0531907 22CT 8580 NB 159

ARREST / NOTICE TO APPEAR
Juvenile Referral Report

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

ADMINISTRATIVE

OBTS Number:

Agency ORI Number	Agency Name	Agency Report Number
FLO 5 0 2 6 0 0	PALM BEACH GARDENS POLICE DEPARTMENT	78 - 22002651

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

Weapon Seized / Type (1. Yes 2. No): 2
Multiple Clearance Indicator:

Location of Arrest (Including Name of Business): 1210 NORTHLAKE BLVD, LAKE PARK, FL, 33403
Location of Offense (Business Name, Address): NORTHLAKE BLVD/SANDTREE DR, PALM BEACH GARDENS, FL, 33410

Date of Arrest	Time of Arrest	Booking Date	Booking Time	Jail Date	Jail Time	Location of Vehicle KAUFF'S TOWING AND RECOVERY
05/28/2022	03:12					4701 EAST AVENUE, WPB, FL 33407

DEFENDANT

Name (Last, First, Middle): AUTRY, TIMOTHY, LOGAN
Alias (Name, DOB, Soc. Sec. #, Etc.):

Race (W - White I - American Indian B - Black O - Oriental/Asian)	Sex	Date of Birth	Height	Weight	Eye Color	Hair Color	Complexion	Build
W	M	12/05/1993	508	182	BRO	BRO	LGT	MED

Scars, Marks, Tatoos, Unique Physcal Features (Location, Type, Description): TATT: ALL OVER BODY
Marital Status: MARRIED
Religion: NONE
Indication of: Alcohol Influence: Y ☒ N ☐ Unk. ☐; Drug Influence: Y ☐ N ☐ Unk. ☒

Local Address (Street, Apt. Number) (City) (State) (Zip): 845 W JASMINE DR, WEST PALM BEACH, FL 33403
Phone: (561) 307-2946
Residence Type (1. City 2. County 3. Florida 4. Out of State): 2

Permanent Address (Street, Apt. Number) (City) (State) (Zip): 845 W JASMINE DR, WEST PALM BEACH, FL 33403
Phone:
Address Source: FL DRIVER'S LICENSE

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

D/L Number, State: A360812934450 FL
Soc. Sec. Number: [redacted]
INS Number:
Place of Birth (City, State): BOYNTON BEACH, FL
Citizenship: USA

CO-DEF

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

JUVENILE

☐ Parent ☐ Legal Custodian ☐ Other: Name (Last) (First) (Middle) Residence Phone
Address (Street, Apt. Number) (City) (State) (Zip) Business Phone
Notified by: (Name) Date Time
Juvenile Disposition: 1. Handled/ processed within Dept and Released. 2. TOT HRS / DYS 3. Incarcerated
Released To: (Name) Relationship Date Time
The above address provided by ☐ defendant and / or ☐ defendant's parents The child and / or parent was told to keep the Juvenile Court Clerk (Phone 355-2526) informed of any change of address. ☐ Yes, by: (Name) ☐ No: (Reason)
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. Dispense/ Distribute, M. Manufacture/ Produce/ Cultivate, Z. Other
Drug Type: N. N/A, A. Amphetamine, B. Barbiturate, C. Cocaine, E. Heroin, H. Hallucinogen, M. Marijuana, O. Opium/Deriv., P. Paraphernalia/ Equipment, S. Synthetics, U. Unknown, Z. Other

CHARGE

1

Charge Description	Counts	Domestic Violence	Statute Violation Number	Violation of ORD #
DUI - BREATH OVER .08	1	☐Y ☒N	316.193(1)(C)	

Drug Activity	Drug Type	Amount / Unit	Offense #	Warrant / Capias Number	Bond
N	N	N			O R

CHARGE

Charge Description	Counts	Domestic Violence	Statute Violation Number	Violation of ORD #
		☐Y ☐N		

Drug Activity	Drug Type	Amount / Unit	Offense #	Warrant / Capias Number	Bond

CHARGE

Charge Description	Counts	Domestic Violence	Statute Violation Number	Violation of ORD #
		☐Y ☐N		

