

ARREST / NOTICE TO APPEAR

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

JUVENILE

OBTS Number	Agency ORI Number 0500800		Agency Name West Palm Beach Police Department		Agency Report Number (N.T.A.'s only) 9, 4 2021-0005498	
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		<input type="checkbox"/> 7. Weapon Seized <input type="checkbox"/> 8. Other		Enter Type: NOT APPLICABLE Multiple Clearance Indicator:	
Location of Arrest (Including Name of Business) 900-BLK FERN ST, WEST PALM BEACH, FL			Location of Offense (Business Name, Address) 900 FERN ST BLK, WEST PALM BEACH, FL 33401			
Date of Arrest 04/13/2021	Time of Arrest 16:21	Booking Date 04/13/2021	Booking Time 16:31	Jail Date	Jail Time	Location of Vehicle
Name (Last, First, Middle) BRINLEY, ROBERT ALLEN 3			Alias (Name, DOB, Soc. Sec. #, Etc.)			
Race W - White A - American Indian B - Black O - Asian W M Date of Birth 04/06/1975			Height 5'10	Weight 160	Eye Color HAZEL	Hair Color GRAY OR
Sex M			Complexion LIGHT	Build Med	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"/>	
Scars, Marks, Tattoos, Unique Physical Features (Location, Type, Description)			Marital Status		Religion	
Local Address (Street, Apt. Number) 7566 SE WREN AVE, HOBE SOUND, FL 33455			(City) HOBE SOUND		(State) FL	
Permanent Address (Street, Apt. Number) 7566 SE WREN AVE, HOBE SOUND, FL 33455			(City) HOBE SOUND		(State) FL	
Business Address (Name, Street) 7566 SE WREN AVE, HOBE SOUND, FL 33455			(City) HOBE SOUND		(State) FL	
D/L Number, State B654761751260 / FL			Sec. Sec. Number [REDACTED]		INS Number	
Place of Birth (City, State) WARBURY, CT, United			Citizenship U.S.			
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: _____ <input type="checkbox"/> Legal Custodian Address (Street, Apt. Number) (City) (State) (Zip) Notified by: (Name) Date Time Released To: (Name) Relationship Date Time			Residence Phone Business Phone 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. <input type="checkbox"/> Yes, by: <input type="checkbox"/> No:			
Drug Activity N. N/A P. Possess S. Sell B. Buy T. Traffic R. Struggle D. Deliver E. Use K. Disposal/ 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/Opium P. Paraphernalia/ Equipment S. Synthetic U. Unknown Z. Other			
Charge Description DRIVING WHILE UNDER INFLUENCE			State Violation Number 316.193(1)(b)		Violation of ORD #	
Drug Activity	Drug Type	Amount / Unit	Offense #	Counts	Domestic Violence	Warrant / Capias Number
N		/		1	<input type="checkbox"/> Y <input checked="" type="checkbox"/> N	
Charge Description			State Violation Number		Violation of ORD #	
Drug Activity	Drug Type	Amount / Unit	Offense #	Counts	Domestic Violence	Warrant / Capias Number
		/			<input type="checkbox"/> Y <input checked="" type="checkbox"/> N	
Charge Description			State Violation Number		Violation of ORD #	
Drug Activity	Drug Type	Amount / Unit	Offense #	Counts	Domestic Violence	Warrant / Capias Number
		/			<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 checked="" type="checkbox"/> Medication <input type="checkbox"/> Dehydration <input type="checkbox"/> Injury			
Check which applies: <input type="checkbox"/> Released O.R. <input type="checkbox"/> Released to Parent/Custodian <input checked="" type="checkbox"/> T.O.T. County Jail <input type="checkbox"/> Ported Bond <input type="checkbox"/> South County Mental Health			PROPERTY - Received By OFC E HOWARD Date Transported Time Transported Other 05/20/2021 08:30:00			
Transmitted By OFC E HOWARD			Released To PBC JAIL			
<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) Criminal Justice CRIMINAL JUSTICE COMPLEX Court Date and Time 05/20/2021 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.			No Photo Available			
Signature of Defendant (or Juvenile and Parent/Custodian) I CONSENT TO RECEIVE REMINDERS OF COURT DATE(S) AND TIMES FOR THIS CASE BY TEXT MESSAGE TO THE NUMBER IDENTIFIED HERE. I UNDERSTAND THAT STANDARD TEXT MESSAGE RATES MAY APPLY AND THAT I MAY REVOKE THIS CONSENT VIA THE TEXT MESSAGE SYSTEM IF I CHOOSE.			Date Signed INITIAL			
HOLD For Other Agency			Name Verification (Printed by Arrestee) SCANNED			
Name of Arresting Officer (Print) HOWARD, EDWARD			ID # 02201			
Transferring Officer OFC E HOWARD			ID # 2201			
Agency WPB			Agency WPB			
Witness here if subject signed with an "X".			PAGE 1 OF 1			

