

0513585

2007 1456

1177

Check if Supplement is Attached

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

Juvenile N

OBTS Number		ARREST / NOTICE TO APPEAR Juvenile Referral Report				Agency ORI Number FLO. 5, 0, 0, 0, 0, 0		Agency Name FHP TROOP L PALM BEACH COUNTY SHERIFFS OFFICE		Agency Report Number (N.T.A.'s only) 0-8-FHP L2100 FFF005459													
Charge Type: Check as many as apply		<input type="checkbox"/> 1. Felony		<input type="checkbox"/> 3. Misdemeanor		<input type="checkbox"/> 5. Ordinance		<input checked="" type="checkbox"/> 2. Traffic Felony		<input type="checkbox"/> 4. Traffic Misdemeanor		<input type="checkbox"/> 6. Other		If Weapon Seized Enter Type		Multiple Clearance Indicator							
Location of Arrest (Including Name of Business) I-95 NB NOF INDIANTOWN ROAD						Location of Offense (Business Name, Address) I-95 NB NOF INDIANTOWN RD																	
Date of Arrest 0125200026		Time of Arrest		Booking Date		Booking Time		Jail Date		Jail Time		Location of Vehicle KUNFFS TOWING											
Name (Last, First, Middle) SYKES SEAN D						Alias (Name, DOB, Soc. Sec. #, Etc.)																	
Race W - White B - Black O - Oriental/Asian		Sex W M		Date of Birth 030199		Height 6'00		Weight 140		Eye Color BRN		Hair Color BRN		Complexion MED		Build MED							
Scars, Marks, Tattoos, Unique Physical Features (Location, Type, Description) NONE						Marital Status SINGLE		Religion NONE		Indication of: Alcohol Influence Drug Influence		<input checked="" type="checkbox"/> Y		<input type="checkbox"/> N		<input type="checkbox"/> Unk							
Local Address (Street, Apt. Number) 601 SW McAL RD						(City) SE LECIE		(State) FL		(Zip) 34953		Phone ()		Residence Type: 1. City 2. County 3. Florida 4. Out of State		Address Source FL Drivers License							
Permanent Address (Street, Apt. Number)						(City)		(State)		(Zip)		Phone ()		Occupation NONE		Business Address (Name, Street) (City) (State) (Zip) Phone ()							
D/L Number, State S-220-784-99081-0				INS Number				Place of Birth (City, State) WEST PALM, FL				Citizenship US											
Co-Defendant (Last, First, Middle)						Race		Sex		Date of Birth		<input type="checkbox"/> 1. Arrested		<input type="checkbox"/> 3. Felony		<input type="checkbox"/> 2. At Large		<input type="checkbox"/> 4. Misdemeanor		<input type="checkbox"/> 5. Juvenile			
Co-Defendant (Last, First, Middle)						Race		Sex		Date of Birth		<input type="checkbox"/> 1. Arrested		<input type="checkbox"/> 3. Felony		<input type="checkbox"/> 2. At Large		<input type="checkbox"/> 4. Misdemeanor		<input type="checkbox"/> 5. Juvenile			
<input type="checkbox"/> Parent		Name (Last)		(First)		(Middle)		Residence Phone ()		<input type="checkbox"/> Legal Custodian		<input type="checkbox"/> Other:		Address (Street, Apt. Number)		(City)		(State)		(Zip)		Business Phone ()	
Notified by: (Name)						Date		Time		Juvenile Disposition 1. Handled/Processed within Dept. and Released.		2. TOT HRS/DYS		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. <input type="checkbox"/> Yes, by: (Name) <input type="checkbox"/> No (Reason)						School Attended		Grade		Property Crime? <input type="checkbox"/> Yes <input type="checkbox"/> No		Description of Property		Value of Property		Notified by: (Name)		Date		Time		Grade	
Drug Activity N. N/A S. Sell B. Buy P. Possess 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						Counts		Domestic Violence <input type="checkbox"/> Y <input checked="" type="checkbox"/> N		Statute Violation Number 31611931(A)		Violation of ORD #		Warrant / Capias Number		Bond							
Drug Activity						Drug Type		Amount / Unit		Offense # FHP L20 FFF 005459		Statute Violation Number		Violation of ORD #		Warrant / Capias Number		Bond					
Drug Activity						Drug Type		Amount / Unit		Offense #		Statute Violation Number		Violation of ORD #		Warrant / Capias Number		Bond					
Drug Activity						Drug Type		Amount / Unit		Offense #		Statute Violation Number		Violation of ORD #		Warrant / Capias Number		Bond					
Drug Activity						Drug Type		Amount / Unit		Offense #		Statute Violation Number		Violation of ORD #		Warrant / Capias Number		Bond					
Location (Court, Room Number, Address) South County Court House 200 W ATLANTIC BLVD BEACH FL 33444						Court Date and Time Month FEB Day 24 Year 2020 Time 0830 P.M.		Date Signed 1/25/20		Signature of Defendant (or Juvenile and Parent/Custodian) Sean Sykes		Signature of Arresting Officer X		Name Verification (Printed by Arrestee) JAN 25 AM 8:29		PAGE		OF					
HOLD for other agency		Name of Arresting Officer (Print) TODD		I.D. # 441		Agency FHP L		Witness here if subject signed with an "X"		Name Verification (Printed by Arrestee) JAN 25 AM 8:29		PAGE		OF									

