

21CF8832 AMB

JK# 0526929

P# 3331

## ARREST / NOTICE TO APPEAR



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

1

JUVENILE

AD M I N I S T R A T I O N	OBTS Number	Agency ORI Number <b>0501700</b>		Agency Name <b>Jupiter Police Department</b>		Agency Report Number (N.T.A.'s only) <b>5, 4, 21-003823</b>		1. Arrest 2. N.T.A. 3. Request for Warrant 4. Request for Capias		1	JUVENILE	
D E F E N D A N T	Charge Type: Check as many <input type="checkbox"/> 1. Felony <input checked="" 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 <b>UNARMED</b>		Multiple Clearance Indicator							
	Location of Arrest (Including Name of Business)				Location of Offense (Business Name, Address)							
	<b>1101 TOWN HALL AVENUE, JUPITER, FL</b>				<b>1049 MILITARY TRL/SIERRA DR, JUPITER, FL 33458</b>							
	Date of Arrest <b>10/28/2021</b>		Time of Arrest <b>18:12</b>		Booking Date <b>10/28/2021</b>		Booking Time <b>18:22</b>		Jail Date <b>//</b>		Jail Time <b>//</b>	
D E F E N D A N T	Name (Last, First, Middle) <b>MAYS, KENNETH HALL J</b>						Alias: _____					
	Race W - White B - Black O - Oriental/Asian		Sex <b>M</b>		Date of Birth <b>09/11/1951</b>		Height <b>5'10</b>		Weight <b>188</b>		Eye Color <b>BROWN</b>	
	Hair Color <b>BROWN</b>		Complexion <b>LIGHT</b>		Build <b>Medium</b>							
	Scars, Marks, Tattoos, Unique Physical Features (Location, Type, Description)						Marital Status <b>M</b>		Religion		Indication of: Alcohol Influence Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Unk. <input type="checkbox"/> Drug Influence Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Unk. <input type="checkbox"/>	
	Local Address (Street, Apt. Number) <b>1011 TOWN HALL AVE, JUPITER, FL 33458</b>				(City) <b>FL</b>		(State) <b>FL</b>		(Zip) <b>33458</b>		Phone	
	Permanent Address (Street, Apt. Number) <b>1011 TOWN HALL AVE, JUPITER, FL 33458</b>				(City) <b>FL</b>		(State) <b>FL</b>		(Zip) <b>33458</b>		Phone	
	Business Address (Name, Street) <b>1011 TOWN HALL AVE, JUPITER, FL 33458</b>				(City) <b>FL</b>		(State) <b>FL</b>		(Zip) <b>33458</b>		Phone	
	D/L Number, State <b>M200508513310 / FL</b>				Sec. Sec. Number <b>[REDACTED]</b>		INS Number		Place of Birth (City, State) <b>LOUISVILLE, KY</b>		Citizenship <b>US</b>	
	Co-Defendant Name (Last, First, Middle)				Race		Sex		Date of Birth		<input type="checkbox"/> 1. Arrested <input type="checkbox"/> 2. At Large <input type="checkbox"/> 3. Felony <input type="checkbox"/> 4. Misdemeanor <input type="checkbox"/> 5. Juvenile	
	Co-Defendant Name (Last, First, Middle)				Race		Sex		Date of Birth		<input type="checkbox"/> 1. Arrested <input type="checkbox"/> 2. At Large <input type="checkbox"/> 3. Felony <input type="checkbox"/> 4. Misdemeanor <input type="checkbox"/> 5. Juvenile	
J U V E N I L E	<input type="checkbox"/> Parent <input type="checkbox"/> Legal Custodian Name (Last, First, Middle) _____						Residence Phone _____					
	Address (Street, Apt. Number) _____						(City) _____ (State) _____ (Zip) _____					
	Business Phone _____											
	Notified by: (Name) _____						Date _____ Time _____					
	Released To: (Name) _____						Relationship _____					
	Date _____ Time _____						JUVENTILE DISPOSITION 1. Handled/Processed within Department and Released 2. TOT JAC 3. Incarcerated					
	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 _____					
	Property Crime? <input type="checkbox"/> Yes <input checked="" 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. Barbiturate, C. Cocaine, E. Heroin, H. Hallucinogen, M. Marijuana, O. Opium/Deriv., P. Paraphernalia/Equipment, S. Synthetic, U. Unknown, Z. Other											
	Charge Description <b>CRASH - HIT &amp; RUN W/ INJ (NON-SERIOUS)</b>						Statute Violation Number <b>316.027(2)(A)</b>					
Drug Activity: <b>N</b> , Drug Type: <b>N</b> , Amount / Unit: <b>/</b> , Offense #: <b>/</b> , Counts: <b>1</b> , Domestic Violence: <input type="checkbox"/> Y <input checked="" type="checkbox"/> N, Warrant / Capias Number: <b>/</b>						Bond <b>1000 per A</b>						
Charge Description <b>FTY - FAIL TO OBEY OR COMPLY WITH LE OR FD OFFICIAL</b>						Statute Violation Number <b>316.072(3)</b>						
Drug Activity: <b>N</b> , Drug Type: <b>N</b> , Amount / Unit: <b>/</b> , Offense #: <b>/</b> , Counts: <b>1</b> , Domestic Violence: <input type="checkbox"/> Y <input checked="" type="checkbox"/> N, Warrant / Capias Number: <b>/</b>						Bond <b>PR</b>						
Charge Description						Statute Violation Number						
Drug Activity: <b>/</b> , Drug Type: <b>/</b> , Amount / Unit: <b>/</b> , Offense #: <b>/</b> , Counts: <b>/</b> , Domestic Violence: <input type="checkbox"/> Y <input checked="" type="checkbox"/> N, Warrant / Capias Number: <b>/</b>						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					
	Check which applies: <input type="checkbox"/> Released O.R., <input type="checkbox"/> Released to Parent/Guardian, <input checked="" type="checkbox"/> T.O.T. County Jail, <input type="checkbox"/> Post Bond, <input type="checkbox"/> South County Mental Health						PROPERTY - Received By _____ Released By _____ Released To _____					
	Transported By _____						Date Transported _____ Time Transported _____ Other _____					
	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) <b>To Be Assigned By</b> Court Date and Time _____					
N O T I C E T O A P P E A R	I AGREE TO APPEAR AT THE TIME AND PLACE DESIGNATED TO ANSWER THE OFFENSE CHARGED OR TO PAY THE FINE SUBSCRIBED. I UNDERSTAND THAT IF 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 <b>388</b>					
	<input type="checkbox"/> Dangerous <input type="checkbox"/> Subpoena <input type="checkbox"/> Release Deputy						Name of Arresting Officer (Print) <b>MCGILICUDDY, STEVEN</b> I.D. # <b>1216</b>					
	Transporting Officer <b>S. MCGILICUDDY</b> I.D. # <b>388</b> Agency <b>JUPITE</b>						Name Verification (Printed by Arrestee) (PRINT) _____					
AD M I N I S T R A T I O N	Witness here if subject signed with an "X".						PAGE 1 OF 1					

