips stated the alcohol paraphernalia in the vehicle was from "days prior." Phillips admitted to drinking 3 glasses of wine with dinner.

## ODORS:

Odor of unknown alcoholic beverage.

## GENERAL OBSERVATIONS

SPEECH: Deliberate

ATTITUDE: Calm, cooperative

CLOTHING: Neat and clean black hoodie, black gym shorts and brown Sperry's

MEDICAL/OTHER: suffers from Dyslexia, however, does not take any medications;

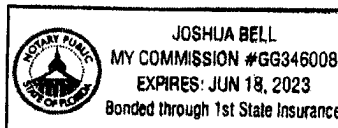
STATE OF FLORIDA  
COUNTY OF PALM BEACH

(Signature of Arresting/Investigative Officer)

The foregoing instrument was sworn to or affirmed and subscribed before me this 26 day of DECEMBER 202019 by Ofc. Cameron Carver

(Print name of Arresting/Investigative Officer), who is personally known to me and/or produced identification. Type of identification produced Personally Known

Notary Public, Clerk of Court, Officer (F.S.S. 117.10)



SUBJECT: PHILLIPS, PAXTON, CREW CASE NUMBER 19007581

**ROADSIDE TASKS**

**HORIZONTAL GAZE NYSTAGMUS:**

- |                                                                                             |                                                                                             |
|---------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------|
| <input checked="" type="checkbox"/> LT EYE-LACK OF SMOOTH PURSUIT                           | <input checked="" type="checkbox"/> RT EYE-LACK OF SMOOTH PURSUIT                           |
| <input checked="" type="checkbox"/> LT EYE-DISTINCT & SUSTAINED NYSTAGMUS AT MAX. DEVIATION | <input checked="" type="checkbox"/> RT EYE-DISTINCT & SUSTAINED NYSTAGMUS AT MAX. DEVIATION |
| <input type="checkbox"/> LT- EYE-ONSET OF NYSTAGMUS PRIOR TO 45 DEGREES                     | <input type="checkbox"/> RT- EYE-ONSET OF NYSTAGMUS PRIOR TO 45 DEGREES                     |

**Other Observations:**

Condition of Eyes: **Glassy and Bloodshot**  
Observations:

**WALK & TURN:**

The instructions were explained and demonstrated to Phillips. Phillips started prior to being directed to. After instructions and Phillips stating he understood, Phillips started on command. Phillips missed heel-to-toe on steps 2, 4 and 7. Phillips did not turn as instructed and demonstrate. On the return, Phillips missed heel-to-toe on steps 1, 2, 3, and 4. Phillips took the incorrect number of steps, completing 10 steps. Phillips initially did not count aloud as instructed.

**ONE LEG STAND:**

The instructions were explained and demonstrated to Phillips, who stated he understood. Upon the command to begin, Phillips swayed while balancing. Phillips miscounted, repeating 1000-8 and 1000-10.

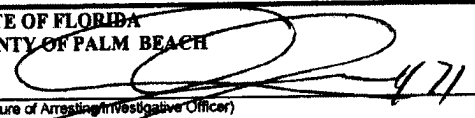
**MODIFIED RHOMBERG**

The instructions were explained to Phillips, who stated he understood. Phillips overestimated the passage of thirty (30) seconds by 7 seconds.

[Empty box for additional notes]

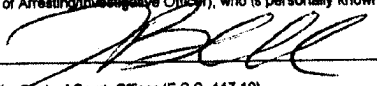
**BREATH TEST RESULTS:**     .058                     .057

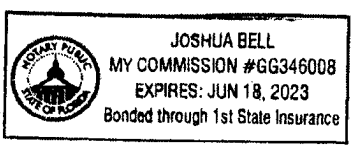
STATE OF FLORIDA  
COUNTY OF PALM BEACH

  
(Signature of Arresting/Investigative Officer)

The foregoing instrument was sworn to or affirmed and subscribed before me this 26 day of DECEMBER 202019 by Ofc. Cameron Carver

(Print name of Arresting/Investigative Officer), who is personally known to me and/or produced identification. Type of identification produced Personally Known

