

22CT 8354

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<br><b>0502300</b>                                                                                                                                                                                                           |                                   | Agency Name<br><b>North Palm Beach Police Department</b>                                                                                                                                                           |                                                    | Agency Report Number (N.T.A.'s only)<br><b>7 0 22-000382</b>                                                 |                                                                                                                                     |
| Charge Type:<br>Check as many as apply                                                                                                                                                                                                                                                                          | 1. Felony <input type="checkbox"/> 2. Traffic Felony <input type="checkbox"/> 3. Misdemeanor <input type="checkbox"/> 4. Traffic Misdemeanor <input type="checkbox"/> 5. Ordinance <input type="checkbox"/> 6. Other <input type="checkbox"/> |                                   | If Weapon Seized<br>Enter Type <b>UNARMED</b>                                                                                                                                                                      |                                                    | Multiple Clearance Indicator                                                                                 |                                                                                                                                     |
| Location of Arrest (Including Name of Business)<br><b>US HIGHWAY 1/ PGA BLVD, PBG, FL 33410, 12000 US</b>                                                                                                                                                                                                       |                                                                                                                                                                                                                                               |                                   | Location of Offense (Business Name, Address)<br><b>800 US HIGHWAY 1, NORTH PALM BEACH, FL 33408</b>                                                                                                                |                                                    |                                                                                                              |                                                                                                                                     |
| Date of Arrest<br><b>05/26/2022</b>                                                                                                                                                                                                                                                                             | Time of Arrest<br><b>00:40</b>                                                                                                                                                                                                                | Booking Date<br><b>05/26/2022</b> | Booking Time<br><b>00:50</b>                                                                                                                                                                                       | Jail Date                                          | Jail Time                                                                                                    | Location of Vehicle                                                                                                                 |
| Name (Last, First, Middle)<br><b>ROACH, JUSTIN ALDEN</b>                                                                                                                                                                                                                                                        |                                                                                                                                                                                                                                               |                                   | Alias:<br><b>ALIAS</b>                                                                                                                                                                                             |                                                    |                                                                                                              |                                                                                                                                     |
| Race<br>W - White 1 - American Indian<br>B - Black 2 - Oriental/Asian<br><b>W M</b>                                                                                                                                                                                                                             |                                                                                                                                                                                                                                               |                                   | Date of Birth<br><b>06/24/1985</b>                                                                                                                                                                                 | Height<br><b>6'05</b>                              | Weight<br><b>300</b>                                                                                         | Eye Color<br><b>HAZEL</b>                                                                                                           |
| Sex<br><b>M</b>                                                                                                                                                                                                                                                                                                 |                                                                                                                                                                                                                                               |                                   | Hair Color<br><b>BROWN</b>                                                                                                                                                                                         | Complexion<br><b>LIGHT</b>                         | Build<br><b>Large</b>                                                                                        | Indication of Alcohol Influence<br>Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Unk <input type="checkbox"/> |
| Scars, Marks, Tattoos, Unique Physical Features (Location, Type, Description)                                                                                                                                                                                                                                   |                                                                                                                                                                                                                                               |                                   | Marital Status<br><b>M</b>                                                                                                                                                                                         | Religion<br><b>ATHEIST</b>                         | Residence Type<br>1. City 3. Florida<br>2. County 4. Out of State<br><b>3</b>                                |                                                                                                                                     |
| Local Address (Street, Apt. Number)<br><b>8780 AZALEA CT 203, TAMARAC, FL 33321</b>                                                                                                                                                                                                                             |                                                                                                                                                                                                                                               |                                   | (City)<br><b>TAMARAC</b>                                                                                                                                                                                           | (State)<br><b>FL</b>                               | (Zip)<br><b>33321</b>                                                                                        | Phone<br><b>(954) 709-6679</b>                                                                                                      |
| Permanent Address (Street, Apt. Number)<br><b>8780 AZALEA CT 203, TAMARAC, FL 33321</b>                                                                                                                                                                                                                         |                                                                                                                                                                                                                                               |                                   | (City)<br><b>TAMARAC</b>                                                                                                                                                                                           | (State)<br><b>FL</b>                               | (Zip)<br><b>33321</b>                                                                                        | Phone<br><b>(954) 709-6679</b>                                                                                                      |
| Business Address (Name, Street)<br><b>R200421852240 / FL</b>                                                                                                                                                                                                                                                    |                                                                                                                                                                                                                                               |                                   | (City)<br><b>TAMARAC</b>                                                                                                                                                                                           | (State)<br><b>FL</b>                               | (Zip)<br><b>33321</b>                                                                                        | Phone<br><b>(954) 709-6679</b>                                                                                                      |
| D/L Number, State<br><b>R200421852240 / FL</b>                                                                                                                                                                                                                                                                  |                                                                                                                                                                                                                                               |                                   | Soc. Sec. Number<br><b>[REDACTED]</b>                                                                                                                                                                              | INS Number<br><b>[REDACTED]</b>                    | Place of Birth (City, State)<br><b>BROWARD COUNTY, FL</b>                                                    | Citizenship<br><b>US</b>                                                                                                            |
| Co-Defendant Name (Last, First, Middle)                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                                                               |                                   | Race                                                                                                                                                                                                               | Sex                                                | Date of Birth                                                                                                | <input type="checkbox"/> 1. Arrested <input type="checkbox"/> 3. Felony <input type="checkbox"/> 5. Juvenile                        |
| Co-Defendant Name (Last, First, Middle)                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                                                               |                                   | Race                                                                                                                                                                                                               | Sex                                                | Date of Birth                                                                                                | <input type="checkbox"/> 2. At Large <input type="checkbox"/> 4. Misdemeanor <input type="checkbox"/> 6. Juvenile                   |
| Name (Last, First, Middle)                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                                                               |                                   | Residence Phone                                                                                                                                                                                                    |                                                    |                                                                                                              |                                                                                                                                     |
| Address (Street, Apt. Number)                                                                                                                                                                                                                                                                                   |                                                                                                                                                                                                                                               |                                   | Business Phone                                                                                                                                                                                                     |                                                    |                                                                                                              |                                                                                                                                     |
