

21CT7867 NB
ARREST / NOTICE TO APPEAR

1136

A D M I N I S T R A T I O N	OBT Number		Agency ORI Number 0501700		Agency Name Jupiter Police Department		Agency Report Number (N.T.A.'s only) 5 4 21-001663		1 Arrest 2 N.T.A. 3 Request for Warrant 4 Request for Capias 1		JUVENILE																
	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		If Weapon Seized Enter Type UNARMED		Multiple Clearance Indicator																						
	Location of Arrest (Including Name of Business) S ALT A1A/E FREDERICK SMALL RD						Location of Offense (Business Name, Address) 2999 S ALT A1A/E FREDERICK SMALL RD, JUPITER, FL																				
Date of Arrest 05/13/2021		Time of Arrest 00:32		Booking Date 05/13/2021		Booking Time 00:42		Jail Date // : :		Jail Time		Location of Vehicle															
D E F E N D A N T	Name (Last, First, Middle) YORKE, DAKOTA HUNTER												Alias: Alias (Name, DOB, Soc. Sec. #, Etc.)														
	Race W - White B - Black O - Oriental/Asian W		Sex M		Date of Birth 11/09/1997		Height 5'08		Weight 120		Eye Color BROWN		Hair Color BROWN		Complexion LIGHT		Build Medium										
	Scars, Marks, Tattoos, Unique Physical Features (Location, Type, Description)												Marital Status S		Religion		Indication of Alcohol Influence Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Unk. <input type="checkbox"/>		Drug Influence Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Unk. <input type="checkbox"/>								
	Local Address (Street, Apt. Number) 3910 GREENWOOD AVE, WEST PALM BEACH, FL 33407						(City)		(State)		(Zip)		Phone		Residence Type: 1. City 2. County 3. Florida 4. Out of State 2		Address Source VERBAL										
	Permanent Address (Street, Apt. Number) 3910 GREENWOOD AVE, WEST PALM BEACH, FL 33407						(City)		(State)		(Zip)		Phone		Occupation Server												
	Business Address (Name, Street) TWISTED TUNA,						(City)		(State)		(Zip)		Phone														
	D/L Number, State Y6201689790906 / WI		Sex, Soc. Number		INS Number		Place of Birth (City, State) PORTAGE, IN, United		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		Name (Last, First, Middle)		(City)		(State)		(Zip)		Residence Phone		Business Phone														
Address (Street, Apt. Number)		(City)		(State)		(Zip)																					
Notified by: (Name)		Relationship		Date		Time		JUVENILE DISPOSITION 1. Handled/Processed within Department and Released 2. TOT JAC 3. Incarcerated																			
Released To: (Name)		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		Grade													
Property Crime? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No												Description of Property		Value of Property													
<input type="checkbox"/> Yes, by: <input type="checkbox"/> No:												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		Statute Violation Number 316.193(1)(C)		Violation of ORD #											
Charge Description DUI - BREATH .08 OR ABOVE												Drug Activity		Drug Type N		Amount / Unit /		Offense # 21-001663		Counts 1		Domestic Violence <input type="checkbox"/> Y <input checked="" type="checkbox"/> N		Warrant / Capias Number		Bond	
Charge Description												Drug Activity		Drug Type		Amount / Unit		Offense #		Counts		Domestic Violence <input type="checkbox"/> Y <input type="checkbox"/> N		Warrant / Capias Number		Bond	
Charge Description												Drug Activity		Drug Type		Amount / Unit		Offense #		Counts		Domestic Violence <input type="checkbox"/> Y <input type="checkbox"/> N		Warrant / Capias Number		Bond	
Health / Apparent Physical Condition of Defendant												Any knowledge of the following: Explain:		<input type="checkbox"/> Mental <input type="checkbox"/> Escape Risk <input type="checkbox"/> Medication <input type="checkbox"/> Deformities <input type="checkbox"/> Injuries													
Check which applies: <input type="checkbox"/> Released O.R. <input type="checkbox"/> Released to Parent/Guardian <input checked="" type="checkbox"/> T.O.T. County Jail <input type="checkbox"/> Posted Bond <input type="checkbox"/> South County Mental Health												PROPERTY - Received By		Released By		Released To											
Transported By												Date Transported // : :		Time Transported		Other											
<input checked="" type="checkbox"/> INSTRUCTION NO. 1 - Mandatory appearance in court <input type="checkbox"/> INSTRUCTION NO. 2 - You need not appear in Court but must comply with instructions on Page 2.												Location (Court, Room) North County PALM BEACH GARD		Court Date and Time 06/16/2021 08:30:00		No Photo Available											
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												Signature of Arresting Officer [Signature]		Name Verifying (Printed by Arrestee) [Signature]													
<input type="checkbox"/> Dangerous <input type="checkbox"/> Resisted Arrest <input type="checkbox"/> Suicidal <input type="checkbox"/> Other												Name of Arresting Officer (Print) MCGILLICUDDY, STEVEN		I.D. # 1216													
Intake Deputy [Signature]												Transporting Officer S. MCGILLICUDDY		I.D. # 388		Agency JUPITE		Witness here if subject signed with an "X"									