  
Notary Public, Clerk of Court, Officer (F.S.S. 117.10)



# WITNESS LIST

CASE NUMBER: 19007581

ARRESTING OFFICER: Ofc. Cameron Carver

ADDRESS: 10500 N. Military Trail, Palm Beach Gardens, FL 33410

PHONE NUMBERS (HOME): N/A (WORK) (561) 799-4445

CAN TESTIFY TO: Facts of Case

NAME: Ofc. Westly Yacinthe #460

ADDRESS: 10500 N. Military Trail, Palm Beach Gardens, FL 33410

PHONE NUMBERS (HOME) N/A (WORK) (561) 799-4445

CAN TESTIFY TO: Traffic Stop and Scene Safety

NAME: \_\_\_\_\_

ADDRESS \_\_\_\_\_

PHONE NUMBERS (HOME) \_\_\_\_\_ (WORK) \_\_\_\_\_

CAN TESTIFY TO: \_\_\_\_\_

NAME: \_\_\_\_\_

ADDRESS \_\_\_\_\_

PHONE NUMBERS (HOME) \_\_\_\_\_ (WORK) \_\_\_\_\_

CAN TESTIFY TO: \_\_\_\_\_

NAME: \_\_\_\_\_

ADDRESS \_\_\_\_\_

PHONE NUMBERS (HOME) \_\_\_\_\_ (WORK) \_\_\_\_\_

CAN TESTIFY TO: \_\_\_\_\_

NAME: \_\_\_\_\_

ADDRESS \_\_\_\_\_

PHONE NUMBERS (HOME) \_\_\_\_\_ (WORK) \_\_\_\_\_

CAN TESTIFY TO: \_\_\_\_\_

NAME: \_\_\_\_\_

ADDRESS \_\_\_\_\_

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NAME: \_\_\_\_\_

ADDRESS \_\_\_\_\_

PHONE NUMBERS (HOME) \_\_\_\_\_ (WORK) \_\_\_\_\_

CAN TESTIFY TO: \_\_\_\_\_

NAME: \_\_\_\_\_

ADDRESS \_\_\_\_\_

PHONE NUMBERS (HOME) \_\_\_\_\_ (WORK) \_\_\_\_\_

CAN TESTIFY TO: \_\_\_\_\_

NOT A CERTIFIED COPY

# TESTING FACILITY TASK REPORT

AGENCY: PBG/CARVER

SUBJECT: PHILLIPS, PAXTON

CASE NUMBER: 19-152532

DATE: Dec 26, 2019

VIDEO DVD NUMBER: N/A

BEGINNING TIME: 0342

ENDING TIME: 0354

BREATH TESTS RESULTS: 1) .058 TIME 0346 A.M.  P.M.  2) .057 TIME 0349 A.M.  P.M.   
3) XX TIME XX A.M.  P.M.  4) XX TIME XX A.M.  P.M.

BREATH OPERATOR: S. PALMER #24520

MAINTENANCE TECHNICIAN: J Karlecke #6467

## TESTING OFFICER'S OBSERVATIONS

SPEECH: CLEAR

ATTITUDE: CALM, QUIET, COOPERATIVE, POLITE

CLOTHING: BLACK HOODIE, BLACK SHORTS, BROWN SHOES

MEDICAL CONDITIONS: NONE

MEDICATIONS: NONE

## OTHER:

EYES: GLASSY AND BLOODSHOT,

## COMMENTS:

ARRESTING OFFICER CONDUCTED THE 20 MINUTE OBSERVATION BEGINNING AT 0320  
SUBJECT AGREED TO TAKE BREATH TEST  
AND PROVIDED TWO ADEQUATE SAMPLES SUCCESSFULLY  
TECH READ RESULTS  
SUBJECT STATED SHE UNDERSTOOD RESULTS  
A/O REQUESTED URINE  
A/O READ I/C  
SUBJECT STATED HE UNDERSTOOD I/C  
AND AGREED TO URINE TEST  
A/O READ RIGHTS  
SUBJECT STATED HE UNDERSTOOD HIS RIGHTS  
AND REFUSED QUESTIONING