0270032

#3166

DUI PROBABLE CAUSE AFFIDAVIT

On the 13th Day of April at 1621 A.M. P.M.
Subject: Robert A. Brinley Case Number: 20210005498
Agency: West Palm Beach Police Department Arresting Officer: Ofc. E Howard #2201

Personal Contact

Driving Pattern

Actual physical control (physical evidence putting the driver behind the wheel)

Witness and driver Lisa Reed advised she was stopped in traffic on Fern St. when the Blue GMC SUV ran into the back of her vehicle. She advised the driver was the sole occupant of the vehicle and she maintained visual contact of him until the police arrived. Reed also stated the driver attempted to exit the vehicle quickly to apologize to her.

CSA Howard advised me the driver had slurred speech, was swaying, and had bloodshot eyes.

Observation of Driver

The driver had slurred speech. He had bloodshot and glassy eyes. The driver was swaying while standing up. He was also very apologetic to everyone on scene and stated he was sorry for crashing into them.

Drivers Statements:

(Post Miranda) The driver stated he was coming from Oshea's, which is located in downtown West Palm Beach. He stated he drank two beers (Guinness). The driver stated he takes allergy medication daily (Allegra), which he took this morning. The driver stated he was heading home. The driver also stated he did not have any injuries when I spoke with him.

Odors:

A strong odor of an unknown alcoholic beverage could be smelled emanating from the drivers mouth, which grew stronger the more he spoke to me.

General Observations

Speech: Slurred

Attitude: Cooperative

Clothing: Gray shirt, red bathing suit, flip flops.

Medical Problems/Medications: Stated he takes allergy medicine (Allegra) daily.

Other: The driver was advised the crash investigation was finished and the investigation for driving under the influence was beginning. The driver was read Miranda Rights and stated they would participate in SFST's.

DUI PROBABLE CAUSE AFFIDAVIT

Subject: Robert A. Brinley Case Number: 20210005498

Roadside Tasks

Horizontal Gaze Nystagmus

- | | |
|---|--|
| <input type="checkbox"/> Left Eye Does Not Follow Smoothly | <input type="checkbox"/> Right Eye Does Not Follow Smoothly |
| <input type="checkbox"/> Left Eye Jerks at 45 Degree Angle or Less | <input type="checkbox"/> Right Eye Jerks at 45 Degree Angle or Less |
| <input type="checkbox"/> Distinct Jerking Left Eye at Maximum Deviation | <input type="checkbox"/> Distinct Jerking Right Eye at Maximum Deviation |

The driver was instructed to stand with his feet together with his arms at his sides. He was then asked if he could identify the color of the stimulus I placed in front of his eyes; in which he advised was blue (which was correct). He was reminded to track the stimulus with his eyes only. He failed to keep his head still while tracking the stimulus. I observed the driver swaying during the instructional and practical portion of this exercise.

Walk and Turn Task

The driver was informed of the instructions. The driver was unable to maintain their stance and stepped out of the stance to keep from falling over. After the instructions were repeated several times, the driver stated they were unable to do them due to his feet hurting.

One Leg Stand

The driver was informed of the instructions. The driver then stated they were unable to perform the task due to their feet hurting.

Finger To Nose

I had the driver stand with his feet together and hands down at his sides as I explained the exercise. I explained and demonstrated the exercise and he stated he understood the instructions. The driver demonstrated that he knew his right from his left. I asked the driver to tilt his head back and close his eyes. The sequence performed was: L, R, L, R, L, R, L. On the first left, the driver touched the bottom part of his nose. On the first right the driver touched the bottom part of his nose. On the second left the driver correctly touched the tip of his nose. On the second right the driver touched the bottom part of his nose. On the third right the driver correctly touched the tip of his nose. The third left the driver touched the bottom part of his nose. I observed the driver swaying during the instructional and practical portion of this exercise.

Romberg Balance

I had the driver stand with his feet together and hands down at his sides as I explained the exercise. I explained and demonstrated the exercise and he stated he understood the instructions. The driver stated he had a bachelors degree. I had the driver tilt his head back and close his eyes and estimate the passage of 30 seconds. He advised he finished this exercise at an internal clock of 30 seconds when the actual time was 20 seconds. I observed the driver swaying during this exercise. The driver began the task before being instructed to start. The driver stepped out of the instructed starting position.

