

0487438

171MS281

3533

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

1

Juvenile

ADMINISTRATIVE	OBTS Number			ARREST / NOTICE TO APPEAR			Juvenile Referral Report			Arrest			3. Request for Warrant			4. Request for Capias																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																			
	Agency ORI Number FLO 500000			Agency Name PALM BEACH COUNTY SHERIFF'S OFFICE			Agency Report Number (N.T.A.'s only) 06-			2. N.T.A.			17-069707																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																						
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) HYPOLUXO RD/S MILITARY TRL PBC						Location of Offense (Business Name, Address) HYPOLUXO RD/S MILITARY TRL PBC																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																													
Date of Arrest 4/27/2017		Time of Arrest 0205		Booking Date		Booking Time		Jail Date		Jail Time		Location of Vehicle																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																							
<table border="1"> <tr> <td colspan="10">Name (Last, First, Middle) HAMAD WILLIAM PAUL</td> <td colspan="6">Alias (Name, DOB, Soc. Sec. #, Etc.)</td> </tr> <tr> <td colspan="2">Race W - White I - American Indian B - Black O - Oriental/Asian</td> <td colspan="2">Sex W</td> <td colspan="2">Date of Birth 10/5/1979</td> <td colspan="2">Height 5'10</td> <td colspan="2">Weight 180</td> <td colspan="2">Eye Color BROWN</td> <td colspan="2">Hair Color BROWN</td> <td colspan="2">Complexion MEDIUM</td> <td colspan="2">Build MEDIUM</td> </tr> <tr> <td colspan="10">Scars, Marks, Tattoos, Unique Physical Features (Location, Type, Description) SHOULDER</td> <td colspan="2">Marital Status MARRIED</td> <td colspan="2">Religion NONE</td> <td colspan="4">Indication of: Alcohol Influence Drug Influence</td> <td colspan="2">Y N Unk.</td> </tr> <tr> <td colspan="10">Local Address (Street, Apt. Number) 1016 PINEWOOD LANE</td> <td colspan="2">(City) GAHANNA</td> <td colspan="2">(State) OH</td> <td colspan="2">(Zip) 43230</td> <td colspan="2">Phone (614) 560-6374</td> <td colspan="4">Residence Type: 1. City 2. County</td> <td colspan="2">3. Florida 4. Out of State</td> </tr> <tr> <td colspan="10">Permanent Address (Street, Apt. Number) 1016 PINEWOOD LANE</td> <td colspan="2">(City) GAHANNA</td> <td colspan="2">(State) OH</td> <td colspan="2">(Zip) 43230</td> <td colspan="2">Phone (614) 560-6374</td> <td colspan="4">Address Source VERBAL</td> </tr> <tr> <td colspan="10">Business Address (Name, Street) 1016 PINEWOOD LANE</td> <td colspan="2">(City) GAHANNA</td> <td colspan="2">(State) OH</td> <td colspan="2">(Zip)</td> <td colspan="2">Phone (614) 560-6374</td> <td colspan="4">Occupation</td> </tr> <tr> <td colspan="4">D/L Number, State RP607123</td> <td colspan="4">Soc. Sec. Number [REDACTED]</td> <td colspan="4">INS Number</td> <td colspan="4">Place of Birth (City, State) AKARAN OHIO</td> <td colspan="2">Citizenship US</td> </tr> <tr> <td colspan="10">Co-Defendant Name (Last, First, Middle)</td> <td colspan="2">Race</td> <td colspan="2">Sex</td> <td colspan="2">Date of Birth</td> <td colspan="4"> <input type="checkbox"/> 1. Arrested <input type="checkbox"/> 2. At Large </td> <td colspan="2"> <input type="checkbox"/> 3. Felony <input type="checkbox"/> 4. Misdemeanor <input type="checkbox"/> 5. Juvenile </td> </tr> <tr> <td colspan="10">Co-Defendant Name (Last, First, Middle)</td> <td colspan="2">Race</td> <td colspan="2">Sex</td> <td colspan="2">Date of Birth</td> <td colspan="4"> <input type="checkbox"/> 1. Arrested <input type="checkbox"/> 2. At Large </td> <td colspan="2"> <input type="checkbox"/> 3. Felony <input type="checkbox"/> 4. Misdemeanor <input type="checkbox"/> 5. Juvenile </td> </tr> <tr> <td colspan="10"> <input type="checkbox"/> Parent <input type="checkbox"/> Legal Custodian <input type="checkbox"/> Other: Name (Last) (First) (Middle) </td> <td colspan="6">Residence Phone (561) 420-0000</td> </tr> <tr> <td colspan="10">Address (Street, Apt. Number) 1016 PINEWOOD LANE</td> <td colspan="2">(City) GAHANNA</td> <td colspan="2">(State) OH</td> <td colspan="2">(Zip) 43230</td> <td colspan="6">Business Phone (614) 560-6374</td> </tr> <tr> <td colspan="10">Notified by: (Name) Parent</td> <td colspan="2">Date 4/27/2017</td> <td colspan="2">Time 8:30</td> <td colspan="4">Juvenile Disposition 1. Handled/processed within Dept. and Released. 