

RCT 017203

ARREST / NOTICE TO APPEAR
Juvenile Referral Report
 1. Arrest 3. Request for Warrant
 2. N.T.A. 4. Request for Capias
Juvenile N

OBTS Number			Agency Name PALM BEACH GARDENS POLICE DEPT.						Agency Report Number (N.T.A.'s only) 7, 8 - 1, 7-10, 0, 5, 4, 9, 9 (1, 1)								
ADMINISTRATIVE	Agency ORI Number FLO 5 0 2 6 0 0		Charge Type: <input type="checkbox"/> 1. Felony <input checked="" type="checkbox"/> 3. Misdemeanor <input type="checkbox"/> 5. Ordinance Check as many as apply. <input type="checkbox"/> 2. Traffic Felony <input checked="" type="checkbox"/> 4. Traffic Misdemeanor <input type="checkbox"/> 6. Other			If Weapon Seized Enter Type			Multiple Clearance Indicator 1								
	Location of Arrest (Including Name of Business) Kew Gardens Ave / Minx Gardens Blvd						Location of Offense (Business Name, Address) Kew Gardens the / Minx Gardens Blvd										
Date of arrest 09/18/17		Time of Arrest 04:31		Booking Date		Booking Time		Jail Date		Jail Time		Location of Vehicle					
Name (Last, First, Middle) Phillips, Teren																	
Race W - White 1 - American Indian W Sex Date of Birth 1, 20, 9, 0 Height 6'2 Weight 215 Eye Color Brown Hair Color Brown Complexion Fair Build Large B - Black 0 - Oriental/Asian																	
Scars, Marks, Tattoos, Unique Physical Features (Location, Type, Description)																	
DEFENDANT	Local Address (Street, Apt. Number) (City) (State) (Zip) 2725 Anzio Court Apt 305 Palm Beach Gardens FL 33410 Phone (561) 319-7284						Residence Type: 1. City 3. Florida 2. County 4. Out of State										
	Permanent Address (Street, Apt. Number) (City) (State) (Zip)						Address Source										
Business Address (Name, Street) (City) (State) (Zip)						Occupation Server											
D/L Number, State P412800904200			Soc. Sec. Number			INS Number			Place of Birth (City, State)				Citizenship				
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	
Name (Last) (First) (Middle)						Residence Phone ()											
Address (Street, Apt. Number) (City) (State) (Zip)						Business Phone ()											
JUVENILE	Notified by: (Name)				Date		Time		Juvenile Disposition				2. TOT HRS/DYS				
									1. Handled/Processed within Dept. and Released.				3. Incarcerated				
Released To: (Name) Relationship						Date Time											
The above address was 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's Office (Phone 355-2526) informed of any change of address. <input type="checkbox"/> Yes, by: (Name) <input type="checkbox"/> No: (Reason)																	
Property Crime? <input type="checkbox"/> Yes <input type="checkbox"/> No		Description of Property Value of Property															
CODE	Drug Activity S. Sell R. Smuggle K. Dispense/ Distribute M. Manufacture/ Produce/ Cultivate Z. Other						Drug Type B. Barbiturate H. Hallucinogen P. Paraphernalia/ Equipment U. Unknown N. N/A D. Deliver E. Use A. Amphetamine C. Cocaine M. Marijuana S. Synthetic Z. Other										
	P. Possess T. Traffic						Statute Violation Number 3, 1, 6, 1, 9, 3, 1 (1) (1)										
CHARGE	Charge Description <input type="checkbox"/> Y <input checked="" type="checkbox"/> N Counts Domestic Violence						Statute Violation Number 3, 1, 6, 1, 9, 3, 1 (1) (1)										
	Drug Activity Drug Type Amount / Unit Offense #						Warrant / Capias Number Bond										
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CHARGE	Drug Activity Drug Type Amount / Unit Offense #						Warrant / Capias Number Bond										
	Charge Description Counts Domestic Violence <input type="checkbox"/> Y <input checked="" type="checkbox"/> N						Statute Violation Number 1 (1) (1)										
NOTICE TO APPEAR	Location (Court, Room Number, Address) North County Courthouse 3188 PGA Blvd, Palm Beach Gardens FL 33410						Violation of ORD #										
	Court Date and Time Month 10 Day 18 Year 2017 Time 10:00 AM						Violation of ORD #										
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) 9-18-17																	
Date Signed 9-18-17																	
Signature of Arresting Officer X						Name Verification (Printed by Arrestee) S.C. S. 44											
Name of Arresting Officer (Print) S. Warren I.D. # 463 (PRINT)						Signature Verification (Printed by Arrestee) S.C. S. 44											
Transporting Officer I.D. # S. Warren 463 Agency PBS PD						Signature Verification (Printed by Arrestee) S.C. S. 44											
Witness here if subject signed with an "X"																	
ADMIN	HOLD for other Agency Name		Intake Deputy I.D. #		Pouch #		Transporting Officer I.D. #		Agency PBS PD		PAGE 1 OF 1						

D.U.I. PROBABLE CAUSE AFFIDAVIT

ON THE 18 DAY OF SEPTEMBER 20 17, AT 0408 AM PM
SUBJECT: PHILLIPS, TEREN NMN CASE NUMBER: 17005499
AGENCY: PALM BEACH GARDENS POLICE DEPT. ARRESTING OFFICER: Sam Warren
PERSONAL CONTACT

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

I did not observe the driving pattern of the vehicle. I was patrolling the area of Kew Gardens Ave and Minsk Gardens Blvd and observed a truck pulling a vehicle out of the center median. The vehicle was facing south in the median from the northbound lanes of travel. The passenger side front wheel was separated from the vehicle. The passenger side rear tire was flat. I interviewed the subject who stated his tire blew out and he lost control. The subject also stated he attempted to counter steer once the tire blew out, resulting in the vehicle crashing into the median.