URINE PROVIDED AT 0400

FLORIDA DEPARTMENT OF LAW ENFORCEMENT  
ALCOHOL TESTING PROGRAM  
BREATH ALCOHOL TEST AFFIDAVIT

Instrument Type: Intoxilyzer 8000  
Instrument Registered To: PALM BEACH CO SO  
Instrument Serial Number: 80-006239 Software: 8100.27  
Date of Test: 12/26/2019

Date of Last Agency Inspection: 12/06/2019

Observation Period Began: 03:20

Subject's Name: PAXTON CREW PHILLIPS

DOB: 07/04/2000 Sex: M

The subject was observed for at least twenty-minutes prior to the administration of the breath test to ensure that the subject did not take anything orally and did not regurgitate.

Results:	Test	g/210L	Time
	Diagnostics Check	OK	03:44
	Air Blank	0.000	03:44
	Control Test	0.079	03:45
	Air Blank	0.000	03:45
	Subject Sample #1	0.058	03:46
	Air Blank	0.000	03:47
	Air Blank	0.000	03:48
	Subject Sample #2	0.057	03:49
	Air Blank	0.000	03:50
	Control Test	0.079	03:50
	Air Blank	0.000	03:51
	Diagnostics Check	OK	03:51

Cylinder Lot: 17919080A1  
Exp: 08/05/2021

State of Florida, County of Palm Beach

Personally appeared before me the undersigned authority, who () is personally known to me or () produced \_\_\_\_\_ as identification, and who after being placed under oath, states:

I SAMANTHA M PALMER, hold a valid Breath Test Operator permit issued by the Florida Department of Law Enforcement, I administered the above breath test to the subject named above in accordance with Chapter 11D-8, Florida Administrative Code, and this form is a true and accurate report of that breath test.

Breath Test Operator: \_\_\_\_\_

Signature

Date: 12/26/19

Sworn to (or affirmed) before me this 26 day of December 2019

Signature of Notary Public-State of Florida

Printed Name of Notary Public-State of Florida

Note: Pursuant to section 117.10, Florida Statutes, law enforcement officers, correctional officers, traffic accident investigation officers and traffic infraction enforcement officers are notaries public when engaged in the performance of official duties. In accordance with section 316.1934(5), F.S., this completed form is admissible without further authentication and is presumptive proof of the results herein. To be used in accordance with Section 316.1934(5), F.S., and in administrative proceedings pursuant to 322.2615, F.S.



