

053845

2023 CT 3303 ANB # 599

ARREST / NOTICE TO APPEAR  
Juvenile Referral Report

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

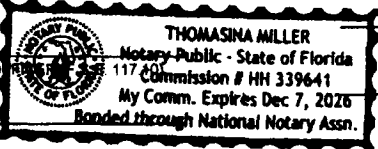
ADMINISTRATIVE	OBTS Number		Agency ORI Number <b>FLO 5 0 2 6 0 0</b>		Agency Name <b>PALM BEACH GARDENS POLICE DEPARTMENT</b>		Agency Report Number <b>78 - 23001036</b>				
	Charge Type: Check as many as apply.		1. Felony <input type="checkbox"/> 2. Traffic Felony <input type="checkbox"/>		3. Misdemeanor <input type="checkbox"/> 4. Traffic Misdemeanor <input checked="" type="checkbox"/>		5. Ordinance <input type="checkbox"/> 6. Other <input type="checkbox"/>				
	Location of Arrest (Including Name of Business) <b>117TH CT N JEO CENTRAL BLVD, PALM BEACH GARDENS, FL, 33410</b>		Location of Offense (Business Name, Address) <b>12300-BLK CENTRAL BLVD, PALM BEACH GARDENS, FL, 33410</b>		Weapon Seized / Type 2. 1. Yes 2. No		Multiple Clearance Indicator				
	Date of Arrest <b>02/21/2023</b>	Time of Arrest <b>23:33</b>	Booking Date	Booking Time	Jail Date	Jail Time	Location of Vehicle <b>KAUFF'S TOWING AND RECOVERY 4701 EAST AVENUE, WPB, FL 33407</b>				
Name (Last, First, Middle) <b>REILLY, CONNOR, MICHAEL RUBLE</b>								Alias (Name, DOB, Soc. Sec. #, Etc.)			
Race W - White I - American Indian B - Black O - Oriental/Asian		Sex <b>M</b>	Date of Birth <b>12/24/1992</b>		Height <b>6'0</b>	Weight <b>175</b>	Eye Color <b>BLU</b>	Hair Color <b>BRO</b>	Complexion <b>LGT</b>	Build <b>MED</b>	
Scars, Marks, Tattoos, Unique Physical Features (Location, Type, Description)					Marital Status <b>MARRIED</b>	Religion <b>NOT STATED</b>	Indication of Alcohol Influence Y <input type="checkbox"/> N <input type="checkbox"/> Unk. <input type="checkbox"/>		Drug Influence Y <input type="checkbox"/> N <input type="checkbox"/> Unk. <input type="checkbox"/>		
Local Address (Street, Apt. Number) (City) (State) (Zip) <b>1051 SHADY LAKES CIR PALM BEACH GARDENS, FL 33418</b>				Phone <b>(919) 748-8494</b>		Residence Type 1. City 2. County 3. Florida 4. Out of State		Address Source <b>VERBAL</b>			
Permanent Address (Street, Apt. Number) (City) (State) (Zip) <b>1051 SHADY LAKES CIR PALM BEACH GARDENS, FL 33418</b>				Phone		Occupation					
Business Address (Name, Street) (City) (State) (Zip)		Phone		Occupation							
D/L Number, State <b>000038137331 NC</b>		Soc. Sec. Number		INS Number		Place of Birth (City, State) <b>FARMVILLE, VA</b>		Citizenship <b>US</b>			
Co-Defendant Name (Last, First, Middle)		Race	Sex	Date of Birth		1. Arrested <input type="checkbox"/> 2. At Large <input type="checkbox"/>		3. Felony <input type="checkbox"/> 4. Misdemeanor <input type="checkbox"/> 5. Juvenile <input type="checkbox"/>			
Co-Defendant Name (Last, First, Middle)		Race	Sex	Date of Birth		1. Arrested <input type="checkbox"/> 2. At Large <input type="checkbox"/>		3. Felony <input type="checkbox"/> 4. Misdemeanor <input type="checkbox"/> 5. Juvenile <input type="checkbox"/>			
Parent Legal Custodian <input type="checkbox"/> Other <input type="checkbox"/>		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 <input type="checkbox"/> defendant and / or <input type="checkbox"/> 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. <input type="checkbox"/> Yes, by (Name) <input type="checkbox"/> No. (Reason)				School Attended		Grade					
Property Crime? <input type="checkbox"/> Yes <input type="checkbox"/> No		Description of Property		Value of Property							
Drug Activity N. N/A S. Sell R. Smuggle K. Dispense/Distribute M. Manufacture/Produce/Cultivate Z. Other		Drug Type N. N/A B. Barbiturate C. Cocaine E. Heroin		Drug Type A. Amphetamine		H. Hallucinogen M. Marijuana O. Opium/Deriv.		P. Parapharmacia/Equipment S. Synthetics		U. Unknown Z. Other	
Charge Description <b>DRIVING UNDER THE INFLUENCE OVER .08</b>		Counts <b>1</b>	Domestic Violence <input type="checkbox"/> Y <input checked="" type="checkbox"/> N	Statute Violation Number <b>316.193(1)(C)</b>		Violation of ORD #					
Drug Activity Drug Type Amount / Unit		Offense # <b>23001036</b>		Warrant / Capias Number		Bond <b>OR</b>					
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 #					
Drug Activity Drug Type Amount / Unit		Offense #		Warrant / Capias Number		Bond <b>FEB 22 AM 1:45</b>					
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					
Location (Court Room Number, Address) <b>NORTH COUNTY COURTHOUSE, 3188 PGA BOULEVARD, PALM BEACH GARDENS, FL 33410 - PH: (561) 662-6700</b>											
Court Date and Time Month <b>MARCH</b> Day <b>29</b> Year <b>2023</b> Time <b>10:00</b> AM <input checked="" type="checkbox"/> PM <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.											
Signature of Defendant (or Juvenile and Parent/Custodian)								Date Signed <b>02/21/2023</b>			
HOLD for other Agency Name:		Signature of Arresting Officer <b>A. FLINK</b>		Name Verification (Printed by Arrestee) <b>A. FLINK</b>		I.D. # <b>514</b>					
<input type="checkbox"/> Dangerous <input type="checkbox"/> Resisted Arrest <input type="checkbox"/> Suicidal <input type="checkbox"/> Other		Name of Arresting Officer (Print) <b>A. FLINK</b>		I.D. # <b>514</b>		PAGE					
Intake Deputy <b>DANN 30162</b>		Transporting Officer <b>A. FLINK</b>		ID # <b>514</b>		Agency <b>PBCPD</b>		Witness here if subject signed on and <b>ANNOUNCED</b> OF 1			

