05052213 19CT282319330

ARREST / NOTICE TO APPEAR

OBTS Number | 1 Arrest 2 NTA 3 Request for Warrant 4 Request for Capias | 1 | JUVENILE

ADMINISTRATION

Agency ORI Number	Agency Name	Agency Report Number (NTA's only)
0500400	Delray Beach Police Department	4 0 19-002088

Charge Type (Check as many as apply): 1 Felony; 2 Traffic Felony; 3 Misdemeanor; 4 Traffic Misdemeanor; 5 Ordinance; 6 Other

If Weapon Seized, Enter Type: None/not Applicable

Multiple Clearance Indicator: 1

Location of Arrest (Including Name of Business)	Location of Offense (Business Name, Address)
200 NE 5TH AVE DELRAY BEACH FL 33483	500 E ATLANTIC AVE, DELRAY BEACH, FL 33483

Date of Arrest	Time of Arrest	Booking Date	Booking Time	Jail Date	Jail Time	Location of Vehicle
02/09/2019	01:59	02/09/2019	02:09			200 NE 5TH AVE DELRAY

DEFENDANT

Name (Last, First, Middle): MILLER, SCOTT RYAN — Alias (Name, DOB, Soc Sec #, Etc): Alias:

Race (W - White, B - Black, I - American Indian, O - Oriental/Asian)	Sex	Date of Birth	Height	Weight	Eye Color	Hair Color	Complexion	Build
W	M	06/10/1987	5'08	190	BROWN	BROWN	FAIR	Med

Scars, Marks, Tattoos, Unique Physical Features (Location, Type, Description): | Marital Status: S | Religion: | Indication of Alcohol Influence: Yes ☒ No ☐ Unk. ☐ Drug Influence: No ☒

Local Address (Street, Apt. Number) (City) (State) (Zip): 6740 LAGO VISTA TER, BOCA RATON, FL 33433 | Phone: (847) 630-8401 | Residence Type (1 City, 2 County, 3 Florida, 4 Out of State): 1

Permanent Address (Street, Apt. Number) (City) (State) (Zip): 6740 LAGO VISTA TER, BOCA RATON, FL 33433 | Phone: (847) 630-8401 | Address Source: FL DL

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

DL Number, State	Soc. Sec. Number	INS Number	Place of Birth (City, State)	Citizenship
M460796872100 / FL	[redacted]		CHICAGO, IL, United	

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 ☐ Other ☐ Legal Custodian — 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 Department and Released; 2 TOT JAC; 3 Incarcerated

Released To (Name): | Relationship: | Date: | Time:

The above address was provided by ☐ defendant and/or ☐ 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.
☐ Yes, by. ☐ No

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 Synthetic, U Unknown, Z Other

CHARGE

Charge Description	Statute Violation Number	Violation of ORD #
DRIVING WHILE UNDER INFLUENCE	316.193(1)	

Drug Activity	Drug Type	Amount / Unit	Offense #	Counts	Domestic Violence	Warrant / Capias Number	Bond
	N	/		1	☐ Y ☒ N		OR.

CHARGE

Charge Description	Statute Violation Number	Violation of ORD #

Drug Activity	Drug Type	Amount / Unit	Offense #	Counts	Domestic Violence	Warrant / Capias Number	Bond
		/			☐ Y ☐ N		

CHARGE

Charge Description	Statute Violation Number	Violation of ORD #

Drug Activity	Drug Type	Amount / Unit	Offense #	Counts	Domestic Violence	Warrant / Capias Number	Bond
		/			☐ Y ☐ N		

INTAKE

Health / Apparent Physical Condition of Defendant: | Any knowledge of the following: ☐ Mental ☐ Escape Risk ☐ Medication ☐ Deformities ☐ Injuries — Explain:

Check which applies: ☐ Released O.R. ☐ Posted Bond ☐ Released to Parent/Guardian ☐ South County Mental Health ☒ TOT County Jail

PROPERTY - Received By: | Released By: | Released To:

Transported By: | Date Transported: | Time Transported: | Other:

NOTICE TO APPEAR

☒ INSTRUCTION NO. 1 - Mandatory appearance in court
☐ INSTRUCTION NO. 2 - You need not appear in Court but must comply with instructions on Page 2.

Location (Court, Room): South County 200 W Atlantic Ave Delray Beach, FL 33444
Court Date and Time: 02/25/2019 08:30:00

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

Received WB FEB 12 2019

Signature of Defendant (or Juvenile and Parent/Custodian) | Date Signed

No Photo Available

ADMIN

HOLD for Other Agency: | Signature of Arresting Officer: | LD #: 1135 | Name Verification (Printed by Arrestee): (PRINT)

☐ Dangerous ☐ Arrested Agency ☐ Special ☐ Other

Intake Deputy: Thomas 7932 | LD #: | Pouch #: | Name of Arresting Officer (Print): MOHAMMED, JOSHUA A | LD #: 1139

Transporting Officer: MOHAMMED | LD #: 1139 | Agency: DELRA

Witness here if subject signed with an "X":

