

21CT18529 AMB

Arrest Report

FLORIDA HIGHWAY PATROL
P.O. BOX 540007, GREENACRES, FL 33454

0527033

2711

Report Date / Time 11/2/2021 06:39 AM	Report Number FHP99ARR835982	Case Number/Cad Number FHPL21OFF072589 / LWRC21CAD200054	Reporting Officer Name MASTERSON, MONIQUE
Originating Agency ORI FL0509000	Occur Date Time Range 11/02/2021 05:32:06 -	Jurisdiction	
OBTS Number		Other Number	Clearance

Location of Occurrence

County PALM BEACH	Location Type PUBLIC PLACE	Location Description INTERSTATE 95 (SR9)			
Street Number	Street S SR 704 (OKEECHOBEE BLVD)	Apt/Lot/Bldg	City WEST PALM BEACH	State FL	Zip Code 33401

Defendant

First Name DUSTIN	Middle Name JARED	Last Name MCCONNELL	Suffix	Race WHITE	Sex MALE	Height 511	Weight 130	Hair BLO	Eyes BLU
MNI #	SSN [REDACTED]	Date of Birth 12/11/1989	Age 31	ID Type E	Drivers License or other ID M254170894510	State FL	OCA / Agency ID		
Place of Birth:		FLINT MI USA							
Address * RESIDENCE / 2931 NW 28TH LANE , FT. LAUDERDALE, FL 33311 /									

Arrest

Arrest Date/Time 11/2/2021 6:10:15 AM	Arrest Location Type PUBLIC PLACE	Arrest Location Description INTERSTATE 95 (SR9)				
Street Number	Street S SR 704 (OKEECHOBEE BLVD)	Apt/Lot/Bldg	County PALM BEACH	City WEST PALM BEACH	State FL	Zip Code 33401

Charge : S

Counts 1	Charge 316.193.3c1	Bond Amount \$0.00	<input type="checkbox"/> No Bond
Charge Degree F		Charge Level MISDEMEANOR	
General Offense Code		Arrest Offense Code DUI-UNLAW BLD ALCH	
Charge Description DUI AND DAMAGE PROPERTY			
Is Arrestee Juvenile?		No	
Type of Arrest		On-View Arrest (apprehension without a warrant or previous incident report)	

Arrest Report

7964

SCANNED
NOV 03 2021

2021 NOV - 3 AM 6:41
JOSEPH ASHLEY, CLERK
PALM BEACH COUNTY, FL
GUN CLUB

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FILED

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Bond Set by Court

<input checked="checked" type="checkbox"/> Bond Amount <input type="checkbox"/> No Bond
Bond Type(s)

Probable Cause

On 11/2/2021 I Trooper Masterson was dispatched to a crash southbound on Interstate 95 (State Road 9) south of State Road 704 (Okeechobee Boulevard). I arrived on scene at approximately 5:35AM. I observed a gray pick up truck with left rear damage. I asked the driver of the gray pickup if he could identify the driver of the other vehicle involved in the crash. The driver stated he can identify the driver. The driver of the pickup truck stated the driver of the other vehicle was the sole occupant of that vehicle and he saw the driver exit the vehicle from the driver side. The second vehicle involved in the crash was a red Jeep Cherokee bearing the Florida tag of "JPGY59". The registered owner of the vehicle was DUSTIN,JARED,MCCONNELL. I identified the driver of the red jeep by his Florida driver license as DUSTIN,JARED,MCCONNELL (M-254-170-89-451-0).

Mr. McConnell's shirt was unbuttoned and his pants were stained and disheveled. Mr. McConnell could barely stand while leaning on the concrete barrier. Mr. McConnell spoke with very slurred speech. Mr. McConnell eyes were red and glassy. Mr. McConnell face was red. Mr. McConnell continuously dropped his belongings. Mr. McConnell stated he was traveling from Orlando to Miami. I asked Mr. McConnell to stay on the wall due to have a complete lack of coordination and balance. Mr. McConnell was defiant and did not listen and had no regard for the orders I was giving him even after explaining it was for his health and wellbeing. Mr. McConnell attempted to walk around the crash scene and almost walked into an active travel lane. Mr. McConnell was oblivious to the hazards around him and had a care free attitude. Mr. McConnell was easily agitated.

While conducting the crash investigation Mr. McConnell walked over to his vehicle. Mr. McConnell entered his car and turned it back on and began to drive it. I saw Mr. McConnell in the driver seat and the vehicle accelerate. I ran after the vehicle. I ordered Mr. McConnell to stop the vehicle. The vehicle was still rolling

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after yelling the order. I caught up to the vehicle and opened the door. I pulled Mr. McConnell out of the driver seat and placed him in hand cuffs. I notified Mr. McConnell that he was under arrest for DUI at approximately 6:10AM. I searched Mr. McConnell and placed him in the back seat of my patrol vehicle. I then turned the camera on to FHP1388 and notified Mr. McConnell again that he was under arrest for DUI. I did not read Mr. McConnell his Miranda Rights nor asked him any further questions. I did not give Mr. McConnell an opportunity to participate in voluntary field sobriety exercises due to driving his vehicle away from the crash scene while I was present.

