

1701 017203

ARREST / NOTICE TO APPEAR Juvenile Referral Report		1. Arrest 2. N.T.A.		3. Request for Warrant 4. Request for Capias		Juvenile <input checked="" type="checkbox"/> N	
OBTS Number		Agency ORI Number		Agency Name		Agency Report Number (N.T.A.'s only)	
FLO: 5, 0, 2, 6, 0, 0		PALM BEACH GARDENS POLICE DEPT.		7, 8, 1, 1, 7, 1, 0, 0, 5, 4, 9, 9, 1, 1			
Charge Type: Check as many as apply.		<input type="checkbox"/> 1. Felony <input type="checkbox"/> 2. Traffic Felony		<input checked="" type="checkbox"/> 3. Misdemeanor <input checked="" type="checkbox"/> 4. Traffic Misdemeanor		<input type="checkbox"/> 5. Ordinance <input type="checkbox"/> 6. Other	
Location of Arrest (Including Name of Business)		New Gardens Ave / Minsk Gardens Blvd		Location of Offense (Business Name, Address)		New Gardens Ave / Minsk Gardens Blvd	
Date of arrest		0, 9, 1, 8, 1, 7		Time of Arrest		0, 4, 3, 1	
Name (Last, First, Middle)		Phillips, Teren		Alias (Name, DOB, Soc. Sec. #, Etc.)			
Race		W - White B - Black		Sex		M	
Date of Birth		1, 1, 2, 0, 9, 0		Height		6'2"	
Weight		215		Eye Color		Brown	
Hair Color		Brown		Complexion		Fair	
Build		Large		Scars, Marks, Tattoos, Unique Physical Features (Location, Type, Description)			
Local Address (Street, Apt. Number)		(City)		(State)		(Zip)	
2725 Anzio Court Apt 305		Palm Beach Gardens FL		33410		(561) 319-7284	
Permanent Address (Street, Apt. Number)		(City)		(State)		(Zip)	
Business Address (Name, Street)		(City)		(State)		(Zip)	
D/L Number, State		P412800004200		Soc. Sec. Number			
Co-Defendant Name (Last, First, Middle)				Race		Sex	
Co-Defendant Name (Last, First, Middle)				Race		Sex	
Parent Legal Custodian		Name (Last)		(First)		(Middle)	
Other:		(City)		(State)		(Zip)	
Address (Street, Apt. Number)							
Notified by: (Name)		Date		Time		Juvenile Disposition	
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.		School Attended		Grade		Value of Property	
Property Crime? <input type="checkbox"/> Yes <input type="checkbox"/> No		Description of Property		Drug Activity		S. Sell B. Buy T. Traffic	
Drug Activity		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		U. Unknown Z. Other	
Charge Description		Counts		Domestic Violence <input type="checkbox"/> Y <input checked="" type="checkbox"/> N		Statute Violation Number	
Drug Activity		Drug Type		Amount / Unit		Offense #	
N/A		N/A					
Charge Description		Counts		Domestic Violence <input type="checkbox"/> Y <input checked="" type="checkbox"/> N		Statute Violation Number	
Drug Activity		Drug Type		Amount / Unit		Offense #	
N/A		N/A					
Charge Description		Counts		Domestic Violence <input type="checkbox"/> Y <input checked="" type="checkbox"/> N		Statute Violation Number	
Drug Activity		Drug Type		Amount / Unit		Offense #	
N/A		N/A					
Charge Description		Counts		Domestic Violence <input type="checkbox"/> Y <input checked="" type="checkbox"/> N		Statute Violation Number	
Drug Activity		Drug Type		Amount / Unit		Offense #	
N/A		N/A					
Instruction No. 1 Mandatory Appearance in Court		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 PGA Blvd, Palm Beach Gardens FL 33410	
Month		Day		Year		Time	
10		18		2017		10:00	
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)		Signature of Arresting Officer		Name Verification (Printed by Arrestee)	
HOLD for other Agency Name		Name of Arresting Officer (Print)		I.D. #		(PRINT)	
<input type="checkbox"/> Dangerous <input type="checkbox"/> Suicidal		<input type="checkbox"/> Resisted Arrest <input type="checkbox"/> Other:		S. Warren		463	
Intake Deputy		I.D. #		Pouch #		Transporting Officer	
						S. Warren 463	
Agency		Witness here if subject signed with an "X"		PAGE		1 OF 1	
PB6 PD							

DISTRIBUTION:

WHITE - COURT COPY

GREEN - STATE ATTORNEY

YELLOW - AGENCY

PINK - JAIL

GOLD - DEFENDANT

# D.U.I. PROBABLE CAUSE AFFIDAVIT

ON THE 18 DAY OF SEPTEMBER 20 17 AT 0408 AM PM

SUBJECT: PHILLIPS, TERENCE 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 driver's 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 driver's breath.