PAGE 1 OF 1

☐ COURT ☐ STATE ATTORNEY ☐ AGENCY ☐ CENTRAL RECORDS ☐ JAIL ☐ CRIME ANALYSIS ☐ F.I.G. ☐ DEFENDANT

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PALM BEACH COUNTY CLERK & COMPTROLLER 2019 FEB 19 AM 11:42

PROBABLE CAUSE AFFIDAVIT

OBTS Number | 1. Arrest 2. N.T.A. 3. Request for Warrant 4. Request for Capias | 1 | JUVENILE

ADMIN

Agency ORI Number	Agency Name	Agency Report Number
FL 0500400	DELRAY BEACH POLICE DEPARTMENT	4 0 19-002088

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
MILLER, SCOTT RYAN		W	M	06/10/1987

CHARGES

Charge Description	Charge Description
316.193(1) DRIVING WHILE UNDER INFLUENCE	
Charge Description	Charge Description

VICTIM

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

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

On the 9 day of February, 2019 at 02:39 (Specifically include facts constituting cause for arrest.)

The following incident occurred in the City of Delray Beach, County of Palm Beach, Florida.

On February 9th, 2019 I was pulled over to the side of the road in the first block of NE 5th Ave. I then observed a vehicle (white Mercedes FL Tag 654-MVP) make a left turn from 500 E Atlantic Ave going northbound on NE 5th Ave (one-way street, southbound traffic only) driving in the wrong direction. I initiated a traffic stop on the vehicle, coming to a stop in the 200 block of NE 5th Ave.
I made contact with the driver who was identified by his FL DL as Scott Miller. It should be noted that he had slow dexterity when I asked him for his identification. I could also smell an odor of an unknown alcoholic beverage coming from his person. I asked him where he was headed. He said that he was heading to Boca Raton where he lives. He stated that he was heading southbound towards Glades Rd which he was going to take to get to I95. Miller was actually heading northbound towards Boynton Beach.
While speaking with Miller, his speech was slurred, and his eyes were glossy red.
I asked Miller if he was drinking tonight which he stated he only had two drinks. I then asked him if he would be willing to submit to several field sobriety tasks to deter my fear that he may be under the influence of alcohol while driving which he agreed too.
He said he has no inner ear infections, or medical conditions that would affect him during the tasks. He did say that he has a prescription for Adderall which he last took one earlier in the day.

Road Side Tasks
Horizontal Gaze Nystagmus:

Left Eye:
Lack of Smooth pursuit. Distinct and sustained nystagmus at maximum deviation. On set of nystagmus prior to 45 degrees. Failed to maintain starting position and moved his

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ADMINISTRATIVE

SWORN AND SUBSCRIBED BEFORE ME

NOTARY PUBLIC / CLERK OF COURT / OFFICER, F.S.S. 117.10

2/9/19
DATE

Notary Public State of Florida
Samantha Palmer
My Commission GG 233762
Expires 10/28/2022

SIGNATURE OF ARRESTING / INVESTIGATING OFFICER 1139

MOHAMMED, JOSHUA A (1139)
NAME OF OFFICER (PLEASE PRINT)

02/09/2019
DATE

COURT | STATE ATTORNEY | CENTRAL RECORDS | JAIL | CRIME ANALYSIS | P. I. O.

ADMIN	OBTS Number	PROBABLE CAUSE AFFIDAVIT SUPPLEMENT	1. Arrest 2. N.T.A. 3. Request for Warrant 4. Request for Capias	1	JUVENILE
	Agency ORI Number: FL 0500400	Agency Name: DELRAY BEACH POLICE DEPARTMENT	Agency Report Number: 19-002088		
	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
	MILLER, SCOTT RYAN		W	M	06/10/1987

PROBABLE CAUSE STATEMENT

head during the course of the task.

Right Eye:
Lack of Smooth pursuit. Distinct and sustained nystagmus at maximum deviation. On set of nystagmus prior to 45 degrees. Failed to maintain starting position and moved his head during the course of the task.

Walk and Turn:
Miller stated that he understood my instructions. Miller began the task before being told to start. Miller could not keep balance while listening to my instructions. Miller missed heel to toe and stepped off the line. Miller used his arms as balance during the task. Miller too the incorrect number of steps.

One Leg Stand:
Miller stated he understood my instructions after explanation. Miller continued to put his foot down during the task. Miller used his arms for balance. Miller did not maintain the starting position.

Finger To Nose:
Miller stated he understood the instructions after explanation. He first used his hand and touched his nose but did not return it back to his side until told to. He then touched his nose and back to his side multiple times back to back without being told to touch his nose. He could not keep his head back. He failed to return his hand back to the starting position during the course of the task.

Romberg Numbers:
Miller stated he understood the instructions. Miller counted the incorrect numbers. I requested that he count from the numbers 60 to 30 backwards. Miller counted from 60 to 0.

I placed Miller in handcuffs which were checked for proper spacing and double locked. I transported Miller to the B.A.T where I requested he submit to a breath test which he agreed.

Breath Alcohol Test Results:
The test results were:
Defendant sample #1:
0.126
Defendant sample #2:
0.134

Based on the above stated facts probable cause exists to charge the defendant, Scott Miller with driving under the influence in violation of FSS 316.193(1).