PM 3:14
JUN 16 2021

PROBABLE CAUSE AFFIDAVIT		1. Arrest 2. N.T.A.	3. Request for Warrant 4. Request for Copies	1	JUVENILE
OBT Number					
A D M I N I S T R A T I V E	Agency ORI Number	Agency Name	Agency Report Number		
	FL 0501700	JUPITER POLICE DEPARTMENT	5 4 21-001663		
Charge Type: Check as many as apply.		Special Notes:			
<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					
Name (Last, First, Middle)		Alias	Race	Sex	Date of Birth
YORKE, DAKOTA HUNTER			W	M	11/09/1997
C H A R G E S	Charge Description	Charge Description			
	316.193(1)(C) DUI - BREATH .08 OR ABOVE				
V I C T I M	Victim's Name (Last, First, Middle)	Race	Sex	Date of Birth	
	Local Address (Street, Apt. Number)	(City)	(State)	(Zip)	Phone
	Business Address (Name, Street)	(City)	(State)	(Zip)	Phone
	Address Source				
<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. <input type="checkbox"/> was observed by _____ who told _____ that he/she saw the arrested person commit the below acts.</p> <p><input type="checkbox"/> confessed to _____ <input checked="" type="checkbox"/> was found to have committed the below acts, resulting from my (described) investigation.</p> <p>admitting to the below facts.</p> <p>On the <u>13</u> day of <u>May</u>, <u>2021</u> at <u>00:16</u> (Specifically include facts constituting cause for arrest.)</p>					
P R O B A B L E	<p>On 5/13/2021 at approximately 0016 hrs I was on routine patrol south bound on S Alternate A1A from W Indiantown Road. I observed a red Nissan sedan (QDT-T41/FL) traveling in front of me, accelerating away from my position. I utilized my certified speedometer (JPD UNIT #1307) and pace clocked the vehicle at 65 MPH in a 50 MPH zone. While following the vehicle, I observed as failed to maintain a lane several times. Even when staying within its own designated lane, the vehicle would swerve within the lane. I was concerned that in addition to the speeding violation, that the driver may be sick, tired or impaired. I conducted a traffic stop on the vehicle in the area of S Alternate A1A and E Frederick Small Road. I then made contact at the window with the driver and sole occupant, Dakota Yorke (DEFENDANT).</p>				
	<p>I made contact with Yorke and explained the reason for the stop. Yorke believed that he was being pulled over for speeding. Yorke explained that he was coming home from work. As Yorke spoke to me I observed that he had glassy, bloodshot eyes. I detected an odor of unknown alcoholic beverage emitting from his person, which intensified when he spoke to me. Yorke denied drinking any alcohol. I ran a records check on Yorke and then returned to the vehicle, where I asked him to step out. I explained to Yorke again that I smelled an odor of alcoholic beverage. Yorke continued to deny having consumed any alcohol. I asked Yorke to participate in SFST's and he agreed.</p>				
C A U S E	<p>HORIZONTAL GAZE NYSTAGMUS (HGN)</p> <ul style="list-style-type: none"> - No resting nystagmus in either eye - Equal pupil size and tracking - Lack of smooth pursuit present in both eyes - Distinct and sustained nystagmus present at maximum deviation in both eyes - Onset of nystagmus prior to forty-five degrees not present in either eye - Had to be told not to move head - No vertical nystagmus 				
A D M I N I S T R A T I V E	<p>SWORN AND SUBSCRIBED BEFORE ME</p> <p>_____ NOTARY PUBLIC / CLERK OF COURT / OFFICER (F.S. 117.00)</p> <p>_____ SIGNATURE OF ARRESTING / INVESTIGATING OFFICER</p> <p>_____ NAME OF OFFICER (PLEASE PRINT)</p> <p>_____ DATE</p> <p>_____ DATE</p>				
	<p>05/13/2021</p> <p>05/13/2021</p>				
<p>1 OF 3</p>					

