0079579 19CT007806,1279

ARREST / NOTICE TO APPEAR
Juvenile Referral Report

1 Arrest 2 NTA 3 Request for Warrant 4 Request for Capias | 1 | Juvenile

ADMINISTRATIVE

OBTS Number

Agency ORI Number: FLO 502700

Agency Name: PALM SPRINGS POLICE DEPARTMENT

Agency Report Number (NTA's only): 06-82- 2019-07302

Charge Type 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

Multiple Clearance Indicator

Location of Arrest (Including Name of Business): 4300 Lake Worth Road, Palm Springs, FL 33461

Location of Offense (Business Name Address): 4300 Lake Worth Road, Palm Springs, FL 33461

Date of Arrest	Time of Arrest	Booking Date	Booking Time	Jail Date	Jail Time	Location of Vehicle
4/27/19	1935					

DEFENDANT

Name (Last, First Middle): Sances, Thomas Nee

Alias (Name DOB Soc Sec #, Etc.)

Race (W - White I - American Indian B - Black 0- Oriental/Asian)	Sex	Date of Birth	Height	Weight	Eye Color	Hair Color	Complexion	Build
White	Male	10/23/1956	5'07	175	Blue	Grey	Light	Medium

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

Marital Status: Single | Religion: CATHOLIC | Indication of Alcohol Influence ☑ Y ☐ N ☐ Unk / Drug Influence ☐ Y ☐ N ☑ Unk

Local Address (Street, Apt Number) (City) (State) (Zip): 225 Bonnie Blvd Apt 207, Palm Springs, FL 33461 | Phone ( ) | Residence Type 1 City 2 County 3 Florida 4 Out of State: 2

Permanent Address (Street, Apt Number) (City) (State) (Zip): 225 Bonnie Blvd Apt 207, Palm Springs, FL 33461 | Phone ( ) | Address Source: Def. ID

Business Address (Name Street) (City) (State) (Zip) | Phone ( ) | Occupation: Unemployed

D/L Number State	Soc Sec Number	INS Number	Place of Birth (City, State)	Citizenship
S-522-834-56-383-0	[redacted]		Boston, MA	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
Co-Defendant Name (Last First Middle)	Race	Sex	Date of Birth	
				☐ 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 #
DUI	1	☐ Y ☐ N	316.193(1)	

Drug Activity	Drug Type	Amount / Unit	Offense #	Warrant / Capias Number	Bond
N	N	Refusal	2019-07302		OR

CHARGE

Charge Description	Counts	Domestic Violence	Statute Violation Number	Violation of ORD #
Expired DL more than 6months	1	☐ Y ☐ N	322.03(5)	

Drug Activity	Drug Type	Amount / Unit	Offense #	Warrant / Capias Number	Bond
N	N		2019-07302		OR

CHARGE

Charge Description	Counts	Domestic Violence	Statute Violation Number	Violation of ORD #
Crash. Leaving scene without giving info	1	☐ Y ☐ N	316.061(1)	

Drug Activity	Drug Type	Amount / Unit	Offense #	Warrant / Capias Number	Bond
N	N		2019-07302		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

NOTICE TO APPEAR

Location (Court Room Number, Address): CRIMINAL JUSTICE COMPLEX 3228 GUN CLUB RD WEST PALM BEACH, FL 33406

Court Date and Time: Month May Day 30 Year 2019 Time 0830 AM ✓ 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

Signature of Defendant (or Juvenile and Parent /Custodian) | Date Signed

ADMIN

HOLD for other Agency Name

☐ Dangerous ☐ Resisted Arrest ☐ Suicidal ☐ Other ☐ Deputy

D/S C. GILYARD #7392

Signature of Arresting Officer

Name Verification (Printed by Arrestee) (PRINT)

Name of Arresting Officer (Print)	ID #
Ofc. Alonso	161

Transporting Officer	ID #	Agency
Ofc. Alonso	161	PSPD

Witness here if subject signed with an "X"

PAGE 1 OF 1

NOT A CERTIFIED COPY

SCANNED MAY 21 2019

D.U.I. PROBABLE CAUSE AFFIDAVIT

ON THE 27th DAY OF April 20 19, AT 7:35 AM ✓ PM

SUBJECT: Sances, Thomas Nee CASE NUMBER: 2019-07302

AGENCY: PALM SPRINGS POLICE DEPARTMENT ARRESTING OFFICER: Ofc. Alonso #161

PERSONAL CONTACT

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

Involved in a hit-and-run crash with multiple witnesses. Driver struck another vehicle which rolled over and he fled the scene. He was apprehended by citizens who kept him from leaving the scene

OBSERVATION OF DRIVER:

Coherent, able to stand but slow moving and swayed occasionally.

