

0529449


50-2022-CT-002432-AMB


3013

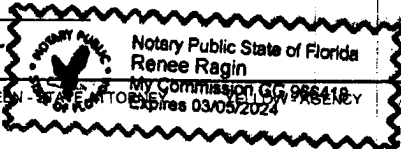
OBTS Number		ARREST / NOTICE TO APPEAR Juvenile Referral Report		1. Arrest 2. N.T.A.		3. Request for Warrant 4. Request for Capias		1		Juvenile		N	
Agency ORI Number FLO 500000		Agency Name PALM BEACH COUNTY SHERIFF'S OFFICE				Agency Report Number (N.T.A.'s only) 06-22035579							
Charge Type: Check as many as apply: <input type="checkbox"/> 1. Felony <input type="checkbox"/> 2. Traffic Felony <input checked="" type="checkbox"/> 3. Misdemeanor <input checked="" type="checkbox"/> 4. Traffic Misdemeanor <input type="checkbox"/> 5. Ordinance <input type="checkbox"/> 6. Other		Weapon Seized / Type 1. Yes 2. No N/A		Multiple Clearance Indicator		01							
Location of Arrest (Including Name of Business) SR80 (Southern Blvd) and Forest Hill Blvd						Location of Offense (Business Name, Address) SR80 (Southern Blvd) and Forest Hill Blvd, Wellington, FL 33414							
Date of Arrest 01/13/2022		Time of Arrest 0223		Booking Date 02/13/2022		Booking Time		Jail Date		Jail Time		Location of Vehicle Priority Towing, 7153 Southern Blvd. WPB 33413, (561) 533-5573	
Name (Last, First, Middle) Parnell, James, Michael						Alias (Name, DOB, Soc. Sec. #, Etc.)							
Race W - White I - American Indian B - Black O - Oriental/Asian		Sex W M		Date of Birth 11/10/1971		Height 5'06"		Weight 280		Eye Color Brn		Hair Color Brn	
Complexion light		Build large		Scars, Marks, Tattoos, Unique Physical Features (Location, Type, Description) Lt arm tribal, Rt arm scorpion, Lt chest roman numerals		Marital Status Married		Religion CATHOLIC		Indication of Alcohol Influence Y N Unk. <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		Drug Influence <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
Local Address (Street, Apt. Number) 13723 Ishnala Cir., Wellington FL 33414						Phone (561) 294-0525		Residence Type: 1. City 2. County 3. Florida 4. Out of State		1			
Permanent Address (Street, Apt. Number)						Phone		Address Source DL		Occupation Nurse			
Business Address (Name, Street)						Phone		Place of Birth (City, State) Rochester, NY		Citizenship USA			
D/L Number, State P654453714100,		Soc. Sec. Number		INS Number		Place of Birth (City, State) Rochester, NY		Citizenship USA					
Co-Defendant Name (Last, First, Middle)						Race		Sex		Date of Birth		<input type="checkbox"/> 1. Arrested <input type="checkbox"/> 2. At Large <input type="checkbox"/> 3. Felony <input type="checkbox"/> 4. Misdemeanor <input type="checkbox"/> 5. Juvenile	
Co-Defendant Name (Last, First, Middle)						Race		Sex		Date of Birth		<input type="checkbox"/> 1. Arrested <input type="checkbox"/> 2. At Large <input type="checkbox"/> 3. Felony <input type="checkbox"/> 4. Misdemeanor <input type="checkbox"/> 5. Juvenile	
