



FLORIDA FISH AND WILDLIFE CONSERVATION COMMISSION
1300 MARCINSKI ROAD
JUPITER, FL 33477

REPORT NUMBER
ARR005065

ARREST REPORT

Report Date / Time 04/30/2017 05:47 PM	Agency Case/Offense Number FWSA17OFF003811	OCA Number	Originating Agency Case Number	OBTS Number	Offender Based Transaction System	Jail Booking Number	Other Number FWLR17CAD010368
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LOCATION OF OCCURRENCE

County PALM BEACH	Address LAKE BOCA FWC, BOCA RATON, FL 33432	
Range of Occurrence Date/Time 04/30/2017 03:35 PM to 04/30/2017 03:35 PM	Latitude N 26 20.4485	Longitude W 80 4.4044

PERSON: SUSPECT

First Name SHAWN	Middle Name JASON	Last Name KAHRES	Suffix	Date of Birth 11/22/1993	Age 23	Race W	Sex M	Height 5'9	Weight 170	Hair BRO	Eyes BRO
Master Name Index Number	Place of Birth NEW YORK	Nation USA	SSN	Driver's License or Other ID K620790934220		State FL	Class or Type E				
Address 475 BRICKELL AVE	City MIAMI	County DADE	State FL	Zip Code 33131	Phone						

CHARGES

Counts ► 1	Charge Number 327.35.1a	Charge
Charge Degree	Charge Level	General Offense Code

OK

BUI/OPERATING A VESSEL WITH NORMAL FACILITIES IMPAIRED

Counts ► 1	Charge Number 327.35a	Charge
Charge Degree	Charge Level	General Offense Code

OK

FAILURE TO SUBMIT TO A BREATH, URINE, BLOOD TEST FOR BUI

PROBABLE CAUSE

At approximately 3:35 pm, on 30 April 2017, I Officer Michael Carroll, of the Florida Fish and Wildlife Conservation Commission, was conducting State Water Patrol, in the area of Lake Boca, in Palm Beach County, Florida. I observed two white males on board a personal watercraft (PWC) with no life jackets on. I activated my marked patrol vessel's blue lights, and initiated a vessel stop on the PWC bearing Florida registration number, FL8128PH.

I observed the operator of the vessel wearing tan shorts and no shirt on. I observed the operator operating the vessel in circles around the southeast corner of Lake Boca. I shouted to the operator to stop and he looked at me with his eyes half open. The operator seemed confused and throttled heavily then let off the throttle. The operator pulled up next to my patrol vessel and I tied up to the vessel.

I made contact with the operator and identified him by name and date of birth, Shawn J Kahres, date of birth 11/22/93. I asked Mr. Kahres where his life jacket was, to which he stated on the boat. I detected a strong odor of an unknown alcoholic beverage, emitting from Mr. Kahres persons, while I spoke to him at a conversational distance. I asked Mr. Kahres where he was coming from and he answered the boat over there, and pointed in the wrong direction. I asked Mr. Kahres for the registration of the vessel, a fire extinguisher, and a whistle. Mr. Kahres looked at me confused and started telling me it was not his jet ski and that he was just moving it for a friend. I asked I observed Mr. Kahres's eyes to be glassy and red. Mr. Kahres has slurred speech and had trouble answering simple questions. I asked Mr. Kahres how much he had to drink that day, to which he stated one beer earlier. I asked Mr. Kahres to board my vessel to perform a series of tasks to ensure he was safe to operate the vessel, and he complied.

I had Mr. Kahres sit on the front of my vessel and ensured he was stable. I asked Mr. Kahres if he was stable and he verbally agreed. I explained the general instructions to Mr. Kahres and he understood them. I asked Mr. Kahres the pre task questions.