OCT 29 2021

OBT Number		PROBABLE CAUSE AFFIDAVIT		1. Arrest 2. N.T.A.		3. Request for Warrant 4. Request for Capias		<b>1</b>	JUVENILE	
A D M I N I S T R A T I V E	Agency ORI Number <b>FL 0501700</b>	Agency Name <b>JUPITER POLICE DEPARTMENT</b>	Agency Report Number <b>5   4   21-003823</b>							
	Charge Type: Check as many as apply. <input type="checkbox"/> 1. Felony <input type="checkbox"/> 3. Misdemeanor <input type="checkbox"/> 5. Ordinance <input checked="" type="checkbox"/> 2. Traffic Felony <input checked="" type="checkbox"/> 4. Traffic Misdemeanor <input type="checkbox"/> 6. Other			Special Notes:						
	Name (Last, First, Middle) <b>MAYS, KENNETH HALL J</b>			Alias		Race <b>W</b>	Sex <b>M</b>	Date of Birth <b>09/11/1951</b>		
	Charge Description <b>316.027(2)(A) CRASH - HIT &amp; RUN W/ INJ (NON-SERIOUS)</b>			Charge Description <b>316.072(3) FTY - FAIL TO OBEY OR COMPLY WITH LE OR</b>						
	Victim's Name (Last, First, Middle) <b>VASQUEZ, YAMEL ALTAGRACIA</b>			Race <b>W</b>		Sex <b>F</b>	Date of Birth <b>09/16/1983</b>			
	Local Address (Street, Apt. Number) (City) (State) (Zip) <b>326 JUPITER LAKES BLVD 2302D, JUPITER, FL 33458</b>			Phone <b>(954) 515-2208</b>		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> <p><input type="checkbox"/> committed the below acts in my presence.    <input checked="" type="checkbox"/> was observed by <b>OFC ZEITZ</b> who told <b>ME</b> that he/she saw the arrested person commit the below acts.</p> <p><input type="checkbox"/> confessed to admitting to the below facts.    <input checked="" type="checkbox"/> was found to have committed the below acts, resulting from my (described) investigation.</p> <p>On the <b>28</b> day of <b>October</b>, <b>2021</b> at <b>17:05</b> (Specifically include facts constituting cause for arrest.)</p> <p>On 10/28/2021 at approximately 1705 hrs Officer Diana Zeitz (SEE SUPP PC) was working a crash in the area of Military Trail and Sierra Drive. During that crash, a separate crash occurred in front of her when a Honda sedan (JZUV14/FL, VEHICLE-2) was rear ended at approximately thirty-five miles per hour by a black Jeep (KDSV27/FL, VEHICLE-1). The driver of VEHICLE-2 immediately began complaining of being injured. Officer Zeitz made contact with the driver of VEHICLE-1, now identified as Kenneth Mays (DEFENDANT) and ordered him to pull his vehicle to the side of the road. Zeitz observed as Mays initially pulled over to the side of the road. Mays then speed off in a south bound direction, fleeing the scene. Officer Gelina (SEE LONG FORM CRASH REPORT), arrived on scene and conducted the crash investigation.</p> <p>At approximately 1725 hrs, Sergeant Given located the suspect vehicle parked in the employee lot of Jupiter Medical Center. The vehicle had minor front damage and was confirmed to be the same vehicle as involved in the crash by Officer Zeitz. Officer Zeitz advised me that the registered owner of VEHICLE-1, Mays, was the person driving VEHICLE-1 at the time of the hit and run. Drone assets were deployed in the area of Mays residence at 1011 Town Hall Drive and Drone Pilot Ofc. Lowe observed a black sedan arriving at the residence, dropping off a male matching the description of Mays. This is also Mays' listed address. Officers made contact with Mays at the front door. Mays admitted to Officer Kitchens (SEE SUPP) post-Miranda that he had been driving and fled the scene because he was scared.</p> <p>I arrived on scene and made contact with Mays. I immediately observed that he had glassy bloodshot eyes. When he spoke to me there was a strong odor of unknown alcoholic beverage emitting from his person, which intensified as he spoke. I asked him if he wanted to speak to me and he advised me that he did not. I stood by with Mays while Officer Zeitz arrived on scene. Officer Zeitz positively identified Mays as the driver of VEHICLE-1. I placed Mays under arrest at 1812 hrs.</p>										
	SWORN AND SUBSCRIBED BEFORE ME  NOTARY PUBLIC / CLERK OF COURT / OFFICER (F.S.S. 117.10) <b>10/28/2021</b> DATE			SIGNATURE OF ARRESTING / INVESTIGATING OFFICER  <b>MCGILL CUDDY, STEVEN (1216)</b> NAME OF OFFICER (PLEASE PRINT) <b>10/28/2021</b> DATE						
PAGE <b>1 OF 2</b>										

