

21CT7191NB

## ARREST / NOTICE TO APPEAR

|  |   |                                |  |                                   |   |                              |  |           |  |           |   |                     |   |  |  |  |   |  |  |  |                        |  |
|--|---|--------------------------------|--|-----------------------------------|---|------------------------------|--|-----------|--|-----------|---|---------------------|---|--|--|--|---|--|--|--|------------------------|--|
| A<br>D<br>M<br>I<br>N<br>I<br>S<br>T<br>R<br>A<br>T<br>I<br>O<br>N             | OBTS Number   |                                | Agency ORI Number<br><b>0501700</b>  |                                   | Agency Name<br><b>Jupiter Police Department</b>   |                              | Agency Report Number (N.T.A.'s only)<br><b>5 4 21-001511</b>               |           | 1. Arrest<br>2. N.T.A.   |           | 3. Request for Warrant<br>4. Request for Capias                                       |                     | 1   |  | JUVENILE   |  |   |  |  |  |                        |  |
|  | Charge Type:<br>Check as many as apply  |                                | <input type="checkbox"/> 1. Felony<br><input type="checkbox"/> 2. Traffic Felony |                                   | <input type="checkbox"/> 3. Misdemeanor<br><input checked="" type="checkbox"/> 4. Traffic Misdemeanor |                              | <input type="checkbox"/> 5. Ordinance<br><input type="checkbox"/> 6. Other |           | If Weapon Seized<br>Enter Type <b>UNARMED</b>  |           | Multiple Clearance Indicator  |                     | 1   |  |  |  |   |  |  |  |                        |  |
|  | Location of Arrest (Including Name of Business)<br><b>1 BOTANICA DR JUPITER, FL 33458</b>   |                                |  |                                   |   |                              |  |           | Location of Offense (Business Name, Address)<br><b>1 BOTANICA DR/MILITARY TRL, JUPITER, FL 33458</b>         |           |   |                     |   |  |  |  |   |  |  |  |                        |  |
| Date of Arrest<br><b>04/30/2021</b>  |   | Time of Arrest<br><b>22:18</b> |  | Booking Date<br><b>04/30/2021</b> |   | Booking Time<br><b>22:28</b> |  | Jail Date |  | Jail Time |   | Location of Vehicle |   |  |  |  |   |  |  |  |                        |  |
| D<br>E<br>F<br>E<br>N<br>D<br>A<br>N<br>T                                      | Name (Last, First, Middle)<br><b>BRYN, FRANCIS THOMAS</b>   |                                |  |                                   |   |                              |  |           |  |           |   |                     |   |  |  |  |   |  |  |  |                        |  |
|  | Alias: _____  |                                |  |                                   |   |                              |  |           |  |           |   |                     |   |  |  |  |   |  |  |  |                        |  |
|  | Race<br>W - White<br>B - Black  |                                | 1 - American Indian<br>O - Oriental/Asian  |                                   | Sex<br><b>M</b>   |                              | Date of Birth<br><b>08/13/1997</b>   |           | Height<br><b>5'09</b>  |           | Weight<br><b>185</b>  |                     | Eye Color<br><b>BLUE</b>                                    |  | Hair Color<br><b>BLONDE /</b>  |  | Complexion<br><b>LIGHT</b>  |  | Build<br><b>Med</b>                            |  |                        |  |
|  | Scars, Marks, Tattoos, Unique Physical Features (Location, Type, Description)   |                                |  |                                   |   |                              |  |           |  |           |   |                     |   |  |  |  |   |  |  |  |                        |  |
|  | Local Address (Street, Apt. Number)<br><b>127 SEAGRAPE DR 204, JUPITER, FL 33458</b>  |                                |  |                                   |   |                              |  |           | (City)   |           | (State)   |                     | (Zip)   |  | Phone<br><b>(516) 780-4285</b>   |  | Indication of:<br>Alcohol Influence Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Unk. <input type="checkbox"/><br>Drug Influence Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Unk. <input type="checkbox"/> |  |  |  |                        |  |
|  | Permanent Address (Street, Apt. Number)<br><b>127 SEAGRAPE DR 204, JUPITER, FL 33458</b>  |                                |  |                                   |   |                              |  |           | (City)   |           | (State)   |                     | (Zip)   |  | Phone<br><b>(516) 780-4285</b>   |  | Residence Type:<br>1. City 3. Florida<br>2. County 4. Out of State<br><b>1</b>  |  |  |  |                        |  |
|  | Business Address (Name, Street)   |                                |  |                                   |   |                              |  |           | (City)   |           | (State)   |                     | (Zip)   |  | Phone  |  | Address Source<br><b>FL DL</b>  |  |  |  |                        |  |
|  | D/L Number, State<br><b>B650258972930 / FL</b>  |                                |  |                                   |   |                              |  |           | Soc. Sec. Number   |           | INS Number  |                     | Place of Birth (City, State)<br><b>ROCKVILLE CENTRE, NY</b> |  | Citizenship<br><b>US</b>   |  |   |  |  |  |                        |  |
