

PCH# 3762

17CT 1067

J# 0484570

ARREST / NOTICE TO APPEAR

A D M I N I S T R A T I O N	OBTS Number		Agency ORI Number 0500800		Agency Name West Palm Beach Police Department		Agency Report Number (N.T.A.'s only) 9 4 2017-0001116		1. Arrest 2. N.T.A. 3. Request for Warrant 4. Request for Capias 1		JUVENILE	
	Charge Type: Check as many as apply: <input type="checkbox"/> 1. Felony <input type="checkbox"/> 2. Traffic Felony <input checked="" type="checkbox"/> 3. Misdemeanor <input checked="" type="checkbox"/> 4. Traffic Misdemeanor <input type="checkbox"/> 5. Ordinance <input type="checkbox"/> 6. Other		If Weapon Seized Enter Type		Multiple Clearance Indicator							
D E F E N D A N T	Location of Arrest (Including Name of Business) ZIP CODE PLACE / OKEECHOBEE BLVD						Location of Offense (Business Name, Address) OKEECHOBEE BLVD, WEST PALM BEACH, FL 33407					
	Date of Arrest 01/18/2017		Time of Arrest 04:24		Booking Date		Booking Time		Jail Date		Jail Time	
C O D E F	Name (Last, First, Middle) WILLIAMS, SAMUEL ALEXANDER						Alias (Name, DOB, Soc. Sec. #, Etc.) Alias:					
	Race W - White B - Black O - Oriental/Asian W		Sex M		Date of Birth 05/20/1980		Height 5'09		Weight 150		Eye Color BROWN	
J U V E N I L E	Scars, Marks, Tattoos, Unique Physical Features (Location, Type, Description)		Marital Status S		Religion		Indication of: Alcohol Influence Drug Influence Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Unk. <input type="checkbox"/>		Complexion LIGHT		Build Small	
	Local Address (Street, Apt. Number) 1114 GREEN PINE BLVD C2, WEST PALM BEACH, FL 33409		(City) WEST PALM BEACH		(State) FL		(Zip) 33409		Phone (202) 445-9050		Residence Type: 1. City 2. County 3. Florida 4. Out of State 4	
C O D E F	Permanent Address (Street, Apt. Number) 1114 GREEN PINE BLVD C2, WEST PALM BEACH, FL 33409		(City) WEST PALM BEACH		(State) FL		(Zip) 33409		Phone (202) 445-9050		Address Source VERBAL DL	
	Business Address (Name, Street) SELF		(City) WEST PALM BEACH		(State) FL		(Zip) 33409		Phone		Occupation	
C O D E F	D/L Number, State W452781801800 / FL		Soc. Sec. Number		INS Number		Place of Birth (City, State) KUWAIT, Kuwait		Citizenship UK			
	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	
J U V E N I L E	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		Name (Last, First, Middle)		Residence Phone		Address (Street, Apt. Number) 1114 GREEN PINE BLVD C2, WEST PALM BEACH, FL 33409		(City) WEST PALM BEACH		(State) FL	
C O D E F	Notified by: (Name)		Date		Time		JUVENILE DISPOSITION 1. Handled/Processed within Department and Released 2. TOT JAC 3. Incarcerated		Released To: (Name)		Relationship	
	The above address was 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's Office (Phone 355-2526) informed of any change of address.		School Attended		Grade		Property Crime? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Description of Property		Value of Property	
C O D E F	Drug Activity N. N/A P. Possess		S. Sell B. Buy T. Traffic		R. Smuggle D. Deliver E. Use		K. Disperse/ 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. Synthetic		U. Unknown Z. Other			
C H A R G E	Charge Description DRIVING WHILE UNDER INFLUENCE						Statute Violation Number 316.193(1)		Violation of ORD #			
	Drug Activity		Drug Type N		Amount / Unit /		Offense # 2017-0001116		Counts 1		Domestic Violence <input type="checkbox"/> Y <input checked="" type="checkbox"/> N	
C H A R G E	Charge Description						Statute Violation Number		Violation of ORD #			
	Drug Activity		Drug Type		Amount / Unit		Offense #		Counts		Domestic Violence <input type="checkbox"/> Y <input checked="" type="checkbox"/> N	
C H A R G E	Charge Description						Statute Violation Number		Violation of ORD #			
	Drug Activity		Drug Type		Amount / Unit		Offense #		Counts		Domestic Violence <input type="checkbox"/> Y <input checked="" type="checkbox"/> N	
J U V E N I L E	Health / Apparent Physical Condition of Defendant						Any knowledge of the following: <input type="checkbox"/> Mental <input type="checkbox"/> Escape Risk <input type="checkbox"/> Medication <input type="checkbox"/> Deformities <input type="checkbox"/> Injuries Explain:					
	Check which applies: <input type="checkbox"/> Released O.R. <input type="checkbox"/> Released to Parent/Guardian <input type="checkbox"/> T.O.T. County Jail <input type="checkbox"/> PROPERTY - Received By <input type="checkbox"/> Released By <input type="checkbox"/> Released To						Transported By Date Transported Time Transported Other					
N O T I C E T O A P P E A R	<input checked="" type="checkbox"/> INSTRUCTION NO. 1 - Mandatory appearance in court <input type="checkbox"/> INSTRUCTION NO. 2 - You need not appear in Court but must comply with instructions on Page 2.						Location (Court, Room) Criminal Justice CRIMINAL JUSTICE COMPLEX Court Date and Time 02/16/2017 08:30:00 3228 GUN CLUB ROAD					
	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.						No Photo Available					
A D M I N	Signature of Defendant (or Juvenile and Parent/Custodian) Samuel Williams						Date Signed JAN 19 2017					
	Signature of Arresting Officer DONDE JAY						Name of Arresting Officer (Print) DONDE JAY					
A D M I N	HOLD for Other Agency <input type="checkbox"/> Dangerous <input type="checkbox"/> Resisted Arrest <input type="checkbox"/> Suicidal <input type="checkbox"/> Other						Intake Deputy I.D. # Pouch #					
	Transporting Officer 106						I.D. # Agency 01530					
Witness here if subject signed with an "X".												

