



0525 401

50.2021-CT-014054-ANB

2073

AD M I N I S T R A T I O N	OBTS Number		ARREST / NOTICE TO APPEAR		1. Arrest 2. N.T.A.		3. Request for Warrant 4. Request for Capias		1		JUVENILE	
	Agency ORI Number 0501700		Agency Name Jupiter Police Department		Agency Report Number (N.T.A.'s only) 5, 4 21-002902							
D E F E N D A N T	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		If Weapon Seized Enter Type: UNARMED		Multiple Clearance Indicator 1							
	Location of Arrest (Including Name of Business) 9060 W INDIANTOWN RD JUPITER, FL 33478		Location of Offense (Business Name, Address) 9060 W INDIANTOWN RD, JUPITER, FL 33478									
C O D E F	Date of Arrest 08/21/2021	Time of Arrest 22:26	Booking Date 08/21/2021	Booking Time 22:36	Jail Date // : :	Jail Time	Location of Vehicle					
	Name (Last, First, Middle) EAST, JESSE KENNETH		Alias: Alias (Name, DOB, Soc. Sec. #, Etc.)									
J U V E N I L E	Race W - White A - American Indian B - Black O - Oriental/Asian W	Sex M	Date of Birth 10/02/1990	Height 5'05	Weight 195	Eye Color HAZEL	Hair Color BROWN	Complexion LIGHT	Build Medium			
	Sore, Marks, Tattoos, Unique Physical Features (Location, Type, Description)		Marital Status M		Religion CHRISTIAN		Indication of Alcohol Influence Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unk. <input type="checkbox"/>		Drug Influence Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Unk. <input type="checkbox"/>			
C H A R G E	Local Address (Street, Apt. Number) JUPITER 17646 118TH TRL N, FL 33478		(City) (State) (Zip)		Phone (772) 444-5687		Residence Type: 1. City 2. County 3. Florida 4. Out of State 2					
	Permanent Address (Street, Apt. Number) JUPITER 17646 118TH TRL N, FL 33478		(City) (State) (Zip)		Phone (772) 444-5687		Address Source FL DL					
C O D E	Business Address (Name, Street) E230431903620 / FL		(City) (State) (Zip)		Phone		Occupation					
	D/I Number, State E230431903620 / FL		Soc. Sec. Number [REDACTED]		INS Number		Place of Birth (City, State) STUART, FL, United		Citizenship US			
C H A R G E	Co-Defendant Name (Last, First, Middle)		Race		Sex		Date of Birth		<input type="checkbox"/> 1. Arrested <input type="checkbox"/> 3. Felony <input type="checkbox"/> 5. Juvenile			
	Co-Defendant Name (Last, First, Middle)		Race		Sex		Date of Birth		<input type="checkbox"/> 2. At Large <input type="checkbox"/> 4. Misdemeanor <input type="checkbox"/> 5. Juvenile			
C H A R G E	<input type="checkbox"/> Parent <input type="checkbox"/> Other: _____		Name (Last, First, Middle)		Residence Phone							
	<input type="checkbox"/> Legal Custodian		Address (Street, Apt. Number)		(City) (State) (Zip)		Business Phone					
C H A R G E	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					
C H A R G E	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		Grade							
	<input type="checkbox"/> Yes, by: <input type="checkbox"/> No		Property Crime? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Description of Property		Value of Property					
C H A R G E	Drug Activity S. Sell N. N/A P. Possess T. Traffic		S. Sell B. Buy D. Deliver E. Use		K. Disperse/ 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. Synthetic		U. Unknown Z. Other			
C H A R G E	Charge Description DUI - BAC/BRAC OVER .15 OR MINOR IN VEHICLE		Statute Violation Number 316.193(4)		Violation of ORD							
	Drug Activity N	Drug Type N	Amount / Unit	Offense #	Counts 1	Domestic Violence <input type="checkbox"/> Y <input checked="" type="checkbox"/> N	Warrant / Capias Number	Bond				
C H A R G E	Charge Description		Statute Violation Number		Violation of ORD #							
	Drug Activity	Drug Type	Amount / Unit	Offense #	Counts	Domestic Violence <input type="checkbox"/> Y <input checked="" type="checkbox"/> N	Warrant / Capias Number	Bond				
C H A R G E	Charge Description		Statute Violation Number		Violation of ORD #							
	Drug Activity	Drug Type	Amount / Unit	Offense #	Counts	Domestic Violence <input type="checkbox"/> Y <input checked="" type="checkbox"/> N	Warrant / Capias Number	Bond				
I N T A K E	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		Explain:							
	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		PROPERTY - Received By		Released By		Released To					
N O T I C E	Transported By		Date Transported		Time Transported		Other					
	<input checked="" type="checkbox"/> INSTRUCTION NO. 1 - Mandatory appearance in court <input type="checkbox"/> INSTRUCTION NO. 2 - You need not appear in Court but must comply with instructions on Page 2.		Location (Court, Room) North County PALM BEACH GARD		Court Date and Time 09/22/2021 08:30:00							
A D M I N	I AGREE TO APPEAR AT THE TIME AND PLACE DESIGNATED TO ANSWER THE OFFENSE CHARGED OR TO PAY THE FINE SUBSCRIBED. I UNDERSTAND THAT SHOULD I WILLFULLY FAIL TO APPEAR BEFORE THE COURT AS REQUIRED BY THIS NOTICE TO APPEAR, THAT I MAY BE HELD IN CONTEMPT OF COURT AND A WARRANT FOR MY ARREST SHALL BE ISSUED.		Signature of Defendant (or Juvenile and Parent/Custodian)		Date Signed							
	HOLD for Other Agency		Signature of Arresting Officer YOCHUM CRAIG		Name Verification (Printed by Arrestee) AUG 22 AM 12:55							
A D M I N	<input type="checkbox"/> Dangerous <input type="checkbox"/> Resisted Arrest <input type="checkbox"/> Suicidal <input type="checkbox"/> Other		Name of Arresting Officer (Agency) YOCHUM CRAIG		I.D. # 1185		(PRINT)					
	Jailer's Depth 0501		I.D. # 477		Pouch #		Transporting Officer OFC. C. YOCHUM		I.D. # 383		Agency JPD	
Witness here if subject signed with an "X".										PAGE 1 OF 1		