COURT

STATE ATTORNEY

CENTRAL RECORDS

JAIL

CRIME ANALYSIS

P.I.O.

OBT Number		PROBABLE CAUSE AFFIDAVIT SUPPLEMENT		1. Arrest 2. N.T.A.	3. Request for Warrant 4. Request for Copies	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 21-001663				
	Charge Type: <input type="checkbox"/> 1. Felony <input type="checkbox"/> 3. Misdemeanor <input type="checkbox"/> 5. Ordinance Check as many as apply: <input type="checkbox"/> 2. Traffic Felony <input checked="" type="checkbox"/> 4. Traffic Misdemeanor <input type="checkbox"/> 6. Other						
Name (Last, First, Middle) YORKE, DAKOTA HUNTER						Race W	Sex M
						Date of Birth 11/09/1997	
<p>- Lack of Convergence in both eyes</p> <p>- 4 of 6 clues</p> <p>WALK AND TURN</p> <p>- The exercise had to be explained twice</p> <p>- Missed heel to toe on multiple steps</p> <p>- Stepped off line multiple times</p> <p>- Improper turn but dual pivoting</p> <p>- 3 of 8 clues</p> <p>ONE LEG STAND</p> <p>- Swayed</p> <p>- Hopped</p> <p>FINGER TO NOSE</p> <p>1L - Pad to bridge, DNP</p> <p>2R - Side to under nose then move pad to tip, DNP</p> <p>3L - Pad to top bridge of nose, slide down to above tip, DNP</p> <p>4R - Pad to tip, DNP</p> <p>5R - Pad to tip, DNP</p> <p>6L - Pad to above tip, DNP</p> <p>RHOMBERG ALPHABET</p> <p>- Done properly</p> <p>MODIFIED RHOMBERG</p> <p>- Estimated 30 seconds in approximately 36 seconds</p> <p>Based on my observations, investigation and the totality of the circumstances, I have probable cause to believe that Yorke was in actual physical control of a vehicle while under the influence of an alcoholic beverage, chemical or controlled substance to the point that his normal faculties were impaired, contrary to F.S.S. 316.193. I placed him under arrest at 0032 hrs. After being arrested, he admitted to drinking three rum drinks, with his last drink being twenty minutes ago.</p> <p>I then transported him to the Palm Beach County Breath Alcohol Testing (BAT) Center, arriving at 0058 hrs. I placed him under a 20 minute observation, during which I did not observe him consume nor regurgitate anything. We then went on video with BAT Technician Pound (ID #24639) and I requested that Yorke submit to a breath test. He consented and provided breath test samples of .111 BrAC and .106 BrAC. I then read Yorke his Miranda rights from a pre-printed card. I then booked him into the county jail on one count of DUI.</p> <p>He was issued a court date of 6/16/2021 at North County Courthouse. His vehicle was</p>							
<div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> <p>SWORN AND SUBSCRIBED BEFORE ME</p> <p>_____ NOTARY PUBLIC / CLERK OF COURT / OFFICER (U.S.S. 1720)</p> <p>05/13/2021 DATE</p> </div> <div style="width: 45%; text-align: right;"> <p>_____ SIGNATURE OF ARRESTING / INVESTIGATING OFFICER</p> <p>MCGILLICUDDY, STEVEN (1216) NAME OF OFFICER (PLEASE PRINT)</p> <p>05/13/2021 DATE</p> </div> </div>							

