ARREST / NOTICE TO APPEAR
Juvenile Referral Report

1. Arrest 2. N.T.A. 3. Request for Warrant 4. Request for Capias | 1 | Juvenile | No

ADMINISTRATIVE

OBTS Number	Agency ORI Number	Agency Name	Agency Report Number (N.T.A.'s only)
	FLO 560000	PALM BEACH COUNTY SHERIFF'S OFFICE	06- 16-123492

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) | Multiple Clearance Indicator: 02

Location of Arrest (Including Name of Business)	Location of Offense (Business Name, Address)
Yamato / S.R.7 Boca Raton, FL.	S.R. 7 / Yamato Boca Raton, FL.

Date of Arrest	Time of Arrest	Booking Date	Booking Time	Jail Date	Jail Time	Location of Vehicle
09/06/16	0738Hrs					

DEFENDANT

Name (Last, First, Middle): ~~Ryan Thomas~~ T.G. Settembre, RYAN, THOMAS — Alias (Name, DOB, Soc. Sec. #, Etc.)

Race (W - White I - American Indian B - Black 0- Oriental/Asian)	Sex	Date of Birth	Height	Weight	Eye Color	Hair Color	Complexion	Build
W	M	8/22/94	5-11	145lbs	Blue	Brn	Fair	Small

Scars, Marks, Tatoos, Unique Physcal Features (Location, Type, Description): Right Shoulder / left shoulder — Marital Status — Religion: NONE — Indication of: Alcohol Influence ☐ Y ☐ N ☐ Unk. / Drug Influence ☐ ☐ ☐

Local Address (Street, Apt. Number) (City) (State) (Zip): 16206 HollyHock Dr. Simpsonville, SC. 29681 — Phone: ( ) N/A — Residence Type: 1. City 2. County 3. Florida 4. Out of State

Permanent Address (Street, Apt. Number) (City) (State) (Zip): Same As Above — Phone: ( ) — Address Source: SC DL

Business Address (Name, Street) (City) (State) (Zip): — Phone: ( ) — Occupation:

D/L Number, State	Soc. Sec. Number	INS Number	Place of Birth (City, State)	Citizenship
102218694	u/k		Boca Raton, FL.	U.S.

CO-DEF

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

JUVENILE

☐ Parent ☐ Legal Custodian ☐ 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 ☐ 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) — School Attended — Grade

Property Crime? ☐ Yes ☐ No — Description of Property — Value of Property

CODE

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

Charge Description	Counts	Domestic Violence	Statute Violation Number	Violation of ORD #
D.U.I	01	☐Y ☑N	316.193	

Drug Activity	Drug Type	Amount / Unit	Offense #	Warrant I Capias Number	Bond
N	N		16-123492		

CHARGE

Charge Description	Counts	Domestic Violence	Statute Violation Number	Violation of ORD #
Possession of Marijuana >20g	01	☐Y ☐N	893.13 6b	

Drug Activity	Drug Type	Amount / Unit	Offense #	Warrant / Capias Number	Bond
P	M				

CHARGE

Charge Description	Counts	Domestic Violence	Statute Violation Number	Violation of ORD #
		☐Y ☐N		

Drug Activity	Drug Type	Amount / Unit	Offense #	Warrant / Capias Number	Bond

CHARGE

Charge Description	Counts	Domestic Violence	Statute Violation Number	Violation of ORD #
		☐Y ☐N		

Drug Activity	Drug Type	Amount / Unit	Offense #	Warrant / Capias Number	Bond

NOTICE TO APPEAR

Location (Court, Room Number, Address):

Court Date and Time: Month Day Year Time 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 (or 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 [signature] 8479

Name of Arresting Officer (Print): D/S T. Graham 8479 — I.D. # 8479

Transporting Officer [signature] ID # 6477 Agency 8.B.S.O.

