

0520180

ARREST / NOTICE TO APPEAR

2425




A D M I N I S T R A T I O N	OBTS Number		Agency ORI Number <b>0501700</b>		Agency Name <b>Jupiter Police Department</b>		Agency Report Number (N.T.A.'s only) <b>5, 4   20-004185</b>		1. Arrest 2. N.T.A.		3. Request for Warrant 4. Request for Captia		1		JUVENILE				
	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: <b>NONE</b>		Multiple Clearance Indicator						
Location of Arrest (Including Name of Business) <b>S ALT AIA/BARROW ISLAND RD</b>														Location of Offense (Business Name, Address) <b>1398 S ALT AIA/BARROW ISLAND RD, JUPITER, FL 33477</b>					
Date of Arrest <b>12/12/2020</b>		Time of Arrest <b>19:11</b>		Booking Date <b>12/12/2020</b>		Booking Time <b>19:21</b>		Jail Date		Jail Time		Location of Vehicle							
Name (Last, First, Middle) <b>MOORE, ROBERT F</b>																			
Alias:																			
Race W - White B - Black O - Oriental/Asian		1 - American Indian 2 - Traffic Felony		3. Misdemeanor 4. Traffic Misdemeanor		5. Ordinance 6. Other		Eye Color <b>HAZEL</b>		Hair Color <b>GRAY</b>		Complexion <b>LIGHT</b>		Build <b>Medium</b>					
Sex <b>M</b>		Date of Birth <b>07/26/1954</b>		Height <b>6'00</b>		Weight <b>215</b>		Marital Status <b>M</b>		Religion		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"/>					
Scars, Marks, Tattoos, Unique Physical Features (Location, Type, Description)																			
Local Address (Street, Apt. Number) <b>16854 BAY ST, PBSO, FL 33477</b>						(City) (State) (Zip)						Phone							
Permanent Address (Street, Apt. Number) <b>16854 BAY ST, PBSO, FL 33477</b>						(City) (State) (Zip)						Phone							
Business Address (Name, Street)						(City) (State) (Zip)						Phone							
Occupation <b>Retired</b>																			
D/L Number, State <b>NHL1222522 / NH</b>				Soc. Sec. Number				INS Number				Place of Birth (City, State) <b>NEW HAVEN, CT.</b>				Citizenship <b>US</b>			
Co-Defendant Name (Last, First, Middle)																			
Race Sex Date of Birth																			
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"/>																			
Co-Defendant Name (Last, First, Middle)																			
Race Sex Date of Birth																			
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"/>																			
Name (Last, First, Middle)																			
Residence Phone																			
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																			
Property Crime? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Description of Property Value of Property																			
Drug Activity S. Sell R. Seaweed 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. F. Pseudoephedrine/Equipment S. Synthetic U. Unknown Z. Other																			
Charge Description <b>DUI - DRIVING UNDER THE INFLUENCE/NORMAL FACULTIES IMPAIRED</b>																			
Statute Violation Number <b>316.193(1)(A)</b>																			
Violation of ORD #																			
Drug Activity Drug Type Amount / Unit Offense # Counts Domestic Violence Warrant / Captia Number																			
Bond																			
Charge Description																			
Statute Violation Number																			
Violation of ORD #																			
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Charge Description																			
Statute Violation Number																			
Violation of ORD #																			
Drug Activity Drug Type Amount / Unit Offense # Counts Domestic Violence Warrant / Captia 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																			
INSTRUCTION NO. 1 - Mandatory appearance in court																			
INSTRUCTION NO. 2 - You need not appear in Court but must comply with instructions on Page 2.																			
Location (Court, Room) <b>North County PALM BEACH GARD</b>																			
Court Date and Time <b>01/13/2021 08:30:00</b>																			
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																			
Signature of Arresting Officer <b>388</b>																			
Name Verification (Printed by Arrestee)																			
Name of Arresting Officer (Print) ID # <b>MCGILICUDDY, STEVEN 1216</b>																			
Transporting Officer ID # Agency <b>MCGILICUDDY 388 JUPITE</b>																			
Witness here if subject signed with an "X".																			
DANGEROUS <input type="checkbox"/> RESTRICTED ARREST <input type="checkbox"/> OTHER <input type="checkbox"/> FOUCAH #																			
DATE TIME																			
PAGE 1 OF 1																			