## GENERAL OBSERVATIONS

SPEECH: Slurred/ Quiet

ATTITUDE: Calm

CLOTHING: Blue shirt/ Blue jeans

MEDICAL/OTHER: No

STATE OF FLORIDA  
COUNTY OF PALM BEACH

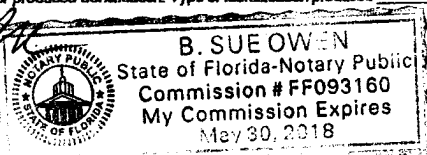
(Signature of Arresting/Investigative Officer)

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

18th day of September 20 17 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☐ RT EYE-LACK OF SMOOTH PURSUIT☒ LT EYE-DISTINCT & SUSTAINED NYSTAGMUS AT MAX DEVIATION☐ RT EYE-DISTINCT & SUSTAINED NYSTAGMUS AT MAX DEVIATION☒ LT EYE-ONSET OF NYSTAGMUS PRIOR TO 45 DEGREES☐ 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.

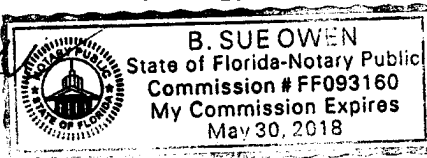
BREATH TEST RESULTS: REFUSAL

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 ofc Warren  
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

ARRESTING OFFICER: Sam Warren

ADDRESS: 10500 N. Military Trail, Palm Beach Gardens, FL 33410

PHONE NUMBERS (HOME): \_\_\_\_\_ (WORK) (561) 799-4445

CAN TESTIFY TO: Conducting the investigation and placing the driver under arrest.

NAME: Officer J. Nieves

ADDRESS: 10500 N. Military Trail, Palm Beach Gardens, FL 33410

PHONE NUMBERS (HOME) \_\_\_\_\_ (WORK) (561) 799-4445

CAN TESTIFY TO: Back up officer on scene

NAME: \_\_\_\_\_

ADDRESS \_\_\_\_\_

PHONE NUMBERS (HOME) \_\_\_\_\_ (WORK) \_\_\_\_\_

CAN TESTIFY TO: \_\_\_\_\_

NAME: \_\_\_\_\_

ADDRESS \_\_\_\_\_

PHONE NUMBERS (HOME) \_\_\_\_\_ (WORK) \_\_\_\_\_

CAN TESTIFY TO: \_\_\_\_\_

NAME: \_\_\_\_\_

ADDRESS \_\_\_\_\_

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NAME: \_\_\_\_\_

ADDRESS \_\_\_\_\_

PHONE NUMBERS (HOME) \_\_\_\_\_ (WORK) \_\_\_\_\_

CAN TESTIFY TO: \_\_\_\_\_

NAME: \_\_\_\_\_

ADDRESS \_\_\_\_\_

# TESTING FACILITY TASK REPORT

AGENCY: \_\_\_\_\_  
SUBJECT: \_\_\_\_\_ CASE NUMBER: \_\_\_\_\_  
DATE: \_\_\_\_\_ VIDEO TAPE NUMBER: \_\_\_\_\_  
BEGINNING TIME: \_\_\_\_\_ ENDING 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.

BREATH OPERATOR: \_\_\_\_\_

MAINTENANCE TECHNICIAN: \_\_\_\_\_

TESTING OFFICER'S OBSERVATIONS

SPEECH: \_\_\_\_\_

ATTITUDE: \_\_\_\_\_

CLOTHING: \_\_\_\_\_

MEDICAL CONDITIONS: \_\_\_\_\_

MEDICATIONS: \_\_\_\_\_

OTHER: \_\_\_\_\_

COMMENTS: \_\_\_\_\_

NOT A CERTIFIED COPY

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) \_\_\_\_\_

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? \_\_\_\_\_

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? \_\_\_\_\_

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