Drug Activity	Drug Type	Amount / Unit	Offense #	Warrant / Capias Number	Bond

CHARGE

Charge Description	Counts	Domestic Violence	Statute Violation Number	Violation of ORD #
		☐Y ☐N	MAY 28 AM	

Drug Activity	Drug Type	Amount / Unit	Offense #	Warrant / Capias Number	Bond

NOTICE TO APPEAR

Location (Court, Room Number, Address): NORTH COUNTY COURTHOUSE, 3188 PGA BOULEVARD, PALM BEACH GARDENS, FL 33410 - PH: (561) 662-6700

Court Date and Time: Month JUNE Day 29 Year 2022 Time 10:00 AM X PM

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

Signature of Defendant (or Juvenile and Parent /Custodian)
Date Signed: 05/28/2022

ADMIN

HOLD for other Agency
Name:
Signature of Arresting Officer: X #471
Name Verification (Printed by Arrestee) (PRINT)

☐ Dangerous ☐ Resisted Arrest ☐ Suicidal ☐ Other:

Name of Arresting Officer (Print): OFC. CAMERON CARVER I.D. # 471

Intake Deputy	I.D. #	Pouch #	Transporting Officer	ID #	Agency
			OFC. C. CARVER	471	PBGPD

Witness here if subject signed with an -X"

PAGE 1 OF 1

D.U.I. PROBABLE CAUSE AFFIDAVIT

On the 28 day of MAY 2022 at 02:42 ☑ AM ☐ PM

Subject: AUTRY, TIMOTHY, LOGAN Case Number: 22002651

Agency: *PALM BEACH GARDENS POLICE DEPARTMENT* Arresting Officer: OFC. CAMERON CARVER 471

PERSONAL CONTACT

DRIVING PATTERN: (Actual Physical Control; Physical Evidence or Statements Putting Defendant Behind Wheel of Vehicle)

I was conducting traffic enforcement in the area of Northlake Blvd and I95, when a beige Dodge truck bearing FL-944QCA was traveling eastbound at a high rate of speed. I activated my radar and it displayed a speed of 63 in a 45mph zone. I initiated a traffic stop on the truck and made contact with the driver and sole occupant, who was identified as Timothy Logan Autry.

OBSERVATION OF DRIVER:

Unsteady on his feet, swayed while walking; got frustrated with himself when he would make a mistake; strong odor of alcohol coming off his breath; bloodshot and glassy eyes; talkative.

DRIVER STATEMENTS:

Stated he drank between 3 to 4 beers this evening between 8pm and 2am. Had his last drink around midnight. Was nervous about performing the tasks.

ODORS: Strong odor of alcohol coming from his person and breath.

GENERAL OBSERVATIONS

SPEECH: Slur;

ATTITUDE: Talkative, Emotional, Paranoid

CLOTHING: Black T-shirt, black shorts, white socks and shoes

MEDICAL/OTHER: None

STATE OF FLORIDA
COUNTY OF PALM BEACH

#471

SIGNATURE OF ATTESTING OFFICER

The forgoing instrument was sworn to or affirmed and subscribed before me this 28 day of MAY 20 22 by OFC. CAMERON CARVER 471 who is ☑ personally known to me or ☐ produced ____________.

Notary Public, Clerk of Court, Officer (FSS 117.10)

Notary Public State of Florida
Thomas H Leahey
My Commission GG 347108
Expires 06/20/2023

STAMP

D.U.I. PROBABLE CAUSE AFFIDAVIT Cont.

Subject: AUTRY, TIMOTHY, LOGAN   Case Number: 22002651

ROADSIDE TASKS

HORIZONTAL GAZE NYSTAGMUS:

LEFT EYE

- ☑ Lack of Smooth Pursuit
- ☑ Distinct & Sust. Nystag. at Max. Deviation
- ☑ Onset of Nystagmus Prior to 45 Degrees

RIGHT EYE

- ☑ Lack of Smooth Pursuit
- ☑ Distinct & Sust. Nystag. at Max. Deviation
- ☑ Onset of Nystagmus Prior to 45 Degrees

Other Observations:

Bloodshot, glassy eyes.

