

211 15603

ARREST / NOTICE TO APPEAR

0 On-View 3 Request for Warrant
S Summons T Taken into Custody

T

JUVENILE

OBTS Number	Agency Name West Palm Beach Police Department		Agency Report Number (N.T.A.'s only) 9 4 2021-0013387
Agency ORI Number 0500800	Charge Type: <input type="checkbox"/> 1. Felony <input checked="" type="checkbox"/> 2. Traffic Felony <input type="checkbox"/> 3. Misdemeanor <input type="checkbox"/> 4. Traffic Misdemeanor <input type="checkbox"/> 5. Ordinance <input type="checkbox"/> 6. Other		If Weapon Seized UNARMED
Location of Arrest (Including Name of Business) PARKER AVE/OKEECHOBEE BLVD		Location of Offense (Business Name, Address) 900 PARKER AVE/OKEECHOBEE BLVD, WEST PALM BEACH,	
Date of Arrest 09/18/2021	Time of Arrest 01:42	Booking Date	Booking Time
Name (Last, First, Middle) BUCKNER, JERRY WAYNE			
Alias:			
Race W - White B - Black	Sex M	Date of Birth 09/25/1974	Height 5'10
Weight 190	Eye Color BLUE	Hair Color WHITE	Complexion LIGHT
Scars, Marks, Tattoos, Unique Physical Features (Location, Type, Description)		Marital Status S	Religion None
Local Address (Street, Apt. Number) 100 WATERWAY DR S 409, LANTANA, FL 33462		Home Phone (561) 531-1673	Indication of Alcohol Influence Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unk <input type="checkbox"/>
Permanent Address (Street, Apt. Number) 100 WATERWAY DR S 409, LANTANA, FL 33462		Mobile Phone	Residence Type: 1. City 3. Florida 2. County 4. Out of State 1
Business Address (Name, Street)		Work Phone	Address Source VERBAL
D/L Number, State B256439743450 / FL	INS Number	Place of Birth (City, State) VERNO, VA, United	Citizenship US
Co-Defendant Name (Last, First, Middle)	Race	Sex	Date of Birth
Co-Defendant Name (Last, First, Middle)	Race	Sex	Date of Birth
Name (Last, First, Middle)			Residence Phone
Address (Street, Apt. Number)			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 <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's Office (Phone 355-2526) informed of any change of address.			School Attended
Property Crime? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			Description of Property
Drug Activity			Drug Type
Charge Description DRIVING UNDER THE INFLUENCE			Statute Violation Number 316.193(1)(a)
Drug Activity			Violation of ORD #
Charge Description			Statute Violation Number
Drug Activity			Violation of ORD #
Charge Description			Statute Violation Number
Drug Activity			Violation of ORD #
Health / Apparent Physical Condition of Defendant			Any knowledge of the following: <input type="checkbox"/> Mental <input type="checkbox"/> Escape Risk <input type="checkbox"/> Medication <input type="checkbox"/> Deformities <input type="checkbox"/> Injuries
Check which applies: <input type="checkbox"/> Released O.R. <input type="checkbox"/> Released to Parent/Guardian <input type="checkbox"/> T.O.T. County Jail <input type="checkbox"/> Posted Bond <input type="checkbox"/> South County Mental Health			Released By
Transported By			Date Transported
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) Criminal Justice CRIMINAL JUSTICE COMPLEX
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			Court Date and Time 10/19/2021 08:30:00
Signature of Defendant (or Juvenile and Parent/Custodian)			Date Signed
I CONSENT TO RECEIVE REMINDERS OF COURT DATE(S) AND TIMES FOR THIS CASE BY TEXT MESSAGE TO THE NUMBER IDENTIFIED HERE. I UNDERSTAND THAT STANDARD TEXT MESSAGE RATES MAY APPLY AND THAT I MAY REVOKE THIS CONSENT VIA THE TEXT MESSAGE SYSTEM IF I CHOOSE.			(561) 531-1673
Name Verification (Printed by Arresting Officer)			INITIAL
Name of Arresting Officer (Print) MARTINEZ, JACOB ANTONIO			ID # 02104
Transposing Officer Martinez			ID # 211
Agency WPA			Witness here if subject signed with an "X"

Dung 6/16

JH 0526008

P# 3089

No Photo Available

SEP 18 AM 2:51

DUI PROBABLE CAUSE AFFIDAVIT

On the 18 Day of September 2021 at 0149 A.M. P.M.

