0423035 22CT4936NB 746

ARREST / NOTICE TO APPEAR

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

ADMINISTRATION

OBTS Number

Agency ORI Number: 0501700 | Agency Name: Jupiter Police Department | Agency Report Number (N.T.A.'s only): 5 4 22-001276

Charge Type (Check as many as apply): ☐ 1 Felony ☐ 3 Misdemeanor ☐ 5 Ordinance ☐ 2 Traffic Felony ☒ 4 Traffic Misdemeanor ☐ 6 Other

If Weapon Seized, Enter Type: UNARMED | Multiple Clearance Indicator: 1

Location of Arrest (Including Name of Business): S.R. 811 AND S.R. 706 JUPITER FL 33477

Location of Offense (Business Name, Address): S.R. 811 AND S.R. 706, JUPITER, FL 33477

Date of Arrest	Time of Arrest	Booking Date	Booking Time	Jail Date	Jail Time	Location of Vehicle
03/27/2022	21:22	03/27/2022	21:32	03/27/2022	22:47	

DEFENDANT

Name (Last, First, Middle): CRAWFORD, GARY V | Alias: | Alias (Name, DOB, Soc. Sec. #, Etc.)

Race (W - White, B - Black, I - American Indian, O - Oriental/Asian)	Sex	Date of Birth	Height	Weight	Eye Color	Hair Color	Complexion	Build
W	M	01/04/1959	5'07	180	HAZEL	GRAY	FAIR	Med

Scars, Marks, Tatoos, Unique Physical Features (Location, Type, Description) | Marital Status | Religion: UNKNOWN | Indication of Alcohol Influence / Drug Influence: ☒ Yes ☐ No ☐ Unk.

Local Address (Street, Apt. Number) (City) (State) (Zip): 9157 ARTIST PL, LAKE WORTH, FL 33467 | Phone | Residence Type (1 City, 2 County, 3 Florida, 4 Out of State): 2

Permanent Address (Street, Apt. Number) (City) (State) (Zip): 9157 ARTIST PL, LAKE WORTH, FL 33467 | Phone | Address Source

Business Address (Name, Street) (City) (State) (Zip) | Phone | Occupation

D/L Number, State	Soc. Sec. Number	INS Number	Place of Birth (City, State)	Citizenship
C616298590040 / FL	[redacted]		CHICAGO, IL, United	US

CO-DEF

Co-Defendant Name (Last, First, Middle) | Race | Sex | Date of Birth | ☐ 1 Arrested ☐ 3 Felony ☐ 5 Juvenile ☐ 2 At Large ☐ 4 Misdemeanor

Co-Defendant Name (Last, First, Middle) | Race | Sex | Date of Birth | ☐ 1 Arrested ☐ 3 Felony ☐ 5 Juvenile ☐ 2 At Large ☐ 4 Misdemeanor

JUVENILE

☐ Parent ☐ Other ☐ Legal Custodian | Name (Last, First, Middle) | Residence Phone

Address (Street, Apt. Number) (City) (State) (Zip) | Business Phone

Notified by (Name) | Date | Time | JUVENILE DISPOSITION: 1 Handled/Processed within Department and Released, 2 TOT JAC, 3 Incarcerated

Released To (Name) | Relationship | Date | Time

The above address was provided by ☐ defendant and/or ☐ 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.
☐ Yes, by ☐ No

School Attended | Grade

Property Crime? ☐ Yes ☒ No | Description of Property | Value of Property

CODE

Drug Activity: N N/A, P Possess, S Sell, B Buy, T Traffic, R Smuggle, D Deliver, E Use, K Disperses/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

Charge Description	Statute Violation Number	Violation of ORD #
DUI - BAC/BRAC OVER .15 -OR- MINOR IN VEHICLE	316.193(4)	

Drug Activity	Drug Type	Amount / Unit	Offense #	Counts	Domestic Violence	Warrant / Capias Number	Bond
	N	/		1	☐ Y ☒ N		

CHARGE

Charge Description	Statute Violation Number	Violation of ORD #

Drug Activity	Drug Type	Amount / Unit	Offense #	Counts	Domestic Violence	Warrant / Capias Number	Bond
		/			☐ Y ☐ N		

CHARGE

Charge Description	Statute Violation Number	Violation of ORD #

Drug Activity	Drug Type	Amount / Unit	Offense #	Counts	Domestic Violence	Warrant / Capias Number	Bond
		/			☐ Y ☐ N		

INTAKE

Health / Apparent Physical Condition of Defendant | Any knowledge of the following: ☐ Mental ☐ Escape Risk ☐ Medication ☐ Deformities ☐ Injuries | Explain

Check which applies: ☐ Released O.R. ☐ Released to Parent/Guardian ☒ T.O.T. County Jail ☐ Posted Bond ☐ South County Mental Health | PROPERTY - Received By | Released By | Released To

Transported By | Date Transported | Time Transported | Other

NOTICE TO APPEAR

☒ INSTRUCTION NO. 1 - Mandatory appearance in court
☐ INSTRUCTION NO. 2 - You need not appear in Court but must comply with instructions on Page 2.