PROBABLE CAUSE AFFIDAVIT

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

1

JUVENILE

A D M I N I S T R A T I V E	Agency ORI Number <b>FL 0501700</b>		Agency Name <b>JUPITER POLICE DEPARTMENT</b>		Agency Report Number <b>5   4   20-004185</b>	
	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					
D E F E N D A N T	Name (Last, First, Middle) <b>MOORE, ROBERT F</b>				Race <b>W</b>	Sex <b>M</b>
	Date of Birth <b>07/26/1954</b>					
C H A R G E S	Charge Description <b>316.193(1)(A) DUI - DRIVING UNDER THE INFLUENCE/NORMAL</b>		Charge Description			
	Charge Description		Charge Description			
V I C T I M	Victim's Name (Last, First, Middle) <b>State Of Florida</b>				Race	Sex
	Local Address (Street, Apt. Number) (City) (State) (Zip)				Phone	Address Source
	Business Address (Name, Street) (City) (State) (Zip)				Phone	Occupation
<p>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.</p> <p>The Person taken into custody . . .</p> <p><input checked="" type="checkbox"/> committed the below acts in my presence.      <input type="checkbox"/> was observed by _____ who told _____ that he/she saw the arrested person commit the below acts.</p> <p><input type="checkbox"/> confessed to _____ admitting to the below facts.      <input checked="" type="checkbox"/> was found to have committed the below acts, resulting from my (described) investigation.</p> <p>On the <u>12</u> day of <u>December</u>, <u>2020</u> at <u>19:02</u> (Specifically include facts constituting cause for arrest.)</p> <p>On 12/12/2020 at approximately 1902 hrs I was southbound on S Alternate A1A approaching Barrow Island Road, within the Town of Jupiter, Fl. I was traveling in the inner most (left-most) through travel lane. I observed a vehicle in front of me abruptly brake and move into the center lane. I realized that this vehicle did so because there was a black Infiniti sedan (VEHICLE-1) bearing New Hampshire tag 4337198, traveling in that lane at a speed of approximately twenty miles per hour (fifty mile per hour zone). The vehicle did not have its` rear tail lights or any rear lighting activated. I immediately observed the vehicle`s left tires cross the inner most yellow demarcation line separating the road from the median, and then swerve back into the travel lane. I conducted a traffic stop on the vehicle and made contact with the driver and sole occupant, Robert Moore (DEFENDANT).</p> <p>During my contact with Moore I detected a very strong odor of unknown alcoholic beverage emitting from the interior of the vehicle, which intensified as Moore spoke to me. His eyes were glassy and bloodshot red. He spoke with slightly slurred speech. I also observed that he had droopy eyelids. He advised me during the traffic stop that he had been on his phone, which I took to mean that he was using that as the reasoning for his driving pattern. He advised me that he had only consumed one beer and was just going out to pick up pizza. I asked Moore on a scale from 1-10 of impairment where he would place himself and he advised that he was a two.</p> <p>I asked Moore to step out of the vehicle to speak to me. When he exited the vehicle he appeared purposeful in his walk and had a somewhat unsteady gait. He advised that he would be willing to participate in field sobriety exercises. I had him stand by with Officer Davenport while I set up the SFST area. As I began to put down black tape for the eventual walk and turn portion of the SFST`s, Moore advised me that he was "not going to do that". I had him clarify what he meant, and he advised me that he was not going to participate in field sobriety exercises. I then read Moore his Taylor warning</p>						
A D M I N I S T R A T I V E	SWORN AND SUBSCRIBED BEFORE ME		 MY COMMISSION #GG346008 EXPIRES: JUN 18, 2023 Bonded through 1st State Insurance		SIGNATURE OF ARRESTING / INVESTIGATING OFFICER  <b>MCGILICUDDY, STEVEN (1216)</b> NAME OF OFFICER (PLEASE PRINT)	
	NOTARY PUBLIC / CLERK OF COURT / OFFICER (F.S.S. 117-10)  <b>12/12/2020</b> DATE		<b>12/12/2020</b> DATE		PAGE <b>1 of 2</b>	