2. TOT HRS / DYS 3. Incarcerated</td> <td colspan="4"></td> </tr> <tr> <td colspan="10">Released To: (Name) Parent</td> <td colspan="4">Relationship</td> <td colspan="4">Date 4/27/2017</td> <td colspan="2">Time 8:30</td> </tr> <tr> <td colspan="10">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)</td> <td colspan="6">School Attended</td> <td colspan="4">Grade</td> </tr> <tr> <td colspan="2">Property Crime? <input type="checkbox"/> Yes <input type="checkbox"/> No</td> <td colspan="8">Description of Property</td> <td colspan="8">Value of Property</td> </tr> <tr> <td>CODE</td> <td>Drug Activity N/A P. Possess</td> <td>S. Sell B. Buy T. Traffic</td> <td>R. Smuggle D. Deliver E. Use</td> <td>K. Dispense/ Distribute</td> <td>M. Manufacture/ Produce/ Cultivate</td> <td>Z. Other</td> <td>Drug Type N/A A. Amphetamine</td> <td>B. Barbiturate C. Cocaine E. Heroin</td> <td>H. Hallucinogen M. Marijuana O. Opium/Derv.</td> <td>P. Paraphernalia/ Equipment S. Synthetics</td> <td>U. Unknown Z. Other</td> </tr> <tr> <td>CHARGE</td> <td colspan="4">Charge Description DUI</td> <td>Counts 1</td> <td>Domestic Violence <input type="checkbox"/> Y <input checked="" type="checkbox"/> N</td> <td colspan="4">Statute Violation Number 316.193(1)</td> <td colspan="6">Violation of ORD #</td> </tr> <tr> <td>CHARGE</td> <td>Drug Activity N</td> <td>Drug Type N</td> <td>Amount / Unit</td> <td>Offense # 17-069707</td> <td colspan="4">Warrant / Capias Number</td> <td colspan="6">Bond</td> </tr> <tr> <td>CHARGE</td> <td colspan="4">Charge Description RESISTING W/O Violence</td> <td>Counts 1</td> <td>Domestic Violence <input type="checkbox"/> Y <input checked="" type="checkbox"/> N</td> <td colspan="4">Statute Violation Number 843.02</td> <td colspan="6">Violation of ORD #</td> </tr> <tr> <td>CHARGE</td> <td>Drug Activity N</td> <td>Drug Type N</td> <td>Amount / Unit</td> <td>Offense # 17-069707</td> <td colspan="4">Warrant / Capias Number</td> <td colspan="6">Bond</td> </tr> <tr> <td>CHARGE</td> <td colspan="4">Charge Description</td> <td>Counts</td> <td>Domestic Violence <input type="checkbox"/> Y <input checked="" type="checkbox"/> N</td> <td colspan="4">Statute Violation Number</td> <td colspan="6">Violation of ORD #</td> </tr> <tr> <td>CHARGE</td> <td>Drug Activity</td> <td>Drug Type</td> <td>Amount / Unit</td> <td>Offense #</td> <td colspan="4">Warrant / Capias Number</td> <td colspan="6">Bond</td> </tr> <tr> <td>CHARGE</td> <td colspan="4">Charge Description</td> <td>Counts</td> <td>Domestic Violence <input type="checkbox"/> Y <input checked="" type="checkbox"/> N</td> <td colspan="4">Statute Violation Number</td> <td colspan="6">Violation of ORD #</td> </tr> <tr> <td>CHARGE</td> <td>Drug Activity</td> <td>Drug Type</td> <td>Amount / Unit</td> <td>Offense #</td> <td colspan="4">Warrant / Capias Number</td> <td colspan="6">Bond</td> </tr> <tr> <td>NOTICE TO APPEAR</td> <td colspan="15">Location (Court, Room Number, Address) SOUTH COUNTY COURT HOUSE 200 W. ATLANTIC AVE, DELRAY BEACH, FL 33444</td> </tr> <tr> <td>NOTICE TO APPEAR</td> <td colspan="15">Court Date and Time Month MAY Day 25 Year 2017 Time 8:30 AM <input checked="" type="checkbox"/> PM</td> </tr> <tr> <td colspan="16">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</td> </tr> <tr> <td colspan="16">Signature of Defendant (or Juvenile and Parent / Custodian) 4/27/2017 Date Signed</td> </tr> <tr> <td>ADMIN</td> <td colspan="3">HOLD for other Agency Name: X</td> <td colspan="3">Signature of Arresting Officer SCANNED</td> <td colspan="3">Name Verification (Printed by Arrestee) SCANNED</td> </tr> <tr> <td></td> <td colspan="3"> <input type="checkbox"/> Dangerous <input type="checkbox"/> Suicidal </td> <td colspan="3"> <input type="checkbox"/> Resisted Arrest <input type="checkbox"/> Other: D/S SIEGEL </td> <td colspan="3"> <input type="checkbox"/> Resisted Arrest <input type="checkbox"/> Other: D/S SIEGEL </td> <td colspan="3"> I.D. # 12460 </td> <td colspan="3"> I.D. # 12460 Agency PBSO </td> </tr> <tr> <td></td> <td colspan="3"> I.D. # 12460 </td> <td colspan="3"> Pouch # </td> <td colspan="3"> Transporting Officer D/S SIEGEL </td> <td colspan="3"> ID # 12460 </td> <td colspan="3"> Witness here if subject signed with an X 4/27/2017 </td> </tr> <tr> <td></td> <td colspan="15">DISTRIBUTION: WHITE - COURT COPY GREEN - STATE ATTORNEY YELLOW - AGENCY PINK - AGENCY GOLD - DEFENDANT (N.T.A.'s ONLY)</td> </tr> </table>																Name (Last, First, Middle) HAMAD WILLIAM PAUL										Alias (Name, DOB, Soc. Sec. #, Etc.)						Race W - White I - American Indian B - Black O - Oriental/Asian		Sex W		Date of Birth 10/5/1979		Height 5'10		Weight 180		Eye Color BROWN		Hair Color BROWN		Complexion MEDIUM		Build MEDIUM		Scars, Marks, Tattoos, Unique Physical Features (Location, Type, Description) SHOULDER										Marital Status MARRIED		Religion NONE		Indication of: Alcohol Influence Drug Influence				Y N Unk.		