

0547197 24CT2955MB 299

Marsy's Law CVI FL. Const. Art.1 § 16(b)

Check if Supplement is Attached

ARREST / NOTICE TO APPEAR
Juvenile Referral Report

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

Juvenile N I

| | | | | | | | | | | | | | | | | | | | | | | |
|---|--|--|--|---|---|--|---|--|---|--|--|--------------------------|---|----------|--|---|---|--|--|--|------------------------|--|
| ADMINISTRATIVE | OBTS Number | | Agency ORI Number FLO: 5 0 0 0 0 0 0 | | | | Agency Name PALM BEACH COUNTY SHERIFF'S OFFICE | | | | Agency Report Number 0 6 - 24-035823 | | | | | | | | | | | |
| | Charge Type: Check as many as apply. | | <input type="checkbox"/> 1. Felony <input type="checkbox"/> 2. Traffic Felony | | <input type="checkbox"/> 3. Misdemeanor <input checked="" type="checkbox"/> 4. Traffic Misdemeanor | | <input type="checkbox"/> 5. Ordinance <input type="checkbox"/> 6. Other | | If Weapon Seized Enter Type | | Multiple Clearance Indicator | | | | | | | | | | | |
| | Location of Arrest (including Name of Business) 3288 South Military Trail | | | | | | Location of Offense (Business Name, Address) 3288 South Military Trail Lake Worth, Florida 33461 | | | | | | | | | | | | | | | |
| DEFENDANT | Date of Arrest 02/19/24 | | Time of Arrest 0153 | | Booking Date | | Booking Time | | Jail Date | | Jail Time | | Location of Vehicle | | | | | | | | | |
| | Name (Last, First, Middle) Yeager Conner Ian | | | | | | | | | | | | Alias (Name, DOB, Soc. Sec. #, Etc.) | | | | | | | | | |
| | Race W - White B - Black | | I - American Indian O - Oriental/Asian | | Sex M | | Date of Birth 11/28/1993 | | Height 6-03 | | Weight 280 | | Eye Color HAZEL | | Hair Color Brown | | Complexion MEDIUM | | Build LARGE | | | |
| Scars, Marks, Tattoos, Unique Physical Features (Location, Type, Description) two tattoos on left leg and tattoos on right arm and right wrist | | | | | | | | | | | | Marital Status Single | | Religion | | Indication of: Alcohol Influence Drug Influence | | Y <input type="checkbox"/> N <input type="checkbox"/> Unk <input type="checkbox"/> | | | | |
| CO-DEF | Local Address (Street, Apt. Number) 12339 Stratford Street | | | | | | (City) Wellington, Florida 33414 | | (State) | | (Zip) | | Mobile Phone 561-352-1028 | | Residence Type: 1. City 2. County 3. Florida 4. Out of State | | 2 | | | | | |
| | Permanent Address (Street, Apt. Number) same as above | | | | | | (City) | | (State) | | (Zip) | | Phone | | Address Source FL DL | | | | | | | |
| | Business Address (Name, Street) | | | | | | (City) | | (State) | | (Zip) | | Phone | | Occupation Tri Rail | | | | | | | |
| JUVENILE | D/L Number, State Y260-109-93-428-0, FL | | | | Soc. Sec. Number | | | | INS Number | | | | Place of Birth (City, State) Orange, CA | | Citizenship USA | | | | | | | |
| | Co-Defendant (Last, First, Middle) | | | | Race | | Sex | | Date of Birth | | <input type="checkbox"/> 1. Arrested <input type="checkbox"/> 2. At Large | | <input type="checkbox"/> 3. Felony <input type="checkbox"/> 4. Misdemeanor <input type="checkbox"/> 5. Juvenile | | | | | | | | | |
| | Co-Defendant (Last, First, Middle) | | | | Race | | Sex | | Date of Birth | | <input type="checkbox"/> 1. Arrested <input type="checkbox"/> 2. At Large | | <input type="checkbox"/> 3. Felony <input type="checkbox"/> 4. Misdemeanor <input type="checkbox"/> 5. Juvenile | | | | | | | | | |
| NOTICE TO APPEAR | <input type="checkbox"/> Parent <input type="checkbox"/> Legal Custodian <input type="checkbox"/> 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 | | | | | | | | | | | |
| CHARGE | Released To: (Name) Relationship Date Time | | | | | | | | | | | | School Attended | | Grade | | | | | | | |
