

OBTS Number		ARREST / NOTICE TO APPEAR Juvenile Referral Report		1. Arrest 2. N.T.A.		3. Request for Warrant 4. Request for Capias		Juvenile		
ADMINISTRATIVE	Agency ORI Number <b>FLO 500000</b>		Agency Name <b>PALM BEACH COUNTY SHERIFF'S OFFICE</b>		Agency Report Number (N.T.A.'s only) <b>06-17089115</b>					
	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 <input type="checkbox"/> 1. Yes <input type="checkbox"/> 2. No		Multiple Clearance Indicator					
	Location of Arrest (Including Name of Business) <b>Dixie Hwy at 7th Ave N Lake Worth FL 33460</b>				Location of Offense (Business Name, Address) <b>Dixie Hwy at 7th Ave N Lake Worth FL 33460</b>					
	Date of Arrest <b>06/12/2017</b>	Time of Arrest <b>03:15</b>	Booking Date	Booking Time	Jail Date	Jail Time	Location of Vehicle <b>JD Towing</b>			
DEFENDANT	Name (Last, First, Middle) <b>Snyder Steven M</b>		Alias (Name, DOB, Soc. Sec. #, Etc.)							
	Race W - White I - American Indian B - Black O - Oriental/Asian	Sex <b>M</b>	Date of Birth <b>07/29/1983</b>	Height <b>6'0</b>	Weight <b>180</b>	Eye Color <b>Bro</b>	Hair Color <b>Bla</b>	Complexion <b>Med</b>	Build <b>Med</b>	
	Scars, Marks, Tattoos, Unique Physical Features (Location, Type, Description)				Marital Status <b>Sing</b>	Religion <b>CHRISTIAN</b>	Indication of: Alcohol Influence Drug Influence <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> Unk.			
	Local Address (Street, Apt. Number) <b>110 Detroit St Apt 6</b>		(City) <b>Lake Worth FL 33461</b>	(State)	(Zip)	Phone <b>(561) 3039993</b>	Residence Type: 1. City 2. County 3. Florida 4. Out of State <b>2</b>			
	Permanent Address (Street, Apt. Number)		(City)	(State)	(Zip)	Phone <b>( )</b>	Address Source <b>FL DL</b>			
	Business Address (Name, Street)		(City)	(State)	(Zip)	Phone <b>( )</b>	Occupation <b>Pilot</b>			
	D/L Number, State <b>S-536-793-83-269-0</b>		Soc. Sec. Number <b>[REDACTED]</b>		INS Number		Place of Birth (City, State) <b>Mt Pleasant PA</b>		Citizenship <b>US</b>	
	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:		Residence Phone <b>( )</b>						
Address (Street, Apt. Number)		(City)	(State)	(Zip)	Business Phone <b>( )</b>					
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 S. Sell 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			
Charge Description <b>DUI</b>		Counts <b>1</b>	Domestic Violence <input type="checkbox"/> Y <input type="checkbox"/> N	Statute Violation Number <b>316.193(1)</b>		Violation of ORD #				
Drug Activity <b>N</b>		Drug Type <b>N</b>	Amount / Unit	Offense # <b>17089115</b>	Warrant / Capias Number		Bond			
CHARGE		Charge Description		Counts	Domestic Violence <input type="checkbox"/> Y <input type="checkbox"/> N	Statute Violation Number		Violation of ORD #		
	Drug Activity <b>N</b>		Drug Type <b>N</b>	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 #			
	Drug Activity <b>N</b>		Drug Type <b>N</b>	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 #			
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	Charge Description		Counts	Domestic Violence <input type="checkbox"/> Y <input type="checkbox"/> N	Statute Violation Number		Violation of ORD #			
	Drug Activity <b>N</b>		Drug Type <b>N</b>	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 #			
	Drug Activity <b>N</b>		Drug Type <b>N</b>	Amount / Unit	Offense #	Warrant / Capias Number		Bond		
NOTICE TO APPEAR	Location (Court Room Number, Address) <b>3228 Gun Club Rd West Palm Beach FL 33406</b>									
	Court Date and Time Month <b>July</b> Day <b>6</b> Year <b>2017</b> Time <b>08:30</b> AM <input checked="" type="checkbox"/> 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. <b>06/12/2017</b> Signature of Defendant (or Juvenile and Parent /Custodian) _____ Date Signed _____									
	HOLD for other Agency Name: _____ Signature of Arresting Officer _____ 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) <b>Inv. J. Schneider</b> I.D. # <b>8501</b> Intake Deputy _____ I.D. # _____ Pouch # _____ Transporting Officer <b>Inv. J. Schneider</b> ID # <b>8501</b> Agency <b>PBSO</b> Witness here if signed with an "X" _____									
ADMIN	PAGE <b>1</b> OF <b>1</b>									