COURT

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Charge Type: Check as many as apply.		<input type="checkbox"/> 1. Felony		<input type="checkbox"/> 3. Misdemeanor		<input type="checkbox"/> 5. Ordinance		Special Notes:			
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Name (Last, First, Middle)		Alias		Race		Sex		Date of Birth			
YORKE, DAKOTA HUNTER				W		M		11/09/1997			
towed from the scene by All Hooked Up. BWC.											
NOT A CERTIFIED COPY											
SWORN AND SUBSCRIBED BEFORE ME											
NOTARY PUBLIC / CLERK OF COURT / OFFICER				SIGNATURE OF ARRESTING / INVESTIGATING OFFICER							
05/13/2021				MCGILICUDDY, STEVEN (1216)							
DATE				NAME OF OFFICER (PLEASE PRINT)							
				05/13/2021							
				DATE							

WITNESS LIST

CASE NUMBER: 21-001663

ARRESTING OFFICER: MCGILLICUDDY

ADDRESS: 196 Military Trl. Jupiter, FL 33458

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

CAN TESTIFY TO: PC

NAME: OFC NOBLE

ADDRESS: 196 Military Trl. Jupiter, FL 33458

PHONE NUMBERS (HOME) _____ (WORK) _____

CAN TESTIFY TO: BACKUP ON STOP/TOW INVENTORY SHEET

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: _____

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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: _____

TESTING FACILITY TASK REPORT

AGENCY: JPD

SUBJECT: YORKE, DAKOTA H

CASE NUMBER: 21-064949

DATE: May 13, 2021

VIDEO DVD NUMBER: N/A

BEGINNING TIME: 01:22

ENDING TIME: 01:35

BREATH TESTS RESULTS: 1) .111 TIME 01:28 A.M. ☒ P.M. ☐ 2) .106 TIME 01:31 A.M. ☒ P.M. ☐
3) N/A TIME N/A A.M. ☐ P.M. ☐ 4) N/A TIME N/A A.M. ☐ P.M. ☐

BREATH OPERATOR: P.POUND #24639

MAINTENANCE TECHNICIAN: J. KARLECKE# 6467

TESTING OFFICER'S OBSERVATIONS

SPEECH: DELIBERATE

ATTITUDE: CALM, QUIET

CLOTHING: BLUE DRESS, BLACK / WHITE SNEAKERS

MEDICAL CONDITIONS: NONE

MEDICATIONS: NONE

OTHER:

COMMENTS:

ARRIVED AT CENTER A/O BEGAN THE 20 MINUTE OBSERVATION PERIOD AT 00:58 HRS.

SUBJECT: AGREED TO TAKE TEST

A/O: READ RIGHTS

SUBJECT: STATED SHE UNDERSTOOD RIGHTS

TECH: READ TEST RESULTS

SUBJECT: STATED SHE UNDERSTOOD TEST RESULTS

NO Q&A CONDUCTED

SUBJECT: _____ CASE NUMBER: _____

IMPLIED CONSENT FOR DUI IN A MOTOR VEHICLE

NOTE: READ ONLY THE PARAGRAPH APPLICABLE TO THE TYPE OF TEST YOU ARE REQUESTING.

I am now requesting that you submit to a lawful test of your BREATH for the purpose of determining its alcohol content.

-OR-

I am now requesting that you submit to a lawful test of your URINE for the purpose of detecting the presence of chemical or controlled substances.

-OR-

I am now requesting that you submit to a lawful test of your BLOOD for the purpose of detecting its alcohol content and the presence of chemical or controlled substances.

NOTE: READ ONLY IF THE SUBJECT DOES NOT COMPLY WITH YOUR REQUEST.

I am _____ of the _____.

If you fail to submit to the test I have requested of you, your privilege to operate a motor vehicle will be suspended for a period of one (1) year for a first refusal, or eighteen (18) months if your privilege has been previously suspended as a result of a refusal to submit to a lawful test of your breath, urine or blood. Additionally, if you refuse to submit to the test I have requested of you and if your driving privilege has been previously suspended for a prior refusal to submit to a lawful test of your breath, urine or blood, you will be committing a misdemeanor. Refusal to submit to the test I have requested of you is admissible into evidence in any criminal proceeding.