|  | Co-Defendant Name (Last, First, Middle)   |                                |  |                                   |   |                              |  |           | Race   |           | Sex   |                     | Date of Birth   |  | <input type="checkbox"/> 1. Arrested <input type="checkbox"/> 3. Felony <input type="checkbox"/> 5. Juvenile<br><input type="checkbox"/> 2. At Large <input type="checkbox"/> 4. Misdemeanor |  |   |  |  |  |                        |  |
|  | Co-Defendant Name (Last, First, Middle)   |                                |  |                                   |   |                              |  |           | Race   |           | Sex   |                     | Date of Birth   |  | <input type="checkbox"/> 1. Arrested <input type="checkbox"/> 3. Felony <input type="checkbox"/> 5. Juvenile<br><input type="checkbox"/> 2. At Large <input type="checkbox"/> 4. Misdemeanor |  |   |  |  |  |                        |  |
| J<br>U<br>V<br>E<br>N<br>I<br>L<br>E   | <input type="checkbox"/> Parent <input type="checkbox"/> Other: _____ Name (Last, First, Middle)  |                                |  |                                   |   |                              |  |           |  |           |   |                     |   |  |  |  |   |  |  |  |                        |  |
|  | <input type="checkbox"/> Legal Custodian  |                                |  |                                   |   |                              |  |           |  |           |   |                     |   |  |  |  |   |  |  |  |                        |  |
|  | Address (Street, Apt. Number) _____ (City) _____ (State) _____ (Zip) _____  |                                |  |                                   |   |                              |  |           |  |           |   |                     |   |  |  |  |   |  |  |  |                        |  |
|  | Residence Phone _____   |                                |  |                                   |   |                              |  |           |  |           |   |                     |   |  |  |  |   |  |  |  |                        |  |
|  | Business Phone _____  |                                |  |                                   |   |                              |  |           |  |           |   |                     |   |  |  |  |   |  |  |  |                        |  |
|  | Notified by: (Name)   |                                |  |                                   | Date  |                              | Time   |           | JUVENILE DISPOSITION<br>1. Handled/Processed within Department and Released<br>2. TOT IAC<br>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.<br>The child and/or parent was told to keep the Juvenile Court Clerk's Office (Phone 355-2526) informed of any change of address.   |                                |  |                                   |   |                              |  |           |  |           |   |                     |   |  |  |  |   |  |  |  |                        |  |
|  | Property Crime? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No   |                                |  |                                   |   |                              |  |           |  |           |   |                     |   |  |  |  |   |  |  |  |                        |  |
|  | Description of Property _____ Value of Property _____   |                                |  |                                   |   |                              |  |           |  |           |   |                     |   |  |  |  |   |  |  |  |                        |  |
| C<br>O<br>D<br>E   | Drug Activity<br>N. N/A<br>P. Possess   |                                | S. Sell<br>B. Buy<br>T. Traffic  |                                   | R. Smuggle<br>D. Deliver<br>E. Use  |                              | K. Disperse/<br>Distribute   |           | M. Manufacture/<br>Produce/<br>Cultivate   |           | Z. Other  |                     | Drug Type<br>N. N/A<br>A. Amphetamine                       |  | B. Barbiturate<br>C. Cocaine<br>E. Heroin  |  | H. Hallucinogen<br>M. Marijuana<br>O. Opium/Deriv.  |  | P. Paraphernalia/<br>Equipment<br>S. Synthetic |  | U. Unknown<br>Z. Other |  |
|  | Charge Description<br><b>DUI - NORMAL FACULTIES IMPAIRED</b>  |                                |  |                                   |   |                              |  |           |  |           |   |                     |   |  |  |  |   |  |  |  |                        |  |
|  | Drug Activity   |                                | Drug Type<br><b>N</b>  |                                   | Amount / Unit<br><b>/</b>   |                              | Offense #<br><b>21-001511</b>  |           | Counts<br><b>1</b>   |           | Domestic Violence<br><input type="checkbox"/> Y <input checked="" type="checkbox"/> N |                     | Warrant / Capias Number                                     |  | Statute Violation Number<br><b>316.193(1)(A)</b>   |  | Violation of ORD #  |  |  |  |                        |  |
|  | Drug Activity   |                                | Drug Type  |                                   | Amount / Unit   |                              | Offense #  |           | Counts   |           | Domestic Violence<br><input type="checkbox"/> Y <input type="checkbox"/> N            |                     | Warrant / Capias Number                                     |  | Statute Violation Number   |  | Violation of ORD #  |  |  |  |                        |  |
|  | Drug Activity   |                                | Drug Type  |                                   | Amount / Unit   |                              | Offense #  |           | Counts   |           | Domestic Violence<br><input type="checkbox"/> Y <input type="checkbox"/> N            |                     | Warrant / Capias Number                                     |  | Statute Violation Number   |  | Violation of ORD #  |  |  |  |                        |  |