FILED
JAN 25 2020
CIRCUIT & COUNTY CLERK
CRIMINAL DIV

D.U.I. PROBABLE CAUSE AFFIDAVIT

ON THE 23 DAY OF JAN 2020 AT 0026 AM PM
SUBJECT: SYKES, SEAN CASE NUMBER: FH2200FF008489
AGENCY: FHP L ARRESTING OFFICER: TODD 4141

PERSONAL CONTACT

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

was stopped by TPIC C. HATT (1812), vehicle was followed by independent witness. witness stated that vehicle was failing to maintain lane, vehicle also side swiped other vehicles and failed to stop.

OBSERVATION OF DRIVER:

Bloodshot glassy eyes, slurred speech. Dilated pupil size, and observed odor of unknown alcoholic beverage. Had an orbital sway and difficulty maintaining balance.

DRIVER'S STATEMENTS:

ODORS:

unknown alcoholic beverage.

GENERAL OBSERVATIONS

SPEECH: Slurred / mumbled

ATTITUDE: reluctant, slow

CLOTHING: Grey shirt, Blue jeans, sneakers

MEDICAL/OTHER:

OPEN ALL, (R) LEE

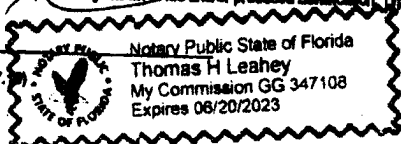
STATE OF FLORIDA
COUNTY OF PALM BEACH

(Signature of Arresting/Investigative Officer)

The foregoing instrument was sworn to or affirmed and subscribed before me this 23 day of JAN 2020 at 2-7027

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

SGA



Notary Public, Clerk of Court, Officer (F.S.S. 117)

SUBJECT: SXKES, BEAN

CASE NUMBER: FHP 200FF 008 489

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) READ OFF CAMERA

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 OFF CAMERA

FLORIDA DEPARTMENT OF LAW ENFORCEMENT
ALCOHOL TESTING PROGRAM
BREATH ALCOHOL TEST AFFIDAVIT

Instrument Type: Intoxilyzer 8000
Instrument Registered To: FHP TROOP L
Instrument Serial Number: 80-006762 Software: 8100.27
Date of Test: 01/25/2020

Date of Last Agency Inspection: 01/24/2020

Observation Period Began: 00:26

Subject's Name: SEAN D SYKES

DOB: 03/01/1999 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	00:51
	Air Blank	0.000	00:51
	Control Test	0.079	00:51
	Air Blank	0.000	00:52
	Subject Sample #1	0.027	00:53
	Air Blank	0.000	00:53
	Air Blank	0.000	00:55
	Subject Sample #2	0.027	00:55
	Air Blank	0.000	00:56
	Control Test	0.081	00:56
	Air Blank	0.000	00:57
	Diagnostics Check	OK	00:57

Cylinder Lot: 915310
Exp: 04/27/2021

State of Florida, County of PALM BEACH

Personally appeared before me the undersigned authority, who (2) is personally known to me or () produced _____ as identification, and who after being placed under oath, states:

I ZION D TODD, 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: 1/25/2020
Signature

Sworn to (or affirmed) before me this 25th day of January, 2020

[Signature] Signature of Notary Public-State of Florida
Thomas H Leary # 19183 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.



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

REVIEW COMPLETED BY

Booking Number: 2020002744	Date: 01/25/2020
	Specialist Name/ID: T Howard/7185