

J-0141197

20093660 P-1454

ARREST / NOTICE TO APPEAR

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

1

JUVENILE

Agency ORI Number 0501700	Agency Name Jupiter Police Department	Agency Report Number (N.T.A.'s only) 5 4 20-000948
Charge Type: Check as many <input type="checkbox"/> 1. Felony <input type="checkbox"/> 2. Traffic Felony	<input checked="" type="checkbox"/> 3. Misdemeanor <input checked="" type="checkbox"/> 4. Traffic Misdemeanor	<input type="checkbox"/> 5. Ordinance <input type="checkbox"/> 6. Other
Location of Arrest (Including Name of Business) 800 BLK W 706, JUPITER 33458		Location of Offense (Business Name, Address) 899 W INDIANTOWN RD/S PENNOCK LN, JUPITER, FL 3
Date of Arrest 03/01/2020	Time of Arrest 01:02	Booking Date 03/01/2020
Booking Time 01:12	Jail Date	Jail Time TOT DAUGHTER
Name (Last, First, Middle) COOK, BRIAN MICHAEL		
Alias: COOK, BRIAN MICHAEL		
Race W - White B - Black	Sex M	Date of Birth 11/12/1970
Height 5'11	Weight 180	Eye Color BROWN
Hair Color BROWN	Complexion FAIR	Build 2
Local Address (Street, Apt. Number) 6295 RIVERWALK LN, JUPITER, FL 33458		Phone (561) 222-0999
Permanent Address (Street, Apt. Number) 6295 RIVERWALK LN, JUPITER, FL 33458		Phone (561) 222-0999
Business Address (Name, Street) NONE		Occupation None
D/L Number, State C200073704124 / FL	INS Number	Place of Birth (City, State) GOLDSBOR, NC
Citizenship US		
Co-Defendant Name (Last, First, Middle)	Race	Sex
Co-Defendant Name (Last, First, Middle)	Race	Sex
Name (Last, First, Middle)		Residence Phone
Address (Street, Apt. Number)		Business Phone
Notified by: (Name)	Date	Time
Relationship	Date	Time
The above address was provided by <input type="checkbox"/> defendant and/or <input type="checkbox"/> defendant's parents. The child and/or parent was told to keep the Juvenile Court Clerk's Office (Phone 355-2526) informed of any change of address.		School Attended
Property Crime? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Description of Property
Drug Activity S. Sell N. N/A P. Possess		R. Smuggle D. Deliver E. Use
K. Disperse/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. Synthetic		U. Unknown Z. Other
Charge Description DUI - DRIVING UNDER INFLUENCE		Statute Violation Number 316.193(1)(A)
Drug Activity	Drug Type	Amount / Unit
N		
Offense #	Counts	Domestic Violence
	I	<input type="checkbox"/> Y <input checked="" type="checkbox"/> N
Charge Description		Statute Violation Number
Drug Activity	Drug Type	Amount / Unit
Offense #	Counts	Domestic Violence
		<input type="checkbox"/> Y <input type="checkbox"/> N
Health / Apparent Physical Condition of Defendant		Any knowledge of the following: <input type="checkbox"/> Mental <input type="checkbox"/> Escape Risk <input type="checkbox"/> Medication <input type="checkbox"/> Deformities
Check which applies: <input type="checkbox"/> Released O.R. <input type="checkbox"/> Released to Parent/Guardian <input type="checkbox"/> T.O.T. County Jail		PROPERTY - Received By
<input type="checkbox"/> Posted Bond <input type="checkbox"/> South County Mental Health		Released By
Transported By		Date Transported
		Time Transported
<input checked="" type="checkbox"/> INSTRUCTION NO. 1 - Mandatory appearance in court		Location (Court, Room) North County PALM BEACH GARD
<input type="checkbox"/> INSTRUCTION NO. 2 - You need not appear in Court but must comply with instructions on Page 2.		Court Date and Time 04/01/2020 08:30:00
I AGREE TO APPEAR AT THE TIME AND PLACE DESIGNATED TO ANSWER THE OFFENSE CHARGED OR TO PAY THE FINE SUBSCRIBED. I UNDERSTAND THAT SHOULD I WILLFULLY FAIL TO APPEAR BEFORE THE COURT AS REQUIRED BY THIS NOTICE TO APPEAR, THAT I MAY BE HELD IN COMTEMPT OF COURT AND A WARRANT FOR MY ARREST SHALL BE ISSUED.		Phone Available
Signature of Defendant (or Juvenile and Parent/Custodian)		Date Signed 3/1/2020
Signature of Arresting Officer		Name Verification (Printed by Arrestee)
Name of Arresting Officer (Print) BORROWS, ANDREW		I.D. # 1138
Transporting Officer OFC A BORROWS		I.D. # 380
Agency JPD		Witness here if subject signed with an "X"

