

0289552

2020CT000650 ANB 3/22

ARREST / NOTICE TO APPEAR

| | | | | | | | | | | | | | | | | | | | | | | | |
|---|---|--|-------------------------------------|------------------------------------|---|---|--|--|---|--|----------|---|--|--|--|--|--|---|--|----------------------|--|--|--|
| A D M I N I S T R A T I O N | OBTS Number | | Agency ORI Number 0501700 | | Agency Name Jupiter Police Department | | Agency Report Number (N.T.A.'s only) 514 20-000192 | | 1. Arrest 2. N.T.A. 3. Request for Warrant 4. Request for Capias 1 | | JUVENILE | | | | | | | | | | | | |
| | Charge Type: Check as many as apply: <input type="checkbox"/> 1. Felony <input type="checkbox"/> 2. Traffic Felony <input checked="" 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 NONE | | Multiple Clearance Indicator | | | | | | | | | | | | | | | | |
| Location of Arrest (Including Name of Business) 1807 18TH CT, JUPITER, FL | | | | | | Location of Offense (Business Name, Address) 600 CENTER ST, JUPITER, FL 33458 | | | | | | | | | | | | | | | | | |
| Date of Arrest 01/12/2020 | | Time of Arrest 22:53 | | Booking Date 01/12/2020 | | Booking Time 23:03 | | Jail Date | | Jail Time | | Location of Vehicle | | | | | | | | | | | |
| Name (Last, First, Middle) NEWTON, KENNETH RAY | | | | | | | | | | | | Alias (Name, DOB, Soc. Sec. #, Etc.) Alias: | | | | | | | | | | | |
| Race W - White B - Black O - Oriental/Asian W | | Sex M | | Date of Birth 08/31/1962 | | Height 5'11 | | Weight 170 | | Eye Color BROWN | | Hair Color BROWN | | Complexion LIGHT | | Build Medium | | | | | | | |
| Scars, Marks, Tattoos, Unique Physical Features (Location, Type, Description) | | | | | | | | | | | | Marital Status M | | Religion PROTESTANT | | Indication of Alcohol Influence Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unk. <input type="checkbox"/> | | Indication of Drug Influence Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Unk. <input type="checkbox"/> | | | | | |
| Local Address (Street, Apt. Number) 1807 18TH CT, JUPITER, FL 33477 | | | | (City) | | (State) | | (Zip) | | Phone | | | | Residence Type: 1. City 2. County 3. Florida 4. Out of State 1 | | | | | | | | | |
| Permanent Address (Street, Apt. Number) 1807 18TH CT, JUPITER, FL 33477 | | | | (City) | | (State) | | (Zip) | | Phone | | | | Address Source VERBAL | | | | | | | | | |
| Business Address (Name, Street) | | | | (City) | | (State) | | (Zip) | | Phone | | | | Occupation | | | | | | | | | |
| D/L Number, State N350516623110 / FL | | | | Sex, Soc. Sec. Number | | INS Number | | Place of Birth (City, State) INDIANAPOLIS, IN, | | | | Citizenship US | | | | | | | | | | | |
| 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 | | | | | | | | | | | |
| <input type="checkbox"/> Parent <input type="checkbox"/> Other: _____ Name (Last, First, Middle) <input type="checkbox"/> Legal Custodian Address (Street, Apt. Number) _____ (City) _____ (State) _____ (Zip) Notified by: (Name) _____ Date _____ Time _____ | | | | | | | | | | | | Residence Phone | | Business Phone | | | | | | | | | |
| Released To: (Name) _____ Relationship _____ | | | | | | Date _____ | | Time _____ | | JUVENILE 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: S. Sell, R. Smuggle, K. Dispense/Distribute, M. Manufacture/Produce/Cultivate, Z. Other N. N/A, B. Buy, D. Deliver, E. Use P. Possess, T. Traffic | | | | | | | | | | | | 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 DUI - DAMAGE TO PERSON/PROPERTY | | | | | | Statute Violation Number 316.193(3)(C)(1) | | | | Violation of ORD # | | | | | | | | | | | | | |
| Drug Activity | | Drug Type | | Amount / Unit | | Offense # | | Counts | | Domestic Violence | | Warrant / Capias Number | | Bond | | | | | | | | | |
| N | | N | | / | | / | | 1 | | <input type="checkbox"/> Y <input checked="" type="checkbox"/> N | | | | | | | | | | | | | |
| Charge Description DUI - REFUSAL TO SUBMIT WITH A PRIOR REFUSAL | | | | | | Statute Violation Number 316.1939(1) | | | | Violation of ORD # | | | | | | | | | | | | | |
| Drug Activity | | Drug Type | | Amount / Unit | | Offense # | | Counts | | Domestic Violence | | Warrant / Capias Number | | Bond | | | | | | | | | |
| N | | N | | / | | / | | 1 | | <input type="checkbox"/> Y <input checked="" type="checkbox"/> N | | | | | | | | | | | | | |
| Charge Description HIT & RUN W/ PROPERTY DAMAGE | | | | | | Statute Violation Number 316.061(1) | | | | Violation of ORD # | | | | | | | | | | | | | |
| Drug Activity | | Drug Type | | Amount / Unit | | Offense # | | Counts | | Domestic Violence | | Warrant / Capias Number | | Bond | | | | | | | | | |
| N | | N | | / | | / | | 1 | | <input type="checkbox"/> Y <input checked="" type="checkbox"/> N | | | | | | | | | | | | | |
| 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 | | | | | | | | | | | | PROPERTY - Received By | | Released By | | Released To | | | | | | | |
| Transported By | | | | | | | | | | | | Date Transported | | Time Transported | | Other JAN 13 AM 12:23 | | | | | | | |
| <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 02/12/2020 08:30:00 | | | | | | | | | | | | | |
| 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. | | | | | | | | | | | | No Photo Available | | | | | | | | | | | |
| Signature of Defendant (or Juvenile and Parent/Custodian) | | | | | | | | | | | | Date Signed | | | | | | | | | | | |
| HOLD for Other Agency | | | | | | Signature of Arresting Officer S. MCGILlicuddy | | | | Name Verification (Printed by Arrestee) | | | | | | | | | | | | | |
| <input type="checkbox"/> Dangerous | | <input type="checkbox"/> Resisted Arrest | | <input type="checkbox"/> Suicidal | | <input type="checkbox"/> Other | | Name of Arresting Officer (Print) MCGILlicuddy, STEVEN | | I.D. # 1216 | | (PRINT) | | PAGE | | | | | | | | | |
| Intake Deputy Am '201 | | I.D. # | | Pouch # | | Transporting Officer S. MCGILlicuddy | | I.D. # 388 | | Agency JUPITE | | Witness here if subject signed with an "X". | | 1 of 1 | | | | | | | | | |