Pre-Task Questions

Subject advised he had no physical defects or disabilities

Subject advised he had no defects with his eyes

Subject advised he was not sick or injured

Subject advised he was not under the care of a doctor or dentist

Subject advised he was not taking any medications or drugs

Horizontal Gaze Nystagmus

Subject moved head several times

Subject had of lack of smooth pursuit in both eyes

Subject had distinct and sustained nystagmus at maximum deviation in both eyes

Subject had onset of nystagmus prior to 45 degrees

Finger to Nose

Instructional Stage

Subject started at the wrong time

Performance Stage

Subject did not close eyes

Subject moved head during task greater than one inch

First Left

Subject did not touch fingertip

Subject missed tip of nose

First Right

Subject hesitated

SHARON R. BOCK, CLET
PALM BEACH COUNTY, FL
GUN CLUB BRANCH

2017 MAY - 1 AM: 5:48

DLStel1136

SCANNED

MAY - 1 2017 APR 30 PM 9:13

Report Date / Time 04/30/2017 05:47 PM	Agency Case/Offense Number FWSA17OFF003811	OCA Number	Organizing Agency Case Number	OBTS Number	Offender Based Transaction System	Jail Booking Number	Other Number FWLR17CAD010368
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Subject did not touch fingertip
Subject missed tip of nose

Second Left
Subject hesitated
Subject searched
Subject did not touch fingertip
Subject missed tip of nose

Second Right
Subject hesitated
Subject searched
Subject did not touch fingertip
Subject missed tip of nose

Third Right
Subject used wrong hand at first
Subject hesitated
Subject searched
Subject did not touch fingertip
Subject missed tip of nose

Third Left
Subject hesitated
Subject searched

Palm Pat
Subject rolled hands
Subject chopped patted
Subject did not increase speed
Subject rotated hands

Hand Coordination

Instructional Stage
Subject started at wrong time

Performance Stage
Task 1 - Forward Steps
Subject improperly touched

Task 2- Hand Clapping
Subject did not perform

Task 3- Return Steps
Subject did not return fist to chest

Task 4- End position
Subject had improper position

Based on the initial observation of the vessel in motion, the personal contact with the operator, the Standardized Field Sobriety Tasks, and the totality of circumstances, I placed Mr. Kahres under arrest for Florida Statute 327.35(1)(a), Boating under the influence with normal faculties impaired. I transported Mr. Kahres to the Boca Police Department, where Officer Miller ran the Intoxilator. I read Mr. Kahres Miranda Warnings, and implied consent. Mr. Kahres refused to submit to a lawful test of his breath, and he refused to answer any questions. I charged Mr. Kahres with a civil infraction for, Florida Statute 327.3521, refusing to submit to a lawful test of breath, urine, or blood, for boating under the influence. Officer Miller, with the Boca Police Department, transported Mr. Kahres to the Palm Beach County Jail.

LEO BOND

Bond Amount \$	<input type="checkbox"/> None	<input type="checkbox"/> ROR	<input type="checkbox"/> Cash	<input type="checkbox"/> Any	<input type="checkbox"/> PreTrial If Qualify
	<input type="checkbox"/> Pro				<input type="checkbox"/>

COURT APPEARANCE INFORMATION

Court PALM BEACH COUNTY COURT AT GUN CLUB	Court Phone (561) 688-4640	Court Date & Time
Court Address 3228 GUN CLUB ROAD, WEST PALM BEACH, FL 33406		
Instructions		

ARREST INFORMATION

Arrest Date / Time 04/30/2017 03:48 PM	Residency Within state	Injured None	Extent of Injury N/A	Resist Arrest No
Prior Arrests Yes	Arrest Jurisdiction Within state		Alcohol Yes	Drugs Unknown

Report Date / Time 04/30/2017 05:47 PM	Agency Case/Offense Number FWSA17OFF003811	OCA Number	Originating Agency Case Number	OBTS Number	Offender Based Transaction System	Jail Booking Number	Other Number FWLR17CAD010368
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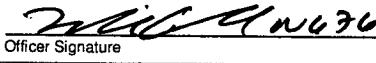
ARREST LOCATION

County PALM BEACH	Address LAKE BOCA , BOCA RATON, FL
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ARREST DELIVERED TO

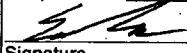
Jail / Booking Facility PALM BEACH COUNTY CORRECTIONS	Location 673 FAIRGROUNDS ROAD, WEST PALM BEACH, FLORIDA 33411-3633	Phone (561) 688-4800
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ARRESTING OFFICER

Officer Call Number W654	Officer Name CARROLL, MICHAEL J	Officer Signature 
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Subscribed and sworn to (or affirmed) before me this 30 day of April A.D. 2017 by _____ who is personally known to me or

has produced _____ as identification.

