

J-0516636

2020 CT006700ANB

P-1867

| | | | | | | | | | | | | | | |
|--|--|--|------------------------------------|---|--|--|---|--|--|---|------------------------|--|---|--|
| OBTS Number | | ARREST / NOTICE TO APPEAR Juvenile Referral Report | | | 1. Arrest 2. N.T.A. | | 3. Request for Warrant 4. Request for Capias | | 1 | | Juvenile | | N | |
| Agency ORI Number FLO 502600 | | Agency Name PALM BEACH GARDENS POLICE DEPARTMENT | | | | Agency Report Number (N.T.A.'s only) 78-20002522 | | | | | | | | |
| 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 | | Weapon Seized / Type 2 1. Yes 2. No | | Multiple Clearance Indicator | | | | |
| Location of Arrest (Including Name of Business) 13500 ALT A1A, PBG, FL | | | | | | Location of Offense (Business Name, Address) ALT A1A/GARDENS PKWY, PBG, FL | | | | | | | | |
| Date of Arrest 05/25/2020 | | Time of Arrest 03:54 | | Booking Date | | Booking Time | | Jail Date | | Jail Time | | Location of Vehicle KAUFF'S TOWING & RECOVERY 4301 East Avenue, West Palm Beach, FL 33405 | | |
| Name (Last, First, Middle) WILSON, THOMAS, ALAN | | | | | | | | | | Alias (Name, DOB, Soc. Sec. #, Etc.) | | | | |
| Race W - White - American Indian B - Black - Oriental/Asian | | Sex W M | Date of Birth 02/29/1996 | | Height 5'11 | Weight 225 | Eye Color BRO | Hair Color BRO | Complexion LIGHT | | Build LARGE | | | |
| Scars, Marks, Tattoos, Unique Physical Features (Location, Type, Description) N/A | | | | | | Marital Status SINGLE | | Religion CHRISTIAN | | Indication of Alcohol Influence Drug Influence Y N Unk. <input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/> | | | | |
| Local Address (Street, Apt. Number) 14298 ARDEL DR, | | | | (City) PALM BEACH GARDENS, FL | | (Zip) 33410 | | Phone (561) 301-2181 | | Residence Type: 1. City 2. County 3. Florida 4. Out of State 2 | | | | |
| Permanent Address (Street, Apt. Number) 14298 ARDEL DR, | | | | (City) PALM BEACH GARDENS, FL | | (Zip) 33410 | | Phone () | | Address Source VERBAL | | | | |
| Business Address (Name, Street) () | | | | (City) () | | (Zip) () | | Phone () | | Occupation () | | | | |
| D/L Number, State W425821960690 FL | | Soc. Sec. Number [REDACTED] | | INS Number | | Place of Birth (City, State) WEST PALM BEACH, FL | | 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 | | | | |
| <input type="checkbox"/> Parent <input type="checkbox"/> Legal Custodian <input type="checkbox"/> Other: | | 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 Dept. and Released. 2. TOT HRS / DYS 3. Incarcerated | | | | | | | | |
| Released To: (Name) | | Relationship | | Date | | Time | | | | | | | | |
| The above address 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 (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 | | | | | | | | | | |
| Drug Activity N. N/A P. Possess | | S. Sell B. Buy 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. Synthetics | U. Unknown Z. Other | | | |
| Charge Description DRIVING UNDER THE INFLUENCE OVER .08 | | Counts 1 | | Domestic Violence <input type="checkbox"/> Y <input checked="" type="checkbox"/> N | | Statute Violation Number 316.193(1)(C) | | Violation of ORD # | | | | | | |
| Drug Activity N | | Drug Type N | Amount / Unit | | Offense # | | Warrant / Capias Number | | Bond | | | | | |
| Charge Description | | Counts | | Domestic Violence <input type="checkbox"/> Y <input type="checkbox"/> N | | Statute Violation Number | | Violation of ORD # | | | | | | |
| Drug Activity N | | Drug Type N | Amount / Unit | | Offense # | | Warrant / Capias Number | | Bond | | | | | |
| Charge Description | | Counts | | Domestic Violence <input type="checkbox"/> Y <input type="checkbox"/> N | | Statute Violation Number | | Violation of ORD # | | | | | | |
| Drug Activity N | | Drug Type N | Amount / Unit | | Offense # | | Warrant / Capias Number | | Bond | | | | | |
| Charge Description | | Counts | | Domestic Violence <input type="checkbox"/> Y <input type="checkbox"/> N | | Statute Violation Number | | Violation of ORD # | | | | | | |
| Drug Activity N | | Drug Type N | Amount / Unit | | Offense # | | Warrant / Capias Number | | Bond | | | | | |
| Location (Court Room Number, Address) NORTH COUNTY COURTHOUSE, 3188 PGA BOULEVARD, PALM BEACH GARDENS, FL 33410 - PH: (561) 662-6700 | | | | | | | | | | | | | | |
| Court Date and Time Month JULY Day 1 Year 2020 Time 1330 AM PM X | | | | | | | | | | | | | | |
| 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 05/25/2020 | | | | | | |
| HOLD for other Agency Name: | | Signature of Arresting Officer [Signature] | | | | Name Verification (Printed by Arrestee) (PRINT) | | | | | | | | |
| <input type="checkbox"/> Dangerous <input type="checkbox"/> Suicidal | | <input type="checkbox"/> Resisted Arrest <input type="checkbox"/> Other: | | Name of Arresting Officer (Print) Ofc. ANDREW FLINK | | I.D. # 514 | | | | PAGE 1 OF 1 | | | | |
| Intake Deputy [Signature] | | I.D. # | Pouch # | Transporting Officer ANDREW FLINK | | ID # 514 | Agency PBGPD | | Witness here if subject signed with an -X- | | PAGE 1 OF 1 | | | |