| | 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 (561) 355-6511) informed of any change of address. | | | | | | | | | | | | <input type="checkbox"/> Yes, by: (Name) <input type="checkbox"/> No (Reason) | | | | | | | | | |
| | Property Crime? <input type="checkbox"/> Yes <input type="checkbox"/> No | | | | Description of Property | | | | Value of Property | | | | | | | | | | | | | |
| CHARGE | Drug Activity N. N/A P. Possess | | S. Sell B. Buy T. Traffic | | R. Smuggle D. Deliver E. Use | | K. Dispense/ Distribute | | M. Manufacture/ Producer/ Cultivate | | Z. Other | | Drug Type N. N/A A. Amphetamine | | B. Barbiturate C. Cocaine E. Heroin | | H. Hallucinogen M. Marijuana O. Opium/Denv. | | P. Paraphernalia/ Equipment S. Synthetic | | U. Unknown Z. Other | |
| | Charge Description DUI | | | | Counts 1 | | Domestic Violence <input type="checkbox"/> Y <input checked="" type="checkbox"/> N | | Statute Violation Number 316.193(1A) | | | | Violation of ORD # | | | | | | | | | |
| | Drug Activity N | | Drug Type N | | Amount / Unit .144/.147 | | Offense # | | Warrant / Capias Number | | | | Bond | | | | | | | | | |
| CHARGE | Charge Description | | | | Counts | | Domestic Violence <input type="checkbox"/> Y <input checked="" type="checkbox"/> N | | Statute Violation Number | | | | Violation of ORD # | | | | | | | | | |
| | Drug Activity | | Drug Type | | Amount / Unit | | Offense # | | Warrant / Capias Number | | | | Bond | | | | | | | | | |
| | Charge Description | | | | Counts | | Domestic Violence <input type="checkbox"/> Y <input checked="" type="checkbox"/> N | | Statute Violation Number | | | | Violation of ORD # | | | | | | | | | |
| CHARGE | Drug Activity | | Drug Type | | Amount / Unit | | Offense # | | Warrant / Capias Number | | | | Bond | | | | | | | | | |
| | Charge Description | | | | Counts | | Domestic Violence <input type="checkbox"/> Y <input checked="" type="checkbox"/> N | | Statute Violation Number | | | | Violation of ORD # | | | | | | | | | |
| | Drug Activity | | Drug Type | | Amount / Unit | | Offense # | | Warrant / Capias Number | | | | Bond | | | | | | | | | |
| ADMIN | Location (Court, Room Number, Address) Criminal Justice Complex - 3228 Gun Club Road, West Palm Beach FL. 33406 | | | | | | | | | | | | FILED PBC - GUN CLUB - 24 FEB 19 AM 7:33 | | | | | | | | | |
| | Court Date and Time Month March Day 21st Year 2024 Time 0830 A.M. <input checked="" type="checkbox"/> P.M. <input type="checkbox"/> | | | | | | | | | | | | | | | | | | | | | |
| | 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 | | | | | | | | | | | | | | | | | | | | | |
| ADMIN | Signature of Defendant (or Juvenile and Parent/Custodian) _____ Date Signed 02/19/24 | | | | | | | | | | | | | | | | | | | | | |
| | I consent to receive text reminders of court date(s) and times for this case by automated technology to the mobile number identified above. I understand that standard text message rates may apply, and that I may revoke this consent via the text message system if I choose. _____ Signature | | | | | | | | | | | | | | | | | | | | | |
| | HOLD for other agency | | | | Signature of Arresting Officer X _____ | | | | Name Verification (Printed by Arrestee) | | | | | | | | | | | | | |
| <input type="checkbox"/> Dangerous <input type="checkbox"/> Suicidal | | | | <input type="checkbox"/> Resisted Arrest <input type="checkbox"/> Other: | | | | Name of Arresting Officer (Print) K. Noel | | | | I.D. # 7660 | | | | | | | | | | |
| Intake/Deputy I.D. # _____ Pouch # _____ | | | | Transporting Officer K. Noel | | | | I.D. # 7660 | | | | Agency PBSO | | | | | | | | | | |
| Witness here if subject signed with an "X" _____ | | | | | | | | | | | | PAGE 1 OF 1 | | | | | | | | | | |