Parent Legal Custodian Name (Last, First, Middle) Address (Street, Apt. Number) City, State, Zip Residence Phone Business Phone													
Notified by: (Name) Date Time Relationship Date Time						Juvenile Disposition 1. Handled/processed within Dept. and Released. 2. TOT HRS / DYS 3. Incarcerated							
The above address provided by <input type="checkbox"/> defendant and/or <input type="checkbox"/> defendant's parents. The child and/or parent was told to keep the Juvenile Court Clerk (Phone 355-2526) informed of any change of address. <input type="checkbox"/> Yes, by: (Name) <input type="checkbox"/> No: (Reason)						School Attended		Grade					
Property Crime? <input type="checkbox"/> Yes <input type="checkbox"/> No						Description of Property		Value of Property					
Drug Activity N. N/A P. Possess						S. Sell B. Buy T. Traffic		R. Smuggle D. Deliver E. Use		K. Dispense/ 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. Synthetics	
U. Unknown Z. Other						Charge Description DUI		Counts 1		Domestic Violence <input type="checkbox"/> Y <input type="checkbox"/> N		Statute Violation Number 316.193(1)(A)	
Violation of ORD #						Drug Activity N		Drug Type N		Amount / Unit N/A		Offense # 22035579	
Warrant / Capias Number						Bond							
Charge Description						Counts 1		Domestic Violence <input type="checkbox"/> Y <input type="checkbox"/> N		Statute Violation Number		Violation of ORD #	
Drug Activity						Drug Type		Amount / Unit		Offense #		Warrant / Capias Number	
Bond													
Charge Description						Counts		Domestic Violence		Statute Violation Number		Violation of ORD #	
Drug Activity						Drug Type		Amount / Unit		Offense #		Warrant / Capias Number	
Bond													
Charge Description						Counts		Domestic Violence		Statute Violation Number		Violation of ORD #	
Drug Activity						Drug Type		Amount / Unit		Offense #		Warrant / Capias Number	
Bond													
Charge Description						Counts		Domestic Violence		Statute Violation Number		Violation of ORD #	
Drug Activity						Drug Type		Amount / Unit		Offense #		Warrant / Capias Number	
Bond													
Location (Court, Room Number, Address) Criminal Justice Complex, 3228 Gun Club Road, West Palm Beach, FL 33406 - Ph: (561) 688-4600													
Court Date and Time Month 03 Day 10 Year 2022 Time 0830 AM <input checked="" type="checkbox"/> PM													
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 01/23/2022			
HOLD for other Agency Name: <input type="checkbox"/> Dangerous <input type="checkbox"/> Resisted Arrest <input type="checkbox"/> Syccidal <input type="checkbox"/> Other:						Signature of Arresting Officer X Name of Arresting Officer (Print) D/S F Torres ID # 24971				Name Verification (Printed by Arrestee) (PRINT)			
Transporting Officer D/S F. Torres ID # 24971 Agency PBSO						Witness here if subject signed with an "X"				PAGE 1 OF 1			

