

ARREST / NOTICE TO APPEAR
Juvenile Referral Report

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

1 Juvenile N

OBTS Number	Agency ORI Number FLO 502600		Agency Name Palm Beach Gardens Police Department		Agency Report Number (N.T.A.'s only) 78- 17-006712	
Charge Type: Check as many as apply.	<input type="checkbox"/> 1. Felony <input type="checkbox"/> 2. Traffic Felony	<input type="checkbox"/> 3. Misdemeanor <input checked="" type="checkbox"/> 4. Traffic Misdemeanor	<input type="checkbox"/> 5. Ordinance <input type="checkbox"/> 6. Other	Weapon Seized / Type 2 1. Yes N/A		Multiple Clearance Indicator
Location of Arrest (Including Name of Business) Lake Victoria Gardens Ave/PGA Blvd.			Location of Offense (Business Name, Address) Lake Victoria Gardens Ave/PGA Blvd.			
Date of Arrest 11/16/2017	Time of Arrest 0100	Booking Date	Booking Time	Jail Date	Jail Time	Location of Vehicle Kauff's Towing

Name (Last, First, Middle) Edelman, Stephen J						Alias (Name, DOB, Soc. Sec. #, Etc.)					
Race W - White I - American Indian B - Black O - Oriental/Asian	Sex M	Date of Birth 09/05/1970	Height 511	Weight 205	Eye Color Hazel	Hair Color Brown	Complexion Med	Build Med			
Scars, Marks, Tattoos, Unique Physical Features (Location, Type, Description) Small scar on back						Marital Status Married	Religion Jewish	Indication of: Alcohol Influence <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> Unk. Drug Influence <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> Unk.			
Local Address (Street, Apt. Number) N/A			(City)	(State)	(Zip)	Phone ()		Residence Type: 1. City 2. County 3. Florida 4. Out of State 4			
Permanent Address (Street, Apt. Number) 34 Wenwood Dr.			(City) Glen Head	(State) NY	(Zip) 11545	Phone (917) 796-1166		Address Source Self			
Business Address (Name, Street)			(City)	(State)	(Zip)	Phone ()		Occupation Banker			
D/L Number, State NY		Soc. Sec. Number ()		INS Number ()		Place of Birth (City, State) Livingston, NJ		Citizenship US			

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 1. Handled/processed within Dept. and Released. 2. TOT HRS / DYS 3. Incarcerated		
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. <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		

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 Description DUI		Counts 1	Domestic Violence <input type="checkbox"/> Y <input checked="" type="checkbox"/> N	Statute Violation Number 316.193(1)		Violation of ORD #		Warrant / Capias Number		
Drug Activity N	Drug Type N	Amount / Unit	Offense #	Warrant / Capias Number		Bond OR				
Charge Description		Counts	Domestic Violence <input type="checkbox"/> Y <input type="checkbox"/> N	Statute Violation Number		Violation of ORD #		Warrant / Capias Number		
Drug Activity	Drug Type	Amount / Unit	Offense #	Warrant / Capias Number		Bond				
Charge Description		Counts	Domestic Violence <input type="checkbox"/> Y <input type="checkbox"/> N	Statute Violation Number		Violation of ORD #		Warrant / Capias Number		
Drug Activity	Drug Type	Amount / Unit	Offense #	Warrant / Capias Number		Bond				
Charge Description		Counts	Domestic Violence <input type="checkbox"/> Y <input type="checkbox"/> N	Statute Violation Number		Violation of ORD #		Warrant / Capias Number		
Drug Activity	Drug Type	Amount / Unit	Offense #	Warrant / Capias Number		Bond				

Location (Court, Room Number, Address) North County Courthouse 3188 PGA Blvd, Palm Beach Gardens, FL 33410					
Court Date and Time Month 11 Day 20 Year 17 Time 10 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 11-16-17	

HOLD for other Agency Name:		Signature of Arresting Officer M. Hanton		Name Verification (Printed by Arrestee)	
<input type="checkbox"/> Dangerous <input type="checkbox"/> Suicidal	<input type="checkbox"/> Resisted Arrest <input type="checkbox"/> Other:	Name of Arresting Officer (Print) M. Hanton	I.D. # 305	(PRINT)	
Transporting Officer M. Hanton		ID # 305	Agency PBGPD	Witness here if subject signed with an "X"	

