22CT8965NB

ARREST / NOTICE TO APPEAR

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

ADMINISTRATION

OBTS Number

Agency ORI Number: 0502600

Agency Name: Palm Beach Gardens Police Department

Agency Report Number (N.T.A.'s only): 7 | 8 | 22-002750

Charge Type: Check as many as apply. ☐ 1. Felony ☐ 2. Traffic Felony ☐ 3. Misdemeanor ☒ 4. Traffic Misdemeanor ☐ 5. Ordinance ☐ 6. Other

If Weapon Seized — Enter Type: UNARMED

Multiple Clearance Indicator

Location of Arrest (Including Name of Business): 13600 N MILITARY TRL, ~~13600 N MILITARY TRL~~, PALM BEACH

Location of Offense (Business Name, Address): 12000 N MILITARY TRL, PALM BEACH GARDENS, FL 33410

Date of Arrest	Time of Arrest	Booking Date	Booking Time	Jail Date	Jail Time	Location of Vehicle
06/03/2022	02:18					

DEFENDANT

Name (Last, First, Middle): SYKES, TIMOTHY DIXON

Alias:

Alias (Name, DOB, Soc. Sec. #, Etc.)

Race (W - White, B - Black, I - American Indian, O - Oriental/Asian)	Sex	Date of Birth	Height	Weight	Eye Color	Hair Color	Complexion	Build
W	M	05/14/1967	5'11	230	BLUE	GRAY	LIGHT	Large

Scars, Marks, Tatoos, Unique Physical Features (Location, Type, Description)

Marital Status: S

Religion

Indication of: Alcohol Influence ☒ Yes ☐ No ☐ Unk. ☐ Drug Influence

Local Address (Street, Apt. Number) (City) (State) (Zip): 1600 SW BELGRAVE TER, STUART, FL 34997

Phone: (561) 601-5450

Residence Type: 1. City 3. Florida 2. County 4. Out of State: 2

Permanent Address (Street, Apt. Number) (City) (State) (Zip): 1600 SW BELGRAVE TER, STUART, FL 34997

Phone: (561) 601-5450

Address Source: VERBAL

Business Address (Name, Street) (City) (State) (Zip)

Phone

Occupation

D/L Number, State	Soc. Sec. Number	INS Number	Place of Birth (City, State)	Citizenship
S220804671740 / FL	[redacted]		TALLAHASSEE, FL,	US

CO-DEF

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

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

JUVENILE

☐ Parent ☐ Other: ☐ Legal Custodian

Name (Last, First, Middle) | Residence Phone

Address (Street, Apt. Number) (City) (State) (Zip) | Business Phone

Notified by: (Name) | Date | Time | JUVENILE DISPOSITION 1. Handled/Processed within Department and Released 2. TOT JAC 3. Incarcerated

Released To: (Name) | Relationship | Date | Time

The above address was provided by ☐ defendant and/or ☐ defendant's parents.
The child and/or parent was told to keep the Juvenile Court Clerk's Office (Phone 355-2526) informed of any change of address.
☐ Yes, by: ☐ No:

School Attended | Grade

Property Crime? ☐ Yes ☒ No | Description of Property | Value of Property

CODE

Drug Activity: N. N/A, P. Possess, S. Sell, B. Buy, T. Traffic, R. Smuggle, D. Deliver, E. Use, K. Disperses/ Distribute, M. Manufacture/ Produce/ Cultivate, Z. Other

Drug Type: N. N/A, A. Amphetamine, B. Barbiturate, C. Cocaine, E. Heroin, H. Hallucinogen, M. Marijuana, O. Opium/Deriv., P. Paraphernalia/ Equipment, S. Synthetic, U. Unknown, Z. Other

CHARGE

Charge Description	Statute Violation Number	Violation of ORD #
DUI - NORMAL FACULTIES IMPAIRED	316.193(1)(A)	

Drug Activity	Drug Type	Amount / Unit	Offense #	Counts	Domestic Violence	Warrant / Capias Number	Bond
	N	/		1	☐ Y ☒ N		

CHARGE

Charge Description	Statute Violation Number	Violation of ORD #

Drug Activity	Drug Type	Amount / Unit	Offense #	Counts	Domestic Violence	Warrant / Capias Number	Bond
		/			☐ Y ☐ N		

CHARGE

Charge Description	Statute Violation Number	Violation of ORD #

Drug Activity	Drug Type	Amount / Unit	Offense #	Counts	Domestic Violence	Warrant / Capias Number	Bond
		/			☐ Y ☐ N		

