19 CT 18561

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:

ADMINISTRATIVE

Agency ORI Number	Agency Name	Agency Report Number (N.T.A.'s only)
FLO 500000	PALM BEACH COUNTY SHERIFF'S OFFICE	06- 19-122403

ChargeType: 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): 2 | Multiple Clearance Indicator: 1

Location of Arrest (Including Name of Business): State Road 7/Lantana Rd., Wellington FL

Location of Offense (Business Name, Address): State Road 7/Lantana Rd., Wellington FL

Date of Arrest	Time of Arrest	Booking Date	Booking Time	Jail Date	Jail Time	Location of Vehicle
10/04/2019	0322					Priority Towing

DEFENDANT

Name (Last, First, Middle): **Kirschner, Steven, A**

Alias (Name, DOB, Soc. Sec. #, Etc.):

Race (W - White I - American Indian B - Black O - Oriental/Asian)	Sex	Date of Birth	Height	Weight	Eye Color	Hair Color	Complexion	Build
W	M	1/14/1964	5'09	195	Hazel	Br	Fair	Med

Scars, Marks, Tatoos, Unique Physcal Features (Location, Type, Description): none

Marital Status: Single | Religion: NONE

Indication of: Alcohol Influence: Y ☒ N ☐ Unk. ☐ | Drug Influence: Y ☐ N ☐ Unk. ☒

Local Address (Street, Apt. Number) (City) (State) (Zip): 12554 Westhampton Cir Apt D, Wellington, FL 33414

Phone: (561) 900 5769

Residence Type (1. City 2. County 3. Florida 4. Out of State): 1

Permanent Address (Street, Apt. Number) (City) (State) (Zip): ,

Phone: ( )

Address Source: Def

Business Address (Name, Street) (City) (State) (Zip):

Phone: ( )

Occupation:

D/L Number, State	Soc. Sec. Number	INS Number	Place of Birth (City, State)	Citizenship
K625781640140, FL	[redacted]		Miami, FL	US

CO-DEF

Co-Defendant Name (Last, First, Middle)	Race	Sex	Date of Birth		
				☐ 1. Arrested ☐ 2. At Large	☐ 3. Felony ☐ 4. Misdemeanor ☐ 5. Juvenile
				☐ 1. Arrested ☐ 2. At Large	☐ 3. Felony ☐ 4. Misdemeanor ☐ 5. Juvenile

JUVENILE

☐ Parent ☐ Legal Custodian ☐ 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 ☐ defendant and / or ☐ 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. ☐ Yes, by: (Name) ☐ No: (Reason)

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. Synthetics, U. Unknown, Z. Other

CHARGE

Charge Description	Counts	Domestic Violence	Statute Violation Number	Violation of ORD #
Driving Under The Influence (DUI)	1	☐Y ☒N	316.193(1)	

Drug Activity	Drug Type	Amount / Unit	Offense #	Warrant / Capias Number	Bond
N	N	NA	19-122403		OR

CHARGE

Charge Description	Counts	Domestic Violence	Statute Violation Number	Violation of ORD #
		☐Y ☐N		

Drug Activity	Drug Type	Amount / Unit	Offense #	Warrant / Capias Number	Bond

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		☐Y ☐N		

Drug Activity	Drug Type	Amount / Unit	Offense #	Warrant / Capias Number	Bond

CHARGE

Charge Description	Counts	Domestic Violence	Statute Violation Number	Violation of ORD #
		☐Y ☐N		

Drug Activity	Drug Type	Amount / Unit	Offense #	Warrant / Capias Number	Bond

NOTICE TO APPEAR

Location (Court, Room Number, Address): **Criminal Justice Complex, 3228 Gun Club Road, West Palm Beach, FL 33406 - Ph: (561) 688-4600**

Court Date and Time: Month 10 Day 31 Year 19 Time 8:30 AM X 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

