

0297751

ARREST / NOTICE TO APPEAR

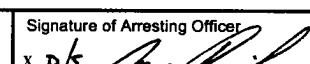
Juvenile Referral Report

1. Arrest
2. N.T.A.3. Request for Warrant
4. Request for Capias

1

Juvenile

1850

ADMINISTRATIVE	OBTS Number			ARREST / NOTICE TO APPEAR										
	Agency ORI Number			Agency Name			Juvenile Referral Report							
	FLO 500000			PALM BEACH COUNTY SHERIFF'S OFFICE			16-130801							
	ChargeType: Check as many as apply. 1. Felony 2. Traffic Felony			3. Misdemeanor 4. Traffic Misdemeanor			5. Ordinance 6. Other							
DEFENDANT	Location of Arrest (Including Name of Business)			Location of Offense (Business Name, Address)										
	JOG RD AND ATLANTIC AVE DELRAY BEACH FL. 33446			JOG RD AND ATLANTIC AVE DELRAY BEACH FL. 33446										
	Date of Arrest		Time of Arrest	Booking Date	Booking Time	Jail Date	Jail Time	Location of Vehicle						
	09/23/2016		1920											
	Name (Last, First, Middle)													
	SETH DANIEL LIEBERMAN, SETH DANIEL													
	Alias (Name, DOB, Soc. Sec. #, Etc.)													
	Race		Sex	Date of Birth	Height	Weight	Eye Color	Hair Color	Complexion					
	W - White 1 - American Indian B - Black 0 - Oriental/Asian		W	07/14/1984	5'9	165	BLUE	BLOND	FAIR					
	Build		MED											
Scars, Marks, Tatoos, Unique Physical Features (Location, Type, Description)														
RIGHT CALF, BOTH WRIST, RIGHT FOREARM, BICEP														
Local Address (Street, Apt. Number)			(City)	(State)	(Zip)	Phone	Residence Type:							
18425 LONG LAKE DRIVE			BOCA RATON	FL	33496	(954) 298-2800	1. City	3. Florida						
							2. County	4. Out of State						
Permanent Address (Street, Apt. Number)			(City)	(State)	(Zip)	Phone	Address Source							
18425 LONG LAKE DRIVE			BOCA RATON	FL	33496	(954) 298-2800	DAVID							
Business Address (Name, Street)			(City)	(State)	(Zip)	Phone	Occupation							
						()								
D/L Number, State		Soc. Sec. Number	INS Number			Place of Birth (City, State)		Citizenship						
L165-784-84-254-0						MERTYL BEACH, SC		US						
CO-DEF	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		2. TOT HRS / DYS						
						1. Handled/processed within Dept. and Released.		3. Incarcerated						
JUVENILE	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.						School Attended							
	<input type="checkbox"/> Yes, by: (Name) <input type="checkbox"/> No: (Reason)													
	Property Crime?			Description of Property			Value of Property							
	<input type="checkbox"/> Yes <input type="checkbox"/> No													
	CODE	Drug Activity			S. Sell	R. Smuggle	K. Dispense/ Distribute	M. Manufacture/ Produce/ Cultivate	Z. Other	Drug Type	B. Barbiturate	H. Hallucinogen	P. Paraphernalia/ Equipment	U. Unknown
		<input type="checkbox"/> N. N/A <input type="checkbox"/> P. Possess			<input type="checkbox"/> B. Buy <input type="checkbox"/> T. Traffic	<input type="checkbox"/> D. Deliver <input type="checkbox"/> E. Use				<input type="checkbox"/> N. N/A <input type="checkbox"/> A. Amphetamine	<input type="checkbox"/> C. Cocaine <input type="checkbox"/> E. Heroin	<input type="checkbox"/> M. Marijuana <input type="checkbox"/> O. Opium/Deriv.		Z. Other
		Charge Description			Counts			Domestic Violence	Statute Violation Number		Violation of ORD #			
		DUI			1			<input type="checkbox"/> Y <input checked="" type="checkbox"/> N	316.193(1)					
Drug Activity		Drug Type	Amount / Unit	Offense #			Warrant / Capias Number		Bond					
N		N		16-130801										
Charge Description			Counts			Domestic Violence	Statute Violation Number		Violation of ORD #					
Drug Activity		Drug Type	Amount / Unit	Offense #			Warrant / Capias Number		Bond					
Charge Description			Counts			Domestic Violence	Statute Violation Number		Violation of ORD #					
Drug Activity	Drug Type	Amount / Unit	Offense #			Warrant / Capias Number		Bond						
Charge Description			Counts			Domestic Violence	Statute Violation Number		Violation of ORD #					
Drug Activity	Drug Type	Amount / Unit	Offense #			Warrant / Capias Number		Bond						
Location (Court, Room Number, Address)			SOUTH COUNTY COURT HOUSE 200 W ATLANTIC AVE DELRAY BEACH FL.											
NOTICE TO APPEAR	Court Date and Time													
	Month	OCT	Day	24TH	Year	2016	Time	8:30	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													
	HOLD for other Agency			Signature of Arresting Officer			Name Verification (Printed by Arrestee)							
	Name:						(PRINT) SEP 24 2016 SCANNED							
	<input type="checkbox"/> Dangerous <input type="checkbox"/> Suicidal			<input type="checkbox"/> Resisted Arrest <input type="checkbox"/> Other			I.D. #							
							D/S JESUS PUJOL 8530							
	Initials Report			D #	Pouch #	Transporting Officer	ID #	Agency	SEP 24 2016					
D/S JESUS PUJOL 8530					D/S JESUS PUJOL 8530		PBSO	PAGE 1 OF 1						
Witness here if subject signed with an "X"														

