

0516238  
Arrest Report

20 CT  
NR 5871 #1217

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

Report Date / Time 5/1/2020 07:29 PM	Report Number FHP99ARR819493	Case Number/Cad Number FHPL20OFF023294 / LWRC20CAD062569	Reporting Officer Name Z. TODD
Originating Agency ORI	Occur Date Time Range 05/01/2020 18:18:11 -	Jurisdiction	Clearance

**Location of Occurrence**

County PALM BEACH	Location Type PUBLIC PLACE	Location Description ROADWAY
Street Number SR-80	Street EB EOF ROYAL PALM BEACH BLVD	Apt/Lot/Bldg ROYAL PALM BEACH
City ROYAL PALM BEACH	State FL	Zip Code 33411

**Defendant**

First Name JASON	Middle Name ROBERT	Last Name CORRIGAN	Suffix	Race WHITE	Sex MALE	Height 507	Weight 160	Hair BRO	Eyes BLU
MNI #	SSN	Date of Birth 01/10/1983	Age 37	Place of Birth BRAMPTON MA USA	Drivers License or other ID C625436830100	State FL	ID Type E	Address * RESIDENCE / 300 S AUSTRALIAN AVE UNIT 813 , WEST PALM BEACH, FL 33401 /	

**Arrest**

Arrest Date/Time 5/1/2020 6:25:11 PM	Arrest Location Type PUBLIC PLACE	Arrest Location Description ROADWAY
Street Number SR-80	Street EB EOF ROYAL PALM BEACH BLVD	Apt/Lot/Bldg PALM BEACH
County PALM BEACH	City ROYAL PALM BEACH	State FL
		Zip Code 33411

**Charge : S**

Counts 1	Charge 316.193.1A	Bond Amount \$0.00	<input type="checkbox"/> No Bond
Charge Degree N	Charge Level MISDEMEANOR	General Offense Code DUI-UNLAW BLD ALCH	
Charge Description DUI ALCOHOL OR DRUGS			
Bond Set by Court			
Bond Amount	<input type="checkbox"/> No Bond		
Bond Type(s)			

**Probable Cause**

On May 1, 2020 I was on routine patrol in my marked patrol car in palm Beach County. I responded to the scene of a traffic collision that occurred on eastbound Southern Blvd. (State Road 80) east of Royal Palm Beach Blvd. I arrived on scene

Arrest Report

Dunn 59

SEARCHED  
MAY 02 2020

Report Date / Time 5/1/2020 07:29 PM	Report Number FHP99ARR819493	Case Number/Cad Number FHPL20OFF023294 / LWRC20CAD062569	Reporting Officer Name Z. TODD
Originating Agency ORI	Occur Date Time Range 05/01/2020 18:18:11 -	Jurisdiction	Clearance

and was briefed by Tpr. J. Menard as to the events of the crash. He stated that a white vehicle collided with a blue pick up truck. He also stated that there was an independent witness who observed the crash and provided a sworn statement. Trooper Menard stated that he observed signs of impairment on the driver of the white vehicle. I approached the driver and had him move towards the front of my patrol car. As he stood in front of me, I observed that he had bloodshot glassy eyes, an orbital sway and the odor of an unknown alcoholic beverage was emitting from his breath as he talked. The driver was identified as Jason Corrigan by his FL DL. I then stated to Mr. Corrigan that the crash investigation was completed and that I was conducting a DUI investigation and he stated that he understood. Miranda warning was then read from my state issued Miranda warning card and he stated that he understood. Mr. Corrigan stated that he was driving and attempting to make a u-turn and collided with another vehicle. He also stated that he had a few cocktails and a few beers prior to driving. I observed that he had bloodshot glassy eyes, an orbital sway and the odor of an unknown alcoholic beverage was emitting from his breath as he talked. I requested that he conduct field sobriety exercises and he agreed.

### Horizontal Gaze Nystagmus

Before beginning the exercises, I checked to see if Mr. Corrigan was wearing glasses or contact lenses. It was determined that Mr. Corrigan was wearing contact lenses. I then checked Mr. Corrigan's eyes and observed equal tracking and equal pupil size. Mr. Corrigan was instructed to place his feet together and place his hands down at his side. He then was instructed to keep his head still and follow the stimulus with his eyes and his eyes only. He was also instructed to keep looking at the stimulus until told not to. Mr. Corrigan verbally indicated that he understood.

