

ARREST / NOTICE TO APPEAR
Juvenile Referral Report

1. Arrest 3. Request for Warrant
2. N.T.A. 4. Request for Capias
3 Juvenile

ADMINISTRATIVE	OBTS Number	DRPO		Agency ORI Number		Agency Name		Agency Report Number (N. T.A.'s only)		
	FLO 500400		DELRAY BEACH POLICE DEPARTMENT							
	Charge Type: Check as many as apply.	<input type="checkbox"/> 1. Felony <input checked="" type="checkbox"/> 2. Traffic Felony	<input type="checkbox"/> 3. Misdemeanor <input type="checkbox"/> 4. Traffic Misdemeanor	<input type="checkbox"/> 5. Ordinance <input type="checkbox"/> 6. Other	Weapon Seized / Type	2	1. Yes 2. No	Multiple Clearance Indicator	01	
Location of Arrest (Including Name of Business)					Location of Offense (Business Name, Address)					
Warrant Request					551 SOUTH SR 807					
Date of Arrest	Time of Arrest	Booking Date	Booking Time	Jail Date	Jail Time	Location of Vehicle				
Warrant Request	N/A					Beck's Towing (Phone# 561-369-1096)				
Name (Last, First, Middle)					Alias (Name, DOB, Soc. Sec. #, Etc.)					
WHEELER, CHRISTOPHER, C										
Race	Sex	Date of Birth	Height	Weight	Eye Color	Hair Color	Complexion	Build		
W - White I - American Indian B - Black O - Oriental/Asian	W	M	08/13/46	506	160	Hazel	Brown	Light	Medium	
Scars, Marks, Tattoos, Unique Physical Features (Location, Type, Description)					Marital Status	Religion	Indication of: Alcohol Influence Y N Unk. Drug Influence <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>			
NONE OBSERVED					Married	Unknown				
Local Address (Street, Apt. Number)					(City)	(State)	(Zip)	Phone	Residence Type:	
7 SANDPIPER DRIVE					VILLAGE OF GOLF	FL	33436	(561) 736-4547	1. City 3. Florida 2. County 4. Out of State	
Permanent Address (Street, Apt. Number)					(City)	(State)	(Zip)	Phone	Address Source	
7 SANDPIPER DRIVE					VILLAGE OF GOLF	FL	33436	(561) 736-4547	FL DL/ID CARD	
Business Address (Name, Street)					(City)	(State)	(Zip)	Phone	Occupation	
Unknown								(561) 241-7400	ATTORNEY	
D/L Number, State		Soc. Sec. Number		INS Number		Place of Birth (City, State)		Citizenship		
W-460-103-46-293-0 FL						BUFFALO, NY		USA		
Co-Defendant Name (Last, First, Middle)					Race	Sex	Date of Birth	<input type="checkbox"/> 1. Arrested <input type="checkbox"/> 3. Felony <input type="checkbox"/> 2. At Large <input type="checkbox"/> 4. Misdemeanor <input type="checkbox"/> 5. Juvenile		
NONE										
Co-Defendant Name (Last, First, Middle)					Race	Sex	Date of Birth	<input type="checkbox"/> 1. Arrested <input type="checkbox"/> 3. Felony <input type="checkbox"/> 2. At Large <input type="checkbox"/> 4. Misdemeanor <input type="checkbox"/> 5. Juvenile		
Name (Last, First, Middle)					Residence Phone					
Address (Street, Apt. Number)					(City)	(State)	(Zip)	Business Phone		
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					Drug Type		B. Barbiturate C. Cocaine E. Heroin			
N. N/A S. Sell P. Possess T. Traffic					M. Manufacture/ Z. Other Produce/ Cultivate		H. Hallucinogen M. Marijuana O. Opium/Deriv.			
R. Smuggle D. Deliver E. Use					K. Dispense/ Distribute		P. Paraphernalia/ Equipment S. Synthetics			
Charge Description					Counts	Domestic Violence	Statute Violation Number		Violation of ORD #	
DRIVING UNDER THE INFLUENCE W/INJURY					1	<input type="checkbox"/> Y <input checked="" type="checkbox"/> N	316.193			
Drug Activity	Drug Type	Amount / Unit	Offense #		Warrant / Capias Number		Bond			
N	N	N	04-35170							
Charge Description					Counts	Domestic Violence	Statute Violation Number		Violation of ORD #	
						<input type="checkbox"/> Y <input type="checkbox"/> N				
Drug Activity	Drug Type	Amount / Unit	Offense #		Warrant / Capias Number		Bond			
Charge Description					Counts	Domestic Violence	Statute Violation Number		Violation of ORD #	
						<input type="checkbox"/> Y <input type="checkbox"/> N				
Drug Activity	Drug Type	Amount / Unit	Offense #		Warrant / Capias Number		Bond			
Charge Description					Counts	Domestic Violence	Statute Violation Number		Violation of ORD #	
						<input type="checkbox"/> Y <input type="checkbox"/> N	FEB 01 2005			
Drug Activity	Drug Type	Amount / Unit	Offense #		Warrant / Capias Number		Bond			
Instruction No. 1 Mandatory Appearance in Court					Location (Court, Room Number, Address)					
Instruction No. 2 You need not appear in Court but must comply with instructions on Reverse Side.					FELONY DIVISION					
Month					Day		Year		Time	
									A.M. <input type="checkbox"/> P.M. <input type="checkbox"/>	
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		Name Verification (Printed by Arrestee)			
					X		(PRINT)			
<input type="checkbox"/> Dangerous <input type="checkbox"/> Resisted Arrest <input type="checkbox"/> Suicidal <input type="checkbox"/> Other:					Name of Arresting Officer (Print)		I.D. #		PAGE	
					V. GRAY		613			
Intake Deputy		I.D. #	Pouch #	Transporting Officer		ID #	Agency		Witness here if subject signed with an -X"	
									1 OF 1	

