

Agency ORI Number **FLO 502600** Agency Name **PALM BEACH GARDENS POLICE DEPARTMENT** Agency Report Number (N.T.A.'s only) **78-20002529**

Charge Type: 1. Felony 3. Misdemeanor 5. Ordinance 6. Other
 2. Traffic Felony 4. Traffic Misdemeanor

Weapon Seized / Type **2** 1. Yes 2. No Multiple Clearance Indicator

Location of Arrest (Including Name of Business) **INTERSTATE 95/HOLLY DR, PBG, FL** Location of Offense (Business Name, Address) **ALT A1A/GARDENS PKWY, PBG, FL**

Date of Arrest **5/26/2020** Time of Arrest **01:27** 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) **MCCONNELL, TIFFANY, MORGYN** Alias (Name, DOB, Soc. Sec. #, Etc.)

Race **W - White I - American Indian B - Black O - Oriental/Asian** Sex **F** Date of Birth **09/15/1997** Height **5'4** Weight **115** Eye Color **HAZ** Hair Color **BRO** Complexion **LIGHT** Build **SMALL**

Scars, Marks, Tattoos, Unique Physical Features (Location, Type, Description) **TAT - BOTH ARMS** Marital Status **SINGLE** Religion **NOT STATED** Indication of Alcohol Influence Drug Influence 1. City 2. County 3. Florida 4. Out of State 5. Juvenile

Local Address (Street, Apt. Number) (City) (State) (Zip) Phone **9605 CAPENDON AVE APT 201 PALM BEACH GARDENS, FL 33418 (561) 744-6314** Residence Type: 1. City 2. County 3. Florida 4. Out of State 5. Juvenile

Permanent Address (Street, Apt. Number) (City) (State) (Zip) Phone **9605 CAPENDON AVE APT 201 PALM BEACH GARDENS, FL 33418 ()** Address Source **VERBAL**

Business Address (Name, Street) (City) (State) (Zip) Phone **()** Occupation **SERVER**

D/L Number, State **M254813978350 FL** Soc. Sec. Number **[REDACTED]** INS Number **[REDACTED]** Place of Birth (City, State) **WPR, FL** Citizenship **US**

Co-Defendant Name (Last, First, Middle) Race Sex Date of Birth 1. Arrested 2. At Large 3. Felony 4. Misdemeanor 5. Juvenile

Co-Defendant Name (Last, First, Middle) Race Sex Date of Birth 1. Arrested 2. At Large 3. Felony 4. Misdemeanor 5. Juvenile

Parent Legal Custodian Other: LOR (First) (Middle) (Last) Residence Phone () Business Phone ()

Address (Street, Apt. Number) (City) (State) (Zip) **2 OR 22**

Notified by: (Name) **3. K. W. + D. P. A. C.** Date Time 1. Arrived 2. TOT HRS / DYS 3. Incarcerated

Released To: (Name) **4. K. W. + D. P. A. C.** Relationship Date Time

The above address provided by defendant and / or defendant's parents (the child and / or parent was told to keep the Juvenile Court Clerk (Phone 355-2529) informed of any change of address. Yes, by: (Name) No: (Reason)

Property Crime? Yes No Description of Property Value of Property

CODE	Drug Activity	S. Sell	R. Smuggle	K. Dispense/Distribute	M. Manufacture/Produce/Cultivate	Z. Other	Drug Type	B. Barbiturate	C. Cocaine	E. Heroin	H. Hallucinogen	M. Marijuana	O. Opium/Deriv.	P. Paraphernalia/Equipment	S. Synthetic	U. Unknown	Z. Other	
CHARGE	DRIVING UNDER THE INFLUENCE OVER .08						316.193(1)(C)											
CHARGE	ASSAULT ON LEO						784.07(2)(A)											
CHARGE	BATTERY ON LEO						784.07(2)(B)											
CHARGE	CORRUPTION BY THREAT						838.021(3)(B)											

Location (Court Room Number, Address) **TO BE SET**

Court Date and Time **Month Day Year Time AM PM**

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 Name: _____ Signature of Arresting Officer: **[Signature]** 514 Name Verification (Printed by Arrestee) _____

Dangerous Resisted Arrest Suicidal Other: _____ Name of Arresting Officer (Print) **Ofc. ANDREW FLINK** I.D. # **514** (PRINT) _____

Initial Deputy **[Signature]** I.D. # _____ Pouch # _____ Transporting Officer **ANDREW FLINK** ID # **514** Agency **PBGPD** Witness here if subject signed with an "X" 1 OF 1