| Notified by: (Name)                                                                                                                                                                                                                                                                                             |                                                                                                                                                                                                                                               |                                   | Date                                                                                                                                                                                                               | Time                                               | JUVENILE DISPOSITION<br>1. Handled/Processed within Department and Released<br>2. TOT JAC<br>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.<br>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<br>N. N/A<br>P. Possess                                                                                                                                                                                                                                                                           |                                                                                                                                                                                                                                               |                                   | S. Sell<br>T. Traffic                                                                                                                                                                                              | R. Struggle<br>D. Deliver<br>E. Use                | K. Disperse/<br>Distribute                                                                                   | M. Manufacture/<br>Produce/<br>Cultivate                                                                                            |
| Drug Type<br>N. N/A<br>A. Amphetamine                                                                                                                                                                                                                                                                           |                                                                                                                                                                                                                                               |                                   | B. Barbiturate<br>C. Cocaine<br>E. Heroin                                                                                                                                                                          | H. Hallucinogen<br>M. Marijuana<br>O. Opium/Deriv. | P. Paraphernalia/<br>Equipment<br>S. Synthetic                                                               | U. Unknown<br>Z. Other                                                                                                              |
| Charge Description<br><b>DUI - NORMAL FACULTIES IMPAIRED</b>                                                                                                                                                                                                                                                    |                                                                                                                                                                                                                                               |                                   | Statute Violation Number<br><b>316.193(1)(A)</b>                                                                                                                                                                   |                                                    |                                                                                                              | Violation of ORD #                                                                                                                  |
| Drug Activity<br><b>N</b>                                                                                                                                                                                                                                                                                       |                                                                                                                                                                                                                                               |                                   | Drug Type<br><b>N</b>                                                                                                                                                                                              | Amount / Unit<br><b>/</b>                          | Offense #<br><b>1</b>                                                                                        | Bond                                                                                                                                |
| Charge Description                                                                                                                                                                                                                                                                                              |                                                                                                                                                                                                                                               |                                   | Statute Violation Number                                                                                                                                                                                           |                                                    |                                                                                                              | Violation of ORD #                                                                                                                  |
| Drug Activity                                                                                                                                                                                                                                                                                                   |                                                                                                                                                                                                                                               |                                   | Drug Type                                                                                                                                                                                                          | Amount / Unit                                      | Offense #                                                                                                    | Bond                                                                                                                                |
| Charge Description                                                                                                                                                                                                                                                                                              |                                                                                                                                                                                                                                               |                                   | Statute Violation Number                                                                                                                                                                                           |                                                    |                                                                                                              | Violation of ORD #                                                                                                                  |
| Drug Activity                                                                                                                                                                                                                                                                                                   |                                                                                                                                                                                                                                               |                                   | Drug Type                                                                                                                                                                                                          | Amount / Unit                                      | Offense #                                                                                                    | Bond                                                                                                                                |
| Health / Apparent Physical Condition of Defendant                                                                                                                                                                                                                                                               |                                                                                                                                                                                                                                               |                                   | Any knowledge of the following:<br><input type="checkbox"/> Mental <input type="checkbox"/> Escape Risk <input type="checkbox"/> Medication <input type="checkbox"/> Deformities <input type="checkbox"/> Injuries |                                                    |                                                                                                              |                                                                                                                                     |
| Check which applies:<br><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                                                                                                                         |
| Transported By                                                                                                                                                                                                                                                                                                  |                                                                                                                                                                                                                                               |                                   | Date Transported                                                                                                                                                                                                   | Time Transported                                   | Other                                                                                                        |                                                                                                                                     |
| <input checked="" type="checkbox"/> INSTRUCTION NO. 1 - Mandatory appearance in court<br><input type="checkbox"/> INSTRUCTION NO. 2 - You need not appear in Court<br>but must comply with instructions on Page 2.                                                                                              |                                                                                                                                                                                                                                               |                                   | Location (Court, Room)<br><b>North County PALM BEACH GARD</b>                                                                                                                                                      |                                                    |                                                                                                              | No Photo Available                                                                                                                  |
| 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. |                                                                                                                                                                                                                                               |                                   | Court Date and Time<br><b>06/21/2022 13:00:00</b>                                                                                                                                                                  |                                                    |                                                                                                              |                                                                                                                                     |
| Signature of Defendant (or Juvenile and Parent/Guardian)                                                                                                                                                                                                                                                        |                                                                                                                                                                                                                                               |                                   | Date Signed                                                                                                                                                                                                        |                                                    |                                                                                                              |                                                                                                                                     |
| HOLD for Other Agency                                                                                                                                                                                                                                                                                           |                                                                                                                                                                                                                                               |                                   | Signature of Arresting Officer                                                                                                                                                                                     |                                                    |                                                                                                              | Name Verification (Printed by Arrestee)                                                                                             |
| <input type="checkbox"/> Dangerous <input type="checkbox"/> Retained Arrest<br><input type="checkbox"/> Suicidal <input type="checkbox"/> Other                                                                                                                                                                 |                                                                                                                                                                                                                                               |                                   | Name of Arresting Officer (Print)<br><b>SOUTHER, A.</b>                                                                                                                                                            |                                                    |                                                                                                              | (PRINT) <b>MAY 26 AM 3:50</b>                                                                                                       |
| Intake Deputy<br><b>Borrelli</b>                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                               |                                   | Transporting Officer<br><b>A SOUTHER</b>                                                                                                                                                                           |                                                    |                                                                                                              | Witness here if subject signed with an "X"                                                                                          |