D/S J. THOMAS #7956 493370
 NOV 16 2017
 1448 / 448

D.U.I. PROBABLE CAUSE AFFIDAVIT

ON THE 16th DAY OF November 20 17, AT 00:36 hrs AM PM
SUBJECT: Edelman, Stephen J CASE NUMBER: 17-006712

AGENCY: PALM BEACH GARDENS POLICE DEPT. ARRESTING OFFICER: M. Hanton #305
PERSONAL CONTACT

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

On 11/16/17 at approximately 12:36 a.m. Palm Beach Gardens Police dispatch advised of white vehicle that was on PGA Blvd near Midtown at the Gardens driving without a tire. The caller advised that the vehicle was driving with sparks coming out of missing tire. Officer Leskow advised he saw the vehicle turn north on Lake Victoria Gardens Avenue from PGA Blvd. I turned north on Lake Victoria Gardens Avenue and saw a white Nissan Altima stopped in the right lane on Lake Victoria Gardens Avenue approximately 50 feet north of PGA Blvd. The Altima was missing the right front tire. I positioned my marked Palm Beach Gardens Police car behind the Altima and activated my emergency red and blue lights.

OBSERVATION OF DRIVER:

The Altima started to drive north after my lights were activated and drove approximately 5-10 feet north. I made contact with the white male driver and sole occupant. While speaking with the driver, who was identified by the photograph on his New York drivers license as Stephen Edelman, I smelled a strong odor of an unknown alcoholic beverage coming from his breath. Edelman had red glassy eyes, his speech was slurred, his face was flush, he was unsteady on his feet, swaying and stumbling entire time. I also observed that his zipper was down the entire time.

DRIVER'S STATEMENTS:

stated he had a beer and a glass of wine, stated he takes Ventafaxine twice a day for anxiety.

ODORS:

strong odor of an unknown alcoholic beverage coming from his breath as he spoke

GENERAL OBSERVATIONS

SPEECH: slurred, mumbled

ATTITUDE: lethargic, cooperative

CLOTHING: white shirt, black jacket, brown pants, brown shoes

MEDICAL/OTHER: Ventafaxine for Anxiety

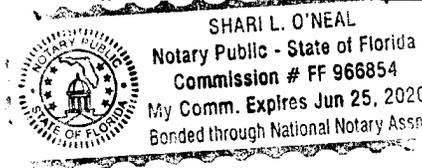
STATE OF FLORIDA
COUNTY OF PALM BEACH

M. Hanton 305 Hanton
(Signature of Arresting/Investigative Officer)

The foregoing instrument was sworn to or affirmed and subscribed before me this 16th day of November 20 17 by of Hanton

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

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



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NOV 17 2017

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:

was swaying, had to remind him to not move his head, had almost immediate onset of nystagmus

WALK & TURN:

demonstrated and explained he said he understood, was unable to hold stance during instruction. used starting stance as step 1, took 8 steps forward, missed heel to toe several steps, stepped off to the side once, spun around not as instructed, took 9 steps back, missed heel to toe, used arms for balance entire time, spun around and stumbled after last step

ONE LEG STAND:

demonstrated and explained he said he understood. I asked if he has balancing problems, he stated he has inner ear trouble that causes balancing problems, but does yoga and that he can do it. started before told to several times, was swaying entire time, when told to begin he lifted his leg, leaned forward and put his arms out straight in front of him. I advised him to stand up straight, he then put his foot down several times and stumbled and I discontinued the task.

FINGER TO NOSE:

demonstrated and explained he said understood. was swaying entire time, started before instructed to, started to use wrong hand once, touched under nose and top of nose with the pad of his finger every time.

ROMBERG/ALPHABET:

demonstrated and explained he said he understood. Stated he knows the alphabet and has an MBA. was swaying entire time, started before instructed to, did not recite alphabet correctly. stated z twice and was jumbling letters.

BREATH TEST RESULTS: .196, .184

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STATE OF FLORIDA
COUNTY OF PALM BEACH

[Signature]
(Signature of Arresting/Investigative Officer)

The foregoing instrument was notarized or sworn before me this 16th day of November, 2017 by ofc. Hanton 30r

who is personally known to me and/or produced identification. Type of identification produced known

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

SHARI L. O'NEAL
Notary Public - State of Florida
Commission # FF 966854
My Comm. Expires Jun 25, 2020
Bonded through National Notary Ass.