0647AM

OBTG Number		PROBABLE CAUSE AFFIDAVIT		1 Arrest 2 NTA		3 Request for Warrant 4 Request for Capias		1		Juvenile		
ADMIN	Agency ORI Number FLQ 5 0 0 0 0 0		Agency Name PALM BEACH COUNTY SHERIFF'S OFFICE		Agency Report Number 22035579							
	Charge Type Check as many as apply <input type="checkbox"/> 1 Felony <input type="checkbox"/> 2 Traffic Felony		<input type="checkbox"/> 3 Misdemeanor <input checked="" type="checkbox"/> 4 Traffic Misdemeanor		<input type="checkbox"/> 5 Ordinance <input type="checkbox"/> 6 Other		Special Notes SUPPLEMENTAL PC					
DEF	Name (Last, First, Middle) PARNELL III, JAMES MICHAEL				Alias		Race W		Sex M		Date of Birth 11/10/1971	
	Charge Description DUI		316.193(1)(A)		Charge Description							
CHARGES	Charge Description				Charge Description							
	Charge Description				Charge Description							
VICTIM	Victim's Name (Last, First, Middle) STATE OF FL				Race		Sex		Date of Birth			
	Local Address (Street, Apt Number)				(City)		(State)		(Zip)		Phone	
	Business Address (Name, Street)				(City)		(State)		(Zip)		Phone	
<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><input checked="" type="checkbox"/> committed the below acts in my presence. <input type="checkbox"/> was observed by _____ who told _____</p> <p><input type="checkbox"/> confessed to _____ <input type="checkbox"/> that he/she saw the arrested person commit the below acts.</p> <p>admitting to the below facts. was found to have committed the below acts, resulting from my (described) investigation.</p> <p>On the <u>13TH</u> day of <u>FEBRUARY</u> 20<u>22</u> at <u>0138</u> <input checked="" type="checkbox"/> A.M <input type="checkbox"/> P.M (Specifically include facts constituting cause for arrest.)</p>												
<p>On Sunday, February 13th, 2022 at approximately 0138 hours, while patrolling the area of Forest Hill Blvd and Southern Blvd, in Unincorporated West Palm Beach, within Palm Beach County FL I observed a black Mercedes sedan traveling westbound on Southern Blvd in the outside lane approaching the intersection. It should be noted westbound traffic had a red traffic control signal. I watched the black Mercedes accelerate despite the traffic control signal being red. The vehicle proceeded to run the red light and continue traveling westbound. At that time, I turned westbound onto Southern Blvd and got behind the vehicle in my marked PBSO patrol car and activated my overhead red and blue lights in an attempt to initiate a traffic stop on the vehicle. The vehicle continued westbound for a short distance before turning into the Palms West Entrance.</p> <p>I then made contact with the driver and sole occupant of the vehicle, who identified himself to me with his Florida Driver License as, James Michael Parnell III. I immediately identified myself and the reason for the traffic stop. The driver agreed and stated he was aware he ran the red light, he also stated he was almost home. I immediately noticed the driver's eyes to be glassy, watery and bloodshot. I also smelled an odor of an unknown alcoholic beverage coming from within the vehicle. The driver had a slow and slurred speech. He stated he was on his way home from the casino. He stated he had one drink of Tonic and Vodka. He then stated he also drank Xanax, but he is prescribed them. He stated he did have a heart attack 16 years ago, but had no other medical conditions.</p> <p>I asked the driver to step out of the vehicle and stand behind his vehicle for me. As he stepped out of his vehicle he staggered to the side and had an unstable balance. He had an orbital sway as he stood normally without walking. He immediately leaned up on his vehicle to assist him with his balance.</p> <p>Deputy E. Torres, later responded to the scene and conducted a DUI investigation based on my signs of impairment.</p> <p>I issued the driver a citation for failure to stop at a traffic control signal.</p> <p>This concludes my involvement with this case.</p>												
<p>STATE OF FLORIDA COUNTY OF PALM BEACH</p> <p>(Signature of Arresting/Investigative Officer)</p> <p>The foregoing instrument was sworn to or affirmed and subscribed before me this <u>13TH</u> day of <u>FEBRUARY</u> 20<u>22</u> by <u>INV. A. TEJEDA #31814</u></p> <p>(Print name of Arresting/Investigative Officer), who is personally known to me and/or produced identification. Type of identification produced <u>PERSONALLY KNOWN LEO</u></p> <p>Notary Public, Clerk of Court, Officer (F.S.S. 117.10) <u>24971</u></p>												