☐ COURT ☐ STATE ATTORNEY ☐ AGENCY ☐ CENTRAL RECORDS ☐ JAIL ☐ CRIME ANALYSIS ☐ P. I. O. ☐ DEFENDANT

D/S T. BURNSIDE #5406

JAN 19 AM 7:55

DUI PROBABLE CAUSE AFFIDAVIT

On the 18th Day of January at 0351 A.M. P.M.
Subject: Williams, Samuel Case Number: 17-1116
Agency: West Palm Beach Police Department Arresting Officer: Donde 1530

Personal Contact

Driving Pattern	Actual physical control (physical evidence putting the driver behind the wheel)
<p>I witnessed the driver driving fail to stop at he red light at Okeechobee and Indian Rd He was driving a red MERZ BODY: 2D YR MK: 14 FI EAGQ80. (see in car video)> Upon stopping vehicle at the Spearmint Rhino. The driver did not stop right away and had to use the air horn twice for hem to stop.</p>	

Observation of Driver
Slurred speech with English / British accent. glass eyes,

Drivers Statements:
I explained the reason for stop upon contact Driver agreed with me he ran light. Was following a friend though had a working accessible phone. I now I did not stop. **** understood English and how I spoke. This was confirmed several times. During walk and turn "I'm not a very balanced person away" " I could not do that in school"

Odors:
Very strong odor coming form the driver sole occupant as he spoke. explained this to the driver as asked him to exit.