Local Address (Street, Apt. Number) 1016 PINEWOOD LANE										(City) GAHANNA		(State) OH		(Zip) 43230		Phone (614) 560-6374		Residence Type: 1. City 2. County				3. Florida 4. Out of State		Permanent Address (Street, Apt. Number) 1016 PINEWOOD LANE										(City) GAHANNA		(State) OH		(Zip) 43230		Phone (614) 560-6374		Address Source VERBAL				Business Address (Name, Street) 1016 PINEWOOD LANE										(City) GAHANNA		(State) OH		(Zip)		Phone (614) 560-6374		Occupation				D/L Number, State RP607123				Soc. Sec. Number [REDACTED]				INS Number				Place of Birth (City, State) AKARAN OHIO				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 (561) 420-0000						Address (Street, Apt. Number) 1016 PINEWOOD LANE										(City) GAHANNA		(State) OH		(Zip) 43230		Business Phone (614) 560-6374						Notified by: (Name) Parent										Date 4/27/2017		Time 8:30		Juvenile Disposition 1. Handled/processed within Dept. and Released. 2. TOT HRS / DYS 3. Incarcerated								Released To: (Name) Parent										Relationship				Date 4/27/2017				Time 8:30		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								CODE	Drug Activity 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/A A. Amphetamine	B. Barbiturate C. Cocaine E. Heroin	H. Hallucinogen M. Marijuana O. Opium/Derv.	P. Paraphernalia/ Equipment S. Synthetics	U. Unknown Z. Other	CHARGE	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 #						CHARGE	Drug Activity N	Drug Type N	Amount / Unit	Offense # 17-069707	Warrant / Capias Number				Bond						CHARGE	Charge Description RESISTING W/O Violence				Counts 1	Domestic Violence <input type="checkbox"/> Y <input checked="" type="checkbox"/> N	Statute Violation Number 843.02				Violation of ORD #						CHARGE	Drug Activity N	Drug Type N	Amount / Unit	Offense # 17-069707	Warrant / Capias Number				Bond						CHARGE	Charge Description				Counts	Domestic Violence <input type="checkbox"/> Y <input checked="" type="checkbox"/> N	Statute Violation Number				Violation of ORD #						CHARGE	Drug Activity	Drug Type	Amount / Unit	Offense #	Warrant / Capias Number				Bond						CHARGE	Charge Description				Counts	Domestic Violence <input type="checkbox"/> Y <input checked="" type="checkbox"/> N	Statute Violation Number				Violation of ORD #						CHARGE	Drug Activity	Drug Type	Amount / Unit	Offense #	Warrant / Capias Number				Bond						NOTICE TO APPEAR	Location (Court, Room Number, Address) SOUTH COUNTY COURT HOUSE 200 W. ATLANTIC AVE, DELRAY BEACH, FL 33444															NOTICE TO APPEAR	Court Date and Time Month MAY Day 25 Year 2017 Time 8:30 AM <input checked="" type="checkbox"/> 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) 4/27/2017 Date Signed																ADMIN	HOLD for other Agency Name: X			Signature of Arresting Officer SCANNED			Name Verification (Printed by Arrestee) SCANNED				<input type="checkbox"/> Dangerous <input type="checkbox"/> Suicidal			<input type="checkbox"/> Resisted Arrest <input type="checkbox"/> Other: D/S SIEGEL			<input type="checkbox"/> Resisted Arrest <input type="checkbox"/> Other: D/S SIEGEL			I.D. # 12460			I.D. # 12460 Agency PBSO				I.D. # 12460			Pouch #			Transporting Officer D/S SIEGEL			ID # 12460			Witness here if subject signed with an X 4/27/2017				DISTRIBUTION: WHITE - COURT COPY GREEN - STATE ATTORNEY YELLOW - AGENCY PINK - AGENCY GOLD - DEFENDANT (N.T.A.'s ONLY)														
Name (Last, First, Middle) HAMAD WILLIAM PAUL										Alias (Name, DOB, Soc. Sec. #, Etc.)																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																									
Race W - White I - American Indian B - Black O - Oriental/Asian		Sex W		Date of Birth 10/5/1979		Height 5'10		Weight 180		Eye Color BROWN		Hair Color BROWN		Complexion MEDIUM		Build MEDIUM																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																			
Scars, Marks, Tattoos, Unique Physical Features (Location, Type, Description) SHOULDER										Marital Status MARRIED		Religion NONE		Indication of: Alcohol Influence Drug Influence				Y N Unk.																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																	
Local Address (Street, Apt. Number) 1016 PINEWOOD LANE										(City) GAHANNA		(State) OH		(Zip) 43230		Phone (614) 560-6374		Residence Type: 1. City 2. County				3. Florida 4. Out of State																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																													
Permanent Address (Street, Apt. Number) 1016 PINEWOOD LANE										(City) GAHANNA		(State) OH		(Zip) 43230		Phone (614) 560-6374		Address Source VERBAL																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																	
Business Address (Name, Street) 1016 PINEWOOD LANE										(City) GAHANNA		(State) OH		(Zip)		Phone (614) 560-6374		Occupation																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																	