DISTRIBUTION: WHITE - COURT COPY GREEN - STATE ATTORNEY YELLOW - AGENCY PINK - AGENCY GOLD - DEFENDANT (N.T.A.'s ONLY)

5/25/2020 1:25 PM
47
45

D.U.I. PROBABLE CAUSE AFFIDAVIT

ON THE 25TH DAY OF MAY 2020, AT 0342 AM PM

SUBJECT: WILSON, THOMAS, ALAN CASE NUMBER: 20002522

AGENCY: PALM BEACH GARDENS POLICE DEPT. ARRESTING OFFICER: Ofc. ANDREW FLINK 514

PERSONAL CONTACT

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

Ofc Butzbach 507, advised this Officer of the traffic infractions he observed the vehicle, a white Ford F250 (EWUF74/FL) commit. Ofc Butzbach said the vehicle drifted out of the lane multiple times and that he pace clocked the vehicle traveling 65 MPH in a posted 50 MPH zone. This Officer made contact with the driver of the vehicle, identified via Florida Driver License photo, Thomas Wilson, while he was still in actual physical control of the vehicle.

OBSERVATION OF DRIVER:

Thomas had bloodshot watery eyes, flushed red face, slow slurred speech, was sluggish to commands and had the obvious odor of an unknown alcoholic beverage emanating from his breath at conversational distance. This odor increased as he spoke with Officers.

DRIVER'S STATEMENTS:

Thomas said he was coming from "Pirate's Well" and admitted to consuming alcoholic beverages on this night.

ODORS:

Unknown alcoholic beverage

GENERAL OBSERVATIONS

SPEECH: Slow slurred

ATTITUDE: Compliant

CLOTHING: Black shirt, teal shorts, brown shoes.

MEDICAL/OTHER: None stated.