I transported Mr. McConnell to the BAT facility. Mr. McConnell under went a 20 minute observation. I requested a breath test from Mr. McConnell. Mr. McConnell agreed to give breath. Mr. McConnell gave to valid breath sample. Both samples were .000 . I asked Mr. McConnell for a urine sample. Mr. McConnell was unsure about giving a urine sample. Mr. McConnell stated on camera if the test would detect weed. We informed Mr. McConnell that the test does detect marijuana. Mr. McConnell refused the test. I read Mr. McConnell implied consent. Mr. McConnell then suddenly had the urge to urinate. Mr. McConnell was jumping around because he needed to urinate. After reading implied consent a clearing up any misunderstanding Mr. McConnell had I asked Mr. McConnell if he would submit to a urine test. Mr. McConnell agreed to take a urine test. I read Mr. McConnell his Miranda rights. Mr. McConnell stated he understood his rights. Mr. McConnell was asked if he would like to answer interview questions. Mr. McConnell refused to answer the questions. I escorted Mr. McConnell out of the room and uncuffed him. We instructed Mr. McConnell to fill the container half way. Mr. McConnell was watched to insure the sample was not tamped with. The sample was not tampered. The urine sample was collected at 7:22AM. I asked Mr. McConnell if he would like to speak with a drug recognition expert. Mr. McConnell agreed to speak with a DRE. Sergeant Handzik conducted the Drug evaluation on Mr. McConnell. Sergeant Handzik wrote her own separate drug evaluation report.

After speaking with the DRE I transported Mr. McConnell to the hospital Good Samaritan west campus. The hospital cleared Mr. McConnell for the jail. I released

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custody of Mr. McConnell to PBSO corrections with no further incident. I transported the urine sample and turned it into evidence. All events occurred in Palm Beach County. Incident is recorded on FHP1388.

Jail Booking Facility

Booking Date/Time	Booking County PALM BEACH	Booking Facility PALM BEACH COUNTY CORRECTIONS	Booking Facility Phone (561) 688-4400
Booking Facility Location 3228 GUN CLUB ROAD WEST PALM BEACH, FLORIDA 33406			Booking Number
Booking Comments			

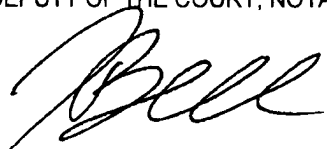
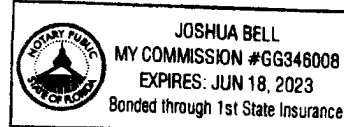

Court

Court County PALM BEACH	Court Location 3228 GUN CLUB ROAD WEST PALM BEACH, FL 33406		
Court CRIMINAL JUSTICE COMPLEX	Court Phone 561-355-2994	Court Appearance Date / Time 12/02/2021 8:30AM	Court Fine
Comments			

Officer Name Rank / ID #	Involvement On Report / Reporting Role	Officer Agency Org/Unit
MASTERSON, MONIQUE TPR 4467	REPORTING OFFICER	FLORIDA HIGHWAY PATROL FHPLILWRCCIPALM BEACHSR804 JSOF SR702

The undersigned certifies and swears that he/she has just and reasonable grounds to believe that the above named Defendant, committed violation(s), of law, on the below date(s) and time(s), as listed in the probable cause associated with this report:

Reporting Officer

Officer Name MASTERSON, MONIQUE	Office Rank TPR	Officer ID No 4467	Sworn and subscribed before me, the undersigned authority This the <u>02</u> day of <u>NOVEMBER</u> , <u>2021</u> DEPUTY OF THE COURT, NOTARY OR LAW ENFORCEMENT
Officer Agency FLORIDA HIGHWAY PATROL			 
Officer Signature 			

<input type="radio"/> No Bill / Petition	<input type="radio"/> Issue Warrant	<input type="radio"/> Prosecution Approved	Signature of Assistant State Attorney	Date
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WITNESS INTERVIEW / STATEMENT

Name	<u>Paul R. Hair</u>	Date/Time	<u>11/2/21 06:53</u>
Address	<u>370 Garden Blvd P.B.G. FL 33410</u>		
Place of Employment	<u>Electrical Consulting Services Inc.</u>		
Phone Number(s):	<u>Cell (561) 370-5825</u>	Home	<u>()</u>
Interview Conducted By:	<u>TRO MASTERSON 4467</u>		
Identification Produced:	<u>FL DL H600696861360</u>		

I was rear ended by a Red Jeep headed (S) on I95. The driver appeared as he wasn't going to stop as they ~~or~~ sped up and went around cars. I followed until they stopped. The driver, who I noticed wearing shorts and he had urinated down the front, was the only occupant that I could ~~see~~ see. He was very unsteady on his feet and appeared under the influence as he stumbled all around his vehicle. I called 911 and waited for their arrival.

