

J# 0387119

20CT16409ASB

P# 1753

OBTS Number		<b>ARREST / NOTICE TO APPEAR</b>				1. Arrest 3. Request for Warrant		1		Juvenile		N									
Agency ORI Number <b>FL 0500300</b>		Agency Name <b>BOYNTON BEACH POLICE DEPT.</b>				Agency Report Number <b>34-20-062145</b>															
Charge Type: Check as many as Apply. <input type="checkbox"/> 1. Felony <input 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												Multiple Clearance Indicator									
Location of Arrest (Including Name of Business) <b>2700 N. SEACREST BLVD, BOYNTON BEACH, FLORIDA, 33435</b>						Location of Offense (Business Name, Address) <b>2700 N. SEACREST BLVD, BOYNTON BCH, FL, 33435</b>															
Date of Arrest <b>12/15/2020</b>		Time of Arrest <b>0908</b>		Booking Date		Booking Time		Jail Date		Jail Time		Location of Vehicle									
Name (Last, First, Middle) <b>HESS, JOSEPH CHRISTIAN</b>												Aliases (Name, DOB, Soc. Sec. #, Etc)									
W - White B - Black		I - American Indian O - Oriental / Asian		Race <b>W</b>		Sex <b>M</b>		Date of Birth <b>05/24/1990</b>		Height <b>510</b>		Weight <b>160</b>		Eye Color <b>BRO</b>		Hair Color <b>BRO</b>		Complexion <b>LIGHT</b>		Build <b>MED</b>	
Scars, Marks, Tattoos, Unique Physical Features (Location, Type, Description) <b>N/A</b>												Marital Status <b>SINGLE</b>		Religion <b>N/A</b>		Intoxication of: Alcohol Influence <input type="checkbox"/> <input type="checkbox"/> Drug Influence <input type="checkbox"/> <input type="checkbox"/>					
Local Address (Street, Apt. Number) <b>11908 SUMMER SPRINGS DR, FRISCO, TEXAS, 75036</b>						Phone <b>( ) -</b>		Residence Type 1. City 3. Florida 2. County 4. Out of State <b>4</b>													
Permanent Address (Street, Apt. Number)						Phone <b>( ) -</b>		Address Source <b>VERBAL</b>													
Business Address (Street, Apt. Number)						Phone <b>( ) -</b>		Occupation <b>MEDICAL</b>													
DL Number, State <b>41599889 / TX</b>				INS Number		Place of Birth <b>ST PETE, FL</b>		Citizenship <b>US</b>													
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 <input type="checkbox"/> 2. At Large <input type="checkbox"/> 4. Misdemeanor											
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 <input type="checkbox"/> 2. At Large <input type="checkbox"/> 4. Misdemeanor											
<input type="checkbox"/> Parent <input type="checkbox"/> Legal Custodian <input type="checkbox"/> Other		Name (Last)		(First)		(Middle)		Residence Phone													
Address (Street, Apt. Number)						City		State		Zip		Business Phone									
Notified by: (Name)				Date		Time		Juvenile Disposition 1. Handled/Processed within Dept. and Released 2. TOT HRS/DYS 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 561-365-2626) 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. Barbituate C. Cocaine E. Heroin		H. Hallucinogen M. Marijuana O. Opium/Deriv.		P. Paraphernalia/ Equipment S. Synthetic		U. Unknown Z. Other	
Charge Description <b>DUI W/ PROPERTY DAMAGE</b>						Counts <b>1</b>		Domestic Violence <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Statute Violation Number <b>316.193.3.C.1</b>		Violation of ORC#									
Drug Activity						Drug Type		Amount/Unit		Offense # <b>20-062145</b>		Warrant/Copies Number		Bond							
Charge Description						Counts		Domestic Violence <input type="checkbox"/> Yes <input type="checkbox"/> No		Statute Violation Number		Violation of ORC#									
Drug Activity						Drug Type		Amount/Unit		Offense #		Warrant/Copies Number		Bond							
Charge Description						Counts		Domestic Violence <input type="checkbox"/> Yes <input type="checkbox"/> No		Statute Violation Number		Violation of ORC#									
Drug Activity						Drug Type		Amount/Unit		Offense #		Warrant/Copies Number		Bond							
Charge Description						Counts		Domestic Violence <input type="checkbox"/> Yes <input type="checkbox"/> No		Statute Violation Number		Violation of ORC#									
Drug Activity						Drug Type		Amount/Unit		Offense #		Warrant/Copies Number		Bond							
<input 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 instruction on reverse side.				Location (Court, Room Number, Address) <b>South County Courthouse, 200 West Atlantic Ave, Delray Beach, FL 33444</b>																	
				Court Date and Time Month <b>01</b> Day <b>25</b> Year <b>2021</b> Time <b>0830</b>																	
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 Name:				Signature of Arresting Officer				Name Verification (Printed by Arrestee) (PRINT) <b>DEC 15 PM 2:20</b>													
<input type="checkbox"/> Dangerous <input type="checkbox"/> Resisted Arrest <input type="checkbox"/> Suicidal <input type="checkbox"/> Other:				Name of Arresting Officer (Print) <b>OFFICER CASTRO</b>				I.D. # <b>905</b>													
Initials (Last, First, Middle)				Pouch #				Name of Transporting Officer (Print) <b>OFFICER CASTRO</b>													
								I.D. # <b>905</b>													
								Agency <b>BBPD</b>													
								Witness here to subject Signed (Date and Time)													

SCANNED

DEC 16 2020

**D.U.I. PROBABLE CAUSE AFFIDAVIT**

ON THE 15 DAY OF December 2020 AT 0820  A.M.  P.M.