 Signature _____ Notary Public LEO CO Commission No: _____ My Commission Expires: _____

NOT A CERTIFIED COPY

OBTS Number

ARREST / NOTICE TO APPEAR
Juvenile Referral Report1. Arrest 3. Request for Warrant
2. N.T.A. 4. Request for Capias

Juvenile

N

ADMINISTRATIVE	Agency ORI Number	Agency Name	Agency Report Number (N.T.A.'s only)									
	FLO 5 0 0 2 0 0	BOCA RATON POLICE SERVICES DEPT.	3 2 1-1 7-0 0 6 2 3 2 11 11									
DEFENDANT	Charge Type: Check as many as apply: 1. Felony 2. Traffic Felony	3. Misdemeanor 4. Traffic Misdemeanor	5. Ordinance 6. Other	Weapon Seized / Type 1. Yes 2. No	Multiple Clearance Indicator							
	Location of Arrest (Including Name of Business) 600 E PALMETTO PK RD		Location of Offense (Business Name, Address) 600 E PALMETTO PK RD									
Date of arrest	Time of Arrest	Booking Date	Booking Time	Jail Date	Jail Time	Location of Vehicle						
04.30.17	1548	9/30/17	1635	4/30/17		N/A						
Name (Last, First, Middle)		Alias (Name, DOB, Soc. Sec. #, Etc.)										
KAHRES, SHAWN JASON												
Race W - White I - American Indian B - Black O - Oriental/Asian		Sex M	Date of Birth 11.22.93	Height	Weight	Eye Color BRO	Hair Color BRO	Complexion LIGHT	Build MAD			
Scars, Marks, Tattoos, Unique Physical Features (Location, Type, Description) N/A					Marital Status SINGLE	Religion NONE	Indication of: Alcohol Influence Drug Influence					
Local Address (Street, Apt. Number)		(City)	(State)	(Zip)	Phone (954) 649-0577	Residence Type: 1. City 3. Florida 2. County 4. Out of State						
Permanent Address (Street, Apt. Number)		(City)	(State)	(Zip)	Phone ()	Address Source						
Business Address (Name, Street)		(City)	(State)	(Zip)	Phone ()	Occupation						
D/L Number, State K60793420		INS Number		Place of Birth (City, State)		Citizenship						
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 Name (Last) <input type="checkbox"/> Legal Custodian <input type="checkbox"/> Other: Address (Street, Apt. Number)		(First)	(Middle)	(State)	Residence Phone ()		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 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. <input type="checkbox"/> Yes, by: (Name) <input type="checkbox"/> No: (Reason)					School Attended		Grade					
Property Crime? <input type="checkbox"/> Yes <input type="checkbox"/> 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 BEATING UNDER THE INFLUENCE			Counts	Domestic Violence DY DN	Statute Violation Number 32 7 1 3 5 1 A 11		Violation of ORD #				
CHARGE	Drug Activity	Drug Type	Amount / Unit	Offense #	Warrant / Capias Number		Bond					
CHARGE	Charge Description			Counts	Domestic Violence DY DN	Statute Violation Number		Violation of ORD #				
CHARGE	Drug Activity	Drug Type	Amount / Unit	Offense #	Warrant / Capias Number		Bond					
CHARGE	Charge Description			Counts	Domestic Violence DY DN	Statute Violation Number		Violation of ORD #				
CHARGE	Drug Activity	Drug Type	Amount / Unit	Offense #	Warrant / Capias Number		Bond					
INTAKE INFO.	Health/Apparent Physical Condition of Defendant			Property - Rec'd. By MILLER		Released By MILLER	Released To PCP					
Any knowledge of the following, place an "X" and explain: <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"/> Posted Bond: <input type="checkbox"/> Released to Parent/Guardian: <input type="checkbox"/> S. County Mental Health: <input type="checkbox"/> T.O.T. County Jail Transported By:					Date _____ Time _____ Other _____							
NOTICE TO APPEAR	<input type="checkbox"/> Instruction No. 1 <input type="checkbox"/> Mandatory Appearance in Court <input type="checkbox"/> Instruction No. 2 You need not appear in Court but must comply with instructions on Reverse Side.		Location (Court, Room Number, Address) 3200 GUARANIE RD WPB FL 33409									
	Court Date and Time Month <u>July</u> Day <u>26</u> Year <u>2017</u> Time <u>1300</u> A.M. <u>P.M.</u>											
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:		Signature of Arresting Officer X Michael Carroll			Name Verification (Printed by Arrestee)						
	<input type="checkbox"/> Dangerous <input type="checkbox"/> Resisted Arrest <input type="checkbox"/> Suicidal <input type="checkbox"/> Other: _____		Name of Arresting Officer (Print) Michael Carroll			I.D. # <u>NC676</u> (PRINT) X						
	Intake Deputy		I.D. #	Pouch #	Transporting Officer	I.D. #	Agency					PAGE <u>1</u> OF <u>1</u>
	Witness here if subject signed with an "X".											