- Lack of smooth pursuit, left eye
- Lack of smooth pursuit, right eye
- A distinct and sustained nystagmus at maximum deviation in the left eye
- A distinct and sustained nystagmus at maximum deviation in the right eye

MAY 12 2020

Report Date / Time 5/1/2020 07:29 PM	Report Number FHP99ARR819493	Case Number/Cad Number FHPL20OFF023294 / LWRC20CAD062569	Reporting Officer Name Z. TODD
Originating Agency ORI	Occur Date Time Range 05/01/2020 18:18:11 -	Jurisdiction	Clearance

- An onset of nystagmus prior to 45 degrees in the left eye
- An onset of nystagmus prior to 45 degrees in the right eye

I also observed vertical nystagmus. I observed the angle of onset to be 30°.

During the exercise Mr. Corrigan had to be told to stay in the proper position and not to move his head during the exercise. I also observed Mr. Corrigan to have orbital sway and glassy red eyes.

### Walk and Turn Exercise

The area was level and free of debris. Mr. Corrigan verbally indicated that he saw the line on the ground. Mr. Corrigan was instructed to put his left foot on the line, then place his right foot on the line ahead of the left foot in a heel to toe manner. I then demonstrated this position. Mr. Corrigan was instructed not to begin untold to do so. Mr. Corrigan verbally indicated that he has understood all instructions up to this point. Mr. Corrigan was then instructed to take 9 heel to toe steps on the line when told to do so. I then demonstrated this. Mr. Corrigan was then instructed to turn on the ninth step and to keep the front foot on the line and to take a series of small steps with the foot on the line. I then demonstrated this for Mr. Corrigan. Mr. Corrigan was also instructed to keep his arms at his sides and to watch his feet during the exercise. Mr. Corrigan was also instructed to count aloud and to not stop once he begins the exercise. He was also instructed to keep his arms at his sides at all times.

He was unable to maintain balance in the instructional position and started before being told to begin. He then took 13 steps forward and missed heel to toe on multiple steps and stepped off the line. He had a sway as he walked and completed the turn incorrectly by taking both feet off the line. He then stopped the exercise and reset his feet and took 10 steps back down the line. As he walked back he had a sway and missed heel to toe on several steps and used his arms for balance.

MAY 11 2020

Report Date / Time 5/1/2020 07:29 PM	Report Number FHP99ARR819493	Case Number/Cad Number FHPL20OFF023294 / LWRC20CAD062569	Reporting Officer Name Z. TODD
Originating Agency ORI	Occur Date Time Range 05/01/2020 18:18:11 -	Jurisdiction	Clearance

### One Leg Stand Exercise

Mr. Corrigan was instructed to stand with his feet together and to place his arms down at his side. Mr. Corrigan was instructed to maintain that position until told to do so. Once told to do so, Mr. Corrigan was instructed to raise one foot approximately 6 inches off the ground and to keep both legs straight with both arms at his side. He was also instructed to look at the elevated foot and count aloud in the manner of one thousand-one, one thousand-two and so on until told to stop. Mr. Corrigan verbally indicated that he understood the instructions after I demonstrated to him.

He raised his right foot approximately 2 inches off the ground and had an orbital sway. He did not count aloud and placed his foot down during the exercise. He then stopped the exercise. I then re explained the instructions and he stated that he understood. He was unable to maintain balance and put his foot down multiple times and did not look down at his foot.

### Finger To Nose

Mr. Corrigan was instructed stand with his feet together and arms at his side and to have his index fingers pointed out. He was instructed to not start and stay in that position until told to do so. He stated that he understood. I then demonstrated the position. Mr. Corrigan was then instructed to when told to start to close both eyes and tilt his head back. When told to do so he was instructed to bring the hand I directed upward, touching the tip of your finger to the tip of his nose. I then demonstrated this. He was then instructed to after touching the tip of the nose to immediately bring his hand down to his side. He stated that he understood. I then demonstrated and he stated that he understood. He was instructed to raise his hand in the following order, left, right, left, right, and right, left.

- Left: Missed. Pad
- Right: Missed. Pad
- Left: Missed. Pad.
- Right: Missed. Pad

Report Date / Time 5/1/2020 07:29 PM	Report Number FHP99ARR819493	Case Number/Cad Number FHPL20OFF023294 / LWRC20CAD062569	Reporting Officer Name Z. TODD
Originating Agency ORI	Occur Date Time Range 05/01/2020 18:18:11 -	Jurisdiction	Clearance

-Right: Missed. Pad  
-Left: Missed. Pad

**Modified Rhomberg Balance:**

During the exercise he was instructed to stand with his feet together and hands at his side. He was told to estimate the passage of 30 seconds in His head with his eyes closed and head tilted back. He was instructed that when he was done estimating to open his eyes and say "Stop."

He began the exercise and immediately I observed that he had a 3-inch sway back to front and side to side. I observed that he had eyelid tremors. Corrigan ended the test after 1 minute and 32 seconds.