D.U.I. PROBABLE CAUSE AFFIDAVIT

ON THE 19th DAY OF February 20 24 , AT 0136 AM PM

SUBJECT: Yeager Conner Ian CASE NUMBER: 24-035823

AGENCY: PALM BEACH COUNTY SHERIFF'S OFFICE ARRESTING OFFICER: K. Noel 7660

PERSONAL CONTACT

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

On February 19th 2024 at approximately 1:30 a.m., myself and Inv. J. Cisson ID 24091 were parked at the WAWA located at 3288 South Military Trail under the overhang next to a row of gas pumps; avoiding rain and completing reports. This area is located just west of the Lake Worth city limits in Palm Beach County, Florida. While facing west in the parking lot, I heard what sounded like a disabled vehicle making the "clunk, clunk, clunk" sound traveling west through the north side of the parking lot; no more than thirty feet from me to my right. I observed a gray four door vehicle being driven by a white male driver wearing a green shirt and sole occupant as it appeared to have a flat tire. I observed the vehicle drive up to the air and vacuum station at the west end of the business directly in front of me. I drove around to make contact with the driver in attempts to investigate further. As I pulled up along side the rear of his vehicle, I then observed the same male wearing a green shirt with black shorts and loafers trying to put air into the driver side front tire. I observed the tire to be mostly shredded and mostly detached from the rim; as the driver was still trying to fill it with air. I spoke with the driver briefly explaining that this would not work and to try another option. The driver finally gave up putting down the air hose. The driver stated that he could call an uber asking for permission. I observed a FL temporary tag of "DNL2486" attached to a gray Honda Accord. I pointed out the tire being shredded, which the driver replied, "yeah, I know it's off the rim, fuck." The driver explained that he was coming from east in Lake Worth and "probably" hit a curb.

OBSERVATION OF DRIVER:

The driver appeared to be unsteady on his feet; using his vehicle for balance; having a blank stare in his face; also flushed red as he looked at me. I exited my vehicle and began to record via BWC further interaction for a possible DUI investigation. As I approached the vehicle, I confirmed that there was nobody else in the vehicle. Within close proximity, I observed an obvious odor of an unknown alcoholic beverage coming from his person, which intensified as he spoke. The driver was very dazed and disoriented, as well. I explained that I was now conducting a DUI investigation due to the above mentioned concerns. The driver provided a FL D/L to identify him as the above listed and was the registered owner of the above mentioned vehicle.

DRIVER'S STATEMENTS:

The driver stated [redacted] in Lake Worth. The driver stated that he [redacted] and the [redacted] has had anything to eat. Post Miranda, the driver stated [redacted] located in Lake Worth. The driver stated that he did not know when his tire blew out, but knew that the tire was not on the rim. The driver felt he [redacted] The driver stated that he understood the reason for my contacting him as he drove past me on the flat tire. See BAT video for interview. Search incident, I had located a receipt from the driver's pocket indicating that he had purchased "5 Makers Mark Single and 3 Deep Eddy's RubyRed from the Mad Hatter Lounge, 1532 North Dixie Hwy, Lake Worth, Florida, all totaling \$63.25 paid by VISA card at 12:31 a.m. I also retrieved the driver's car key from his pocket, as well.

ODORS:

Odor of unknown alcoholic beverage

GENERAL OBSERVATIONS

SPEECH: slow; appeared to gather thoughts before speaking on each answer or comment

ATTITUDE: Calm and cooperative

CLOTHING: see above

MEDICAL/OTHER: No medical concerns; Zoloft for Depression.

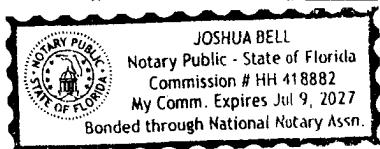
STATE OF FLORIDA
COUNTY OF PALM BEACH

K. Noel 7660
(Signature of Arresting/Investigative Officer)

The foregoing instrument was sworn to or affirmed and subscribed before me this 19th day of February 20 24 by K. Noel 7660

(Print name of Arresting/Investigative Officer), who is personally known to me and/or produced identification. Type of identification produced KNOWN

[Signature]
Notary Public, Clerk of Court, Officer (F.S.S. 117.10)



SUBJECT: Yeager Conner CASE NUMBER 24-035823

ROADSIDE TASKS

HORIZONTAL GAZE NYSTAGMUS / LIGHTED PEN STIMULUS TASK: SFST

- 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:

During the instructional stance, the driver did sway noticeably in a circular motion. The driver did for the most part keep his head still, but slightly tilted his head on occasion. Resting nystagmus was not observed. I was able to observe equal pupil size and equal tracking in both the left and right eyes. I was able to observe a lack of smooth pursuit in both the left and right eyes. I observed distinct and sustained nystagmus at maximum deviation in both the left and right eyes. I observed an approximate forty degree angle of onset in both the left and right eyes. VGN was also observed.