FWC#
FWSA# 17-OFF3811
BEPD 2017- 000232

OBS. TIME: 1637 HRS
10/15 TIME: 1548

BOATING UNDER THE INFLUENCE REPORT



NOT
A
COPY

Boca Raton Police Department

100 Northwest Second Avenue

Boca Raton, Florida 33432

WITNESS LIST

ARRESTING OFFICER: CARROLL, MICHAEL 772-208-0223

Name: CARROLL Phone # Home _____ Work _____

Address: 1300 MARCINSKI RD JUPITER, FL 33477

Can testify to: ROADSIDE TASKINGS

Name: MEEEKS, ERIC Phone # Home _____ Work _____

Address: 1300 MARCINSKI RD JUPITER, FL 33477

Can testify to: INVESTIGATION

Name: MILLER, BRYAN 561-338-1234 Phone # Home _____ Work _____

Address: 100 NW 2ND AVE BOCA RATON FL 33431

Can testify to: BOOKING

Name: _____ Phone # Home _____ Work _____

Address: _____

Can testify to: _____

Name: _____ Phone # Home _____ Work _____

Address: _____

Can testify to: _____

Name: _____ Phone # Home _____ Work _____

Address: _____

Can testify to: _____

Name: _____ Phone # Home _____ Work _____

Address: _____

Can testify to: _____

BOCA RATON POLICE DEPARTMENT

Agency Case# FWSA - 17- OFF 3811

PART II B.U.I. REPORT
To be filled out at testing facility

I. INTRODUCTION (Instrument Operator faces video camera)

A. The day is: SUNDAY (day), APRIL (month), 30 (date), 2017 (year)

B. The time is now approximately 510 AM/PM

C. The following is in reference to case number FWSA-17- OFF 3811
BDPD 2017-006232

D. Present at this time is Officer CARROLL / Officer MILLER of the ~~Boca Raton Police Department~~ ~~Florida~~ ~~FDOT~~ (Officer's Name)

WILDLIFE CONSERVATION COMMISSION

E. Officer CARROLL, Have you arrested SHAWN KAHRAS (Defendant's name)

In violation of Florida State Statute 327.35?

F. Did this violation occur within the City of Boca Raton, Palm Beach County, Florida?

G. Mr./Mrs./Ms. SHAWN KAHRAS, I am required to
Inform you these proceedings are being video taped.

Operator Note: Video tape breath request, breath sample, and interview

BOCA RATON POLICE DEPARTMENT

Agency Case # FWSA 17-OFF 3811
BOPD 2017-006232

H. AT THIS TIME THE ARRESTING OFFICER WILL REQUEST A BREATH SAMPLE.

Note: Read only the paragraph applicable to the type of test you are requesting.

1. A. I am now requesting that you submit to a lawful test of your BREATH for the purpose of determining its alcohol content.
- B. I am now requesting that you submit to a lawful test of your URINE for the purpose of determining its alcohol content.
- C. I am now requesting that you submit to a lawful test of your BLOOD for the purpose of determining its alcohol content and the presence of chemical or controlled substances.

IMPLIED CONSENT WARNINGS

Note: Read only if the subject does not comply with your request.

2. I am OFC CARROLL of the FWC

If you fail to submit to the test I have requested, it will result in a civil penalty of \$500. Additionally, if you have been previously fined for refusal to submit to any lawful test of your breath, urine, or blood, you will be committing a misdemeanor offense as well as any other penalties. The refusal to submit to any of the requested tests is admissible into evidence in any criminal proceeding.

Subject signature: On Video

After reading the implied consent warning, the arresting officer must request a breath sample again.

(IF REFUSAL THEN)

At this time Mr/Mrs/Ms. Shawn J Tahres has refused to submit to a breath test.

The date is APRIL (Month) 30 (Day) 2017 (Year) and the time 5:15 AM (PM)

BOCA RATON POLICE DEPARTMENT
TESTING FACILITY TASK REPORT

SUBJECT: KAHRED, SHAWN J.

