0511575 19CT18626ANB #2095

ARREST / NOTICE TO APPEAR
Juvenile Referral Report

OBTS Number

1 Arrest; 2 N.T.A.; 3 Request for Warrant; 4 Request for Capias: 1 — Juvenile: n

ADMINISTRATIVE

Agency ORI Number: FLO 502600
Agency Name: Palm Beach Gardens Police Department
Agency Report Number (N.T.A.'s only): 78- 19-005885
Charge Type (Check as many as apply): 1. Felony; 2. Traffic Felony; 3. Misdemeanor; 4. Traffic Misdemeanor; 5. Ordinance; 6. Other
Weapon Seized / Type: 2 (1 Yes 2 No) N/A
Multiple Clearance Indicator:
Location of Arrest (Including Name of Business): Macarthur Blvd/ Northlake Blvd
Location of Offense (Business Name, Address): Macarthur Blvd/ Northlake Blvd
Date of Arrest: 10/6/2019
Time of Arrest: 1954
Booking Date:
Booking Time:
Jail Date:
Jail Time:
Location of Vehicle: Macarthur Blvd/ Northlake Blvd

DEFENDANT

Name (Last, First, Middle): Simon, Robert, Bruce
Alias (Name, DOB, Soc. Sec. #, Etc.):
Race (W - White I - American Indian B - Black 0- Oriental/Asian): W
Sex: M
Date of Birth: 08/26/1952
Height: 510
Weight: 166lbs
Eye Color: Brown
Hair Color: Gray
Complexion: med
Build: Slimn/a
Scars, Marks, Tatoos, Unique Physical Features (Location, Type, Description): N/A
Marital Status: Married
Religion: n/a
Indication of: Alcohol Influence (Y) (N) (Unk); Drug Influence
Local Address (Street, Apt. Number): 8303 Thornton Rd (City) Towson (State) MD (Zip) 21204
Phone: (410) 8126936
Residence Type (1 City, 2. County, 3 Florida, 4. Out of State): 4
Permanent Address (Street, Apt. Number): 8303 Thornton Rd (City) Towson (State) MD (Zip) 21204
Phone: ( )
Address Source: Self
Business Address (Name, Street) (City) (State) (Zip)
Phone: ( )
Occupation: Realtor
DL Number, State: S550-745-098-665
Soc. Sec. Number: [redacted]
INS Number:
Place of Birth (City, State): Jacksonville, Fl
Citizenship: US

CO-DEF

Co-Defendant Name (Last, First, Middle) — Race — Sex — Date of Birth — (1. Arrested 2 At Large) (3. Felony 4. Misdemeanor 5. Juvenile)
Co-Defendant Name (Last, First, Middle) — Race — Sex — Date of Birth — (1. Arrested 2 At Large) (3. Felony 4. Misdemeanor 5. Juvenile)

JUVENILE

Parent / Legal Custodian / Other: Name (Last) (First) (Middle) — 1 OR
Address (Street, Apt. Number) (City) (State) (Zip) — Residence Phone ( )
Notified by: (Name) — Date — Time — Business Phone ( )
Released To: (Name) — Relationship — Juvenile Disposition (1 Handled/processed within Dept. and Released; 2 TOT HRS / DYS; 3 Incarcerated)
The above address provided by ☐ defendant and / or ☐ 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. ☐ Yes, by: (Name) ☐ No (Reason) — Date — Time
Property Crime? ☐ Yes ☐ No — Description of Property — School Attended — Grade — Value of Property

CODE

Drug Activity: N. N/A; P. Possess; S. Sell; B. Buy; T. Traffic; R. Smuggle; C. 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

Charge Description: DUI — Counts: 1 — Domestic Violence ☐Y ☑N — Statute Violation Number: 316.193(1) — Violation of ORD #
Drug Activity: n — Drug Type: n — Amount / Unit: n/a — Offense # — Warrant / Capias Number — Bond

CHARGE

Charge Description — Counts — Domestic Violence ☐Y ☐N — Statute Violation Number — Violation of ORD #
Drug Activity — Drug Type — Amount / Unit — Offense # — Warrant / Capias Number — Bond

CHARGE

Charge Description — Counts — Domestic Violence ☐Y ☐N — Statute Violation Number — Violation of ORD #
Drug Activity — Drug Type — Amount / Unit — Offense # — Warrant / Capias Number — Bond

CHARGE

Charge Description — Counts — Domestic Violence ☐Y ☐N — Statute Violation Number — Violation of ORD #
Drug Activity — Drug Type — Amount / Unit — Offense # — Warrant / Capias Number — Bond

NOTICE TO APPEAR

Location (Court, Room Number, Address): North County Courthouse 3188 PGA Blvd, Palm Beach Gardens, FL 33410
Court Date and Time: Month November Day 6 Year 2019 Time 1000 (AM) PM

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 (for Juvenile and Parent / Custodian) — Date Signed