516650 2866

PROBABLE CAUSE AFFIDAVIT

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

1 JUVENILE

OBTS Number	Agency ORI Number FL 0502600		Agency Name PALM BEACH GARDENS POLICE	Agency Report Number 7 8 20-002529
Charge Type: Check as many as apply.	<input checked="" type="checkbox"/> 1. Felony <input type="checkbox"/> 2. Traffic Felony	<input checked="" type="checkbox"/> 3. Misdemeanor <input checked="" type="checkbox"/> 4. Traffic Misdemeanor	<input type="checkbox"/> 5. Ordinance <input type="checkbox"/> 6. Other	Special Notes:
Name (Last, First, Middle) MCCONNELL, TIFFANY MORGYN			Race W	Sex F
Date of Birth 09/15/1997				
Charge Description 316.193(1)(C) DUI - BREATH .08 OR ABOVE		Charge Description 784.07(2)(A) ASSAULT - ON OFFICER, FIREFIGHTER, EM		
Charge Description 784.07(2)(B) BATTERY - ON OFFICER, FIREFIGHTER, EM		Charge Description 838.021(3)(B) CORRUPTION BY THREAT AGAINST PUBLIC		
Victim's Name (Last, First, Middle) FLINK, ANDREW			Race W	Sex M
Date of Birth 08/04/1987				
Local Address (Street, Apt. Number) 10500 N MILITARY TRL, PALM BEACH GARDENS, FL 33410		City PALM BEACH GARDENS	State FL	Zip 33410
Business Address (Name, Street)		City	State	Zip
Phone (561) 799-4445		Address Source		
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 26 day of May, 2020 at 01:15 (Specifically include facts constituting cause for arrest.)

On 05/26/2020, at approximately 0115 hours, this Officer arrived in the area of Interstate 95 just North of Holly Dr, PBG, FL, to assist Ofc Witt 492 on a traffic stop. Body worn camera and in car video were used.

Ofc Witt, advised this Officer, the vehicle he stopped, a Mini Cooper (EHYB29/FL), was being driven recklessly. Ofc Witt said the vehicle was traveling in-excess of 100 MPH on Alt A1A and Gardens Pkwy, PBG, FL, where the posted speed limit is 50 MPH. Ofc Witt stopped the vehicle on Interstate 95 just North of Holly Dr, PBG, FL. This Officer made contact with the driver and sole occupant of the vehicle, identified via Florida Driver License photo, Tiffany McConnell (SU), while she was still in actual physical control of the vehicle. McConnell had bloodshot watery eyes, flushed red face, slurred speech and the obvious odor of an unknown alcoholic beverage emanating from her breath at conversational distance. The odor increased as McConnell spoke with this Officer. McConnell said she was coming from "Uncle Mick's" and had consumed three drinks on this evening. McConnell later uttered to this Officer that she had consumed a pitcher of beer.

Based on this Officer's observations, McConnell was asked to participate in Standardized Field Sobriety exercises, to which she complied. McConnell said she did not have any medical conditions which would affect the exercises completed.

The first exercise conducted, was the Horizontal Gaze Nystagmus. The stimulus used, was a Toxoptix X3, with an illuminated red tip. This Officer observed a lack of smooth pursuit in both eyes, distinct and sustained Nystagmus at maximum deviation in both eyes. This Officer noticed the onset of Nystagmus prior to 45 degrees in both eyes. McConnell was swaying while standing upright. This Officer observed six out of six indicators of possible impairment.

SWORN AND SUBSCRIBED BEFORE ME	SIGNATURE OF ARRESTING / INVESTIGATING OFFICER
<i>[Signature]</i>	<i>[Signature]</i>
NOTARY PUBLIC / CLERK OF COURT / OFFICER (F.S. 117.10)	NAME OF OFFICER (PLEASE PRINT)
<u>05-26-20</u>	FLINK, ANDREWS (514)
DATE	DATE
	05/26/2020
	PAGE
	1 OF 3

OSTS Number

PROBABLE CAUSE AFFIDAVIT
SUPPLEMENT

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

1

JUVENILE

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Agency ORI Number
FL 0502600

Agency Name
PALM BEACH GARDENS POLICE

Agency Report Number
7 | 8 | 20-002529

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)
MCCONNELL, TIFFANY MORGYN

Alias
Race: **W** Sex: **F** Date of Birth: **09/15/1997**

alcohol, in violation of FSS 316.193(1)(C). Also, by spitting at a uniformed on-duty police officer, McConnell was in violation of FSS 784.07(2)(A). McConnell also knowingly and intentionally physically struck two on duty law enforcement officers, in violation of FSS 784.07(2)(B). Lastly, McConnell intentionally made verbal threats directly to an on duty law enforcement officer, in violation of FSS 838.021(3)(B).