CASE #: FWISA 17-OFF 3811 DATE: 4/30/17
2017-006232

BREATH TESTS RESULTS:

1) TIME _____ AM/PM 2) TIME _____ AM/PM
3) TIME _____ AM/PM 4) TIME _____ AM/PM

BREATH OPERATOR: MILLER

MAINTENANCE TECHNICIAN: PAGE

TESTING OFFICER'S OBSERVATIONS

BREATH/ODOR: ODOR OF ALCOHOL

EYES: EYES RED & GLASSY

SPEECH: NORMAL

ATTITUDE: CALM, COMPLIANT

CLOTHING: GREEN SWIM SHORTS

MEDICAL CONDITIONS: NONE

OTHER: _____

COMMENTS: _____

BOCA RATON POLICE DEPARTMENT

Agency Case # FWSA 17-OFF 3811
17-6032

ADULT CONSTITUTIONAL WARNINGS

"I am required to warn you before you make any statement that you have the following rights":

- 1) You have the right to remain silent and not answer any questions.
- 2) Any statement you make must be freely and voluntarily given.
- 3) You have the right to the presence of a lawyer and representation 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 statement 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.

DO YOU UNDERSTAND THESE RIGHTS AS I HAVE READ THEM TO YOU AND DO YOU WISH TO SPEAK TO ME?

(X) _____

ON VIDEO

QUESTIONS AND ANSWERS

Were you operating a vessel at the time of the accident/stop? _____

Where were you going? _____

What area of the waterway were you on? _____

Direction of travel? _____

Where did you start operating your boat from? _____

What City (County) were you stopped in? _____

What time did you start? _____ AM/PM What time is it now? _____

What is today's date? _____ What day of the week is it? _____

BOCA RATON POLICE DEPARTMENT

Agency Case # FW36 17-OFF 3811/17-6232

When did you last eat? _____ What did you eat? _____

What have you been doing the past three hours prior to this stop/accident? _____

How much do you weigh? _____ Have you been drinking? _____ What were you drinking? _____

How much? _____ Where? _____ With whom were you drinking? _____

When did you have your first drink? _____ AM/PM When did you stop drinking? _____ AM/PM

How did you consume your last two drinks? _____

Are you under the influence of alcohol now? Yes No Can you feel the affects of alcohol? Yes No Have you consumed alcohol since the accident? Yes No Can you feel the affects of alcohol? Yes No Have you consumed alcohol since the accident? Yes No How much? _____ What? _____

Where? _____

What line of work are you in? _____

When did you last work? _____

Do you have any physical defects or injuries? Yes No If yes, explain: _____Are you sick or injured? Yes No If yes explain: _____

Do you limp? _____ Did you get a bump on the head? _____

Were you involved in an accident today? _____

Have you taken any drugs or smoked marijuana today? _____

What? _____ When? _____

Have you seen a doctor or dentist today? _____ Who? _____

Are you taking any prescription medicines? Yes No What? _____ When? _____Do you have: Epilepsy? Yes No Inner ear trouble? Yes No Glass Eye? Yes No Ear Infection? Yes No False Teeth? Yes No Diabetes? Yes No

Any eye problems not correctable by glasses or contact lenses? _____

Do you take insulin? Yes No If yes, when was your last injection? _____

Have you ever had a driver's license in any other state? _____

I am now ending this videotaping. The time now is approximately 518 AM/PMThe date is: APRIL (month) 30 (day) 2017 (year)

FLORIDA DEPARTMENT OF LAW ENFORCEMENT
ALCOHOL TESTING PROGRAM
BREATH ALCOHOL TEST AFFIDAVIT

Instrument Type: Intoxilyzer 8000
Instrument Registered To: BOCA RATON PD
Instrument Serial Number: 80-006622 Software: 8100.27
Date of Test: 04/30/2017

Date of Last Agency Inspection: 04/21/2017

Observation Period Began: 16:37

Subject's Name: SHAWN J KAHRES

DOB: 11/22/1993 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	17:08
	Air Blank	0.000	17:08
	Control Test	0.077	17:09
	Air Blank	0.000	17:09
	Subject Sample #1	NSP*	17:12
	Air Blank	0.000	17:13
	Air Blank	0.000	17:15
	Subject Sample #2	REF**	17:15
	Air Blank	0.000	17:15
	Control Test	0.078	17:16
	Air Blank	0.000	17:16
	Diagnostics Check	OK	17:16

*No Sample Provided

**Subject Test Refused

Cylinder Lot: 20016080A1
Exp: 09/05/2018

State of Florida, County of PALM BEACH.