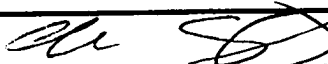
INVEST  
MAY 26 2022

SCM

J#0531854

P#3217

| OBT Number                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | PROBABLE CAUSE AFFIDAVIT       |                          | 1. Arrest<br>2. N.T.A. |       | 3. Request for Warrant<br>4. Request for Capias |          | 1                 | JUVENILE       |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------|--------------------------|------------------------|-------|-------------------------------------------------|----------|-------------------|----------------|
| A                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | Agency ORI Number                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | Agency Name                    | Agency Report Number     |                        |       |                                                 |          |                   |                |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | <b>FL FL0502300</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | <b>NORTH PALM BEACH POLICE</b> | <b>7   0   22-000382</b> |                        |       |                                                 |          |                   |                |
| D<br>M<br>I<br>N                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | Charge Type: Check as many as apply.<br><input type="checkbox"/> 1. Felony <input type="checkbox"/> 3. Misdemeanor <input type="checkbox"/> 5. Ordinance<br><input type="checkbox"/> 2. Traffic Felony <input checked="" type="checkbox"/> 4. Traffic Misdemeanor <input type="checkbox"/> 6. Other                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                |                          | Special Notes:         |       |                                                 |          |                   |                |
| D<br>E<br>F                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | Name (Last, First, Middle)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                |                          | Alias                  |       | Race                                            | Sex      | Date of Birth     |                |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | <b>ROACH, JUSTIN ALDEN</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                |                          |                        |       | <b>W</b>                                        | <b>M</b> | <b>06/24/1985</b> |                |
| C<br>H<br>A<br>R<br>G<br>E<br>S                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | Charge Description                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                |                          | Charge Description     |       |                                                 |          |                   |                |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | <b>316.193(1)(A) DUI - NORMAL FACULTIES IMPAIRED</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                |                          |                        |       |                                                 |          |                   |                |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | Charge Description                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                |                          | Charge Description     |       |                                                 |          |                   |                |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                |                          |                        |       |                                                 |          |                   |                |
| V<br>I<br>C<br>T<br>I<br>M                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | Victim's Name (Last, First, Middle)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                |                          |                        |       | 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        |                |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                |                          |                        |       |                                                 |          |                   |                |
| <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>26</u> day of <u>May</u>, <u>2022</u> at <u>00:53</u> (Specifically include facts constituting cause for arrest.)</p> |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                |                          |                        |       |                                                 |          |                   |                |
| P<br>R<br>O<br>B<br>A<br>B<br>L<br>E                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | <p>On 05/26/2022 at approximately 12:20am, I was conducting traffic enforcement in the 800 block of US Highway 1, North Palm Beach, FL 33408. I observed a black 2016 Chevy utility, FL tag IJTE20, traveling northbound at a high rate of speed. I visually estimated the speed of the vehicle to be approximately 65 mph in a marked 35 mph zone. I activated the rear antenna on my vehicle-mounted radar speed measurement device and received an actual speed reading of 66 mph. While I was behind the vehicle, I observed it drift approximately 3 feet into the center lane from the left lane and then back into the left lane. I then activated my emergency lights and conducted a traffic stop on the vehicle at US Highway 1 and PGA Blvd.</p>                                                                                                                                         |                                |                          |                        |       |                                                 |          |                   |                |
| C<br>A<br>U<br>S<br>E                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | <p>I made contact with the driver and explained the reason for the traffic stop. I requested his driver license and he was identified by his Florida driver license as W/M Justin A Roach(06/24/85). I asked Roach where he was coming from and he stated Respectable Street, which is a nightclub in West Palm Beach. I asked Roach where he was headed now and he stated, "home in Tamarac." It should be noted that the location of the traffic stop was approximately 10 miles north of Respectable Street in West Palm Beach, and his stated destination of Tamarac is south, which is the opposite direction. While speaking with Roach, I detected a strong odor of an unknown alcoholic beverage on his breath. I also observed that his eyes were red and glassy and his speech was slurred. I asked Roach how much he had to drink at Respectable Street and he stated "a few beers."</p> |                                |                          |                        |       |                                                 |          |                   |                |
| S<br>T<br>A<br>T<br>E<br>M<br>E<br>N<br>T                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | <p>Based on Roach's driving pattern, admission to consuming alcohol, and his obvious signs of impairment, I requested Police Officer Souther to respond to conduct a driving under the influence investigation. I briefed Police Officer Souther on my observations and the subsequent investigation was turned over to him. Roach was issued a traffic citation for speed(66mph in a 35mph zone) - Citation AG3VGYE.</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                |                          |                        |       |                                                 |          |                   |                |
| A<br>D<br>M<br>I<br>N<br>I<br>S<br>T<br>R<br>A<br>T<br>I<br>V<br>E                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> <p>SWORN AND SUBSCRIBED BEFORE ME</p> <p><b>SOUTHER, AUSTIN</b></p> <p>NOTARY PUBLIC / CLERK OF COURT / OFFICER (F.S.S. 117.10)</p> <p><u>05/26/2022</u></p> <p>DATE</p> </div> <div style="width: 45%;"> <p></p> <p>SIGNATURE OF ARRESTING / INVESTIGATING OFFICER</p> <p><b>COUNCIL ANDREW (9794)</b></p> <p>NAME OF OFFICER (PLEASE PRINT)</p> <p><u>05/26/2022</u></p> <p>DATE</p> </div> </div>                                                                                                                                                                                                                                                                                                                     |                                |                          |                        |       |                                                 |          |                   |                |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                |                          |                        |       |                                                 |          |                   | PAGE<br>1 OF 1 |