Subject: Buckner, Jerry Case Number: 20210013387

Agency: West Palm Beach Police Department Arresting Officer: Martinez #2104

Personal Contact

Driving Pattern Actual physical control (physical evidence putting the driver behind the wheel)

I was called by Ofc. Beasley from a traffic stop. Ofc. Beasley observed a red vehicle driving erratic westbound on Okeechobee Blvd. See Ofc. Beasley supplement. I was called due to the driver possibly being under the influence. I observed a w/m later identified as Jerry Buckner (9/25/1974) swaying back and fourth. Driver could not stand still and was slurring his words.

Observation of Driver

Glassy red eyes, slurred speech, loss of balance.

Drivers Statements:

Driver stated he was at Banko Cantina (popular bar) from approximately 2100 hours.

Odors:

Unknown alcoholic beverage that grew stronger as he spoke

General Observations

Speech: Slurred.

Attitude: Angry, cursing

Clothing: Pink shirt, tan pants, gray shoes

Medical Problems/Medications: N/A

Other:

DUI PROBABLE CAUSE AFFIDAVIT

Subject: Buckner, Jerry Case Number: 20210013387

Roadside Tasks

Horizontal Gaze Nystagmus

- | | |
|---|--|
| <input type="checkbox"/> Left Eye Does Not Follow Smoothly | <input type="checkbox"/> Right Eye Does Not Follow Smoothly |
| <input type="checkbox"/> Left Eye Jerks at 45 Degree Angle or Less | <input type="checkbox"/> Right Eye Jerks at 45 Degree Angle or Less |
| <input type="checkbox"/> Distinct Jerking Left Eye at Maximum Deviation | <input type="checkbox"/> Distinct Jerking Right Eye at Maximum Deviation |

The driver had equal pupil size and equal tracking. While conducting this exercise lack of smooth pursuit was present. Sustained and distinct nystagmus at maximum deviation was present. The onset of nystagmus was approximately 40 degrees. The driver had to be reminded several times not to move his head and to keep his eyes on the stimulus.

Walk and Turn Task

I instructed the driver to stand with his right foot in front of his left foot on line and to remain in this position until told to begin. I explained and demonstrated the exercise and the driver stated he understood the instructions. While demonstrating the exercise I observed the driver lose balance and step out of the instructional position. During the first 9 heel to toe steps, driver used his arms for balance, and asked me several times if he was supposed to turn around before finally making an improper turn. Driver stepped off line on step 3, and 5. On the second 9 heel to toe steps, driver stepped off line on 3, and 8.

One Leg Stand

I had the driver stand with his feet together and hands down at his side. I explained and demonstrated the exercise and the driver stated he understood the instructions. As I was giving the directions, driver attempted to begin task. The driver was observed swaying from side to side. The driver looked straight ahead instead of looking down at foot he had raised. I ended the exercise when my stop watch reached 30 seconds. Driver switched feet during the exercise, did not count out loud, and began to hop.

Finger To Nose

I had the driver stand with his feet together and index fingers pointed straight out. I explained and demonstrated the exercise to the driver and he stated he understood. During every task, driver would raise his hand slightly and hold it there. I stopped the instructions several times and explained then asked driver to begin. Driver still would hold the hand I instructed slightly and held it there. Driver attempted to place left finger on nose instead of right as instructed. Driver never made contact with the tip of his finger to the tip of his nose.

Romberg Balance

I asked driver if he knew his English alphabet, which driver stated he did know. I asked driver to recite the English alphabet from "A" to "Z" in a non-rhythmic manor. Driver stated he understood the directions as described. Driver sang the entire alphabet and ended with "X, Y and Z".

Breath Results from Instrument

1st Result

Refusal

2nd Result

3rd Result

If Applicable

State of Florida

County of Palm Beach

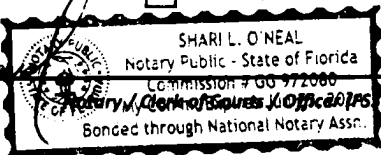
The Following Instrument was notarized or sworn before me this

Personally Known

Produced Identification

09-18-21 (DATE)

Notary Public



[Signature]
Signature of Arresting Officer

STATE OF FLORIDA
DEPARTMENT OF HIGHWAY SAFETY & MOTOR VEHICLES
AFFIDAVIT OF REFUSAL TO SUBMIT TO
BLOOD TEST

I, Ofc. Martinez, a duly certified Law Enforcement Officer or Correctional Officer,
(Name of Officer reading Implied Consent Warning)

am a member of West Palm Beach Police Department, and I do swear
(Name of law enforcement agency)

or affirm that on or about the 18 day of September, 20 21, at 0149 P.M. A.M.