INTAKE

Health / Apparent Physical Condition of Defendant

Any knowledge of the following: ☐ Mental ☐ Escape Risk ☐ Medication ☐ Deformities ☐ Injuries
Explain:

Check which applies: ☐ Released O.R. ☐ Released to Parent/Guardian ☐ T.O.T. County Jail ☐ Posted Bond ☐ South County Mental Health

PROPERTY - Received By | Released By | Released To

Transported By | Date Transported | Time Transported | Other

JUN 3 AM 5:38

NOTICE TO APPEAR

☒ INSTRUCTION NO. 1 - Mandatory appearance in court
☐ INSTRUCTION NO. 2 - You need not appear in Court but must comply with instructions on Page 2.

Location (Court, Room): North County PALM BEACH GARD

Court Date and Time: 07/06/2022 10:00:00

I AGREE TO APPEAR AT THE TIME AND PLACE DESIGNATED TO ANSWER THE OFFENSE CHARGED OR TO PAY THE FINE SUBSCRIBED. I UNDERSTAND THAT SHOULD I WILLFULLY FAIL TO APPEAR BEFORE THE COURT AS REQUIRED BY THIS NOTICE TO APPEAR, THAT I MAY BE HELD IN COMTEMPT OF COURT AND A WARRANT FOR MY ARREST SHALL BE ISSUED.

Signature of Defendant (or Juvenile and Parent/Custodian) | Date Signed

No Photo Available

ADMIN

HOLD for Other Agency

☐ Dangerous ☐ Resisted Arrest ☐ Suicidal ☐ Other

Intake Deputy | I.D. # | Pouch #

Signature of Arresting Officer: [signature] 514 PBGFD

Name of Arresting Officer (Print): FLINK, A. S. | I.D. # 514

Transporting Officer: Flink | I.D. # 514 | Agency PBGFD

Name Verification (Printed by Arrestee): (PRINT) SCANNED

JUN 04 2022

Witness must sign if subject signed with an "X".

PAGE 1 OF 1

☒ COURT ☒ STATE ATTORNEY ☐ AGENCY ☒ CENTRAL RECORDS ☐ JAIL ☒ CRIME ANALYSIS ☒ P. I. O. ☒ DEFENDANT

0532041

1966

PROBABLE CAUSE AFFIDAVIT

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

ADMIN

OBTS Number

Agency ORI Number: FL FL0502600

Agency Name: Palm Beach Gardens Police Department

Agency Report Number: 7 8 22-002750

Special Notes:

Charge Type: Check as many as apply. ☐ 1. Felony ☐ 2. Traffic Felony ☐ 3. Misdemeanor ☒ 4. Traffic Misdemeanor ☐ 5. Ordinance ☐ 6. Other

DEF

Name (Last, First, Middle): SYKES, TIMOTHY DIXON

Alias

Race	Sex	Date of Birth
W	M	05/14/1967

CHARGES

Charge Description: 316.193(1)(A) DUI - NORMAL FACULTIES IMPAIRED

Charge Description

Charge Description

Charge Description

VICTIM

Victim's Name (Last, First, Middle): State Of Florida

Race	Sex	Date of Birth

Local Address (Street, Apt. Number) (City) (State) (Zip) | Phone | Address Source

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

PROBABLE CAUSE STATEMENT

The undersigned certifies and swears that he/she has just and resonable grounds to believe, and does believe that the above named Defendant committed the following violation of law.

The Person taken into custody . . .

☒ committed the below acts in my presence.

☐ confessed to _____ admitting to the below facts.

☐ was observed by _____ who told _____ that he/she saw the arrested person committ the below acts.

☒ was found to have committed the below acts, resulting from my (described) investigation.

On the 3 day of June, 2022 at 02:15 (Specifically include facts constituting cause for arrest.)

On 06/03/2022 at approximately 0215 hours, this Officer arrived in the area of the 13600-block of N Military Trl, PBG, FL, to assist Ofc Butzbach 507 with a traffic stop. Body worn camera and in car video were used.