|  | Drug Activity   |                                | Drug Type  |                                   | Amount / Unit   |                              | Offense #  |           | Counts   |           | Domestic Violence<br><input type="checkbox"/> Y <input type="checkbox"/> N            |                     | Warrant / Capias Number                                     |  | Statute Violation Number   |  | Violation of ORD #  |  |  |  |                        |  |
|  | 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 <input type="checkbox"/> Injuries   |                                |  |                                   |   |                              |  |           |  |           |   |                     |   |  |  |  |   |  |  |  |                        |  |
|  | Explain: _____  |                                |  |                                   |   |                              |  |           |  |           |   |                     |   |  |  |  |   |  |  |  |                        |  |
|  | Check which applies: <input type="checkbox"/> Released O.R. <input type="checkbox"/> Released to Parent/Guardian <input type="checkbox"/> T.O.T. County Jail <input type="checkbox"/> PROPERTY - Received By _____ Released By _____ Released To _____  |                                |  |                                   |   |                              |  |           |  |           |   |                     |   |  |  |  |   |  |  |  |                        |  |
| Transmitted By _____ Date Transmitted _____ Time Transmitted _____ Other _____ |   |                                |  |                                   |   |                              |  |           |  |           |   |                     |   |  |  |  |   |  |  |  |                        |  |
| N<br>O<br>T<br>I<br>C<br>E<br>T<br>O<br>A<br>P<br>P<br>E<br>A<br>R             | <input checked="" type="checkbox"/> INSTRUCTION NO. 1 - Mandatory appearance in court<br><input type="checkbox"/> INSTRUCTION NO. 2 - You need not appear in Court but must comply with instructions on Page 2.   |                                |  |                                   |   |                              |  |           |  |           |   |                     |   |  |  |  |   |  |  |  |                        |  |
|  | Location (Court, Room)<br><b>North County PALM BEACH GARD</b>   |                                |  |                                   |   |                              |  |           |  |           |   |                     |   |  |  |  |   |  |  |  |                        |  |
|  | Court Date and Time<br><b>06/02/2021 08:30:00</b>   |                                |  |                                   |   |                              |  |           |  |           |   |                     |   |  |  |  |   |  |  |  |                        |  |
|  | 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)<br><b>X [Signature]</b>   |                                |  |                                   |   |                              |  |           |  |           |   |                     |   |  |  |  |   |  |  |  |                        |  |
|  | Date Signed<br><b>4/30/21</b>   |                                |  |                                   |   |                              |  |           |  |           |   |                     |   |  |  |  |   |  |  |  |                        |  |
|  | Signature of Arresting Officer<br><b>[Signature]</b>  |                                |  |                                   |   |                              |  |           |  |           |   |                     |   |  |  |  |   |  |  |  |                        |  |
|  | Name Verification (Printed by Arrestee)<br><b>[Signature]</b>   |                                |  |                                   |   |                              |  |           |  |           |   |                     |   |  |  |  |   |  |  |  |                        |  |
|  | (PRINT)   |                                |  |                                   |   |                              |  |           |  |           |   |                     |   |  |  |  |   |  |  |  |                        |  |
|  | PAGE<br>1 OF 1  |                                |  |                                   |   |                              |  |           |  |           |   |                     |   |  |  |  |   |  |  |  |                        |  |
| A<br>D<br>M<br>I<br>N  | HOLD for Other Agency   |                                | Signature of Arresting Officer<br><b>[Signature]</b>                             |                                   | Name of Arresting Officer (Print)<br><b>YOCHUM, CRAIG</b>   |                              | I.D. #<br><b>1185</b>  |           | Transporting Officer<br><b>J. TURNER</b>   |           | I.D. #<br><b>303 321 JPD</b>  |                     | Agency<br><b>303 321 JPD</b>                                |  | Witness here if subject signed with an "X".  |  |   |  |  |  |                        |  |
|  | <input type="checkbox"/> Dangerous<br><input type="checkbox"/> Suicidal   |                                | <input type="checkbox"/> Resisted Arrest<br><input type="checkbox"/> Other       |                                   | Pouch #   |                              |  |           |  |           |   |                     |   |  |  |  |   |  |  |  |                        |  |