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SWORN AND SUBSCRIBED BEFORE ME

[Signature]
NOTARY PUBLIC / CLERK OF COURT / OFFICER (F.S.S. 117.10)

05-26-20
DATE

[Signature]
SIGNATURE OF ARRESTING / INVESTIGATING OFFICER

FLINK, ANDREW S (514)
NAME OF OFFICER (PLEASE PRINT)

05/26/2020
DATE

PAGE
3 of 3

D.U.I. PROBABLE CAUSE AFFIDAVIT

ON THE 26TH DAY OF MAY 2020, AT 0106 AM PM

SUBJECT: MCCONNELL, TIFFANY, MORGYN CASE NUMBER: 20002529

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 Witt 492, advised this Officer, the vehicle he stopped, a Mini Cooper (EHYB29/FL), was being driven recklessly. Ofc Witt said the vehicle was traveling in-excess of 100 MPH on Alt A1A and Gardens Pkwy, PBG, FL, where the posted speed limit is 50 MPH. Ofc Witt stopped the vehicle on Interstate 95 just North of Holly Dr, PBG, FL. This Officer made contact with the driver and sole occupant of the vehicle, identified via Florida Driver License photo, Tiffany McConnell, while she was still in actual physical control of the vehicle.

OBSERVATION OF DRIVER:

McConnell had bloodshot watery eyes, flushed red face, slurred speech and the obvious odor of an unknown alcoholic beverage emanating from her breath at conversational distance. The odor increased as McConnell spoke with this Officer.

DRIVER'S STATEMENTS:

McConnell said she was coming from "Uncle Mick's" and had consumed three drinks on this evening. McConnell later uttered to this Officer that she had consumed a pitcher of beer.

ODORS:

Unknown alcoholic beverage.

GENERAL OBSERVATIONS

SPEECH: Slurred

ATTITUDE: Non-compliant Rapid mood swings.

CLOTHING: Red long sleeved shirt, black pants, black and white sneakers

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 26th 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)



SHARI L. O'NEAL
Notary Public - State of Florida
Commission Expires 12/31/2021

ROADSIDE TASKS

HORIZONTAL GAZE NYSTAGMUS:

- LT EYE-LACK OF SMOOTH PURSUIT
- LT EYE-DISTINCT & SUSTAINED NYSTAGMUS AT MAX. DEVIATION
- LT- EYE-ONSET OF NYSTAGMUS PRIOR TO 45 DEGREES
- RT EYE-LACK OF SMOOTH PURSUIT
- RT EYE-DISTINCT & SUSTAINED NYSTAGMUS AT MAX. DEVIATION
- RT- EYE-ONSET OF NYSTAGMUS PRIOR TO 45 DEGREES

Other Observations:

McConnell was swaying while standing upright. This Officer observed six out of six indicators of possible impairment.

WALK & TURN:

During the instructions, McConnell stepped out of the starting position and was unable to maintain her balance. During the first set of steps, McConnell repeatedly lost her balance and reached her arm out to the concrete barrier to maintain upright position. McConnell paused to regain balance multiple times. McConnell also took 10 steps rather than nine as instructed. During the return, McConnell again reached out to the barrier multiple times to maintain balance. McConnell also continued to pause to regain balance. McConnell also missed heel-to-toe on multiple steps. McConnell again took 10 steps rather than nine as instructed. This Officer observed five out of eight indicators of possible impairment.

ONE LEG STAND:

During the exercise, McConnell swayed throughout the exercise. McConnell also raised her arms more than six inches from her sides and placed her foot down prior to being told to do so. This Officer observed three out of four indicators of possible impairment.

ROMBERG ALPHABET:

Not conducted

FINGER TO NOSE:

Not conducted

REATH TEST RESULTS:

1) .124	2) .119	3) -	4) -
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STATE OF FLORIDA
COUNTY OF PALM BEACH

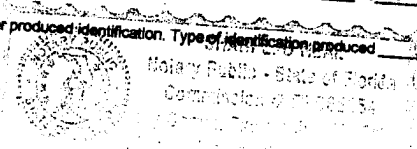
Signature of Arresting/Investigative Officer

foregoing instrument was sworn to or affirmed and subscribed before me this 26th day of May 2020 by Ofc. ANDREW FLINK

Name of Arresting/Investigative Officer, who is personally known to me and/or produced identification. Type of identification produced

Personally Known

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





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

PBSO CASE # 20-071881 PBSO ZONE 3-13

AGENCY CASE # 20002529 CRASH CASE # _____

TIME OF STOP/CRASH 0106 DATE 05/26/2020 DAY TUESDAY

SUBJECT'S NAME MCCONNELL TIFFANY MORGYN RACE W SEX F
LAST FIRST MID

HGT 5'4 WGT 115 DOB 09/15/1997

LOCATION INTERSTATE 95/HOLLY DR, PBG, FL

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

DIVISION: TRAFFIC UNIT

NOTIFIED BY COMMO ✓

ARRIVAL AT FACILITY 01:51

ARREST TIME 01:27

BREATH RESULTS:

- 1) .124
- 2) .119
- 3) -
- 4) -

BREATH TEST OPERATOR: 6212

NOT A CERTIFIED COPY

TESTING FACILITY TASK REPORT

AGENCY: OFC. FLINK #514

SUBJECT: MCCONNELL, TIFFANY M.