Ofc Butzbach said he observed a vehicle, white Chevrolet pick-up (JIYN39/FL) traveling well in-excess of the posted speed limit. Ofc Butzbach further stated he vehicle paced the truck at 80 MPH in a posted 45 MPH zone as well as observed the vehicle failing to maintain a single lane. Ofc Butzbach initiated a traffic stop on same at the location. This Officer made contact with the driver, identified via Florida Driver License photo, Timothy Sykes (OF) while he was still in the driver seat of the vehicle, which was now turned off. Sykes had a flushed red face, low heavy eyelids, bloodshot watery eyes, slurred speech and the strong obvious odor of an unknown alcoholic beverage emanating from his breath at conversational distance.

Sykes said he was on his way home and was "coming down from south". Sykes further stated he had a "couple beers" on this night. Based on this Officer's observations, Sykes was asked to exit the vehicle to participate in Standarized Field Sobriety Exercises, to which he complied. Sykes then said he had a knife in his right pocket, which was untrue. While being asked if he had any medical conditions which would affect the exercises, Sykes said he was not going to participate.

This Officer advised Sykes of his Taylor Warnings to which he acknowledged and again refused to participate in the exercises. Sykes was immediately placed under arrest at 0218 hours. This Officer then requested Sykes to provide a breath sample for the purpose of determining its alcohol content, to which he remained silent. This Officer then read updated Florida Implied Consent to Sykes, to which he still remained silent. This Officer again requested Sykes to provide a breath sample, to which he continued his silence, which was accepted as a refusal at 0222 hours.

ADMINISTRATIVE

SWORN AND SUBSCRIBED BEFORE ME

CESARK, KIM
NOTARY PUBLIC / CLERK OF COURT / OFFICER (F.S.S. 117.10)

06/03/2022
DATE

SIGNATURE OF ARRESTING / INVESTIGATING OFFICER

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

06/03/2022
DATE

COURT STATE ATTORNEY CENTRAL RECORDS JAIL CRIME ANALYSIS P. I. O.

OBTS Number

PROBABLE CAUSE AFFIDAVIT SUPPLEMENT

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

ADMIN

Agency ORI Number	Agency Name	Agency Report Number
FL FL0502600	Palm Beach Gardens Police Department	7 | 8 | 22-002750

Charge Type: Check as many as apply. ☐ 1. Felony ☐ 2. Traffic Felony ☐ 3. Misdemeanor ☒ 4. Traffic Misdemeanor ☐ 5. Ordinance ☐ 6. Other

Special Notes:

DEF

Name (Last, First, Middle)	Alias	Race	Sex	Date of Birth
SYKES, TIMOTHY DIXON		W	M	05/14/1967

PROBABLE CAUSE STATEMENT

It should be noted, a DAVID check of Sykes showed two prior DUI convictions dated: 01/11/1986, 02/07/1986 both in Leon County, Fl.

Based on the results of the investigation and the totality of the circumstances, this Officer has probable cause to prove Timothy Sykes operated a motor vehicle, in the state of Florida, while under the influence, in violation of FSS 316.193(1)(A).

ADMINISTRATIVE

SWORN AND SUBSCRIBED BEFORE ME

CESARK, KIM #290

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

06/03/2022

DATE

SIGNATURE OF ARRESTING / INVESTIGATING OFFICER

FLINK, ANDREW S (514)

NAME OF OFFICER (PLEASE PRINT)

06/03/2022

DATE

COURT STATE ATTORNEY CENTRAL RECORDS JAIL CRIME ANALYSIS P. I. O.

PALM BEACH GARDENS POLICE DEPARTMENT
DUI TESTING FACILITY INFORMATION SHEET

PBSO Case #: _____ PBSO Zone: 3-13

Agency Case #: 22002750 Crash Case #: _____

Incident Information:

Time of Stop/Crash: 0147 Date of Incident: 06/03/2022 Day: FRIDAY

Location of Incident: 12000-N MILITARY TRL, PBG , FL, 33410

Arrest Information:

Time of Arrest: 02:18 Date of Arrest: 06/03/2022 Day: FRIDAY

Location of Arrest: 13600-BLOCK N MILITARY TRL, PBG , FL, 33410

Subject's Name: (L) SYKES, (F) TIMOTHY, (M) DIXON

DOB: 05/14/1967 Race: W Sex: M Height: 511 Weight: 220 Hair GRY Eye BLU

Address: 1600 SW BELGRAVE TER, STUART, FL 34997 Phone: _____

Arresting Officer's Name: A. FLINK ID#: 514

Agency: PBGPD Division: TRAFFIC UNIT

Breath Results

1) _____ at _____ hrs.
2) _____ at _____ hrs.
3) _____ at _____ hrs.
4) _____ at _____ hrs.