☐ COURT ☐ STATE ATTORNEY ☐ AGENCY ☐ CENTRAL RECORDS ☐ JAIL ☐ CRIME ANALYSIS ☐ P.I.O. ☐ DEFENDANT

OETS Number		PROBABLE CAUSE AFFIDAVIT		1. Arrest 2. N.T.A.		3. Request for Warrant 4. Request for Copies		1	JUVENILE	
A D M I N	Agency ORI Number FL 0501700	Agency Name JUPITER POLICE DEPARTMENT	Agency Report Number 5 4 21-002902							
N	Charge Type: Check as many as apply. <input type="checkbox"/> 1 Felony <input type="checkbox"/> 3 Misdemeanor <input type="checkbox"/> 5 Ordinance <input type="checkbox"/> 2 Traffic Felony <input checked="" type="checkbox"/> 4 Traffic Misdemeanor <input type="checkbox"/> 6 Other			Special Notes						
D E F	Name (Last, First, Middle) EAST, JESSE KENNETH			Alias		Race W	Sex M	Date of Birth 10/02/1990		
C H A R G E S	Charge Description 316.193(4) DUI - BAC/BRAC OVER .15 -OR- MINOR IN VEHICLE			Charge Description						
V I C T I M	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				
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 checked="" 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>21</u> day of <u>August</u>, <u>2021</u> at <u>22:26</u> (Specifically include facts constituting cause for arrest.)</p> <p>On 08/21/2021 at approximately 2208 hours, I was conducting speed enforcement in the area of 9060 W Indiantown Rd. (Riverbend Park) in the Town of Jupiter, Palm Beach County, FL. At the time, I was driving an unmarked Jupiter Police Department patrol vehicle (vehicle 1308), I was wearing a JPD uniform clearly identifying myself as a Jupiter Police Officer, and I was wearing my department-issued Axon body camera.</p> <p>I was stationary, facing east in the median break between the eastbound and westbound lanes of S.R. 706 (W Indiantown Rd.). I observed a vehicle traveling westbound in the outside lane of S.R. 706 traveling at an extremely high rate of speed. This vehicle was later identified to be a white 2020 Chevrolet pickup bearing FL tag # 9041UX. I visually estimated the truck to be traveling approximately 100 MPH in a posted 55 MPH speed zone. I activated the front antenna of my Applied Concepts, Inc. STALKER DSR2X radar unit (s/n DP004005) in stationary mode and received a digital speed readout of 92 MPH. My radar unit emitted a clear, constant audio Doppler tone consistent with a vehicle traveling the aforementioned speed. As the truck passed the driver side of my patrol vehicle both the digital speed readout and audio Doppler tone ceased indicating the vehicle had traveled outside my radar unit's operational range.</p> <p>Due to the excessive speed, I immediately activated my overhead emergency lights and siren to conduct a traffic stop and the truck stopped (facing west) straddling the fog line on the north side of the roadway.</p> <p>I approached the vehicle and made contact with the driver, who I later identified via his valid Class E Florida driver license to be Jesse East (w/m; 10/02/1990). East had bloodshot/glassy eyes, slurred speech, a flushed face, and the odor of an unknown alcoholic beverage on his breath. I introduced myself to East and advised him of the reason for the traffic stop. East immediately stated he was driving too fast. I requested East provide me with his driver license, registration, and proof of insurance</p>										
A D M I N I S T R A T I V E	SWORN AND SUBSCRIBED BEFORE ME  NOTARY PUBLIC / CLERK OF COURT / OFFICER (F.S. 111.05)			SIGNATURE OF ARRESTING / INVESTIGATING OFFICER  YOCUM, CRAIG (1185) NAME OF OFFICER (PLEASE PRINT)						
DATE 08/21/2021				DATE 08/21/2021						