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ADMIN	Agency ORI Number FLO 500000		Agency Name PALM BEACH COUNTY SHERIFF'S OFFICE		Agency Report Number 06- 22035579					
	Charge Type: Check as many as apply.		<input type="checkbox"/> 1. Felony <input type="checkbox"/> 2. Traffic Felony <input checked="" type="checkbox"/> 3. Misdemeanor <input checked="" type="checkbox"/> 4. Traffic Misdemeanor <input type="checkbox"/> 5. Ordinance <input type="checkbox"/> 6. Other		Special Notes:					
CHARGES	Name (Last, First, Middle) Parnell, James, Michael		Alias		Race W		Sex M		Date of Birth 11/10/1971	
	Charge Description DUI		316.193(1)(A)		Charge Description					
VICTIM	Victim's Name (Last, First, Middle) State Of Florida, ,				Race		Sex		Date of Birth	
	Local Address (Street, Apt. Number)		(City)		(State)		(zip)		Phone	
	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 type="checkbox"/> committed the below acts in my presence. <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. <input checked="" type="checkbox"/> was found to have committed the below acts, resulting from my (described) investigation. </div> </div> <p>On the <u>13</u> day of <u>February</u> 20<u>22</u> at <u>0138</u> <input checked="" type="checkbox"/> A.M. <input type="checkbox"/> P.M. (Specifically include facts constituting cause for arrest.)</p>										
<p>On I responded to the area of SR80 (Southern Blvd) and Forest Hill Blvd where D/S A. Tejeda #31814 had completed a traffic stop on W/M James M Parnell III, 11/10/71. Tejeda advised the following:</p> <p>„On Sunday, February 13th, 2022 at approximately 0138 hours, while patrolling the area of Forest Hill Blvd and Southern Blvd, in Unincorporated West Palm Beach, within Palm Beach County FL I observed a black Mercedes sedan traveling westbound on Southern Blvd in the outside lane approaching the intersection. It should be noted westbound traffic had a red traffic control signal. I watched the black Mercedes accelerate despite the traffic control signal being red. The vehicle proceeded to run the red light and continue traveling westbound. At that time, I turned westbound onto Southern Blvd and got behind the vehicle in my marked PBSO patrol car and activated my overhead red and blue lights in an attempt to initiate a traffic stop on the vehicle. The vehicle continued westbound for a short distance before turning into the Palms West Entrance.</p> <p>I then made contact with the driver and sole occupant of the vehicle, who identified himself to me with his Florida Driver License as, James Michael Parnell III. I immediately identified myself and the reason for the traffic stop. The driver agreed and stated he was aware he ran the red light, he also stated he was almost home. I immediately noticed the driver's eyes to be glassy, watery and bloodshot. I also smelled an odor of an unknown alcoholic beverage coming from within the vehicle. The driver had a slow and slurred speech. He stated he was on his way home from the casino. He stated he had one drink of Tonic and Vodka. He then stated he also drank Xanax, but he is prescribed them. He stated he did have a heart attack 16 years ago, but had no other medical conditions.</p> <p>I asked the driver to step out of the vehicle and stand behind his vehicle for me. As he stepped out of his vehicle he staggered to the side and had an unstable balance. He had an orbital sway as he stood normally without walking. He immediately leaned up on his vehicle to assist him with his balance. "</p>										
ADMINISTRATIVE	STATE OF FLORIDA COUNTY OF PALM BEACH		D/S F Torres							
	(Signature of Arresting/Investigative Officer)									
	The foregoing instrument was sworn to or affirmed and subscribed before me this <u>13</u> day of <u>February</u> 20 <u>22</u> by <u>D/S F. Torres</u>									
	(Print name of Arresting/Investigative Officer), who is personally known to me and/or produced identification. Type of identification produced		<u>PERSONALLY KNOWN LEO</u>							
		<u>Renee Ragin (#16877)</u>								
		Notary Public, Clerk of Court, Officer (F.S.S. 117.10)								
										
