0533464 50.2022.CT.012518.AMB 3083

☐ Marsy's Law invoked - CVI present

ARREST / NOTICE TO APPEAR

O. On-View 3. Request for Warrant S. Summons T. Taken into Custody

JUVENILE ☐

ADMINISTRATION

OBTS Number	Agency ORI Number	Agency Name	Agency Report Number (N.T.A.'s only)
	0500800	West Palm Beach Police Department	9 4 2022-0011664

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)	Location of Offense (Business Name, Address)
301 SOUTHERN BLVD, WPB, FL	301 SOUTHERN BLVD, WEST PALM BEACH, FL 33405

Date of Arrest	Time of Arrest	Booking Date	Booking Time	Jail Date	Jail Time	Location of Vehicle
08/02/2022	01:56	08/02/2022	02:06	/ / : :		

DEFENDANT

Name (Last, First, Middle): BLEVINS, TONY JACKSON — Alias (Name, DOB, Soc. Sec. #, Etc.): Alias:

Race (W - White, B - Black, I - American Indian, A - Asian)	Sex	Date of Birth	Height	Weight	Eye Color	Hair Color	Complexion	Build
W	M	02/14/1967	5'11	210	GREEN	BLACK	LIGHT	Medium

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

Marital Status: M — Religion:

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

Local Address (Street, Apt. Number): 8910 WENDY LN W, WEST PALM BEACH, FL 33411 (City) (State) (Zip)

Home Phone: (916) 813-8669

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

Permanent Address (Street, Apt. Number): 8910 WENDY LN W, WEST PALM BEACH, FL 33411 (City) (State) (Zip)

Mobile Phone:

Address Source: FL DL

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

Work Phone:

Occupation:

D/L Number, State: B415810670540 / [redacted]

INS Number:

Place of Birth (City, State): JEFFERSON, NC,

Citizenship: 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
				☐ 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): G'DL — 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.

School Attended — Grade

☐ Yes, by: ☐ No:

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 INFLUENCE OF ALCOHOL OR DRUGS	316.193(1A)	

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

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): Criminal Justice — CRIMINAL JUSTICE COMPLEX

Court Date and Time: 08/18/2022 08:30:00 — 3228 GUN CLUB ROAD

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

I CONSENT TO RECEIVE REMINDERS OF COURT DATE(S) AND TIMES FOR THIS CASE BY TEXT MESSAGE TO THE NUMBER IDENTIFIED HERE. I UNDERSTAND THAT STANDARD TEXT MESSAGE RATES MAY APPLY AND THAT I MAY REVOKE THIS CONSENT VIA THE TEXT MESSAGE SYSTEM IF I CHOOSE. (916) 813-8669 INITIAL

No Photo Available

ADMIN

HOLD for Other Agency

☐ Dangerous ☐ Resisted Arrest ☐ Suicidal ☐ Other

Issuing Deputy I.D. Pouch #

Signature of Arresting Officer

Name of Arresting Officer (Print): GITTENS, THOMAS — I.D. #: 02263

Transporting Officer: GITTENS — I.D. #: 2263 — Agency: WPBPD

Name Verification (Printed by Arrestee) (PRINT)

Witness here if subject signed with an "X".

PAGE 1 OF 1

DUI PROBABLE CAUSE AFFIDAVIT

On the 2nd Day of August at 0030 A.M. P.M.

Subject: Tony J. Blevins Case Number: 20220011664

Agency: West Palm Beach Police Department Arresting Officer: Gittens #2263

Personal Contact

Driving Pattern Actual physical control (physical evidence putting the driver behind the wheel)

On August 1, 2022, at approximately 2345 I responded to a welfare check of a man passed out behind the wheel of his vehicle at 301 Southern Blvd. Upon my arrival to the scene, I spoke with Officer Myrthil. Officer Myrthil stated he was first to arrive and found, Tony Blevins, passed out behind the wheel and in physical control of his vehicle. Officer Myrthil stated the vehicle was running. Officer Myrthil also advised the vehicle was a manual and in neutral. Officer Myrthil conducted a welfare check and found Blevins was not having a medical emergency.

Observation of Driver

Officer Myrthil stated while conducting the welfare check he observed a strong odor of alcohol coming from Blevins. When I made contact with Blevins, I observed his eyes were bloodshot and glassy. Blevins had a strong odor of alcohol coming from him that got stronger as he spoke to me. Blevins' speech was slurred as he spoke. Blevins was unsteady on his feet as he stood and walked.

Drivers Statements:

Blevins stated he was driving home after attending a business dinner at the Breakers in Palm Beach. I asked Blevins if he was having a medical emergency and he stated he had taken some medications but did not need to go to the hospital.

Odors:

Blevins had a strong odor of alcohol coming from him that got stronger as he spoke to me.

General Observations

Speech: Slurred

Attitude: Cooperative

Clothing: Blue shirt and blue pants

Medical Problems/Medications: Unknown

Other: I transported Blevins to the WPBPD BAT where Blevins was asked if he would provide samples of his breath for the stated approved breath test. Blevins refused to provide samples for the state approved breath test. Blevins was read implied consent for breath and he again refused to provide samples.