ADMIN

PROBABLE CAUSE AFFIDAVIT

1. Arrest
2. N.T.A. 3. Request for Warrant
4. Request for Capias

Juvenile 3

ADMIN	OBTS Number	Agency ORI Number FLO500400		Agency Name DELRAY BEACH POLICE DEPARTMENT	Agency Report Number 04-35170
	Charge Type: Check as many as apply.	<input type="checkbox"/> 1. Felony <input checked="" type="checkbox"/> 2. Traffic Felony	<input type="checkbox"/> 3. Misdemeanor <input type="checkbox"/> 4. Traffic Misdemeanor	<input type="checkbox"/> 5. Ordinance <input type="checkbox"/> 6. Other	Special Notes:

DEF	Name (Last, First, Middle) WHEELER, CHRISTOPHER, C	Alias	Race W	Sex M	Date of Birth 08/13/46
	Charge Description DRIVING UNDER THE INFLUENCE W/INJURY	Charge Description	Charge Description	Charge Description	Charge Description

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		

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.
 The Person taken into custody
 committed the below acts in my presence. was observed by _____ who told _____ that he/she saw the arrested person commit the below acts.
 confessed to _____ admitting to the below facts. was found to have committed the below acts, resulting from my (described) investigation.
 On the **15TH** day of **December** 20 **04** at **10:56** A.M. P.M. (Specifically include facts constituting cause for arrest.)

ON 12-15-04, @ 10:56 PM, I RESPONDED TO A TWO VEHICLE TRAFFIC CRASH INVOLVING SERIOUS INJURY, LOCATED AT 551 SR 807, IN THE CITY OF DELRAY BEACH, PALM BEACH COUNTY, FLORIDA. (SEE CRASH REPORT)

I APPROACHED THE DEFENDANT WHO WAS IN PHYSICAL CONTROL OF HIS VEHICLE. THE VICTIM IN THIS CASE, PROSPERE MEDE, WAS REAR ENDED AND TRAPPED INSIDE HIS VEHICLE AS PARAMEDICS RENDERED AID. I MADE CONTACT WITH PARAMEDIC PERSONNEL WHO REPORTED THAT THE DEFENDANT APPEARED IMPAIRED AND REEKED THE ODOR OF AN ALCOHOLIC BEVERAGE WHILE THEY TREATED HIM FOR A HEAD WOUND. I ALSO HEARD THE DEFENDANT SPEAK WITH VERY SLURRED SPEECH, DETECTED AN ODOR OF AN ALCOHOLIC BEVERAGE COMING FROM HIS BREATH, AND SAID HE CAME FROM THE BOCA RATON HOSPITAL CHRISTMAS BALL. ADDITIONALLY, THE DEFENDANTS WIFE, DEANNA WHEELER, WAS FOLLOWING HER HUSBAND AND TOLD ME THAT HER HUSBAND HAD TAKEN OFF FROM THE RED LIGHT AT 1000 SOUTH CONGRESS AVE AT A HIGH RATE OF SPEED FOR UNKNOWN REASONS AND HAD BEEN DRINKING. MOMENTS LATER, HE STRUCK THE VEHICLE AHEAD OF HIM. SHE THEN TOLD ME THAT HER HUSBAND SHOULDN'T HAVE BEEN DRIVING AND EXPRESSED CONCERNS FOR THE VICTIM STILL TRAPPED IN HIS CAR.

