

ADMINISTRATION	OBTS Number				ARREST / NOTICE TO APPEAR Juvenile Referral Report					1. Arrest 3. Request for Warrant 2. N.T.A. 4. Request for Capias			1 Juvenile N					
	Agency ORI Number FL0500700				Agency Name RIVIERA BEACH POLICE DEPARTMENT					Agency Report Number 84- 17-03195								
DEFENDANT	Charge Type: Check as many as apply. <input type="checkbox"/> 1. Felony <input type="checkbox"/> 3. Misdemeanor <input type="checkbox"/> 5. Ordinance <input checked="" type="checkbox"/> 2. Traffic Felony <input checked="" type="checkbox"/> 4. Traffic Misdemeanor <input type="checkbox"/> 6. Other				Weapon Seized/Type 1. Yes 2. No 2 N/A				Multiple Clearance Indicator 1									
	Location of Arrest (Including Name of Business) 7200 GARDEN ROAD RIVIERA BEACH, FLORIDA 33404				Location of Offense (Business Name, Address) 3800 WEST BLUE HERON BLVD RIVIERA BEACH, FLORIDA 33404													
	Date of Arrest 04/21/2017		Time of Arrest 0007		Booking Date		Booking Time		Jail Date		Jail Time		Location of Vehicle					
	Name (Last, First, Middle) MORRIS, STEPHEN EMORY								Alias (Name, DOB, Soc. Sec. #, Etc.)									
	Race W - White B - Black		Race I - American Indian O - Oriental/Asian		Sex W M		Date of Birth 12/09/1968		Height 5'11"		Weight 210		Eye Color BROWN		Hair Color GRAY			
	Scars, Marks, Tattoos, Unique Physical Features (Location, Type, Description) NONE								Marital Status SINGLE		Religion		Indication of: Y N Unk Alcohol Influence <input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/> Drug Influence <input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/>					
	Local Address (Street, Apt. Number) 4447 SUNNY LANE AVENUE (City) WEST PALM BEACH (State) (Zip) FLORIDA 33404								Phone () - - -		Residence Type 1. City 2. County 3. Florida 4. Out of State 1							
	Permanent Address (Street, Apt. Number) 4447 SUNNY LANE AVENUE (City) WEST PALM BEACH (State) (Zip) FLORIDA 33404								Phone () - - -		Address Source DEF							
	Business Address (Street, Apt. Number) (City) (State) (Zip)								Phone () - - -		Occupation							
	D/L Number, State M620-785-68-449-0				Soc. Sec. Number [REDACTED]				INS Number				Place of Birth WEST PALM BEACH, FLORIDA		Citizenship U.S.A.			
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			
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/CYF	
	Released To: (Name)								Relationship		FCIC/NCIC		Date		Time		3. Incarcerated	
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 informed of any change of address: <input type="checkbox"/> Yes, by: (Name) <input type="checkbox"/> No, (Reason)												School Attended				Grade		
CODE	Recovery Information												1. N/A 2. Voluntary 3. Located Not Returned 4. Hospitalized 5. Law Enforcement Custody 6. Returned to Parent 7. Deceased 8. Other					
	Drug Activity 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	B. Barbiturate C. Cocaine A. Amphetamine	H. Hallucinogen M. Marijuana E. Heroin	P. Paraphernalia/ Equipment O. Opium/Deriv.	U. Unknown Z. Other S. Synthetic							
CHARGE	Charge Description DRIVING UNDER THE INFLUENCE								Counts 1	Domestic Violence <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Statute Violation Number				Violation of ORD #		
	Drug Activity U	Drug Type U	Amount/Unit U	Offense # 17-03195				Warrant/Capias Number				Bond						
CHARGE	Charge Description								Counts	Domestic Violence <input type="checkbox"/> Yes <input type="checkbox"/> No		Statute Violation Number				Violation of ORD #		
	Drug Activity	Drug Type	Amount/Unit	Offense #				Warrant/Capias Number				Bond						
CHARGE	Charge Description								Counts	Domestic Violence <input type="checkbox"/> Yes <input type="checkbox"/> No		Statute Violation Number				Violation of ORD #		
	Drug Activity	Drug Type	Amount/Unit	Offense #				Warrant/Capias Number				Bond						
CHARGE	Charge Description								Counts	Domestic Violence <input type="checkbox"/> Yes <input type="checkbox"/> No		Statute Violation Number				Violation of ORD #		
	Drug Activity	Drug Type	Amount/Unit	Offense #				Warrant/Capias Number				Bond						
NOTICE TO APPEAR	<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 reverse side			Location (Court, Room Number, Address) (NORTH COUNTY COURTHOUSE) 3188 PALM BEACH GARDENS, FLORIDA 33404										Date 130 12 PM 21 APR 2017				
				Court Date and Time Month 05 Day 24 Year 2017		Time 1:30 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.																		
<input checked="" type="checkbox"/> Signature of Defendant (or Juvenile and Parent/Custodian) 4/21/17																		
HOLD for other Agency Name: X				Signature of Arresting Officer X					Name Verification (Printed by Arrestee) (PRINT) 24108									
<input type="checkbox"/> Dangerous <input type="checkbox"/> Suicidal				Name of Arresting Officer (Print) M. ELYSEE					I.D. # 6347									
Intake Deputy		ID #	Pouch #	Transporting Officer M. ELYSEE		I.D. # 6347	Agency RBPD	Witness here is subject signed with an "X"										