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ADMINISTRATIVE

SWORN AND SUBSCRIBED BEFORE ME

NOTARY PUBLIC / CLERK OF COURT / OFFICER (F.S.S. 117.10)

2/9/19
DATE

Notary Public State of Florida
Samantha Palmer
My Commission GG 233762
Expires 10/28/2022

SIGNATURE OF ARRESTING / INVESTIGATING OFFICER

MOHAMMED, JOSHUA A (1139)
NAME OF OFFICER (PLEASE PRINT)

02/09/2019
DATE

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

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

PBSO CASE # 19-035204 PBSO ZONE 4-11

AGENCY CASE # 19-002088 CRASH CASE #

TIME OF STOP/CRASH 0134 DATE 2/9/18 DAY Saturday

SUBJECT'S NAME Miller, Scott RACE W SEX M

HGT 5'8 WGT 190 DOB 06 / 10 / 1987

LOCATION 200 NE 5th Ave Delray Beach FL 33483

ARRESTING OFFICER'S NAME & ID Mohammed 1139 AGENCY Delray Beach

DIVISION: Patrol NOTIFIED BY COMM Y

ARRIVAL AT FACILITY 0231

BREATH RESULTS: ARREST TIME 01:59

1. .126
2. .134
3. N/A
4. N/A

TESTING OFFICER'S ID 24639 PBSO VIDEOTAPE # N/A

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SUBJECT: MILLER, SCOTT R 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? home apartment in Boca

WHAT STREET OR HIGHWAY WERE YOU ON? NE 5th Ave

DIRECTION OF TRAVEL? S WHERE DID YOU START? Valet at El Camino

WHAT TIME DID YOU START? 5mins before 8pm WHAT TIME IS IT NOW? no

WHAT IS TODAY'S DATE? 2/9/19 WHAT DAY OF THE WEEK IS IT? Saturday

WHAT COUNTY AND CITY ARE YOU IN NOW? Palm Beach County Delray

WHEN DID YOU LAST EAT? 7pm WHAT DID YOU EAT? Sushi

WHAT HAVE YOU BEEN DOING FOR THE LAST THREE HOURS? Club Honey

HOW MUCH DO YOU WEIGH? 185-190 HAVE YOU BEEN DRINKING? Yes WHAT? Couple beers Corona

HOW MUCH? 3-4 WHERE? Honey club WITH WHOM? Yes. friend steven

WHEN DID YOU HAVE YOUR FIRST DRINK? 7pm AND YOUR LAST DRINK? 1pm

HOW DID YOU CONSUME YOUR LAST TWO DRINKS? Sip on it

CAN YOU FEEL THE EFFECTS OF THE ALCOHOL? Fine (feels) ARE YOU UNDER THE INFLUENCE? over.08

HAVE YOU CONSUMED ANY ALCOHOL SINCE THE ACCIDENT? N/A HOW MUCH? N/A

WHAT? N/A WHERE? N/A WHEN? N/A

WHAT LINE OF WORK ARE YOU IN? Own restaurants WHEN DID YOU LAST WORK? today

DO YOU HAVE ANY PHYSICAL DEFECTS OR INJURIES? NO WHAT? N/A

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

DO YOU LIMP? no 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? NA

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

ARE YOU TAKING ANY PRESCRIPTION MEDICINES? Yes WHAT? Adderall WHEN? Today

DO YOU HAVE:

EPILEPSY?	used to
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? NO

HAVE YOU EVER HAD A DRIVER'S LICENSE IN ANY OTHER STATE? Yes WHERE? IL

INTERVIEWER: J. Mohammed 1139

WHITE - STATE ATTY. YELLOW - DHSMV PINK - CENTRAL RECORDS GOLD - JAIL

PBSO #0129C REV. 9/93

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SUBJECT: [illegible] 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)_____ Read on (anie2A

WHITE - STATE ATTY. YELLOW - DHSMV PINK - CENTRAL RECORDS GOLD - JAIL

PBSO #01298 REV. 06/11

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TESTING FACILITY TASK REPORT

AGENCY: [illegible]

SUBJECT: [illegible] CASE NUMBER: [illegible]

DATE: 02/24/11 VIDEO TAPE NUMBER: [illegible]

BEGINNING TIME: 02 55 ENDING TIME: 03 15

BREATH TESTS RESULTS: 1) .126 TIME 3 00 A.M./P.M. 2) .124 TIME [illegible] A.M./P.M.

3) n/a TIME — A.M./P.M. 4) n/a TIME — A.M./P.M.

BREATH OPERATOR: [illegible]

MAINTENANCE TECHNICIAN: [illegible]

TESTING OFFICER'S OBSERVATIONS

SPEECH: [illegible]

ATTITUDE: [illegible]

CLOTHING: [illegible]

MEDICAL CONDITIONS: [illegible]

MEDICATIONS: [illegible]

OTHER: [illegible]

COMMENTS: [illegible]

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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:	

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REVIEW COMPLETED BY

Booking Number: 2019004599	**Date:** 02/10/2019
	Specialist Name/ID: AM/31562