OBTS Number		PROBABLE CAUSE AFFIDAVIT SUPPLEMENT		1. Arrest 2. N.T.A.	3. Request for Warrant 4. Request for Capias	1	JUVENILE
A D M I N I S T R A T I V E	Agency ORI Number FL 0501700		Agency Name JUPITER POLICE DEPARTMENT		Agency Report Number 5 4 21-002902		
	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		
Name (Last, First, Middle) EAST, JESSE KENNETH					Race W	Sex M	Date of Birth 10/02/1990
<p>for the vehicle. East provided his insurance card for the vehicle but did not resume his search for the other requested documents until I asked. East then began searching through his pockets, advised he did not have his license, and stated he left his license in Hobe Sound.</p> <p>East advised he was coming from Hobe Sound and later advised he was coming from the bar Scooters. East estimated his level of impairment on a scale of 1 (being sober) to 10 (being sick) at a 5. East stated he could feel the effects of the alcohol and that he felt he should not be driving. East advised he has Type II Diabetes which he manages with medication, once per day.</p> <p>Based on the indicators of impairment I had observed thus far, I requested East exit his vehicle and he complied. I requested East perform Standardized Field Sobriety Tasks (SFSTs) and he agreed.</p> <p>I first conducted the Horizontal Gaze Nystagmus task. I am a certified Drug Recognition Expert (IACP # 32395) and I conducted this task in accordance with my training. East did not have resting nystagmus, his pupils appeared to be of equal approximate size, and equally tracked a horizontally-moving stimulus. I observed Lack of Smooth Pursuit, Distinct and Sustained Nystagmus at Maximum Deviation, and the Onset of Nystagmus prior to 45 Degrees in both East's eyes. East had a difficult time following the stimulus with his eyes only and had to be reminded throughout the task. Vertical Gaze Nystagmus was not present.</p> <p>I then conducted the Walk and Turn. I observed no clues of impairment during the Instructions Stage. When told to begin, East used his arms to balance on steps 1, 4, 5, 6, 7, 8, and 9. East stepped off the line, to the right, on steps 6 and 8. East took a total of 9 steps before turning. East turned improperly by taking one large step with his trailing foot. After turning, East stopped and did not resume walking back down the line. I asked if East remembered what I told him to do after he turned and he advised he did not. I then asked if East was completed with the task and he stated he was.</p> <p>I next conducted the One Leg Stand. I provided the instructions to East, he indicated his understanding, and did not have any questions. When told to begin, East raised his left foot off the ground. East raised his arms from his sides and began swaying. East lost his balance and placed his foot on the ground after approximately 6 seconds had elapsed. East again raised his foot off the ground and began counting over from 1. East placed his foot on the ground again at his count of 4. East swayed and used his arms to balance throughout the duration of the task.</p> <p>Before conducting the Finger to Nose, East demonstrated knowledge of his left and right hands. The cadence for this task was: Left, Right, Left, Right, Right, Left. When told to begin, I reminded East to close his eyes and tilt his head back. On the first call of</p>							