PROBABLE CAUSE AFFIDAVIT  
SUPPLEMENT

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

1 JUVENILE

OBTS Number	Agency ORI Number <b>FL 0501700</b>		Agency Name <b>JUPITER POLICE DEPARTMENT</b>	Agency Report Number <b>5 4 20-004185</b>
Charge Type: Check as many as apply.				Special Notes:
<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) <b>MOORE, ROBERT F</b>	Alias	Race <b>W</b>	Sex <b>M</b>	Date of Birth <b>07/26/1954</b>
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and again asked if he would participate in field sobriety exercise. He refused.

Based on my investigation up to this point and the totality of the circumstances involving Moore's demeanor, driving pattern and my physical observations of him, I had probable cause to believe that he had been 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, contrary to F.S.S. 316.193. I placed Moore under arrest at 1911 hrs. Shortly after placing Moore in my patrol vehicle I heard him tell himself, "I really fucked up".

An inventory search of his vehicle revealed two vape pens filled with thick viscous green oil. Moore confirmed for me that they were THC pens, which are legal where he is from. Due to PBSO testing limitations I was not able to confirm that this was not hemp oil and it was therefore not seized. I transported Moore to the Palm Beach County Breath Alcohol Testing (BAT) center, arriving at 1945 hrs. I placed him under a 20 minute observation period, during which I did not observe him consume nor regurgitate anything. We went on video with BAT Technician Bell (ID #8656). I requested a breath sample and Moore did not say anything. I asked him if he would like me to clarify the consequences of not providing a breath sample and he said yes. I then read him implied consent from a prepared card and asked again if would consent to a breath test. He agreed. As Bell was preparing the instrument, Moore advised that he actually did not want to provide a breath sample. I had him re-affirm to me that he understood the possible penalties of refusing and he advised he did. I then asked again if he would provide a breath sample and he refused, with a marked refusal time of 2014 hrs.

I then placed him in a holding cell while I finished his paperwork. He was issued a criminal court date of 1/13/2021 at 0830 hrs at the North County Courthouse. He was additionally cited for not activate his rear lights during night time driving hours. VEHICLE-1 was towed from the scene by All Hooked Up. BWC.

ADMINISTRATIVE	SWORN AND SUBSCRIBED BEFORE ME	JOSHUA BELL MY COMMISSION #GG346008 EXPIRES: JUN 18, 2023 NOTARY PUBLIC / CLERK OF COURT / OFFICER (F.S.S. 1178) bonded through 1st State Insurance	<i>[Signature]</i> SIGNATURE OF ARRESTING / INVESTIGATING OFFICER
	<u>12/12/2020</u> DATE	<b>MCGILICUDDY, STEVEN (1216)</b> NAME OF OFFICER (PLEASE PRINT)	<u>12/12/2020</u> DATE