WALK & TURN: SFST

The driver was placed on a solid yellow piece of tape line, which the roadway was flat, level, and well lit. I had to explain several time to the driver that I wanted his right foot in front of the left foot heel to toe; driver kept his back foot slanted; therefore having difficulty getting into the instructional stance. The driver did not maintain the instructional stance properly coming out of stance a few times. The driver walked nine steps heel to toe down the line; coming off the line on steps eight and nine. The driver turned the wrong way, not as instructed and walked back another nine steps, but did maintain heel to toe and counted out loud.

ONE LEG STAND: SFST

During the instructional stance, the driver did sway noticeably in a circular motion. The driver used his left foot for the task. The driver did complete the task properly while counting slowly.

FINGER TO NOSE:

During the instructional stance, the driver swayed noticeably in a circular motion. On the first left, the driver touched the tip of his nose. On the second right, the driver slowly touched the tip of his nose after hovering over the top of his nose. On the third left, the driver touched under the tip of his nose. On the fourth right, the driver touched under the tip of his nose. On the fifth right, because the driver did not return his arm to the side, the driver initially raised his left first then changed to the right and touched the tip of his nose. On the final left, the driver touched under the tip of his nose. The driver did not return his arm to the side as instructed on any attempts.

ROMBERG ALPHABET:

During the instructional stance, the driver swayed noticeably in a circular motion. The driver slowly recited the alphabet.

BREATH TEST RESULTS: .144 .147

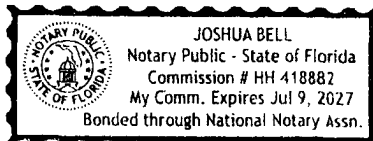
STATE OF FLORIDA
COUNTY OF PALM BEACH

K. Noel 7660
(Signature of Arresting/Investigative Officer)

The foregoing instrument was sworn to or affirmed and subscribed before me this 19th day of February, 2024 by K. Noel 7660

(Print name of Arresting/Investigative Officer, who is personally known to me and/or produced identification. Type of identification produced KNOWN)

[Signature]
Notary Public, Clerk of Court, Officer (F.S.S. 117.10)



SUBJECT: _____

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 _____ 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) _____

SUBJECT: _____ 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: _____



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

PBSO CASE # 24-035823 PBSO ZONE 1-33

AGENCY CASE # N/A CRASH CASE # N/A

TIME OF STOP/CRASH 0136 DATE 02/19/2024 DAY Monday

SUBJECT'S NAME Yeager Conner Ian
LAST FIRST MID

DOB 11/28/1993 HGT 6-03 WGT 280 RACE W SEX M

LOCATION 3288 South Military Trail Lake Worth, Florida 33461

ARRESTING OFFICER'S NAME & ID K. Noel 7660 Palm Beach County Sheriff's Office
AGENCY

DIVISION: Traffic/ DUI

NOTIFIED BY COMMO yes

BREATH RESULTS:

ARRIVAL AT FACILITY 0214

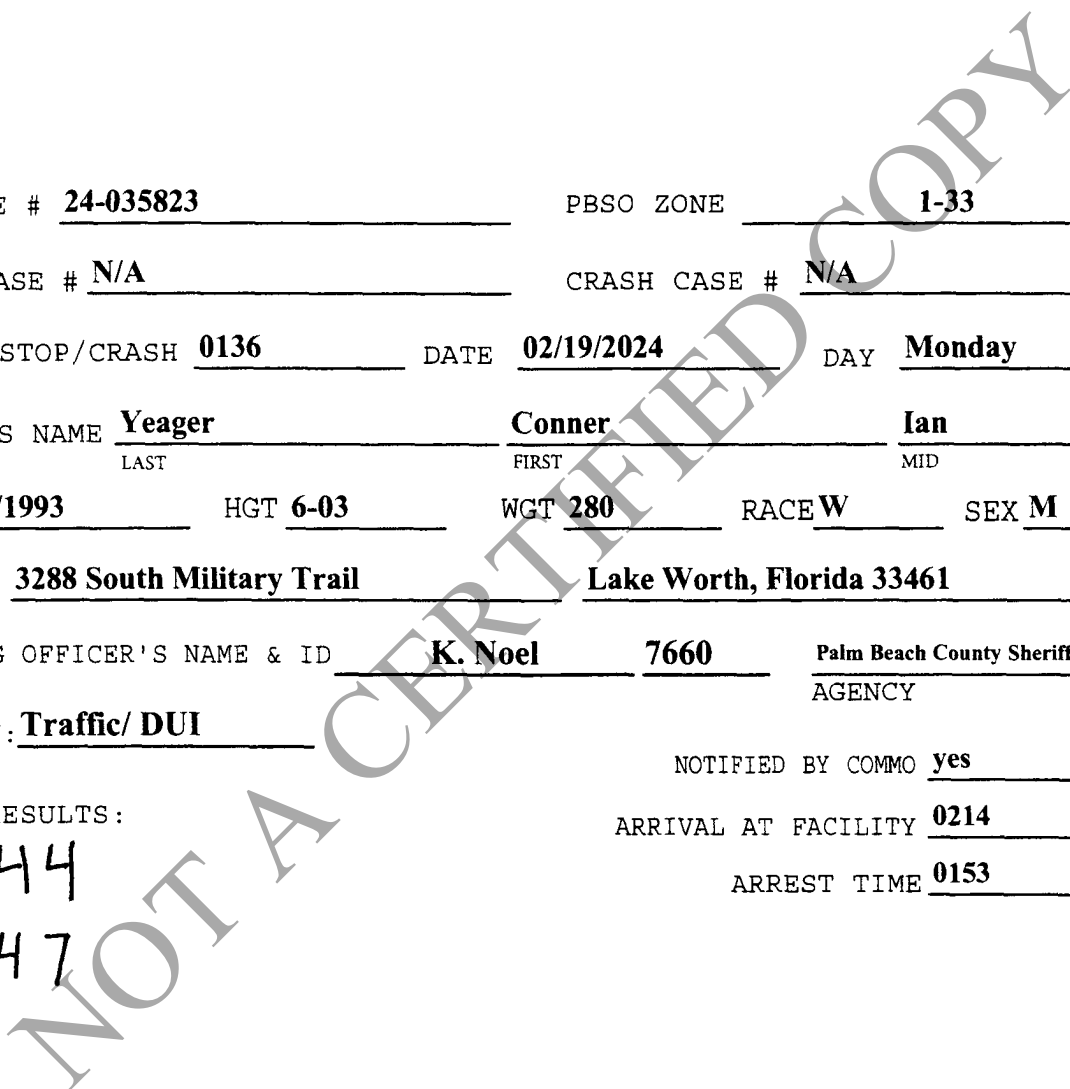
.144

ARREST TIME 0153

.147

Joshua Bell #8656
 BAT TECH. OFFICER NAME & ID

 PBSO VIDEOTAPE #



WITNESS LIST

CASE NUMBER: 24-035823

ARRESTING OFFICER: K. Noel

ADDRESS: PBSO, 3228 Gun Club Road, West Palm Beach, Florida 33406

PHONE NUMBERS (HOME): _____ (WORK) 561-688-3000

CAN TESTIFY TO: DUI Investigation

NAME: Inv. J. Cisson ID 24091

ADDRESS: PBSO, 3228 Gun Club Road, West Palm Beach, Florida 33406

PHONE NUMBERS (HOME) _____ (WORK) 561-688-3000

CAN TESTIFY TO: _____

NAME: _____

ADDRESS _____

PHONE NUMBERS (HOME) _____ (WORK) _____

CAN TESTIFY TO: _____

NAME: _____

ADDRESS _____

PHONE NUMBERS (HOME) _____ (WORK) _____

CAN TESTIFY TO: _____

NAME: _____

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PHONE NUMBERS (HOME) _____ (WORK) _____