SCANNED

JAN 13 2020

PROBABLE CAUSE AFFIDAVIT
SUPPLEMENT

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

1

JUVENILE

| | | | | |
|---|--|--|---|--|
| OBTS Number | Agency ORI Number FL 0501700 | | Agency Name JUPITER POLICE DEPARTMENT | Agency Report Number 5 4 20-000192 |
| 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) NEWTON, KENNETH RAY | Alias | Race W | Sex M | Date of Birth 08/31/1962 |
|--|-------|------------------|-----------------|------------------------------------|

bed of the Ford. I observed the Ford had front left side damage, consistent with the report of hit and run. Newton was dishonest initially and stated he was not involved in a crash. Once I showed him the damage to his truck and advised him of what the witnesses said he admitted to being told he hit a car and advised that he stopped to check for damage before leaving. He could not give me an explanation as to why he left the scene that made sense. During my contact with him I observed that Newton had red, glassy bloodshot eyes and had a strong odor of unknown alcoholic beverage emitting from his breath, which intensified as he spoke. Upon concluding my crash investigation I conducted a changing of the hats.

I advised Newton that the crash investigation was over and that I was now conducting a criminal DUI investigation. I read him his Miranda rights. Newton advised me that on a scale of 1-10 of intoxication he was a 2. He told me that he drank 4 beers over the course of the evening and that he usually drinks 6. I asked him if he felt like drinking contributed to the crash and he stated no. He agreed to field sobriety exercises.

HORIZONTAL GAZE NYSTAGMUS

- Equal tracking and equal pupil size in both eyes
- Lack of smooth pursuit in both eyes
- Distinct and sustained nystagmus at maximum deviation in both eyes
- Onset of nystagmus prior to 45 degrees in both eyes
- No vertical nystagmus
- 6 of 6 clues observed

WALK AND TURN




- Lost balance in starting position
- Failed to walk heel to toe
- Stepped off line
- Used arms for balance
- Stopped while walking
- Improper turn
- 6 of 8 clues

ONE LEG STAND

- Put foot down
- Used arms for balance
- Could not complete exercise as he could not sustain a leg up for more than several seconds. He advised that he could not continue the exercise

FINGER TO NOSE

- 1L - Correct finger, pad to under nostril, slide to tip
- 2R - Correct finger, side to tip
- 3L - Correct finger, pad to tip

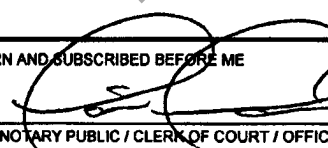

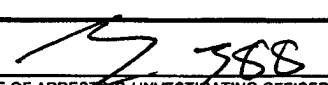
| | | |
|---|---|--|
| SWORN AND SUBSCRIBED BEFORE ME |  |  SIGNATURE OF ARRESTING / INVESTIGATING OFFICER |
|  NOTARY PUBLIC / CLERK OF COURT / OFFICER, F.S. § 7.16 DATE 01/12/2020 | | |