| OBTS Number                                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | PROBABLE CAUSE AFFIDAVIT |                                               | 1. Arrest<br>2. N.T.A. |                                              | 3. Request for Warrant<br>4. Request for Capias |                 | 1                                  | JUVENILE |
|--------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------|-----------------------------------------------|------------------------|----------------------------------------------|-------------------------------------------------|-----------------|------------------------------------|----------|
| A<br>D<br>M<br>I<br>N<br>I<br>S<br>T<br>R<br>A<br>T<br>I<br>V<br>E | Agency ORI Number<br><b>FL FL0502300</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                          | Agency Name<br><b>NORTH PALM BEACH POLICE</b> |                        | Agency Report Number<br><b>7 0 22-000382</b> |                                                 |                 |                                    |          |
|                                                                    | Charge Type: Check as many as apply.<br><input type="checkbox"/> 1. Felony <input type="checkbox"/> 3. Misdemeanor <input type="checkbox"/> 5. Ordinance<br><input type="checkbox"/> 2. Traffic Felony <input checked="" type="checkbox"/> 4. Traffic Misdemeanor <input type="checkbox"/> 6. Other                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                          |                                               |                        |                                              | Special Notes:                                  |                 |                                    |          |
| D<br>E<br>F<br>E<br>N<br>D<br>A<br>N<br>T                          | Name (Last, First, Middle)<br><b>ROACH, JUSTIN ALDEN</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                          |                                               |                        |                                              | Race<br><b>W</b>                                | Sex<br><b>M</b> | Date of Birth<br><b>06/24/1985</b> |          |
|                                                                    | Charge Description<br><b>316.193(1)(A)</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                          |                                               |                        |                                              | Charge Description                              |                 |                                    |          |
| C<br>H<br>A<br>R<br>G<br>E<br>S                                    | Charge Description                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                          |                                               |                        |                                              | Charge Description                              |                 |                                    |          |
|                                                                    | Charge Description                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                          |                                               |                        |                                              | Charge Description                              |                 |                                    |          |
| V<br>I<br>C<br>T<br>I<br>M                                         | Victim's Name (Last, First, Middle)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                          |                                               |                        |                                              | Race                                            | Sex             | Date of Birth                      |          |
|                                                                    | Local Address (Street, Apt. Number) (City) (State) (Zip)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                          |                                               |                        |                                              | Phone                                           |                 | Address Source                     |          |
| P<br>R<br>O<br>B<br>A<br>B<br>L<br>E                               | 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> <div style="display: flex; justify-content: space-between;"> <div> <input type="checkbox"/> committed the below acts in my presence.<br/> <input type="checkbox"/> confessed to _____ admitting to the below facts.         </div> <div> <input type="checkbox"/> was observed by _____ who told _____ that he/she saw the arrested person commit the below acts.<br/> <input checked="" type="checkbox"/> was found to have committed the below acts, resulting from my (described) investigation.         </div> </div> <p>On the <u>26</u> day of <u>May</u>, <u>2022</u> at <u>02:53</u> (Specifically include facts constituting cause for arrest.)</p> |                          |                                               |                        |                                              |                                                 |                 |                                    |          |
| C<br>A<br>U<br>S<br>E                                              | <p>On May 26, 2022 at approximately 0020 hours, I responded to Police Sergeant Council's traffic stop as a backup officer that occurred in the 800 Blk of US Highway 1 in North Palm Beach, FL 33408.</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                          |                                               |                        |                                              |                                                 |                 |                                    |          |
|                                                                    | <p>Upon arriving on scene, Police Sergeant Council notified me that the driver, Justin A Roach (w/m 06/24/1985) was showing signs of impairment. I introduced myself to Roach and asked if he would be willing to complete several Standardized Field Sobriety Tasks (SFSTs) and he responded yes. I asked Roach if he had any medical conditions or physical defects and he stated no. Roach had droopy, watery, red, glassy eyes and Roach's speech was slow and slurred.</p>                                                                                                                                                                                                                                                                                                                                                                                                                 |                          |                                               |                        |                                              |                                                 |                 |                                    |          |
| S<br>T<br>A<br>T<br>E<br>M<br>E<br>N<br>T                          | <p>I explained the first SFST, Horizontal Gaze Nystagmus (HGN), to Roach and he stated he understood. I placed the stimulus (a black pen) in front of Roach and advised him to follow the pen with his eyes only. Roach swayed from left to right while I was explaining the task. As I began to move the pen, Roach turned his head to follow the pen. I had to remind Roach to follow the pen with his eyes only, a total of six (6) times. Roach was eventually able to follow the pen, and his eyes showed the following signs: A Lack of Smooth Pursuit in both the right and left eyes, Distinct Nystagmus at Maximum Deviation in both the right and left eyes, and Onset of Nystagmus Prior to 45 degrees in both the right and left eyes. Roach swayed throughout the task.</p>                                                                                                        |                          |                                               |                        |                                              |                                                 |                 |                                    |          |
|                                                                    | <p>I explained the second SFST, Walk and Turn, to Roach and he stated he understood after I demonstrated the task. I instructed Roach to get into the proper starting position (left foot on line with right foot in front, touching heel to toe). Roach broke the starting position total of one (1) time before being instructed to begin. Roach missed heel to toe between steps three (3), four (4), and five (5) going forward and steps two (2), three (3), and four (4) going back. Roach stepped off the line a total of ten (10) times throughout the task. Throughout the task Roach used both arms to remain balanced.</p>                                                                                                                                                                                                                                                           |                          |                                               |                        |                                              |                                                 |                 |                                    |          |
| A<br>D<br>M<br>I<br>N<br>I<br>S<br>T<br>R<br>A<br>T<br>I<br>V<br>E | <p>SWORN AND SUBSCRIBED BEFORE ME</p> <div style="display: flex; justify-content: space-between;"> <div> <p><u>COUNCIL ANDREW</u><br/>NOTARY PUBLIC / CLERK OF COURT / OFFICER (F.S.S. 117.10)</p> <p><u>05/26/2022</u><br/>DATE</p> </div> <div> <p><br/>SIGNATURE OF ARRESTING / INVESTIGATING OFFICER</p> <p><u>SOUTHER AUSTIN (9907)</u><br/>NAME OF OFFICER (PLEASE PRINT)</p> <p><u>05/26/2022</u><br/>DATE</p> </div> </div>                                                                                                                                                                                                                                                                                                                                                                         |                          |                                               |                        |                                              |                                                 |                 |                                    |          |
|                                                                    | <p>PAGE 1 OF 3</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                          |                                               |                        |                                              |                                                 |                 |                                    |          |