D.U.I. PROBABLE CAUSE AFFIDAVIT

ON THE 20th DAY OF APRIL 2010, AT 2357 HOURS
SUBJECT: STEPHEN MORRIS CASE NUMBER# 17-067216
AGENCY: RIVIERA BEACH P.D. ARRESTING OFFICER M. ELYSEE

PERSONAL CONTACT

ACTUAL PHYSICAL CONTROL (PHYSICAL EVIDENCE OR STATEMENT PUTTING DEFT. BEHIND THE WHEEL OF THE VEHICLE

DRIVING PATTERN:

Sergeant Menard #5572 observed the vehicle traveling westbound between Garden Road and I-95 over-path. The vehicle failed to maintain a single lane. The vehicle made an illegal u-turn when he arrived at the over-path then proceeded east. Upon arriving at the intersection of West Blue Heron and Garden Road, Sergeant Menard #5572 conducted a traffic stop on the vehicle.

OBSERVATION OF DRIVER:

eyes glossy, speech slurred and slow, the motorist was unbalanced when he stepped out, strong odor of alcohol was emanating from breath,

DRIVER'S STATEMENTS:

Driver spontaneously uttered that he had two beers when Sergeant Menard #5572 asked if he had anything to drink. Driver stated he was confused about where he was and he was going to pick up his girlfriend. Driver became very belligerent then stated he wanted to go home.

ODORS: An alcoholic beverage

GENERAL OBSERVATIONS

SPEECH: Slurred and Slow

ATTITUDE: Uncooperative and vulgar language

CLOTHING: Dark gray shirt, blue jeans, and black shoes

MEDICAL PROBLEMS:

Unknown

MEDICATIONS: Unknown

OTHER: N/A

SCA

APF

SUBJECT STEPHEN MORRIS

CASE NUMBER 17-067216

ROADSIDE TASKS

HORIZONTAL GAZE NYSTAGMUS:

- LEFT EYE DOES NOT FOLLOW SMOOTHLY
- LEFT EYE JERKS AT 45 DEGREE ANGLE OR LESS
- DISTINCT JERKING LEFT EYE MAXIMUM DEVIATION

- RIGHT EYE DOES NOT FOLLOW SMOOTHLY
- RIGHT EYE JERKS AT 45 DEGREE ANGLE OR LESS
- DISTINCT JERKING RIGHT EYE MAXIMUM DEVIATION

CAN NOT DO, WHY? REFUSED

WALK AND TURN:

REFUSED

CAN NOT DO, WHY? REFUSED

ONE LEG STAND:

REFUSED

CAN NOT DO WHY? REFUSED

FINGER TO NOSE:

REFUSED

CAN NOT DO WHY? REFUSED

ROMBERG/ALPHABET:

REFUSED

CAN NOT DO WHY? REFUSED

BREATH TEST RESULTS: REFUSED

STATE OF FLORIDA

COUNTY OF PALM BEACH

THE FOLLOWING WAS NOTARIZED OR SWORN BEFORE ME THIS _____ (DATE)

BY: _____

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

SIGNATURE OF ARRESTING OFFICER

SCANNED

APR 26 2017

PBM 10128B REV. 09/93

WHITE STATE ATTY

YELLOW DHSMV

PINK CENTRAL RECORDS GOLD JAIL

TESTING FACILITY TASK REPORT

AGENCY: RBPD-ELYSEE

SUBJECT: MORRIS, STEPHEN E

CASE NUMBER: 17-067216

DATE: Apr 21, 2017

VIDEO DVD NUMBER: 62477

BEGINNING TIME: 0116

ENDING TIME: 0121

BREATH TESTS RESULTS: 1) REF TIME 0118 A.M. P.M. 2) XX TIME XX A.M. P.M.
3) XX TIME XX A.M. P.M. 4) XX TIME XX A.M. P.M.