<div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> <p>SWORN AND SUBSCRIBED BEFORE ME</p> <p>_____ NOTARY PUBLIC / CLERK OF COURT / OFFICIAL 08/21/2021 DATE</p> </div> <div style="width: 45%; text-align: center;"> <p>_____ SIGNATURE OF ARRESTING / INVESTIGATING OFFICER YCHUM, CRAIG (1185) NAME OF OFFICER (PLEASE PRINT) 08/21/2021 DATE</p> </div> </div>							

COURT

STATE ATTORNEY

CENTRAL RECORDS

JAIL

CRIME ANALYSIS

P. I. O.

OBTS Number		PROBABLE CAUSE AFFIDAVIT SUPPLEMENT		1. Arrest 2. N.T.A.	3. Request for Warrant 4. Request for Capias	1	JUVENILE
ADMINISTRATIVE	Agency ORI Number FL 0501700		Agency Name JUPITER POLICE DEPARTMENT		Agency Report Number 5 4 21-002902		
	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				
DEFENDANT	Name (Last, First, Middle) EAST, JESSE KENNETH				Race W	Sex M	Date of Birth 10/02/1990
	Alias						
PROBABLE CAUSE STATEMENT	<p>left, East touched the pad of his left finger just under his septum to his upper lip and did not return his arm to his side. On the first call of right, East touched the pad of his right index finger to the middle of his upper lip. On the second call of left, East touched the pad of his left index finger to the tip of his nose. On the second call of right, East touched the pad of his right index finger just under his septum to his upper lip. On the final call of right, East initially raised his left hand about halfway from his side but corrected himself and touched the pad of his right index finger to the tip of his nose. On the final call of left, East touched the pad of his left index finger to the tip of his nose.</p> <p>East advised his highest level of education was 11th grade and that he was comfortable with the alphabet from A to Z. Before East began, he started crying. When told to begin, East began softly reciting the alphabet and mumbled unintelligibly, at times. East recited the following "ABCDEFGH IJKL...*mutter*...PQRSTUVRQSTXRSUV". East then opened his eyes and appeared to be finished with the task.</p> <p>Based on the totality of the circumstances, I placed East under arrest for DUI. I transported East to the Palm Beach County Breath Alcohol Testing Facility where I conducted a 20 minute observation period to ensure he did not ingest or regurgitate anything. When the observation period was complete, I requested East provide a lawful sample of his breath for the purpose of determining the alcohol content. East agreed and provided two, adequate breath samples of .205 and .204, both exceeding the legal, per se, limit of .08.</p> <p>Based on the aforementioned facts resulting from my investigation, I find Probable Cause exists to charge Jesse East with DUI (Enhanced) BAC above .15 pursuant to FSS 316.193(4).</p>						
ADMINISTRATIVE	SWORN AND SUBSCRIBED BEFORE ME <div style="display: flex; justify-content: space-between; align-items: flex-end; margin-top: 20px;"> <div style="width: 30%;"> NOTARY PUBLIC / CLERK OF COURT / OFFICER (F.S. § 17.27) 08/21/2021 DATE </div> <div style="width: 30%; text-align: center;"> </div> <div style="width: 35%;"> SIGNATURE OF ARRESTING / INVESTIGATING OFFICER YOCHUM, CRAIG (1185) NAME OF OFFICER (PLEASE PRINT) 08/21/2021 DATE </div> </div>						