SUBJECT'S SIGNATURE: (X) _____

CONSTITUTIONAL WARNINGS

I AM REQUIRED TO WARN YOU BEFORE YOU MAKE ANY STATEMENTS THAT YOU HAVE THE FOLLOWING RIGHTS:

1. You have the right to remain silent and not answer any questions.
2. Any statement must be freely and voluntarily given.
3. You have the right to the presence of a lawyer of your choice before you make any statement and during any questioning.
4. If you cannot afford a lawyer, you are entitled to the presence of a court appointed lawyer before you make any statements and during any questioning.
5. If at any time during the interview you do not wish to answer any questions, you are privileged to remain silent.
6. I can make no threats or promises to induce you to make a statement. This must be of your own free will.
7. Any statement can and will be used against you in a court of law.

SUSPECT'S SIGNATURE: (X) _____

SUBJECT: _____ CASE NUMBER: _____

QUESTIONS AND ANSWERS

I AM NOW GOING TO ASK YOU SOME QUESTIONS. WITH THESE RIGHTS IN MIND, YOU MAY ANSWER SOME OF, ALL OF, OR NONE OF THE FOLLOWING QUESTIONS AS YOU LIKE.

WERE YOU OPERATING A MOTOR VEHICLE AT THE TIME OF THE STOP/ACCIDENT? _____

WHERE WERE YOU GOING? _____

WHAT STREET OR HIGHWAY WERE YOU ON? _____

DIRECTION OF TRAVEL? _____ WHERE DID YOU START? _____

WHAT TIME DID YOU START? _____ WHAT TIME IS IT NOW? _____

WHAT IS TODAY'S DATE? _____ WHAT DAY OF THE WEEK IS IT? _____

WHAT COUNTY AND CITY ARE YOU IN NOW? _____

WHEN DID YOU LAST EAT? _____ WHAT DID YOU EAT? _____

WHAT HAVE YOU BEEN DOING FOR THE LAST THREE HOURS? _____

HOW MUCH DO YOU WEIGH? _____ HAVE YOU BEEN DRINKING? _____ WHAT? _____

HOW MUCH? _____ WHERE? _____ WITH WHOM? _____

WHEN DID YOU HAVE YOUR FIRST DRINK? _____ AND YOUR LAST DRINK? _____

HOW DID YOU CONSUME YOUR LAST TWO DRINKS? _____

CAN YOU FEEL THE EFFECTS OF THE ALCOHOL? _____ ARE YOU UNDER THE INFLUENCE? _____

HAVE YOU CONSUMED ANY ALCOHOL SINCE THE ACCIDENT? _____ HOW MUCH? _____

WHAT? _____ WHERE? _____ WHEN? _____

WHAT LINE OF WORK ARE YOU IN? _____ WHEN DID YOU LAST WORK? _____

DO YOU HAVE ANY PHYSICAL DEFECTS OR INJURIES? _____ WHAT? _____

ARE YOU SICK OR INJURED? _____ WHAT'S WRONG? _____

DO YOU LIMP? _____ DID YOU RECEIVE A BUMP ON THE HEAD RECENTLY? _____

WERE YOU IN AN ACCIDENT TODAY? _____

HAVE YOU TAKEN ANY DRUGS OR SMOKED ANY MARIJUANA TODAY? _____ WHEN? _____

HAVE YOU SEEN A DOCTOR OR DENTIST TODAY? _____ WHO? _____ WHY? _____

ARE YOU TAKING ANY PRESCRIPTION MEDICINES? _____ WHAT? _____ WHEN? _____

DO YOU HAVE: EPILEPSY? _____
 GLASS EYE? _____
 FALSE TEETH? _____
 EAR INFECTION? _____
 INNER EAR TROUBLE? _____
 DIABETES? _____

