

0514921

NIR 2020CT003066 ANB 3039

ARREST / NOTICE TO APPEAR

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

OBTS Number: [] Agency ORI Number: 0501700 Agency Name: Jupiter Police Department Agency Report Number (N.T.A.'s only): 5, 4 20-000752

Charge Type: 1 Felony 3 Misdemeanor 5 Ordinance 6 Other 2 Traffic Felony 4 Traffic Misdemeanor 7 Weapon Seized Multiple Clearance Indicator

Location of Arrest (Including Name of Business): 815 W Indian Town Rd Jupiter FL 33458 Location of Offense (Business Name, Address): 815 W INDIANTOWN RD, JUPITER, FL 33458

Date of Arrest: 02/19/2020 Time of Arrest: 1455 Booking Date: [] Booking Time: [] Jail Date: [] Jail Time: [] Location of Vehicle: 134 Toney Pkwy

Name (Last, First, Middle): CONNOLLY, JAMES FRANCIS Alias: [] Alias (Name, DOB, Soc. Sec. #, Etc.): []

Race: W - White 1 - American Indian 2 - Black 3 - Oriental/Asian | W | M | Date of Birth: 02/14/1945 Height: 5'07 Weight: 207 Eye Color: HAZEL Hair Color: GRAY Complexion: FAIR Build: MED

Scars, Marks, Tattoos, Unique Physical Features (Location, Type, Description): NO TATTOOS, SCAR ON ABDOMEN Marital Status: M Religion: [] Indication of Alcohol Influence: Yes No Unk Drug Influence: Yes No Unk

Local Address (Street, Apt. Number): 18986 SE CORAL REEF LN, JUPITER, FL 33458 (City) (State) (Zip) Phone: [] Residence Type: 1 City 3 Florida 2 County 4 Out of State | 1 |

Permanent Address (Street, Apt. Number): 18986 SE CORAL REEF LN, JUPITER, FL 33458 (City) (State) (Zip) Phone: [] Address Source: []

Business Address (Name, Street): RETIRED (City) (State) (Zip) Phone: [] Occupation: []

DL Number, State: CS40446450540 / FL Soc. Sec. Number: [] INS Number: [] Place of Birth (City, State): [] Citizenship: US

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

Parent Other: [] Home (Last, First, Middle): [] Residence Phone: []

Legal Custodian 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 No

Property/Crime? Yes No Description of Property: [] Value of Property: []

Drug Activity: S Sell R Smuggle K Expenses/ Distribute M Manufacture/ Produce/ Cultivate Z Other N N/A B Buy D Deliver U Unknown P Postest T Traffic E Use

Drug Type: N N/A A Amphetamine B Barbiturate C Cocaine E Heroin H Hallucinogen M Marijuana O Opium/Drive P Paraphernalia/ Equipment S Synthetic U Unknown Z Other

Charge Description: DUI - DRIVING UNDER INFLUENCE Statute Violation Number: 316.193(1) Violation of ORD #: []

Drug Activity: Drug Type: N Amount / Unit: / Offense #: / Counts: 1 Domestic Violence: Y N Warrant / Capias Number: [] Bond: []

Charge Description: [] Statute Violation Number: [] Violation of ORD #: []

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

Charge Description: [] Statute Violation Number: [] Violation of ORD #: []

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

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 PROPERTY - Received By: [] Released By: [] Released To: []

Posted Bond South County Mental Health

Transported By: [] Date Transported: [] Time Transported: [] Other: []

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 PALM BEACH GARD Court Date and Time: 03/25/2020 08:30:00

I AGREE TO APPEAR AT THE TIME AND PLACE DESIGNATED TO ANSWER THE OFFENSE CHARGED OR TO PAY THE FINE SUBSCRIBED. I UNDERSTAND THAT SHOULD I WILLFULLY FAIL TO APPEAR BEFORE THE COURT AS REQUIRED BY THIS NOTICE TO APPEAR, THAT I MAY BE HELD IN 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: [] Name Verification (Printed by Arrestee): []