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 | OBTs Number | | Agency ORI Number FL 0501700 | | Agency Name JUPITER POLICE DEPARTMENT | | Agency Report Number 5 4 20-000192 | | | | | | | |
| | 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: | | | | | | | |
| D E F | Name (Last, First, Middle) NEWTON, KENNETH RAY | | | | | | Alias | | Race W | Sex M | Date of Birth 08/31/1962 | | | |
| | <p>4R - Correct finger, pad to tip 5R - Correct finger, pad to tip 6L - Correct finger, pad to tip</p> <p>MODIFIED RHOMBERG - Estimated the passage of 30 seconds in 38 seconds</p> <p>Based on my investigation and the totality of the circumstances, I had probable cause to believe that Kenneth Newton had been in actual physical control of a motor vehicle while under the influence of an alcoholic beverage and/or a chemical or controlled substance to the point where his normal faculties were impaired. I placed him under arrest for DUI with property damage and hit and run involving property damage at 2140 hrs. I transported him to the Palm Beach County Breath Alcohol Testing Center, arriving at 2219 hrs. I placed him under a 20 minute observation period, during which I did not observe him consume nor regurgitate anything. We then went on video with BAT Technician Pound (ID #24639). I requested a breath sample from Newton and he refused. I read him implied consent and made sure he understood the consequences, especially considering the fact that he has a prior refusal to submit to a lawful test of breath, urine or blood. He refused at 2243 hrs. I am additionally charging him with breath refusal with a prior refusal. I then booked him into the Palm Beach County Jail. He was issued a court date of 2/12/2020 at 0830 hrs at the North County Courthouse. The vehicle was secured and left on scene, as it was properly parked. BWC.</p> | | | | | | | | | | | | | |
| P R O B A B L E C A U S E S T A T E M E N T | SWORN AND SUBSCRIBED BEFORE ME | | | | | | | | | | | | | |
| |  NOTARY PUBLIC / CLERK OF COURT / OFFICER (F.S. 117.01) | | |  | | |  SIGNATURE OF ARRESTING / INVESTIGATING OFFICER MCGILICUDDY, STEVEN (1216) NAME OF OFFICER (PLEASE PRINT) | | | | | DATE 01/12/2020 | | DATE 01/12/2020 |
| A D M I N I S T R A T I V E | PAGE 3 OF 3 | | | | | | | | | | | | | |
| | COURT STATE ATTORNEY CENTRAL RECORDS JAIL CRIME ANALYSIS P. I. O. | | | | | | | | | | | | | |

NOT A CERTIFIED COPY



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

PBSO CASE # 20-025470 PBSO ZONE 3-13

AGENCY CASE # 19-000192 CRASH CASE # _____

TIME OF STOP/CRASH 2033 DATE 01/12/2020 DAY SUNDAY

SUBJECT'S NAME NEWTON KENNETH R RACE W SEX M
LAST FIRST MID

HGT 5'11 WGT 175 DOB 08/31/1962

LOCATION 1807 18th Court, Jupiter, FL 33477

ARRESTING OFFICER'S NAME & ID MCGILLICUDDY 388 AGENCY Jupiter PD

DIVISION: POLICE

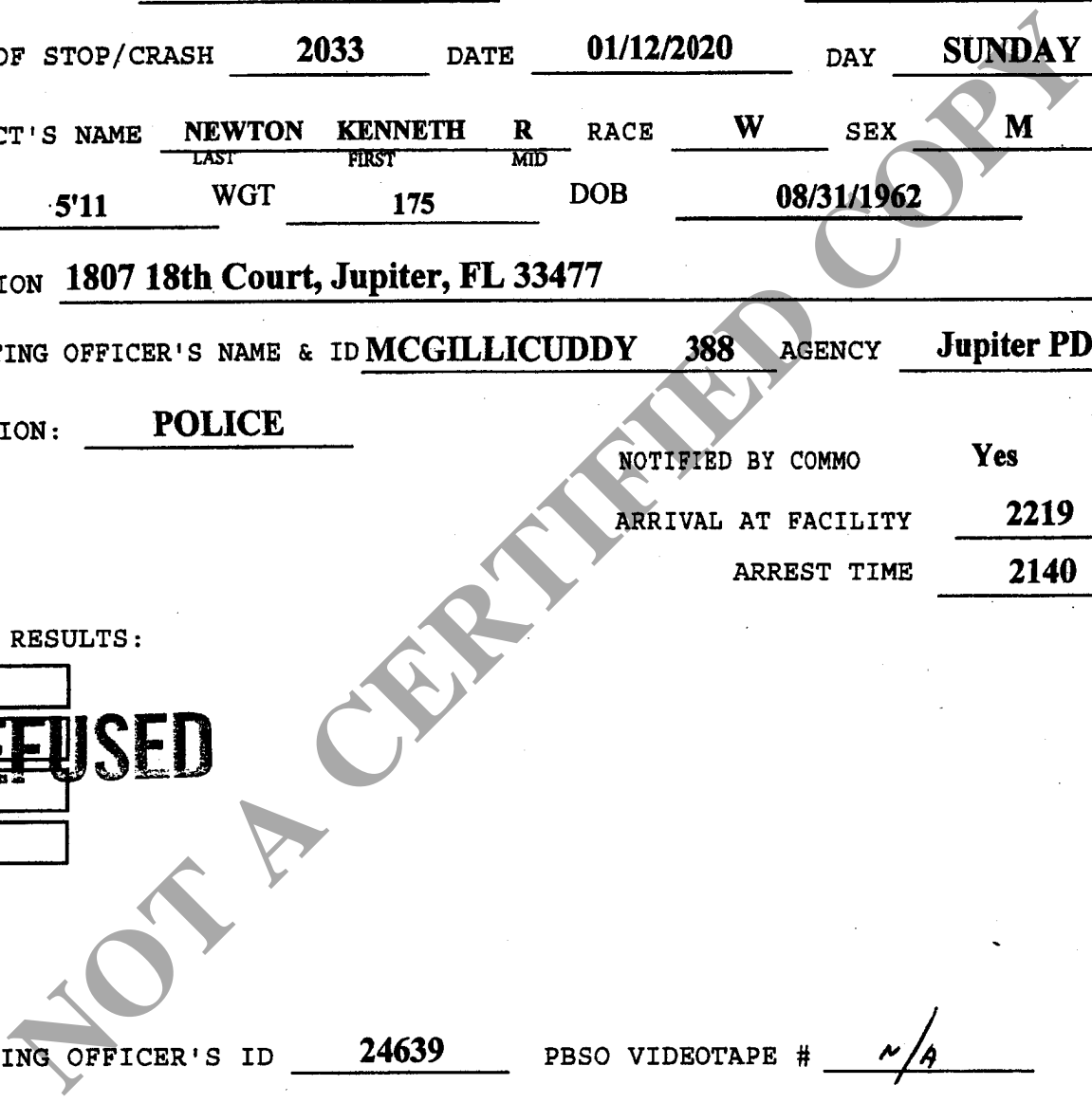
NOTIFIED BY COMMO Yes
 ARRIVAL AT FACILITY 2219
 ARREST TIME 2140