DUI PROBABLE CAUSE AFFIDAVIT

Subject: Tony J. Blevins **Case Number:** 20220011664

Roadside Tasks

Horizontal Gaze Nystagmus

- ☐ Left Eye Does Not Follow Smoothly
- ☐ Left Eye Jerks at 45 Degree Angle or Less
- ☐ Distinct Jerking Left Eye at Maximum Deviation
- ☐ Right Eye Does Not Follow Smoothly
- ☐ Right Eye Jerks at 45 Degree Angle or Less
- ☐ Distinct Jerking Right Eye at Maximum Deviation

Refused

Walk and Turn Task

Refused

One Leg Stand

Refused

Finger To Nose

Refused

Romberg Balance

Refused

Breath Results from Instrument

1st Result	2nd Result	3rd Result (If Applicable)
Refused		

State of Florida

County of Palm Beach

The Following Instrument was notorized or sworn before me this _____ (DATE)

☐ Personaly Known ☐ Produced Identification ☐ Notary Public

1872

Notary / Clerk of Courts / Officer (FSS: 117.10)

Signature of Arresting Officer

West Palm Beach Police Department
Breath Testing Facility Report

Defendant: Blevins, Tony Jackson **Case #:** 2022-11664

Arresting Officer: Ofc T.Gittens #2263 **Date:** 8/1/2022

Breath Test Resutls:

Refused	g/210L	0033	Time	---	g/210L	---	Time
---	g/210L	---	Time	---	g/210L	---	Time

Note: Times are in Military Time

Breath Operator: Ofc Morris J Annese 1418

Maintenance Technician Inv J Ingrassia #1857

Testing Officer Observations:

Speech: Slurred

Attitude: Cooperative

Clothing: Black pants,blue/gray dress shirt

Medical Conditions: None

Medications: None

Other:

Arrival Time at Facility/ Time Twenty (20) Minute Observation Started: 2355 hours

Comments:

The defendant was observed by Ofc Gittens during the 20 minute observation period.

I noticed the defendant had an odor of unknown alcoholic beverages on his breath.

The defendant was asked to submit to the breath test. He refused and was read the Implied Consent by Ofc Gittens. He was again asked to submit to the breath test and again refused.

The defendant was read his Miranda Warnings by Ofc Gittens and refused to answer questions. The Questions and Answers were not done.

STATE OF FLORIDA
AFFIDAVIT OF REFUSAL TO SUBMIT TO
BREATH TEST

I, Gittens #2263, a duly certified Law Enforcement or Correctional Officer, am a
(Name of Officer reading Implied Consent Warning)
member of WPBPD, and I do swear
(Name of Law Enforcement Agency)
or affirm that on or about the 1st day of Aug, 2022, at 2355 ~~0050~~ ☑P.M. ☐A.M.
DRIVER Tony Jackson Blevins,
FIRST NAME MIDDLE OR MAIDEN NAME LAST NAME
DL # B415810670S4, state of FL, was placed under lawful arrest for
the offense of DUI by Gittens #2263 and
(Name of Arresting Officer)
issued citation # AG12Q3E.

That on or about the 2nd day of Aug, 2022, at 0033 ☐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 2186

(AFFIX SEAL)

The foregoing instrument was sworn and subscribed before me this _____ day of _____, 20 _____, by _____, who is personally known to me or who has produced _____ as identification.

Notary Public _____

Title _____

Date _____

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.

EFFECTIVE OCTOBER 1, 2021

SUBJECT: _____ CASE NUMBER: 22-11664

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.

OR

I am now requesting that you submit to a lawful test of your ☐ **BLOOD** for the purpose of determining its alcohol content and/or presence of chemical or controlled substances.

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

I am _____ of the West Palm Beach Police Department. If you fail to submit to the test I have requested of you, your privilege to operate a motor vehicle will be suspended for a period of one (1) year for a first refusal, or eighteen (18) months if your privilege has been previously suspended, or if you have been previously fined under F.S.S. 327.35215 for refusing to submit to a lawful test of your breath, urine, or blood. Additionally, if you refuse to submit to the test I have requested of you and if your driving privilege has been previously suspended, or you have been previously fined under F.S.S. 327.35215 for a prior refusal to submit to a lawful test of your breath, urine or blood, you will be committing a misdemeanor, in addition to any other penalites which can be imposed by law. Refusal to submit to the test I have requested of you is admissible into evidence in any criminal proceeding.

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.

SUBJECTS SIGNATURE: Refusal

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

CONSTITUTIONAL WARNINGS

1. You have the right to remain silent and not answer any questions
2. Any statement must be freely and voluntailry 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 can not 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.

SUBJECTS SIGNATURE: Refused

SUBJECT: _____ CASE NUMBER: 22-11-164

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: _____

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: 2022019822	**Date:** 08/02/2022
	Specialist Name/ID: C. Smith/39657