

6525498

21 CT 14417

1689

ARREST / NOTICE TO APPEAR

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

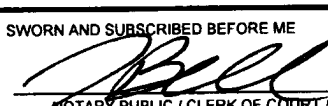

1

JUVENILE

OBTS Number	Agency ORI Number 0501700		Agency Name Jupiter Police Department		Agency Report Number (N.T.A.'s only) 5 4 21-002967	
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	If Weapon Seized Enter Type UNARMED		Multiple Clearance Indicator
Location of Arrest (Including Name of Business) 2048 W INDIANTOWN RD, JUPITER, FL			Location of Offense (Business Name, Address) 2048 W INDIANTOWN RD, JUPITER, FL 33458			
Date of Arrest 08/27/2021	Time of Arrest 03:04	Booking Date 08/27/2021	Booking Time 03:14	Jail Date // : :	Jail Time	Location of Vehicle
Name (Last, First, Middle) DASHMESH, YUVRAJ SINGH						Alias (Name, DOB, Soc Sec #, Etc.)
Alias:						
Race W - White	Sex M	Date of Birth 03/04/1999	Height 6'04	Weight 150	Eye Color BROWN	Hair Color BLACK
Complexion MEDIUM		Build Medium		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)			Marital Status S	Religion		
Local Address (Street, Apt. Number) 103 STILLWATER, JUPITER, FL 33458			(City)	(State)	(Zip)	Phone (561) 900-8875
Permanent Address (Street, Apt. Number) 103 STILLWATER, JUPITER, FL 33458			(City)	(State)	(Zip)	Phone (561) 900-8875
Business Address (Name, Street) STARBUCKS, ALTON			(City)	(State)	(Zip)	Phone
D/L Number, State D252977990840 / FL			INS Number	Place of Birth (City, State) AMRITSAR, FF, India	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"/> Other: _____ Name (Last, First, Middle)			Residence Phone			
<input type="checkbox"/> Legal Custodian			Business Phone			
Address (Street, Apt. Number)			(State)	(Zip)		
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
<input type="checkbox"/> Yes, by: _____ <input type="checkbox"/> No			Property Crime? <input type="checkbox"/> Yes <input checked="" 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 Disperses/ Distribute	M Manufacture/ Produce/ Cultivate
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 - NORMAL FACULTIES IMPAIRED			Statute Violation Number 316.193(1)(A)			Violation of ORD #
Drug Activity	Drug Type N	Amount / Unit	Offense #	Counts 1	Domestic Violence <input type="checkbox"/> Y <input checked="" type="checkbox"/> N	Warrant / Capias Number
Charge Description			Statute Violation Number			Violation of ORD #
Drug Activity	Drug Type	Amount / Unit	Offense #	Counts	Domestic Violence <input type="checkbox"/> Y <input type="checkbox"/> N	Warrant / Capias Number
Charge Description			Statute Violation Number			Violation of ORD #
Drug Activity	Drug Type	Amount / Unit	Offense #	Counts	Domestic Violence <input type="checkbox"/> Y <input type="checkbox"/> N	Warrant / Capias Number
Health / Apparent Physical Condition of Defendant			Any knowledge of the following: Explain: <input type="checkbox"/> Mental <input type="checkbox"/> Escape Risk <input type="checkbox"/> Medication <input type="checkbox"/> Deformities <input type="checkbox"/> Injuries			
Check which applies <input type="checkbox"/> Released O.R. <input type="checkbox"/> Posted Bond			<input type="checkbox"/> Released to Parent/Guardian <input checked="" type="checkbox"/> T.O.T. County Jail			
Transported By			Date Transported	Time Transported	Other	
<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) North County PALM BEACH GARD Court Date and Time 09/29/2021 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)			Date Signed			
HOLD for Other Agency			Signature of Arresting Officer 386			
<input type="checkbox"/> Dangerous <input type="checkbox"/> Suicidal			Name of Arresting Officer (Print) MCGILLICUDDY, STEVEN ID # 1216			
Transporting Officer S. MCGILLICUDDY ID # 388			Agency JUPITER			
Name Verification (Printed by) AUG 27 AM 5:34			(PRINT)			
PAGE 1 OF 1			SCANNED			