STATE OF FLORIDA
COUNTY OF PALM BEACH

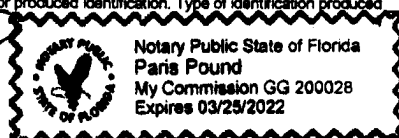
(Signature of Arresting Investigative Officer)

The foregoing instrument was sworn to or affirmed and subscribed before me this 25th day of May 2020 by Ofc. ANDREW FLINK

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

Personally Known

Notary Public Clerk of Court, Officer (F.S.S. 117.10)



SUBJECT: WILSON, THOMAS, ALAN

CASE NUMBER 20002522

ROADSIDE TASKS

HORIZONTAL GAZE NYSTAGMUS:

- | | |
|---|---|
| <input checked="" type="checkbox"/> LT EYE-LACK OF SMOOTH PURSUIT | <input checked="" type="checkbox"/> RT EYE-LACK OF SMOOTH PURSUIT |
| <input checked="" type="checkbox"/> LT EYE-DISTINCT & SUSTAINED NYSTAGMUS AT MAX. DEVIATION | <input checked="" type="checkbox"/> RT EYE-DISTINCT & SUSTAINED NYSTAGMUS AT MAX. DEVIATION |
| <input checked="" type="checkbox"/> LT- EYE-ONSET OF NYSTAGMUS PRIOR TO 45 DEGREES | <input checked="" type="checkbox"/> RT- EYE-ONSET OF NYSTAGMUS PRIOR TO 45 DEGREES |

Other Observations:

Thomas was swaying back and forth during the exercise. This Officer observed vertical gaze Nystagmus in both eyes. This Officer observed six out of six indicators of possible impairment.

WALK & TURN:

During the instructions, Thomas stepped out of the starting position. During the first set of steps, Thomas raised his arms more than six inches from his sides. Thomas also paused briefly to regain balance. During the return set of steps, Thomas again raised his arms more than six inches from his sides. This Officer observed three out of eight indicators of possible impairment.

ONE LEG STAND:

During the exercise, Thomas raised his left leg. Thomas was swaying for the duration of the exercise. Thomas also raised his arms more than six inches from his sides. Thomas had to be told multiple times to conduct the exercise the proper way. Thomas initially bent his raised knee and was not looking down at his raised foot. This Officer observed two out of four indicators of possible impairment.

ROMBERG ALPHABET:

Not conducted.

FINGER TO NOSE:

Not conducted.

BREATH TEST RESULTS: 1) .145 2) .145 3) - 4) -

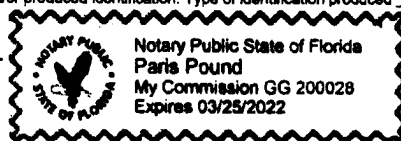
STATE OF FLORIDA
COUNTY OF PALM BEACH

(Signature of Arresting/Investigative Officer)

The foregoing instrument was sworn to or affirmed and subscribed before me this 25th day of May 2020 by Ofc. ANDREW FLINK

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

Notary Public, Clerk of Court, Officer (F.S.S. 117.10)



**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: 05/25/2020

Date of Last Agency Inspection: 05/15/2020

Observation Period Began: 04:27

Subject's Name: THOMAS A WILSON

DOB: 02/29/1996 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 | 04:59 |
| | Air Blank | 0.000 | 04:59 |
| | Control Test | 0.081 | 04:59 |
| | Air Blank | 0.000 | 05:00 |
| | Subject Sample #1 | 0.145 | 05:00 |
| | Air Blank | 0.000 | 05:01 |
| | Air Blank | 0.000 | 05:03 |
| | Subject Sample #2 | 0.145 | 05:03 |
| | Air Blank | 0.000 | 05:04 |
| | Control Test | 0.080 | 05:04 |
| | Air Blank | 0.000 | 05:05 |
| | Diagnostics Check | OK | 05:05 |

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 PARIS D POUND, 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: _____ Date: 05/25/20
Signature

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

Signature of Notary Public-State of Florida OFL A. FLINK
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: PBG

SUBJECT: WILSON, THOMAS A

DATE: 05/25/2020

BEGINNING TIME: 04:50

CASE NUMBER: 20-071639

VIDEO DVD NUMBER: N/A

ENDING TIME: 05:07

BREATH TESTS RESULTS: 1) .145 TIME 05:00 A.M. P.M. 2) .145 TIME 05:03 A.M. P.M.
3) N/A TIME N/A A.M. P.M. 4) N/A TIME N/A A.M. P.M.