BREATH OPERATOR: J Biggs# 7607

MAINTENANCE TECHNICAN: D/S J Karklecke #6467

TESTING OFFICER'S OBSERVATIONS

SPEECH: SLURRED, MUSHED MOUTH

ATTITUDE: COOPERATIVE, SOMEWHAT UPSET AT TIMES

CLOTHING: DARK GRAY SHIRT, BLUE JEANS

MEDICAL CONDITIONS: NONE

MEDICATIONS: NONE

OTHER:

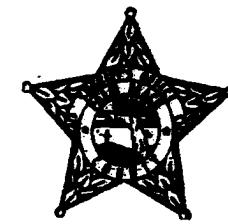
EYES GLASSY, RED

ODOR OF AN UNKNOWN ALCOHOLIC BEVERAGE ON SUBJECT

COMMENTS:

ARRESTING OFFICER CONDUCTED THE 20 MINUTE OBSERVATION BEGINNING AT 0055
SUBJECT REFUSED THE TEST INITIALLY
SUBJECT WAS READ IMPLIED CONSENT, ADVISED HE UNDERSTOOD IT
SUBJECT REFUSED THE TEST ONCE AGAIN
MIRANDA WAS READ AND UNDERSTOOD
SUBJECT ANSWERED A COUPLE QUESTIONS THEN SAID HE WAS DONE

EXAMINED



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

PBSO CASE # 17-067216

PBSO ZONE 3-13

AGENCY CASE # 17-03195

CRASH CASE #

TIME OF STOP/CRASH 2357 hrs DATE 4/20/17 DAY Thursday

SUBJECT'S NAME Stephen Morris RACE White SEX M Male

HGT 5'11 WGT 210 lbs DOB 12 / 09 / 1968

LOCATION 7000 Block of Garden Road Riviera Beach, F

ARRESTING OFFICER'S NAME & ID ElySee #6347 AGENCY

DIVISION: Patrol

NOTIFIED BY COMM

ARRIVAL AT FACILITY 0055

ARREST TIME 00 07

BREATH RESULTS:

1. **REFUSED**
2.
3.
4.

TESTING OFFICER'S ID 7607

PBSO VIDEOTAPE # 62477

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

I, M. Elysee

(Name of Officer reading Implied Consent Warning)

, a duly certified Law Enforcement Officer or Correctional Officer,

am a member of the Riviera Beach Police Dept., and I do swear
(Name of law enforcement agency)

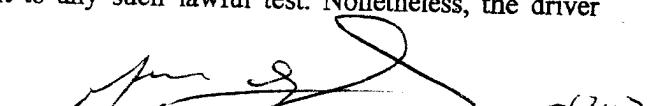
or affirm that on or about the 20th day of April, 20 17, at 1158 P.M. A.M.

DRIVER Stephen Emory Morris
(Type or Print) FIRST NAME MIDDLE OR MAIDEN NAME LAST NAME

DL# M620-785-68-449-0, state of Florida, was placed under lawful arrest for
the offense of Driving under the influence by Officer M. Elysee and
issued Citation # A3TGHGF (Name of Arresting Officer)

That on or about the 21st day of April, 20 17, at 1158 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.



=6347

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 Attesting Officer

Title _____

Date _____

(AFFIX SEAL)

The foregoing instrument was sworn and subscribed before
me this 21 day of April, 20 17,

by _____,

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.

WITNESS LIST

CASE NUMBER 17-067216

ARRESTING OFFICER: M. ELYSEE

ADDRESS: 7000 BLOCK OF GARDEN ROAD RIVIERA BEACH, FLORIDA 33404

PHONE NUMBERS (HOME) _____ (WORK) 561-845-4123

CAN TESTIFY TO: ALCOHOL ODOR FROM MORRIS' BREATH, MORRIS' GLOSSY EYES

NAME: SERGEANT M. MENARD

ADDRESS: 7000 BLOCK OF GARDEN ROAD RIVIERA BEACH, FLORIDA 33404

PHONE NUMBERS (HOME) _____ (WORK) 561-845-4123

CAN TESTIFY TO: TRAFFIC INFRACTIONS, ALCOHOL ODOR FROM MORRIS' BREATH, MORRI

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) _____

SUBJECT: John Doe

CASE NUMBER: 12-0345

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 John Doe of the 123 Main Street.

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) John Doe

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) John Doe

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? _____

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: Oliver J. Vlasic 10047

WHITE - STATE ATTY.

YELLOW - DHSMV

PINK - CENTRAL RECORDS

GOLD - JAIL



Operation of a motor vehicle or vessel is illegal to any company not required by law.

100%