

20 OCT 19 7 7 ANB

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) 5 4 20-00493		1. Arrest 2. N.T.A.		3. Request for Warrant 4. Request for Capias		1		JUVENILE						
	Charge Type: Check as many as apply.		1. Felony <input type="checkbox"/>		2. Traffic Felony <input type="checkbox"/>		3. Misdemeanor <input type="checkbox"/>		4. Traffic Misdemeanor <input checked="" type="checkbox"/>		5. Ordinance <input type="checkbox"/>		6. Other <input type="checkbox"/>		If Weapon Seized Enter Type NONE		Multiple Clearance Indicator 1				
	Location of Arrest (Including Name of Business) 337 E INDIANTOWN RD JUPITER, FL 33477								Location of Offense (Business Name, Address) 500 E INDIANTOWN RD, JUPITER, FL 33477												
	Date of Arrest 02/02/2020		Time of Arrest 01:37		Booking Date 02/02/2020		Booking Time 01:47		Jail Date		Jail Time		Location of Vehicle								
	Name (Last, First, Middle) CASEY, KRISTIN JESSICA												Alias:								
	Race W - White B - Black		1 - American Indian O - Oriental/Asian		Sex F		Date of Birth 08/23/1992		Height 5'04		Weight 155		Eye Color BROWN		Hair Color BLONDE /		Complexion LIGHT		Build Medium		
	Scars, Marks, Tattoos, Unique Physical Features (Location, Type, Description)								Marital Status S		Religion OTHER		Indication of Alcohol Influence Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		Drug Influence Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		Unk. <input type="checkbox"/>				
	Local Address (Street, Apt. Number) 6262 WINDING LAKE DR, JUPITER, FL 33458				(City) (State) (Zip)				Phone (561) 685-8877				Residence Type: 1. City 3. Florida 2. County 4. Out of State 1								
	Permanent Address (Street, Apt. Number) 6262 WINDING LAKE DR, JUPITER, FL 33458				(City) (State) (Zip)				Phone (561) 685-8877				Address Source DAVID								
	Business Address (Name, Street)				(City) (State) (Zip)				Phone				Occupation Student								
D/L Number, State C200510928030 / FL		Sec. Sec. Number		INS Number		Place of Birth (City, State) WEST PALM BCH, FL				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)												Residence Phone									
<input type="checkbox"/> Legal Custodian Address (Street, Apt. Number) (City) (State) (Zip)												Business Phone									
Notified by (Name)						Date		Time		JUVENILE DISPOSITION 1. Handled/Processed within Department and Released 2. TOT JAC 3. Incarcerated											
Released To: (Name)						Relationship		Date		Time											
The above address was provided by <input type="checkbox"/> defendant and/or <input type="checkbox"/> defendant's parents. The child and/or parent was told to keep the Juvenile Court Clerk's Office (Phone 355-2526) informed of any change of address.										School Attended		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									
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 DUI - BAC/BRAC OVER .15 -OR- MINOR IN VEHICLE										Statute Violation Number 316.193(4)				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							
Charge Description										Statute Violation Number				Violation of ORD #							
Drug Activity		Drug Type		Amount / Unit		Offense #		Counts		Domestic Violence <input type="checkbox"/> Y <input type="checkbox"/> N		Warrant / Capias Number		Bond							
Charge Description										Statute Violation Number				Violation of ORD #							
Drug Activity		Drug Type		Amount / Unit		Offense #		Counts		Domestic Violence <input type="checkbox"/> Y <input type="checkbox"/> N		Warrant / Capias Number		Bond							
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										PROPERTY - Received By		Released By		Released To							
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 03/04/2020 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 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 <input type="checkbox"/> Dangerous <input type="checkbox"/> Resisted Arrest <input type="checkbox"/> Suicidal <input type="checkbox"/> Other										Signature of Arresting Officer YOCHUM, CRAIG				Name Verification (Printed by Arrestee)							
Intake Deputy		I.D. #		Pouch #		Name of Arresting Officer (Print) YOCHUM, CRAIG		I.D. # 1185		(PRINT)		PAGE 1 OF 1									
Transporting Officer		I.D. #		Agency		Name of Arresting Officer (Print) OFC. C. YOCHUM		I.D. # 383		Agency JPD		Where there is subject sign with an "X"									

FILED

CRIMINAL DIV.