CAN TESTIFY TO: _____

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CAN TESTIFY TO: _____

NAME: _____

ADDRESS _____

PHONE NUMBERS (HOME) _____ (WORK) _____

CAN TESTIFY TO: _____

NAME: _____

ADDRESS _____

PHONE NUMBERS (HOME) _____ (WORK) _____

CAN TESTIFY TO: _____

NOT A CERTIFIED COPY

TESTING FACILITY TASK REPORT

AGENCY: PBSO

SUBJECT: YEAGER, CONNER IAN

CASE NUMBER: 24-035823

DATE: Feb 19, 2024

VIDEO DVD NUMBER: N/A

BEGINNING TIME: 0243

ENDING TIME: 0301

BREATH TESTS RESULTS: 1) .144 TIME 0247 A.M. P.M. 2) .147 TIME 0250 A.M. P.M.
3) XX TIME XX A.M. P.M. 4) XX TIME XX A.M. P.M.

BREATH OPERATOR: JOSHUA J BELL #8656

MAINTENANCE TECHNICAN: J. KARLECKE #6467

TESTING OFFICER'S OBSERVATIONS

SPEECH: SLURRED

ATTITUDE: QUIET, COOPERATIVE

CLOTHING: GREEN TEE SHIRT, BLACK SHORTS, TAN SHOES

MEDICAL CONDITIONS: DEPRESSION

MEDICATIONS: ZOLOFT

OTHER:

EYES: BLOODSHOT, GLASSY

ODOR OF UNKNOWN ALCHOLIC BEVERAGE COMING FROM BREATH

COMMENTS:

ARRIVED AT DUI TESTING FACILITY AND BEGAN THE 20 MINUTE OBSERVATION AT 0214 HOURS

SUBJECT STATED HE WOULD TAKE BREATH TEST

BREATH TEST COMPLETED

A/O READ RIGHTS

SUBJECT STATED HE UNDERSTOOD HIS RIGHTS

TECH READ BREATH TEST RESULTS

SUBJECT STATED HE UNDERSTOOD BREATH TEST RESULTS

A/O CONDUCTED INTERVIEW

SUBJECT ANSWERED QUESTIONS



Palm Beach County Sheriff's Office
 Florida State Statute Exemption Sheet

| | X | Florida State Statute | Description | Page Number(s) |
|--|-------------------------------------|--------------------------------------|--|----------------|
| I/E Exemptions | <input type="checkbox"/> | 119.071(4)(c) | Undercover personnel | |
| | <input checked="" type="checkbox"/> | 119.071(2)(e) | Confession | 3 |
| Public Info. Exemptions | <input type="checkbox"/> | FL Const. Art. I, s. 16(b)(5) | Marsy's Law – victim information shall be redacted. The term "victim" also includes the victim's lawful representative, the parent or guardian of a minor, or the next of kin of a homicide victim. The term "victim" does not include the accused (ref. page 99 of the CRTM for additional information) | |
| | <input type="checkbox"/> | 119.071(2)(j) | Home/employment telephone number, home/employment address, or personal assets of a person who has been the victim of sexual battery, aggravated child abuse, aggravated stalking, harassment, aggravated battery or domestic violence | |
| | <input type="checkbox"/> | 119.0712(2) | Personal information contained in a motor vehicle record | |
| | <input checked="" type="checkbox"/> | 316.650(11) | Driver information contained in a uniform traffic citation | 5 |
| | <input type="checkbox"/> | 119.071(4)(d)2.a. | Home addresses, telephone numbers, dates of birth, and photographs of active/former LE personnel, spouses, and children | |
| Florida Rules of Judicial Administration 2.420 | <input checked="" type="checkbox"/> | (iii) 119.0714(1)(i)-(j), (2)(a)-(e) | Social Security, bank account, charge, debit, and credit card numbers | 2 |
| | <input type="checkbox"/> | (xii) 741.30(3)(b) | The victim's address in a domestic violence action on petitioner's request | |
| | <input type="checkbox"/> | (xiii) 119.071(2)(h), 119.0714(1)(h) | Protected information regarding victims of child abuse or sexual offenses | |
| | <input type="checkbox"/> | | | |
| | <input type="checkbox"/> | | | |
| Other | <input type="checkbox"/> | | | |
| | <input type="checkbox"/> | | | |
| | <input type="checkbox"/> | | | |
| | <input type="checkbox"/> | | | |

REVIEW COMPLETED BY

| | |
|-----------------------------------|--|
| Booking Number: 2024004566 | Date: 2/19/2024 |
| | Specialist Name/ID#: J. Gaines/ 44177 |