CASE #: 20-062145

DEFENDANT: HESS, JOSEPH CHRISTIAN

**PERSONAL CONTACT/DRIVING PATTERN/OBSERVATION OF DRIVER:**

I responded to the 2700 block of N. Seacrest Blvd in reference to a Vehicular Crash with Injuries. This incident occurred within the City of Boynton Beach, Palm Beach County, Florida.

Upon arrival I observed a Silver Hyundai bearing Florida tag HXES30 in the inside southbound lane of N. Seacrest Blvd facing north. Directly in front of the Hyundai I observed a Black Datsun bearing Florida tag IQ3125 in the inside southbound lane of N. Seacrest Blvd. The Hyundai had sustained heavy right front corner damage and the Datsun had sustained heavy right front corner damage as well. The driver of the Datsun had sustained minor injuries and was transported to a local hospital. The driver of the Hyundai W/M Hess, Joseph (05/24/90) did not sustain any injuries. Front airbags were deployed from both vehicles.

After speaking with the crash investigator Officer Mastro, he advised that the Datsun was southbound on N. Seacrest Blvd, approaching the 2700 block. The Hyundai was northbound in the inside lane of N. Seacrest Blvd, approaching the 2700 block. At the location of the crash, the road curves at an approximately 50-60 degrees. Investigation revealed that the driver of the Hyundai, Hess, lost control of the vehicle due to an alleged bee entering his vehicle via the lower front window. Hess veered into the wrong side of the roadway at the curve striking the front of the Datsun. The driver of the Datsun, W/F Debillion Bober, Dianna (05/02/63) observed Hess veering into his lane therefore she swerved towards the right an attempt to avoid a collision; but it was unsuccessful. Officer Mastro advised that during his investigation he noticed that Hess' spoke with a thick slurred speech and his eyes were pin pointed and bloodshot/glassy. Hess informed Officer Mastro that he is prescribed Lexapro, Zanax and Adderall and had taken his prescribed dosage prior to the crash. Officer Mastro advised that he suspects that Hess' prescription had possibly impaired his ability to operate a motor vehicle properly therefore he contacted me to assist with a DUI Investigation. See Officer Mastro's supplement for further.

I then made contact with Officer Melo who advised that Hess was still sitting inside his vehicle with the keys in the ignitions.

I then made contact with Hess, who was standing along the side of the roadway. I introduced myself to Hess and check on his welfare, which he advised that he was okay. Hess was more concerned about the damage to his mother's vehicle and ask if officers would take photos for him so that his mother could believed that he was involved in crash. While quickly speaking with Hess I noticed his speech was thick and slurred, just as Officer Mastro described. Hess' eyes were bloodshot/glassy and his pupils were smaller than normal. I then escorted Hess to the front of fully marked patrol vehicle, where the vehicle's camera was recording. Hess proceeded to explained the crash and how the bee flew into his vehicle and that he was highly allergic to bees. Hess advised that he "blacked out" as a result. Hess then joked and advised that the bee wasn't injured. I stopped Hess in mid-sentence and advised him of my presence, which he stated that he understood. I read Hess his Miranda Warnings, which he stated that he understood as well. Hess advised that he took his Lexapro, .5 mg Xanax and 10 mg Adderall this morning at approximately 0615hrs-0630hrs. Hess advised that he is allowed to operator a motor vehicle while under the influence of his medication because the prescription bottle says so. Hess further advised that he was in the process of picking up his father from the airport in West Palm Beach and had left his mother's residence in Delray Beach at 0600hrs. Let it be noted that this crash occurred at 0820hrs, approximately 2.20hrs after Hess had left the residence. It is unknown what Hess was doing or at during that time frame. Based on the above facts I requested Hess to Submit to a Series of Standardized Field Sobriety Task, which he refused. Hess advised that he was informed by his attorney to never submit to the roadside due to the medications he is prescribed. I then informed Hess of his Taylor Warnings, which he stated that he understood. I then requested Hess a second time, which he stated no again. At this point Hess was placed into handcuffs (D/L and Spaced) and arrested for suspicious of DUI.