---BAT Use---

BAT Notified: YES

Arrival Time at BAT: N/A

Subject Arrest Time: 02:18

Breath Test Operator: N/A
PBSO

22002750

STATE OF FLORIDA
AFFIDAVIT OF REFUSAL TO SUBMIT TO
BREATH TEST

I, A. FLINK, a duly certified Law Enforcement or Correctional Officer, am a member of PALM BEACH GARDENS POLICE DEPARTMENT, and I do swear or affirm that on or about the 3RD day of JUNE, 2022, at 02:18 ☐P.M. ☑A.M.

DRIVER TIMOTHY (FIRST NAME) DIXON (MIDDLE OR MAIDEN NAME) SYKES (LAST NAME),

DL # S220804671740, state of FL, was placed under lawful arrest for the offense of DRIVING UNDER THE INFLUENCE by A. FLINK (Name of Arresting Officer) and issued citation # AGERVRE.

That on or about the 3RD day of JUNE, 2022, at 0222 ☐P.M. ☑A.M.

in PALM BEACH County,

I requested that the driver submit to a **BREATH** test for the purpose of determining its alcohol content. I informed the driver that the refusal to submit to such test 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, or if he or she had been previously fined under s. 327.35215, F.S., 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, or if he or she has been previously fined under s. 327.35215, F.S., for refusal to submit to a lawful test of his or her breath, urine, or blood. Nonetheless, the driver refused to submit to the test requested.

Signature of Law Enforcement Officer or Correctional Officer

THE AFFIDAVIT MUST BE NOTARIZED OR ATTESTED TO (s. 117.10, F.S.)

The foregoing instrument was sworn and subscribed before me:

Signature of Attesting Officer #290

Title Sgt.

Date 06/03/2022

(AFFIX SEAL)

The foregoing instrument was sworn and subscribed before me this 3RD day of JUNE, 2022, by A. FLINK, who is personally known to me or who has produced _____ as identification.

Notary Public _____

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: Sykes, Timothy CASE NUMBER: _____

QUESTIONS AND ANSWERS

I AM NOW GOING TO ASK YOU SOME QUESTIONS. WITH THESE RIGHTS IN MIND, YOU MAY ANSWER SOME OF, ALL OF, OR NONE OF THE FOLLOWING QUESTIONS AS YOU LIKE.

WERE YOU OPERATING A MOTOR VEHICLE AT THE TIME OF THE STOP/ACCIDENT? _____

WHERE WERE YOU GOING? _____

WHAT STREET OR HIGHWAY WERE YOU ON? _____

DIRECTION OF TRAVEL? _____ WHERE DID YOU START? _____

WHAT TIME DID YOU START? _____ WHAT TIME IS IT NOW? _____

WHAT IS TODAY'S DATE? _____ WHAT DAY OF THE WEEK IS IT? _____

WHAT COUNTY AND CITY ARE YOU IN NOW? _____

WHEN DID YOU LAST EAT? _____ WHAT DID YOU EAT? _____

WHAT HAVE YOU BEEN DOING FOR THE LAST THREE HOURS? _____

HOW MUCH DO YOU WEIGH? _____ HAVE YOU BEEN DRINKING? _____ WHAT? _____

HOW MUCH? _____ WHERE? _____ WITH WHOM? _____

WHEN DID YOU HAVE YOUR FIRST DRINK? _____ AND YOUR LAST DRINK? _____

HOW DID YOU CONSUME YOUR LAST TWO DRINKS? _____

CAN YOU FEEL THE EFFECTS OF THE ALCOHOL? _____ ARE YOU UNDER THE INFLUENCE? _____

HAVE YOU CONSUMED ANY ALCOHOL SINCE THE ACCIDENT? _____ HOW MUCH? _____

WHAT? _____ WHERE? _____ WHEN? _____

WHAT LINE OF WORK ARE YOU IN? _____ WHEN DID YOU LAST WORK? _____

DO YOU HAVE ANY PHYSICAL DEFECTS OR INJURIES? _____ WHAT? _____

ARE YOU SICK OR INJURED? _____ WHAT'S WRONG? _____

DO YOU LIMP? _____ DID YOU RECEIVE A BUMP ON THE HEAD RECENTLY? _____

WERE YOU IN AN ACCIDENT TODAY? _____

HAVE YOU TAKEN ANY DRUGS OR SMOKED ANY MARIJUANA TODAY? _____ WHEN? _____

HAVE YOU SEEN A DOCTOR OR DENTIST TODAY? _____ WHO? _____ WHY? _____

ARE YOU TAKING ANY PRESCRIPTION MEDICINES? _____ WHAT? _____ WHEN? _____

DO YOU HAVE:
- EPILEPSY? _____
- GLASS EYE? _____
- FALSE TEETH? _____
- EAR INFECTION? _____
- INNER EAR TROUBLE? _____
- DIABETES? _____