COURT

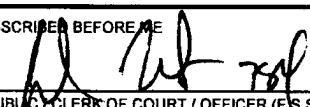

STATE ATTORNEY

CENTRAL RECORDS

JAIL

CRIME ANALYSIS

P. I. O.

OBTS Number		<b>PROBABLE CAUSE AFFIDAVIT SUPPLEMENT</b>		1. Arrest 2. N.T.A.		3. Request for Warrant 4. Request for Copies		<b>1</b>	JUVENILE
ADMINISTRATIVE	Agency ORI Number <b>FL 0501700</b>		Agency Name <b>JUPITER POLICE DEPARTMENT</b>		Agency Report Number <b>5   4   21-003823</b>				
	Charge Type: Check as many as apply. <input type="checkbox"/> 1. Felony <input type="checkbox"/> 3. Misdemeanor <input type="checkbox"/> 5. Ordinance <input checked="" type="checkbox"/> 2. Traffic Felony <input checked="" type="checkbox"/> 4. Traffic Misdemeanor <input type="checkbox"/> 6. Other					Special Notes:			
PROBABLE CAUSE STATEMENT	Name (Last, First, Middle) <b>MAYS, KENNETH HALL J</b>				Race <b>W</b>		Sex <b>M</b>		Date of Birth <b>09/11/1951</b>
	<p>Based on my investigation and the totality of the circumstances, I have probable cause to believe that Kenneth Mays, was involved in a motor vehicle crash involving non-life threatening injuries, and did fail to immediately stop at the crash or as close thereto as possible, and failed to remain on scene of said crash, by fleeing the area southbound in the suspect vehicle, contrary to F.S.S. 316.027(2) (A).</p> <p>I have probable cause to believe that Kenneth Mays did willfully failed and refused to comply with a direct order given by Jupiter PD officer Zeitz, by failing to pull over to the side of the road so a crash investigation could be conducted, by immediately fleeing the scene after being so instructed, contrary to F.S.S. 316.072(3).</p> <p>I transported Mays to Jupiter Medical Center for medical clearance. I then transported him to the Palm Beach County jail. BWC.</p>								
ADMINISTRATIVE	SWORN AND SUBSCRIBED BEFORE ME  NOTARY PUBLIC / CLERK OF COURT / OFFICER (F.S.S. 117.10) <b>10/28/2021</b> DATE				SIGNATURE OF ARRESTING / INVESTIGATING OFFICER  <b>MCGILLICUDDY, STEVEN (1216)</b> NAME OF OFFICER (PLEASE PRINT) <b>10/28/2021</b> DATE				
					PAGE <b>2 OF 2</b>				

COURT

STATE ATTORNEY

CENTRAL RECORDS

JAIL

CRIME ANALYSIS

P. I. O.



**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)
<b>L/E Exemptions</b>	<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.	
<b>Public Info. Exemptions</b>	<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.	
<b>Florida Rules of Judicial Administration 2.420 (Rule of 23)</b>	<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"/>			
	<input type="checkbox"/>			
	<input type="checkbox"/>			
<b>Other</b>	<input type="checkbox"/>		Other:	
	<input type="checkbox"/>		Other:	

**REVIEW COMPLETED BY**

**Booking Number:** 2021027143

**Date:** 10/29/21

**Specialist Name/ID:** A. Pinkney/7796