**PALM BEACH COUNTY SHERIFF'S OFFICE  
DUI TESTING FACILITY  
INFORMATION SHEET**

PBSO CASE # 19-152532 PBSO ZONE 3-13

AGENCY CASE # 19007581 CRASH CASE # N/A

TIME OF STOP/CRASH 02:02 DATE 12/26/2019 DAY THURSDAY

SUBJECT'S NAME PHILLIPS PAXTON CREW RACE W SEX M  
LAST FIRST MID

HGT 510 WGT 150 DOB 07/04/2000

LOCATION 2401 PGA BLVD, PALM BEACH GARDENS, FL 33410

ARRESTING OFFICER'S NAME & ID Ofc. Cameron Carver #471 AGENCY PBGPD

DIVISION: Traffic Unit

NOTIFIED BY COMMO YES

ARRIVAL AT FACILITY 03:20

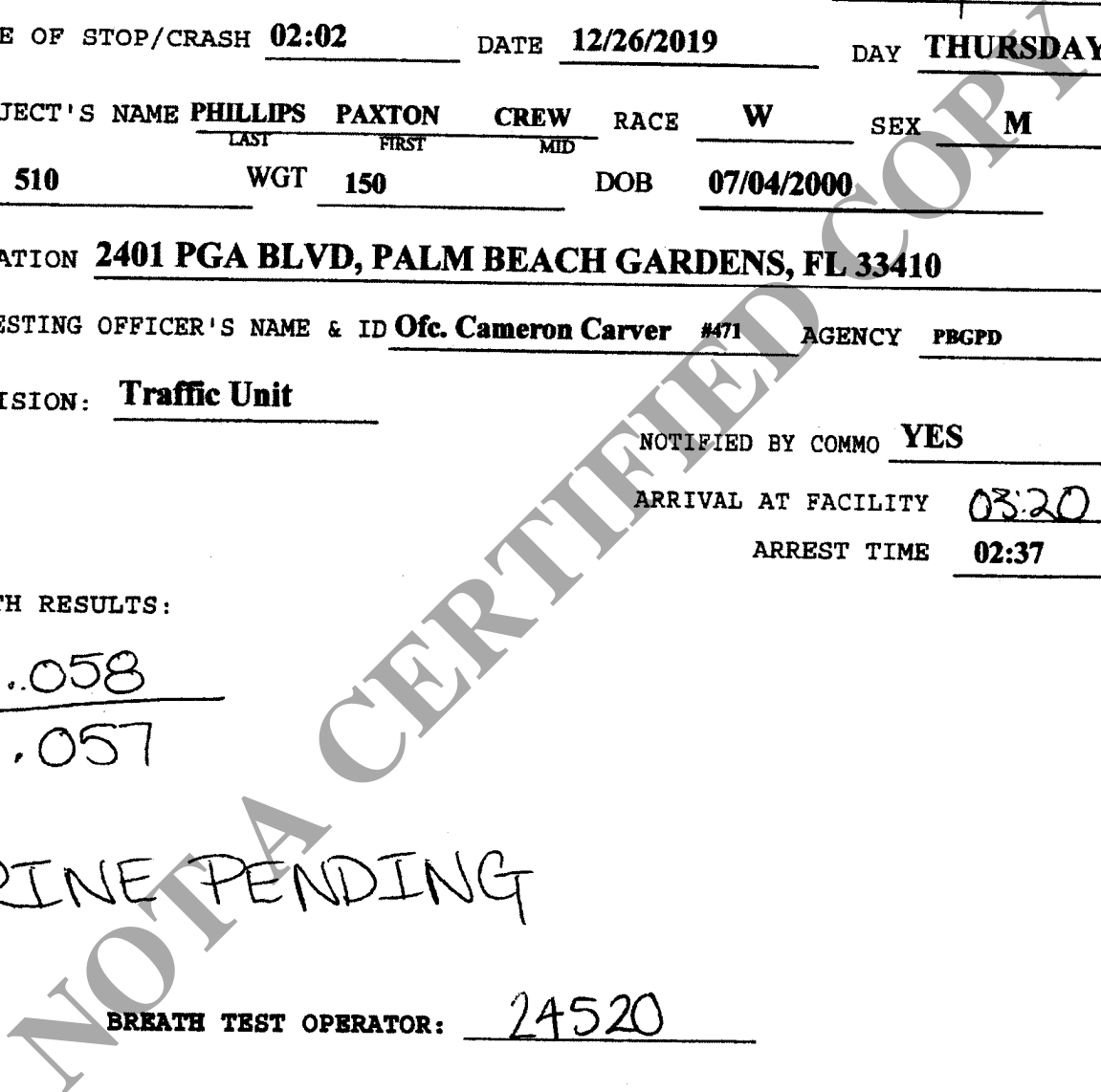
ARREST TIME 02:37

**BREATH RESULTS:**

1.	.058
2.	.057

**URINE PENDING**

BREATH TEST OPERATOR: 24520



SUBJECT: Phillips, Karlon CASE NUMBER: 11-007791

## IMPLIED CONSENT FOR DUI IN A MOTOR VEHICLE

NOTE: READ ONLY THE PARAGRAPH APPLICABLE TO THE TYPE OF TEST YOU ARE REQUESTING.

I am now requesting that you submit to a lawful test of your BREATH for the purpose of determining its alcohol content.

OR

I am now requesting that you submit to a lawful test of your URINE for the purpose of detecting the presence of chemical or controlled substances.

OR

I am now requesting that you submit to a lawful test of your BLOOD for the purpose of detecting its alcohol content and the presence of chemical or controlled substances.

NOTE: READ ONLY IF THE SUBJECT DOES NOT COMPLY WITH YOUR REQUEST.