X [signature] Signature of Defendant (or Juvenile and Parent /Custodian) | 10/04/2019 Date Signed

ADMIN

HOLD for other Agency Name: | Signature of Arresting Officer: X [signature] | Name Verification (Printed by Arrestee): OCT 4 AM 5:16

☐ Dangerous ☐ Resisted Arrest ☐ Suicidal ☐ Other:

Name of Arresting Officer (Print): Inv. A. Soloway #8586 | I.D. #: 8586 | (PRINT)

Intake Deputy: [signature] | ID # | Pouch # | Transporting Officer: Inv. A Soloway | ID #: 8586 | Agency: PBSO | Witness here if subject signed with an "X" | PAGE 1 OF 1

SCANNED OCT 05 2019

DISTRIBUTION: WHITE - COURT COPY GREEN - STATE ATTORNEY YELLOW - AGENCY PINK - AGENCY GOLD - DEFENDANT (N.T.A. Only)

PBSO #146 REV. 8/97

05 11501

1649

D.U.I. PROBABLE CAUSE AFFIDAVIT

ON THE 4 DAY OF October 20 19, AT 0252 AM ✓ PM

SUBJECT: Kirschner, Steven, A CASE NUMBER: 19-122403

AGENCY: PALM BEACH COUNTY SHERIFF'S OFFICE ARRESTING OFFICER: Inv. A. Soloway #8586

PERSONAL CONTACT

DRIVING PATTERN: Actual physical control (physical evidence or statements putting def. behind wheel of vehicle)

I was traveling southbound on State Road 7 approaching the intersection of Lantana Rd. I observed a dark color vehicle traveling northbound at a slow rate of speed. I estimated this vehicle's speed to be below 40mph in a posted 55 mph zone. I made a u-turn and positioned my marked PBSO patrol vehicle behind this vehicle. The vehicle was a black Volkswagen SUV bearing FL tag HQVX09. The vehicle had entered the outside left turn lane to turn eastbound on Lantana Road. The traffic signal cycled from red to green and this vehicle did not move. The traffic signal then cycled back to red. The traffic signal was green for northbound traffic. This vehicle then traveled straight (northbound) from the left turn lane. I conducted a traffic stop on this vehicle and make contact with the driver who identified himself by his FL driver license as Steven Kirschner.

OBSERVATION OF DRIVER:

I made contact with the defendant who was the driver and sole occupant. His eyes were red and glassy. The defendant had an odor of an unknown alcoholic beverage on his breath.

DRIVER'S STATEMENTS:

The defendant stated he was coming from Prime Cigar bar and was going home. He said he was trying to go to McDonald's before he went home. He said he drank 1 shot of vodka. He also said he drank 2 shots of Vodka. He then said he drank 2-3 shots of Vodka. Several times he told me "I live right there". He said he did not have any physical abnormalities, has not been to the doctor or dentist today, and he only takes medication for [redacted]

ODORS:

The defendant had an odor of an unknown alcoholic beverage on his breath.

GENERAL OBSERVATIONS

SPEECH:

ATTITUDE: **Compliant**

CLOTHING: **Short sleeve shirt, boots, jeans**

MEDICAL/OTHER: [redacted]

TATE OF FLORIDA
'OUNTY OF PALM BEACH

Inv. A. Soloway #8586
ignature of Arresting/Investigative Officer)

he foregoing instrument was sworn to or affirmed and subscribed before me this 4 day of October 20 19 by Inv. A. Soloway #8586

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

otary Public, Clerk of Court, Officer (F.S.S 117.10)

Notary Public State of Florida
Thomas H Leahey
My Commission GG 347108
Expires 06/20/2023

SCANNED
OCT 05 2019

SUBJECT: Kirschner, Steven, A CASE NUMBER 19-122403

ROADSIDE TASKS

HORIZONTAL GAZE NYSTAGMUS:

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

Other Observations:

Defendant was swaying during this task.