☐ COURT ☐ STATE ATTORNEY ☐ AGENCY ☐ CENTRAL RECORDS ☐ JAIL ☐ CRIME ANALYSIS ☐ P.I.O. ☐ DEFENDANT

0523022

3555

| OBTS Number   |   | PROBABLE CAUSE AFFIDAVIT                        |  | 1. Arrest<br>2. N.T.A. |  | 3. Request for Warrant<br>4. Request for Capias |                 | 1                                  | JUVENILE |
|---|---|---|--|------------------------|--|---|-----------------|------------------------------------|----------|
| A<br>D<br>M<br>I<br>N<br>I<br>S<br>T<br>R<br>A<br>T<br>I<br>V<br>E  | Agency ORI Number<br><b>FL 0501700</b>  | Agency Name<br><b>JUPITER POLICE DEPARTMENT</b> | Agency Report Number<br><b>5   4   21-001511</b> |                        |  |   |                 |                                    |          |
|   | Charge Type:<br><input type="checkbox"/> 1. Felony <input type="checkbox"/> 3. Misdemeanor <input type="checkbox"/> 5. Ordinance<br><input type="checkbox"/> 2. Traffic Felony <input checked="" type="checkbox"/> 4. Traffic Misdemeanor <input type="checkbox"/> 6. Other |   | Special Notes:                                   |                        |  |   |                 |                                    |          |
| D<br>E<br>F   | Name (Last, First, Middle)<br><b>BRYN, FRANCIS THOMAS</b>   |   |  |                        |  | Race<br><b>W</b>                                | Sex<br><b>M</b> | Date of Birth<br><b>08/13/1997</b> |          |
| C<br>H<br>A<br>R<br>G<br>E<br>S   | Charge Description<br><b>316.193(1)(A) DUI - NORMAL FACULTIES IMPAIRED</b>  |   |  |                        |  | Charge Description                              |                 |                                    |          |
|   | Charge Description  |   |  |                        |  | Charge Description                              |                 |                                    |          |
| V<br>I<br>C<br>T<br>I<br>M  | Victim's Name (Last, First, Middle)<br><b>State Of Florida</b>  |   |  |                        |  | 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> <div style="display: flex; justify-content: space-between;"> <div> <input checked="" type="checkbox"/> committed the below acts in my presence.<br/> <input type="checkbox"/> confessed to _____ admitting to the below facts.         </div> <div> <input type="checkbox"/> was observed by _____ who told _____ that he/she saw the arrested person commit the below acts.<br/> <input checked="" type="checkbox"/> was found to have committed the below acts, resulting from my (described) investigation.         </div> </div> <p>On the <u>30</u> day of <u>April</u>, <u>2021</u> at <u>22:18</u> (Specifically include facts constituting cause for arrest.)