OBSERVATION OF DRIVER:

When I made contact with the driver I could smell the distinct odor of an unknown alcoholic beverage. The drivers eyes were glossy, blood shot and watery.

DRIVER'S STATEMENTS:

The driver stated he left a bar. The driver stated he was turning onto Kew Gardens Ave from PGA Blvd. The driver stated his tire blew and he lost control of the vehicle. The driver stated he attempted to counter steer the vehicle and crashed into the median.

ODORS:

I smelt the odor of an unknown alcoholic beverage on the drivers breath.

GENERAL OBSERVATIONS

SPEECH: Slurred/ Quiet

ATTITUDE: Calm

CLOTHING: Blue shirt/ Blue jeans

MEDICAL/OTHER: No

STATE OF FLORIDA
COUNTY OF PALM BEACH

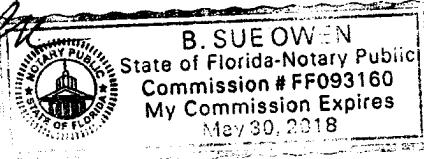
(Signature of Arresting/Investigative Officer)

The foregoing instrument was sworn to or affirmed and subscribed before me this

18th day of September 2017 by *ofc Warren*

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

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



ROADSIDE TASKS

HORIZONTAL GAZE NYSTAGMUS:

LT EYE-LACK OF SMOOTH PURSUIT
 LT EYE-DISTINCT & SUSTAINED NYSTAGMUS AT MAX DEVIATION
 LT EYE-ONSET OF NYSTAGMUS PRIOR TO 45 DEGREES

RT EYE-LACK OF SMOOTH PURSUIT
 RT EYE-DISTINCT & SUSTAINED NYSTAGMUS AT MAX DEVIATION
 RT EYE-ONSET OF NYSTAGMUS PRIOR TO 45 DEGREES

Other Observations:WALK & TURN:

The driver had difficulty remaining in the starting position per instruction. The driver kept asking questions about the task while I was explaining the instructions. The driver began the task before he was instructed to do so. The driver failed to follow instructions by not walking heel to toe on the line. The driver failed to perform a proper turn. The driver was unbalanced while walking heel to toe on the line.

ONE LEG STAND:

The driver failed to remain in the starting position and began the task without being told to do so. The driver asked questions regarding the task while I was explaining the instructions. The driver failed to keep his leg straight and keep his foot 6 inches off the ground. The driver failed to follow instructions by using his left arm for balance during the task.

FINGER TO NOSE:

The driver failed to maintain the starting position, per instructed, while I was giving instructions. The driver failed to bring his hand back to his side as instructed two times during the task.

ROMBERG/ALPHABET:

The driver stated the alphabet in an extremely slow manner and recited it incorrectly.

BREATH TEST RESULTS: REFUSAL

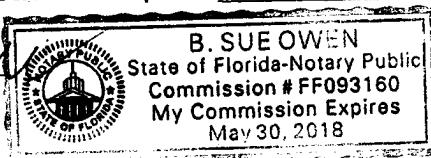
STATE OF FLORIDA
COUNTY OF PALM BEACH

(Signature of Arresting/Investigative Officer)

The foregoing instrument was notarized or sworn before me this 18th day of September, 2017 by

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

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



WITNESS LIST

CASE NUMBER: 17005499

TESTING FACILITY TASK REPORT

AGENCY: _____

SUBJECT: _____

DATE: _____

BEGINNING TIME: _____

BREATH TESTS RESULTS: 1) TIME _____ A.M./P.M. 2) TIME _____ A.M./P.M.

3) TIME _____ A.M./P.M. 4) TIME _____ A.M./P.M.

REFUSED

ENDING TIME: _____

VIDEO TAPE NUMBER: _____

BREATH OPERATOR: _____

MAINTENANCE TECHNICIAN: _____

TESTING OFFICER'S OBSERVATIONS

SPEECH: _____

ATTITUDE: _____

CLOTHING: _____

MEDICAL CONDITIONS: _____

MEDICATIONS: _____

OTHER: _____

COMMENTS: _____

SUBJECT: _____

CASE NUMBER: _____

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 _____ of the _____

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.

SUSPECT'S SIGNATURE: (X) _____

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

SUBJECT: _____ CASE NUMBER: _____

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? _____

REFUSED

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? _____

REFUSED

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: _____

WHITE - STATE ATTY.

YELLOW - DHSMV

PINK - CENTRAL RECORDS

GOLD - JAIL