Dangerous Resisted Arrest Name of Arresting Officer (Print): ARANGO, JOSE ID #: 1122 (PRINT)

Suicidal Other

Intake Department: 05 COMM 803 Pouch #: [] Transporting Officer: [] ID #: [] Agency: []

Witness here if subject signed with us: []

D.U.I. PROBABLE CAUSE AFFIDAVIT

ON THE 19TH DAY OF FEB 20 20 AT 1411 AM PM
SUBJECT: CONNOLLY, JAMES FRANCIS CASE NUMBER: 20-752
AGENCY: Jupiter Police Department ARRESTING OFFICER: ARANGO 307/1122

PERSONAL CONTACT

DRIVING PATTERN: ACTUAL PHYSICAL CONTROL (PHYSICAL EVIDENCE OR STATEMENTS PUTTING DEF. BEHIND WHEEL OF VEHICLE)
DRIVER DROVE S/B THRU THE GRASS TO THE RIGHT OF THE ENTRANCE/EXIT OF THE P/L AND STRUCK A HWY SIGN AND POST COMING TO REST ON THE SIDEWALK ON TOP OF THE SIGN/POST

OBSERVATION OF DRIVER:

DRIVER WAS UNSTEADY ON HIS FEET. KEPT LEANING AGAINST THE VEH FOR BALANCE. PANTS ZIPPER HALF WAY DOWN. BLOODSHOT/GLASSY EYES. DRIVER SWAYING NOTICABLY. DRIVER DROPPED HIS BLOOD SUGAR TESTER SEVERAL TIMES. NOT ABLE TO FIND HIS D/L

DRIVER'S STATEMENTS:

DRIVER SAID HE DIDN'T KNOW WHAT HAPPENED OR WHERE HE WAS. DRIVER THEN SAID SEVERAL TIMES "I SHOULDN'T BE DRIVING. I'M FUCKED UP". AFTER MIRANDA, DRIVER SAID HE DRANK 2-1/2 PINT OF VODKA OUTSIDE AN AA MEETING. SAID HE WAS GONNA LOOSE HIS LICENSE. SAID TO DO WHAT EVER WE NEEDED TO DO

ODORS:

STRONG ODOR OF UNKNOWN ALCOHOLIC BEVERAGE COMING FROM BREATH.

GENERAL OBSERVATIONS

SPEECH: SLURRED SPEECH, MUMBLED, AT TIMES SPOKE VERY QUIETLY

ATTITUDE: POLITE, UPSEY WITH HIMSELF.

CLOTHING: BLUE T-SHIRT, BLUE JEAN PANTS, BROWN SLIP ON SHOES

MEDICAL/OTHER: DIABETIC, PAST HISTORY OF CANCER

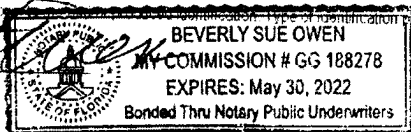
STATE OF FLORIDA
COUNTY OF PALM BEACH

(Signature of Arresting/Investigative Officer)

The foregoing instrument was sworn to or affirmed and subscribed before me this 19TH day of FEB 20 20 by Officer ARANGO 307/1122

(Print name of Arresting/Investigative Officer, who is personally known to me, and the commission, type of identification produced)

Notary Public, Clerk of Court, Officer (F.S.S. 117.10)



ROADSIDE TASKS

HORIZONTAL GAZE NYSTAGMUS:

- LT EYE-LACK OF SMOOTH PURSUIT
- RT EYE-LACK OF SMOOTH PURSUIT
- LT EYE-DISTINCT & SUSTAINED NYSTAGMUS AT MAX. DEVIATION
- RT EYE-DISTINCT & SUSTAINED NYSTAGMUS AT MAX. DEVIATION
- LT-EYE-ONSET OF NYSTAGMUS PRIOR TO 45 DEGREES
- RT-EYE-ONSET OF NYSTAGMUS PRIOR TO 45 DEGREES

Other Observations:

WALK & TURN:

DRIVER UNABLE TO MAINTAIN STARTING POSITION. LOST BALANCE. STARTED WITHOUT BEING TOLD. MISSED HEEL TO TOE ON ALL STEPS. DID NOT WALK HEEL TO TOE ON THE LINE. DID NOT COUNT STEPS ALOUD. TOOK APPX 7 STEPS. IMPROPER TURN

ONE LEG STAND:

DRIVER UNABLE TO STAND ON ONE LEG. KEPT LOOSING HIS BALANCE.