</p> <p>On 04/30/2021 at approximately 2200 hours, I was conducting routine traffic enforcement in the area of C.R. 809 (Military Trl.) and Dakota Dr. in the Town of Jupiter, Palm Beach County, FL. At the time, I was driving an unmarked Jupiter Police Department patrol vehicle (vehicle 1308), I was wearing a JPD uniform clearly identifying myself as a Jupiter Police Officer, and I was wearing my department-issued Axon body camera.</p> <p>I was stopped (facing south) in the median outside 15245 Military Trl. (Jupiter Middle School) and I was monitoring north/southbound traffic for speed violations. The posted speed limit in the area is 45 MPH for both directions. I observed a gray Jeep bearing FL tag # PAYN11 traveling northbound in the outside lane of C.R. 809 at a speed I believed to be exceeding the posted 45 MPH speed limit. I activated the front antenna of my Applied Concepts, Inc. Stalker DSR2X radar unit in opposite direction stationary mode and received an increasing speed readout of 57 MPH. As the Jeep passed the driver side of my patrol vehicle, its speed had increased to 59 MPH and both the digital speed readout and audio Doppler tone ceased as the vehicle passed me - indicating it had traveled outside of my radar unit's operational range. I then activated the rear antenna of my radar unit (still in stationary mode) and received a digital speed readout of 61 MPH with a clear constant audio Doppler tone.</p> <p>I began to catch up to the vehicle and observed it weaving within the extremes of the outside northbound lane of C.R. 809 as it approached the intersection with Indian Creek Pkwy. I activated my patrol vehicle's emergency lights to conduct a traffic stop as the vehicle was about to turn right (east) on Botanica Dr. I followed behind the vehicle as it made no indication that the driver observed my patrol vehicle behind it. The vehicle passed several empty parallel parking spaces on the south side of the roadway and an entire (mostly empty) parking lot on the north side of the road.</p> <p>I activated my patrol vehicle's siren and the Jeep ultimately pulled off the roadway</p> |   |   |  |                        |  |   |                 |                                    |          |
| <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> <p>SWORN AND SUBSCRIBED BEFORE ME</p> <p></p> <p>NOTARY PUBLIC / CLERK OF COURT / OFFICER (F.S.S. 117.10)</p> <p><u>04/30/2021</u></p> <p>DATE</p> </div> <div style="width: 45%;"> <p></p> <p>SIGNATURE OF ARRESTING / INVESTIGATING OFFICER</p> <p><b>YOCHUM, CRAIG (1185)</b></p> <p>NAME OF OFFICER (PLEASE PRINT)</p> <p><u>04/30/2021</u></p> <p>DATE</p> </div> </div>  |   |   |  |                        |  |   |                 |                                    |          |
|   |   |   |  |                        |  |   |                 | PAGE<br><b>1 OF 3</b>              |          |

COURT

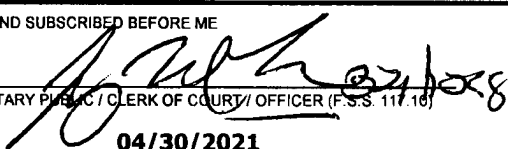
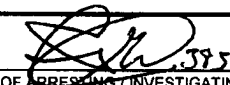
STATE ATTORNEY

