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17 CT 13009

732

OBTS Number		ARREST / NOTICE TO APPEAR Juvenile Referral Report		1. Arrest 2. N.T.A.		3. Request for Warrant 4. Request for Capias		1		Juvenile		N									
Agency ORI Number FLO 502600		Agency Name Palm Beach Gardens Police Department				Agency Report Number (N.T.A.'s only) 78- 17-004242															
Charge Type: Check as many as apply.		1. Felony <input type="checkbox"/>		3. Misdemeanor <input type="checkbox"/>		5. Ordinance <input type="checkbox"/>		2. Traffic Misdemeanor <input checked="" type="checkbox"/>		6. Other <input type="checkbox"/>		Weapon Seized / Type 1. Yes 2. No		Multiple Clearance Indicator							
Location of Arrest (Including Name of Business) Northlake Blvd/Bates Rd, PBG						Location of Offense (Business Name, Address) Northlake Blvd/Military Trail, PBG															
Date of Arrest 07/15/17		Time of Arrest 0056		Booking Date		Booking Time		Jail Date		Jail Time		Location of Vehicle Kauff's Towing									
Name (Last, First, Middle) Bond II, Thomas Oliver						Alias (Name, DOB, Soc. Sec. #, Etc.) Tommy															
Race W - White I - American Indian B - Black O - Oriental/Asian		Sex M		Date of Birth 10/20/87		Height 5'11		Weight 195		Eye Color Brown		Hair Color Brown		Complexion flush		Build medium					
Scars, Marks, Tattoos, Unique Physical Features (Location, Type, Description) None						Marital Status Single		Religion Christian		Indication of: Alcohol Influence Drug Influence		Y <input checked="" type="checkbox"/>		N <input type="checkbox"/>		Unk. <input type="checkbox"/>					
Local Address (Street, Apt. Number) (City) (State) (Zip) 9 Robalo Court PBG FL 33410						Phone (561) 985-3551		Residence Type: 1. City 2. County 3. Florida 4. Out of State		1											
Permanent Address (Street, Apt. Number) (City) (State) (Zip) Same as Local Address						Phone () Same		Address Source defendant													
Business Address (Name, Street) (City) (State) (Zip) Shumacer Auto PBG						Phone ()		Occupation Service advisor													
D/L Number, State B530834873800 FL		Soc. Sec. Number [REDACTED]		INS Number		Place of Birth (City, State) Cape Coral, FL		Citizenship US													
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:		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 <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 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 Description DUI		Counts 1		Domestic Violence <input type="checkbox"/> Y <input checked="" type="checkbox"/> N		Statute Violation Number 316.193(1)		Violation of ORD #													
Drug Activity N		Drug Type N		Amount / Unit N/A		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											
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											
Location (Court, Room Number, Address) North County Courthouse 3188 PGA Blvd, Palm Beach Gardens, FL 33410																					
Court Date and Time Month 08 Day 16 Year 2017 Time 10:00 AM																					
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											
HOLD for other Agency Name:				Signature of Arresting Officer [Signature]				Name Verification (Printed by Arrestee) [Signature]													
<input type="checkbox"/> Dangerous <input type="checkbox"/> Suicidal				<input type="checkbox"/> Resisted Arrest <input type="checkbox"/> Other:				Name of Arresting Officer (Print) Melinda Hanton #305				I.D. # 305									
Initials D/S J. BENNETT #834				Pouch #				Transporting Officer Melinda Hanton				ID # 305		Agency PBGPD							
Witness here if subject signed with an "X"										PAGE 1											

DISTRIBUTION: WHITE - COURT COPY

GREEN - STATE ATTORNEY

YELLOW - AGENCY

PINK - AGENCY

GOLD - JEFFERSON COUNTY

SCANNED

JUL 19 2017

D.U.I. PROBABLE CAUSE AFFIDAVIT

ON THE 15th DAY OF July 20 17, AT 0034 AM PM
SUBJECT: Bond II, Thomas Oliver CASE NUMBER: 17-004242
AGENCY: PALM BEACH GARDENS POLICE DEPT. ARRESTING OFFICER: Melinda Hanton #305

PERSONAL CONTACT

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

On 7/15/2017 at 12:34 a.m. Officer Bassinger was patrolling in the area of Northlake Blvd, and Military Trail, in Palm Beach Gardens, Palm Beach County, FL. While at the intersection of Northlake Blvd and Military Trail, Officer Bassinger noticed a white in color GMC pick up truck, bearing FL tag Y24DTV, with a non-functioning tag light. As the light turned green for us to go West on Northlake Blvd, the white truck hesitated and did not begin to cross the intersection. Once the truck began to move forward and cross over Military Trail, Officer Bassinger noticed the truck begin to move drastically to the right and left in its lane, and into the lanes to it's left and right. Officer Bassinger activated his emergency red and blue lights to

OBSERVATION OF DRIVER:

stop the truck. Officer Bassinger observed the driver, later identified as Thomas Bond, eyes were watery, and his movements were very slow and deliberate. Upon talking with Bond, and asking for the appropriate paperwork, Officer Bassinger could smell the distinct odor of alcohol coming from Bond. Upon my arrival, I made contact with Bond who was still sitting in the driver seat with keys in ignition. Bond was lethargic and was not answering my questions at first. When he started talking, I could smell a strong odor of an unknown alcoholic beverage coming from his breath as he spoke, his speech was slurred and mumbled, his eyes were

DRIVER'S STATEMENTS:

red and watery and when he exited he stumbled and was unsteady on his feet, swaying the entire time. I asked Bond how much he had to drink and he stated he had 6 beers. Bond advised he was 90 percent deaf in his left ear and 10 percent deaf in his right ear and he suffers from depression.