D/L Number, State RP607123				Soc. Sec. Number [REDACTED]				INS Number				Place of Birth (City, State) AKARAN OHIO				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 (561) 420-0000																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																									
Address (Street, Apt. Number) 1016 PINEWOOD LANE										(City) GAHANNA		(State) OH		(Zip) 43230		Business Phone (614) 560-6374																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																			
Notified by: (Name) Parent										Date 4/27/2017		Time 8:30		Juvenile Disposition 1. Handled/processed within Dept. and Released. 2. TOT HRS / DYS 3. Incarcerated																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																					
Released To: (Name) Parent										Relationship				Date 4/27/2017				Time 8:30																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																	
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																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																									
CODE	Drug Activity 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/A A. Amphetamine	B. Barbiturate C. Cocaine E. Heroin	H. Hallucinogen M. Marijuana O. Opium/Derv.	P. Paraphernalia/ Equipment S. Synthetics	U. Unknown Z. Other																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																								
CHARGE	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 #																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																								
CHARGE	Drug Activity N	Drug Type N	Amount / Unit	Offense # 17-069707	Warrant / Capias Number				Bond																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																										
CHARGE	Charge Description RESISTING W/O Violence				Counts 1	Domestic Violence <input type="checkbox"/> Y <input checked="" type="checkbox"/> N	Statute Violation Number 843.02				Violation of ORD #																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																								
CHARGE	Drug Activity N	Drug Type N	Amount / Unit	Offense # 17-069707	Warrant / Capias Number				Bond																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																										
CHARGE	Charge Description				Counts	Domestic Violence <input type="checkbox"/> Y <input checked="" type="checkbox"/> N	Statute Violation Number				Violation of ORD #																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																								
CHARGE	Drug Activity	Drug Type	Amount / Unit	Offense #	Warrant / Capias Number				Bond																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																										
CHARGE	Charge Description				Counts	Domestic Violence <input type="checkbox"/> Y <input checked="" type="checkbox"/> N	Statute Violation Number				Violation of ORD #																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																								
CHARGE	Drug Activity	Drug Type	Amount / Unit	Offense #	Warrant / Capias Number				Bond																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																										
NOTICE TO APPEAR	Location (Court, Room Number, Address) SOUTH COUNTY COURT HOUSE 200 W. ATLANTIC AVE, DELRAY BEACH, FL 33444																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																		
NOTICE TO APPEAR	Court Date and Time Month MAY Day 25 Year 2017 Time 8:30 AM <input checked="" type="checkbox"/> 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) 4/27/2017 Date Signed																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																			
ADMIN	HOLD for other Agency Name: X			Signature of Arresting Officer SCANNED			Name Verification (Printed by Arrestee) SCANNED																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																												
	<input type="checkbox"/> Dangerous <input type="checkbox"/> Suicidal			<input type="checkbox"/> Resisted Arrest <input type="checkbox"/> Other: D/S SIEGEL			<input type="checkbox"/> Resisted Arrest <input type="checkbox"/> Other: D/S SIEGEL			I.D. # 12460			I.D. # 12460 Agency PBSO																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																						
	I.D. # 12460			Pouch #			Transporting Officer D/S SIEGEL			ID # 12460			Witness here if subject signed with an X 4/27/2017																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																						
	DISTRIBUTION: WHITE - COURT COPY GREEN - STATE ATTORNEY YELLOW - AGENCY PINK - AGENCY GOLD - DEFENDANT (N.T.A.'s ONLY)																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																		