ADMIN

HOLD for other Agency Name
☐ Dangerous ☐ Resisted Arrest ☐ Suicidal ☐ Other
Intake Deputy — I.D.# — Pouch #
Signature of Arresting Officer: X 409
Name of Arresting Officer (Print): Hennessy — I.D.# 409
Transporting Officer: Hennessy — I.D.# 409 — Agency PBGPD
Name Verification (Printed by Arrestee) (PRINT)
OCT 6 PM 10:52
Witness here if subject signed with an "X"
PAGE 1 OF 1

D.U.I. PROBABLE CAUSE AFFIDAVIT

ON THE 6th DAY OF October 20 19 AT 1929 AM PM

SUBJECT: Robert Simon CASE NUMBER: 19005885

AGENCY: PALM BEACH GARDENS POLICE DEPT ARRESTING OFFICER: Hennessy 409

PERSONAL CONTACT

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

On October 6, 2019 at 7:29 p.m. Officer Arnold observed a blue Hyundai sitting in the middle of the intersection of Northlake Boulevard and Macarthur Boulevard facing east. Officer Arnold initiated a traffic stop in reference to the stop bar violation. Officer Arnold identified the driver via Maryland driver license as Robert B. Simon (WM 8/26/1952). Officer Arnold detected signs of impairment and requested a DUI investigation be completed. I arrived at the stop at 7:31 p.m. A supplemental probable cause was completed by Officer Arnold.

OBSERVATION OF DRIVER:

Simon's ID was confirmed using his Maryland driver license. I requested that he perform the standardized field sobriety tasks to which he agreed. Simon had slurred speech while speaking with me. The odor of an unknown alcoholic beverage was emanating from his breath while he spoke. Simon's eyes were watery and glassy. Simon was unsteady on his feet and lost balance while exiting the vehicle, using the vehicle to regain his balance.

DRIVER'S STATEMENTS

Simon stated that he had been drinking at a friend's house in Jupiter, Florida prior to the stop. Simon stated that he was on his way to Singer Island and was using the Waze app and got lost.

ODORS:

Odor of an unknown alcoholic beverage coming from his breath

GENERAL OBSERVATIONS

SPEECH: Slurred

ATTITUDE: Cooperative, nonchalant

CLOTHING: Normal.

MEDICAL/OTHER: N/A

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 6 day of October 20 19 by

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

521

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

SUBJECT: Robert Simon CASE NUMBER: 19005885

ROADSIDE TASKS

HORIZONTAL GAZE NYSTAGMUS:

- [x] LT EYE-LACK OF SMOOTH PURSUIT
- [x] LT EYE-DISTINCT & SUSTAINED NYSTAGMUS AT MAX DEVIATION
- [ ] LT EYE-ONSET OF NYSTAGMUS PRIOR TO 45 DEGREES
- [x] RT EYE-LACK OF SMOOTH PURSUIT
- [x] RT EYE-DISTINCT & SUSTAINED NYSTAGMUS AT MAX DEVIATION
- [ ] RT EYE-ONSET OF NYSTAGMUS PRIOR TO 45 DEGREES

Other Observations:

Simon was read the instruction to which he said he understood. Simon had to be reminded to keep his head still during the task and was swaying side to side during the exercise.

WALK & TURN:

Simon was read the instruction to which he said he understood. Simon began the exercise prior to being instructed to start. Simon was swaying and had trouble balancing during the instructions. Simon had to be reminded to keep his hands at his sides during the exercise. Simon failed to touch heel to toe on multiple occasions and was unable to walk in a straight line. Simon had to place his hands out to the side on several occasions to keep his balance.

ONE LEG STAND:

Simon was read the instruction to which he said he understood. Simon was unable to keep balance during the exercise, was swaying and put his foot down on multiple occasions. Simon started his count from the beginning after lifting his foot back up. Simon began hopping on his foot during this exercise at one point.

FINGER TO NOSE:

Simon was read the instruction to which he said he understood. Simon missed the tip of his nose on multiple occasions and was swaying front to back during the exercise.

ROMBERG/ALPHABET:

Task completed without issue

BREATH TEST RESULTS: .137 at 2052 hrs .134 at 2055 hrs.

STATE OF FLORIDA
COUNTY OF PALM BEACH

(Signature of Arresting/Investigative Officer)
The foregoing instrument was acknowledged or sworn before me this 4 day of October 2019 by

who is personally known to me and/or produced identification. Type of identification produced

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

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: 80-006477 Software: 8100.27
Date of Test: 10/06/2019

Date of Last Agency Inspection: 09/13/2019
Observation Period Began: 20:23
Subject's Name: ROBERT B SIMON DOB: 08/26/1952 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	20:50
Air Blank	0.000	20:50
Control Test	0.082	20:50
Air Blank	0.000	20:51
Subject Sample #1	0.137	20:52
Air Blank	0.000	20:53
Air Blank	0.000	20:55
Subject Sample #2	0.134	20:55
Air Blank	0.000	20:56
Control Test	0.080	20:56
Air Blank	0.000	20:57
Diagnostics Check	OK	20:57

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 SGT OWEN, 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: _____ Date: 10/06/19
Signature

Sworn to (or affirmed) before me this 6th day of October 2019

_____ ofc. J. Hennessy
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.

FDLE/ATP FORM 38 - MARCH 2004, Ref. 11D-8.007

TESTING FACILITY TASK REPORT

AGENCY: _____

SUBJECT: _____ CASE NUMBER: _____

DATE: _____ VIDEO TAPE NUMBER: _____

BEGINNING TIME: _____ ENDING TIME: _____

BREATH TESTS RESULTS: 1) _____ TIME _____ A.M./P.M. 2) _____ TIME _____ A.M./P.M.

