

50-2020-CT-013187-ANB

ARREST / NOTICE TO APPEAR

ADMI NIST TRAT ION	OBTS Number		Agency ORI Number 0501700		Agency Name Jupiter Police Department		Agency Report Number (N.T.A.'s only) 5 4 20-003504		1. Arrest 2. N.T.A. 3. Request for Warrant 4. Request for Capias		1	JUVENILE																			
DEF END ANT	Charge Type: Check as many as apply		1. Felony 2. Traffic Felony		3. Misdemeanor 4. Traffic Misdemeanor		5. Ordinance 6. Other		If Weapon Seized Enter Type NONE		Multiple Clearance Indicator																				
	Location of Arrest (Including Name of Business) 7499 W INDIANTOWN RD/INTERSTATE 95						Location of Offense (Business Name, Address) 7449 W INDIANTOWN RD/INTERSTATE 95, JUPITER, FL																								
Date of Arrest 10/17/2020		Time of Arrest 03:40		Booking Date 10/17/2020		Booking Time 03:50		Jail Date		Jail Time		Location of Vehicle																			
Name (Last, First, Middle) BARNARD, NATHAN JAMES												Alias (Name, DOB, Soc. Sec. #, Etc.)																			
Race W - White B - Black O - Oriental/Asian		Sex W		Date of Birth 06/18/1999		Height 5'10		Weight 180		Eye Color BLUE		Hair Color BROWN		Complexion LIGHT		Build Medium															
Scars, Marks, Tattoos, Unique Physical Features (Location, Type, Description)												Marital Status S		Religion		Indication of Alcohol Influence Yes <input checked="" type="checkbox"/> No <input 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) 152 CARAVELLE DR, JUPITER, FL 33458						(City)		(State)		(Zip)		Phone		Residence Type: 1. City 2. County 3. Florida 4. Out of State 1																	
Permanent Address (Street, Apt. Number) 152 CARAVELLE DR, JUPITER, FL 33458						(City)		(State)		(Zip)		Phone		Address Source VERBAL																	
Business Address (Name, Street)						(City)		(State)		(Zip)		Phone		Occupation																	
D.V. Number, State B656630992180 / FL		Sec. Sec. Number		INS Number		Place of Birth (City, State) PHILADELPHIA, PA,		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													
Parent <input type="checkbox"/> Other: _____ Name (Last, First, Middle)												Legal Custodian <input type="checkbox"/>		Address (Street, Apt. Number)		(City)		(State)		(Zip)		Residence 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		Grade													
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.												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. Disperse/ 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												State 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												State Violation Number		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												State Violation Number		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																	
Health / Apparent Physical Condition of Defendant												Any knowledge of the following: Explain: <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															
<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 11/18/2020 08:30:00		No Photo Available															
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.												Signature of Defendant (or Juvenile and Parent/Custodian)		Date Signed																	
HOLD for Other Agency												Signature of Arresting Officer [Signature]		Name Verification (Printed by Arrestee)																	
<input type="checkbox"/> Dangerous <input type="checkbox"/> Suicidal		<input type="checkbox"/> Resisted Arrest <input type="checkbox"/> Other		Name of Arresting Officer (Print) MCGILLICUDDY, STEVEN		I.D. # 1216		(PRINT)		PAGE 1 OF 1																					
Intake Deputy [Signature]		I.D. # [Signature]		Pouch #		Transporting Officer S. MCGILLICUDDY		I.D. # 388		Agency JUPITE		Witness here if subject signed with an "X".																			

0519/14/2

2

PROBABLE CAUSE AFFIDAVIT

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

1 JUVENILE

OBTS Number	Agency ORI Number FL 0501700		Agency Name JUPITER POLICE DEPARTMENT	Agency Report Number 5 4 20-003504
Charge Type: Check as many as apply.		<input type="checkbox"/> 1. Felony	<input type="checkbox"/> 3. Misdemeanor	<input type="checkbox"/> 5. Ordinance
		<input type="checkbox"/> 2. Traffic Felony	<input checked="" type="checkbox"/> 4. Traffic Misdemeanor	<input type="checkbox"/> 6. Other

Name (Last, First, Middle) **BARNARD, NATHAN JAMES** Alias _____

Charge Description 316.193(4) DUI - BAC/BRAC OVER .15 -OR- MINOR IN VEHICLE	Charge Description	Race W	Sex M	Date of Birth 06/18/1999
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Victim's Name (Last, First, Middle) State Of Florida	Race	Sex	Date of Birth
Local Address (Street, Apt. Number) (City) (State) (Zip)	Phone	Address Source	
Business Address (Name, Street) (City) (State) (Zip)	Phone	Occupation	

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.

The Person taken into custody...

committed the below acts in my presence. was observed by _____ who told _____ that he/she saw the arrested person commit the below acts.

confessed to _____ admitting to the below facts. was found to have committed the below acts, resulting from my (described) investigation.

On the 17 day of October, 2020 at 03:27 (Specifically include facts constituting cause for arrest.)