COURT

STATE ATTORNEY

CENTRAL RECORDS

JAIL

CRIME ANALYSIS

P.I.O.

|                                                          |  |                                                                                                                                                                                                                                                                         |  |                                              |                                                 |                                    |          |
|----------------------------------------------------------|--|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|----------------------------------------------|-------------------------------------------------|------------------------------------|----------|
| OBS Number                                               |  | PROBABLE CAUSE AFFIDAVIT<br>SUPPLEMENT                                                                                                                                                                                                                                  |  | 1. Arrest<br>2. N.T.A.                       | 3. Request for Warrant<br>4. Request for Capias | <b>1</b>                           | JUVENILE |
| Agency ORI Number<br><b>FL FL0502300</b>                 |  | Agency Name<br><b>NORTH PALM BEACH POLICE</b>                                                                                                                                                                                                                           |  | Agency Report Number<br><b>7 0 22-000382</b> |                                                 |                                    |          |
| Charge Type:<br>Check as many as apply.                  |  | <input type="checkbox"/> 1. Felony<br><input type="checkbox"/> 2. Traffic Felony<br><input type="checkbox"/> 3. Misdemeanor<br><input checked="" type="checkbox"/> 4. Traffic Misdemeanor<br><input type="checkbox"/> 5. Ordinance<br><input type="checkbox"/> 6. Other |  | Special Notes                                |                                                 |                                    |          |
| Name (Last, First, Middle)<br><b>ROACH, JUSTIN ALDEN</b> |  |                                                                                                                                                                                                                                                                         |  | Race<br><b>W</b>                             | Sex<br><b>M</b>                                 | Date of Birth<br><b>06/24/1985</b> |          |

In my observations Roach swayed throughout the entire task.

I explained the third SFST, One Leg Stand, and Roach stated he understood after I demonstrated the task. Roach swayed from left to right during the instruction stage. Roach raised both arms throughout the task for balance. Roach put his foot down a total of three (3) times after 30 seconds each time during the task.

I explained the Romberg Alphabet to Roach he stated he understood. Roach recited the Alphabet as follows: A B C D E F G H I J K L L M N O P Q R S T U V W X Y, And Z. Roach did not have his head tilted 45 degrees.

I explained and demonstrated the Finger to Nose to Roach and he stated he understood. On the first left (L1), Roach touched the bottom of his nose. On the first right (R1), touched his finger to the left side of his nose. On the second left (L2), Roach completed the task correctly. On the second right (R2), Roach touched the bottom of his nose. On the third right (R3), Roach completed the task correctly. On the third left (L3), Roach touched the bottom of his nose.

After the completion of the Finger to Nose, Roach was placed under arrest for suspicion of driving under the influence of drugs and/or alcohol. Roach was handcuffed, which were double locked and checked for proper fit. Roach was searched before being placed into my patrol vehicle. Roach was wearing a black shirt, khaki cargo shorts and black shoes.

I transported Roach to PBSO Breath Alcohol Testing Center (BAT) without incident. Roach was observed for 20 minutes starting at 0121 hours on 05/26/2022; he did not consume or regurgitate anything.

I asked Roach to provide a Breath Sample and he stated no. Roach was read implied consent, and still refused to provide me with a sample of his breath.

Based on the results of the investigation, this Officer has probable cause to believe that Justin Roach operated a motor vehicle, in the state of Florida, while under the influence to the extent his normal faculties were impaired, in violation of FSS 316.193(1) (A).

Roach was issued citations for the following: Unlawful speed (AG3VGYE), and Driving under the Influence (AG3VH0E).

Roach's vehicle was towed and impounded by Gardens towing.