Sworn to me this 2 day of NOVEMBER 2021

(Law Enforcement Officer Signature)
Section 117.10 Florida Statute

Trooper Monique Masterson 4467
(Print Name / PIN)

I swear/affirm that this statement is true and correct

(Witness Signature)

Statement Page 1 of 1

Case Number: FLHPLZ10FF07

Page 1

TESTING FACILITY TASK REPORT

AGENCY: FHP-L

SUBJECT: MCCONNELL, DUSTIN LARED

DATE: Nov 2, 2021

BEGINNING TIME: 0703

CASE NUMBER: 21-

VIDEO DVD NUMBER: N/A

ENDING TIME: 0720

BREATH TESTS RESULTS: 1) .000 TIME 0707 A.M. ☒ P.M. ☐ 2) .000 TIME 0711 A.M. ☐ P.M. ☐

3) N/A TIME XX A.M. ☐ P.M. ☐ 4) N/A TIME XX A.M. ☐ P.M. ☐

BREATH OPERATOR: JOSHUA J BELL #8656

MAINTENANCE TECHNICIAN: J. KARLECKE #6467

TESTING OFFICER'S OBSERVATIONS

SPEECH: SLURRED, MUMBLED

ATTITUDE: TALKATIVE, UNCOOPERATIVE AT TIMES, REPETITIVE

CLOTHING: BLUE LONG SLEEVE BUTTON UP SHIRT, GREY SHORTS, BLACK SHOES

MEDICAL CONDITIONS: ANXIETY, HIV, HYPOGLYCEMIA

MEDICATIONS: 3 ANTI DEPRESSANTS, BLOCKER, 2 UNKNOWN OTHERS

OTHER:

EYES: GLASSY

COMMENTS:

ARRIVED AT DUI TESTING FACILITY AND BEGAN THE 20 MINUTE OBSERVATION AT 0635 HOURS

SUBJECT STATED HE WOULD TAKE BREATH TEST

TECH READ BREATH TEST RESULTS

SUBJECT STATED HE UNDERSTOOD BREATH TEST RESULTS

A/O REQUESTED A URINE SAMPLE

SUBJECT STATED HE WOULD NOT TAKE BREATH TEST

A/O READ I.C AND EXPLAINED

SUBJECT STATED HE UNDERSTOOD I.C / SUBJECT STATED HE WOULD PROVIDE A URINE SAMPLE AND THAT WEED MAY SHOW UP IN HIS URINE

A/O READ RIGHTS / SUBJECT STATED HE UNDERSTOOD HIS RIGHTS

SUBJECT DECLINED TO ANSWER Q AND A

SUBJECT PROVIDED A URINE SAMPLE 0722 HOURS

D.R.E EVALUATION DONE BY SGT. HANDZIK FHP

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: 80-006029 Software: 8100.27
Date of Test: 11/02/2021

Date of Last Agency Inspection: 10/08/2021

Observation Period Began: 06:35

Subject's Name: DUSTIN J MCCONNELL

DOB: 12/11/1989 Sex: M

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	07:06
	Air Blank	0.000	07:06
	Control Test	0.081	07:06
	Air Blank	0.000	07:07
	Subject Sample #1	0.000	07:07
	Air Blank	0.000	07:08
	Air Blank	0.000	07:10
	Subject Sample #2	0.000	07:11
	Air Blank	0.000	07:12
	Control Test	0.081	07:12
	Air Blank	0.000	07:12
	Diagnostics Check	OK	07:12

Cylinder Lot: 02021080A1
Exp: 03/05/2023

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 JOSHUA J BELL, 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: [Signature] Date: 11/02/21
Signature

Sworn to (or affirmed) before me this 02 day of November, 2021
[Signature] TPR. M. Masterson #4467
Signature of Notary Public-State of Florida 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 316.1934(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.

SUBJECT: W. C. WILSON, JR. CASE NUMBER: 44-2103-107287

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 SMOKE 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: TPK. A. MASON, SON #4967

SUBJECT: McConnell, Dustin J CASE NUMBER: FHR216FPT7507

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.

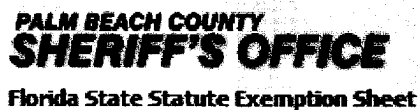
SUBJECT'S SIGNATURE: (X) _____

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) _____



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: 2021027557	Date: 11/3/2021
	Specialist Name/ID: M. Took #8557