SCANNED
MAR 01 2020
11:05 AM

PROBABLE CAUSE AFFIDAVIT

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

1

JUVENILE

OBTS Number	Agency ORI Number FL 0501700		Agency Name JUPITER POLICE DEPARTMENT	Agency Report Number 5 4 20-000948
Charge Type: Check as many as apply.	<input type="checkbox"/> 1. Felony	<input type="checkbox"/> 2. Traffic Felony	<input type="checkbox"/> 3. Misdemeanor	<input checked="" type="checkbox"/> 4. Traffic Misdemeanor
	<input type="checkbox"/> 5. Ordinance	<input type="checkbox"/> 6. Other	Special Notes:	
Name (Last, First, Middle) COOK, BRIAN MICHAEL	Alias	Race W	Sex M	Date of Birth 11/12/1970
Charge Description DUI 316.193(1)(A)	Charge Description			
Victim's Name (Last, First, Middle) State Of Florida	Race	Sex	Date of Birth	
Local Address (Street, Apt. Number)	(City)	(State)	(Zip)	Phone
Business Address (Name, Street)	(City)	(State)	(Zip)	Phone

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 _____ 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 1 day of March, 2020 at 01:02 (Specifically include facts constituting cause for arrest.)

On the above date at approximately 0102 hours, Sergeant Panczak observed a 2015 Ford bearing Florida license plate 67EYT driving erratically in the area of West Indiantown Road and Pennock Lane in the Town of Jupiter, Palm Beach County Florida.

Sergeant Panczak observed the vehicle strike a curb and have difficulty maintaining a lane and initiated a traffic stop. Sergeant Panczak advised me the driver, Brian Cook, appeared to be very impaired and asked me to conduct a DUI investigation. Please see Sergeant Panczak's supplemental PC affidavit for specifics of the stop.

I arrived a short time after Sergeant Panczak conducted his stop. Cook was standing outside his vehicle. Cook was leaning against his vehicle. Cook appeared to be extremely unsteady on his feet. I watched as Cook lost his balance stumbled several times while standing still. I setup my vehicle immediately behind Cook's to conduct a DUI investigation.

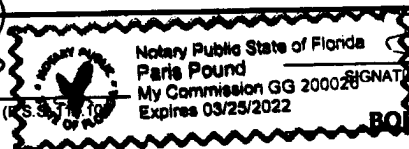
I asked Cook to walk to the front of my vehicle. Cook had an extremely unsteady gait and was unsteady on his feet. Cook had bloodshot glassy eyes and a very strong odor of an unknown alcoholic beverage on his breath. Cook denied drinking at all. Cook agreed to complete roadsides.

I first conducted Horizontal Gaze Nystagmus. I am a certified Drug Recognition Expert and conducted the task in a manner consistent with my training. I observed lack of smooth pursuit and distinct and sustained nystagmus at maximum deviation in both of Cook's eyes. I was unable to observe onset prior to 45 degrees as Cook kept moving his head in spite of my constant instructions not to. I did not observe vertical gaze nystagmus.

I then conducted the walk and turn task. Cook lost his balance from the starting

SWORN AND SUBSCRIBED BEFORE ME

[Signature]
 NOTARY PUBLIC / CLERK OF COURT / OFFICER (R.S.S. 718.10)
 03/01/2020
 DATE



[Signature]
 SIGNATURE OF ARRESTING / INVESTIGATING OFFICER
BORROWS, ANDREW (1138)
 NAME OF OFFICER (PLEASE PRINT)
 03/01/2020
 DATE