3) _____ TIME _____ A.M./P.M. 4) _____ TIME _____ A.M./P.M.

BREATH OPERATOR: _____

MAINTENANCE TECHNICIAN: _____

TESTING OFFICER'S OBSERVATIONS

SPEECH: _____

ATTITUDE: _____

CLOTHING: _____

MEDICAL CONDITIONS: _____

MEDICATIONS: _____

OTHER: _____

COMMENTS: _____

SUBJECT: _____ CASE NUMBER: _____

QUESTIONS AND ANSWERS

I AM NOW GOING TO ASK YOU SOME QUESTIONS. WITH THESE RIGHTS IN MIND, YOU MAY ANSWER SOME OF, ALL OF, OR NONE OF THE FOLLOWING QUESTIONS AS YOU LIKE.

WERE YOU OPERATING A MOTOR VEHICLE AT THE TIME OF THE STOP/ACCIDENT? YES

WHERE WERE YOU GOING? Quail Run on Singer Island

WHAT STREET OR HIGHWAY WERE YOU ON? Unknown

DIRECTION OF TRAVEL? East WHERE DID YOU START? Home

WHAT TIME DID YOU START? Unknown WHAT TIME IS IT NOW? Unknown

WHAT IS TODAY'S DATE? Oct 6 WHAT DAY OF THE WEEK IS IT? Sunday

WHAT COUNTY AND CITY ARE YOU IN NOW? Palm Beach Gdns

WHEN DID YOU LAST EAT? Hours ago WHAT DID YOU EAT? Pizza

WHAT HAVE YOU BEEN DOING FOR THE LAST THREE HOURS? Riding w/ friends, Dancing, Eating

HOW MUCH DO YOU WEIGH? 170 HAVE YOU BEEN DRINKING? Yes WHAT? Vodka

HOW MUCH? 3 drinks WHERE? Quail Run on Island WITH WHOM? Friends

WHEN DID YOU HAVE YOUR FIRST DRINK? Hours ago AND YOUR LAST DRINK? Hours ago

HOW DID YOU CONSUME YOUR LAST TWO DRINKS? Normal

CAN YOU FEEL THE EFFECTS OF THE ALCOHOL? Yes ARE YOU UNDER THE INFLUENCE? NO

HAVE YOU CONSUMED ANY ALCOHOL SINCE THE ACCIDENT? ~~No~~ HOW MUCH? ~~No~~

WHAT? ~~No~~ WHERE? ~~No~~ WHEN? ~~No~~

WHAT LINE OF WORK ARE YOU IN? Real Estate WHEN DID YOU LAST WORK? _____

DO YOU HAVE ANY PHYSICAL DEFECTS OR INJURIES? Yes WHAT? Spinal Fusion, Herniated Disc

ARE YOU SICK OR INJURED? NO WHAT'S WRONG? N/A

DO YOU LIMP? Yes DID YOU RECEIVE A BUMP ON THE HEAD RECENTLY? NO

WERE YOU IN AN ACCIDENT TODAY? NO

HAVE YOU TAKEN ANY DRUGS OR SMOKED ANY MARIJUANA TODAY? NO WHEN? N/A

HAVE YOU SEEN A DOCTOR OR DENTIST TODAY? NO WHO? N/A WHY? N/A

ARE YOU TAKING ANY PRESCRIPTION MEDICINES? Yes WHAT? BP meds WHEN? Every Morning

DO YOU HAVE:

EPILEPSY? NO
GLASS EYE? NO
FALSE TEETH? NO
EAR INFECTION? NO
INNER EAR TROUBLE? NO
DIABETES? NO

DO YOU HAVE ANY PROBLEMS WITH YOUR EYES THAT ARE NOT CORRECTED BY GLASSES? No

DO YOU TAKE INSULIN? No IF SO, WHEN WAS YOUR LAST INJECTION? N/A

HAVE YOU EVER HAD A DRIVER'S LICENSE IN ANY OTHER STATE? NO WHERE? _____

INTERVIEWER: Hennessy #439

SUBJECT: _____ CASE NUMBER: _____

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 _____ of the _____.

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)_____

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)_____

PALM BEACH COUNTY
SHERIFF'S OFFICE
Florida State Statute Exemption Sheet

Palm Beach County Sheriff's Office – Arrests Only

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

REVIEW COMPLETED BY

Booking Number: 2019032689	**Date:** 10/07/2019
	Specialist Name/ID: AM/31562