

0168108

21CT-2704

3512

ARREST / NOTICE TO APPEAR

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

1

JUVENILE

**ADMI**  
**NOTIFICATION**  
**DEFENDANT**  
**JUVENILE**  
**CHARGE**  
**CHARGE**  
**CHARGE**  
**INSTRUCTIONS**  
**TO APPEAR**

OBTS Number \_\_\_\_\_ Agency Report Number (N.T.A.'s only) **5, 4 | 21-000589**

Agency ORI Number **0501700** Agency Name **Jupiter Police Department** If Weapon Seized \_\_\_\_\_ Bail Type **NONE** Multiple Clearance Indicator **1**

Charge Type: Check as many  1. Felony  2. Traffic Felony  3. Misdemeanor  4. Traffic Misdemeanor  5. Ordinance  6. Other \_\_\_\_\_

Location of Arrest (Including Name of Business) **6791 W INDIANTOWN RD JUPITER, FL 33458** Location of Offense (Business Name, Address) **6791 W INDIANTOWN RD, JUPITER, FL 33458**

Date of Arrest **02/18/2021** Time of Arrest **03:07** Booking Date **02/18/2021** Booking Time **03:17** Jail Date \_\_\_\_\_ Jail Time \_\_\_\_\_ Location of Vehicle \_\_\_\_\_

Aliases (Name, DOB, Sex, etc.) \_\_\_\_\_

Name (Last, First, Middle) **CAMERON, JEFFREY DALE** Alias: \_\_\_\_\_ Eye Color **GREEN** Hair Color **GRAY** Complexion **FAIR** Build **Large**

Race **W - White** 1 - American Indian **W** 2 - Other/Asian **M** Date of Birth **05/14/1959** Height **6'00** Weight **310** Marital Status **S** Religion **OTHER** Indication of Alcohol Influence: Yes  No  Unk.

Local Address (Street, Apt. Number) **7300 162 CTN, WEST PALM BEACH, FL 33418** (City) (State) (Zip) **(561) 310-8134** Phone **1. City 3. Florida 2. County 4. Out of State** Address Source **KNOWN**

Permanent Address (Street, Apt. Number) **7300 162 CTN, WEST PALM BEACH, FL 33418** (City) (State) (Zip) **(561) 310-8134** Phone \_\_\_\_\_ Occupation \_\_\_\_\_

Business Address (Name, Street) \_\_\_\_\_ (City) (State) (Zip) \_\_\_\_\_ Citizenship **US**

DL Number, State **C565424591740 / FL** [REDACTED] DNS Number \_\_\_\_\_ Place of Birth (City, State) **CHARELSTON, WV**

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

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

Name (Last, First, Middle) \_\_\_\_\_  Parent  Other \_\_\_\_\_  Legal Custodian \_\_\_\_\_ (City) (State) (Zip) \_\_\_\_\_ Residence Phone \_\_\_\_\_ Business Phone \_\_\_\_\_

Address (Street, Apt. Number) \_\_\_\_\_

Notified by: (Name) \_\_\_\_\_ Relationship \_\_\_\_\_ Time \_\_\_\_\_ **JUVENILE DISPOSITION** 1. Handled/Processed within Department and Released \_\_\_\_\_ 2. TOT JAC \_\_\_\_\_ 3. Incarcerated \_\_\_\_\_

Released To: (Name) \_\_\_\_\_ Relationship \_\_\_\_\_ School Attended \_\_\_\_\_ Grade \_\_\_\_\_

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.

Property Owned?  Yes  No. Description of Property \_\_\_\_\_ Value of Property \_\_\_\_\_

Drug Activity: **S. Sell** **R. Sample** **K. Distribute** **M. Manufacture/Produce/Cultivate** **Z. Other** **N. N/A** **B. Buy** **D. Deliver** **E. Use** **A. Amphetamine** **H. Heroin** **H. Heroin** **C. Cocaine** **E. Heroin** **P. Paraphernalia/Equipment** **S. Synthetic** **U. Unknown** **Z. Other**

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

**CHARGE**  
 Charge Description \_\_\_\_\_ Statute Violation Number \_\_\_\_\_ Violation of ORD # \_\_\_\_\_

**CHARGE**  
 Charge Description \_\_\_\_\_ Statute Violation Number \_\_\_\_\_ Violation of ORD # \_\_\_\_\_

Health / Apparent Physical Condition of Defendant \_\_\_\_\_ Any knowledge of the following:  Mental  Escape Risk  Medication  Deformation  Injuries Explain: \_\_\_\_\_

Check which applies:  Released O.R.  Released to Parent/Custodian  T.O.T. County Jail  Posted Bond  South County Mental Health

Transported By \_\_\_\_\_ Date Transported \_\_\_\_\_ Time Transported \_\_\_\_\_ Other \_\_\_\_\_

Location (Court, Room) **North County PALM BEACH GARD** Court Date and Time **03/24/2021 08:30:00**

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

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 COMTEMPT OF COURT AND A WARRANT FOR MY ARREST SHALL BE ISSUED.