D.U.I. PROBABLE CAUSE AFFIDAVIT

ON THE 23rd DAY OF Sept. 20 16, AT 6:28 AM PM

SUBJECT: SETH DANIEL LIEBERMAN CASE NUMBER: 16-130801

AGENCY: PALM BEACH COUNTY SHERIFF'S OFFICE ARRESTING OFFICER: JESUS PUJOL
PERSONAL CONTACT

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

On the above date and time I responded to the area of Jog Rd and Atlantic Ave in unincorporated Delray Beach, Fl, in reference to a vehicle crash, ref. PBSO case #16-130804. Upon my arrival I made contact with Seth D. Lieberman who was standing by the driver doorway of his black in color Ram pickup bearing Fl. tag 885MUK. I advised Seth that I was going to investigate the vehicle crash and asked him what had occurred. Seth stated that he bumped the vehicle in front on him. The driver of the other vehicle involved, stated she observed Seth sitting in the driver seat behind the steering wheel upon exiting her vehicle. She later provided a sworn written statement.

OBSERVATION OF DRIVER:

While speaking with Seth I observed that his speech was slightly slurred and he had a strong odor of an unknown alcoholic beverage emitting from his person.

DRIVER'S STATEMENTS:

I explained to Seth that I was finished with my vehicle crash investigation and was now going to conduct a DUI investigation. I asked Seth if he would perform some road side task to determine if he was driving while impaired. Seth stated that he would not perform anything. I further explained to Seth that if he did not perform the road side tasks I would have to base my investigation on what I had. Seth later agreed to perform the tasks.

ODORS:

Seth had a strong odor of an unknown alcoholic beverage emitting from his person.

GENERAL OBSERVATIONS

SPEECH: Slightly slurred

ATTITUDE: Corporative at time

CLOTHING: _____

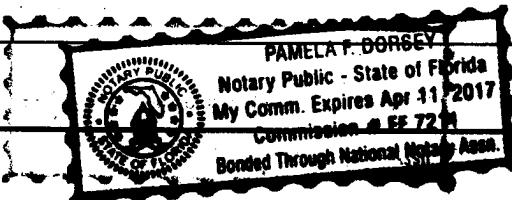
MEDICAL/OTHER: None stated

STATE OF FLORIDA
COUNTY OF PALM BEACH

JESUS PUJOL

(Signature of Arresting/Investigative Officer)

The foregoing instrument was sworn to or affirmed and subscribed before me this 23rd day of Sept 2016 by D/S Jesus Pujol



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

ROADSIDE TASKS

HORIZONTAL GAZE NYSTAGMUS:

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

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

Other Observations:

WALK & TURN:

During the walk and turn Seth started the task before being asked to do so and he did not touch his heel to toe on step 3 of the first 9 steps. After the turn he did not count step 2 out loud and stepped off the line before completing the 9 steps.

ONE LEG STAND:

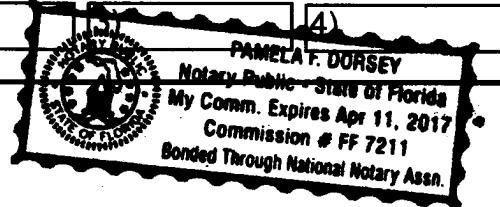
During the one leg stand Seth's foot came down before the 30 second mark.

FINGER TO NOSE:

During the finger Seth used the incorrect hand the entire exercise.