Name Verification (Printed by Arrestee) (PRINT)

Witness here if subject signed with an -X"

SCANNED SEP 09 2016

PAGE OF

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PBSO #148 REV. 8/97

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PROBABLE CAUSE AFFIDAVIT

ADMIN

OBTS Number		1. Arrest 2. N.T.A. 3. Request for Warrant 4. Request for Capias	1	Juvenile	No
Agency ORI Number: FLO 500000	Agency Name: PALM BEACH COUNTY SHERIFF'S OFFICE	Agency Report Number: 06- 16-123492			

Charge Type: Check as many as apply. ☐ 1. Felony ☐ 2. Traffic Felony ☑ 3. Misdemeanor ☐ 4. Traffic Misdemeanor ☐ 5. Ordinance ☐ 6. Other

Special Notes:

DEF

Name (Last, First, Middle)	Alias	Race	Sex	Date of Birth
Ryan Thomas Settembre		W	M	8/22/94

CHARGES

Charge Description		Charge Description	
D.U.I	316.193	Possession of Marijuana >20g	893.13 6b
Charge Description		Charge Description	

VICTIM

Victim's Name (Last, First, Middle)	Race	Sex	Date of Birth
State of FL.			

Local Address (Street, Apt. Number) (City) (State) (zip)	Phone	Address Source
	( )	
Business Address (Name, Street) (City) (State) (zip)	**Phone**	**Occupation**
	( )	

PROBABLE CAUSE STATEMENT

The undersigned certifies and swears that he/she has just and reasonable grounds to believe, and does believe that the above named Defendant committed the following violation of law.
The Person taken into custody

☐ committed the below acts in my presence.
☐ confessed to _____ admitting to the below facts.
☐ was observed by _____ who told _____ that he/she saw the arrested person commit the below acts.
☑ was found to have commited the below acts, resulting from my (described) investigation.

On the 6th day of September 20 16 at 0639Hrs ☑ A.M. ☐ P.M. (Specifically include facts constituting cause for arrest.)

On the above date and time, I responded to Yamato and S.R. 7 unincorporated Boca Raton, FL. Palm Beach County in reference to a sick person man down.
Upon arrival contact was made with person who wished to remain anonymous, who stated they observed a male sleeping behind the wheel at a traffic light. Upon arrival contact was made with a gray Nissan Versa bearing South Carolina tag LRA914. Palm Beach County Fire Rescue was on scene knocking on the window of the vehicle to wake the driver at which time he did not wake up. Due to the vehicle being in the drive position and morning traffic progressing, I placed my bumper on the front of the Nissan Versa in question to not alert the driver and it result in a traffic crash. I continued to knock on the window of the vehicle waking the driver of the vehicle. The driver of the gray Versa who was observed behind the wheel of the vehicle stepped out and was asked for identification and provided a S.C. drivers license identifying himself as Ryan Thomas Settembre, d.o.b. 8/22/94. Ryan was verbally confrontational stating he had been driving for an excess of 16 hours and yelling to take him to jail. Ryan's eyes appeared glossy and he was swaying as he stood due to being in the intersection Ryan was asked to sit down where he refused medical treatment by PBCFR. Ryan was asked to stand and participate in road side sobriety where he refused. Ryan was placed in handcuffs which were double locked and checked for fit.
Ryan was then transported to county jail where he was taken to the Breath Alcohol Testing (B.A.T.) center where Ryan refused on video to participate in any sobriety tests, reference video number 61343. Based on the above investigation Ryan is found to be in violation of F.S.S. Driving under the Influence 316.193.

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ADMINISTRATIVE

STATE OF FLORIDA
COUNTY OF PALM BEACH

D/S T. Graham 8479 — 8479
(Signature of Arresting/Investigative Officer)

The foregoing instrument was sworn to or affirmed and subscribed before me this 6th day of Sep 20 16 by D/S T. Graham 8479