				<div style="float: right;">PAGE <u>1</u> OF <u>3</u></div>						

OBTS Number		PROBABLE CAUSE AFFIDAVIT		1. Arrest 2. N.T.A.		3. Request for Warrant 4. Request for Capias		1	Juvenile	N	
ADMIN	Agency ORI Number FLO 500000		Agency Name PALM BEACH COUNTY SHERIFF'S OFFICE		Agency Report Number 06- 22035579						
	Charge Type: Check as many as apply. <input type="checkbox"/> 1. Felony <input type="checkbox"/> 2. Traffic Felony <input checked="" type="checkbox"/> 3. Misdemeanor <input checked="" type="checkbox"/> 4. Traffic Misdemeanor <input type="checkbox"/> 5. Ordinance <input type="checkbox"/> 6. Other				Special Notes:						
DEF	Name (Last, First, Middle) Parnell, James, Michael				Alias		Race w	Sex m	Date of Birth 11/10/1971		
	Charge Description DUI				316.193(1)(A)		Charge Description				
CHARGES	Charge Description						Charge Description				
VICTIM	Victim's Name (Last, First, Middle) State Of Florida, ,						Race	Sex	Date of Birth		
	Local Address (Street, Apt. Number)				(City)	(State)	(zip)	Phone:		Address Source	
					(City)	(State)	(zip)	()			
	Business Address (Name, Street)				(City)	(State)	(zip)	()		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> <p><input type="checkbox"/> committed the below acts in my presence.</p> <p><input type="checkbox"/> confessed to _____</p> <p>admitting to the below facts.</p> <p><input type="checkbox"/> was observed by _____ who told _____</p> <p>that he/she saw the arrested person commit the below acts.</p> <p><input checked="" type="checkbox"/> was found to have committed the below acts, resulting from my (described) investigation.</p> <p>On the <u>13</u> day of <u>February</u> 20 <u>22</u> at <u>0138</u> <input checked="" type="checkbox"/> A.M. <input type="checkbox"/> P.M. (Specifically include facts constituting cause for arrest.)</p>											
<p>I made contact with the driver who was leaning against the trunk of his vehicle, 2014 Black Mercedes Benz bearing FL Tag#IP27BS, which appeared that he was using for stability. He was later identified as W/M James Michael III, DOB:11/10/1971 by his Florida driver license. I noticed his eyes were red, watery and glossy. He slurred their speech while speaking. His movements was slow, calculated and lethargic. I could smell an odor of an unknown alcoholic beverage emanating from him as he spoke I could smell the odor get stronger. His clothing appeared clean but sloppy. I told the driver I had a suspicion that he had been drinking an unspecified amount of alcoholic beverages. He stated he had one drink of Tonic and Vodka at the casino. Based on my suspicion I asked if he would consent to performing Standardized Field Sobriety Evaluations (SFSTs) for the purpose of determining if he was impaired while operating a motor vehicle and he agreed. Prior to their performance I asked if they had any physical problems with his body that would inhibit him from performing light physical exercises. He said no. I also asked if he was taking medication and he said yes that he was on several blood thinners and he had taken several prescribed Xanax. I escorted him to the front of my marked vehicle where I had parked in front of a level surface that was smooth and free from obstructions and debris. I placed a yellow strip of masking tape on the surface that formed a line. The defendant identified the tape by giving its color and placing their left foot on it when prompt to do so. The following SFSTs were explained, demonstrated and acknowledged by him prior to his performance: HGN, The Walk and Turn, The One Leg Stand, The Finger to Nose and The Romberg Alphabet Recitation. Their deficiencies were recorded on another form in this work sheet. At the conclusion of the SFSTs, coupled with the Deputy's observation of the defendant's vehicle in motion and my observation of personal indicators of impairment exhibited by the defendant, probable cause was established for DUI. I told the defendant he was being placed under lawful arrest for DUI. He was handcuffed which were double locked and checked for tightness prior to being seated into the rear of my patrol car. Back up deputies arranged for the defendant's vehicle to be towed by Priority Towing a tow service from PBSO's rotation list.</p>											
<p>STATE OF FLORIDA COUNTY OF PALM BEACH</p> <p style="text-align: right;">D/S F Torres</p> <p>(Signature of Arresting/Investigative Officer)</p>											
ADMINISTRATIVE	<p>The foregoing instrument was sworn to or affirmed and subscribed before me this <u>13</u> day of <u>February</u> 20 <u>22</u> by <u>D/S F Torres</u></p> <p>(Print name of Arresting/Investigative Officer), who is personally known to me and/or produced identification. Type of identification produced <u>PERSONALLY KNOWN LEO</u></p> <p>Renee Ragin (#16877)</p> <p>Notary Public, Clerk of Court, Officer (F.S.S. 117.10)</p>										
	<p style="text-align: center;">  </p>										
	<p style="text-align: right;">PAGE <u>2</u> OF <u>3</u></p>										

