

0516907

20CT7448AMB

Arrest Report

FLORIDA HIGHWAY PATROL
P.O. BOX 16007, LAKE WORTH, FL 33416

Report Date / Time 6/11/2020 09:15 AM	Report Number FHP99ARR814411	Case Number/Cad Number FHPK20OFF024540 / LWRC20CAD083477	Reporting Officer Name K. GRUBEL
Originating Agency ORI	Occur Date Time Range 06/11/2020 08:01:30 -	Jurisdiction	Clearance

Location of Occurrence

County PALM BEACH	Location Type PUBLIC PLACE	Location Description MM109			
Street Number	Street FLORIDA'S TPKE SB	Apt/Lot/Bldg	City PALM BEACH GARDENS	State FL	Zip Code 33418

Defendant

First Name KYLE	Middle Name THOMAS	Last Name STONE	Suffix	Race WHITE	Sex MALE	Height 600	Weight 225	Hair BRO	Eyes BRO
MNI #	SSN	Date of Birth 06/04/1983	Age 37	Place of Birth FAIRVILLE CA USA	Drivers License or other ID S350518832040	State FL	ID Type E		
Address * / 174 WILLOW CREEK CV , LONGWOOD, FL 32750 /									

Arrest

Arrest Date/Time 6/11/2020 8:42:34 AM	Arrest Location Type	Arrest Location Description				
Street Number	Street FLORIDA'S TPKE SB	Apt/Lot/Bldg	County PALM BEACH	City PALM BEACH GARDENS	State FL	Zip Code 33418

Charge : S

Counts 1	Charge 316.193.1 A	Bond Amount \$0.00	<input type="checkbox"/> No Bond
Charge Degree N	Charge Level MISDEMEANOR	General Offense Code DUI-UNLAW BLD ALCH	
Charge Description DUI ALCOHOL OR DRUGS			

Bond Set by Court

Bond Amount	<input type="checkbox"/> No Bond
Bond Type(s)	

JUN 11 PM 1:45

Probable Cause

On June 11, 2020, BOLO (Be On Look Out) was given out by FHP dispatch saying a grey car with FL Tag# IASS01 was driving all over the road southbound on State Road 91 (Florida's Turnpike). Capt. Pelton was following the vehicle in a unmarked

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police car. Capt. Pelton stated vehicle was traveling onto the right shoulder and back on the road. Capt. Pelton stated the vehicle would vary speed from 63mph to 90mph in a posted 70mph zone. Capt. Pelton provided a sworn police statement. I positioned myself southbound on State Road 91 at the 96-mile marker. I observed the vehicle pass me in the left lane. I caught up to the vehicle and began to observe the driving pattern. The vehicle swerve to the right crossing over the dotted white line. As we approached the Lake Worth Service Plaza, I activated my emergency lights and hit my siren. The vehicle pulled into the plaza. I approached the vehicle on the driver's side and asked him if he's ok. The driver stated yes. I stated the reason why I stopped him was because he was swerving on and off the road. The driver state he's legal to drive in Florida. As the driver was talking to me, his speech was very slurred and mumbled. I had a hard time understanding what he was saying. His speech was also mumbled. I asked for his driver license. The driver handed me his entire wallet showing his license. I asked the driver to take his license out of his wallet. The driver fumbled trying to take his license out. I driver also had bloodshot eyes. I asked where his he driving from and he said from Orlando to Miami. He said he was trying to pull over randomly. Capt. Pelton stood next to the driver's vehicle, as I went back to my patrol car and placed my it under the canopy. I walked back to the driver and asked him to step out of the vehicle. I explained to him that based on everything I have observed I would like him to perform field sobriety tasks and he agreed too. As walked over slowly to the canopy I asked the driver is there anything wrong with his eyes. He stated that in his right eye, he had a tumor and his vision was 20/60 in that eye. I asked if there was anything wrong with him physically and he stated his legs are swollen and his getting them looked at by a Dr. Prior to all field sobriety tasks, I gave all the instructions and demonstrated to the driver on what I was going to ask, and the driver understood.

HGN: A red pen light was used as a stimulus. There was equal pupil size, no resting Nystagmus, and equal tracking. The driver had lack of smooth pursuit in both eyes. The driver had distinct and sustained nystagmus at maximum deviation in both eyes. The driver swayed side to side and in a counterclockwise direction.

WAT: The ground was as level as possible, free from debris. The driver stated he

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doesn't have good balance. As I stood in the starting position, he lost balance. The driver couldn't position his feet heel to toe. As I was explaining the driver also started early and lost his balance right away. The driver stated he couldn't perform this task. For safety I stopped the WAT.

OLS: The driver stated because of his eyes he couldn't stand on one leg. I asked how come, and he said his vision is off. This task wasn't performed

Finger to nose: (L) Held finger up until I told him to bring it down. Touched the top of his finger. (R) Ok (L) Ok (R) Ok (R) Touched under the left side of his nose (L) Ok. The driver swayed as he performed this task.

Modified Rhomberg: Swayed while standing. Mumbled letters, J,K,L,M,N,O as if one letter fast.