Walk and Turn

-Unable to maintain balance during instruction phase.
-Stopped during task.
-Missed heel-to-toe.
-Stepped off the line.
-Used arms for balance.
-Improper turn.
Refer to Probable Cause Affidavit for further details.

One Leg Stand

-Swayed.
-Used arms for balance.
-Puts foot down.
-Lifted/lowered raised foot during task.
-Switched feet during task.
Refer to Probable Cause Affidavit for further details.

Rhomberg

-Swayed.
-Did not keep eyes closed.
-Properly Recited: A-B-C-D-E-F-G-H-I-J-K-L-M-N-O-P-Q-R-S-T-U-V-W-X-Y-Z

Finger to Nose

L: Side/Side
R: Pad/Tip
L: Tip/Tip
R: Tip/Tip; lowered head
R: Tip/Tip
L: Tip/Tip

BREATH RESULTS: 1) .125 @ 04:06 2) .124 @ 04:09 3) ______ @ ______ 4) ______ @ ______

STATE OF FLORIDA
COUNTY OF PALM BEACH

#471

SIGNATURE OF ATTESTING OFFICER

The forgoing instrument was sworn to or affirmed and subscribed before me this 28 day of MAY 20 22 by OFC. CAMERON CARVER 471 who is ☑ personally known to me or ☐ produced ______________.

Notary Public, Clerk of Court, Officer (FSS 117.10)

Notary Public State of Florida
Thomas H Leahey
My Commission GG 347108
Expires 06/20/2023

STAMP

22002651

DUI WITNESS LIST

Arresting Officer: OFC. CAMERON CARVER 471 Email: ccarver@pbgfl.com
Agency Address: 10500 N Military Trail, Palm Beach Gardens, FL 33410 Phone: (561) 799-4445
Can Testify To: Facts of Case

Backup Officers: OFC. T. MANGEL # . OFC. R, TRUDEAU #469 / OFC. WILFORK
Agency Address: 10500 N Military Trail, Palm Beach Gardens, FL 33410 Phone: (561) 799-4445
Can Testify To: Scene Safety

Crash Investigator: ________ Email: ________
Agency Address: 10500 N Military Trail, Palm Beach Gardens, FL 33410 Phone: (561) 799-4445

Breathalyzer Technician: LEAHEY ID: 19183 Agency: PBSO

DRE: ________ ID# ____ 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

PALM BEACH GARDENS POLICE DEPARTMENT
DUI TESTING FACILITY INFORMATION SHEET

PBSO Case #: 22-071991 PBSO Zone: 3-13

Agency Case #: 22002651 Crash Case #: ____

Incident Information:

Time of Stop/Crash: 02:42 Date of Incident: 05/28/2022 Day: SATURDAY

Location of Incident: NORTHLAKE BLVD/SANDTREE DR, PALM BEACH GARDENS, FL, 33410

Arrest Information:

Time of Arrest: 03:12 Date of Arrest: 05/28/2022 Day: SATURDAY

Location of Arrest: 1210 NORTHLAKE BLVD, LAKE PARK, FL, 33403

Subject's Name: (L) AUTRY, (F) TIMOTHY, (M) LOGAN

DOB: 12/05/1993 Race: W Sex: M Height: 508 Weight: 182 Hair BRO Eye BRO

Address: 845 W JASMINE DR, WEST PALM BEACH, FL 33403 Phone: (561) 307-2946

Arresting Officer's Name: OFC. CAMERON CARVER ID#: 471

Agency: PBGPD Division: TRAFFIC UNIT

Breath Results

1) .125 at 04:06 hrs.
2) .124 at 04:09 hrs.
3) ____ at ____ hrs.
4) ____ at ____ hrs.