I am OFC Carver #471 of the Tam Bay Gardens PD

If you fail to submit to the test I have requested of you, your privilege to operate a motor vehicle will be suspended for a period of one (1) year for a first refusal, or eighteen (18) months if your privilege has been previously suspended as a result of a refusal to submit to a lawful test of your breath, urine or blood. Additionally, if you refuse to submit to the test I have requested of you and if your driving privilege has been previously suspended for a prior refusal to submit to a lawful test of your breath, urine or blood, you will be committing a misdemeanor. Refusal to submit to the test I have requested of you is admissible into evidence in any criminal proceeding.

SUBJECT'S SIGNATURE: (X) Read on Camera

## CONSTITUTIONAL WARNINGS

I AM REQUIRED TO WARN YOU BEFORE YOU MAKE ANY STATEMENTS THAT YOU HAVE THE FOLLOWING RIGHTS:

1. You have the right to remain silent and not answer any questions.
2. Any statement must be freely and voluntarily given.
3. You have the right to the presence of a lawyer of your choice before you make any statement and during any questioning.
4. If you cannot afford a lawyer, you are entitled to the presence of a court appointed lawyer before you make any statements and during any questioning.
5. If at any time during the interview you do not wish to answer any questions, you are privileged to remain silent.
6. I can make no threats or promises to induce you to make a statement. This must be of your own free will.
7. Any statement can and will be used against you in a court of law.

SUSPECT'S SIGNATURE: (X) Read on Camera

# WARNING CITATION

YOU ARE HEREBY OFFICIALLY WARNED OF THE BELOW DESCRIBED VIOLATION.  
YOUR ONLY REQUIRED ACTION IS TO EXERCISE SAFER DRIVING HABITS IN THE FUTURE

## PALM BEACH GARDENS POLICE DEPARTMENT

COUNTY OF <b>PALM BEACH 06</b>		<b>W078456</b>			
CITY (IF APPLICABLE) <b>PALM BEACH GARDENS</b>					
DAY OF WEEK <b>THURSDAY</b>	MONTH <b>12</b>	DAY <b>26</b>	YEAR <b>2019</b>	TIME <b>02:10</b>	<input checked="" type="checkbox"/> AM <input type="checkbox"/> P.M.
NAME (FIRST) <b>PAXTON</b>	MIDDLE <b>CREW</b>	LAST <b>PHILLIPS</b>			
STREET <b>2487 SAN PIETRO CIR</b>					
CITY <b>PALM BEACH GARDENS</b>		STATE <b>FL</b>	ZIP CODE <b>33410</b>		
TELEPHONE NUMBER	DATE OF BIRTH <b>07 04</b>	TR. NO. <b>2000</b>	RACE <b>W</b>	SEX <b>M</b>	HT <b>509</b>
DRIVER LICENSE NUMBER <b>P 4 1 2 6 6 3 0 0 2 4 4 0</b>	STATE <b>FL</b>	CLASS <b>E</b>	CEN. LICENSE <b>Q</b>	TR. LICENSE EXP. <b>2025</b>	IF COMMERCIAL VEH. VEH. "T" HERE <input type="checkbox"/>
TR. VEHICLE <b>1997</b>	MAKE <b>CHEV</b>	STYLE <b>4D</b>	COLOR <b>WHI</b>	IF PLACARDED HAZARDOUS MATERIAL "T" HERE <input type="checkbox"/>	
VEHICLE LICENSE NO. <b>Y33FBA</b>	TRAILER TAG NO.	STATE <b>FL</b>	YEAR TAG EXPIRES <b>2020</b>	IF COMPANION CITIZENSHIP "T" HERE <input type="checkbox"/>	
UPON A PUBLIC STREET OR HIGHWAY, OR OTHER LOCATION, NAMELY <b>PROSPERITY FARMS RD/PGA BLVD, PALM BEACH GARDENS</b>					
VIOLATIONS					