BREATH OPERATOR: P.POUND #24639

MAINTENANCE TECHNICIAN: J. KARLECKE# 6467

TESTING OFFICER'S OBSERVATIONS

SPEECH: SLURRED

ATTITUDE: CALM, QUIET

CLOTHING: LIGHT BLUE SHORTS, BLUE T-SHIRT, BROWN SNEAKERS

MEDICAL CONDITIONS: NONE

MEDICATIONS: NONE

OTHER:

COMMENTS:

ARRIVED AT CENTER A/O BEGAN THE 20 MINUTE OBSERVATION PERIOD AT 04:27 HRS.

SUBJECT: REFUSED TO TAKE TEST

A/O: READ I/C 4X'S , ALSO EXPLAINED I/C

SUBJECT: STAETED HE UNDERSTOOD I/C AND AGREED TO TAKE TEST

A/O: READ RIGHTS

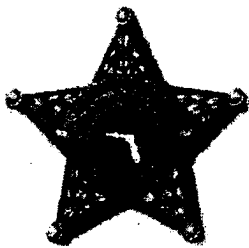
SUBJECT: STATED HE UNDERSTOOD RIGHTS

TECH: READ TEST RESULTS

SUBJECT; STAETED HE UNDERSTOOD TEST RESULTS

A/O: ATTEMPTED Q&A

SUBJECT: REFUSED TO ANSWER QUESTIONS.