☐ COURT ☐ STATE ATTORNEY ☐ AGENCY ☐ CENTRAL RECORDS ☐ JAIL ☐ CRIMINAL JUSTICE ☐ P.T.O. ☐ DEFENDANT

AUG 27 AM 5:34

OBTS Number		PROBABLE CAUSE AFFIDAVIT		1. Arrest 2. N.T.A. 3. Request for Warrant 4. Request for Capias		1	JUVENILE
A D M I N I S T R A T I V E	Agency ORI Number FL 0501700		Agency Name JUPITER POLICE DEPARTMENT		Agency Report Number 5 4 21-002967		
	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		Special Notes:				
D E F E N D A N T	Name (Last, First, Middle) DASHMESH, YUVRAJ SINGH				Race W	Sex M	Date of Birth 03/04/1999
C H A R G E S	Charge Description 316.193(1)(A) DUI - NORMAL FACULTIES IMPAIRED				Charge Description		
	Charge Description				Charge Description		
V I C T I M	Victim's Name (Last, First, Middle) State Of Florida				Race	Sex	Date of Birth
	Local Address (Street, Apt. Number) (City) (State) (Zip)				Phone		Address Source
	Business Address (Name, Street) (City) (State) (Zip)				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... <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. <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. On the <u>27</u> day of <u>August</u> , <u>2021</u> at <u>02:54</u> (Specifically include facts constituting cause for arrest.)							
P R O B A B L E	On 8/27/2021 at approximately 0252 hrs I was on routine patrol in the area of W Indiantown Road and S Central Boulevard. As I was at the stop light facing east bound just south of Chasewood Plaza I observed a blue BMW (H2Z-S10/FL) accelerate quickly from the stop light northbound into the plaza. I observed the vehicle travel at a high rate of speed east bound through the plaza. I made a u-turn to parallel the vehicle. As I turned south onto Bush Road I observed the vehicle run the east facing stop sign in front of 50 Bush Road. I conducted a traffic stop on the vehicle in the Taco Bell parking lot located at 2048 W Indiantown Road and made contact with the driver and sole occupant, Yuvraj Dashmesh (DEFENDANT). I made contact with him and informed him of the reason for the stop.						
	I asked him if he was in a rush and he advised he was just really hungry. As I spoke to him I detected an odor of unknown alcoholic beverage emitting from his person, which intensified as he spoke. He had glassy bloodshot eyes and spoke with slightly slurred speech. He advised me that he was coming from the beach. I asked him how much he had to drink tonight and he stated "two beers". I returned to my vehicle and conducted a records check on Dashmesh.						
	I returned to the vehicle and asked what he was drinking. He stated he had two Landshark beers. I asked him on a scale from 1-10 how impaired he was he said he was a "3 or 4" and that he "felt tipsy". Dashmesh then participated in field sobriety exercises, the result of which are as follows:						
	HORIZONTAL GAZE NYSTAGMUS -No resting nystagmus in either eye -Equal pupil size and tracking -Lack of smooth pursuit in both eyes -Distinct and sustained nystagmus at maximum deviation in both eyes -Onset of nystagmus prior to forty-five degrees present in both eyes. I estimated the						
A D M I N I S T R A T I V E	SWORN AND SUBSCRIBED BEFORE ME  NOTARY PUBLIC / CLERK OF COURT / OFFICER OF THE COURT		JOSHUA BELL MY COMMISSION #GG346008 EXPIRES: JUN 18, 2023 Bonded through 1st State Insurance		SIGNATURE OF ARRESTING / INVESTIGATING OFFICER  MCGILICUDDY, STEVEN (1216) NAME OF OFFICER (PLEASE PRINT)		
	08/27/2021 DATE		08/27/2021 DATE			PAGE 1 OF 3	