Personally appeared before me the undersigned authority, who () is personally known to me or (✓) produced INTO OFFICER as identification, and who after being placed under oath, states:

CARROLL FNC

I, BRYAN C. MILLER, 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:

Bryan
Signature

Date: 4/30/17

Sworn to (or affirmed) before me this 30 day of APRIL, 2017

McMillan

Signature of Notary Public-State of Florida

Carroll

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.

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

I, Michael Carroll, a duly certified Law Enforcement Officer or Correctional Officer,
(Name of Officer reading Implied Consent Warning)

am a member of Florida Fish and Wildlife Conservation Commission, and I do swear
(Name of law enforcement agency)

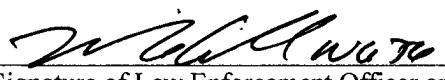
or affirm that on or about the 30th day of April, 20 17, at 3:48 P.M. A.M.

DRIVER Shawn FIRST NAME Jason MIDDLE OR MAIDEN NAME Kahres LAST NAME
(Type or Print)

DL# K 620-790-93-422-0, state of Florida, was placed under lawful arrest for
the offense of Boating Under the Influence by Off. Michael Carroll and
(Name of Arresting Officer)
issued Citation # V397974 (FWC)

That on or about the 30th day of April, 20 17, at 3:48 P.M. A.M.
in Palm Beach County,

I requested that the driver submit to a breath and/or urine test to determine his or her blood alcohol level and/or the presence of chemical or controlled substances. I informed the driver that the refusal to submit to such test(s) would result in the suspension of his or her driving privilege for a period of one (1) year for a first refusal, or for a period of eighteen (18) months if his or her driving privilege had been previously suspended for refusing to submit to a breath, urine or blood test. I also informed the driver that he or she commits a misdemeanor by refusing to submit to a lawful test as requested above if his or her driving privilege has been previously suspended for refusal to submit to a lawful test of his or her breath, urine, or blood. Additionally, I informed the driver that if he or she holds a CDL, or was operating a CMV, refusal will result in the disqualification of the Commercial Driver's License/driving 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 any such lawful test. Nonetheless, the driver refused to submit to the test(s) requested.


Signature of Law Enforcement Officer or
Correctional Officer

THE AFFIDAVIT MUST BE NOTARIZED OR ATTESTED TO (F.S. 117.10)

The foregoing instrument was sworn and subscribed before me:


Signature of Arresting Officer

Title ROAD PATROL OFFICER
Date 4/30/17

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.

(AFFIX SEAL)
The foregoing instrument was sworn and subscribed before
me this _____ day of _____, 20 _____,
by _____,
who is personally known to me or who has produced
_____ as identification
Notary Public _____



Incident Summary Report

FLORIDA FISH AND WILDLIFE CONSERVATION COMMISSION
1300 MARCINSKI ROAD
JUPITER, FL. 33477

Report Date / Time 5/1/2017 3:06:12 PM	Report Number ISR029992 (01)	Report Case/Cad Number FWSA17OFF003811 /F WLR17CAD010368	Reporting Officer Rank / ID OFFICER / WN676	Reporting Officer Name CARROLL, MICHAEL J
Originating Agency ORI FL0508000	Reported to Agency Date 4/30/2017 3:35:43 PM	Occur Date Range 04/30/2017 15:35:43 -	Jurisdiction State Waters	Status: Clearance:
Offense Description S1B BUI - BOAT				

LOCATION(S)

County PALM BEACH	Location Type INCIDENT LOCATION	Location Description LAKE BOCA RATON					
Street Number	Street LAKE BOCA	Apt/Lot/Bldg FWC	City BOCA RATON	State FL	Zip Code	Phone Number	Ext.