CENTRAL RECORDS

JAIL

CRIME ANALYSIS

P. I. O.

| OBT Number   |  | PROBABLE CAUSE AFFIDAVIT<br>SUPPLEMENT  |  | 1. Arrest<br>2. N.T.A.   |  | 3. Request for Warrant<br>4. Request for Capias |  | 1                                  | JUVENILE |
|--|--|---|--|--|--|---|--|------------------------------------|----------|
| Agency ORI Number<br><b>FL 0501700</b>   |  | Agency Name<br><b>JUPITER POLICE DEPARTMENT</b>   |  | Agency Report Number<br><b>5   4   21-001511</b>   |  |   |  |                                    |          |
| Charge Type:<br>Check as many as apply.  |  | <input type="checkbox"/> 1. Felony<br><input type="checkbox"/> 2. Traffic Felony<br><input type="checkbox"/> 3. Misdemeanor<br><input checked="" type="checkbox"/> 4. Traffic Misdemeanor<br><input type="checkbox"/> 5. Ordinance<br><input type="checkbox"/> 6. Other |  | Special Notes:   |  |   |  |                                    |          |
| Name (Last, First, Middle)<br><b>BRYN, FRANCIS THOMAS</b>  |  | Alias   |  | Race<br><b>W</b>   |  | Sex<br><b>M</b>                                 |  | Date of Birth<br><b>08/13/1997</b> |          |
| <p>into a parallel parking space on the south side of the road, striking the raised concrete curb with the rear passenger tire.</p> <p>I approached the vehicle on the driver side and the driver, who I later identified by his Class E Florida driver license to be Francis Bryn (w/m; 08/13/1997), opened the door. Bryn was the sole-occupant of the vehicle. The vehicle was off at this point and I asked him if the window rolled down. Bryn advised it could, closed the door, turned his vehicle back on, and rolled the window down. I advised Bryn of the reason for the traffic stop and requested he produce his driver license, registration, and proof of vehicle insurance.</p> <p>Bryn handed me his license and, while speaking with him, did not resume his search for the other documents. I requested Bryn produce his registration and vehicle insurance and Bryn removed multiple papers from the glove compartment and thumbed through them. While looking for his registration, Bryn had placed it on his lap, face up, with the words "Florida Vehicle Registration" facing him in plain view. Bryn removed the registration from his lap, placed it on the front passenger seat and advised he did not have the documents. I pointed out the registration paperwork to him and he retrieved it for me. Bryn then advised he did not know what car insurance company he had despite the fact that he stated he was the owner of the car and that he makes monthly payments to Progressive. Bryn was ultimately unable to produce his insurance documentation.</p> <p>While speaking to Bryn, I could smell the odor of an unknown alcoholic beverage on his breath which intensified as he spoke. Bryn had a flushed face, bloodshot/glassy eyes, and slurred speech. Bryn stated he was coming from a friend's residence in Abacoa and was heading home. Bryn advised he was drinking at his friend's house before leaving and estimated his level of intoxication on a scale of 1 (being sober) to 10 (being sick) at a 4. Bryn advised he could somewhat feel the effects of the alcohol.</p> <p>I requested Bryn exit the vehicle and he complied. Bryn agreed to complete Standardized Field Sobriety Tasks (SFSTs). Bryn advised he did not have any medical conditions and was not taking any medications. He also advised he does not wear glasses or contacts.</p> <p>I first conducted the Horizontal Gaze Nystagmus task. I am a certified Drug Recognition Expert (IACP # 32395) and I conducted this task in accordance with my training. Bryn had pupils of equal approximate size, did not display resting nystagmus, and was able to track a horizontally-moving stimulus equally. I observed Lack of Smooth Pursuit, Distinct and Sustained Nystagmus at Maximum Deviation, and the Onset of Nystagmus prior to 45 Degrees in both Bryn's eyes. Vertical Gaze Nystagmus was also present. During the task, Bryn was swaying in a front-to-back and side-to-side manner.</p> <p>I next conducted the Walk and Turn. I utilized a blue tape line on the sidewalk which I confirmed was at least 9 steps long and on a flat surface. Bryn took his sandals off for</p> |  |   |  |  |  |   |  |                                    |          |
| SWORN AND SUBSCRIBED BEFORE ME<br><br>NOTARY PUBLIC / CLERK OF COURT / OFFICER (F.S.S. 117.10)<br><b>04/30/2021</b><br>DATE   |  |   |  | SIGNATURE OF PROBING INVESTIGATING OFFICER<br><br><b>YOCHUM, CRAIG (1185)</b><br>NAME OF OFFICER (PLEASE PRINT)<br><b>04/30/2021</b><br>DATE |  |   |  |                                    |          |
|  |  |   |  | PAGE<br><b>2 OF 3</b>  |  |   |  |                                    |          |

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CRIME ANALYSIS

P.I.O.