WITNESS LIST

CASE NUMBER: 17-006712

ARRESTING OFFICER: M. Hanton #305

ADDRESS: 10500 N. Military Trail, Palm Beach Gardens, FL 33410

PHONE NUMBERS (HOME): _____ (WORK) 5617994445

CAN TESTIFY TO: driving, observations, arrest

NAME: Officer Jason Hennessy

ADDRESS: 10500 N Military Trail

PHONE NUMBERS (HOME) _____ (WORK) 5617994445

CAN TESTIFY TO: driving, observations, arrest, riding in my vehicle

NAME: Officer Carver

ADDRESS 10500 N Military Trail

PHONE NUMBERS (HOME) _____ (WORK) 5617994445

CAN TESTIFY TO: backup on scene, safekeeping of property

NAME: _____

ADDRESS _____

PHONE NUMBERS (HOME) _____ (WORK) _____

CAN TESTIFY TO: _____

NAME: _____

ADDRESS _____

PHONE NUMBERS (HOME) _____ (WORK) _____

CAN TESTIFY TO: _____

NAME: _____

ADDRESS _____

PHONE NUMBERS (HOME) _____ (WORK) _____

CAN TESTIFY TO: _____

NAME: _____

ADDRESS _____

PHONE NUMBERS (HOME) _____ (WORK) _____

CAN TESTIFY TO: _____

NAME: _____

ADDRESS _____

PHONE NUMBERS (HOME) _____ (WORK) _____

CAN TESTIFY TO: _____

NAME: _____

ADDRESS _____

PHONE NUMBERS (HOME) _____ (WORK) _____

CAN TESTIFY TO: _____

NAME: _____

ADDRESS _____

PHONE NUMBERS (HOME) _____ (WORK) _____

CAN TESTIFY TO: _____

NAME: _____

ADDRESS _____

PHONE NUMBERS (HOME) _____ (WORK) _____

NOT A CERTIFIED COPY

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NOV 17 2017

TESTING FACILITY TASK REPORT

AGENCY: 1100 City Houston #305

SUBJECT: Controlled Substance CASE NUMBER: 17-10243

DATE: 11-17-17 VIDEO TAPE NUMBER: ---

BEGINNING TIME: 07:45 ENDING TIME: 08:00

BREATH TESTS RESULTS: 1) 0.140 TIME 08:00 A.M./P.M. 2) 0.141 TIME 08:04 A.M./P.M.
3) _____ TIME _____ A.M./P.M. 4) _____ TIME _____ A.M./P.M.

BREATH OPERATOR: S. Daniel P. 0212

MAINTENANCE TECHNICIAN: J. P. 0407

TESTING OFFICER'S OBSERVATIONS

SPEECH: _____

ATTITUDE: Cooperative

CLOTHING: Jeans, Grey T-shirt

MEDICAL CONDITIONS: None

MEDICATIONS: Yes

OTHER: Eyes: Red & Glazy

COMMENTS: 20 min observation done by A/S Houston #305

A/S reported the results.

D. reported to the L. on the

D. 6/10 of the results.

L. reported the results.

CVI was done.

D. reported the results.

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SUBJECT: Edelman, Stephen CASE NUMBER: 17-006712

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 Ok. M. Horton #305 of the Palm Beach Gardens

~~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. ✓

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SUSPECT'S SIGNATURE: (X) Read on Camera

SUBJECT: Edelman, Stephen CASE NUMBER: 17-006-112

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? _____

WHERE WERE YOU GOING? _____

WHAT STREET OR HIGHWAY WERE YOU ON? _____

DIRECTION OF TRAVEL? _____ WHERE DID YOU START? _____

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 HOURS? _____

HOW MUCH DO YOU WEIGH? _____ 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? _____ ARE YOU UNDER THE INFLUENCE? _____

HAVE YOU CONSUMED ANY ALCOHOL SINCE THE ACCIDENT? _____ 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 THE HEAD RECENTLY? _____

WERE YOU IN AN ACCIDENT TODAY? _____

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

HAVE YOU SEEN A DOCTOR OR DENTIST TODAY? _____ WHO? _____ WHY? _____

ARE YOU TAKING ANY PRESCRIPTION MEDICINES? _____ WHAT? _____ WHEN? _____

DO YOU HAVE:

EPILEPSY?	_____
GLASS EYE?	_____
FALSE TEETH?	_____
EAR INFECTION?	_____
INNER EAR TROUBLE?	_____
DIABETES?	_____

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NOV 17 2017

DO YOU HAVE ANY PROBLEMS WITH YOUR EYES THAT ARE NOT CORRECTED 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? _____ WHERE? _____

INTERVIEWER: Ofc. Melinda Hanton #305