- |                                                                              |                                                       |                                                    |
|------------------------------------------------------------------------------|-------------------------------------------------------|----------------------------------------------------|
| <input type="checkbox"/> UNLAWFUL SPEED _____ MPH SPEED APPLICABLE _____ MPH | <input type="checkbox"/> SAFETY BELT VIOLATION        | <input type="checkbox"/> NO PROOF OF INSURANCE     |
| <input type="checkbox"/> CARELESS DRIVING                                    | <input type="checkbox"/> IMPROPER OR UNSAFE EQUIPMENT | <input type="checkbox"/> EXPIRED DRIVER LICENSE    |
| <input type="checkbox"/> VIOLATION OF TRAFFIC CONTROL DEVICE                 | <input type="checkbox"/> EXPIRED TAG                  | <input type="checkbox"/> FOUR (4) MONTHS OR LESS   |
| <input type="checkbox"/> VIOLATION OF RIGHT-OF-WAY                           | <input type="checkbox"/> SIX (6) MONTHS OR LESS       | <input type="checkbox"/> MORE THAN FOUR (4) MONTHS |
| <input type="checkbox"/> IMPROPER CHANGE OF LANE OR COURSE                   | <input type="checkbox"/> MORE THAN SIX (6) MONTHS     | <input type="checkbox"/> NO VALID DRIVER LICENSE   |
| <input type="checkbox"/> IMPROPER PASSING                                    | <input type="checkbox"/> IMPROPER OR NO SIGNAL        | <input type="checkbox"/> PEDESTRIAN VIOLATION      |
| <input type="checkbox"/> CHILD RESTRAINT                                     | <input type="checkbox"/> IMPROPER TURN                | <input type="checkbox"/> DRIVING TOO SLOWLY        |
| <input type="checkbox"/> IMPROPER PARKING                                    | <input type="checkbox"/> DRIVING WITHOUT LIGHTS       | <input type="checkbox"/> OPEN CONTAINER            |
| <input type="checkbox"/> BICYCLE VIOLATION                                   |                                                       |                                                    |
- OTHER: **TCD - RED LIGHT - FAIL TO STOP BEHIND CROSSWALK**

COMMENTS PERTAINING TO VIOLATION:

*Phillips*  
 I SIGNATURE OF VIOLATOR  
*de Yacintre*  
 NAME - SIGNATURE OF OFFICER      BADGE NO.      ID NO.      TRUCK LICENSE NO.

WARNING CITATION

NOT A CERTIFIED COPY



**Palm Beach County Sheriff's Office – Arrests Only**

	X	Florida State Statute	Description	Page Number(s)
L/E Exemptions	<input type="checkbox"/>	119.071(2)(d)	Surveillance techniques, procedures and personnel; inventory of law enforcement resources, policies or plans pertaining to mobilization deployment or tactical operations.	
	<input type="checkbox"/>	943.053, 943.0525	NCIC/FCIC/FBI and in-state FDLE/DOC.	
	<input type="checkbox"/>	119.071(4)(c)	Undercover personnel.	
	<input type="checkbox"/>	119.071(2)(f)	Confidential informants (CIs).	
	<input type="checkbox"/>	119.071(2)(e)	Confession.	
Public Info. Exemptions	<input type="checkbox"/>	985.04(1)	Juvenile offender records.	
	<input type="checkbox"/>	119.071(h)(i)	Assets of a crime victim.	
	<input type="checkbox"/>	395.3025(7)(a), 456.057(7)(a)	Medical information.	
	<input type="checkbox"/>	394.4615(7)	Mental health information.	
	<input type="checkbox"/>	119.071(4)(d)(2)(a)	Home address, telephone, Social Security number, date of birth, or photos of active/former LE personnel, spouses, and children.	
Florida Rules of Judicial Administration 2.420 (Rule of 23)	<input checked="" type="checkbox"/>	(iii) 119.0714(1)(i)-(j), (2)(a)-(e)	Social Security, bank account, charge, debit, and credit card numbers.	2
	<input type="checkbox"/>	(viii) 394.4615(7)	Clinical records under the Baker Act.	
	<input type="checkbox"/>	(xii) 741.30(3)(b)	The victim's address in a domestic violence action on petitioner's request.	
	<input type="checkbox"/>	(xiii) 119.071(2)(h), 119.0714(1)(h)	Protected information regarding victims of child abuse or sexual offenses.	
	<input type="checkbox"/>			
	<input type="checkbox"/>			
	<input type="checkbox"/>			
Other	<input type="checkbox"/>		Other:	
	<input type="checkbox"/>		Other:	