After Field Sobriety Tasks the driver was placed under arrest for DUI. I transported the driver to the PBC Bat where I conducted a 20-minute observation on the driver. I never lost visual contact of the driver in this time period. The driver was falling asleep as we were waiting. I then asked the driver to provide a Breath test. The results were .000/.000. Based on all observations made, I then asked the driver for urine for determine if the driver was on a chemical/controlled substance. The driver agreed and supplied a urine sample. I asked the driver if he would be willing t do a DRE evaluation and he agreed too. I then contacted Sgt. Handzik to give DRE evaluation. After the evaluation was completed, the driver was then taken over to the PBSO Jail for booking.

Jail Bookin Facility

Booking Date/Time	Booking County	Booking Facility	Booking Facility Phone Number
0.0000	PALM BEACH	PALM BEACH COUNTY CORRECTIONS	(561) 688-4400

Booking Facility Location Booking Number

3228 GUN CLUB ROAD WEST PALM BEACH, FLORIDA 33406

Booking Comments

Court

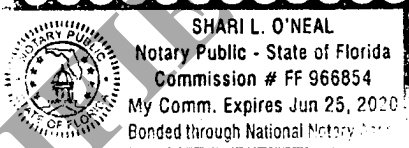
Court County	Court Location
PALM BEACH	3228 GUN CLUB ROAD WEST PALM BEACH, FL 33406

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Court CRIMINAL JUSTICE COMPLEX	Court Phone 561-355-2994	Court Appearance Date / Time 07/02/2020 8:30 AM	Court Fine
Comments			

Officer Name Rank / ID #	Involvement On Report / Reporting Role	Officer Agency Org/Unit
K. GRUEBEL TPR 2847	REPORTING OFFICER	FLORIDA HIGHWAY PATROL FHPK\LWRCC\WPB\SR91 88-103

The undersigned certifies and swears that he/she has just and reasonable grounds to believe that the above named Defendant, committed violation(s), of law, on the below date(s) and time(s), as listed in the probable cause associated with this report:

Reporting Officer

Officer Name K. GRUEBEL	Office Rank TPR	Officer ID No 2847	Sworn and subscribed before me, the undersigned authority This the <u>11</u> day of <u>June</u> , 20 <u>20</u> DEPUTY OF THE COURT, NOTARY OR LAW ENFORCEMENT
Officer Agency FLORIDA HIGHWAY PATROL	Officer Signature <i>Karl Gruebel</i>		 SHARI L. O'NEAL Notary Public - State of Florida Commission # FF 966854 My Comm. Expires Jun 25, 2020 Bonded through National Notary Association <i>S. O'Neal</i>

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: 06/11/2020

Date of Last Agency Inspection: 05/15/2020
Observation Period Began: 09:25
Subject's Name: KYLE T STONE

DOB: 06/04/1983 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	09:48
	Air Blank	0.000	09:48
	Control Test	0.081	09:49
	Air Blank	0.000	09:49
	Subject Sample #1	0.000	09:50
	Air Blank	0.000	09:50
	Air Blank	0.000	09:52
	Subject Sample #2	0.000	09:53
	Air Blank	0.000	09:53
	Control Test	0.080	09:54
	Air Blank	0.000	09:54
	Diagnostics Check	OK	09:54

Cylinder Lot: 28719080A1
Exp: 12/05/2021

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 SHARI L O'NEAL, 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: *S. O'Neal* Date: 06-11-20
Signature

Sworn to (or affirmed) before me this 11 day of June, 2020
[Signature] Trp. Gruebel #907
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.

TESTING FACILITY TASK REPORT

AGENCY: FHP TRP. GRUEBEL #907

SUBJECT: STONE, KYLE T.

CASE NUMBER: 20-076921

DATE: 06-11-20

VIDEO DVD NUMBER: N/A

BEGINNING TIME: 0945 HRS

ENDING TIME: 1005 HRS

BREATH TESTS RESULTS: 1) .000 TIME 0950 A.M. P.M. 2) .000 TIME 0953 A.M. P.M.
3) TIME A.M. P.M. 4) TIME A.M. P.M.

BREATH OPERATOR: S.O'NEAL #6212

MAINTENANCE TECHNICIAN: J. KARLECKE #6467

TESTING OFFICER'S OBSERVATIONS

SPEECH: VERY SLURRED AND VERY MUMBLED / COULD BARELY UNDERSTAND WHAT THE D WAS SAYING AT TIMES

ATTITUDE: CALM, QUIET, COOPERATIVE

CLOTHING: SHIRT- DARK GRAY SHORTS-BLACK/DARK GRAY

MEDICAL CONDITIONS: YES

MEDICATIONS: YES

OTHER:

EYES: VERY GLASSY, SLEEPY

DEXTERITY: SLOW, VERY SLUGGISH, NEEDED ASSISTANCE AT TIMES

COMMENTS:

20 MIN. OBSERVATION DONE BY A/O TRP. GRUEBEL #907
A/O REQUESTED THE BREATH TEST.
D SUBMITTED TO THE BREATH TEST.
D COMPLETED THE BREATH TEST CORRECTLY.
A/O REQUESTED URINE ON CAMERA.
D SUBMITTED TO URINE ON CAMERA.
C/W READ ON CAMERA.
Q&A CONDUCTED.
DRE CONDUCTED ON THE D.

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SUBJECT: _____ 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? _____

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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: _____

SUBJECT: _____

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.

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SUSPECT'S SIGNATURE: (X) _____



**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: 2020014608	Date: 06/12/2020
	Specialist Name/ID: AM/31562

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