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

PBSO CASE # 20-071639 PBSO ZONE 3-13

AGENCY CASE # 20002522 CRASH CASE # _____

TIME OF STOP/CRASH 0342 DATE 05/25/2020 DAY MONDAY

SUBJECT'S NAME WILSON THOMAS ALAN RACE W SEX M
LAST FIRST MID

HGT 5'11 WGT 225 DOB 02/29/1996

LOCATION 13500 ALT A1A, PBG, FL

ARRESTING OFFICER'S NAME & ID Ofc. ANDREW FLINK 514 AGENCY PBGPD

DIVISION: TRAFFIC UNIT

NOTIFIED BY COMMO Y

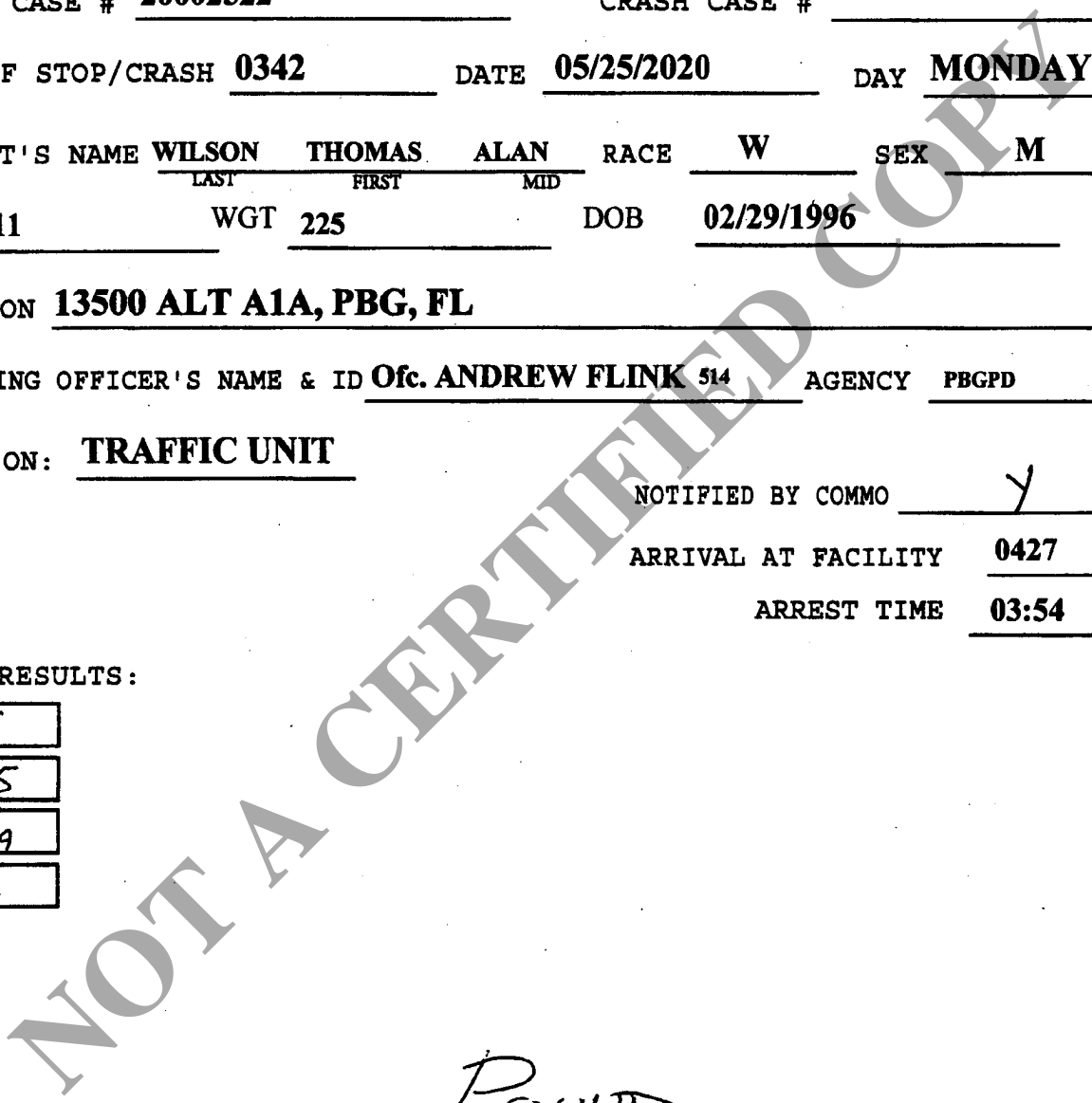
ARRIVAL AT FACILITY 0427

ARREST TIME 03:54

BREATH RESULTS:

- 1) .145
- 2) .145
- 3) - N/A
- 4) - N/A

BREATH TEST OPERATOR: POUND



SUBJECT: WILSON THOMAS A 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: OFF FLINT 574

SUBJECT: WILSON, THOMAS A 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 FLINE of the PIEDM

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) REND ON 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) REND ON CAMERA



Palm Beach County Sheriff's Office – Arrests Only

| | X | Florida State Statute | Description | Page Number(s) |
|---|-------------------------------------|---|--|----------------|
| I/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: 2020013432 | Date: 05/26/2020 |
| | Specialist Name/ID: AM/31562 |

FLINK
(514)

20002522



COMPLAINT

CASE NO. _____ DOCKET NO. _____ PAGE NO. _____

FLORIDA DUI UNIFORM TRAFFIC CITATION A56H9JE

COUNTY OF **PALM BEACH 06** (1) F.H.P. (2) P.D. (3) S.O. (4) OTHER
 CITY OF APPLICABLE **PALM BEACH GARDENS** AGENCY NAME **PALM BEACH GARDENS**
 AGENCY # **78**

IN THE COURT DESIGNATED BELOW THE UNDERSIGNED CERTIFIES THAT HE/SHE HAS LISTED AND REASONABLE GROUNDS TO BELIEVE AND DOES BELIEVE THAT ON

COMPLAINT (RETAINED BY COURT)

DAY OF WEEK **MONDAY** MONTH **05** DAY **25** YEAR **2020** TIME **03:54** A.M. P.M.