---BAT Use---

BAT Notified: YES

Arrival Time at BAT: 03:40

Subject Arrest Time: 03:12

Breath Test Operator: LEAHEY 19183
PBSO

TESTING FACILITY TASK REPORT

AGENCY: PBG

SUBJECT: Autry, Timothy L

CASE NUMBER: 22-071991

DATE: May 28, 2022

VIDEO DVD NUMBER: n/a

BEGINNING TIME: 0402

ENDING TIME: 0420

BREATH TESTS RESULTS:

	Result	TIME	A.M.	P.M.
1)	.125	0406	☒	☐
2)	.124	0409	☒	☐
3)	n/a	0	☐	☐
4)	n/a	0	☐	☐

BREATH OPERATOR: Thomas H Leahey #19183

MAINTENANCE TECHNICAN: Jason Karlecke #6467

TESTING OFFICER'S OBSERVATIONS

SPEECH: slurred

ATTITUDE: talkative,cooperative, upset

CLOTHING: black shorts, black t-shirt, white shores

MEDICAL CONDITIONS: none

MEDICATIONS: none

OTHER:

eyes were glassy & bloodshot
odor of unknown alcoholic beverage on breath
subject drank 3 beers & 1 glass of whiskey - Q&A

COMMENTS:

arrived at center A/O conducted 20 observation period at 0340 hrs

subject agreed to perform breath test

subject completed breath test

A/O read rights & subject understood rights

tech read breath test results & subject understood breath test results

A/O conducted Q&A

subject answered questions

FLORIDA DEPARTMENT OF LAW ENFORCEMENT
ALCOHOL TESTING PROGRAM
BREATH ALCOHOL TEST AFFIDAVIT

Instrument Type: Intoxilyzer 8000
Instrument Registered To: PALM BEACH CO SO
Instrument Serial Number: 80-006238 Software: 8100.27
Date of Test: 05/28/2022

Date of Last Agency Inspection: 05/13/2022
Observation Period Began: 03:40
Subject's Name: TIMOTHY L AUTRY DOB: 12/05/1993 Sex: M

The subject was observed for at least twenty-minutes prior to the administration of the breath test to ensure that the subject did not take anything orally and did not regurgitate.

Results:

Test	g/210L	Time
Diagnostics Check	OK	04:04
Air Blank	0.000	04:05
Control Test	0.079	04:05
Air Blank	0.000	04:06
Subject Sample #1	0.125	04:06
Air Blank	0.000	04:07
Air Blank	0.000	04:09
Subject Sample #2	0.124	04:09
Air Blank	0.000	04:10
Control Test	0.079	04:10
Air Blank	0.000	04:11
Diagnostics Check	OK	04:11

Cylinder Lot: 29821080A4
Exp: 12/05/2023

State of Florida, County of Palm Beach,

Personally appeared before me the undersigned authority, who (✓) is personally known to me or (__) produced ____________________ as identification, and who after being placed under oath, states:

I THOMAS H LEAHEY ________________, hold a valid Breath Test Operator permit issued by the Florida Department of Law Enforcement, I administered the above breath test to the subject named above in accordance with Chapter 11D-8, Florida Administrative Code, and this form is a true and accurate report of that breath test.

Breath Test Operator: ____________________ Date: 05/28/2022
Signature

Sworn to (or affirmed) before me this 28 day of May, 2022

______#471______ Signature of Notary Public-State of Florida

OCC C Carver #471
Printed Name of Notary Public-State of Florida

Note: Pursuant to section 117.10, Florida Statutes, law enforcement officers, correctional officers, traffic accident investigation officers and traffic infraction enforcement officers are notaries public when engaged in the performance of official duties. In accordance with section 316.1934(5), F.S., this completed form is admissible without further authentication and is presumptive proof of the results herein. To be used in accordance with Section 316.1934(5), F.S., and in administrative proceedings pursuant to 322.2615, F.S.

FDLE/ATP FORM 38 - MARCH 2004, Ref. 11D-8.007

SUBJECT: AUTRY, TIMOTHY, LOGAN CASE NUMBER: 22002651

IMPLIED CONSENT FOR DUI IN A MOTOR VEHI[redacted]

NOTE: READ ONLY THE PARAGRAPH APPLICABLE TO THE TYPE OF TEST YO[redacted]TING.

I am now requesting that you submit to a lawful test of your ***BREATH*** for the purpos[redacted] alcohol content.

OR

I am now requesting that you submit to a lawful test of your ***URINE*** for [redacted]rmining the presence of chemical or controlled substances.