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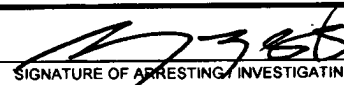
STATE ATTORNEY

CENTRAL RECORDS

JAIL

 SCANNED
 CRIME ANALYSIS
 AUG 27 2021

P. I. O.

OBTS Number		PROBABLE CAUSE AFFIDAVIT SUPPLEMENT		1. Arrest 2. N.T.A.		3. Request for Warrant 4. Request for Copies		1	JUVENILE	
A D M I N I S T R A T I V E	Agency ORI Number	Agency Name		Agency Report Number						
	FL 0501700	JUPITER POLICE DEPARTMENT		5 4 21-002967						
	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		Special Notes							
	Name (Last, First, Middle)						Race	Sex	Date of Birth	
	DASHMESH, YUVRAJ SINGH						W	M	03/04/1999	
<p>angle of onset to be forty degrees. -No vertical nystagmus in either eye -6 of 6 clues -Swayed to varying degrees throughout the exercise</p> <p>WALK AND TURN</p> <p>- Missed heel to toe: -First 9: 1, 9 -Second 9: 1, 2 - Stepped off line -Second 9: 1, 2, 3 - Improper turn by shuffle footing - 3 of 8 clues</p> <p>ONE LEG STAND</p> <p>- Swayed - Used arms to brace legs throughout exercise - 1 of 4 clues</p> <p>FINGER TO NOSE</p> <p>1L: Pad to tip, DNP 2R: Pad to tip, DNP 3L - Pad to tip, DNP 4R - Pad to under tip, slide up to tip, DNP 5R - Pad to left nostril, slide to tip, DNP 6L - Pad to tip, DNP</p> <p>Rhomberg Alphabet (B TO X) B C D E F G H I J K L M N O P Q R S X S T U..... (LICKED LIPS).....SILENCE</p> <p>Based on my observations, investigation and the totality of the circumstances I have probable cause to believe that Yuvraj Dashmesh was in actual physical control of a vehicle while under the influence of an alcoholic beverage, chemical or controlled substance to the point that his normal faculties were impaired. I placed him under arrest at 0304 hrs. I then transported him to the Palm Beach County Breath Alcohol Testing (BAT) center, arriving at 0335 hrs. I placed him under a twenty minute observation period during which I did not observe him consume nor regurgitate anything. We then went on video with BAT Technician Bell (#8656) and I requested that he submit to a breath test. He consented and provided breath samples of .069 BrAC (0404 hrs) and .070 BrAC (0407 hrs). I then read him his Miranda rights and he agreed to answer questions. He again stated that on a scale of impairment from 1-10 he was a "3 or 4".</p> <p>I placed Dashmesh in a holding cell and finished his paperwork. I then booked him into</p>										
	SWORN AND SUBSCRIBED BEFORE ME  NOTARY PUBLIC / CLERK OF COURT / OFFICER		 JOSHUA BELL MY COMMISSION #GG346008 EXPIRES: JUN 18, 2023 Bonded through 1st State Insurance		 SIGNATURE OF ARRESTING / INVESTIGATING OFFICER MCGILLICUDDY, STEVEN (1216) NAME OF OFFICER (PLEASE PRINT)				DATE 08/27/2021	
								SCANNED DATE		
PAGE 2 OF 3										

COURT

STATE ATTORNEY




CENTRAL RECORDS

JAIL

CRIME ANALYSIS

P.I.O.