General Observations

Speech: accent slurred at times
Attitude: cooperative polite
Clothing: tan pant black shirt
Medical Problems/Medications: dyslexic reason romberg alphabet was one done poor.
Other: Repeatedly mentioned he was chilly high 60's- low 70's

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JAN 19 2017

DUI PROBABLE CAUSE AFFIDAVIT

Subject:

Williams, Samuel

Case Number:

17-1116

Roadside Tasks

Horizontal Gaze Nystagmus

- | | |
|--|---|
| <input checked="" type="checkbox"/> Left Eye Does Not Follow Smoothly | <input checked="" type="checkbox"/> Right Eye Does Not Follow Smoothly |
| <input checked="" type="checkbox"/> Left Eye Jerks at 45 Degree Angle or Less | <input checked="" type="checkbox"/> Right Eye Jerks at 45 Degree Angle or Less |
| <input checked="" type="checkbox"/> Distinct Jerking Left Eye at Maximum Deviation | <input checked="" type="checkbox"/> Distinct Jerking Right Eye at Maximum Deviation |

Brown eyes..

Upon starting this task, I showed him how I wanted him to follow the lpen. The driver follow the pen. HE verbalized the instructions as the task was preformed Onset was observed at approx. 15 degrees. The driver swaying during the exercise. Would not turn around and relax had to remind him several times.....

Walk and Turn Task

- I instructed the driver to stand with his left foot on the line and with his right foot directly in front of the left touching heel to toe with his hands/arms down by his sides. The line was a crack separation in the pavement which was relatively straight and smooth. The driver was told to remain in this position until told to begin. HE stepped off the line during instruction phase. I explained and demonstrated the exercise and he said he understood the instructions. The instructions were explained several times. Driver repeated the walking instructions to me after I explained them. Stepped off and out of instruction position at least twice. during forward used arms for balance step 3-4. missed heel to toe step 5 more than a inch. return steps fine arms away from sides approx. 3 inches .

One Leg Stand

I had the driver stand with his feet together and hands down at his sides. I explained and demonstrated the exercise and he stated he understood the instructions. Lifted leg counted 1000's not 1001, 1002. miscounted several times only said 11/1200 1400 then 1600 count 25 then 2600.

Finger To Nose

I had the driver stand with his feet together, arms/hands down at his sides and index fingers pointed out. I explained and demonstrated the exercise and he stated he understood the instructions. I asked the driver to tilt his head back and close his eyes. On the first left, the driver brought up his finger to under his nose. 1st right repositioned to tip on 2nd left under tip then repositioned to tip 2nd right to tip as 3rd right and 3rd left. I observed the driver swaying front to back.

Romberg Alphabet

-I explained and demonstrated the exercise and he stated he understood the instructions. Has A masters degree and mentioned he has Dyslectic. unable to complete task correctly after several attempts.

Breath Results from Instrument

1st Result

nsp

2nd Result

.137

3rd Result

.140

If Applicable

State of Florida

County of Palm Beach

The Following Instrument was notarized or sworn before me this



Personally Known



Produced Identification



Notary Public

(DATE)

Notary / Clerk of Courts / Officer (FSS: 117.10)

JAN 19 2017

Signature of Arresting Officer

SUBJECT: Williams, Samuel

CASE NUMBER: 17-1116

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 determining its alcohol content.

OR

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

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

I am Ofc. Donde of the West Palm Beach Police Department. 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.

SUBJECTS SIGNATURE: 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 can not 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.

SUBJECTS SIGNATURE: Read on camera

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JAN 19 2017



West Palm Beach Police Department
Breath Testing Facility Report



Defendant: Williams, Samuel Case #: 17-1116
Arresting Officer: Donde 1530 Date: 1/18/2017

Breath Test Results: nsp g/210L 0614 Time .137 g/210L 0620 Time
.140 g/210L 0623 Time _____ g/210L _____ Time
Note: Times are in Military Time

Breath Operator: Ofc. Donde
Maintenance Technician Ofc. R. Secord #1639

Testing Officer Observations:

Speech: slow slurred
Attitude: cooperative polite
Clothing: grey tan pants black long sleeve
Medical Conditions: none Dyslexia
Medications: none
Other: _____

Arrival Time at Facility/ Time Twenty (20) Minute Observation Started: aprox 0500 / 0540

Comments:

Implied consent explained, asked about consequences of breath refusal explained . asked about limit in US and FLA.08.