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CHARGES	Charge Description DUI				316.193(1)(A)								
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	Business Address (Name, Street)				(City)		(State)		(zip)		Phone		
<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><input type="checkbox"/> The Person taken into custody committed the below acts in my presence.</p> <p><input type="checkbox"/> I was observed by _____ who told _____ that he/she saw the arrested person commit the below acts.</p> <p><input type="checkbox"/> I confessed to _____ admitting to the below facts.</p> <p><input checked="" type="checkbox"/> I was found to have committed the below acts, resulting from my (described) investigation.</p> <p>On the <u>13</u> day of <u>February</u> 20 <u>22</u> at <u>0138</u> <input checked="" type="checkbox"/> A.M. <input type="checkbox"/> P.M. (Specifically include facts constituting cause for arrest.)</p> <p>Meanwhile I began transport to the main jail breath analysis facility for further processing. Upon our arrival I escorted the defendant into the facility and began a 20 minute observation period. During this time the defendant did not ingest anything into their body orally or otherwise. Neither did they regurgitate. I escorted him/her into the testing room and asked them to provide breath samples for the purpose of determining his alcohol content. Parnell followed all instructions and he provided two samples. The first was a BAC of .02 and the second was a BAC of .018. He was then asked to provide a urine sample which he agreed and provided. While at the BAT DRE C. Yochum ID#383 of the Jupiter Police Department was present and offered Parnell to complete a DRE evaluation. Parnell agreed and Officer Yochum completed the evaluation reference JPD case#22000613.</p> <p>I find that there is Probable Cause for the arrest of Parnell for driving under the influence. He was subsequently booked into the Palm Beach County Jail for DUI.</p>													
ADMINISTRATIVE	STATE OF FLORIDA COUNTY OF PALM BEACH				D/S F Torres								
	(Signature of Arresting/Investigative Officer)												
	The foregoing instrument was sworn to or affirmed and subscribed before me this <u>13</u> day of <u>February</u> 20 <u>22</u> by <u>D/S F Torres</u>												
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<u>Renee Ragin (#16877)</u>													
Notary Public, Clerk of Court, Officer (F.S.S. 117.10)													
													
				PAGE <u>3</u> OF <u>3</u>									

D.U.I. PROBABLE CAUSE AFFIDAVIT

ON THE 13 DAY OF February 20 22, AT 0138 AM PM

SUBJECT: Parnell, James, Michael

CASE NUMBER: 22035579

AGENCY: PALM BEACH COUNTY SHERIFF'S OFFICE ARRESTING OFFICER: D/S F Torres

PERSONAL CONTACT

DRIVING PATTERN: Actual physical control (physical evidence or statements putting def. behind wheel of vehicle)

SEE ATTACHED PROBABLE CAUSE AFFIDAVIT from D/S Tejada.

OBSERVATION OF DRIVER:

SEE ATTACHED PROBABLE CAUSE AFFIDAVIT

DRIVER'S STATEMENTS:

Parnell stated he had one Tonic and Vodka, and several Xanax earlier in the evening. He stated he knew he was not suppose to use his prescribed medication and drive.

ODORS:

An obvious odor of an unknown alcoholic beverage coming from his breath which intensified as he spoke with me.

GENERAL OBSERVATIONS

SPEECH: Slurred and labored

ATTITUDE: apologetic, cooperative

CLOTHING: He had a wrinkled shirt and pants

MEDICAL/OTHER: Stated he was on multiple blood thinners and Xanax. Said no to diabetes or issues with being able to walk.

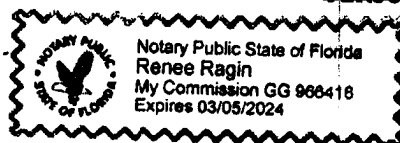
STATE OF FLORIDA
COUNTY OF PALM BEACH

D/S F Torres
(Signature of Arresting/Investigative Officer)

The foregoing instrument was sworn to or affirmed and subscribed before me this 13 day of February 20 22 by D/S F Torres

(Print name of Arresting/Investigative Officer), who is personally known to me and/or produced identification. Type of identification produced PERSONALLY KNOWN LEO

Renee Ragin (#16877)
Notary Public, Clerk of Court, Officer (F.S.S. 117.10)



SUBJECT: Parnell, James, Michael

CASE NUMBER 22035579

ROADSIDE TASKS

HORIZONTAL GAZE NYSTAGMUS:

- | | |
|---|--|
| <input checked="" type="checkbox"/> LT EYE-LACK OF SMOOTH PURSUIT | <input type="checkbox"/> RT EYE-LACK OF SMOOTH PURSUIT |
| <input checked="" type="checkbox"/> LT EYE-DISTINCT & SUSTAINED NYSTAGMUS AT MAX. DEVIATION | <input type="checkbox"/> RT EYE-DISTINCT & SUSTAINED NYSTAGMUS AT MAX. DEVIATION |
| <input checked="" type="checkbox"/> LT- EYE-ONSET OF NYSTAGMUS PRIOR TO 45 DEGREES | <input checked="" type="checkbox"/> RT- EYE-ONSET OF NYSTAGMUS PRIOR TO 45 DEGREES |

Other Observations:

Subject was asked to stand with his feet together and place his hands by his side. He was asked to focus on the stimulus and follow it with his eyes only. He identified it as a red light. Lastly he was told not to move his head to assist in following the stimulus with his eyes. Subject showed equal pupil size that tracked equally. The left eye lacked a smooth pursuit. I saw distinct and sustained Nystagmus at maximum deviation in his left eye. I also saw an onset of Nystagmus prior to 45 degrees in both eyes. Subject swayed while performing this task.