OBTS Number		PROBABLE CAUSE AFFIDAVIT					1. Arrest 2. N.T.A.	3. Request for Warrant 4. Request for Capias	1	Juvenile	
ADMIN	Agency ORI Number FLO 500000	Agency Name PALM BEACH COUNTY SHERIFF'S OFFICE	Agency Report Number 06-17-069707								
	ChargeType: Check as many as apply: 1. Felony 2. Traffic Felony 3. Misdemeanor 4. Traffic Misdemeanor 5. Ordinance 6. Other			Special Notes:							
DEF	Name (Last, First, Middle) HAMAD WILLIAM PAUL			Alias			Race W	Sex M	Date of Birth 10/5/1979		
CHARGES	Charge Description DUI		Charge Description 316.193(1)		Charge Description RESISTING W/O		Charge Description 843.02				
VICTIM	Victim's Name (Last, First, Middle) STATE OF FLORIDA					Race	Sex	Date of Birth			
	Local Address (Street, Apt. Number)		(City)	(State)	(zip)	Phone ()	Address Source				
	Business Address (Name, Street)		(City)	(State)	(zip)	Phone ()	Occupation				
<p>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.</p> <p>The Person taken into custody</p> <p><input checked="" type="checkbox"/> committed the below acts in my presence.</p> <p><input type="checkbox"/> confessed to _____ admitting to the below facts.</p> <p><input type="checkbox"/> was observed by _____ who told _____ that he/she saw the arrested person commit the below acts.</p> <p><input checked="" type="checkbox"/> was found to have committed the below acts, resulting from my (described) investigation.</p>											
<p>On the <u>27</u> day of <u>APRIL</u> 20 <u>15</u> at <u>0115</u> <input checked="" type="checkbox"/> A.M. <input type="checkbox"/> P.M. (Specifically include facts constituting cause for arrest.)</p> <p>On above April 27 2017 I was dispatched to Military Trail and Hypoluxo reference a subject asleep at the wheel.</p> <p>Upon my arrival I noticed a white male subject later identified as William Hamad. I was able to wake William up. I told William Hamad to stay in his vehicle and went back to mine for a couple of seconds. I noticed William trying to exit his vehicle and again I told him to stay in his vehicle. William continued to get out of his vehicle. As I approached William and again told him to get back in his vehicle he began to take off towards the middle of the intersection of Hypoluxo Blvd and Military Trail. I took hold of William and tried to bring him back to his vehicle. William again tried to take off and I grabbed him and brought to the ground. Deputy Shears came to the seen and help me to secure William.</p> <p>I find there is probable cause for the arrest of William for resisting with out.</p> <p>William Hamad did resist, obstruct or oppose Deputy Siegel Id 12460 a law enforcement officer of the Palm Beach County Sheriff's Office in the execution of a legal process or in the lawful execution of a legal duty, without offering or doing violence to the person of such officer, contrary to Florida Statute 843.02</p>											
<p>STATE OF FLORIDA COUNTY OF PALM BEACH</p> <p>D/S SIEGEL <i>D/S Siegel</i> <u>14/6/20</u></p> <p>(Signature of Arresting/Investigative Officer)</p> <p>The foregoing instrument was sworn to or affirmed and subscribed before me this <u>27</u> day of <u>April</u> <u>17</u> by D/S SIEGEL</p> <p>(Print name of Arresting/Investigative Officer), who is personally known to me and/or produced identification. Type of identification: GRANT SIEGEL Notary Public - State of Florida Commission # FF 966154 My Comm. Expires 06/30/2020</p> <p>Notary Public, Clerk of Court, Officer (F.S.S. 11710)</p> <p><i>S. Siegel</i></p> <p>SCANNED <i>MAY 03 2017</i></p>											
ADMINISTRATIVE											