He was then placed under arrest for DUI and secured inside of my patrol car. He was then transported to the county jail. Once I arrived at the testing facility I conducted a 20-minute observation. At no time did he regurgitate or take anything by mouth. I then requested that he provide a lawful sample of his breath and he refused. Implied consent was read twice and he stated that he understood. He provided a sample of .190 and .183. He was then booked into the Palm Beach County Jail.

The above incident occurred in Palm Beach County.

**Jail Bookin Facility**

Booking Date/Time 0.0000	Booking County PALM BEACH	Booking Facility PALM BEACH COUNTY CORRECTIONS	Booking Facility Phone Number (561) 688-4400
-----------------------------	------------------------------	--	---



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: 05/01/2020

Date of Last Agency Inspection: 04/17/2020

Observation Period Began: 19:35

Subject's Name: JASON R CORRIGAN

DOB: 01/10/1983 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	20:42
	Air Blank	0.000	20:42
	Control Test	0.080	20:43
	Air Blank	0.000	20:43
	Subject Sample #1	0.190	20:44
	Air Blank	0.000	20:45
	Air Blank	0.000	20:46
	Subject Sample #2	0.183	20:47
	Air Blank	0.000	20:48
	Control Test	0.078	20:48
	Air Blank	0.000	20:49
	Diagnostics Check	OK	20:49

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 GARY J PARENT, 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: 05/01/20

Sworn to (or affirmed) before me this 01 day of May, 2020

Signature of Notary Public-State of Florida

JPR. Z. Todd  
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.

# TESTING FACILITY TASK REPORT

AGENCY: FHP-L

SUBJECT: Corrigan, Jason R.

CASE NUMBER: 20-064707

DATE: 05/01/2020

VIDEO DVD NUMBER: N/A

BEGINNING TIME: 2038

ENDING TIME: 2050

BREATH TESTS RESULTS: 1) .190 TIME 2044 A.M.  P.M.  2) .183 TIME 2047 A.M.  P.M.   
3) N/A TIME \_\_\_\_\_ A.M.  P.M.  4) N/A TIME \_\_\_\_\_ A.M.  P.M.

BREATH OPERATOR: G. Parent #7909

MAINTENANCE TECHNICIAN: J. Karlecke #6467

## TESTING OFFICER'S OBSERVATIONS

SPEECH: Rapid

ATTITUDE: Calm, quiet

CLOTHING: Gray shorts, gray t-shirt, brown and blue sneakers

MEDICAL CONDITIONS: None

MEDICATIONS: None

### OTHER:

Eyes glassy and bloodshot, odor of an unknown alcoholic beverage on breath.

### COMMENTS:

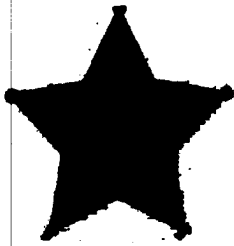
Arrived at Center A/O began the 20 minute observation period at 1935 hrs..

A/O read I/C. Twice  
Subject stated she understood I/C and agreed to take test.

A/O read rights.  
Subject stated he understood rights.

Tech. read breath test results subject acknowledged she understood test results.

A/O attempted Q&A.  
Subject refused questions.



PALM BEACH COUNTY SHERIFF'S OFFICE  
DUI TESTING FACILITY  
INFORMATION SHEET

PBSO CASE # 20-064707 PBSO ZONE 9-21

AGENCY CASE # FHPLD00FF023294 CRASH CASE # \_\_\_\_\_

TIME OF STOP/CRASH 6:07 pm DATE 5/1/2020 DAY FRIDAY

SUBJECT'S NAME SASO CORRIGAN RACE W SEX M

HGT 5'07 WGT 161 DOB 1/10/83

LOCATION EB SR-80 / ROYAL PALM

ARRESTING OFFICER'S NAME & ID TOOD 4141 AGENCY FHPL

DIVISION: OUT NOTIFIED BY COMMO y

ARRIVAL AT FACILITY 0735

BREATH RESULTS: Arrest Time 1825

- 1. .190
- 2. .183
- 3. N/A
- 4. N/A

TESTING OFFICER'S ID 7909

NOT A CERTIFIED COPY

SUBJECT: CORRIGAN, Jason R. 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? \_\_\_\_\_
- 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: \_\_\_\_\_

SUBJECT: CORRIGAN, Jason R 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) RESO ON CAMERA

## 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) RESO ON CAMERA

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



**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"/>			
Other	<input type="checkbox"/>		Other:	
	<input type="checkbox"/>		Other:	

REVIEW COMPLETED BY

Booking Number: 2020011724	Date: 05/02/2020
	Specialist Name/ID: AM/31562