FINGER TO NOSE:

NOT DONE

ROMBERG ALPHABET:

NOT DONE

BREATH TEST RESULTS: 1) .138 2) .136 3) 4)

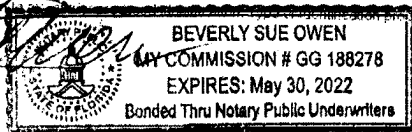
STATE OF FLORIDA
COUNTY OF PALM BEACH

(Signature of Arresting Investigative Officer)

The foregoing instrument was sworn to, affirmed and subscribed before me this 19TH day of FEB 20 20 by Officer ARANGO 307/1122

(Print name of Arresting Investigative Officer, who is personally known to me)

Notary Public, Clerk of Court, Officer (F.S. 117.10)



WITNESS LIST

CASE NUMBER: 20-752

ARRESTING OFFICER: ARANGO 307/1122

ADDRESS: 210 Military Trl. Jupiter, FL 33458

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

CAN TESTIFY TO: PC

NAME: OFC. GELINA #361

ADDRESS: 210 MILITARY TRL JUPITER FL 33458

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

CAN TESTIFY TO: PC

NAME: BRITTANY ROSS

ADDRESS 8104 HOBBS WAY PBC FL 33418

PHONE NUMBERS (HOME) _____ (WORK) _____

CAN TESTIFY TO: _____

NAME: _____

ADDRESS _____

PHONE NUMBERS (HOME) _____ (WORK) _____

CAN TESTIFY TO: _____

NAME: _____

ADDRESS _____

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CAN TESTIFY TO: _____

NAME: _____

ADDRESS _____

PHONE NUMBERS (HOME) _____ (WORK) _____

CAN TESTIFY TO: _____

NAME: _____

ADDRESS _____

PHONE NUMBERS (HOME) _____ (WORK) _____

CAN TESTIFY TO: _____

NOT A CERTIFIED COPY

SUBJECT: Summerville, James Francis CASE NUMBER: 10-752

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? Yes

WHERE WERE YOU GOING? Home

WHAT STREET OR HIGHWAY WERE YOU ON? NO

DIRECTION OF TRAVEL? S WHERE DID YOU START? Jupiter Inland

WHAT TIME DID YOU START? 11:30 WHAT TIME IS IT NOW? 4:30-5:00 PM

WHAT IS TODAY'S DATE? 27th WHAT DAY OF THE WEEK IS IT? Wed

WHAT COUNTY AND CITY ARE YOU IN NOW? NO FLA

WHEN DID YOU LAST EAT? 7:30 WHAT DID YOU EAT? COCA COLA

WHAT HAVE YOU BEEN DOING FOR THE LAST THREE HOURS? In your car

HOW MUCH DO YOU WEIGH? 207 HAVE YOU BEEN DRINKING? Yes WHAT? VODKA 2 1/2 oz

HOW MUCH? (2 1/2 oz) WHERE? Jupiter Inland WITH WHOM? Self

WHEN DID YOU HAVE YOUR FIRST DRINK? 11:40 AM AND YOUR LAST DRINK? Immediately after