WALK & TURN:

{The defendant was placed in the instructional stance for the Walk and Turn. This task was explained and demonstrated to the defendant. The defendant acknowledged the instructions prior to performing this task} He started to early and was told to go back to the instructional stance. He was not able to keep balance, He missed multiple heel to toe, He stepped off line for balance and used his arms for balance.

ONE LEG STAND:

{The defendant was placed in the instructional stance for the One Leg Stand. This task was explained and demonstrated to the defendant. The defendant acknowledged the instructions prior to performing this task} Parnell swayed while balancing, placed his foot down on multiple occasions, did not lift his foot the full 6" and used his arms for balance.

FINGER TO NOSE:

{The defendant was placed in the instructional stance for the Finger to Nose. This task was explained and demonstrated to the defendant. The defendant acknowledged the instructions prior to performing this task} He swayed while standing, he completed the task in order but missed tip to nose on several occasion.

RHOMBERG ALPHABET:

{The defendant was placed in the instructional stance for the Rhomberg Alphabet. This task was explained and demonstrated to the defendant. The defendant acknowledged the instructions prior to performing this task} Swayed in the instructional stance but completed the task as demonstrated.

BREATH TEST RESULTS: 1) .02 2) .019 3) Urine 4)

STATE OF FLORIDA
COUNTY OF PALM BEACH

D/S F Torres

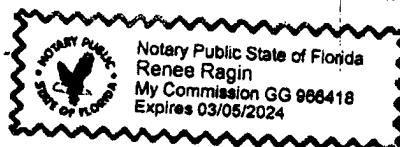
(Signature of Arresting/Investigative Officer)

The foregoing instrument was sworn to or affirmed and subscribed before me this 13 day of February, 2022 by D/S F Torres

(Print name of Arresting/Investigative Officer), who is personally known to me and/or produced identification. Type of identification produced PERSONALLY KNOWN LEO

Renee Ragin (#16877)

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



WITNESS LIST

CASE NUMBER: 22035579

ARRESTING OFFICER: D/S F Torres

ADDRESS: 3228 GUN CLUB ROAD WEST PALM BEACH FL 33406

PHONE NUMBERS (HOME): _____ (WORK) 561 688 3400

CAN TESTIFY TO: FACTS OF THE CASE AND DUI INVESTIGATION

NAME: D/S A. Tejeda

ADDRESS: 3228 GUN CLUB ROAD WEST PALM BEACH FL 33406

PHONE NUMBERS (HOME) _____ (WORK) 561 688 3400

CAN TESTIFY TO: Traffic Stop and Driving pattern

NAME: _____

ADDRESS _____

PHONE NUMBERS (HOME) _____ (WORK) _____

CAN TESTIFY TO: _____

NAME: _____

ADDRESS _____

PHONE NUMBERS (HOME) _____ (WORK) 0

CAN TESTIFY TO: _____

NAME: _____

ADDRESS _____

PHONE NUMBERS (HOME) _____ (WORK) _____

CAN TESTIFY TO: _____

NAME: _____

ADDRESS _____

PHONE NUMBERS (HOME) _____ (WORK) _____

CAN TESTIFY TO: _____

NAME: _____

ADDRESS _____

PHONE NUMBERS (HOME) _____ (WORK) _____

CAN TESTIFY TO: _____

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ADDRESS _____

PHONE NUMBERS (HOME) _____ (WORK) _____

CAN TESTIFY TO: _____

NAME: _____

ADDRESS _____

PHONE NUMBERS (HOME) _____ (WORK) _____

CAN TESTIFY TO: _____

NAME: _____

ADDRESS _____

PHONE NUMBERS (HOME) _____ (WORK) _____

CAN TESTIFY TO: _____

NAME: _____

ADDRESS _____

PHONE NUMBERS (HOME) _____ (WORK) _____

CAN TESTIFY TO: _____

TESTING FACILITY TASK REPORT

AGENCY: PBSO

SUBJECT: Parnell, James M.