BREATH RESULTS:

- 1)
- 2)
- 3)
- 4)

REFUSED

TESTING OFFICER'S ID 24639 PBSO VIDEOTAPE # N/A



STATE OF FLORIDA
DEPARTMENT OF HIGHWAY SAFETY & MOTOR VEHICLES
AFFIDAVIT OF REFUSAL TO SUBMIT TO
BREATH AND/OR URINE TEST

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

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

or affirm that on or about the 12TH day of JANUARY, 20 2020, at 2140 P.M. A.M.

DRIVER KENNETH RAY NEWTON,
(Type or Print) FIRST NAME MIDDLE OR MAIDEN NAME LAST NAME

DL# N350-516-62-311-0, state of FLORIDA, was placed under lawful arrest for

the offense of DUI W/PROPERTY DAMAGE by Officer MCGILLICUDDY and
(Name of Arresting Officer)

issued Citation # ADB973E.

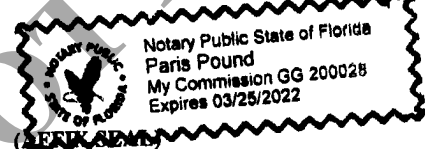
That on or about the 12TH day of JANUARY, 20 2020, at 2243 P.M. A.M.

in Palm Beach County,

I requested that the driver submit to a breath and/or urine test to determine his or her blood alcohol level and/or the presence of chemical or controlled substances. I informed the driver that the refusal to submit to such test(s) 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 he or she commits a misdemeanor by refusing to submit to a lawful test as requested above if his or her driving privilege has been previously suspended for refusal to submit to a lawful test of his or her breath, urine, or blood. Additionally, I informed the driver that if he or she holds a CDL, or was operating a CMV, refusal will 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 has previously been disqualified as a result of a refusal to submit to any such lawful test. Nonetheless, the driver refused to submit to the test(s) requested.

[Signature]
Signature of Law Enforcement Officer or
Correctional Officer

THE AFFIDAVIT MUST BE NOTARIZED OR ATTESTED TO (F.S. 117.10)



The foregoing instrument was sworn and subscribed before me:

The foregoing instrument was sworn and subscribed before
me this 12TH day of JANUARY, 20 2020,
by Officer MCGILLICUDDY 388,

Signature of Attesting Officer

Title _____
Date _____

who is personally known to me or who has produced
POLICE ID as identification

Notary Public Paris Pound (#24639)

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: 786
SUBJECT: NEWTON, KENNETH R CASE NUMBER: 20-028470
DATE: 01/12/20 VIDEO TAPE NUMBER: N/A
BEGINNING TIME: 22:41 ENDING TIME: 22:44
BREATH TESTS RESULTS: 1) R TIME 22:43 A.M./P.M. 2) N/A TIME --- A.M./P.M.
3) N/A TIME --- A.M./P.M. 4) N/A TIME --- A.M./P.M.
BREATH OPERATOR: R POUND # 24631
MAINTENANCE TECHNICIAN: J. KARLECKE # 2467

TESTING OFFICER'S OBSERVATIONS

SPEECH: COOPERATIVE
ATTITUDE: CALM
CLOTHING: JEAN SHORTS WHITE T-SHIRT, BROWN SHOES
MEDICAL CONDITIONS: NONE
MEDICATIONS: NONE
OTHER: EYES

COMMENTS: ARRIVED AT CENTER N/A BEGAN THE 20
MINUTE OBSERVATION PERIOD AT 22:44 HRS.