Location (Court, Room): North County COUNTY
Court Date and Time: 04/27/2022 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 CONTEMPT OF COURT AND A WARRANT FOR MY ARREST SHALL BE ISSUED.

X _____ 03/27/22
Signature of Defendant (or Juvenile and Parent/Custodian) | Date Signed

No Photo Available

ADMIN

HOLD for Other Agency

☐ Dangerous ☐ Resisted Arrest ☐ Suicidal ☐ Other

Issue Deputy: Bonillo | I.D.: 1830 | Pouch #

Signature of Arresting Officer: [signature]
Name of Arresting Officer (Print): PICARD, RONNIE | I.D. #: 1240
Transporting Officer: PICARD | I.D. #: 356 | Agency: JUPITE

Name Verification (Printed by Arrestee) (PRINT)

Witness here if subject signed with an "X"

PAGE 1 OF 1

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

PROBABLE CAUSE AFFIDAVIT

OBTS Number | 1. Arrest 2. N.T.A. 3. Request for Warrant 4. Request for Capias | 1 | JUVENILE

ADMIN

Agency ORI Number	Agency Name	Agency Report Number
FL 0501700	JUPITER POLICE DEPARTMENT	5 | 4 | 22-001276

Charge Type: Check as many as apply. ☐ 1. Felony ☐ 2. Traffic Felony ☐ 3. Misdemeanor ☒ 4. Traffic Misdemeanor ☐ 5. Ordinance ☐ 6. Other

Special Notes:

DEF

Name (Last, First, Middle)	Alias	Race	Sex	Date of Birth
CRAWFORD, GARY V		W	M	01/04/1959

CHARGES

Charge Description	Charge Description
316.193(4) DUI - BAC/BRAC OVER .15 -OR- MINOR IN VEHICLE	
Charge Description	Charge Description

VICTIM

Victim's Name (Last, First, Middle)	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

PROBABLE CAUSE STATEMENT

The undersigned certifies and swears that he/she has just and resonable 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.

☐ confessed to _____ admitting to the below facts.

☐ was observed by _____ who told _____ that he/she saw the arrested person committ the below acts.

☒ was found to have committed the below acts, resulting from my (described) investigation.

On the 27 day of March, 2022 at 21:22 (Specifically include facts constituting cause for arrest.)

At approximately 20:40 hours on 03/27/2022, I responded to a traffic stop on S.R. 811 and S.R. 706 in the Town of Jupiter, Palm Beach County, FL. Officer Anderson requested a traffic officer based on her training and experience.

Upon arrival, the offender, Gary V Crawford; W/M; 01/04/1959, was in the driver`s seat of his vehicle bearing FL tag 23BAXN. Officer Anderson made initial contact with Crawford because he failed to obey a traffic control device (did not stop at the red light at Center Street). It took Crawford some time to stop after Officer Anderson activated her emergency lights, he drove slowly from Old Jupiter Beach Road until he eventually stopped at S.R. 706. Officer Anderson advised that Crawford had slurred speech and he told her he had been at "Ale House". See supplement report from Officer Anderson.

When I made contact with the vehicle, I could smell the odor of an unknown alcohol beverage coming from the vehicle. When Crawford exited his vehicle I asked him to step away from the vehicle, it was then that I determined the scent of an unknown alcohol beverage was coming from Crawford`s breath. He had a disheveled appearance and what looked like to be food droppings all over his shirt. When I was speaking to Crawford about his night his story changed, he seemed confused at times, he had slurred speech, and he stated he did have a beer tonight. I then asked Crawford if he could perform Standardized Field Sobriety Tasks to which he consented. During the tasks, he gave me many clues that indicated impairment (see DUI probable cause affidavit). Based on Crawford`s performance I arrested him for driving under the influence.

I transported Crawford to the Palm Beach County Breath Alcohol Testing Facility where I conducted a 20 minute observation period to ensure Crawford did not ingest or regurgitate anything. At the conclusion of the observation period, I requested Crawford provide a lawful sample of his breath for the purpose of determining the alcohol

ADMINISTRATIVE

SWORN AND SUBSCRIBED BEFORE ME

583

NOTARY PUBLIC / CLERK OF COURT / OFFICER (F.S.S. 117.10)

03/27/22

DATE

356

SIGNATURE OF ARRESTING / INVESTIGATING OFFICER

PICARD, RONNIE (1240)

NAME OF OFFICER (PLEASE PRINT)

03/27/2022

DATE

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

ADMIN

OBTS Number

PROBABLE CAUSE AFFIDAVIT
SUPPLEMENT

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

1

JUVENILE

Agency ORI Number	Agency Name	Agency Report Number
FL 0501700	JUPITER POLICE DEPARTMENT	54 22-001276

Charge Type: Check as many as apply.
☐ 1. Felony ☐ 2. Traffic Felony ☐ 3. Misdemeanor ☒ 4. Traffic Misdemeanor ☐ 5. Ordinance ☐ 6. Other

Special Notes:

DEF

Name (Last, First, Middle)	Alias	Race	Sex	Date of Birth
CRAWFORD, GARY V		W	M	01/04/1959

PROBABLE CAUSE STATEMENT

content. Crawford agreed and provided two, adequate breath samples of .152, and .153 both over the legal, per se, limit of .08.