PROBABLE CAUSE AFFIDAVIT
SUPPLEMENT

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

1

JUVENILE


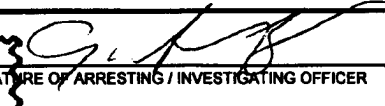
A D M I N I S T R A T I V E	Agency ORI Number FL 0501700		Agency Name JUPITER POLICE DEPARTMENT		Agency Report Number 5 4 20-000948	
	Charge Type: Check as many as apply. <input type="checkbox"/> 1. Felony <input type="checkbox"/> 2. Traffic Felony		<input type="checkbox"/> 3. Misdemeanor <input checked="" type="checkbox"/> 4. Traffic Misdemeanor		<input type="checkbox"/> 5. Ordinance <input type="checkbox"/> 6. Other	

D E F	Name (Last, First, Middle) COOK, BRIAN MICHAEL			Alias	Race W	Sex M	Date of Birth 11/12/1970
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position more than once. Cook started the task but had great difficulty as he started walking, stumbling as he did. Cook then refused to continue and said "let's go." I asked Cook if he was refusing. Cook said he was. I advised Cook of his Taylor Warnings which Cook stated he understood. Cook refused to continue. I placed Cook under arrest as he was obviously profoundly impaired and I had probable cause for DUI. I secured Cook in handcuffs which I checked Cook in handcuffs which I checked for spacing and double locked. I transported Cook to the Palm Beach County Breath Alcohol Testing Center. Cook appeared to fall asleep during transport. Upon arrival, I conducted a 20 minute observation period. I then requested Cook provide a sample of his breath. Cook refused. I read Implied Consent to Cook which he stated he understood. Cook again refused to provide a sample of his breath. I then read Cook his Miranda Rights and he declined interview questions.

I secured Cook in a holding cell and completed my paperwork. I then booked Cook into the Palm Beach County Jail where I charged him with DUI per Florida State Statute 316.193(1)(A). My on scene investigation was captured on my issued body worn camera. later uploaded my dash camera to evidence.com for future use in this case.

NOT A CERTIFIED COPY

A D M I N I S T R A T I V E	SWORN AND SUBSCRIBED BEFORE ME			
	NOTARY PUBLIC / CLERK OF COURT / OFFICER (K.S.A. 10)			
	03/01/2020 DATE		SIGNATURE OF ARRESTING / INVESTIGATING OFFICER BORROWS, ANDREW (1138) NAME OF OFFICER (PLEASE PRINT)	
			03/01/2020 DATE	

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

I, Ofc. A. Borrows 380 /1138, a duly certified Law Enforcement Officer or Correctional Officer,
(Name of Officer reading Implied Consent Warning)

am a member of Jupiter Police Department, and I do swear
(Name of law enforcement agency)

or affirm that on or about the 1st day of March, 20 20, at 0116 P.M. A.M.

DRIVER Brian Michael Cook,
(Type or Print) FIRST NAME MIDDLE OR MAIDEN NAME LAST NAME

DL# C-200-073-70-412-4, state of Florida, was placed under lawful arrest for

the offense of DUI by Ofc. A. Borrows 380 /1138 and
(Name of Arresting Officer)

issued Citation # ADB98BE

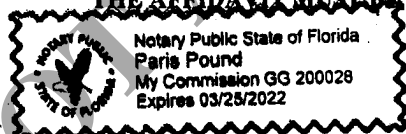
That on or about the 1st day of March, 20 20, at 0212 P.M. A.M.

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.

Signature of Law Enforcement Officer or Correctional Officer

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



(AFFIX SEAL)

The foregoing instrument was sworn and subscribed before me:

The foregoing instrument was sworn and subscribed before

me this 1st day of March, 20 20,

by Ofc. A. Borrows 380 /1138,

who is personally known to me or who has produced

Personally Known as identification

Notary Public

HSMV-BAR1001 (REV. 10/2016)