ROMBERG ALPHABET:

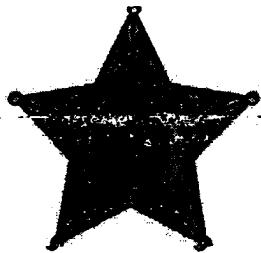
During the ROMBERG ALPHABET Seth recited: A through P correctly, followed by H, I, J, K. He then stopped for a few seconds and continued with L, M, N, O, P, Q, R, S, T, U, V. Stopped again for a few seconds and continued with W.

BREATH TEST RESULTS: 1) 2)STATE OF FLORIDA
COUNTY OF PALM BEACH

JESUS PUJOL

(signature of Arresting/Investigative Officer)

The foregoing instrument was sworn to or affirmed and subscribed before me this 23rd day of Sept 2016 by D/S Jesus Pujol(Print name of Arresting/Investigative Officer), who is personally known to me and/or produced identification. Type of identification produced LEO



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

PBSO CASE # 16-130801 PBSO ZONE 4-12

AGENCY CASE # 16-130801 CRASH CASE # 16130804

TIME OF STOP/CRASH 1828 DATE 09/23/2016 DAY FRI

SUBJECT'S NAME SETH DANIEL LIEBERMAN RACE W SEX M

HGT 5'9 WGT 165 DOB 07/14/1984

LOCATION JOG RD AND ATLANTIC AVE DELRAY BEACH FL. 33446

ARRESTING OFFICER'S NAME & ID PUJOL AGENCY PBSO

DIVISION: 4 NOTIFIED BY COMMO 1925

ARRIVAL AT FACILITY 1954

ARREST TIME 1920

BREATH RESULTS:

- 1) REFUSED
- 2)
- 3)
- 4)

TESTING OFFICER'S ID 7064 PBSO VIDEOTAPE # 61416

SCANNED
SEP 24 2016

STATE OF FLORIDA
DEPARTMENT OF HIGHWAY SAFETY & MOTOR VEHICLES
AFFIDAVIT OF
REFUSAL TO SUBMIT TO BREATH, URINE, OR BLOOD TEST

I, JESUS PUJOL, a duly certified Law Enforcement Officer or Correctional Officer,
(Person reading Implied Consent Warning)

am a member of Palm Beach County Sheriff's Office, and I do swear
(Name of enforcement agency)

or affirm that on or about the 23rd day of Sept., 20 16, at 7:20 A.M.
(Circle One)

NAME Seth FIRST D MIDDLE OR MAIDEN Lieberman LAST
(Type or Print)

DL# L165-784-84-254-0, state of Florida, was placed under lawful arrest for
the offense of DUI by JESUS PUJOL and
(Name of Arresting Officer)
issued Citation # A0ZZPZP.

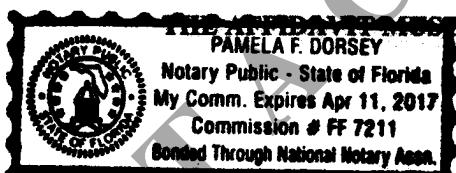
That on or about the 23rd day of Sept., 20 16, at 8:21 P.M. A.M.
(Circle One)

in Palm Beach County, [PLEASE CHECK THE BOX OR BOXES THAT APPLY] I did request said

person to submit to a breath, urine, or blood test to determine the content of alcohol in his or her blood or breath or the presence of chemical or controlled substances therein. I did inform said person that any refusal to submit to such test or tests would result in the suspension of his or her privilege to operate a motor vehicle for a period of one (1) year for a first refusal, or for a period of eighteen (18) months if the driving privilege of such person had been suspended previously for refusing to submit to such test or tests. I did inform said person that he or she commits a misdemeanor, if said person refuses to submit to a lawful test as requested above, and his or her driving privilege has been previously suspended for a prior refusal to submit to a lawful test of his or her breath, urine, or blood. If driver holds a CDL or is operating a CMV, I did inform the driver that this refusal will result in the disqualification of the driver's Commercial Driver's License/privilege for a period of one (1) year in the case of a first refusal or permanently if he or she has previously been disqualified as a result of a refusal to submit to such test.

Said person did at that time and place refuse to submit to such test or tests.


Signature of Law Enforcement Officer or
Correctional Officer



The foregoing instrument was sworn and subscribed before
me this 23rd day of Sept., 20 16,
by JESUS PUJOL,

who is personally known to me or who has produced

as identification

Notary Public 

Note: Mail or hand deliver to the designated Bureau of Administrative Reviews office, Department of Highway Safety and Motor Vehicles, with the driver's license, the appropriate copy of the UTC, and the probable cause affidavit.