A. REFUSED TO TAKE TEST.

N/A READ I/c

A. STATED HE UNDERSTOOD I/c AND WOULD REUSE TEST AGAIN.

N/A READ RIGHTS

A. STATED HE UNDERSTOOD RIGHTS.

NO Q+A CONDUCTED.

REFUSED

REFUSED

WITNESS LIST

CASE NUMBER: 19-000192

ARRESTING OFFICER: MCGILLICUDDY

ADDRESS: 210 Military Trl. Jupiter, FL 33458

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

CAN TESTIFY TO: PC

NAME: Edwin Quinonez Diaz

ADDRESS: 155 Banyan Circle, Jupiter, FL

PHONE NUMBERS (HOME) 561-339-6861 (WORK) _____

CAN TESTIFY TO: BEING VICTIM/WITNESS TO CRASH

NAME: Herman Mejia Morales

ADDRESS 6786 Booker T Boulevard, Jupter, FL 33458

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 _____

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 _____

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: _____

NOT A CERTIFIED COPY

SUBJECT: NEWTON, KENNETH R CASE NUMBER: _____

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: _____

WHITE - STATE ATTY. YELLOW - DHSMV PINK - CENTRAL RECORDS GOLD - JAIL

SUBJECT: NEWTON KENNETH R CASE NUMBER: _____

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) _____

WHITE - STATE ATTY. YELLOW - DHSMV PINK - CENTRAL RECORDS GOLD - JAIL



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: 2020001309 | Date: 01/13/2020 |
| | Specialist Name/ID: AM/31562 |

COMPLAINT

MC GILLICUDDY (1216)

20000192



FLORIDA DUI UNIFORM TRAFFIC CITATION

ADB973E

Form with fields for County of Palm Beach, City of Jupiter, Agency Name Jupiter Police, Agency # 54, Name Kenneth Ray Newton, Date of Birth 08/31/1962, License # N350516623110, Vehicle # 2017 Ford PK, License # 368NKW.

DID UNLAWFULLY COMMIT THE OFFENSE OF DRIVING UNDER THE INFLUENCE OF ALCOHOLIC BEVERAGES, CHEMICAL OR CONTROLLED SUBSTANCES...

Form with fields for DUI - DAMAGE TO PERSON/PROPERTY, Aggressive Driver, and other violation details.

02/12/2020 08:30 AM ADB973E NORTH COUNTY GOVERNMENT CENTER 3188 PGA Boulevard PBG, FL 33410

INMATE PROPERTY 01/12/2020 I AGREE AND PROMISE TO COMPLY AND ANSWER TO THE CHARGES AND INSTRUCTIONS SPECIFIED IN THIS CITATION...

X SIGNATURE OF VIOLATOR EFFECTIVE IMMEDIATELY, YOUR DRIVING PRIVILEGE IS SUSPENDED/DISQUALIFIED FOR: DRIVING WITH AN UNLAWFUL BLOOD OR BREATH ALCOHOL LEVEL...

REFUSAL TO SUBMIT TO LAWFUL BREATH, BLOOD OR URINE TEST SECTION 322.2615, F.S. THIS SUSPENSION IS FOR A PERIOD OF ONE YEAR...

LICENSE SURRENDERED? YES NO REASON REFUSAL ELIGIBLE FOR PERMIT? YES NO REASON QUALIFIED

UNLESS INELIGIBLE, THIS CITATION SHALL SERVE AS A TEMPORARY DRIVER LICENSE AND WILL EXPIRE AT MIDNIGHT ON THE 16TH DAY FOLLOWING THE DATE OF SUSPENSION.

AT THE OAKLAND PARK BUREAU OF ADMINISTRATIVE REVIEWS OFFICE YOU MAY REQUEST, WITHIN 10 DAYS AFTER THE DATE OF SUSPENSION, A REVIEW OF SUSPENSION...

RANK - SIGNATURE OF OFFICER SAJOUR NO. ID NO. TROOP UNIT

CASE NO. DOCKET NO. PAGE NO.

Table with columns DATE and COURT ACTION AND OTHER ORDERS. Rows include BAIL FIXED AT \$, FINE IN THE AMOUNT OF \$, CONTINUANCE TO, BOND ESTREATED, WARRANT ISSUED, VIOLATOR FAILED TO APPEAR-DRIVER LICENSE SUSPENDED, VIOLATOR ARRAIGNED ON, PLEA, FINDING, ADJUDICATION, SENTENCE, DRIVER IMPROVEMENT SCHOOL, OTHER, TESTIMONY - JUDGE'S NOTES, APPEAL BOND OF \$, VIOLATOR'S FINGERPRINT WHEN APPLICABLE.