AUG 27 2021

A D M I N I S T R A T I V E	OBTS Number		PROBABLE CAUSE AFFIDAVIT SUPPLEMENT		1. Arrest 2. N.T.A.		3. Request for Warrant 4. Request for Capias		1	JUVENILE
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	FL 0501700		JUPITER POLICE DEPARTMENT		5 4 21-002967					
	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		Special Notes:					
D E F	Name (Last, First, Middle)				Alias		Race	Sex	Date of Birth	
	DASHMESH, YUVRAJ SINGH						W	M	03/04/1999	
<p>the county jail. He was issued a court date of 9/29/2021 at 0830 hrs. I then booked him into the county jail. BWC.</p>										
P R O B A B L E C A U S E S T A T E M E N T	NOT A CERTIFIED COPY									
	SWORN AND SUBSCRIBED BEFORE ME		 JOSHUA BELL MY COMMISSION #GG346008 EXPIRES: JUN 18, 2023 NOTARY PUBLIC / CLERK OF COURT / OFFICER (P.S. 1 Bonded through 1st State Insurance)		 SIGNATURE OF ARRESTING / INVESTIGATING OFFICER MCGILlicuddy, STEVEN (1216) NAME OF OFFICER (PLEASE PRINT)					
	 NOTARY PUBLIC / CLERK OF COURT / OFFICER (P.S. 1 Bonded through 1st State Insurance)									
	08/27/2021				08/27/2021					
DATE				DATE						

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COURT

STATE ATTORNEY

CENTRAL RECORDS

JAIL

CRIME ANALYSIS

P. I. O.

SCANNED
AUG 27 2021



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

PBSO CASE # 21-100303 PBSO ZONE 3-14

AGENCY CASE # 21-002967 CRASH CASE # _____

TIME OF STOP/CRASH 0252 DATE 08/27/2021 DAY Friday

SUBJECT'S NAME Dashmesh Yuvraj S RACE O SEX M
LAST FIRST MID

HGT 6'4 WGT 150 DOB 3/4/99

LOCATION 2048 W Indiantown Road, Jupiter, Fl

ARRESTING OFFICER'S NAME & ID McGillicuddy 388 AGENCY Jupiter PD

DIVISION: RP - TRF

NOTIFIED BY COMMO Yes
ARRIVAL AT FACILITY 0335
ARREST TIME 0304

BREATH RESULTS:

1) .069

2) .070

3) N/A

4) N/A

TESTING OFFICER'S ID 8656 PBSO VIDEOTAPE # _____

SCANNED
AUG 27 2021

WITNESS LIST

CASE NUMBER: 21-002967

ARRESTING OFFICER: McGillicuddy

ADDRESS: 196 Military Trl. Jupiter, FL 33458

PHONE NUMBERS (HOME): _____ (WORK) (561) 746-6201

CAN TESTIFY TO: PC

NAME: PFC Albano

ADDRESS: 196 Military Trl. Jupiter, FL 33458

PHONE NUMBERS (HOME) _____ (WORK) _____

CAN TESTIFY TO: Backup on Stop

NAME: Ofc Tappin

ADDRESS 196 Military Trl. Jupiter, FL 33458

PHONE NUMBERS (HOME) _____ (WORK) _____

CAN TESTIFY TO: Backup on Stop

NAME: _____

ADDRESS _____

PHONE NUMBERS (HOME) _____ (WORK) _____

CAN TESTIFY TO: _____

NAME: _____

ADDRESS _____

PHONE NUMBERS (HOME) _____ (WORK) _____

CAN TESTIFY TO: _____

NAME: _____

ADDRESS _____

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CAN TESTIFY TO: _____

NAME: _____

ADDRESS _____

PHONE NUMBERS (HOME) _____ (WORK) _____

CAN TESTIFY TO: _____

SCANNED

AUG 27 2021

TESTING FACILITY TASK REPORT

AGENCY: JPD

SUBJECT: DASHMESH, YUVRAJ SINGH

CASE NUMBER: 21-100303

DATE: Aug 27, 2021

VIDEO DVD NUMBER: N/A

BEGINNING TIME: 0400

ENDING TIME: 0414

BREATH TESTS RESULTS: 1) .069 TIME 0404 A.M. ☒ P.M. ☐ 2) .070 TIME 0407 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: ACCENT