COURT

STATE ATTORNEY

CENTRAL RECORDS

JAIL

CRIME ANALYSIS

P. I. O.

WITNESS LIST

CASE NUMBER: 21-002902

ARRESTING OFFICER: Craig Yochum

ADDRESS: 196 Military Trl. Jupiter, FL 33458

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

CAN TESTIFY TO: PC

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: _____

NAME: _____

ADDRESS _____

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CAN TESTIFY TO: _____

NAME: _____

ADDRESS _____

PHONE NUMBERS (HOME) _____ (WORK) _____

CAN TESTIFY TO: _____

NAME: _____

ADDRESS _____

PHONE NUMBERS (HOME) _____ (WORK) _____

CAN TESTIFY TO: _____

NAME: _____

ADDRESS _____

PHONE NUMBERS (HOME) _____ (WORK) _____

CAN TESTIFY TO: _____

**FLORIDA DEPARTMENT OF LAW ENFORCEMENT
ALCOHOL TESTING PROGRAM
BREATH ALCOHOL TEST AFFIDAVIT**

Instrument Type: Intoxilyzer 8000
Instrument Registered To: PALM BEACH CO SO
Instrument Serial Number: 80-006477 Software: 8100.27
Date of Test: 08/21/2021

Date of Last Agency Inspection: 08/13/2021
Observation Period Began: 23:00
Subject's Name: JESSE K EAST

DOB: 10/02/1990 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	23:24
	Air Blank	0.000	23:25
	Control Test	0.079	23:25
	Air Blank	0.000	23:25
	Subject Sample #1	0.205	23:26
	Air Blank	0.000	23:27
	Air Blank	0.000	23:28
	Subject Sample #2	0.204	23:29
	Air Blank	0.000	23:30
	Control Test	0.079	23:30
	Air Blank	0.000	23:31
	Diagnostics Check	OK	23:31

Cylinder Lot: 02021080A1
Exp: 03/05/2023

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: 08/21/21
Signature

Sworn to (or affirmed) before me this 21 day of Aug., 2021

Signature of Notary Public-State of Florida Off. C. Yochum #383
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
DUI TESTING FACILITY
INFORMATION SHEET

PBSO CASE # 21-048516 PBSO ZONE 3-14

AGENCY CASE # 21-002902 CRASH CASE # _____

TIME OF STOP/CRASH 2208 DATE 08/21/2021 DAY Saturday

SUBJECT'S NAME East Jesse K RACE W SEX M
LAST FIRST MID

HGT 505 WGT 195 DOB 10/02/1990

LOCATION 9060 W Indiantown Rd. Jupiter, FL 33458

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

DIVISION: Traffic Unit

NOTIFIED BY COMMO Yes

ARRIVAL AT FACILITY 2300

APPROX TIME 2226

BREATH RESULTS:

1)	.205
2)	.204
3)	N/A
4)	N/A

TESTING OFFICER'S ID 16877 PBSO VIDEOTAPE # N/A

SUBJECT: E. J. T. K. CASE NUMBER: 21-00292

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) David L. L. L.