NOTE: READ ONLY IF THE SUBJECT DOE[redacted]ITH YOUR REQUEST.

I am OFC. CAMERON CARVER 471 of the ***PA[redacted]H GARDENS POLICE DEPARTMENT***

If you refuse to take the test I have requested of you, your d[redacted]ilege will be suspended for a period of one (1) year for a FIRST REFUSAL, or eighteen (18) months if your drivi[redacted]e has been PREVIOUSLY SUSPENDED, or if you have been PREVIOUSLY FINED under s. 327.35215, for refusing t[redacted]o a lawful test of your breath, urine, or blood. Additionally, if you refuse to take the test I have requested of you, a[redacted]driving privilege has been previously suspended, or if you have been previously fined under s. 327.35215, for a ref[redacted]mit to a lawful test of your breath, urine or blood, you will be committing a misdemeanor, in addition to any other [redacted] which can be imposed by law.

Refusal to submit to the test I have [redacted]d is admissible into evidence in any criminal proceeding.

Do you understand what I have j[redacted] you? YES <or> NO Do you still refuse to submit to this test? YES <or> NO

NOTE: IF THE S[redacted] POSSESSES A COMMERICIAL DRIVER'S LICENSE (CDL), READ THE FOLLOWING.

If you are a Comm[redacted]er License (CDL) holder or were driving a Commercial Motor vehicle (CMV), your refusal to submit to testing will r[redacted]e loss of your commercial driving privilege for a period of one year from today. If this is your SECOND REFSUAL, yo[redacted] permanently disqualified from holding a CDL or operating a CMV.

Do yo[redacted]d what I have just read to you? YES <or> NO Do you still refuse to submit to this test? YES <or> NO

SUBJEC[redacted]S SIGNATURE: ______________________

CONSTITUTIONAL WARNINGS

I AM REQUIRED TO WARN YOU BEFORE YOU MAKE ANY SATEMENTS 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.

SUBJECT'S SIGNATURE: *Read on Camera*

Subject: AUTRY, TIMOTHY, LOGAN Case #: 22002651

DUI Questionnaire

Where were you going? Home

What roadway were you on? ______ Direction of travel? ______

Where were you coming from? Friends house; bad with directions but recalls Village area.

What time did you leave? approx 00:30 How much do you weigh? 182 When did you last eat? est. 30:00hrs

What did you eat? Tuna, friend rice, veggies.

What line of work are you in? ______ When did you last work? Pars Associate

Do you have any physical defects or injuries? No What are they? ______

Do you limp? No Are you sick or injured? No What is wrong? ______

Did you receive a bump on your head recently? No Were you in a crash today? No Have you seen a doctor or dentist in the last 24 hours? ______ Who? ______ Why? ______

Are you taking any prescription medications? No

Name	Last Consumed

Do you have any of the following medical conditions?
Epilepsy ☐ Glass Eye ☐ False Teeth ☐ Ear Infection ☐ Inner Ear Trouble ☐ Diabetes ☐ Last Injection: ______

Do you have any problems with your eyes that are not corrected by glasses? No What? ______

Have you ever had a driver's license in any other state? No Where? ______

For the last three hours prior to law enforcement interaction, what were you doing? ______

Alcohol

What have you been drinking? Beers & Whiskey How many drinks did you have? 3b / 1W With whom? Friends

Where did you have the drink(s)? Friends Residence What time did you have your 1st drink? unk, 20:00

What time did you have your last drink? 01:00 Do you feel the effects of the alcohol? No Are you under the influence? No

If you/would you permit your child to get into a vehicle driven by someone who drank as much as you? No Why?
Safety

Drugs

Have you taken any drugs or marijuana today? ______ What have you consumed? ______

How taken? (Smoked, eaten, pills, injection) ______ Do you remember the last 24 hours? ______

Did you blackout? ______ Do you have a prescription for the drugs? ______ Did you consume as prescribed? ______

Where did you procure the drugs? ______

Misc. questions/statements: ______

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: 2022013856	**Date:** 5/28/2022
	Specialist Name/ID: M. Tooks #8557