HOW DID YOU CONSUME YOUR LAST TWO DRINKS? Whiskey

CAN YOU FEEL THE EFFECTS OF THE ALCOHOL? Yes ARE YOU UNDER THE INFLUENCE? NO

HAVE YOU CONSUMED ANY ALCOHOL SINCE THE ACCIDENT? NO HOW MUCH? ---

WHAT? --- WHERE? --- WHEN? ---

WHAT LINE OF WORK ARE YOU IN? Retired WHEN DID YOU LAST WORK? 9-11-01

DO YOU HAVE ANY PHYSICAL DEFECTS OR INJURIES? NO (Yes) WHAT? mental

ARE YOU SICK OR INJURED? NO WHAT'S WRONG? ---

DO YOU LIMP? NO DID YOU RECEIVE A BUMP ON THE HEAD RECENTLY? NO

WERE YOU IN AN ACCIDENT TODAY? Yes

HAVE YOU TAKEN ANY DRUGS OR SMOKED ANY MARIJUANA TODAY? NO WHEN? ---

HAVE YOU SEEN A DOCTOR OR DENTIST TODAY? NO WHO? --- WHY? ---

ARE YOU TAKING ANY PRESCRIPTION MEDICINES? Yes WHAT? Prozac WHEN? ---

DO YOU HAVE:	EPILEPSY?	<u>NO</u>
	GLASS EYE?	<u>NO</u>
	FALSE TEETH?	<u>Yes - upper</u>
	EAR INFECTION?	<u>NO</u>
	INNER EAR TROUBLE?	<u>Teeth</u>
	DIABETES?	<u>Yes</u>

DO YOU HAVE ANY PROBLEMS WITH YOUR EYES THAT ARE NOT CORRECTED BY GLASSES? NO

DO YOU TAKE INSULIN? Yes IF SO, WHEN WAS YOUR LAST INJECTION? 8:30 AM

HAVE YOU EVER HAD A DRIVER'S LICENSE IN ANY OTHER STATE? Yes WHERE? NY MD PA

INTERVIEWER: Off. Arango 3/11/02

TESTING FACILITY TASK REPORT

AGENCY: Jupiter PD

SUBJECT: O'Connell, James Francis CASE NUMBER: 20-190012

DATE: 9/12/2020 VIDEO TAPE NUMBER: 118

BEGINNING TIME: 1657 ENDING TIME: 1718

BREATH TESTS RESULTS: 1) 138 TIME 1702 A.M./P.M. 2) 136 TIME 1705 A.M./P.M.
3) _____ TIME _____ A.M./P.M. 4) _____ TIME _____ A.M./P.M.

BREATH OPERATOR: [Signature] # 5184

MAINTENANCE TECHNICIAN: [Signature] # 4117

TESTING OFFICER'S OBSERVATIONS

SPEECH: _____

ATTITUDE: _____

CLOTHING: _____

MEDICAL CONDITIONS: _____

MEDICATIONS: _____

OTHER: _____

COMMENTS: 1635 _____

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: 80-006477 Software: 8100.27
Date of Test: 02/19/2020

Date of Last Agency Inspection: 02/14/2020
Observation Period Began: 16:35
Subject's Name: JAMES F CONNOLLY

DOB: 02/14/1945 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	02/19/20	Time
	Diagnostics Check	OK	17:00
	Air Blank	0.000	17:00
	Control Test	0.080	17:01
	Air Blank	0.000	17:01
	Subject Sample #1	0.138	17:02
	Air Blank	0.000	17:03
	Air Blank	0.000	17:05
	Subject Sample #2	0.136	17:05
	Air Blank	0.000	17:06
	Control Test	0.080	17:06
	Air Blank	0.000	17:07
	Diagnostics Check	OK	17:07

Cylinder Lot: 28719080A1
Exp: 12/05/2021

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, SUE OWEN, 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: 02/19/2020

Sworn to (or affirmed) before me this 19th day of February 2020

Signature of Notary Public-State of Florida: [Signature] Printed Name of Notary Public-State of Florida: ofc J. Arango

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.