ATTITUDE: COOPERATIVE, POLITE

CLOTHING: WHITE TEE SHIRT, TAN SHORTS, NO SHOES

MEDICAL CONDITIONS: NONE

MEDICATIONS: NONE

OTHER:

EYES: BLOODSHOT, GLASSY

COMMENTS:

ARRIVED AT DUI TESTING FACILITY AND BEGAN THE 20 MINUTE OBSERVATION AT 0335 HOURS

SUBJECT STATED HE WOULD TAKE BREATH TEST

BREATH TEST COMPLETE

A/O READ RIGHTS

SUBJECT STATED HE UNDERSTOOD HIS RIGHTS

TECH READ BREATH TEST RESULTS

A/O EXPLAINED BREATH TEST RESULTS

SUBJECT STATED HE UNDERSTOOD BREATH TEST RESULTS

A/O ASKED A FEW QUESTIONS

SUBJECT ANSWERED

SCANNED

AUG 27 2021

TESTING FACILITY TASK REPORT

AGENCY: JPD

SUBJECT: DASHMESH, YUVRAJ SINGH

DATE: Aug 27, 2021

BEGINNING TIME: 0400

CASE NUMBER: 21-100303

VIDEO DVD NUMBER: N/A

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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

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SPEECH: ACCENT

ATTITUDE: COOPERATIVE, POLITE

CLOTHING: WHITE TEE SHIRT, TAN SHORTS, NO SHOES

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SUBJECT STATED HE UNDERSTOOD BREATH TEST RESULTS

A/O ASKED A FEW QUESTIONS

SUBJECT ANSWERED

SCANNED
AUG 27 2021

**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: 80-006477 Software: 8100.27
Date of Test: 08/27/2021

Date of Last Agency Inspection: 08/13/2021

Observation Period Began: 03:35

Subject's Name: YUVRAJ S DASHMESH

DOB: 03/04/1999 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	04:02
	Air Blank	0.000	04:02
	Control Test	0.081	04:02
	Air Blank	0.000	04:03
	Subject Sample #1	0.069	04:04
	Air Blank	0.000	04:04
	Air Blank	0.000	04:06
	Subject Sample #2	0.070	04:07
	Air Blank	0.000	04:08
	Control Test	0.080	04:08
	Air Blank	0.000	04:08
	Diagnostics Check	OK	04:08

Cylinder Lot: 02021080A1
Exp: 03/05/2023

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: 08/27/21

Sworn to (or affirmed) before me this 27 day of August, 2021

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.

**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: 80-006477 Software: 8100.27
Date of Test: 08/27/2021

Date of Last Agency Inspection: 08/13/2021

Observation Period Began: 03:35

Subject's Name: YUVRAJ S DASHMESH

DOB: 03/04/1999 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	04:02
	Air Blank	0.000	04:02
	Control Test	0.081	04:02
	Air Blank	0.000	04:03
	Subject Sample #1	0.069	04:04
	Air Blank	0.000	04:04
	Air Blank	0.000	04:06
	Subject Sample #2	0.070	04:07
	Air Blank	0.000	04:08
	Control Test	0.080	04:08
	Air Blank	0.000	04:08
	Diagnostics Check	OK	04:08

Cylinder Lot: 02021080A1
Exp: 03/05/2023

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: 08/27/21
Signature

Sworn to (or affirmed) before me this 27 day of August, 2021

Signature of Notary Public-State of Florida [Signature] Printed Name of Notary Public-State of Florida OFC. S. McGillicuddy #388

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.

SUBJECT: Donald Young CASE NUMBER: 21-004161

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) _____

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.

SCANNED

AUG 27 2021

SUSPECT'S SIGNATURE: (X) Donald Young

CASE NUMBER: 44-38861

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? _____ **AUG 27 2021**

INTERVIEWER: AC. S. M. H. A. E. E. E.

GOLD - JAIL



**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: 2021021358	Date: 8/27/2021
	Specialist Name/ID: T Howard/7185

SCANNED
AUG 27 2021