D.U.I. PROBABLE CAUSE AFFIDAVIT

ON THE 27 DAY OF APRIL 20 15, AT 0115 AM PM
SUBJECT: HAMAD WILLIAM PAUL CASE NUMBER: 17-069707
AGENCY: PALM BEACH COUNTY SHERIFF'S OFFICE ARRESTING OFFICER: D/S SIEGEL
PERSONAL CONTACT

DRIVING PATTERN: ACTUAL PHYSICAL CONTROL (PHYSICAL EVIDENCE OR STATEMENTS PUTTING DEF. BEHIND WHEEL OF VEHICLE)
I WAS DISPATCHED TO THE AREA OF S MILITARY TRL AND HYPOLUXO RD IN REFERECE TO A DRIVER ASLEEP AT THE WHEEL. UPON MY ARRIVAL I LOCATED A BLACK FORD UT FL TAG Y23CRW STOPPED IN THE LEFT TURN LANE OF THE NORTH BOUND LANES. THE VEHICLE WAS STOPPED BEYOND THE STOP BAR. THE VEHICLE DID NOT MOVE THROUGH AT LEAST ONE CYCLE OF THE LIGHT. AS I APPROACHED THE VEHICLE I COULD SEE THE DRIVER WHO WAS LATER IDENTIFIED BY A OHIO DRIVER'S LICENSE. THE VEHICLE HAD THE KEYS IN THE IGTION AND WAS ON WITH THE MOTOR RUNNING. THE VEHICLE WAS IN DRIVER AND THE DRIVER HAD HIS FOOT ON THE BRAKE.

OBSERVATION OF DRIVER:

Upon my arrival I noticed William in the drivers seat. His eyes were closed with his head back. As I approached the vehicle I could see the drivers window was partially open. When I came up to the vehicle I noticed it was still in drive. I could smell a strong odor of a unknown alcoholic beverage coming from his person. I tapped him on his shoulder to try to wake him up. When this did not work I opened the drivers door and put the vehicle in park. I tapped William again and he woke up. I asked him several times to shut the vehicle off which he did not do. I reached in the vehicle shut the vehicle off, took the keys from the ignition and placed them on the roof of the vehicle. When I asked William his name he slurred his words. Palm Beach County Fire Rescue 43 arrived and checked William's blood to see if he was in a diabetic state. According to PBCFR William's blood sugar was withing the normal range. I told William to stay in his vehicle and went back to mine for a couple of seconds. I noticed William trying to exit his vehicle and again I told him to stay in his vehicle. William continued to get out of his vehicle. As I approached William and again told him to get back in his vehicle he began to take off towards the middle of the intersection of Hypoluxo Blvd and Military Trail. I took hold of William and tried to bring him back to his vehicle. William again tried to take off and I grabbed him a brought to the ground. Deputy Shears came to the scene and help me with William. As we brought him to his feet William was swaying and could barley stand. I called PBCFR rescue back to check to evaluate William. When he was stood up he swayed on his feet. While walking William stumbled and needed assistance to walk straight without falling over.