COMPLAINT

WHEN PRESENTED TO VIOLATOR, THE FOLLOWING AMOUNT WAS ENTERED.
PAY A CIVIL PENALTY IN THE AMOUNT OF \$ _____

CASE NO. _____ DOCKET NO. _____ PAGE NO. _____

FLORIDA UNIFORM TRAFFIC CITATION **AD3WBTE** CHECK
DOT

| | | | |
|---|------------------------------------|---|--|
| COUNTY OF PALM BEACH | | <input type="checkbox"/> (1) F.H.P. <input checked="" type="checkbox"/> (2) P.D. <input type="checkbox"/> (3) S.O. <input type="checkbox"/> (4) OTHER | |
| CITY (IF APPLICABLE) JUPITER | | AGENCY NAME JUPITER POLICE | |
| | | AGENCY # 54 | |
| IN THE COURT DESIGNATED BELOW THE UNDERSIGNED CERTIFIES THAT HE/SHE HAS JUST AND REASONABLE GROUNDS TO BELIEVE AND DOES BELIEVE THAT ON | | | |
| COMPLAINT (RETAINED BY COURT) | | | |
| DAY OF WEEK SUNDAY | MONTH 01 | DAY 12 | YEAR 2020 <input type="checkbox"/> A.M. <input checked="" type="checkbox"/> P.M. |
| NAME (FIRST) KENNETH | | LAST NEWTON | |
| STREET 1807 18TH CT | | | |
| CITY JUPITER | | STATE FL | ZIP CODE 33477 |
| TELEPHONE NUMBER | DATE OF BIRTH 08 31 1962 | TR W | SEX M HT 511 |
| DRIVER LICENSE NUMBER N 3 5 0 5 1 6 6 2 3 1 1 0 | STATE FL | CLASS E | EX. LICENSE <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO |
| VEHICLE LICENSE NO. 368NKW | STATE FL | YEAR TAG EXPIRES 2021 | COMMERCIAL VEHICLE <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO |
| UPON A PUBLIC STREET OR HIGHWAY, OR OTHER LOCATION, NAMELY 1807 18TH CT, JUPITER | | | |
| MOTORCYCLE <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO | | | |
| COMPANION CITATION NUMBER(S) <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO | | | |
| FT. _____ INCHES <input type="checkbox"/> H <input type="checkbox"/> S <input type="checkbox"/> E <input checked="" type="checkbox"/> W OF NODE _____ | | | |
| DID UNLAWFULLY COMMIT THE FOLLOWING OFFENSE. CHECK ONLY ONE OFFENSE EACH CITATION. | | | |

| DATE | COURT ACTION AND OTHER ORDERS |
|------|---|
| | BAIL FIXED AT \$ _____ OR CASH DEPOSIT OF \$ _____ SIGNATURE OF PERSON GIVING BAIL _____ SIGNATURE OF PERSON TAKING BAIL _____ |
| | FINE IN THE AMOUNT OF \$ _____ RECEIVED AS REQUIRED BY COURT SCHEDULE _____ SIGNATURE OF CLERK _____ |
| | CONTINUANCE TO _____ REASON _____ |
| | CONTINUANCE TO _____ REASON _____ |
| | BOND ESTREATED _____ |
| | WARRANT ISSUED _____ |
| | VIOLATOR FAILED TO APPEAR-DRIVER LICENSE SUSPENDED |
| | VIOLATOR ARRAIGNED ON _____ (DATE) PLEA: _____ FINDING: _____ ADJUDICATION: _____ SENTENCE: FINE _____ COST _____ JAILED _____ DAYS DRIVER IMPROVEMENT SCHOOL _____ OTHER _____ DRIVER LICENSE SUSPENDED OR REVOKED FOR _____ DAYS RECOMMEND DRIVER LICENSE SUSPENSION FOR _____ DAYS RECOMMEND RE-TEST _____ |
| | SIGNATURE OF JUDGE _____ |
| | TESTIMONY - JUDGE'S NOTES (OR OTHER COURT ORDERS): |
| | APPEAL BOND OF \$ _____ |
| | VIOLATOR'S FINGERPRINT WHEN APPLICABLE _____ |

UNLAWFUL SPEED _____ MPH SPEED APPLICABLE _____ MPH
(INTERSTATE SCHOOL ZONE CONSTRUCTION WORKERS PRESENT)
SPEED MEASUREMENT DEVICE _____

CARELESS DRIVING CHILD RESTRAINT EXPIRED DRIVER LICENSE SIX (6) MONTHS OR LESS
 VIOLATION OF TRAFFIC CONTROL DEVICE SAFETY BELT VIOLATION EXPIRED DRIVER LICENSE MORE THAN SIX (6) MONTHS
 FAILURE TO STOP AT A TRAFFIC SIGNAL IMPROPER OR UNSAFE EQUIPMENT EXPIRED TAG SIX (6) MONTHS OR LESS NO VALID DRIVER LICENSE
 IMPROPER LANE CHANGE OR COURSE EXPIRED TAG MORE THAN SIX (6) MONTHS DRIVING UNDER THE INFLUENCE
 NO PROOF OF INSURANCE EXPIRED TAG MORE THAN SIX (6) MONTHS DRIVING UNDER THE INFLUENCE
 VIOLATION OF RIGHT-OF-WAY DRIVING WHILE LICENSE SUSPENDED OR REVOKED Passenger Under 18 Yrs SAL
 IMPROPER PASSING REF