I REQUESTED THAT THE DEFENDANT SUBMIT TO AN APPROVED TEST OF HIS BLOOD FOR DETERMINING HIS ALCOHOL CONTENT. THE DEFENDANT AGREED AND SAID HE WOULD SUBMIT. AT 11:13 PM, I INSTRUCTED DBFD PARAMEDIC MICHAEL RODRIGUEZ TO WITHDRAW THE BLOOD SAMPLE USING A LAW ENFORCEMENT BLOOD KIT THAT WAS PROVIDED, FILLING BOTH GRAY TOPPED VIALS. THIS SAMPLE WAS LATER TRANSPORTED TO THE PBSO TOXICOLOGY LAB FOR ANALYSIS.

ON 1-28-05, I RECEIVED THE TOXICOLOGY REPORT FROM THE LAB. THESE RESULTS INDICATED THAT THE DEFENDANT HAD AN UNLAWFUL BLOOD ALCOHOL LEVEL OF .203% AND .207%.

BASED UPON THE AFOREMENTIONED, THE DEFENDANT IS THUS CHARGED WITH DUI INVOLVING INJURY TO ANOTHER, PURSUANT TO FSS 316.193.

FEB 01 2005

ADMINISTRATIVE	SWORN AND SUBSCRIBED BEFORE ME	SIGNATURE OF ARRESTING / INVESTIGATING OFFICER	
	<i>Sgt. R. Dunderow</i>	<i>V. GRAY</i>	
	NOTARY PUBLIC / CLERK OF COURT / OFFICER (F.S.S. 117.10)	NAME OF OFFICER (PLEASE PRINT)	
	1/31/05	1/31/05	PAGE 1 OF 1
	DATE	DATE	

DELRAY BEACH POLICE DEPARTMENT NARRATIVE REPORT FORM

INCIDENT NUMBER (YY-####)	04-35170	DATE (MM/DD)	12/15	OFFICER ID NUMBER	692
OFFENSE CHANGE	VICTIM NAME	<input type="checkbox"/> Continuation <input checked="" type="checkbox"/> Supplement		DATE OF SUPPLEMENT	
				12/16/04	
<input type="checkbox"/> CLEARED <input type="checkbox"/> ARRESTED <input type="checkbox"/> EXCEPTIONALLY			NEW DISPOSITION <input type="checkbox"/> UNFOUNDED <input type="checkbox"/> ADULT <input type="checkbox"/> JUVENILE		
			<input type="checkbox"/> INACTIVE <input type="checkbox"/> CLOSED		

NARRATIVE

I responded to the 500 block S. Congress Ave to assist Ofc. Gray with a traffic crash. I made contact with one of the drivers, Christopher Wheeler. Wheeler was in the drivers seat of his black Lexus (FL tag U72-WXP). The keys were in the ignition and the engine was on. I asked Wheeler what happened, and he stated, "I don't know, a car came out of nowhere." Wheeler's eyes were bloodshot and glassy, his speech was slurred and there was a strong odor of an alcoholic beverage on his breath. I asked Wheeler if he had anything to drink, and he said he had a couple of glasses of wine at dinner. Ofc. Gray then arrived and took over the investigation.

FEB 01 2005

--- If the victim(s), arrested, etc. are new to the case or they have not previously had a status report completed, please fill one out for each for computer entry.

Additional Forms Used <input type="checkbox"/> Property Status <input type="checkbox"/> Booking Arrest <input type="checkbox"/> Vic/MW/Veh Status	Officer Name Signature / Print	FT O Init./ID# Supervisor Init./ID#
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[Handwritten Signature]

Silverman