DRIVER'S STATEMENTS:

Said he drank two beers but could not remember what kind.

ODORS:

Smelled of an unknown alcoholic beverage, red glossy eyes,

GENERAL OBSERVATIONS

SPEECH: Slurred speech

ATTITUDE: Annoyed by results of roadsides

CLOTHING: Blue t-shirt, violet shorts, grey shoes

MEDICAL/OTHER: N/A

NOT A CERTIFIED COPY

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 27th day of April 20 19 by Ofc. Alonso #161

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

Notary Public, Clerk of Court, Officer (F S S 117 10)

Notary Public State of Florida
Gary J Parent
My Commission GG 085486
Expires 06/21/2021

SUBJECT: Sances, Thomas Nee CASE NUMBER 2019-07302

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:
Swayed during HGN, failed to keep a steady head.

WALK & TURN

Moved from starting position
Stopped while taking his steps
Stepped off the line
Improper turn
About 5 inch gap between heel and toe on return step #9

ONE LEG STAND:

Put foot down prior to 30 seconds
Used arms for balance
Hopped
Swayed while balancing

FINGER TO NOSE:

Missed nose
Left finger to nose was too long

ROMBERG ALPHABET:

Swayed, Moved head forward, opened eyes, slow deliberate, slurred speech

BREATH TEST RESULTS: Refusal

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 27th day of April 20 19 by Ofc. Alonso #161

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

Notary Public, Clerk of Court Officer (F S S 117 10)

Notary Public State of Florida
Gary J Parent
My Commission GG 085486
Expires 06/21/2021

NOT A CERTIFIED COPY

D.U.I. Witness List

Subject Name: Sances, Thomas Nee Case #: 2019-07302

Arresting Officer: Ofc. Alonso #161
Palm Springs Police Department - 230 Cypress Ln Palm Springs, FL. 33461
Phone #: (561) 968-8243 Cell #:
Can Testify to: Facts

Assisting Officer 1: Ofc. Fequiere #131
Agency Name: Palm Springs Police Department -
Address: 230 Cypress Ln Palm Springs, FL. 33461
Phone #: (561)968-8243 Cell #: (561) 800-5348
Can Testify to: Crash investigation, Defendant arrest procedure

Assisting Officer 2:
Agency Name:
Address:
Phone #: Cell #:
Can Testify to:

Assisting Officer 3:
Agency Name:
Address:
Phone #: Cell #:
Can Testify to:

Other Witness 1: G. Parent #7909
Address: 3228 Gun Club Road, West Palm Beach, FL 33406
Phone #: (561) 688-3000 Cell #:
Can Testify to: Refusal

Other Witness 2: Meltcha Campbell
Address: 2508 10th Ave N E101, Lake Worth, FL 33461
Phone #: Cell #: (591) 574-5042
Can Testify to: Wheel witness,

Other Witness 3: Samantha Garcia
Address: 4267 Urquhart Street, Lake Worth, FL 33461
Phone #: Cell #: (954) 832-2274
Can Testify to: Wheel witness

NOT A CERTIFIED COPY

TESTING FACILITY TASK REPORT

AGENCY: _____

SUBJECT: _____ CASE NUMBER: _____

DATE: _____ VIDEO TAPE NUMBER: _____

BEGINNING TIME: 2042 ENDING TIME: 2105

BREATH TESTS RESULTS: 1) A TIME 2100 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: _____

REFUSED

COMMENTS: _____

REFUSED

NOT A CERTIFIED COPY

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? _____

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: _____

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)_____

NOT A CERTIFIED COPY

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.	
	☐	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	☐		Other:	
	☐		Other:	

NOT A CERTIFIED COPY

REVIEW COMPLETED BY

Booking Number: 2019014102	**Date:** 04/28/2019
	Specialist Name/ID: AM/31562