OTHER VIOLATIONS OR COMMENTS PERTAINING TO OFFENSE:
DUI - REFUSAL TO SUBMIT WITH A PRIOR REFUSAL YES NO
DUI Breath Refusal With Prior Refusal YES NO

AGGRESSIVE DRIVING IN VIOLATION OF STATE STATUTE **316.1939** SECTION **(1)** SUB-SECTION **(1)**

CRASH YES NO PROPERTY DAMAGE YES NO **500** YES NO INJURY TO ANOTHER YES NO SERIOUS BODILY INJURY TO ANOTHER YES NO FATAL YES NO

CRIMINAL VIOLATION. COURT APPEARANCE REQUIRED. AS INDICATED BELOW.
 INFRACTION. COURT APPEARANCE REQUIRED. AS INDICATED BELOW.
 INFRACTION WHICH DOES NOT REQUIRE APPEARANCE IN COURT.

AD3WBTE CHECK DOT

CIVIL PENALTY IS \$ _____

COURT INFORMATION **02/12/2020** **08:30 AM**
DATE TIME
NORTH COUNTY GOVERNMENT CENTER
COURT
3188 PGA Boulevard PBG, FL 33410
LOCATION

ARREST DELIVERED TO **INMATE PROPERTY** DATE **01/12/2020**

I AGREE AND PROMISE TO COMPLY AND ANSWER TO THE CHARGES AND INSTRUCTIONS SPECIFIED IN THIS CITATION. WILLFUL REFUSAL TO ACCEPT AND SIGN THE CITATION MAY RESULT IN ARREST. I UNDERSTAND BY SIGNATURE IF NOT AN ADMISSION OF GUILTY OR WAIVER OF RIGHTS. IF YOU NEED REASONABLE FACILITY ACCOMMODATIONS TO COMPLY WITH THIS CITATION, CONTACT THE CLERK OF COURT.

SIGNATURE OF VIOLATOR (SIGNATURE IS REQUIRED IF INFRACTION REQUIRES APPEARANCE IN COURT)
[Signature]

BADE ID. _____ ID. NO. _____ TROOP UNIT _____

I CERTIFY THIS CITATION WAS DELIVERED TO THE PERSON CITED ABOVE AND CERTIFY THE CHARGE ABOVE.
FSMV 79001 (Rev. 07/12)



COMPLAINT

WHEN PRESENTED TO VIOLATOR, THE FOLLOWING AMOUNT WAS ENTERED.
PAY A CIVIL PENALTY IN THE AMOUNT OF \$ _____

CASE NO. _____ DOCKET NO. _____ PAGE NO. _____

FLORIDA UNIFORM TRAFFIC CITATION **AD3WBUE** CHECK DIGIT

COUNTY OF **PALM BEACH** (1) F.H.P. (2) P.D. (3) S.O. (4) OTHER
 CITY (IF APPLICABLE) **JUPITER** AGENCY NAME **JUPITER POLICE**
 AGENCY # **54**

IN THE COURT DESIGNATED BELOW THE UNDERSIGNED CERTIFIES THAT HEREIN
 HAS JUST AND REASONABLE GROUNDS TO BELIEVE AND DOES BELIEVE THAT ON
COMPLAINT (RETAINED BY COURT)

DAY OF WEEK **SUNDAY** MONTH **01** DAY **12** YEAR **2020** TIME **10:43** A.M. P.M.

NAME (PRINT) FIRST **KENNETH** MIDDLE **RAY** LAST **NEWTON**
 IF DIFFERENT THAN ONE ON DRIVER LICENSE "X" HERE

STREET **1807 18TH CT**
 CITY **JUPITER** STATE **FL** ZIP CODE **33477**

TELEPHONE NUMBER _____ DATE OF BIRTH MONTH **08** DAY **31** YEAR **1962** RACE **W** SEX **M** HT **511**

DRIVER LICENSE NUMBER **N 3 5 0 5 1 6 6 2 3 1 1 0** STATE **FL** CLASS **E** COLL LICENSE YES NO TR LICENSE EXP. **2028** COMMERCIAL VEHICLE YES NO

VEHICLE YEAR **2017** MAKE **FORD** STYLE **PK** COLOR **WHI** PLACARDED HAZARDOUS MATERIAL YES NO

VEHICLE LICENSE NO. **368NKW** TRAILER TAG NO. _____ STATE **FL** YEAR TAG EXPIRES **2021** YES NO

UPON A PUBLIC STREET OR HIGHWAY, OR OTHER LOCATION, NAMELY **600 CENTER ST, JUPITER**
 MOTORCYCLE YES NO
 COMPANION CITATION NUMBER(S) YES NO

FT. _____ MILES _____ OF NODE _____

DID UNLAWFULLY COMMIT THE FOLLOWING OFFENSE. CHECK ONLY ONE OFFENSE EACH CITATION.