I asked if he would answer "No comment" to all questions and he responded No comment

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JAN 19 2017

DEFENDANT: Williams, Samuel

CASE NUMBER: 17-1116

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 OPERATION A MOTOR VEHICLE AT THE TIME OF THE STOP/ACCIDENT? No comment

WHERE WERE YOU GOING? No comment

WHAT STREET OR HIGHWAY WERE YOU ON? No comment

DIRECTION OF TRAVEL? No comment WHERE DID YOU START FROM? No comment

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

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

WHAT COUNTY AND CITY ARE YOU IN NOW?

WHEN DID YOU LAST EAT? WHAT DID YOU EAT?

WHAT HAVE YOU BEEN DOING FOR THE LAST THREE(3) HOURS?

HOW MUCH DO YOU WEIGHT? HAVE YOU BEEN DRINKING? WHAT?

HOW MUCH? WHERE? WITH WHOM?

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

HOW DID YOU CONSUME YOUR LAST TWO DRINKS?

CAN YOU FEEL THE EFFECTS OF THE ALCOHOL? No comment

ARE YOU UNDER THE INFLUENCE? No comment

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

WHAT? WHERE? WHEN?

WHAT LINE OF WORK ARE YOU IN?

WHEN DID YOU LAST WORK?

DO YOU HAVE ANY PHYSICAL DEFECTS OR INJURIES? WHAT?

ARE YOU SICK OR INJURED? WHAT'S WRONG?

DO YOU LIMP? DID YOU RECEIVE A BUMP ON YOUR HEAD RECENTLY?

WERE YOU IN AN ACCIDENT TODAY? No comment

HAVE YOU TAKEN ANY DRUGS OR SMOKED ANY MARIJUANA TODAY? WHEN?

HAVE YOU SEEN A DOCTOR OR DENTIST TODAY? WHO? WHEN?

ARE YOU TAKING ANY PRESCRIPTION MEDICINES? No comi WHAT? WHEN?

DO YOU HAVE:

EPILEPSY?	<u>No comment</u>
GLASS EYE?	<u>No comment</u>
FALSE TEETH?	<u>No comment</u>
EAR INFECTION?	<u>No comment</u>
INNER EAR TROUBLE?	<u>No comment</u>
DIABETES?	<u>No comment</u>

DO YOU HAVE ANY PROBLEMS WITH YOUR EYES THAT ARE NOT CORRECTABLE BY GLASSES?

DO YOU TAKE INSULIN? IF SO, WHEN WAS YOUR LAST INJECTION?

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

INTERVIEWER: **** No comment ***** did not go through all questions,

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JAN 19 2017

**600 Banyan Blvd
West Palm Beach, Florida 33401
(561)822-1900**

Arresting Officer: Donde 1530 **Case Number:** 17-1116

Address: (West Palm Beach Police Department) 600 Banyan Blvd, West Palm Beach, FL 33401

Phone Number **Home:** **Cell:** **Work:** (561)822-1900

Can Testify to:

Witness Name: Ofc Ryan Secord **Case Number:** 17-1116
Address: West Palm Beach Police Department - 600 Banyan Blvd, West Palm Beach, FL 33401
Phone Number **Home:** **Cell:** **Work:** 561-822-1869
Can Testify to: Agency Intox Inspector

Witness Name: _____ **Case Number:** 17-1116

Address: _____

Phone Number **Home:** _____ **Cell:** _____ **Work:** _____

Can Testify to: _____

Witness Name: _____ **Case Number:** 17-1116

Address: _____

Phone Number Home: _____ Cell: _____ Work: _____

Can Testify to: _____

Witness Name: _____ **Case Number:** 17-1116

Address: _____

Phone Number **Home:** _____ **Cell:** _____ **Work:** _____

Can Testify to: _____

Witness Name: _____ **Case Number:** 17-1116

Address: _____

Phone Number **Home:** _____ **Cell:** _____ **Work:** _____

Can Testify to: _____

Item(s): _____
Date will be furnished: _____
Why not supplied at filing: _____

Note: It is the responsibility of the officer filing the case to insure that the foregoing list is complete and correct.



Signature of the Filing Officer



Date

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JAN 19 2017