**PROBABLE CAUSE AFFIDAVIT  
SUPPLEMENT**

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

**1**

JUVENILE

|   |   |  |                  |  |
|---|---|--|------------------|--|
| OBTS Number   |   |  |                  |  |
| Agency ORI Number<br><b>FL 0501700</b>  | Agency Name<br><b>JUPITER POLICE DEPARTMENT</b> | Agency Report Number<br><b>5   4   21-001511</b> |                  |  |
| Charge Type:<br><input type="checkbox"/> 1. Felony <input type="checkbox"/> 3. Misdemeanor <input type="checkbox"/> 5. Ordinance<br><input type="checkbox"/> 2. Traffic Felony <input checked="" type="checkbox"/> 4. Traffic Misdemeanor <input type="checkbox"/> 6. Other |   | Special Notes:                                   |                  |  |
| Name (Last, First, Middle)<br><b>BRYN, FRANCIS THOMAS</b>   |   | Alias  | Race<br><b>W</b> | Sex<br><b>M</b> Date of Birth<br><b>08/13/1997</b> |

the task. During the Instructions Stage, Bryn lost his balance (stepping off the line to the left with his rear foot) once and started walking before being told several times. When told to begin, Bryn paused on step 7, missed heel-to-toe on step 8, and took a total of 11 steps before turning. Bryn turned improperly by taking small steps with both his feet. Bryn then paused and looked at me for further direction. I advised Bryn to take 9 heel-to-toe steps back down the line and he stepped off the line, to the left on steps 1 and 4.

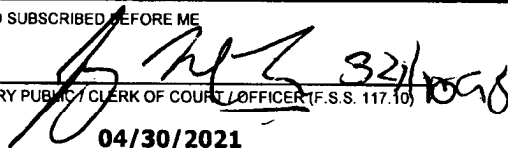

I then conducted the One Leg Stand. Bryn chose to raise his right leg off the ground, standing planted on his left. Bryn placed his foot on the ground on his counts of 1003, 1005, 1010, 1011, and 1013. Bryn intermittently and repeatedly used his arms to balance throughout the duration of the task. Bryn swayed from side to side throughout the duration of the task. When the timed 30 second period had elapsed, Bryn had counted to 1017. Bryn also had to be reminded several times to keep his eyes on his foot, although he never completely looked at his foot but rather some unknown point off in the distance ahead of him.

Before the Finger to Nose task, Bryn demonstrated knowledge of his left and right hands. The cadence for this task was: Left, Right, Left, Right, Right, Left. When told to begin, Bryn did not tilt his head back or close his eyes. On the first call of left, Bryn briefly opened his eyes and touched the tip of his left index finger under his nose (touching his septum). On the first, second, and final call of right, Bryn touched the pad of his right index finger to the tip of his nose. On the final call of right, Bryn briefly raised his left arm from his side but quickly corrected himself. Bryn appropriately touched finger-to-nose on all other calls of this task.

Bryn advised his highest level of education is college and that he has a Bachelor's Degree. Bryn advised he was comfortable with the alphabet. When told to begin, Bryn appropriately tilted his head back and closed his eyes. Bryn appropriately recited the alphabet without mistake. Bryn swayed from side-to-side throughout the duration of the task.

Based on the totality of the circumstances, I placed Bryn under arrest for DUI. I requested Bryn provide a lawful sample of his breath for the purpose of determining the alcohol content and Bryn refused. I read Bryn Implied Consent (excluding the CDL portion of Implied Consent), confirmed he understood, and again requested he provide a breath sample. Bryn refused at 2225 hours.

Based on the aforementioned facts resulting from my investigation, I find Probable Cause exists to charge Francis Bryn with DUI pursuant to FSS 316.193(1)(a).

|  |  |                       |
|--|--|-----------------------|
| SWORN AND SUBSCRIBED BEFORE ME<br><br>NOTARY PUBLIC / CLERK OF COURT / OFFICER (F.S.S. 117.10)<br><b>04/30/2021</b><br>DATE | <br>SIGNATURE OF ARRESTING / INVESTIGATING OFFICER<br><b>YOCHUM, CRAIG (1185)</b><br>NAME OF OFFICER (PLEASE PRINT)<br><b>04/30/2021</b><br>DATE | PAGE<br><b>3 OF 3</b> |
|--|--|-----------------------|

COURT

STATE ATTORNEY

CENTRAL RECORDS

JAIL

CRIME ANALYSIS

P. I. O.

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

I, Officer Craig Yochum, 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 20th day of April, 20 21, at 10:18 ☒ P.M. ☐ A.M.