Palm Beach County Sheriff's Office – Arrests Only

	X	Florida State Statute	Description	Page Number(s)
L/E Exemptions	<input type="checkbox"/>	119.071(2)(d)	Surveillance techniques, procedures and personnel; inventory of law enforcement resources, policies or plans pertaining to mobilization deployment or tactical operations.	
	<input type="checkbox"/>	943.053, 943.0525	NCIC/FCIC/FBI and in-state FDLE/DOC.	
	<input type="checkbox"/>	119.071(4)(c)	Undercover personnel.	
	<input type="checkbox"/>	119.071(2)(f)	Confidential informants (CIs).	
	<input type="checkbox"/>	119.071(2)(e)	Confession.	
Public Info. Exemptions	<input type="checkbox"/>	985.04(1)	Juvenile offender records.	
	<input type="checkbox"/>	119.071(h)(i)	Assets of a crime victim.	
	<input type="checkbox"/>	395.3025(7)(a), 456.057(7)(a)	Medical information.	
	<input type="checkbox"/>	394.4615(7)	Mental health information.	
	<input type="checkbox"/>	119.071(4)(d)(2)(a)	Home address, telephone, Social Security number, date of birth, or photos of active/former LE personnel, spouses, and children.	
Florida Rules of Judicial Administration 2.420 (Rule of 23)	<input checked="" type="checkbox"/>	(iii) 119.0714(1)(i)-(j), (2)(a)-(e)	Social Security, bank account, charge, debit, and credit card numbers.	2
	<input type="checkbox"/>	(viii) 394.4615(7)	Clinical records under the Baker Act.	
	<input type="checkbox"/>	(xii) 741.30(3)(b)	The victim's address in a domestic violence action on petitioner's request.	
	<input type="checkbox"/>	(xiii) 119.071(2)(h), 119.0714(1)(h)	Protected information regarding victims of child abuse or sexual offenses.	
	<input type="checkbox"/>			
	<input type="checkbox"/>			
	<input type="checkbox"/>			
	<input type="checkbox"/>			
Other	<input type="checkbox"/>		Other:	
	<input type="checkbox"/>		Other:	

REVIEW COMPLETED BY

Booking Number: 2020005680	Date: 2/19/2020
	Specialist Name/ID: J. Beck/9007



NOTICE OF ARRAIGNMENT

This section applies to all misdemeanors, traffic offenses, and felony offenses

I CONNOLLY, JAMES understand that I must appear at the Palm Beach County Courthouse located at:

- 205 North Dixie Highway, West Palm Beach, FL – Information Desk (lobby)
- 200 West Atlantic Ave., Delray Beach, FL 2950 State Road 15, Belle Glade, FL
- 3188 PGA Blvd., Palm Beach Gardens, FL 3228 Gun Club Road, West Palm Beach, FL
- Other/Division _____

On 3/25/2020 at 830 AM PM for arraignment on Criminal Charges pending against me.

This section applies to all felony defendants who bond out prior to a 1st appearance hearing.

If you RECEIVE a court date in the mail from the Clerk and Comptroller's Office, please follow the directions and report on their specified date, time and location.

If you DO NOT receive a court date in the mail, please report to the Clerk and Comptroller's Office on the date, time and location checked below:

- Judicial Center at 205 North Dixie Highway, Room 3.2400, West Palm Beach, Florida on Thursday, _____ at 8:00 a.m.
- West County Courthouse at 2950 State Road 15, Belle Glade, Florida, on Friday, _____ at 8:30 a.m.

I CONNOLLY, JAMES understand that if I fail to appear a warrant will be issued for my arrest.

Defendant's Signature: [Signature] Date: 2/19/

Defendant's Street Address: 18980 SE CORAL REEF LANE

City: Jupiter State: FL Zip Code: 33458

Defendant's Telephone Number: 781-217-1804

Booking Number: 2020005680

Deputy Signature: [Signature] ID # 7392

SCANNED
FEB 20 2020

ARANGO
(1122)