REVIEW COMPLETED BY

Booking Number: 2019040970	Date: 12/26/2019
	Specialist Name/ID: Joan Dunn/34073

CARVER  
(471)

19007581



COMPLAINT

WHEN PRESENTED TO VIOLATOR, THE FOLLOWING AMOUNT WAS ENTERED.  
PAY A CIVIL PENALTY IN THE AMOUNT OF \$ \_\_\_\_\_

FLORIDA UNIFORM TRAFFIC CITATION **ADBXMZE** CHECK DIGIT

CASE NO. \_\_\_\_\_ DOCKET NO. \_\_\_\_\_ PAGE NO. \_\_\_\_\_

COUNTY OF **PALM BEACH 06**  (1) F.H.P.  (2) P.D.  (3) S.O.  (4) OTHER  
 CITY OF APPLICABLE **PALM BEACH GARDENS** AGENCY NAME **PALM BEACH GARDENS**  
 AGENCY # **78**

IN THE COUNTY DESIGNATED BELOW THE UNDERSIGNED CERTIFIES THAT HE/SHE HAS JUST AND REASONABLE GROUNDS TO BELIEVE AND DOES BELIEVE THAT ON **COMPLAINT (RETAINED BY COURT)**

DAY OF WEEK **THURSDAY** MONTH **12** DAY **26** YEAR **2019** TIME **02:37**  A.M.  P.M.

NAME (PRINT) FIRST **PAXTON** MIDDLE **CREW** LAST **PHILLIPS**  
 STREET **2487 SAN PIETRO CIR**  
 CITY **PALM BEACH GARDENS** STATE **FL** ZIP CODE **33410**

TELEPHONE NUMBER **(561)379-2952** DATE OF BIRTH **07 04 2000** W M HT **509**

DRIVER LICENSE NUMBER **P 4 1 2 6 6 3 0 0 2 4 4 0** STATE **FL** CLASS **E** COL LICENSE  YES  NO **2025** COMMERCIAL VEHICLE  YES  NO

VEHICLE **2018 HOND 4D BLK** PLACARDED HAZARDOUS MATERIAL  YES  NO  
 VEHICLE LICENSE NO. **JWU21** TRAILER TAG NO. \_\_\_\_\_ STATE **FL** YEAR TAG EXPIRES **2020**  YES  NO

UPON A PUBLIC STREET OR HIGHWAY, OR OTHER LOCATION, NAMELY **PROSPERITY FARMS RD/PGA BLVD, PALM BEACH GARDENS** MOTORCYCLE  YES  NO  
 COMPANION CITATION NUMBER(S)  YES  NO

FT. \_\_\_\_\_ IN. \_\_\_\_\_ OF NODE \_\_\_\_\_

DID UNLAWFULLY COMMIT THE FOLLOWING OFFENSE. CHECK ONLY ONE OFFENSE EACH CITATION.

UNLAWFUL SPEED \_\_\_\_\_ MPH SPEED APPLICABLE \_\_\_\_\_ MPH  
 INTERSTATE  SCHOOL ZONE  CONSTRUCTION WORKERS PRESENT

SPEED MEASUREMENT DEVICE \_\_\_\_\_

CARELESS DRIVING  CHILD RESTRAINT  EXPIRED DRIVER LICENSE SIX (6) MONTHS OR LESS  
 VIOLATION OF TRAFFIC CONTROL DEVICE  SAFETY BELT VIOLATION  EXPIRED DRIVER LICENSE MORE THAN SIX (6) MONTHS  
 FAILURE TO STOP AT A TRAFFIC SIGNAL  IMPROPER OR UNSAFE EQUIPMENT  NO VALID DRIVER LICENSE  
 IMPROPER LANE CHANGE OR COURSE  EXPIRED TAG SIX (6) MONTHS OR LESS  EXPIRED TAG MORE THAN SIX (6) MONTHS  DRIVING UNDER THE INFLUENCE  Passengers Under 18 Yrs BAL **URINE**  
 NO PROOF OF INSURANCE  EXPIRED TAG MORE THAN SIX (6) MONTHS  NO VALID DRIVER LICENSE  
 VIOLATION OF RIGHT-OF-WAY  DRIVING WHILE LICENSE SUSPENDED OR REVOKED  BAL **URINE**  
 IMPROPER PASSING