On 10/17/2020 at approximately 0327 hrs, I responded to W Indiantown Road/I95, Town of Jupiter, FL, in reference to backing up Ofc. Zesut (SEE SUPP) on a traffic stop. Upon my arrival, I observed and observed that Ofc. Zesut had a silver Nisan Versa (VEHICLE-1) bearing Florida tag 205-NDA pulled over. Ofc. Zesut advised me that he had stopped the vehicle for driving without lights on. He advised that the driver, now identified as Nathan Barnard, was showing signs of possible impairment and asked me to investigate.

I approached Barnard and introduced myself. I observed that he had an open container of Bud Light in the center cup holder. I additionally observed an opened Bud Light 12 pack in the back seat of the vehicle and a full pack of "White Claw" alcoholic seltzer beverage's. I observed that Barnard had two paper wristbands on, consistent of the type and size used to identify someone as being of-age in order to consume alcohol at a bar. When speaking to Barnard I observed that he had glassy, bloodshot eyes and spoke with slurred speech. I detected an odor of unknown alcoholic beverage emitting from Barnard that intensified as he spoke. Barnard advised me that he had two beers approximately "twenty minutes ago" at Bluepoint Bar and Grill. I asked him on a scale from 1-10 of impairment, with 1 being sober and 10 being the must drunk he has ever been where he would place himself and he advised that he was a "4".

- HORIZONTAL GAZE NYSTAGMUS**
- Equal pupil size and tracking
 - No resting nystagmus in either eye
 - Lack of smooth pursuit in both eyes
 - Distinct and sustained nystagmus at maximum deviation in both eyes
 - Onset of nystagmus prior to forty-five degrees in both eyes
 - No vertical nystagmus in either eye
 - 6 of 6 clues
 - Noticeable sway

SWORN AND SUBSCRIBED BEFORE ME	JOSHUA BELL MY COMMISSION #GG346008 EXPIRES: JUN 18, 2023	SIGNATURE OF ARRESTING/INVESTIGATING OFFICER
	(F.S. 117.1) Bonded through 1st State Insurance	
NOTARY PUBLIC / CLERK OF COURT / OFFICER		MCGILlicuddy, STEVEN (1216) NAME OF OFFICER (PLEASE PRINT)
<u>10/17/2020</u> DATE		<u>10/17/2020</u> DATE

PROBABLE CAUSE AFFIDAVIT
SUPPLEMENT

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

1 JUVENILE

OBTS Number

Agency ORI Number
FL 0501700

Agency Name
JUPITER POLICE DEPARTMENT

Agency Report Number
5 | 4 | 20-003504

Charge Type:
Check as many as apply.
 1. Felony
 2. Traffic Felony
 3. Misdemeanor
 4. Traffic Misdemeanor
 5. Ordinance
 6. Other

Special Notes:

Name (Last, First, Middle)
BARNARD, NATHAN JAMES

Race Sex Date of Birth
W M 06/18/1999

WALK AND TURN
-Missed heel to toe
-Stepped off line
-Stopped while walking
-Improper turn by moving both feet while turning clockwise
- 4 of 8 clues


ONE LEG STAND
-Put foot down
-Used arms for balance
-2 of 4 clues

FINGER TO NOSE
1L - Pad to tip
2R - Pad to left nostril then move to tip
3L - Pad to bridge
4R - Pad to tip
5R - Pad to tip
6L - Pad to tip

Rhomberg Balance
-Estimated the passage of 30 seconds in 21 seconds

Based on my observations, investigation and the totality of the circumstances, I have probable cause to believe that Nathan Barnard was in actual physical control of a vehicle while under the influence of an alcoholic beverage, chemical or controlled substance, to the point where his normal faculties were impaired. I placed him under arrest at 0340 hrs. I then transported Barnard to the Palm Beach County Breath Alcohol Testing Center, arriving at 0410 hrs. I placed Barnard 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 Bell (ID #8656), where I requested that Barnard provide breath samples, and he agreed. The results of the breath test were .153 BrAC and .153 BrAC. I then read Barnard his Miranda rights from a prepared sheet and Barnard advised that he understood them. He agreed to answer questions. Under questioning, Barnard admitted only to drinking two beers. I then placed him in a holding cell while I completed his paperwork. I then booked him into the Palm Beach County Jail. He was issued a criminal traffic court date of 11/18/2020 at 0830 hrs at the North County Courthouse. VEHICLE-1 was removed from the scene by East Coast Towing. BWC.

SWORN AND SUBSCRIBED BEFORE ME
[Signature]
NOTARY PUBLIC / CLERK OF COURT / OFFICER
10/17/2020
DATE

 JOSHUA BELL
MY COMMISSION #GG346008
EXPIRES: JUN 18, 2023
Covered through 1st State Insurance

[Signature]
SIGNATURE OF ARRESTING / INVESTIGATING OFFICER
MCGILICUDDY, STEVEN (1216)
NAME OF OFFICER (PLEASE PRINT)

10/17/2020
DATE

PAGE
2 OF 2

SUBJECT: Edward Nathan J 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: CRC. S. McGinnis # 280

SUBJECT: Wanda, N. Johnson 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) Read on camera



**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)(l)	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: 2020024540	Date: 10/18/2020
	Specialist Name/ID: AM/31562