DRIVER Francis Thomas Bryn  
 (Type or Print) FIRST NAME MIDDLE OR MAIDEN NAME LAST NAME

DL# B650-258-97-293-0, state of Florida, was placed under lawful arrest for

the offense of DUI by Officer Craig Yochum and  
 (Name of Arresting Officer)

issued Citation # ADB9D6E.

That on or about the 30th day of April, 20 21, at 10:25 ☒ 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]  
 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:

[Signature]  
 Signature of Attesting Officer

Title Police Officer

Date 04/30/2021

(AFFIX SEAL)

The foregoing instrument was sworn and subscribed before

me this 30th day of April, 20 21,

by Officer Craig Yochum # 383,

who is personally known to me or who has produced

Personally Known as identification

Notary Public \_\_\_\_\_

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.

## WITNESS LIST

CASE NUMBER: 21-001511

ARRESTING OFFICER: Craig Yochum

ADDRESS: 196 Military Trl. Jupiter, FL 33458

PHONE NUMBERS (HOME): \_\_\_\_\_ (WORK) (561) 746-6201

CAN TESTIFY TO: PC

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

PHONE NUMBERS (HOME) \_\_\_\_\_ (WORK) \_\_\_\_\_

CAN TESTIFY TO: \_\_\_\_\_

NAME: \_\_\_\_\_

ADDRESS \_\_\_\_\_

PHONE NUMBERS (HOME) \_\_\_\_\_ (WORK) \_\_\_\_\_

CAN TESTIFY TO: \_\_\_\_\_

NAME: \_\_\_\_\_

ADDRESS \_\_\_\_\_

PHONE NUMBERS (HOME) \_\_\_\_\_ (WORK) \_\_\_\_\_

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CAN TESTIFY TO: \_\_\_\_\_

NAME: \_\_\_\_\_

ADDRESS \_\_\_\_\_

PHONE NUMBERS (HOME) \_\_\_\_\_ (WORK) \_\_\_\_\_

CAN TESTIFY TO: \_\_\_\_\_

SUBJECT: **Bryn, Francis Thomas**

CASE NUMBER: 21-001511

## 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 Officer Craig Yochum of the Jupiter Police Department

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: Read on Body Camera **Bryn, Francis Thomas**

## CONSTITUTIONAL WARNINGS

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

You have the right to remain silent and not answer any questions.

Any statement must be freely and voluntarily given.

You have the right to the presence of a lawyer of your choice before you make any statement and during any questioning.

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.

If at any time during the interview you do not wish to answer any questions, you are privileged to remain silent.

I can make no threats or promises to induce you to make a statement. This must be of your own free will.

Any statement can and will be used against you in a court of law.

SUSPECT'S SIGNATURE: Read on Camera **Bryn, Francis Thomas**



**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) |
|--|-------------------------------------|---|--|----------------|
| <b>L/E Exemptions</b>  | <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.  |                |
| <b>Public Info. Exemptions</b>                                     | <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),<br>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.  |                |
| <b>Florida Rules of Judicial Administration 2.420 (Rule of 23)</b> | <input checked="" type="checkbox"/> | (iii) 119.0714(1)(i)-(j),<br>(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),<br>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"/>            |   |  |                |
|  | <input type="checkbox"/>            |   |  |                |
| <b>Other</b>   | <input type="checkbox"/>            |   | Other:   |                |
|  | <input type="checkbox"/>            |   | Other:   |                |

**REVIEW COMPLETED BY**

|                                   |  |
|-----------------------------------|--|
| <b>Booking Number:</b> 2021010503 | <b>Date:</b> 5/1/21                        |
|                                   | <b>Specialist Name/ID:</b> A. Pinkney/7796 |