D.U.I. PROBABLE CAUSE AFFIDAVIT

ON THE 2nd DAY OF February 20 20, AT 1:06 AM PM
SUBJECT: Casey Kristen J CASE NUMBER: 20-000493
AGENCY: Jupiter Police Department ARRESTING OFFICER: Craig Yochum # 383

PERSONAL CONTACT

DRIVING PATTERN: ACTUAL PHYSICAL CONTROL (PHYSICAL EVIDENCE OR STATEMENTS PUTTING DEF. BEHIND WHEEL OF VEHICLE)

On the aforementioned date at approximately 0109 hours, I responded to the Intracoastal Waterway Bridge (500 E Indiantown Rd.) in the Town of Jupiter, Palm Beach County, FL in reference to a suspicious vehicle. At the time, I was driving an unmarked Jupiter Police Department patrol vehicle (vehicle 1916), I was wearing a JPD uniform clearly identifying myself as a Jupiter Police Officer, and I was wearing my department-issued Axon body camera. The caller (bridgetender) advised there was an SUV stopped, facing west, on S.R. 706 (E Indiantown Rd.), on the east side of the bridge. Officer Schneider was the first officer on scene and located a gray Jeep SUV bearing FL tag # EDFR57 stopped, facing west, in the center westbound lane of S.R. 706 on top of the bridge. He approached the vehicle and observed Kristen Casey (w/f; 08/23/1992) in the driver seat with the vehicle running. Officer Schneider made contact with Casey and I arrived shortly after. See supplement from Officer Schneider.

OBSERVATION OF DRIVER:

I observed Casey standing outside the driver side of her vehicle. I observed Casey had bloodshot/glassy eyes, appeared unsteady on her feet, and had the odor of an unknown alcoholic beverage on her breath. Due to my observations, I requested Casey complete Standardized Field Sobriety Tasks (SFSTs). Casey immediately agreed. Due to the fact that we were standing on the incline of the bridge, I asked Casey if she was willing to relocate to a nearby parking lot to complete the tasks. Casey advised she was OK with that and we drove to the Fisherman's Wharf parking lot (337 E Indiantown Rd.) to complete SFSTs. Casey was not handcuffed for the ride over. I allowed Casey out of the rear seat of my patrol vehicle and advised her of her Miranda Warnings before going further.

DRIVER'S STATEMENTS:

Casey advised she was coming from Castaways (local bar in Jupiter) where she had consumed beer. She advised on a scale of 1 (being sober) to 10 (being sick) that she was a 3.

ODORS:

Odor of unknown alcoholic beverage on Casey's breath which intensified as she spoke.

GENERAL OBSERVATIONS

SPEECH: Normal

ATTITUDE: Cooperative, Calm, Friendly

CLOTHING: Blue shirt, Black leggings, Black shoes

MEDICAL/OTHER: No medical conditions, Casey advised she takes Adderall (prescribed) occasionally.

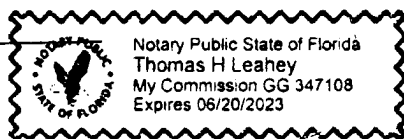
STATE OF FLORIDA
COUNTY OF PALM BEACH


(Signature of Arresting/Investigative Officer)

The foregoing instrument was sworn to or affirmed and subscribed before me this 2nd day of February 20 20 by Officer Craig Yochum # 383

(Print name of Arresting/Investigative Officer), who is personally known to me and/or produced identification. Type of identification produced Personally Known


Notary Public, Clerk of Court, Officer (F.S.S. 117.10)



SUBJECT: Casey Kristen CASE NUMBER 20-000493

ROADSIDE TASKS

HORIZONTAL GAZE NYSTAGMUS:

- LT EYE-LACK OF SMOOTH PURSUIT
- RT EYE-LACK OF SMOOTH PURSUIT
- LT EYE-DISTINCT & SUSTAINED NYSTAGMUS AT MAX. DEVIATION
- RT EYE-DISTINCT & SUSTAINED NYSTAGMUS AT MAX. DEVIATION
- LT- EYE-ONSET OF NYSTAGMUS PRIOR TO 45 DEGREES
- RT- EYE-ONSET OF NYSTAGMUS PRIOR TO 45 DEGREES

Other Observations:

I am a certified Drug Recognition Expert (IACP # 32395) and I conducted this task in accordance with my training. I observed Casey's pupils appeared to be of equal approximate size, she did not have resting nystagmus, and she was able to track a moving stimulus equally. VGN was present in both Casey's eyes.