Signature of Defendants (or Juvenile and Parent/Custodian) \_\_\_\_\_ Date Signed \_\_\_\_\_

Name Verification (Printed by Arrestee) \_\_\_\_\_ (PRINT) **FEB 18 AM 5:48**

Signature of Arresting Officer **YOCHUM, CRAIG** ID # **1185** Agency **JPD** Warrant here if subject signed with an "X".

Transporting Officer **OFC. C. YOCHUM** ID # **383** Agency **JPD**

Intake Deputy **D. [REDACTED]** ID # \_\_\_\_\_ Patch # \_\_\_\_\_

ADMI  Dangerous  Restricted Arrest  Suicidal  Other \_\_\_\_\_

PAGE **1 of 1**

SCANNED FEB 20 2021



PROBABLE CAUSE AFFIDAVIT  
SUPPLEMENT

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

1 JUVENILE

Agency ORI Number: **FL 0501700** Agency Name: **JUPITER POLICE DEPARTMENT** Agency Report Number: **5 4 21-000589**

Charge Type:  1. Felony  2. Traffic Felony  3. Misdemeanor  4. Traffic Misdemeanor  5. Ordinance  6. Other

Race: **W** Sex: **M** Date of Birth: **05/14/1959**

Name (Last, First, Middle): **CAMERON, JEFFREY DALE**

I have taken and successfully completed the Seated Battery of SFSTs advanced training course and requested Cameron completed roadsides seated. Cameron appeared to be indecisive and ultimately refused. I advised Cameron of his Taylor Warnings, confirmed his understanding and again requested he complete seated roadsides. I then briefly explained each of the seated battery tasks so he was aware of what he was refusing. Again, Cameron was indecisive and would not provide a simple "yes" or "no" answer. I asked Cameron several times and he ultimately advised he was not willing to perform SFSTs.

I placed Cameron under arrest for DUI and transported him to the Palm Beach County Breath Alcohol Testing Facility (BAT). I conducted a 20 minute observation period to ensure Cameron did not ingest or regurgitate anything. At the conclusion of the observation period, I requested Cameron provide a lawful sample of his breath for the purpose of determining the alcohol content. Cameron agreed and provided two, adequate breath samples of .165 and .167 both over the legal per se limit of .08.

Based on the aforementioned facts resulting from my investigation, I find probable cause exists to charge Jeffrey Cameron with DUI - BrAC above .15 pursuant to FSS 316.193(4).

NOT A CERTIFIED COPY

SWORN AND SUBSCRIBED BEFORE ME

*[Signature]*  
NOTARY PUBLIC / CLERK OF COURT / OFFICER

**02/18/2021**  
DATE

JOSHUA BELL  
MY COMMISSION #GG346008  
EXPIRES: JUN 18, 2023  
18 Bonded through 1st State Insurance

*[Signature]*  
SIGNATURE OF ARRESTING / INVESTIGATING OFFICER

**YOCUM, CRAIG (1185)**  
NAME OF OFFICER (PLEASE PRINT)

**02/18/2021**  
DATE

PAGE **2** OF **2**

# WITNESS LIST

CASE NUMBER: 21-000589

ARRESTING OFFICER: Craig Yochum

ADDRESS: 196 Military Trl. Jupiter, FL 33458

(WORK) (561) 746-6201

PHONE NUMBERS (HOME): \_\_\_\_\_

CAN TESTIFY TO: PC

NAME: Brandon Lopez

ADDRESS: 196 Military Trl. Jupiter, FL 33458

(WORK) 561-746-6201

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

CAN TESTIFY TO: Supplement

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

ADDRESS \_\_\_\_\_

(WORK) \_\_\_\_\_

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

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

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

ADDRESS \_\_\_\_\_

(WORK) \_\_\_\_\_

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

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

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(WORK) \_\_\_\_\_

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(WORK) \_\_\_\_\_

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

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

ADDRESS \_\_\_\_\_

(WORK) \_\_\_\_\_

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

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

**SCANNED**

FEB 20 2021

**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: 80-006238 Software: 8100.27  
Date of Test: 02/18/2021

Date of Last Agency Inspection: 02/12/2021  
Observation Period Began: 03:32  
Subject's Name: JEFFREY D CAMERON