WALK & TURN:

The defendant had difficulty maintaining his balance during the instructions. He missed heel to toe several times. He stepped off the line several times.

ONE LEG STAND:

The defendant put his foot down several times before counting to 1010. He then stopped the task at 1010. He then attempted the task again by raising his other foot. He put his foot down several times before 1007. He looked straight, not at his raised foot. He used his arms for balance.

FINGER TO NOSE:

The defendant touched the side of his nose on attempt 1. He used the pad of his finger on attempts 4 and 5. He used the side of his finger on attempts 3 and 6.

ROMBERG ALPHABET:

The defendant incorrectly recited the alphabet. He was swaying during this task.

BREATH TEST RESULTS: .143 .138

STATE OF FLORIDA
COUNTY OF PALM BEACH

Inv. A. Soloway #8586
(Signature of Arresting/Investigative Officer)

The foregoing instrument was sworn to or affirmed and subscribed before me this 4 day of October 2019 by Inv. A. Soloway #8586

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

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

Notary Public State of Florida
Thomas H Leahey
My Commission GG 347108
Expires 06/20/2023

WITNESS LIST

CASE NUMBER: 19-122403

ARRESTING OFFICER: **Inv. A. Soloway #8586**

ADDRESS: PBSO

PHONE NUMBERS (HOME): ______ (WORK) 561-688-3000

CAN TESTIFY TO: DUI INVESTIGATION

NAME:

ADDRESS:

PHONE NUMBERS (HOME) ______ (WORK)

CAN TESTIFY TO:

NAME:

ADDRESS

PHONE NUMBERS (HOME) ______ (WORK)

CAN TESTIFY TO:

NAME:

ADDRESS

PHONE NUMBERS (HOME) ______ (WORK) 0

CAN TESTIFY TO:

NAME:

ADDRESS

PHONE NUMBERS (HOME) ______ (WORK)

CAN TESTIFY TO:

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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:

TESTING FACILITY TASK REPORT

AGENCY: PBSO

SUBJECT: Kirschner, Steven A CASE NUMBER: 19-122403

DATE: 10/04/19 VIDEO TAPE NUMBER: N/A

BEGINNING TIME: 03:56 ENDING TIME: 04:06

BREATH TESTS RESULTS: 1) .143 TIME 04:01 A.M./P.M. 2) .138 TIME 0404 A.M./P.M.

3) N/A TIME — A.M./P.M. 4) N/A TIME — A.M./P.M.

BREATH OPERATOR: T Lackey # 19183

MAINTENANCE TECHNICIAN: T Kavlecke #6467

TESTING OFFICER'S OBSERVATIONS

SPEECH: thick, slurred

ATTITUDE: Calm, cooperative

CLOTHING: blue jeans, black polo shirt, blue boots

MEDICAL CONDITIONS: [redacted]

MEDICATIONS: [redacted]

OTHER: eyes glassy + bloodshot

odor of unknown alcoholic beverage on breath

COMMENTS: arrived at center A/D conducted 20 minute observation period at 03:34 hrs

D asked if he could do a blood test

A/O read I/C + D stated he understood I/C

D agreed to perform breath test

A/O read rights + D stated he understood rights

Tech read breath test results + D stated he understood breath test results

A/O attempted Q+A + D declined to answer questions

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

PBSO #0128A REV.11/02

SUBJECT: Kirschner, Steven A CASE NUMBER: 19-122403

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 Inv A Soloway #8586 of the PBSO.

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) Read on camera

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 camera

SUBJECT: Kirschner, Steven A CASE NUMBER: 19-122403

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: _____

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.	3,7
	☐	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	☐	119.071(2)(j)1	Other: Addresses,telephone numbers and personal assets of domestic vio. and other specified crime victims	
	☐		Other:	

REVIEW COMPLETED BY

Booking Number: 2019032392	**Date:** 10/5/2019
	Specialist Name/ID: Tiara Jones/34072