Person: DEFENDANT

First Name SHAWN	Middle Name JASON	Last Name KAHRES	Suffix	Race WHITE	Sex MALE	Height 509	Weight	Hair	Eyes
MNI #	SSN	Date of Birth 11/22/1993	Age 23	Place of Birth BROOKLYN, NY, UNITED STATES			Drivers License or other ID K620790934220	State FL	ID Type E
Addresses • RESIDENCE / 475 BRICKELL AVE, FL 33131 /									

Charge: STATE STATUTE

Counts 1	Charge 327.35(1)(a)	Arrest Offense Code Description DUI-UNLAW BLD ALCH
Charge Degree FIRST DEGREE	Charge Level MISDEMEANOR	General Offense Code
Charge Description OPERATING A VESSEL WHILE NORMAL FACULTIES IMPAIRED		
UCR Code / UCR Description		

Charge: STATE STATUTE

Counts 1	Charge 327.35215(1)	Arrest Offense Code Description INFRACTION
Charge Degree N/A	Charge Level INFRACTION COURT NOT REQUIRED	General Offense Code JAIL
Charge Description REFUSAL TO SUBMIT TO BLOOD/BREATH/URINE TO PURSUANT TO FS327.352		
UCR Code / UCR Description		

2017
MAY 19 PM 3:38
PBC
PBC COUNTY CRIMINAL
PBC COUNTY CLERK

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Vessel: USED IN CRIME
Evidence Exhibit Number:

Year 2012	Make YAMAHA MOTOR CORP USA	Type PERSONAL WATERCRAFT	Color GREY	Hull Material FIBERGLASS		
Vessel Name		State FL	Registration Number FL8128PH	Tag Expiration 11/22/2017	Vessel HIN YAMA3548C212	Vessel Doc Number
Owner Type OTHER	Vessel Value (\$)	Length 10	Fuel Type GAS	Propulsion Water Jet	Number of Engines / Type / INBOARD	Total HP
Vessel Owner		Vessel Released To Person			Vessel Released By Officer	

Narrative: INITIAL

Narrative Date/Time 5/1/2017 4:09:24 PM	Narrative Synopsis		
Reporting Officer CARROLL, MICHAEL J	Officer Rank OFFICER	Officer ID No WN676	Officer Org/Unit FWSAISO RE
Officer Signature 	Officer Agency FLORIDA FISH AND WILDLIFE CONSERVATION COMMISSION		

I. WHAT: Boating Under the Influence

II. WHEN: 30 April 2017, at approximately 3:48 pm

III. WHERE: Lake Boca, Boca Raton, Florida

IV. WHO: Shawn Jason Kahres DOB 11/22/93, 475 Brickell Ave, Miami, Florida 33131

V. Other information relating to BUI:

- FL8128PH - 10 ft grey Yamaha personal watercraft
- Owner - Blake Robert Nehls, 3700 NW 2nd Ct, Boca Raton, Florida 33431

VI. Details of BUI:
A. Phase 1 - Initial Observation of Vessel in Operation

At approximately 3:35 pm, on 30 April 2017, I Officer Michael Carroll, of the Florida Fish and Wildlife Conservation Commission, was conducting State Water Patrol, in the area of

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Lake Boca, in Palm Beach County, Florida. I observed two white males on board a personal watercraft (PWC) with no life jackets on. I activated my marked patrol vessel's blue lights, and initiated a vessel stop on the PWC bearing Florida registration number, FL8128PH. I observed the operator of the vessel wearing tan shorts and no shirt on. I observed the operator operating the vessel in circles around the southeast corner of Lake Boca. I shouted to the operator to stop and he looked at me with his eyes half open. The operator seemed confused and throttled heavily then let off the throttle. The operator pulled up next to my patrol vessel and I tied up to the vessel.

B. Phase 2 - Personal Contact with Operator of Vessel

I made contact with the operator and identified him by name and date of birth, Shawn J Kahres, date of birth 11/22/93. I asked Mr. Kahres where his life jacket was, to which he stated on the boat. I detected a strong of odor of an unknown alcoholic beverage, emitting from Mr. Kahres persons, while I spoke to him at a conversational distance. I asked Mr. Kahres where he was coming from and he answered the boat over there, and pointed in the wrong direction. I asked Mr. Kahres for the registration of the vessel, a fire extinguisher, and a whistle. Mr. Kahres looked at me confused and started telling me it was not his jet ski and that he was just moving it for a friend. I observed Mr. Kahres's eyes to be glassy and red. Mr. Kahres had slurred speech and had trouble answering simple questions. I asked Mr. Kahres how much he had to drink that day, to which he stated one beer earlier. I asked Mr. Kahres to board my vessel to perform a series of tasks to ensure he was safe to operate the vessel, and he complied.