DOB: 05/14/1959 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	04:00
	Air Blank	0.000	04:00
	Control Test	0.078	04:00
	Air Blank	0.000	04:01
	Subject Sample #1	0.165	04:01
	Air Blank	0.000	04:02
	Air Blank	0.000	04:04
	Subject Sample #2	0.167	04:04
	Air Blank	0.000	04:05
	Control Test	0.078	04:05
	Air Blank	0.000	04:06
	Diagnostics Check	OK	04:06

Cylinder Lot: 22620080A2  
Exp: 10/05/2022

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 JOSHUA J BELL, 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: J Bell Signature Date: 02/18/21

Sworn to (or affirmed) before me this 18 day of February, 2021  
[Signature] Signature of Notary Public-State of Florida Printed Name of Notary Public-State of Florida OPC. C. Yochum #383

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  
DUI TESTING FACILITY  
INFORMATION SHEET**

PBSO CASE # 21-036714 PBSO ZONE 3-14

AGENCY CASE # 21-000589 CRASH CASE # \_\_\_\_\_

TIME OF STOP/CRASH 0248 DATE 02/18/2021 DAY Thursday

SUBJECT'S NAME Cameron Jeffrey D RACE W SEX M  
LAST FIRST MID

HGT 600 WGT 310 DOB 03/21/1959

LOCATION 6791 W Indiantown Rd. Jupiter, FL 33458

ARRESTING OFFICER'S NAME & ID Craig Yochum #383 AGENCY Jupiter PD

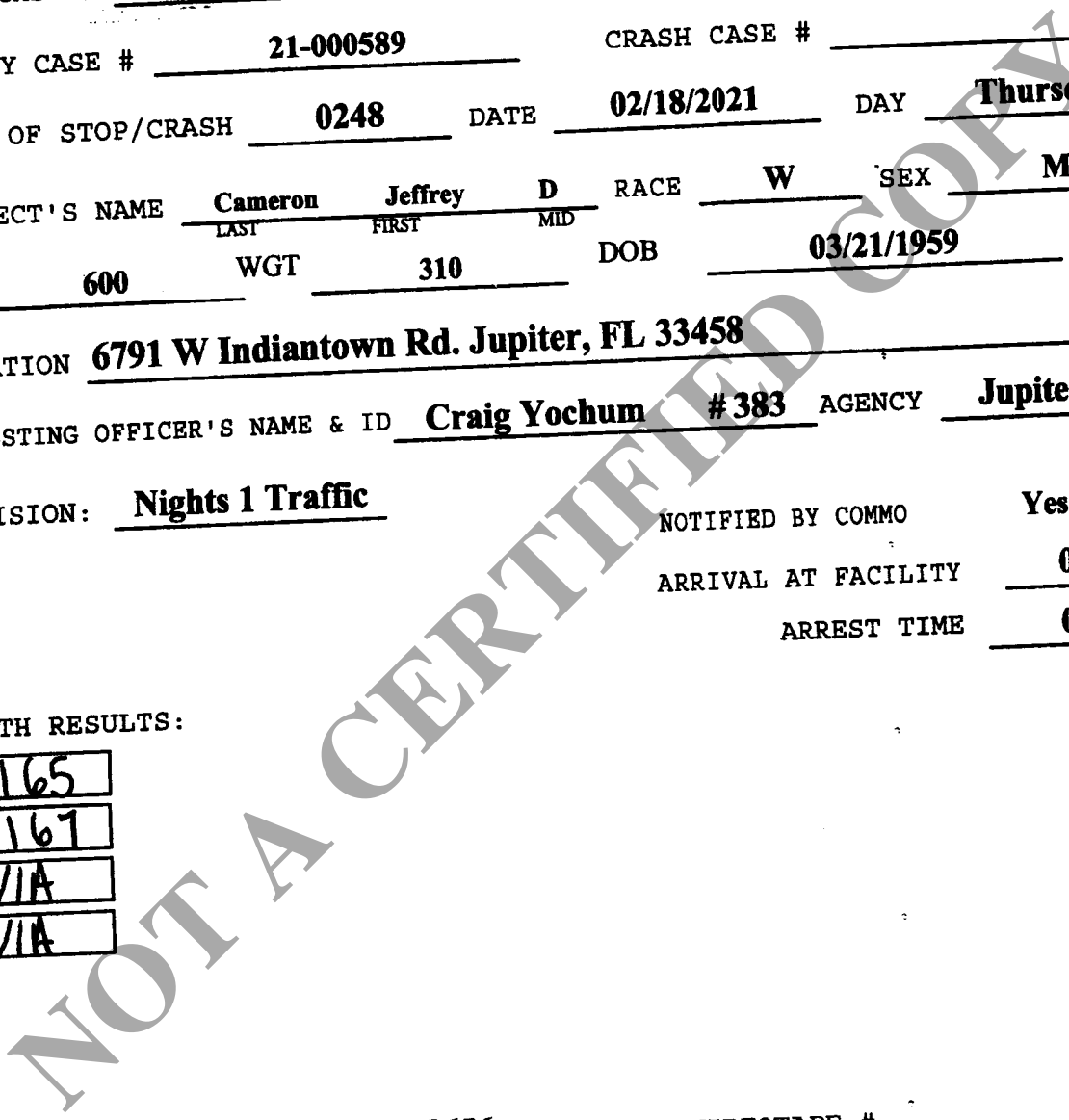
DIVISION: Nights 1 Traffic

NOTIFIED BY COMMO Yes  
 ARRIVAL AT FACILITY 0332  
 ARREST TIME 0307

**BREATH RESULTS:**

- 1) .165
- 2) .167
- 3) N/A
- 4) N/A

TESTING OFFICER'S ID 8656 PBSO VIDEOTAPE # \_\_\_\_\_



# TESTING FACILITY TASK REPORT

SUBJECT: CAMERON, JEFFREY DALE  