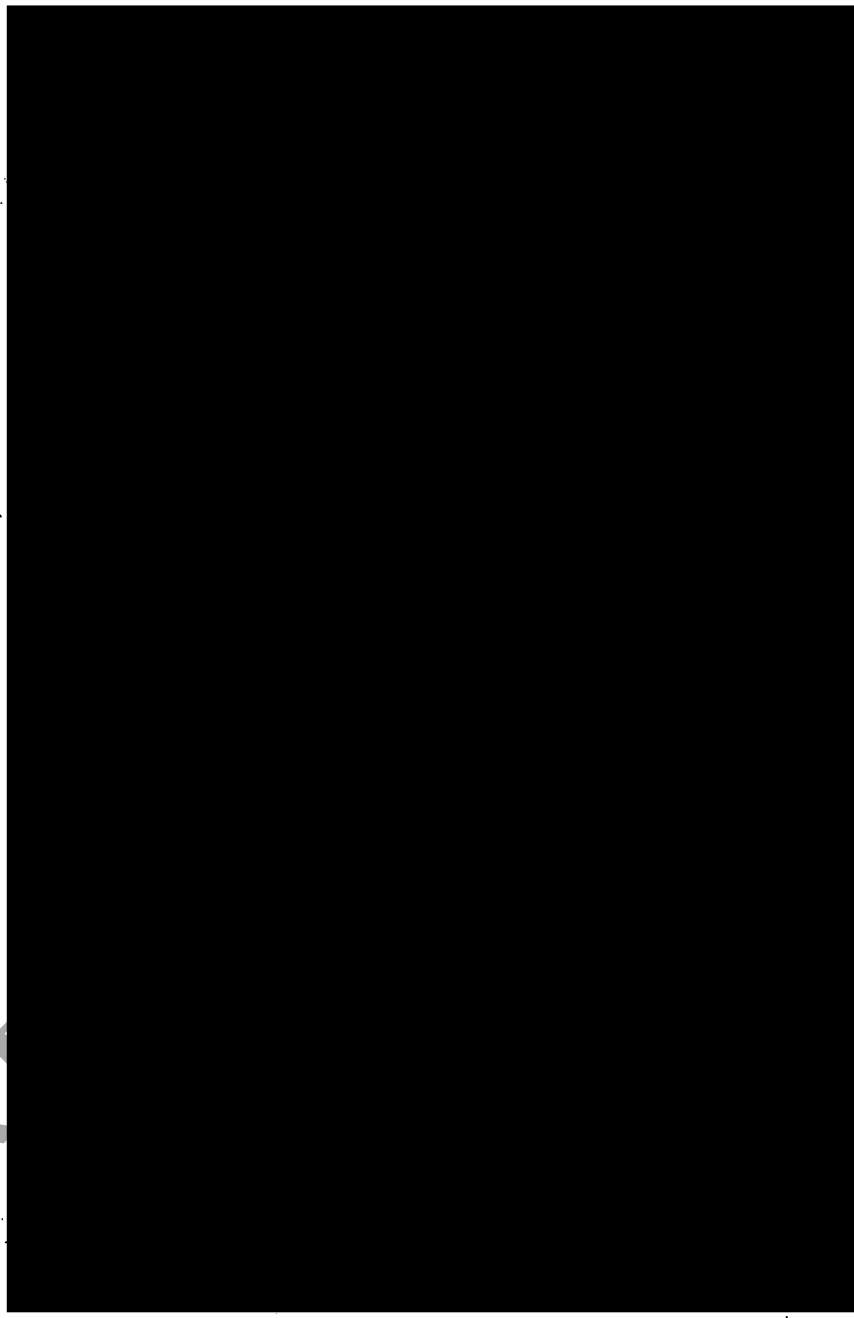
(Print name of Arresting/Investigative Officer), who is personally known to me and/or produced identification. Type of identification produced known

PAMELA F. DORSEY
Notary Public - State of Florida
My Comm. Expires Apr 11, 2017
Commission # FF 7211
Bonded Through National Notary Assn.

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

PAGE ___ OF ___

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NOT A CERT

SUBJECT: Ryan Thomas Settembre **CASE NUMBER** 16-123492

ROADSIDE TASKS

HORIZONTAL GAZE NYSTAGMUS:

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

Other Observations:

WALK & TURN:
Refusal

ONE LEG STAND:
Refusal

FINGER TO NOSE:
Refusal

ROMBERG ALPHABET:
Refusal

BREATH TEST RESULTS: 1) **REFUSAL** 2) 3) 4)

STATE OF FLORIDA
COUNTY OF PALM BEACH

D/S T. Graham 8479 D/S T. Graham 8479
(Signature of Arresting/Investigative Officer)

The foregoing instrument was sworn to or affirmed and subscribed before me this 6th day of Sep 20 16 by D/S T. Graham 8479

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

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

PAMELA F. DORSEY
Notary Public - State of Florida
My Comm. Expires Apr 11, 2017
Commission # FF 7211
Bonded Through National Notary Assn

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WITNESS LIST

CASE NUMBER: 16-123492

ARRESTING OFFICER: D/S T. Graham 8479

ADDRESS: 3228 Gun Club Rd. West Palm Beach

PHONE NUMBERS (HOME): 5616883000 (WORK) _____

CAN TESTIFY TO: Investigation

NAME: _____

ADDRESS: _____

PHONE NUMBERS (HOME) _____ (WORK) _____

CAN TESTIFY TO: _____

NAME: _____

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CAN TESTIFY TO: _____

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