**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 prior to 45 degrees                                 | <input type="checkbox"/> Right eye prior to 45 degrees                      |
| <input checked="" type="checkbox"/> Distinct jerking in left eye at maximum deviation | <input type="checkbox"/> Distinct jerking in right eye at maximum deviation |
| <input type="checkbox"/> Vertical Nystagmus in left eye                               | <input type="checkbox"/> Vertical Nystagmus in right eye                    |

**WALK AND TURN:**

REFUSED

**ONE LEG STAND:**

REFUSED

**FINGER TO NOSE:**

REFUSED

**ROMBERG/ALPHABET:**

REFUSED

Hess was then placed in the back seat of my patrol vehicle (#4734) and transported to the Palm Beach County BAT facility. During the transport I detected the odor of an unknown alcoholic beverage emanating from back seat area, where Hess was sitting at. I arrived at the facility at 0928hrs, started my 20 minutes observations at 0930hrs and completed it at 0950hrs. During the 20 minutes observations, Hess began to inquire if he had rinsed his mouth off with mouth wash would it show as if having alcohol in his system. Hess then started to inquire that if he drank the night before would it show up as still having alcohol in his system. Hess admitted to consuming at least one Modelo beer beverage and two glasses of wine at 2000hrs last night (12/14/20). Hess advised that he then went home, slept and woke up early to pick up his father. Upon completion I requested Hess to provide a sample of his breath to determine the alcohol content, which he refused. Again, Hess advised that he was advised not to do so by his attorney. I then read Implied Consent and explained it to Hess more in depth upon his request, which he stated that he understood. Hess then agreed to provide a sample. Hess advised that he was excited to provide the sample because he wanted to see where he was (BrAC wise) from the night before. Hess provide a sample of .091 at 1025hrs and .093 at 1028hrs. I read Hess his Miranda Warnings again, which he stated that he understood. Q&As were refused.

Based on the facts, Hess was charged with Driving Under the Influence W/ Property Damage/Injuries pursuant with F.S.S. 316. 193.3.C.1. Hess was taken to Bethesda Hospital East for medical clearance and later TOT PBCJ.

Nothing further.

The following instrument was sworn to before me this 15 day of December 2020  
By: PERSONALLY KNOWN / OFFICER CASTRO #905

Ofc [Signature] 878  
Notary/Police Officer (F.S.S. 117.10)

[Signature] 905  
Signature of Arresting Officer

SUBJECT: HESS, JOSEPH C CASE NUMBER: 20-062145

**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) READ 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) READ ON CAMERA

# TESTING FACILITY TASK REPORT

AGENCY:

SUBJECT:  CASE NUMBER:

DATE:  VIDEO DVD NUMBER:

BEGINNING TIME:  ENDING TIME:

BREATH TESTS RESULTS: 1)  TIME  A.M.  P.M.  2)  TIME  A.M.  P.M.

3)  TIME  A.M.  P.M.  4)  TIME  A.M.  P.M.

BREATH OPERATOR:

MAINTENANCE TECHNICAN:

## TESTING OFFICER'S OBSERVATIONS

SPEECH:

ATTITUDE:

CLOTHING:

MEDICAL CONDITIONS:

MEDICATIONS:

## OTHER:

EYES: GLASSY AND BLOODSHOT

## COMMENTS:

ARRIVED AT CENTER A/O BEGAN THE 20 MINUTE OBSERVATION PERIOD AT 09:30 HRS.

SUBJECT: REFUSED TO TAKE TEST

A/O: READ I/C, ALSO EXPLAINED I/C

SUBJECT: STATED HE UNDERSTOOD I/C AND AGREED TO TAKE TEST

A/O: READ RIGHTS

SUBJECT: STATED HE UNDERSTOOD RIGHTS

TECH: READ TEST RESULTS

SUBJECT: STATED HE UNDERSTOOD TEST RESULTS

A/O: NO Q&A CONDUTED

SUBJECT: INVOKED HIS RIGHTS TO COUNSEL

**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: 80-006240 Software: 8100.27  
Date of Test: 12/15/2020

Date of Last Agency Inspection: 12/11/2020

Observation Period Began: 09:30

Subject's Name: JOSEPH C HESS

DOB: 05/24/1990 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	10:21
	Air Blank	0.000	10:21
	Control Test	0.081	10:21
	Air Blank	0.000	10:22
	Subject Sample #1	0.091	10:25
	Air Blank	0.000	10:25
	Air Blank	0.000	10:27
	Subject Sample #2	0.093	10:28
	Air Blank	0.000	10:28
	Control Test	0.078	10:29
	Air Blank	0.000	10:29
	Diagnostics Check	OK	10:29

Cylinder Lot: 14020080A1  
Exp: 07/05/2022

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 PARIS D POORE, 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: 12/15/20  
Signature

Sworn to (or affirmed) before me this 15<sup>th</sup> day of December, 2020

[Signature] OFC. D. CASTRO  
Signature of Notary Public-State of Florida 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 – 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: 2020029310	Date: 12/15/20
	Specialist Name/ID: J. Beck/9007