The above incident was captured on BWC.

ADMINISTRATIVE

SWORN AND SUBSCRIBED BEFORE ME

583

NOTARY PUBLIC / CLERK OF COURT / OFFICER (F.S.S. 117.10)

03/27/22

DATE

356

SIGNATURE OF ARRESTING / INVESTIGATING OFFICER

PICARD, RONNIE (1240)

NAME OF OFFICER (PLEASE PRINT)

03/27/2022

DATE

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

TESTING FACILITY TASK REPORT

AGENCY: JPD

SUBJECT: Crawford, Gary V

CASE NUMBER: 22-050585

DATE: Mar 27, 2022

VIDEO DVD NUMBER: n/a

BEGINNING TIME: 2217

ENDING TIME: 2237

BREATH TESTS RESULTS: 1) .152 TIME 2221 A.M.☐ P.M.☒ 2) .153 TIME 2225 A.M.☐ P.M.☒

3) 0 TIME n/a A.M.☐ P.M.☐ 4) n/a TIME 0 A.M.☐ P.M.☐

BREATH OPERATOR: Thomas H Leahey #19183

MAINTENANCE TECHNICAN: Jason Karlecke #6467

TESTING OFFICER'S OBSERVATIONS

SPEECH: slurred, thick

ATTITUDE: talkative, cooperative

CLOTHING: tan shorts, lt blue t-shirt, white sneakers

MEDICAL CONDITIONS: Depression, Parkinsons

MEDICATIONS: Lamictal, Clonazepam, Lofepramine, Levodopa, Carbidopa, Ropinirole (7 pills a day)

OTHER:

eyes are glassy & bloodshot
odor of unknown of alcoholic beverage on breath
subject stated he drank 4-5 cans of beer - 2 @ Miller Ale House & 2-3 @ mothers house - Q&A

COMMENTS:

arrived at center A/O conducted 20 minute observation period 2154 hrs

subject agreed to perform breath test

A/O read rights & subject understood rights

tech read breath test results & subject understood breath test results

A/O conducted Q&A

subject answered questions

SUBJECT: Crawford, Gary V 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)_____

WHITE - STATE ATTY. YELLOW - DHSMV PINK - CENTRAL RECORDS GOLD - JAIL

PBSO #01298 REV. 06/11

SUBJECT: Crawford, Gary V 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? I-A1A

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 # 22-050585 PBSO ZONE 3-14

AGENCY CASE # 22-001276 CRASH CASE #

TIME OF STOP/CRASH 12:40 DATE 03/27/2022 DAY Sunday

SUBJECT'S NAME Crawford (LAST) Gary (FIRST) V (MID) RACE W SEX M

HGT 5'7 WGT 180 DOB 01/04/1959

LOCATION S.R. 811 and S.R. 706 Jupiter Florida 33477

ARRESTING OFFICER'S NAME & ID Ronnie Picard 356 AGENCY Jupiter

DIVISION: road patrol

NOTIFIED BY COMMO Yes

ARRIVAL AT FACILITY 21:54

ARREST TIME 21:22

BREATH RESULTS:

1) .152
2) .153
3) N/A
4) N/A

TESTING OFFICER'S ID 19183 PBSO VIDEOTAPE # N/A

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: 03/27/2022

Date of Last Agency Inspection: 03/25/2022
Observation Period Began: 21:54
Subject's Name: GARY V CRAWFORD DOB: 01/04/1959 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	22:19
Air Blank	0.000	22:20
Control Test	0.081	22:20
Air Blank	0.000	22:21
Subject Sample #1	0.152	22:21
Air Blank	0.000	22:22
Air Blank	0.000	22:24
Subject Sample #2	0.153	22:25
Air Blank	0.000	22:25
Control Test	0.081	22:26
Air Blank	0.000	22:26
Diagnostics Check	OK	22:26

Cylinder Lot: 19021080A2
Exp: 09/05/2023

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 THOMAS H LEAHEY, 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: T Leahy Date: 03/27/2022
Signature

Sworn to (or affirmed) before me this 27 day of March, 2022

Signature of Notary Public-State of Florida

Ofc R Picard #356
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.

FDLE/ATP FORM 38 - MARCH 2004, Ref. 11D-8.007

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

REVIEW COMPLETED BY

Booking Number: 2022007945	**Date:** 3/28/2022
	Specialist Name/ID: S.Evans/23872