20000752



COMPLAINT

CASE NO. _____ DOCKET NO. _____ PAGE NO. _____

FLORIDA DUI UNIFORM TRAFFIC CITATION **ADB97XE**

COUNTY OF PALM BEACH		<input type="checkbox"/> (1) P.M.P. <input checked="" type="checkbox"/> (2) P.D. <input type="checkbox"/> (3) S.O. <input type="checkbox"/> (4) OTHER	
CITY OF APPLICABLE JUPITER		AGENCY NAME JUPITER POLICE	
		AGENCY # 54	
IN THE COUNTY DESIGNATED BELOW THE UNDERSIGNED CERTIFIES THAT HE/SHE HAS NOT AND REASONABLE GROUNDS TO BELIEVE AND ODER BELIEVE THAT OR			
COMPLAINT (RETAINED BY COURT)			
DATE OF WEEK WEDNESDAY	MONTH 02	DAY 19	YEAR 2020
		TIME 05:44	<input type="checkbox"/> A.M. <input checked="" type="checkbox"/> P.M.
NAME (FIRST) JAMES	MIDDLE FRANCIS	LAST CONNOLLY	
STREET 18986 SE CORAL REEF LN			
CITY JUPITER STATE FL ZIP CODE 33458			
TELEPHONE NUMBER	DATE OF BIRTH 02 14 1945	RACE W	HT WT M 507
DRIVER LICENSE NUMBER C 5 4 0 4 4 6 4 5 0 5 4 0	STATE FL	CLASS E	CDL LICENSE <input type="checkbox"/> Y <input checked="" type="checkbox"/> N
TR. VEHICLE 2019	MAKE TESL	STYLE 4D	COLOR WHI
VEHICLE LICENSE NO. UYD7D	TRAILER TAG NO.	STATE FL	YEAR TAG EXPIRES 2020
UPON A PUBLIC STREET OR HIGHWAY, OR OTHER LOCATION, NAMELY 815 W INDIANTOWN RD/S WHITNEY DR.			
CITY JUPITER			

DID UNLAWFULLY COMMIT THE OFFENSE OF DRIVING UNDER THE INFLUENCE OF ALCOHOLIC BEVERAGES, CHEMICAL OR CONTROLLED SUBSTANCES; DID DRIVE, OR WAS IN ACTUAL PHYSICAL CONTROL OF A VEHICLE, WHILE UNDER THE INFLUENCE OF AN ALCOHOLIC BEVERAGE/CHEMICAL SUBSTANCE/CONTROLLED SUBSTANCE TO THE EXTENT NORMAL FACILITIES WERE IMPAIRED, OR WITH A BLOOD OR BREATH ALCOHOL LEVEL OF .08 OR ABOVE OF

DUI - DRIVING UNDER INFLUENCE | Careless Driving REEXAM YES NO

<input type="checkbox"/> AGGRESSIVE DRIVER	<input type="checkbox"/> PASSENGER IN VEHICLE	STATE STATUTE	SECTION	SUB SECTION
			316.193	(X)
DAMAGE TO OTHER PROPERTY	INJURY TO ANOTHER	SERIOUS BODILY INJURY TO ANOTHER	FATAL	
<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	

THIS IS A CRIMINAL VIOLATION, COURT APPEARANCE REQUIRED, AS INDICATED BELOW.
03/25/2020 08:30 AM
ADB97XE
NORTH COUNTY GOVERNMENT CENTER
3188 PGA Boulevard PBG, FL 33410

ARREST DELIVERED TO DATE **02/19/2020**

I AGREE AND CONSENT TO COMPLY AND ANSWER TO THE CHARGES AND INSTRUCTIONS SPECIFIED IN THIS CITATION. I WILL FULLY REFUSE TO ACCEPT AND SIGN THE CITATION AND I WILL NOT ANSWER. I UNDERSTAND MY SIGNATURE IS NOT AN AFFIRMATION OF GUILT OR WAIVER OF RIGHTS. IF YOU NEED REASONABLE FACILITY FOR TRANSPORTATION, CONTACT THE CLERK OF THE COURT.