WALK & TURN:

Casey stumbled off the line, to the right before starting the task. When told to begin, Casey used her arms to balance on steps 1 and 5. Casey missed heel-to-toe on steps 3, 4, and 7. Casey took 9 steps before turning. Casey turned improperly by taking small steps with both her feet. Casey appropriately walked 9 steps back down the line after turning.

ONE LEG STAND:

Casey elected to raise her left leg off the ground, standing planted on her right. Casey swayed and used her arms to balance on her count of 1007. Casey placed her foot on the ground just before being told to stop the task (at the end of the timed 30 second period). Casey counted to 1020 throughout the duration of the task.

FINGER TO NOSE:


Prior to beginning the task, Casey demonstrated knowledge of her left and right hands. The cadence for this task was Left, Right, Left, Right, Right, Left. L1: Touched tip of left finger to septum (under tip of nose) R1: Touched pad of right finger to tip of nose. L2: Appropriate touch. R2: Touched pad of right finger to tip of nose. R3: initially raised left arm and almost touched nose before correcting and touching pad of right finger to tip of nose. L3: tip of finger slightly under tip of nose.

ROMBERG ALPHABET:

Casey advised her highest level of education was a Bachelor's degree and that she was comfortable with the alphabet from A to Z. Casey had to be reminded to tilt her head back and close her eyes. Even after being reminded, Casey did not immediately close her eyes. Casey appropriately recited the alphabet.

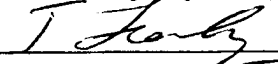
BREATH TEST RESULTS: (1) .175 (2) .169 (3) (4)

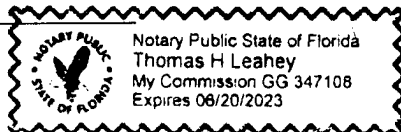
STATE OF FLORIDA
COUNTY OF PALM BEACH


(Signature of Arresting/Investigative Officer)

The foregoing instrument was sworn to or affirmed and subscribed before me this 2nd day of February 2020 by Officer Craig Yochum # 383

(Print name of Arresting/Investigative Officer), who is personally known to me and/or produced identification. Type of identification produced Personally Known


Notary Public, Clerk of Court, Officer (F.S.S. 117.10)





**PALM BEACH COUNTY
SHERIFF'S OFFICE**
Florida State Statute Exemption Sheet

Palm Beach County Sheriff's Office – Arrests Only

	X	Florida State Statute	Description	Page Number(s)
L/E Exemptions	<input type="checkbox"/>	119.071(2)(d)	Surveillance techniques, procedures and personnel; inventory of law enforcement resources, policies or plans pertaining to mobilization deployment or tactical operations.	
	<input type="checkbox"/>	943.053, 943.0525	NCIC/FCIC/FBI and in-state FDLE/DOC.	
	<input type="checkbox"/>	119.071(4)(c)	Undercover personnel.	
	<input type="checkbox"/>	119.071(2)(f)	Confidential informants (CIs).	
	<input type="checkbox"/>	119.071(2)(e)	Confession.	
Public Info. Exemptions	<input type="checkbox"/>	985.04(1)	Juvenile offender records.	
	<input type="checkbox"/>	119.071(h)(i)	Assets of a crime victim.	
	<input type="checkbox"/>	395.3025(7)(a), 456.057(7)(a)	Medical information.	
	<input type="checkbox"/>	394.4615(7)	Mental health information.	
	<input type="checkbox"/>	119.071(4)(d)(2)(a)	Home address, telephone, Social Security number, date of birth, or photos of active/former LE personnel, spouses, and children.	
Florida Rules of Judicial Administration 2.420 (Rule of 23)	<input checked="" type="checkbox"/>	(iii) 119.0714(1)(i)-(j), (2)(a)-(e)	Social Security, bank account, charge, debit, and credit card numbers.	2
	<input type="checkbox"/>	(viii) 394.4615(7)	Clinical records under the Baker Act.	
	<input type="checkbox"/>	(xii) 741.30(3)(b)	The victim's address in a domestic violence action on petitioner's request.	
	<input type="checkbox"/>	(xiii) 119.071(2)(h), 119.0714(1)(h)	Protected information regarding victims of child abuse or sexual offenses.	
	<input type="checkbox"/>			
	<input type="checkbox"/>			
	<input type="checkbox"/>			
	<input type="checkbox"/>			
	<input type="checkbox"/>			
Other	<input type="checkbox"/>		Other:	
	<input type="checkbox"/>		Other:	

REVIEW COMPLETED BY

Booking Number: 2020003687	Date: 02/03/2020
	Specialist Name/ID: AM/31562