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

PBSO CASE # 20-136145 PBSO ZONE 3-14

AGENCY CASE # 20-004185 CRASH CASE # \_\_\_\_\_

TIME OF STOP/CRASH 1902 DATE 12/12/2020 DAY SATURDAY

SUBJECT'S NAME MOORE ROBERT F RACE W SEX M  
LAST FIRST MID

HGT 6'0 WGT 215 DOB 7/26/54

LOCATION S ALT A1A/BARROW ISLAND RD

ARRESTING OFFICER'S NAME & ID MCGILlicuddy 388 AGENCY JUPITER PD

DIVISION: POLICE

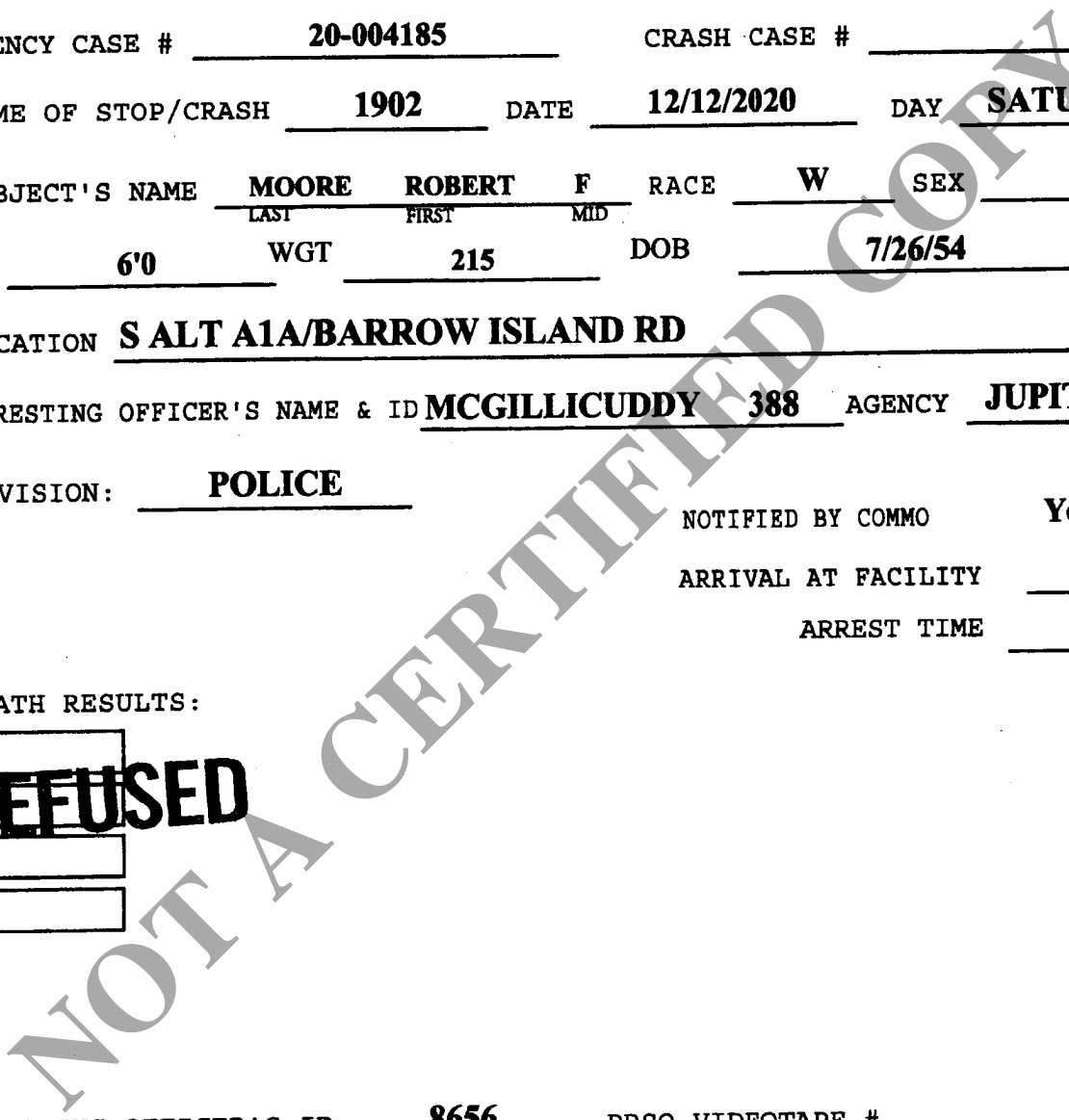
NOTIFIED BY COMMO Yes  
 ARRIVAL AT FACILITY 1945  
 ARREST TIME 1911

BREATH RESULTS:

(1)   
 (2)   
 (3)   
 (4)

**REFUSED**

TESTING OFFICER'S ID 8656 PBSO VIDEOTAPE # \_\_\_\_\_



# TESTING FACILITY TASK REPORT

AGENCY: JPD

SUBJECT: MOORE, ROBERT FRANCIS

CASE NUMBER: 20-136145

DATE: Dec 12, 2020

VIDEO DVD NUMBER: N/A

BEGINNING TIME: 2009

ENDING TIME: 2015

**REFUSED**

BREATH TESTS RESULTS: 1) R TIME 2014 A.M.  P.M.  2) N/A TIME XX A.M.  P.M.

3) N/A TIME XX A.M.  P.M.  4) N/A TIME XX A.M.  P.M.

BREATH OPERATOR: JOSHUA J BELL #8656

MAINTENANCE TECHNICIAN: J. KARLECKE #6467

## TESTING OFFICER'S OBSERVATIONS

SPEECH: SLURRED

ATTITUDE: TALKATIVE, COOPERATIVE

CLOTHING: BLUE POLO SHIRT, LIGHT BLUE SHORTS, GREY SNEAKERS

MEDICAL CONDITIONS: UNKNOWN

MEDICATIONS: UNKNOWN

## OTHER:

EYES: BLOODSHOT

## COMMENTS:

ARRIVED AT DUI TESTING FACILITY AND BEGAN THE 20 MINUTE OBSERVATION AT 1945 HOURS

SUBJECT DID NOT KNOW IF HE WANTED TO TAKE BREATH TEST

A/O READ I.C

SUBJECT STATED HE UNDERSTOOD I.C AND AGREED TO TAKE BREATH TEST

SUBJECT STATED CHANGED HIS MIND AND STATED HE DID NOT WANT TO TAKE BREATH TEST

A/O READ RIGHTS

SUBJECT STATED HE UNDERSTOOD HIS RIGHTS

SUBJECT DECLINED TO ANSWER Q AND A

**REFUSED**

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: 12/12/2020

Date of Last Agency Inspection: 12/11/2020  
Observation Period Began: 19:45  
Subject's Name: ROBERT F MOORE

DOB: 07/26/1954 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	20:12
Air Blank	0.000	20:13
Control Test	0.080	20:13
Air Blank	0.000	20:13
Subject Sample #1	REF*	20:14
Air Blank	0.000	20:14
Control Test	0.081	20:15
Air Blank	0.000	20:15
Diagnostics Check	OK	20:15

\*Subject Test Refused

Cylinder Lot: 14020080A1  
Exp: 07/05/2022

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 JOSHUA J BELL, 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: \_\_\_\_\_

Signature

Date: 12/12/20

Sworn to (or affirmed) before me this 12 day of December, 2020

Signature of Notary Public-State of Florida

Ofc. S. McGillicuddy #388  
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.

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 DECEMBER, 20 20, at 1911 P.M. A.M.

DRIVER ROBERT F MOORE
(Type or Print) FIRST NAME MIDDLE OR MAIDEN NAME LAST NAME

DL# NHL1222522, state of NEW HAMPSHIRE, was placed under lawful arrest for

the offense of DUI by Officer MCGILLICUDDY and
(Name of Arresting Officer)

issued Citation # ADB9B0E

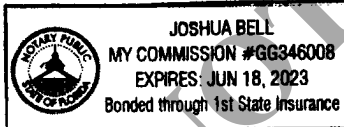
That on or about the 12TH day of DECEMBER, 20 20, at 2014 P.M. A.M.

in Palm Beach County,

I requested that the driver submit to a X 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 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:

Signature of Attesting Officer

Title

Date

(AFFIX SEAL) The foregoing instrument was sworn and subscribed before

me this 12TH day of DECEMBER, 20 20,

by Officer MCGILLICUDDY 388,

who is personally known to me or who has produced

Personally Known as identification

Notary Public

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.



**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: 2020029072	Date: 12/12/20
	Specialist Name/ID: J. Beck/9007