CASE NUMBER: 22-035579

DATE: Feb 13, 2022

VIDEO DVD NUMBER: N/A

BEGINNING TIME: 03:08

ENDING TIME: 03:22

BREATH TESTS RESULTS: 1) .020 TIME 03:12 A.M. ☒ P.M. ☐ 2) .019 TIME 03:15 A.M. ☒ P.M. ☐
3) N/A TIME ----- A.M. ☐ P.M. ☐ 4) N/A TIME ----- A.M. ☐ P.M. ☐

BREATH OPERATOR: R. Ragin # 16877

MAINTENANCE TECHNICIAN: Jason Karlecke #6467

TESTING OFFICER'S OBSERVATIONS

SPEECH: Pronounced

ATTITUDE: Talkative, cooperative, calm

CLOTHING: Tan shorts, coral polo shirt, white sneakers

MEDICAL CONDITIONS: Anxiety, heart problems

MEDICATIONS: Yes a lot

OTHER:

Eyes glassy

COMMENTS:

Arrived at center A/O started 20 minute observation period at 02:45 hrs.

Subject agreed to take test.

Tech read breath test results.

Subject stated he understood test results.

A/O requested to provide urine at 03:18 hrs..

Subject agreed to provide urine.

A/O read I/C.

Subject stated he understood I/C.

A/O read rights.

Subject stated he understood rights.

A/O attempted Q&A.

Subject refuse to answer questions.

Urine provide @ 03:29

SUBJECT: Personnel 11

CASE NUMBER: 11-5-11

IMPLIED CONSENT FOR DUI IN A MOTOR VEHICLE

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

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

-OR-

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

-OR-

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

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

I am _____ of the _____.

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

SUBJECT'S SIGNATURE: (X) _____

CONSTITUTIONAL WARNINGS

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

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

SUSPECT'S SIGNATURE: (X) _____

SUBJECT: Paul [unclear] CASE NUMBER: 12-000-11

QUESTIONS AND ANSWERS

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

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

WHERE WERE YOU GOING? _____

WHAT STREET OR HIGHWAY WERE YOU ON? _____

DIRECTION OF TRAVEL? _____ WHERE DID YOU START? _____

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

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

WHAT COUNTY AND CITY ARE YOU IN NOW? _____

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

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

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

HOW MUCH? _____ WHERE? _____ WITH WHOM? _____

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

HOW DID YOU CONSUME YOUR LAST TWO DRINKS? _____

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

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

WHAT? _____ WHERE? _____ WHEN? _____

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

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

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

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

WERE YOU IN AN ACCIDENT TODAY? _____

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

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

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

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

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

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

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

INTERVIEWER: _____

**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: 80-006478 Software: 8100.27
Date of Test: 02/13/2022

Date of Last Agency Inspection: 02/04/2022
Observation Period Began: 02:45
Subject's Name: JAMES M PARNELL

DOB: 11/10/1971 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	03:10
	Air Blank	0.000	03:11
	Control Test	0.080	03:11
	Air Blank	0.000	03:12
	Subject Sample #1	0.020	03:12
	Air Blank	0.000	03:15
	Air Blank	0.000	03:15
	Subject Sample #2	0.019	03:15
	Air Blank	0.000	03:16
	Control Test	0.078	03:16
	Air Blank	0.000	03:17
	Diagnostics Check	OK	03:17

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

Breath Test Operator: _____ Date: 02/13/22
Signature

Sworn to (or affirmed) before me this 13 day of Feb., 2022

Signature of Notary Public-State of Florida

D/S. F. Torres #24971
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.



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

Palm Beach County Sheriff's Office – Arrests Only

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

REVIEW COMPLETED BY

Booking Number: 2022004113	Date: 2/14/2022
	Specialist Name/ID: M. Took #8557