**\*\*See Police Sergeant Council's supplemental report\*\***

Roach was turned over to Palm Beach County Jail Personnel without incident.

|                                                                                                                                                                                                                                         |                                                                                                                                                                                                                                                                                                                                                  |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| SWORN AND SUBSCRIBED BEFORE ME<br><br><div style="text-align: center;"> <b>COUNCIL, ANDREW</b><br/> <small>NOTARY PUBLIC / CLERK OF COURT / OFFICER (F.S.S. 117.10)</small><br/><br/> <b>05/26/2022</b><br/> <small>DATE</small> </div> | <div style="text-align: center;"> <br/> <small>SIGNATURE OF ARRESTING / INVESTIGATING OFFICER</small><br/><br/> <b>SOUTHER, AUSTIN (9907)</b><br/> <small>NAME OF OFFICER (PLEASE PRINT)</small><br/><br/> <b>05/26/2022</b><br/> <small>DATE</small> </div> |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

COURT

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PAGE  
**2 OF 3**

| OBT Number                                                                                                                                                                              |                                                                                                                                                 | PROBABLE CAUSE AFFIDAVIT<br>SUPPLEMENT                                                                                                                                                                                                                      |                                | 1. Arrest<br>2. N.T.A. |                                                                                                                              | 3. Request for Warrant<br>4. Request for Capias |          | 1 | JUVENILE          |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------|------------------------|------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------|----------|---|-------------------|
| A<br>D<br>M<br>I<br>N<br>I<br>S<br>T<br>R<br>A<br>T<br>I<br>V<br>E                                                                                                                      | Agency ORI Number                                                                                                                               |                                                                                                                                                                                                                                                             | Agency Name                    |                        | Agency Report Number                                                                                                         |                                                 |          |   |                   |
|                                                                                                                                                                                         | <b>FL FL0502300</b>                                                                                                                             |                                                                                                                                                                                                                                                             | <b>NORTH PALM BEACH POLICE</b> |                        | <b>7   0   22-000382</b>                                                                                                     |                                                 |          |   |                   |
| Charge Type:<br>Check as many as apply.                                                                                                                                                 |                                                                                                                                                 | <input type="checkbox"/> 1. Felony <input type="checkbox"/> 3. Misdemeanor <input type="checkbox"/> 5. Ordinance<br><input type="checkbox"/> 2. Traffic Felony <input checked="" type="checkbox"/> 4. Traffic Misdemeanor <input type="checkbox"/> 6. Other |                                |                        | Special Notes:                                                                                                               |                                                 |          |   |                   |
| D<br>E<br>F                                                                                                                                                                             | Name (Last, First, Middle)                                                                                                                      |                                                                                                                                                                                                                                                             |                                |                        | Race                                                                                                                         |                                                 | Sex      |   | Date of Birth     |
|                                                                                                                                                                                         | <b>ROACH, JUSTIN ALDEN</b>                                                                                                                      |                                                                                                                                                                                                                                                             |                                |                        | <b>W</b>                                                                                                                     |                                                 | <b>M</b> |   | <b>06/24/1985</b> |
| No further information. <div style="position: absolute; top: 20%; left: 20%; transform: rotate(-20deg); opacity: 0.1; font-size: 4em; pointer-events: none;">NOT A CERTIFIED COPY</div> |                                                                                                                                                 |                                                                                                                                                                                                                                                             |                                |                        |                                                                                                                              |                                                 |          |   |                   |
| A<br>D<br>M<br>I<br>N<br>I<br>S<br>T<br>R<br>A<br>T<br>I<br>V<br>E                                                                                                                      | SWORN AND SUBSCRIBED BEFORE ME                                                                                                                  |                                                                                                                                                                                                                                                             |                                |                        | <div style="text-align: center;"> <br/>           SIGNATURE OF ARRESTING / INVESTIGATING OFFICER         </div>              |                                                 |          |   |                   |
|                                                                                                                                                                                         | <div style="text-align: center;"> <b>COUNCIL, ANDREW</b><br/>           NOTARY PUBLIC / CLERK OF COURT / OFFICER (F.S.S. 117.10)         </div> |                                                                                                                                                                                                                                                             |                                |                        |                                                                                                                              |                                                 |          |   |                   |
|                                                                                                                                                                                         | <div style="text-align: center;"> <b>05/26/2022</b><br/>           DATE         </div>                                                          |                                                                                                                                                                                                                                                             |                                |                        | <div style="text-align: center;"> <b>SOUTHER, AUSTIN (9907)</b><br/>           NAME OF OFFICER (PLEASE PRINT)         </div> |                                                 |          |   |                   |
|                                                                                                                                                                                         | <div style="text-align: center;"> <b>05/26/2022</b><br/>           DATE         </div>                                                          |                                                                                                                                                                                                                                                             |                                |                        | <div style="text-align: center;"> <b>05/26/2022</b><br/>           DATE         </div>                                       |                                                 |          |   |                   |
| <div style="float: right; border: 1px solid black; padding: 2px;">             PAGE<br/> <b>3 OF 3</b> </div>                                                                           |                                                                                                                                                 |                                                                                                                                                                                                                                                             |                                |                        |                                                                                                                              |                                                 |          |   |                   |

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STATE ATTORNEY

CENTRAL RECORDS

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P. I. O.

# D.U.I. PROBABLE CAUSE AFFIDAVIT

ON THE 26th DAY OF May 20 22 AT 0020 ☒ AM ☒ PM  
SUBJECT: Roach, Justin, Alden CASE NUMBER: 22000382

AGENCY: NORTH PALM BEACH POLICE DEPARTMENT ARRESTING OFFICER: Souther 9907

## PERSONAL CONTACT

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

+PC for Stop: \*\*See Police Sergeant Council's supplemental report\*\*  
+Manner of Stop:  
+APC:  
+Witness Statements:  
+Wheel Witness:

## OBSERVATION OF DRIVER:

+Appearance of Vehicle:  
+Appearance of Driver:  
+Face/Eyes: Droopy, red, watery, glassy  
+Clothing Condition:  
+Exit Sequence: Had to lean up against his car

## DRIVER'S STATEMENTS:

+In Car:  
+Roadsides:  
+BAT:  
+Taylor Warnings Read:  
+Implied Consent Read: Yes

## ODORS:

## GENERAL OBSERVATIONS

SPEECH: slurred

ATTITUDE: Cooperative

CLOTHING: \_\_\_\_\_

MEDICAL/OTHER: In Vehicle:  
Roadsides:  
BAT:

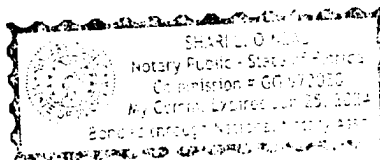
STATE OF FLORIDA  
COUNTY OF PALM BEACH

(Signature of Arresting/Investigative Officer)

The foregoing instrument was sworn to or affirmed and subscribed before me this 26th day of May 20 22 by Souther

(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: Roach, Justin, Alden

CASE NUMBER 22000382

### ROADSIDE TASKS

#### HORIZONTAL GAZE NYSTAGMUS:

☒ LT EYE-LACK OF SMOOTH PURSUIT

☒ RT EYE-LACK OF SMOOTH PURSUIT

☒ LT EYE-DISTINCT & SUSTAINED NYSTAGMUS AT MAX. DEVIATION

☒ RT EYE-DISTINCT & SUSTAINED NYSTAGMUS AT MAX. DEVIATION

☒ LT- EYE-ONSET OF NYSTAGMUS PRIOR TO 45 DEGREES

☒ RT- EYE-ONSET OF NYSTAGMUS PRIOR TO 45 DEGREES

#### Other Observations:

Condition of Eyes: Droopy, watery, glassy, red  
Observations: Swayed during instructions, leaned against his car for balance

#### WALK & TURN:

\*Lost Balance- broke starting position one (1) time  
\*Started Before Instructed-  
\*Missed Heel to Toe- Between steps three (3), four (4), and five (5) going forward and two (2), three (3), and four (4) going back  
\*Stepped Off Line- a total of ten (10) times  
\*Used Arms for Balance- Used both his arms throughout  
\*Wrong Number of Steps  
\*Stopped While Performing Task  
\*Improper Turn  
Other Observations: Swayed throughout

#### ONE LEG STAND:

\*Put Foot Down- three (3) times  
\*Used Arms for Balance- used both arms for balance throughout  
\*Swayed- Swayed  
\*Hopped- no  
Other Observations:

#### ROMBERG ALPHABET:

Subject recited the alphabet as follows: A B C D E F G H I J K L L M N O P Q R S T U V W X Y, AND Z. Did not have his head tilted 45 degrees.

#### FINGER TO NOSE:

L1- Bottom of nose  
R1- Left side of nose  
L2- Completed task correctly  
R2- Bottom of nose  
R3- Completed task correctly  
L3- Bottom of nose

BREATH TEST RESULTS: 1) Refused 2) Refused 3) 4)

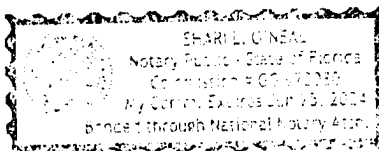
STATE OF FLORIDA  
COUNTY OF PALM BEACH

(Signature of Arresting/Investigative Officer)

The foregoing instrument was sworn to or affirmed and subscribed before me this 26th day of May, 2022 by Souther

(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)



**STATE OF FLORIDA**  
**DEPARTMENT OF HIGHWAY SAFETY & MOTOR VEHICLES**  
**AFFIDAVIT OF REFUSAL TO SUBMIT TO**  
**BREATH AND/OR URINE TEST**

I, Souther, a duly certified Law Enforcement Officer or Correctional Officer,  
 (Name of Officer reading Implied Consent Warning)

am a member of North Palm Beach Police Department, and I do swear  
 (Name of law enforcement agency)

or affirm that on or about the 26th day of May, 20 22, at 00:40 ☐ P.M. ☒ A.M.

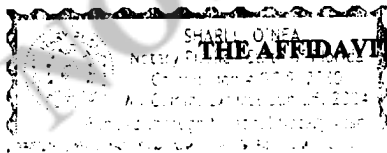
DRIVER Justin Alden Roach  
 (Type or Print) FIRST NAME MIDDLE OR MAIDEN NAME LAST NAME

DL# R200-421-85-224-0, state of FL, was placed under lawful arrest for  
 the offense of DUI- Normal Faculties Impaired by Souther and  
 issued Citation # AG3VH0E  
 (Name of Arresting Officer)

That on or about the 26th day of May, 20 22, at 01:18 ☐ P.M. ☒ A.M.  
 in PALM BEACH County,

I requested that the driver submit to a ☒ 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 Officer

Date 05/26/2022

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

me this 26th day of May, 20 22,

by Souther,

who is personally known to me or who has produced

Personally Known as identification

Notary Public S. O'Neal

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.

SUBJECT:

KEITH J. JIMM

CASE NUMBER:

22-006382

## **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 determining 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 refuse to take the test I have requested of you, your driving privilege will be suspended for a period of one (1) year for a FIRST REFUSAL, or eighteen (18) months if your driving privilege has been PREVIOUSLY SUSPENDED, or if you have been PREVIOUSLY FINED under s. 327.35215, for refusing to submit to a lawful test of your breath, urine, or blood. Additionally, if you refuse to take the test I have requested of you, and if your driving privilege has been previously suspended, or if you have been previously fined under s. 327.35215, for a refusal to submit to a lawful test of your **breath, urine** or blood, you will be committing a misdemeanor, in addition to any other penalties which can be imposed by law.

Refusal to submit to the test I have requested is admissible into evidence in any criminal proceeding.

Do you understand what I have just read to you? YES <or> NO      Do you still refuse to submit to this test? YES <or> NO

**NOTE: IF THE SUBJECT POSSESSES A COMMERCIAL DRIVER'S LICENSE (CDL), READ THE FOLLOWING,**

If you are a Commercial Driver License (CDL) holder or were driving a Commercial Motor Vehicle (CMV), your refusal to submit to testing will result in the loss of your commercial driving privilege for a period of one year from today. If this is your SECOND REFUSAL, you will be permanently disqualified from holding a CDL or operating a CMV.