UNLAWFUL SPEED _____ MPH SPEED APPLICABLE _____ MPH
 INTERSTATE SCHOOL ZONE CONSTRUCTION WORKERS PRESENT

SPEED MEASUREMENT DEVICE _____

CARELESS DRIVING CHILD RESTRAINT EXPIRED DRIVER LICENSE SIX (6) MONTHS OR LESS
 VIOLATION OF TRAFFIC CONTROL DEVICE SAFETY BELT VIOLATION EXPIRED DRIVER LICENSE MORE THAN SIX (6) MONTHS
 FAILURE TO STOP AT A TRAFFIC SIGNAL IMPROPER OR UNSAFE EQUIPMENT EXPIRED TAG SIX (6) MONTHS OR LESS NO VALID DRIVER LICENSE
 IMPROPER LANE CHANGE OR COURSE EXPIRED TAG MORE THAN SIX (6) MONTHS DRIVING UNDER THE INFLUENCE
 NO PROOF OF INSURANCE EXPIRED TAG MORE THAN SIX (6) MONTHS DRIVING WHILE LICENSE SUSPENDED OR REVOKED Passenger Under 18 Yrs BAL
 VIOLATION OF RIGHT-OF-WAY DRIVING WHILE LICENSE SUSPENDED OR REVOKED Passenger Under 18 Yrs BAL
 IMPROPER PASSING

OTHER VIOLATIONS OR COMMENTS PERTAINING TO OFFENSE:
CRASH - HIT & RUN W/ PROPERTY DAMAGE | Hit And Run With Property Damage

AGGRESSIVE DRIVING IN VIOLATION OF STATE STATUTE SECTION **316.061** (1)
 CRASH PROPERTY DAMAGE INJURY TO ANOTHER SERIOUS BODILY INJURY TO ANOTHER FATAL
 YES NO YES NO YES NO YES NO

CRIMINAL VIOLATION. COURT APPEARANCE REQUIRED. AS INDICATED BELOW.
 INFRACTION. COURT APPEARANCE REQUIRED. AS INDICATED BELOW.
 INFRACTION WHICH DOES NOT REQUIRE APPEARANCE IN COURT.

AD3WBUE CHECK DIGIT

CIVIL PENALTY IS \$ _____
COURT INFORMATION DATE **02/12/2020** TIME **08:30 AM**
NORTH COUNTY GOVERNMENT CENTER
3188 PGA Boulevard PBG, FL 33410

ARREST DELIVERED TO **INMATE PROPERTY** DATE **01/12/2020**
I AGREE AND PROMISE TO COMPLY AND ARRIVE TO THE CHARGES AND INSTRUCTIONS SPECIFIED IN THIS CITATION. WILLFUL REFUSAL TO ACCEPT AND SIGN THIS CITATION MAY RESULT IN ARREST. I UNDERSTAND MY SIGNATURE IS NOT AN ADMISSION OF GUILT OR WAIVER OF RIGHTS. IF YOU NEED REASONABLE FACILITY ACCOMMODATIONS TO COMPLY WITH THIS CITATION, CONTACT THE CLERK OF COURT.

X SIGNATURE OF VIOLATOR SIGNATURE IS REQUIRED IF INFRACTION REQUIRES APPEARANCE IN COURT
SPD
NAME - NAME OF DRIVER **386** BADGE NO. **386** ID. NO. _____ TROOP UNIT _____
I CERTIFY THIS CITATION WAS DELIVERED TO THE PERSON CITED ABOVE AND CERTIFY THE CHARGE ABOVE.
HSMV 75861 (Rev. 07/12)

| DATE | COURT ACTION AND OTHER ORDERS |
|------|---|
| | BAIL FIXED AT \$ _____ OR CASH DEPOSIT OF \$ _____ SIGNATURE OF PERSON GIVING BAIL _____ SIGNATURE OF PERSON TAKING BAIL _____ |
| | FINE IN THE AMOUNT OF \$ _____ RECEIVED AS REQUIRED BY COURT SCHEDULE _____ SIGNATURE OF CLERK _____ |
| | CONTINUANCE TO _____ REASON _____ |
| | CONTINUANCE TO _____ REASON _____ |
| | BOND ESTREATED _____ |
| | WARRANT ISSUED _____ |
| | VIOLATOR FAILED TO APPEAR-DRIVER LICENSE SUSPENDED |
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| | SIGNATURE OF JUDGE _____ |
| | TESTIMONY - JUDGE'S NOTES (OR OTHER COURT ORDERS): |
| | APPEAL BOND OF \$ _____ |
| | VIOLATOR'S FINGERPRINT WHEN APPLICABLE _____ |