NAME (FIRST) **THOMAS** MIDDLE **ALAN** LAST **WILSON**

STREET **14298 ARDEL DR** IF DIFFERENT THAN ONE ON DRIVER LICENSE "X" HERE

CITY **PALM BCH GARDENS** STATE **FL** ZIP CODE **33410**

DATE OF BIRTH **02 29 1996** SEX **W** HAIR **M** EYES **511**

DRIVER LICENSE NUMBER **W 4 2 5 8 2 1 9 6 0 6 9 0** STATE **FL** CLASS **E** COLL. LICENSE Y N **2028** COMMERCIAL VEHICLE YES NO

VEHICLE MAKE **2001 FORD** STYLE **TK** COLOR **WHI** FLAGGED HAZARDOUS MATERIAL YES NO

VEHICLE LICENSE NO. **EWUF74** TRAILER TAG NO. STATE **FL** YEAR TAG EXPIRES **2021** YES NO

UPON A PUBLIC STREET OR HIGHWAY, OR OTHER LOCATION, NAMED **ALT A1A (Block 13500), PALM BEACH GARDENS** MOTORCYCLE YES NO

COMPARISON CITATIONS YES NO

DID UNLAWFULLY COMMIT THE OFFENSE OF DRIVING UNDER THE INFLUENCE OF ALCOHOLIC BEVERAGES, CHEMICAL OR CONTROLLED SUBSTANCES; DID DRIVE, OR WAS IN ACTUAL PHYSICAL CONTROL OF A VEHICLE, WHILE UNDER THE INFLUENCE OF AN ALCOHOLIC BEVERAGE/CHEMICAL SUBSTANCE/CONTROLLED SUBSTANCE TO THE EXTENT NORMAL FACULTIES WERE IMPAIRED, OR WITH A BLOOD OR BREATH ALCOHOL LEVEL OF .08 OR ABOVE OF **.145**

CONVICTIONS PREVIOUS TO OFFENSE YES NO

DUI - BREATH .08 OR ABOVE | Driving Under The YES NO

AGGRESSIVE DRIVER YES NO STATE STATUTE SECTION **316.193** SUBSECTION **(1)(C)**

CRIMINAL DAMAGE TO OTHER PROPERTY YES NO BATTERY TO ANOTHER YES NO SERIOUS BODILY INJURY TO ANOTHER YES NO FATAL YES NO

THIS IS A CRIMINAL VIOLATION. COURT APPEARANCE REQUIRED, AS INDICATED BELOW.

07/01/2020 01:30 PM **A56H9JE**
 COURT DATE **NORTH COUNTY GOVERNMENT CENTER**
3188 PGA Boulevard PBG, FL 33410

ARREST DELIVERED TO **PBSO MAIN JAIL** DATE **05/25/2020**

I AGREE AND PROMISE TO COMPLY AND ANSWER TO THE CHARGES AND INSTRUCTIONS SPECIFIED IN THIS CITATION. WILLFUL REFUSAL TO ACCEPT AND SIGN THE CITATION MAY RESULT IN ARREST. I UNDERSTAND MY SIGNATURE IS NOT AN ADMISSION OF GUILT OR WAIVER OF RIGHTS. IF YOU NEED REASONABLE FACILITY ACCOMMODATIONS TO COMPLY WITH THIS CITATION, CONTACT THE CLERK OF THE COURT.

X SIGNATURE OF VIOLATOR

EFFECTIVE IMMEDIATELY, YOUR DRIVING PRIVILEGE IS SUSPENDED/DISQUALIFIED FOR:

DRIVING WITH AN UNLAWFUL BLOOD OR BREATH ALCOHOL LEVEL. THIS SUSPENSION IS FOR A PERIOD OF SIX MONTHS IF THIS IS THE FIRST VIOLATION OR ONE YEAR IF PREVIOUSLY SUSPENDED FOR DRIVING WITH AN UNLAWFUL BLOOD OR BREATH ALCOHOL LEVEL. IF YOU HOLD A CDL OR YOU ARE OPERATING A CMV, YOUR COMMERCIAL DRIVER LICENSE/PRIVILEGE WILL ALSO BE DISQUALIFIED FOR ONE YEAR FOR THE FIRST OFFENSE OR PERMANENTLY DISQUALIFIED FOR A SUBSEQUENT OFFENSE.

