

ARREST / NOTICE TO APPEAR				Juvenile Referral Report		1. Arrest 2. N.T.A.		3. Request for Warrant 4. Request for Capias		Juvenile																	
ADMINISTRATIVE	OBTS Number			Agency Name			Agency Report Number (N.T.A.'s only)																				
	Agency ORI Number		PALM BEACH COUNTY SHERIFF'S OFFICE		06- 17089115																						
	Charge Type: Check as many as apply:		<input type="checkbox"/> 1. Felony <input type="checkbox"/> 3. Misdemeanor <input type="checkbox"/> 5. Ordinance <input type="checkbox"/> 2. Traffic Felony <input checked="" type="checkbox"/> 4. Traffic Misdemeanor <input type="checkbox"/> 6. Other			Weapon Seized / Type		Multiple Clearance Indicator																			
	Location of Arrest (Including Name of Business)				Location of Offense (Business Name, Address)																						
	Dixie Hwy at 7th Ave N Lake Worth FL 33460				Dixie Hwy at 7th Ave N				Lake Worth FL 33460																		
	Date of Arrest		Time of Arrest		Booking Date		Booking Time		Jail Date		Jail Time																
	06/12/2017		03:15																								
	Name (Last, First, Middle)				Steven M				Alias (Name, DOB, Soc. Sec. #, Etc.)																		
	Race		Sex		Date of Birth		Height		Weight		Eye Color																
	W - White I - American Indian B - Black 0- Oriental/Asian		W M		07/29/1983		6'0		180		Bro																
Scars, Marks, Tattoos, Unique Physical Features (Location, Type, Description)				Marital Status		Religion		Indication of: Alcohol Influence Drug Influence																			
Local Address (Street, Apt. Number)				(City)		(State)		(Zip)		Phone		Residence Type: 1. City 2. County 3. Florida 4. Out of State															
110 Detroit St Apt 6				Lake Worth		FL 33461		(561) 3039993				2															
Permanent Address (Street, Apt. Number)				(City)		(State)		(Zip)		Phone		Address Source															
												FL DL															
Business Address (Name, Street)				(City)		(State)		(Zip)		Phone		Occupation															
												Pilot															
D/L Number, State			Soc. Sec. Number			INS Number			Place of Birth (City, State)			Citizenship															
S-536-793-83-269-0									Mt Pleasant PA			US															
DEFENDANT	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:												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.												School Attended															
<input type="checkbox"/> Yes, by: (Name) <input type="checkbox"/> No: (Reason)												Grade															
Property Crime?		Description of Property										Value of Property															
<input type="checkbox"/> Yes <input type="checkbox"/> No																											
CO-DEF	Drug Activity			S. Sell N. N/A P. Possess		R. Smuggle B. Buy T. Traffic		K. Dispense/ D. Deliver E. Use		M. Manufacture/ P. Produce/ Cultivate		Z. Other		Drug Type		B. Barbiturate N. N/A A. Amphetamine		H. Hallucinogen M. Marijuana E. Heroin		P. Paraphernalia/ Equipment S. Synthetics		U. Unknown Z. Other					
	Charge Description													Counts		Domestic Violence <input type="checkbox"/> Y <input checked="" type="checkbox"/> N		Statute Violation Number		Violation of ORD #							
	DUI													1				316.193(1)									
	Drug Activity			Drug Type		Amount / Unit		Offense #										Warrant / Capias Number		Bond							
				N N		17089115																					
	Charge Description													Counts		Domestic Violence <input type="checkbox"/> Y <input type="checkbox"/> N		Statute Violation Number		Violation of ORD #							
	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 #							
	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 #							
Drug Activity			Drug Type		Amount / Unit		Offense #										Warrant / Capias Number		Bond								
JUVENILE	Location (Court, Room Number, Address)												3228 Gun Club Rd West Palm Beach FL 33406				JUN 13 2017										
	Court Date and Time												Year 2017				Time 08:30		AM X		PM						
	Month July												Day 6														
	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												06/12/2017														
													Date Signed														
	HOLD for other Agency						Signature of Arresting Officer						Name Verification (Printed by Arrestee)														
	Name:						X																				
	<input type="checkbox"/> Dangerous <input type="checkbox"/> Suicidal						<input type="checkbox"/> Resisted Arrest <input type="checkbox"/> Other:						Name of Arresting Officer (Print) Inv. J. Schneider														
													I.D. # 8501 (PRINT)														
	Intake Deputy						I.D. #		Pouch #		Transporting Officer		ID #		Agency		SCANNED		PAGE								
										Inv. J. Schneider		8501 PBSO						1 OF 1									
DISTRIBUTION: WHITE - COURT COPY												GREEN - STATE ATTORNEY				YELLOW - AGENCY				PINK - AGENCY				GOLD - DEFENDANT (N.T.A.'s ONLY)			
PSBO #148 REV. 8/97																											

JUN 13 2017

SCANNED

C3:8

C3:8

C3:8

C3:8

OBTS Number

PROBABLE CAUSE AFFIDAVIT

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

1

Juvenile

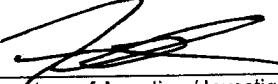
Agency ORI Number FLO 5 0 0 0 0 0	Agency Name PALM BEACH COUNTY SHERIFF'S OFFICE	Agency Report Number 06 - 17-089115		
Charge Type: <input type="checkbox"/> 1. Felony <input type="checkbox"/> 3. Misdemeanor <input type="checkbox"/> 5. Ordinance Check as many <input type="checkbox"/> 2. Traffic Felony <input checked="" type="checkbox"/> 4. Traffic Misdemeanor <input type="checkbox"/> 6. Other as apply.		Special Notes:		
Defendant's Name (Last, First, Middle) SNYDER STEVEN MICHAEL		Race W	Sex M	Date of Birth 07/29/1983
Charge Description DRIVING UNDER THE INFLUENCE		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)
Victim's Business Address (Name, Street)		(City)	(State)	(Zip)
		Phone	Address Source	
		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 _____ that he/she saw the arrested person commit the below acts. <input type="checkbox"/> confessed to _____ <input type="checkbox"/> was found to have committed the below acts, resulting from my (described) investigation. admitting to the below facts.				
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 7TH 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	Signature of Arresting / Investigating Officer D/S Acierno #9534
Name of Notary Public / Clerk of Court / Officer (F.S.S 117.10) JUNE 12 , 2017	Name of Officer (Please Print) 6/12/17
Date	Date

NOT A CERTIFIED COPY

SCANNED
JUN 13 2017