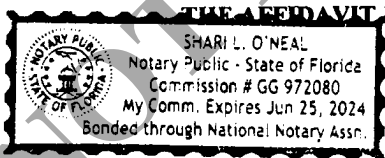
DRIVER Buckner, Jerry,
(Type or Print) FIRST NAME MIDDLE OR MAIDEN NAME LAST NAME

DL# B256439743450, state of Florida, appeared for treatment at a hospital,
clinic, or other medical facility pursuant to s. 316.1932(1)(c), Florida Statutes, and a breath or urine test was impossible or impractical.

That on or about the 18 day of September, 20 21, at 0149 P.M. A.M.
in _____ County,

I requested that the driver submit to a **blood test** to determine his or her blood alcohol level and/or the presence of chemical or controlled substances in his or her blood. I informed the driver that refusal to submit to a blood test would result in the suspension of his or her driving privilege for a period of one (1) year for a first refusal, or for a period of eighteen (18) months if his or her driving privilege had been previously suspended for refusing to submit to a breath, urine or blood test. I also informed the driver that if he or she holds a CDL, or was operating a CMV, refusal would result in the disqualification of the Commercial Driver's License/driving privilege for a period of one (1) year in the case of a first refusal or permanently if he or she had been previously disqualified as a result of a refusal to submit to a breath, urine or blood test. The driver nonetheless refused to submit to a blood test.

[Signature]
Signature of Law Enforcement Officer or
Correctional Officer



(AFFIX SEAL)

The foregoing instrument was sworn and subscribed before
me this 18 day of September, 20 21,
by Martinez #2104,

[Signature] who is personally known to me or who has produced
_____ as identification

Notary Public [Signature]

HSMV-BAR1002 (REV. 10/16)

The foregoing instrument was sworn and subscribed before me:

[Signature]
Signature of Attesting Officer

Title _____

Date 9/18/21

Note: Mail or hand deliver to the designated Bureau of Administrative Reviews office, Department of Highway Safety and Motor Vehicles, with the driver's license, the appropriate copy of the UTC, and the probable cause affidavit.

TESTING FACILITY TASK REPORT

AGENCY: WPPD

SUBJECT: BUCKNER, JERRY W

DATE: Sep 18, 2021

BEGINNING TIME: 01:47

ENDING TIME: 01:50

CASE NUMBER: 21-107843

VIDEO DVD NUMBER: N/A

BREATH TESTS RESULTS: 1) R TIME 01:49 A.M. P.M. 2) N/A TIME N/A A.M. P.M.
3) N/A TIME N/A A.M. P.M. 4) N/A TIME N/A A.M. P.M.

BREATH OPERATOR: P.POUND #24639

MAINTENANCE TECHNICAN: J. KARLECKE# 6467

REFUSED

TESTING OFFICER'S OBSERVATIONS

SPEECH: SLURRED

ATTITUDE: TALKATIVE, PROFANITY

CLOTHING: PINK SHIRT , TAN SHORTS , GRAY / BLACK SNEAKERS

MEDICAL CONDITIONS: NONE

MEDICATIONS: NONE

OTHER:

COMMENTS:

ARRIVED AT CENTER A/O BEGAN THE 20 MINUTE OBSERVATION PERIOD AT 01:25 HRS.

SUBJECT: REFUSED TO ANSWER FORMAT QUESTIONS

SUBJECT: STATED " FOR WHAT" WHEN ASKED TO TAKE TEST

A/O: READ I/C

SUBJECT: STATED HE UNDERSTOOD I/C AND REFUSED TEST

A/O: READ RIGHTS

SUBJECT: STATED HE UNDERSTOOD RIGHTS

A/O: ATTEMPTED Q&A

SUBJECT: REFUSED QUESTIONS

REFUSED



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

PBSO CASE # 21-107843 PBSO ZONE 3-15

AGENCY CASE # 202/0013387 CRASH CASE # _____

TIME OF STOP/CRASH 0051 DATE 9/18/21 DAY Saturday

SUBJECT'S NAME Buckner, Jerry RACE W SEX M

HGT 5' 10" WGT 190 DOB 9/25/1974

LOCATION Parker Ave / Okeechobee Blvd

ARRESTING OFFICER'S NAME & ID Martinez 2104 AGENCY WPB

DIVISION: Charlie NOTIFIED BY COMMO Y

ARRIVAL AT FACILITY 0125

BREATH RESULTS: Arrest Time 0105

- 1. _____
- 2. **REFUSED**
- 3. _____
- 4. _____

TESTING OFFICER'S ID 24639

NOT A CERTIFIED COPY

SUBJECT: _____ CASE NUMBER: 2011013387

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: _____ CASE NUMBER: 2021013371

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) _____



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: 2021023312	Date: 9/18/2021
	Specialist Name/ID: J. Beck/9007