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
MAR 01 2020

SUBJECT: COOK, BRIAN M CASE NUMBER: 20-000948

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: A. BULLOCK JR

SCANNED
MAR 01 2020

SUBJECT: COOK, BRIAN M CASE NUMBER: 20-000048

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) _____

Read on Camera

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
MAY 01

TESTING FACILITY TASK REPORT

AGENCY: JPD
 SUBJECT: COOK, BRIAN M CASE NUMBER: 20-044124
 DATE: 03/01/20 VIDEO TAPE NUMBER: n/a
 BEGINNING TIME: 02:11 ENDING TIME: 02:14
 BREATH TESTS RESULTS: 1) n/a TIME 02:11 (A.M./P.M.) 2) n/a TIME --- A.M./P.M.
 3) n/a TIME --- A.M./P.M. 4) n/a TIME --- A.M./P.M.
 BREATH OPERATOR: P. [unclear] #2107
 MAINTENANCE TECHNICIAN: J. [unclear] #040

TESTING OFFICER'S OBSERVATIONS

SPEECH: [unclear]
 ATTITUDE: [unclear]
 CLOTHING: [unclear]
 MEDICAL CONDITIONS: [unclear]
 MEDICATIONS: [unclear]
 OTHER: [unclear]

COMMENTS: ARRIVED AT CENTER AT 02:11 DELAY THE 20
MINUTE OBSERVATION PERIOD AT 02:14

REFUSED TO TAKE TEST.

n/a

REFUSED TO SIGN TEST RESULTS

[unclear]

[unclear]

[unclear]

REFUSED

REFUSED TO COMPLY

REFUSED

NOT A CERTIFIED COPY

SCANNED
 MAR 01 2020

WITNESS LIST

CASE NUMBER: 20-000948

ARRESTING OFFICER: Ofc. A. Borrows 380 /1138

ADDRESS: 210 Military Trl. Jupiter, FL 33458

PHONE NUMBERS (HOME): _____ (WORK) (561) 746-6201

CAN TESTIFY TO: PC

NAME: Sergeant Brian Panczak

ADDRESS: 210 Military Trl. Jupiter, FL 33458

PHONE NUMBERS (HOME) _____ (WORK) (561) 746-6201

CAN TESTIFY TO: Supp PC / stopping officer

NAME: Officer Branden Zeseut

ADDRESS 210 Military Trl. Jupiter, FL 33458

PHONE NUMBERS (HOME) _____ (WORK) _____

CAN TESTIFY TO: Scene

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 _____

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CAN TESTIFY TO: _____

NAME: _____

ADDRESS _____

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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
MAR 01 2020



Palm Beach County Sheriff's Office – Arrests Only

	X	Florida State Statute	Description	Page Number(s)
L/E Exemptions	<input type="checkbox"/>	119.071(2)(d)	Surveillance techniques, procedures and personnel; inventory of law enforcement resources, policies or plans pertaining to mobilization deployment or tactical operations.	
	<input type="checkbox"/>	943.053, 943.0525	NCIC/FCIC/FBI and in-state FDLE/DOC.	
	<input type="checkbox"/>	119.071(4)(c)	Undercover personnel.	
	<input type="checkbox"/>	119.071(2)(f)	Confidential Informants (CIs).	
	<input type="checkbox"/>	119.071(2)(e)	Confession.	
Public Info. Exemptions	<input type="checkbox"/>	985.04(1)	Juvenile offender records.	
	<input type="checkbox"/>	119.071(h)(i)	Assets of a crime victim.	
	<input type="checkbox"/>	395.3025(7)(a), 456.057(7)(a)	Medical information.	
	<input type="checkbox"/>	394.4615(7)	Mental health information.	
	<input type="checkbox"/>	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)	<input checked="" type="checkbox"/>	(iii) 119.0714(1)(i)-(j), (2)(a)-(e)	Social Security, bank account, charge, debit, and credit card numbers.	2
	<input type="checkbox"/>	(viii) 394.4615(7)	Clinical records under the Baker Act.	
	<input type="checkbox"/>	(xii) 741.30(3)(b)	The victim's address in a domestic violence action on petitioner's request.	
	<input type="checkbox"/>	(xiii) 119.071(2)(h), 119.0714(1)(h)	Protected information regarding victims of child abuse or sexual offenses.	
	<input type="checkbox"/>			
	<input type="checkbox"/>			
	<input type="checkbox"/>			
	<input type="checkbox"/>			
Other	<input type="checkbox"/>		Other:	
	<input type="checkbox"/>		Other:	

REVIEW COMPLETED BY

Booking Number: 2020006938	Date: 3/1/2020
	Specialist Name/ID: LaToya Rouse #6673

SCANNED
 MAR 01 2021