DO YOU HAVE ANY PROBLEMS WITH YOUR EYES THAT ARE NOT CORRECTED BY GLASSES? _____

DO YOU TAKE INSULIN? _____ IF SO, WHEN WAS YOUR LAST INJECTION? _____

HAVE YOU EVER HAD A DRIVER'S LICENSE IN ANY OTHER STATE? _____ WHERE? _____

INTERVIEWER: _____



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

PBSO CASE # 21-064949 PBSO ZONE 3-15

AGENCY CASE # 21-001663 CRASH CASE #

TIME OF STOP/CRASH 0016 DATE 05/13/2021 DAY THURSDAY

SUBJECT'S NAME YORKE DAKOTA H RACE W SEX M
LAST FIRST MID

HGT 508 WGT 120 DOB 11/9/1997

LOCATION S ALT A1A/E FREDERICK SMALL RD

ARRESTING OFFICER'S NAME & ID MCGILLICUDDY 388 AGENCY JPD

DIVISION: RP - TRF

NOTIFIED BY COMMO Yes

ARRIVAL AT FACILITY 0058

ARREST TIME 0032

BREATH RESULTS:

1)	.111
2)	.106
3)	N/A
4)	N/A

TESTING OFFICER'S ID 24639

PBSO VIDEOTAPE # N/A

MAY 13 2021

**FLORIDA DEPARTMENT OF LAW ENFORCEMENT
ALCOHOL TESTING PROGRAM
BREATH ALCOHOL TEST AFFIDAVIT**

Instrument Type: Intoxilyzer 8000
Instrument Registered To: PALM BEACH CO SO
Instrument Serial Number: 80-006240 Software: 8100.27
Date of Test: 05/13/2021

Date of Last Agency Inspection: 04/09/2021
Observation Period Began: 00:58
Subject's Name: DAKOTA H YORKE

DOB: 11/09/1997 Sex: F

The subject was observed for at least twenty-minutes prior to the administration of the breath test to ensure that the subject did not take anything orally and did not regurgitate.

Results:	Test	g/210L	Time
	Diagnostics Check	OK	01:27
	Air Blank	0.000	01:27
	Control Test	0.031	01:27
	Air Blank	0.000	01:28
	Subject Sample #1	0.111	01:28
	Air Blank	0.000	01:29
	Air Blank	0.000	01:31
	Subject Sample #2	0.106	01:31
	Air Blank	0.000	01:32
	Control Test	0.080	01:32
	Air Blank	0.000	01:33
	Diagnostics Check	OK	01:33

Cylinder Lot: 22620080A2
Exp: 10/05/2022

State of Florida, County of Palm Beach

Personally appeared before me the undersigned authority, who ☒ is personally known to me or ☐ produced _____ as identification, and who after being placed under oath, states:

I PARIS D POUND, hold a valid Breath Test Operator permit issued by the Florida Department of Law Enforcement, I administered the above breath test to the subject named above in accordance with Chapter 11D-8, Florida Administrative Code, and this form is a true and accurate report of that breath test.

Breath Test Operator: _____ Date: 05/13/21
Signature

Sworn to (or affirmed) before me this 13th day of MAY, 2021

Signature of Notary Public-State of Florida

OF. J. MCGILLICUDDY
Printed Name of Notary Public-State of Florida

Note: Pursuant to section 117.10, Florida Statutes, law enforcement officers, correctional officers, traffic accident investigation officers and traffic infraction enforcement officers are notaries public when engaged in the performance of official duties. In accordance with section 3.6.1934(5), F.S., this completed form is admissible without further authentication and is presumptive proof of the results herein. To be used in accordance with Section 316.1934(5), F.S., and in administrative proceedings pursuant to 322.2615, F.S.



**PALM BEACH COUNTY
SHERIFF'S OFFICE**
Florida State Statute Exemption Sheet

Palm Beach County Sheriff's Office – Arrests Only

	X	Florida State Statute	Description	Page Number(s)
L/E Exemptions	<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"/>			
	<input type="checkbox"/>			
Other	<input type="checkbox"/>		Other:	
	<input type="checkbox"/>		Other:	

REVIEW COMPLETED BY

Booking Number: 2021011596

Date: 05/13/2021

Specialist Name/ID: T Howard/7185