DATE: 05-26-2020

BEGINNING TIME: 0212 HRS

ENDING TIME: 0227 HRS

CASE NUMBER: 20-071881

VIDEO DVD NUMBER: N/A

BREATH TESTS RESULTS: 1) .124 TIME 0219 A.M. P.M. 2) .119 TIME 0223 A.M. P.M.
3) TIME A.M. P.M. 4) TIME A.M. P.M.

BREATH OPERATOR: S.O'NEAL #6212

MAINTENANCE TECHNICIAN: J. KARLECKE #6467

TESTING OFFICER'S OBSERVATIONS

SPEECH: LOUD, YELLING

ATTITUDE: AGITATED, BELIGERENT, PROFANE, UNCOOPERATIVE, SEVERE MOODSWINGS, VERY DISRESPECTFUL

CLOTHING: SHIRT- MAROON SWEATSHIRT PANTS-BLACK KICKED THEM OFF DURING 20 MIN. OBSERVATION

MEDICAL CONDITIONS: NONE

MEDICATIONS: NONE

OTHER:

EYES: RED, GLASSY
ODOR OF UNKNOWN ALCOHOLIC BEVERAGE.

COMMENTS:

20 MIN. OBSERVATION DONE BY A/O FLINK #514
D WAS YELLING AND SCREAMING, KICKING HER SHOES OFF.
D KEPT SPITTING ON THE FLOOR DURING THE OBSERVATION, SPIT MASKED PLACED ON THE D BECAUSE SHE WOULD NOT STOP SPITTING DURING THE OBSERVATION.
D STATED TO ME DURING THE OBSERVATION, FUCK YOU AND SHUT THE FUCK UP BITCH.
D WAS ACTING VERY UNCOOPERATIVE AND DISGUSTING, SHE WAS STILL SPITTING WHEN THE MASK CAME OFF FOR HER TO TAKE THE BREATH TEST.
D WAS BANGING HER HEAD ON PURPOSE ON THE WALL, D THREW HERSELF OUT OF THE CHAIR.
D COMPLETED THE TEST CORRECTLY.
NO Q&A PER A/O DUE TO D BEHAVIOR.

SEE VIDEO FOR D BEHAVIOR.

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: 05/26/2020

Date of Last Agency Inspection: 05/15/2020

Observation Period Began: 01:52

Subject's Name: TIFFANY M MCCONNELL

DOB: 09/15/1997 Sex: F

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	02:18
Air Blank	0.000	02:18
Control Test	0.081	02:18
Air Blank	0.000	02:19
Subject Sample #1	0.124	02:19
Air Blank	0.000	02:20
Air Blank	0.000	02:22
Subject Sample #2	0.119	02:23
Air Blank	0.000	02:23
Control Test	0.080	02:24
Air Blank	0.000	02:24
Diagnostics Check	OK	02:24

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 SHARI L O'NEAL, 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: 05-26-20

Sworn to (or affirmed) before me this 26 day of May, 2020

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.

APPLICANT'S STATEMENT OF INTEREST IN A MOTOR VEHICLE

APPLICANT'S STATEMENT OF INTEREST IN A MOTOR VEHICLE IS SUBJECT TO THE TERMS AND CONDITIONS OF THE LEASE AGREEMENT.

I, [Name], of the County of [County] State of [State], do hereby certify that I am the owner of the motor vehicle described herein.

OR

I, [Name], of the County of [County] State of [State], do hereby certify that I am the lessee of the motor vehicle described herein.

OR

I, [Name], of the County of [County] State of [State], do hereby certify that I am the driver of the motor vehicle described herein.

THE ABOVE INFORMATION IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE.

[Signature] of the [Name]

I hereby certify that I am qualified to operate a motor vehicle and have not been previously convicted of a crime involving the operation of a motor vehicle.

CONVENTIONAL INFORMATION

1. You must be at least 18 years old at the time of signing this statement.
2. You must be a resident of the State of [State] at the time of signing this statement.
3. You must be a licensed driver of a motor vehicle in the State of [State] at the time of signing this statement.
4. If you are a minor, you must be accompanied by a parent or guardian at the time of signing this statement.
5. If you are a minor, you must be accompanied by a parent or guardian at the time of signing this statement.
6. If you are a minor, you must be accompanied by a parent or guardian at the time of signing this statement.
7. Any statement made by you in this statement may be used in a court of law.

APPLICANT'S STATEMENT OF INTEREST IN A MOTOR VEHICLE



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: 2020013505	Date: 05/26/2020
	Specialist Name/ID: T Howard/7185