DRIVER'S STATEMENTS:

While at the hospital, in the presence of D/S C. Ward while being evaluated by the Emergency Room staff William advised them that he had a few drinks. When they asked him if he had taken Xanax he stated that he had.

ODORS:

I could smell the odor of an unknown alcoholic beverage, based on my training and experience, that came from William and intensified as he spoke to me.

GENERAL OBSERVATIONS

SPEECH: Slurred, slow, incoherent

ATTITUDE: Resisting

CLOTHING: Green Tee Shirt, Black Pants with Red Stripes, and Black Sneakers

MEDICAL/OTHER: The defendant was asleep at the wheel and was evaluated by PBCFR. They stated that he was stable and did not need evaluation. William was transported to Delray Emergency Clinic for cut to his chin which was given three stitches.

STATE OF FLORIDA
COUNTY OF PALM BEACH

D/S SIEGEL

(Signature of Arresting/Investigative Officer)

The foregoing instrument was sworn to or affirmed and subscribed before me this 27 day of April 2017 by D/S P. Siegel # 12460

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

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



SCANNED
MAY 03 2017

SUBJECT: HAMAD WILLIAM PAUL CASE NUMBER 17-069707

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:

Not Completed

WALK & TURN:

Not Compelled

ONE LEG STAND:

Not Completed

FINGER TO NOSE:

Not Completed

ROMBERG ALPHABET:

Not Completed

BREATH TEST RESULTS: (1) (2) (3) (4)

**STATE OF FLORIDA
COUNTY OF PALM BEACH**

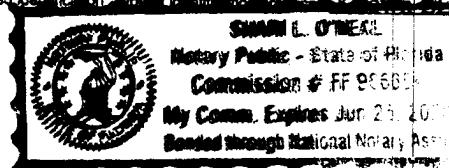
D/S SIEGEL

(Signature of Arresting/Investigative Officer)

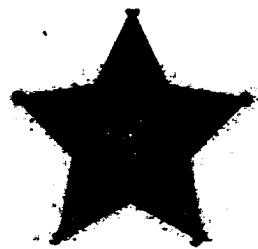
The foregoing instrument was sworn to or affirmed and subscribed before me this 27 day of April 2017 by D/S P. Siegel # 12460

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

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



**SCANNED
MAY 03 2017**



PALM BEACH COUNTY SHERIFF'S OFFICE
DUI TESTING FACILITY
INFORMATION SHEET

PBSO CASE # 17-069707 PBSO ZONE 6-31

AGENCY CASE # 17-069707 CRASH CASE #

TIME OF STOP/CRASH 0115 DATE 4/27/2017 DAY 4

SUBJECT'S NAME HAMAD WILLIAM PAUL RACE W SEX M

HGT 5'10 WGT 180 DOB 10/5/1979

LOCATION HYPOLUXO RD/S MILITARY TRL PBC

ARRESTING OFFICER'S NAME & ID D/S SIEGEL AGENCY PBSO

DIVISION: 6 NOTIFIED BY COMMO yes

ARRIVAL AT FACILITY 0350

ARREST TIME 0205

BREATH RESULTS:

1)	
2)	
3)	
4)	

TESTING OFFICER'S ID 1212 PBSO VIDEOTAPE # 12529

SCANNED
MAY 03 2017

STATE OF FLORIDA
DEPARTMENT OF HIGHWAY SAFETY & MOTOR VEHICLES
AFFIDAVIT OF REFUSAL TO SUBMIT TO
BREATH AND/OR URINE TEST

I, Deputy Siesel 12460, a duly certified Law Enforcement Officer or Correctional Officer,
(Name of Officer reading Implied Consent Warning)

am a member of Palm Beach County Sheriff's Office, and I do swear
(Name of law enforcement agency)

or affirm that on or about the 27 day of April, 20 17, at 0205 P.M. A.M.