OTHER VIOLATIONS OR COMMENTS PERTAINING TO OFFENSE:  
**DUI - DRIVING UNDER INFLUENCE | .058/.057/urine**

AGGRESSIVE DRIVING IN VIOLATION OF STATE STATUTE SECTION **316.193 (1)\*** SUB-SECTION \_\_\_\_\_  
 CRASH PROPERTY DAMAGE  INJURY TO ANOTHER  SERIOUS BODILY INJURY TO ANOTHER  FATAL

CRIMINAL VIOLATION. COURT APPEARANCE REQUIRED. AS INDICATED BELOW.  
 INFRACTION. COURT APPEARANCE REQUIRED. AS INDICATED BELOW.  
 INFRACTION WHICH DOES NOT REQUIRE APPEARANCE IN COURT.

DATE	COURT ACTION AND OTHER ORDERS
	BAIL FIXED AT \$ _____ OR CASH DEPOSIT OF \$ _____  SIGNATURE OF PERSON GIVING BAIL _____  SIGNATURE OF PERSON TAKING BAIL _____
	FINE IN THE AMOUNT OF \$ _____ RECEIVED AS REQUIRED BY COURT SCHEDULE _____ SIGNATURE OF CLERK _____
	CONTINUANCE TO _____ REASON _____
	CONTINUANCE TO _____ REASON _____
	BOND ESTREATED _____
	WARRANT ISSUED _____
	VIOLATOR FAILED TO APPEAR-DRIVER LICENSE SUSPENDED
	VIOLATOR ARRAIGNED ON _____ (DATE) PLEA: _____ FINDING: _____ ADJUDICATION: _____ SENTENCE: FINE _____ COST _____ JAILED _____ DAYS DRIVER IMPROVEMENT SCHOOL _____ OTHER _____ DRIVER LICENSE SUSPENDED OR REVOKED FOR _____ DAYS RECOMMEND DRIVER LICENSE SUSPENSION FOR _____ DAYS RECOMMEND RE-TEST _____
	SIGNATURE OF JUDGE _____
	TESTIMONY - JUDGE'S NOTES (OR OTHER COURT ORDERS):
	APPEAL BOND OF \$ _____
	VIOLATOR'S FINGERPRINT WHEN APPLICABLE _____

CIVIL PENALTY IS \$ \_\_\_\_\_

COURT INFORMATION DATE **01/29/2020** TIME **10:00 AM**  
**NORTH COUNTY GOVERNMENT CENTER**  
**3188 PGA Boulevard PBG, FL 33410**  
 LOCATION

ARREST DELIVERED TO **PBSO** DATE **12/26/2019**

I AGREE AND PROMISE TO COMPLY AND OBEY TO THE CHARGES AND INSTRUCTIONS SPECIFIED IN THIS CITATION. WILLFUL REFUSAL TO ACCEPT AND SIGN THE CITATION MAY RESULT IN ARREST. I UNDERSTAND MY SIGNATURE IS NOT AN ADMISSION OF GUILTY OR WAIVER OF RIGHTS. IF YOU NEED REASONABLE FACILITY ACCOMMODATIONS TO COMPLY WITH THIS CITATION, CONTACT THE CLERK OF COURT.

*[Signature]*  
 I, SIGNATURE OF VIOLATOR, HEREBY REQUESTS INFRACTION NUMBER, DRIVING UNDER THE INFLUENCE

RANK - NAME OF OFFICER **Cameron Carver 471** BADGE NO. \_\_\_\_\_ ID. NO. \_\_\_\_\_ TROOP UNIT \_\_\_\_\_

I CERTIFY THIS CITATION WAS DELIVERED TO THE PERSON CITED ABOVE AND CERTIFY THE CHARGE ABOVE.  
 HSMV 75001 (Rev. 0712)

**ADBXMZE** CHECK DIGIT