DATE: Feb 18, 2021  
BEGINNING TIME: 0357  
AGENCY: JPD  
CASE NUMBER: 21-036714  
VIDEO DVD NUMBER: N/A  
ENDING TIME: 0407

BREATH TESTS RESULTS: 1) .165 TIME 0401 A.M.  P.M.   
2) .167 TIME 0407 A.M.  P.M.   
3) N/A TIME XX A.M.  P.M.   
4) N/A TIME XX A.M.  P.M.

BREATH OPERATOR: JOSHUA J BELL #8656

MAINTENANCE TECHNICIAN: J. KARLECKE #6467

## TESTING OFFICER'S OBSERVATIONS

SPEECH: HOARSE

ATTITUDE: COOPERATIVE, POLITE

CLOTHING: BLACK LONG SLEEVE HOODED SHIRT, TAN SHORTS, LOAFERS

MEDICAL CONDITIONS: CONGESTIVE HEART FAILURE

MEDICATIONS: ELIQUIS, ENTRESTRO, CARVEDILOL,

## OTHER:

EYES: BLOODSHOT, GLASSY

## COMMENTS:

ARRIVED AT DUI TESTING FACILITY AND BEGAN THE 20 MINUTE OBSERVATION AT 0332 HOURS

SUBJECT STATED HE WOULD TAKE BREATH TEST

BREATH TEST COMPLETED

A/O READ RIGHTS

SUBJECT STATED HE UNDERSTOOD HIS RIGHTS

TECH READ BREATH TEST RESULTS

SUBJECT STATED HE UNDERSTOOD BREATH TEST RESULTS

SUBJECT DECLINED TO ANSWER Q AND A

SCANNED  
FEB 20 2021

Defendant's Name

CASE NUMBER 21-6335

**STATEMENT FOR DUE IN A**

STATEMENT AVAILABLE TO THE

OR

OR

OR

of the

**ADDITIONAL INFORMATION**

PLEASE PRINT AND SIGN HERE

PLEASE PRINT ANY QUESTIONS

PLEASE PRINT

PLEASE PRINT IF YOU HAVE ANY QUESTIONS

PLEASE PRINT IN THE PRESENCE OF A

PLEASE PRINT WITH IN PRESENCE ANY

PLEASE PRINT YOU TO MAKE A STATEMENT

PLEASE PRINT IN A COURT OF LAW

OR COM

FBI - CIV





**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: 2021004101	Date: 2/19/21
	Specialist Name/ID: A. Pinkney/7796

**SCANNED**  
 FEB 20 2021