DRIVER Willie Paul Harris,
(Type or Print) FIRST NAME MIDDLE OR MAIDEN NAME LAST NAME

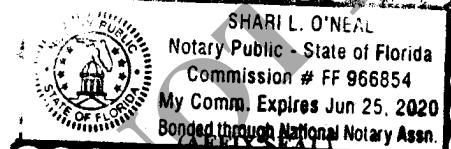
DL# RP 607123, state of Ohio, was placed under lawful arrest for
the offense of DUI by Deputy Siesel and
issued Citation # A180441CP (Name of Arresting Officer)

That on or about the 27 day of April, 20 17, at 0424 P.M. A.M.
in Palm Beach County,

I requested that the driver submit to a breath and/or urine test to determine his or her blood alcohol level and/or the presence of chemical or controlled substances. I informed the driver that the refusal to submit to such test(s) would result in the suspension of his or her driving privilege for a period of one (1) year for a first refusal, or for a period of eighteen (18) months if his or her driving privilege had been previously suspended for refusing to submit to a breath, urine or blood test. I also informed the driver that he or she commits a misdemeanor by refusing to submit to a lawful test as requested above if his or her driving privilege has been previously suspended for refusal to submit to a lawful test of his or her breath, urine, or blood. Additionally, I informed the driver that if he or she holds a CDL, or was operating a CMV, refusal will result in the disqualification of the Commercial Driver's License/driving privilege for a period of one (1) year in the case of a first refusal or permanently if he or she has previously been disqualified as a result of a refusal to submit to any such lawful test. Nonetheless, the driver refused to submit to the test(s) requested.

1/6 12460
Signature of Law Enforcement Officer or
Correctional Officer

THE AFFIDAVIT MUST BE NOTARIZED OR ATTESTED TO (F.S. 117.10)



The foregoing instrument was sworn and subscribed before

me this 27 day of April, 20 17,

by _____,

who is personally known to me or who has produced

ID as identification

Notary Public S. O'Neal

HSMV-BAR1001 (REV. 10/2016)

The foregoing instrument was sworn and subscribed before me:

Signature of Attesting Officer

Title _____

Date _____

Note: Mail or hand deliver to the designated Bureau of Administrative Reviews office, Department of Highway Safety and Motor Vehicles, with the driver's license, the appropriate copy of the UTC, and the probable cause affidavit.

SCANNED
MAY 03 2017

WITNESS LIST

17-069707

CASE NUMBER:

ARRESTING OFFICER: **D/S SIEGEL**

ADDRESS: 3228 GUN CLUB RD WEST PALM BEACH BEACH FL 33406

PHONE NUMBERS (HOME): _____ (WORK) 561-688-3000

CAN TESTIFY TO: WHEEL WITNESS AND ACTIONS

NAME: DEPUTY SHEARS 7047

ADDRESS: 3228 GUN CLUB RD WEST PALM BEACH BEACH FL 33406

PHONE NUMBERS (HOME) _____ (WORK) 561-688-3000

CAN TESTIFY TO: BACK OF OFFICER AND ASSISTED WITH RESTRANING THE DEFENDANT ALSO HE DID THE TOW ON THE VEHICLE

NAME: DEPUTY WARD 16305

ADDRESS 3228 GUN CLUB RD WEST PALM BEACH BEACH FL 33406

PHONE NUMBERS (HOME) _____ (WORK) 561-688-3000

CAN TESTIFY TO: STATEMENTS DEFENDENT SAID IN THE HOSPITAL. HIS SLURRED SPEECH AND HAVING A HARD TIME STANDING

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) _____

CAN TESTIFY TO: _____

SCANNED
MAY 5 2011

TESTING FACILITY TASK REPORT

AGENCY: PA DATE 07/21/01 # 12460

SUBJECT: Hunt, William P.

DATE: 04-27-01

BEGINNING TIME: 0422hr

BREATH TESTS RESULTS: 1 TIME 0424 A.M. P.M. 2) TIME 0425 A.M./P.M.

TIME 0425 A.M./P.M. 4) TIME 0425 A.M./P.M.

BREATH OPERATOR: S. C. Neal # 6212

MAINTENANCE TECHNICIAN: D/S J. Morris # 6467

TESTING OFFICER'S OBSERVATIONS

SPEECH: Very Slurred & Slurred

ATTITUDE: Com. Cooperative

CLOTHING: Light - Gray, Light - Blue

MEDICAL CONDITIONS: —

MEDICATIONS: —

OTHER: Eyes Red & Glossy Face Red, Blue / Scar

20 min. observation done by A10 Siegel # 12460

Dexterity: Unsteady, Unstable, Slurring

COMMENTS: A10 requested the breath test on comr.

D refused the request.

A10 read the rights except on comr.

D understood the IR, I then refused the breath request.

CIV read on comr. Q&A conducted.

L was slurring and slurring twice trying to stand on the yellow X.

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: Henry, W. L.

CASE NUMBER: 17-064107

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: John J. Dwyer

WHITE - STATE ATTY.

YELLOW - DHSMV

PINK - CENTRAL RECORDS

GOLD - JAIL