SUBJECT: East, John H. CASE NUMBER: 21-10102

QUESTIONS AND ANSWERS

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

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

WHERE WERE YOU GOING? Home

WHAT STREET OR HIGHWAY WERE YOU ON? 1st St

DIRECTION OF TRAVEL? W WHERE DID YOU START? 1st St

WHAT TIME DID YOU START? 1 WHAT TIME IS IT NOW? 1:00

WHAT IS TODAY'S DATE? 1/10/21 WHAT DAY OF THE WEEK IS IT? Monday

WHAT COUNTY AND CITY ARE YOU IN NOW? Alameda, CA

WHEN DID YOU LAST EAT? 12:00 WHAT DID YOU EAT? Food

WHAT HAVE YOU BEEN DOING FOR THE LAST THREE HOURS? Nothing

HOW MUCH DO YOU WEIGH? 160 HAVE YOU BEEN DRINKING? Yes WHAT? Wine

HOW MUCH? 1/2 WHERE? Home WITH WHOM? Alone

WHEN DID YOU HAVE YOUR FIRST DRINK? 12:00 AND YOUR LAST DRINK? 1:00

HOW DID YOU CONSUME YOUR LAST TWO DRINKS? Wine

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

HAVE YOU CONSUMED ANY ALCOHOL SINCE THE ACCIDENT? No HOW MUCH? None

WHAT? None WHERE? None WHEN? None

WHAT LINE OF WORK ARE YOU IN? Engineer WHEN DID YOU LAST WORK? 1/10/21

DO YOU HAVE ANY PHYSICAL DEFECTS OR INJURIES? No WHAT? None

ARE YOU SICK OR INJURED? No WHAT'S WRONG? None

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

WERE YOU IN AN ACCIDENT TODAY? No

HAVE YOU TAKEN ANY DRUGS OR SMOKED ANY MARIJUANA TODAY? No WHEN? None

HAVE YOU SEEN A DOCTOR OR DENTIST TODAY? No WHO? None WHY? None

ARE YOU TAKING ANY PRESCRIPTION MEDICINES? No WHAT? None WHEN? None

DO YOU HAVE:

EPILEPSY?	<u>No</u>
GLASS EYE?	<u>No</u>
FALSE TEETH?	<u>No</u>
EAR INFECTION?	<u>No</u>
INNER EAR TROUBLE?	<u>No</u>
DIABETES?	<u>No</u>

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

DO YOU TAKE INSULIN? No IF SO, WHEN WAS YOUR LAST INJECTION? None

HAVE YOU EVER HAD A DRIVER'S LICENSE IN ANY OTHER STATE? No WHERE? None

INTERVIEWER: Det. [Signature]

TESTING FACILITY TASK REPORT

AGENCY: JPD

SUBJECT: East, Jesse K.

CASE NUMBER: 21-098516

DATE: Aug 21, 2021

VIDEO DVD NUMBER: N/A

BEGINNING TIME: 23:22

ENDING TIME: 23:36

BREATH TESTS RESULTS: 1) .205 TIME 23:26 A.M. ☐ P.M. ☒ 2) .204 TIME 23:29 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 TECHNICAN: Jason Karlecke #6467

TESTING OFFICER'S OBSERVATIONS

SPEECH: Slurred

ATTITUDE: Fidgety, agitated, moodswings

CLOTHING: Gray shorts, gray t-shirt, black sneakers

MEDICAL CONDITIONS: Diabetes

MEDICATIONS: Yes doesn't know the name

OTHER:

Eyes are glassy & bloodshot
odor of unknown alcoholic beverage on breath

COMMENTS:

Arrived at center A/O started 20 minute observation period at 23:00 hrs.

Subject agreed to perform breath test.

A/O read rights.

Subject stated he understood rights.

Tech read breath test results.

Subject stated he understood breath test results.

A/O conducted Q&A

Subject answered Q&A.



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

REVIEW COMPLETED BY

Booking Number: 2021020873

Date: 8/22/21

Specialist Name/ID: A. Pinkney/7796