Breath Results from Instrument

1st Result

0.307

2nd Result

0.315

3rd Result

If Applicable

State of Florida

County of Palm Beach

The Following Instrument was notarized or sworn before me this



Personally Known

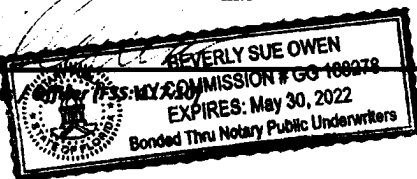


Produced Identification



Notary Public

Notary / Clerk of Court



Signature of Arresting Officer

APR 14 2021

TESTING FACILITY TASK REPORT

AGENCY: WEST PALM BEACH P.D.

SUBJECT: BRINLEY, ROBERT ALLEN III

CASE NUMBER: 21055121

DATE: Apr 13, 2021

VIDEO DVD NUMBER: N/A

BEGINNING TIME: 1703

ENDING TIME: 1719

BREATH TESTS RESULTS: 1) .307 TIME 1708 A.M. ☐ P.M. ☒ 2) .315 TIME 1712 A.M. ☐ P.M. ☒
3) TIME A.M. ☐ P.M. ☐ 4) TIME A.M. ☐ P.M. ☐

BREATH OPERATOR: S. Owen #3184

MAINTENANCE TECHNICIAN: J. Karlecke #6467

TESTING OFFICER'S OBSERVATIONS

SPEECH:

ATTITUDE: CO-OPERATIVE

CLOTHING: FLIP FLOPS, FLOWERED SHORTS, LIME GREEN T-SHIRT

MEDICAL CONDITIONS: TOO MANY TO NAME

MEDICATIONS: OVER THE COUNTER ALLERGY MEDICINE

OTHER:

CUFFS ADJUSTED DURING OBSERVATION. 46 YOA

COMMENTS:

A/O AND DEFENDANT ARRIVED AT 1640 HOURS. A/O OBSERVED 20 MINUTES. A/O REQUESTED BREATH TEST, DEFENDANT WANTED LAWYER. A/O READ I/C, DEFENDANT UNDERSTOOD AND AGREED TO GIVE BREATH TEST. NO PROBLEM WITH TEST. DEFENDANT BLEW OVER .30, TECHNICIAN GAVE RESULTS. A/O READ C/W, DEFENDANT UNDERSTOOD RIGHTS AND ANSWERED A FEW OF THE Q & A THEN STOPPED.

SCANNED
APR 14 2021



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

PBSO CASE # 21-055121 PBSO ZONE 3-22

AGENCY CASE # 2021-5498 CRASH CASE # _____

TIME OF STOP/CRASH 1544 DATE 4/13/21 DAY Tuesday

SUBJECT'S NAME Robert Brinley RACE W SEX M

HGT 5'10 WGT 160 DOB 4/6/75

LOCATION 900 Blk Fern St, WPB, FL

ARRESTING OFFICER'S NAME & ID Edward Howard AGENCY WPB

DIVISION: Patrol #2201

NOTIFIED BY COMMO yes

ARRIVAL AT FACILITY 1640

Arrest Time 1621

BREATH RESULTS:

1. .307
2. .315
3. _____
4. _____

TESTING OFFICER'S ID 3184

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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: 80-006027 Software: 8100.27
Date of Test: 04/13/2021

Date of Last Agency Inspection: 04/09/2021

Observation Period Began: 16:40

Subject's Name: ROBERT A BRINLEY

DOB: 04/06/1975 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	17:06
	Air Blank	0.000	17:07
	Control Test	0.078	17:07
	Air Blank	0.000	17:07
	Subject Sample #1	0.307	17:08
	Air Blank	0.000	17:09
	Air Blank	0.000	17:11
	Subject Sample #2	0.315	17:12
	Air Blank	0.000	17:12
	Control Test	0.077	17:12
	Air Blank	0.000	17:13
	Diagnostics Check	OK	17:13

Cylinder Lot: 22620080A2
Exp: 10/05/2022

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 SUE OWEN, 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: Sue Owen Date: 04/13/21
Signature

Sworn to (or affirmed) before me this 13th day of April, 2021

241 #220 Off. E. Howard
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.

SCANNED
APR 14 2021



**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"/>			
	<input type="checkbox"/>			
Other	<input type="checkbox"/>		Other:	
	<input type="checkbox"/>		Other:	

REVIEW COMPLETED BY

Booking Number: 2021008965	Date: 4/14/2021
	Specialist Name/ID: J. Beck/9007