[Signature]
X SIGNATURE OF VIOLATOR

EFFECTIVE IMMEDIATELY, YOUR DRIVING PRIVILEGE IS SUSPENDED/DISQUALIFIED FOR:
 DRIVING WITH AN UNLAWFUL BLOOD OR BREATH ALCOHOL LEVEL. THIS SUSPENSION IS FOR A PERIOD OF SIX MONTHS IF THIS IS THE FIRST VIOLATION OR ONE YEAR IF PREVIOUSLY SUSPENDED FOR DRIVING WITH AN UNLAWFUL BLOOD OR BREATH ALCOHOL LEVEL. IF YOU HOLD A CDL OR YOU ARE OPERATING A CMV, YOUR COMMERCIAL DRIVER LICENSE/PRIVILEGE WILL ALSO BE DISQUALIFIED FOR ONE YEAR FOR THE FIRST OFFENSE OR PERMANENTLY DISQUALIFIED FOR A SUBSEQUENT OFFENSE.

REFUSAL TO SUBMIT TO LAWFUL BREATH, BLOOD OR URINE TEST SECTION 322.2616, F.S. THIS SUSPENSION IS FOR A PERIOD OF ONE YEAR IF THIS IS A FIRST REFUSAL OR 18 MONTHS IF PREVIOUSLY SUSPENDED FOR THIS OFFENSE. IF YOU HOLD A CDL OR YOU ARE OPERATING A CMV, YOUR COMMERCIAL DRIVER LICENSE/PRIVILEGE WILL ALSO BE DISQUALIFIED FOR A PERIOD OF ONE YEAR FOR A FIRST REFUSAL OR PERMANENTLY DISQUALIFIED FOR A SUBSEQUENT REFUSAL.

LICENSE SURRENDERED? YES NO REASON _____
ELIGIBLE FOR PERMIT? YES NO REASON _____

UNLESS INELIGIBLE, THIS CITATION SHALL SERVE AS A TEMPORARY DRIVER LICENSE AND WILL EXPIRE AT MIDNIGHT ON THE 10TH DAY FOLLOWING THE DATE OF SUSPENSION.

AT THE **LANTANA 33462-1516** BUREAU OF ADMINISTRATIVE REVIEWS OFFICE, YOU MAY REQUEST, WITHIN 10 DAYS AFTER THE DATE OF SUSPENSION, A REVIEW OF SUSPENSION BY THE DEPARTMENT OF HIGHWAY SAFETY AND MOTOR VEHICLES OR A REVIEW TO DETERMINE ELIGIBILITY FOR A RESTRICTED LICENSE IF THIS IS YOUR FIRST DUI RELATED OFFENSE. SEE REVERSE SIDE.

[Signature]
RANK - SIGNATURE OF OFFICER **ARANGO** BADGE NO. **3071122** ID NO. **71005** TROOP UNIT

DATE	COURT ACTION AND OTHER ORDERS
	BAIL FIXED AT \$ _____ OR CASH DEPOSIT OF \$ _____ SIGNATURE OF PERSON GIVING BAIL _____ SIGNATURE OF PERSON TAKING BAIL _____
	FINE IN THE AMOUNT OF \$ _____ RECEIVED AS REQUIRED BY COURT SCHEDULE. SIGNATURE OF CLERK _____
	CONTINUANCE TO _____ REASON _____
	CONTINUANCE TO _____ REASON _____
	BOND ESTREATED _____
	WARRANT ISSUED _____
	VIOLATOR FAILED TO APPEAR-DRIVER LICENSE SUSPENDED
	VIOLATOR ARRAIGNED ON _____ (DATE)
	PLEA: _____
	FINDING: _____
	ADJUDICATION: _____
	SENTENCE: FINE _____ COST _____ JAILED _____ DAYS
	DRIVER IMPROVEMENT SCHOOL _____
	OTHER _____
	DRIVER LICENSE SUSPENDED OR REVOKED FOR _____ DAYS
	RECOMMEND DRIVER LICENSE SUSPENSION FOR _____ DAYS
	RECOMMEND RE-TEST _____
	SIGNATURE OF JUDGE _____
	TESTIMONY - JUDGE'S NOTES (OR OTHER COURT ORDERS):
	APPEAL BOND OF \$ _____
	VIOLATOR'S FINGERPRINT WHEN APPLICABLE →