DO YOU HAVE ANY PROBLEMS WITH YOUR EYES THAT ARE NOT CORRECTED BY GLASSES? _____

DO YOU TAKE INSULIN? _____ IF SO, WHEN WAS YOUR LAST INJECTION? _____

HAVE YOU EVER HAD A DRIVER'S LICENSE IN ANY OTHER STATE? _____ WHERE? _____

INTERVIEWER: Ofc Flink 514

SUBJECT: Sykes, Timothy CASE NUMBER: _____

IMPLIED CONSENT FOR DUI IN A MOTOR VEHICLE

NOTE: READ ONLY THE PARAGRAPH APPLICABLE TO THE TYPE OF TEST YOU ARE REQUESTING.

I am now requesting that you submit to a lawful test of your ***BREATH*** for the purpose of determining its alcohol content.

OR

I am now requesting that you submit to a lawful test of your ***URINE*** for the purpose of determining the presence of chemical or controlled substances.

NOTE: READ ONLY IF THE SUBJECT DOES NOT COMPLY WITH YOUR REQUEST.

I am OFC FLINK of the PBGRD

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) Read on camera

CONSTITUTIONAL WARNINGS

I AM REQUIRED TO WARN YOU BEFORE YOU MAKE ANY STATEMENTS THAT YOU HAVE THE FOLLOWING RIGHTS:

1. You have the right to remain silent and not answer any questions.
2. Any statement must be freely and voluntarily given.
3. You have the right to the presence of a lawyer of your choice before you make any statement and during any questioning.
4. If you cannot afford a lawyer, you are entitled to the presence of a court appointed lawyer before you make any statements and during any questioning.
5. If at any time during the interview you do not wish to answer any questions, you are privileged to remain silent.
6. I can make no threats or promises to induce you to make a statement. This must be of your own free will.
7. Any statement can and will be used against you in a court of law.

SUSPECT'S SIGNATURE: (X) Not Read on camera

PALM BEACH COUNTY
SHERIFF'S OFFICE
Florida State Statute Exemption Sheet

Palm Beach County Sheriff's Office – Arrests Only

	X	Florida State Statute	Description	Page Number(s)
L/E Exemptions	☐	119.071(2)(d)	Surveillance techniques, procedures and personnel; inventory of law enforcement resources, policies or plans pertaining to mobilization deployment or tactical operations.	
	☐	943.053, 943.0525	NCIC/FCIC/FBI and in-state FDLE/DOC.	
	☐	119.071(4)(c)	Undercover personnel.	
	☐	119.071(2)(f)	Confidential informants (CIs).	
	☐	119.071(2)(e)	Confession.	
Public Info. Exemptions	☐	985.04(1)	Juvenile offender records.	
	☐	119.071(h)(i)	Assets of a crime victim.	
	☐	395.3025(7)(a), 456.057(7)(a)	Medical information.	
	☐	394.4615(7)	Mental health information.	
	☐	119.071(4)(d)(2)(a)	Home address, telephone, Social Security number, date of birth, or photos of active/former LE personnel, spouses, and children.	
Florida Rules of Judicial Administration 2.420 (Rule of 23)	☒	(iii) 119.0714(1)(i)-(j), (2)(a)-(e)	Social Security, bank account, charge, debit, and credit card numbers.	2
	☐	(viii) 394.4615(7)	Clinical records under the Baker Act.	
	☐	(xii) 741.30(3)(b)	The victim's address in a domestic violence action on petitioner's request.	
	☐	(xiii) 119.071(2)(h), 119.0714(1)(h)	Protected information regarding victims of child abuse or sexual offenses.	
	☐			
	☐			
	☐			
	☐			
	☐			
Other	☐		Other:	
	☐		Other:	

REVIEW COMPLETED BY

Booking Number: 2022014373	**Date:** 6/3/2022
	Specialist Name/ID: Chantel Daniels/30347