REFUSAL TO SUBMIT TO LAWFUL BREATH, BLOOD OR URINE TEST SECTION 322.2615, F.S. THIS SUSPENSION IS FOR A PERIOD OF ONE YEAR IF THIS IS A FIRST REFUSAL OR 18 MONTHS IF PREVIOUSLY SUSPENDED FOR THIS OFFENSE. IF YOU HOLD A CDL OR YOU ARE OPERATING A CMV, YOUR COMMERCIAL DRIVER LICENSE/PRIVILEGE WILL ALSO BE DISQUALIFIED FOR A PERIOD OF ONE YEAR FOR A FIRST REFUSAL OR PERMANENTLY DISQUALIFIED FOR A SUBSEQUENT REFUSAL.

LICENSE SURRENDERED? YES NO REASON **OVER .08**

ELIGIBLE FOR PERMIT? YES NO REASON **VALID DL**

UNLESS INELIGIBLE, THIS CITATION SHALL SERVE AS A TEMPORARY DRIVER LICENSE AND WILL EXPIRE AT MIDNIGHT ON THE 10TH DAY FOLLOWING THE DATE OF SUSPENSION.

AT THE **LAUDERDALE LAKES** BUREAU OF ADMINISTRATIVE REVIEWS OFFICE, YOU MAY REQUEST, WITHIN 10 DAYS AFTER THE DATE OF SUSPENSION, A REVIEW OF SUSPENSION BY THE DEPARTMENT OF HIGHWAY SAFETY AND MOTOR VEHICLES OR A REVIEW TO DETERMINE ELIGIBILITY FOR A RESTRICTED LICENSE IF THIS IS YOUR FIRST DUI RELATED OFFENSE. SEE REVERSE SIDE.

OFFICIAL SIGNATURE OF OFFICER **[Signature]** 1514

ISSN 7300 (REV. 10/14)

| DATE | COURT ACTION AND OTHER ORDERS |
|------|--|
| | BAIL FIXED AT \$ _____ OR CASH DEPOSIT OF \$ _____ |
| | SIGNATURE OF PERSON GIVING BAIL _____ |
| | SIGNATURE OF PERSON TAKING BAIL _____ |
| | FINE IN THE AMOUNT OF \$ _____ RECEIVED AS REQUIRED BY COURT-SCHEDULE. |
| | SIGNATURE OF CLERK _____ |
| | CONTINUANCE TO _____ REASON _____ |
| | CONTINUANCE TO _____ REASON _____ |
| | BOND ESTREATED _____ |
| | WARRANT ISSUED _____ |
| | VIOLATOR FAILED TO APPEAR-DRIVER LICENSE SUSPENDED |
| | VIOLATOR ARRAIGNED ON _____ (DATE) |
| | PLEA: _____ |
| | FINDING: _____ |
| | ADJUDICATION: _____ |
| | SENTENCE: FINE _____ COST _____ |
| | JAILED _____ DAYS |
| | DRIVER IMPROVEMENT SCHOOL _____ |
| | OTHER _____ |
| | DRIVER LICENSE SUSPENDED OR REVOKED FOR _____ DAYS |
| | RECOMMEND DRIVER LICENSE SUSPENSION FOR _____ DAYS |
| | RECOMMEND RE-TEST _____ |
| | SIGNATURE OF JUDGE _____ |
| | TESTIMONY - JUDGE'S NOTES (OR OTHER COURT ORDERS): |
| | APPEAL BOND OF \$ _____ |
| | VIOLATOR'S FINGERPRINT WHEN APPLICABLE _____ |