Do you understand what I have just read to you? YES <or> NO      Do you still refuse to submit to this test? YES <or> NO

SUBJECTS 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.

SUSPECT'S SIGNATURE: (X) \_\_\_\_\_

*[Handwritten signature]*

WHITE: STATE ATTY.

YELLOW: DHSMV

PINK: CENTRAL RECORDS

GOLD: JAIL

CASE NUMBER: 22 60382

## 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:** \_\_\_\_\_

WHITE - STATE ATTY.

**YELLOW - DHSMV**

**PINK - CENTRAL RECORDS**

**GOLD - JAIL**

# TESTING FACILITY TASK REPORT

AGENCY: NPPD

SUBJECT: ROACH, JUSTIN A

CASE NUMBER: 22-071232

DATE: May 26, 2022

VIDEO DVD NUMBER: N/A

BEGINNING TIME: 01:43

ENDING TIME: 01:47

BREATH TESTS RESULTS: 1) R TIME 01:45 A.M. ☒ P.M. ☐ 2) N/A TIME N/A 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: UPSET, CALM

CLOTHING: BROWN SHORTS, BLACK / WHITE T-SHIRT, BLACK / WHITE SNEAKERS

MEDICAL CONDITIONS: NONE

MEDICATIONS: NONE

## OTHER:

EYES: GLASSY AND BLOODSHOT

## COMMENTS:

ARRIVED AT CENTER A/O BEGAN THE 20 MINUTE OBSERVATION PERIOD AT 01:21 HRS.

SUBJECT: REFUSED TO TAKE TEST

A/O: READ I/C

SUBJECT: STATED HE UNDERSTOOD I/C AND REFUSED TEST

A/O: READ RIGHTS

SUBJECT: STATED HE UNDERSTOOD RIGHTS

A/O: ATTEMPTED Q&A

SUBJECT: REFUSED QUESTIONS

REFUSED

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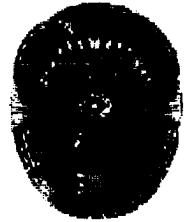
A/O: ATTEMPTED Q&A

SUBJECT: REFUSED QUESTIONS

**REFUSED**



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



PBSO CASE # 22-071232 PBSO ZONE 3-13

AGENCY CASE # 22000382 CRASH CASE # \_\_\_\_\_

TIME OF STOP/CRASH 0020 DATE 05/26/2022 DAY Thursday

SUBJECT'S NAME Roach Justin Alden RACE W SEX M  
LAST FIRST MID

HGT 6'05 WGT 300 DOB 06/24/1985

LOCATION 800-Blk US Highway 1, NPB, FL 33408

ARRESTING OFFICER'S NAME & ID Souther 9907 AGENCY NPBPD

DIVISION: Patrol

NOTIFIED BY COMMO \_\_\_\_\_

ARRIVAL AT FACILITY 0121

ARREST TIME 00:40

BREATH RESULTS:

1) **REFUSED**

3) \_\_\_\_\_

4) \_\_\_\_\_

BREATH TEST OPERATOR: 24639

22000382

## DUI WITNESS LIST

Arresting Officer: Souther 9907 Email: asouther@village-npb.orgAgency Address: 560 US Highway 1 NPB, FL 33408 Phone: 561-848-2525Can Testify To: Events of the caseBackup Officer(s): Police Sergeant CouncilAgency Address: 560 US Highway 1 NPB, FL 33408 Phone: 561-848-2525Can Testify To: PC for stopBreathalyzer Technician: Pound ID# 24639 Agency: PBSO

DRE: \_\_\_\_\_ Agency Case #: \_\_\_\_\_

Agency Address: \_\_\_\_\_ Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Name: \_\_\_\_\_ Involvement: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Can Testify To: \_\_\_\_\_ ☐ Wheel Witness

Name: \_\_\_\_\_ Involvement: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Can Testify To: \_\_\_\_\_ ☐ Wheel Witness

Name: \_\_\_\_\_ Involvement: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Can Testify To: \_\_\_\_\_ ☐ Wheel Witness

Name: \_\_\_\_\_ Involvement: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Can Testify To: \_\_\_\_\_ ☐ Wheel Witness

Name: \_\_\_\_\_ Involvement: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Can Testify To: \_\_\_\_\_ ☐ Wheel Witness

Name: \_\_\_\_\_ Involvement: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Can Testify To: \_\_\_\_\_ ☐ Wheel Witness

Name: \_\_\_\_\_ Involvement: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Can Testify To: \_\_\_\_\_ ☐ Wheel WitnessSCA  
MAY 2



**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) |
|--------------------------------------------------------------------|-------------------------------------|-----------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------|
| <b>L/E Exemptions</b>                                              | <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.                                                                                                                                                                |                |
| <b>Public Info. Exemptions</b>                                     | <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),<br>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.                                            |                |
| <b>Florida Rules of Judicial Administration 2.420 (Rule of 23)</b> | <input checked="" type="checkbox"/> | (iii) 119.0714(1)(i)-(j),<br>(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),<br>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"/>            |                                         |                                                                                                                                                                            |                |
| <b>Other</b>                                                       | <input type="checkbox"/>            |                                         | Other:                                                                                                                                                                     |                |
|                                                                    | <input type="checkbox"/>            |                                         | Other:                                                                                                                                                                     |                |

**REVIEW COMPLETED BY**

**Booking Number:** 2022013566

**Date:** 05/26/2022

**Specialist Name/ID:** T Howard/7185