OBTS Number		<b>PROBABLE CAUSE AFFIDAVIT</b>				1		Juvenile	
Agency ORI Number <b>FLO 5 0 0 0 0 0</b>		Agency Name <b>PALM BEACH COUNTY SHERIFF'S OFFICE</b>				Agency Report Number <b>06 - 17-089115</b>			
Charge Type: <input type="checkbox"/> 1. Felony <input type="checkbox"/> 3. Misdemeanor <input type="checkbox"/> 5. Ordinance Check as many <input type="checkbox"/> 2. Traffic Felony <input checked="" type="checkbox"/> 4. Traffic Misdemeanor <input type="checkbox"/> 6. Other as apply.						Special Notes:			
Defendant's Name (Last, First, Middle) <b>SNYDER STEVEN MICHAEL</b>						Race <b>W</b>		Sex <b>M</b>	
Date of Birth <b>07/29/1983</b>									
Charge Description <b>DRIVING UNDER THE INFLUENCE</b>						Charge Description			
Charge Description						Charge Description			
Victim's Name (Last, First, Middle)						Race		Sex	
Date of Birth									
Victim's Local Address (Street, Apt. Number) (City) (State) (Zip)				Phone		Address Source			
Victim's Business Address (Name, Street) (City) (State) (Zip)				Phone		Occupation			
The undersigned certifies and swears that he/she has just and reasonable grounds to believe, and does believe that the above named Defendant committed the following violation of law. The Person taken into custody...  <input checked="" type="checkbox"/> committed the below acts in my presence. <input type="checkbox"/> was observed by _____ who told _____ <input type="checkbox"/> confessed to _____ that he/she saw the arrested person commit the below acts. <input type="checkbox"/> admitting to the below facts. <input type="checkbox"/> was found to have committed the below acts, resulting from my (described) investigation.									
On the 12TH day of JUNE, 2017 at 02:19 <input checked="" type="checkbox"/> A.M. <input type="checkbox"/> P.M. (Specifically include facts constituting cause for arrest).									

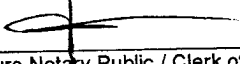
## NARRATIVE:

WHILE ON ROUTINE PATROL IN MY MARKED PBSO VEHICLE I OBSERVED A SILVER BMW BEARING FL TAG 129-8UB TRAVELING WEST BOUND ON LUCERNE AVE TOWARDS DIXIE HIGHWAY. THE DRIVER OF THE BMW LATER IDENTIFIED AS STEVEN SNYDER BY HIS FLORIDA DRIVERS LICENSE. HE TURNED RIGHT ONTO DIXIE HIGHWAY HEADING NORTH BOUND. ON THE CORNER OF LUCERNE AVE AND NORTH DIXIE HIGHWAY THERE IS A SIGN THAT STATES "NO RIGHT TURN ON RED." I ACTIVATED MY EMERGENCY LIGHTS AND ANNITIATED A TRAFFIC STOP ON THE SILVER BMW. AS I APPROACHED THE DRIVERS SIDE WINDOW TO MAKE CONTACT WITH STEVEN I COULD SMELL A STRONG ODOR OF ALCHOL COMING FROM THE VEHICLE AND WHILE I WAS SPEAKING WITH STEVEN I COULD SMELL A STRONG ODOR OF ALCHOL ON HIS BREATH. I HAD PBSO DISPATCH MAKE CONTACT WITH DUI 15 AND HAD HIM MEET ME AT 7<sup>TH</sup> AVE NORTH AND NORTH DIXIE HIGHWAY TO CONDUCT A DUI INVESTIGATION WITH STEVEN. I ISSUED STEVEN A FLORIDA UNIFORM TRAFFIC CITATION(A7E46RE) FOR VIOLATION OF F.S.S 316.075(1)(C)(1)(A) MAKING A RIGHT HAND TURN ON A POSTED NO RIGHT ON RED INTERSECTION.

SCANNED  
JUN 13 2017

## NARRATIVE CONTINUATION

Sworn and Subscribed before me



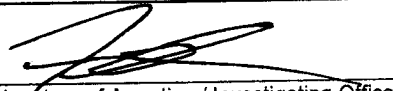
Signature Notary Public / Clerk of Court / Officer (F.S.S 117.10)

**D/S I.GOODMAN ID#26786**

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

**JUNE 12 , 2017**

Date



Signature of Arresting / Investigating Officer

**D/S Acierno #9534**

Name of Officer (Please Print)

**6/12/17**

Date

NOT A CERTIFIED COPY

SCANNED  
JUN 13 2017