C. Phase 3 - Pre Arrest Screening and Observation of Operator

I had Mr. Kahres sit on the front of my vessel and ensured he was stable. I asked Mr. Kahres if he was stable and he verbally agreed. I explained the general instructions to Mr. Kahres and he understood them. I asked Mr. Kahres the pre task questions.

Standardized Field Sobriety Tasks - Seated Battery

Pre-Task Questions

Subject advised he had no physical defects or disabilities

Subject advised he had no defects with his eyes

Subject advised he was not sick or injured

Subject advised he was not under the care of a doctor or dentist

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Subject advised he was not taking any medications or drugs

Horizontal Gaze Nystagmus

Subject moved head several times

Subject had of lack of smooth pursuit in both eyes

Subject had distinct and sustained nystagmus at maximum deviation in both eyes

Subject had onset of nystagmus prior to 45 degrees

Finger to Nose

Instructional Stage

Subject started at the wrong time

Performance Stage

Subject did not close eyes

Subject moved head during task greater then one inch

First Left

Subject did not touch fingertip

Subject missed tip of nose

First Right

Subject hesitated

Subject did not touch fingertip

Subject missed tip of nose

Second Left

Subject hesitated

Subject searched

Subject did not touch fingertip

Subject missed tip of nose

Second Right

Subject hesitated

Subject searched

Subject did not touch fingertip

Subject missed tip of nose

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Third Right

Subject used wrong hand at first

Subject hesitated

Subject searched

Subject did not touch fingertip

Subject missed tip of nose

Third Left

Subject hesitated

Subject searched

Palm Pat

Subject rolled hands

Subject chopped patted

Subject did not increase speed

Subject rotated hands

Hand Coordination

Instructional Stage

Subject started at wrong time

Performance Stage

Task 1 - Forward Steps

Subject improperly touched

Task 2- Hand Clapping

Subject did not perform

Task 3- Return Steps

Subject did not return fist to chest

Task 4- End position

Subject had improper position

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D. Arrest of Operator

Based on the initial observation of the vessel in motion, the personal contact with the operator, the Standardized Field Sobriety Tasks, and the totality of circumstances, I placed Mr. Kahres under arrest for Florida Statute 327.35(1)(a), Boating under the influence with normal faculties impaired.

E. Disposition of Operator and Vessel

I transported Mr. Kahres to the Boca Police Department, where Officer Miller ran the Intoxilizer 8000. I read Mr. Kahres Miranda Warnings, and implied consent. Mr. Kahres refused to submit to a lawful test of his breath, and he refused to answer any questions. I charged Mr. Kahres with F.S. 327.35(1)(a), boating under the influence with normal faculties impaired, a civil infraction for, F.S. 327.3521, refusing to submit to a lawful test of breath, urine, or blood, for boating under the influence, and an infraction for F.S. 327.39(1), operating a PWC with no life jacket. Officer Miller, with the Boca Police Department, transported Mr. Kahres to the Palm Beach County Jail. The PWC involved in the incident was brought to Silver Palms Boat ramp where Boca Police Department Officers had other subjects that were involved in a situation relating to Mr. Kahres. Boca Police Officers advised that there was a fight on board a vessel and that the two subjects that I had stopped were involved in the situation, and that they had left the scene on the jetski that was tied to the vessel that had the altercation on. The other occupant on the PWC I stopped was turned over to the Boca Police Department Command Post.

Sup #	Officer Name	Officer Rank	Involvement On Report	Reporting Role	ID #	Org/Unit	Officer Agency
01	CARROLL, MICHAEL J	OFFICER		REPORTING OFFICER	WN676	FWSAISO REGION AIMARTIN	FLORIDA FISH AND WILDLIFE CONSERVATION COMMISSION

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The undersigned certifies and swears that he/she has just and reasonable grounds to believe that the above named Defendant, committed violation(s), of law, on the below date(s) and time(s), as listed in the narratives associated with this report:

Officer: Reporting Officer (Supplement01)

Officer Name CARROLL, MICHAEL J	Office Rank OFFICER	Officer ID No WN676	Sworn and subscribed before me, the undersigned authority This the _____ day of _____, _____ DEPUTY OF THE COURT, NOTARY OR LAW ENFORCEMENT OFFICER
Officer Signature 			