ODORS:

strong odor of an unknown alcoholic beverage coming his breath as he spoke

GENERAL OBSERVATIONS

SPEECH: slurred, mumbled

ATTITUDE: cooperative, polite

CLOTHING: gray shirt, blue jeans, black/gray socks

MEDICAL/OTHER: depression/Olanzapin and Fluoxetine. also hearing loss

STATE OF FLORIDA
COUNTY OF PALM BEACH

(Signature of Arresting/Investigative Officer)

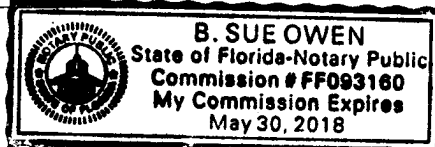
The foregoing instrument was sworn to or affirmed and subscribed before me this

15th day of July 20 17 by O. Hanton

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

Known

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



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JUL 19 2017

SUBJECT: Bond II, Thomas Oliver

CASE NUMBER: 17-004242

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:

was swaying, moving head, stopped halfway through, had approx 30 degree angle of onset, was moving head back for VGN, none observed

WALK & TURN:

started giving instructions, was unable to hold stance, was stumbling around after a couple of attempts, I discontinued this task

ONE LEG STAND:

With his inability to perform the walk and turn, I did not have him attempt this task

FINGER TO NOSE:

was swaying, started before instructed, touched under his nose, and his upper lip on every touch, started to use the wrong hand once

ROMBERG/ALPHABET:

stated he knows the alphabet, was swaying entire time, stated M twice, recited mostly correct

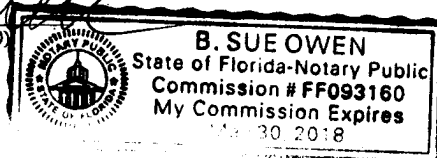
BREATH TEST RESULTS: .227, .241

STATE OF FLORIDA
COUNTY OF PALM BEACH

M. Hanton 305
(Signature of Arresting/Investigative Officer)

The foregoing instrument was notarized or sworn before me this 15th day of July 20 17 by Off. Hanton
who is personally known to me and/or produced identification. Type of identification produced Known

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



SCANNED
JUL 19 2017

WITNESS LIST

CASE NUMBER: 17-004242

ARRESTING OFFICER: Melinda Hanton #305

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

PHONE NUMBERS (HOME): _____ (WORK) 5617994445

CAN TESTIFY TO: observations of impairment, arrest

NAME: Officer S. Bassinger

ADDRESS: 10500 N Military Trail

PHONE NUMBERS (HOME) _____ (WORK) 5617994445

CAN TESTIFY TO: driving, backup

NAME: Officer Batista

ADDRESS 10500 N Military Trail

PHONE NUMBERS (HOME) _____ (WORK) 5617994445

CAN TESTIFY TO: backup, tow receipt

NAME: _____

ADDRESS _____

PHONE NUMBERS (HOME) _____ (WORK) _____

CAN TESTIFY TO: _____

NAME: _____

ADDRESS _____

PHONE NUMBERS (HOME) _____ (WORK) _____

CAN TESTIFY TO: _____

NAME: _____

ADDRESS _____

PHONE NUMBERS (HOME) _____ (WORK) _____

CAN TESTIFY TO: _____

NAME: _____

ADDRESS _____

PHONE NUMBERS (HOME) _____ (WORK) _____

CAN TESTIFY TO: _____

NAME: _____

ADDRESS _____

PHONE NUMBERS (HOME) _____ (WORK) _____

CAN TESTIFY TO: _____

NAME: _____

ADDRESS _____

PHONE NUMBERS (HOME) _____ (WORK) _____

CAN TESTIFY TO: _____

NAME: _____

ADDRESS _____

PHONE NUMBERS (HOME) _____ (WORK) _____

CAN TESTIFY TO: _____

NAME: _____

ADDRESS _____

PHONE NUMBERS (HOME) _____ (WORK) _____

SCANNED

JUL 19 2017

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 Off. Michael Horton 305 of the Palm Beach Gardens PD

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) _____

Read on Camera

SCANNED

JUL 19 2017

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: Off. M. Horton 30-

WHITE - STATE ATTY.

YELLOW - DHSMV

PINK - CENTRAL RECORDS

GOLD - JAIL

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JUL 19 2017