FEB 22 2023

PROBABLE CAUSE AFFIDAVIT

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

1 JUVENILE

OBTS Number	Agency ORI Number <b>FL FL0502600</b>		Agency Name <b>Palm Beach Gardens Police Department</b>		Agency Report Number <b>7 8 23-001036</b>	
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
Name (Last, First, Middle) <b>REILLY, CONNOR MICHAEL RUBLE</b>			Alias	Race <b>W</b>	Sex <b>M</b>	Date of Birth <b>12/24/1992</b>
Charge Description <b>316.193(1)(C) DUI - BREATH .08 OR ABOVE</b>			Special Notes:			
Victim's Name (Last, First, Middle) <b>State Of Florida</b>			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. 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. <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 <b>21</b> day of <b>February</b>, <b>2023</b> at <b>23:15</b> (Specifically include facts constituting cause for arrest.)</p> <p>On 02/21/2023 at approximately 2315 hours, this Officer was conducting speed measurement in the area of the 12300-block of Central Blvd, PBG, FL, when a vehicle was observed traveling at an increased rate of speed south bound in the inside through lane. Body worn camera and in car video were used.</p> <p>This Officer's initial visual estimation of the vehicle, was approximately 60 MPH in a posted 45 MPH zone. Using RADAR Stalker DSR2X (DB001317), rear antenna (KR027120) this Officer received a steady tone and reading of 62 MPH. The RADAR calibration was last checked on 12/28/2022 and was due on 06/28/2023. Prior to this tour of duty on this date, this Officer ensured the RADAR was in working order, to confirm the accuracy of the unit. At the end of this tour of duty, this Officer did the same. This Officer received RADAR/LIDAR certification on 05/31/2008, in Cannon AFB, NM. This Officer entered the same lane as the vehicle, a Jeep utility vehicle (DAW6975/NC) and observed same drift out of the lane twice into the outside through lane. The second of which, the vehicle went approximately half its width into the lane, then back. The vehicle then encroached upon a vehicle ahead of it, to approximately less than two car lengths.</p> <p>This Officer activated overhead red and blue lights to initiate a traffic stop on same. The vehicle conducted a left-hand turn onto east bound 117th Ct N, before finally slow rolling to a complete stop. This Officer approached on the driver side and made contact with the driver and sole occupant. The driver was identified via North Carolina Driver License photo, Connor Reilly (OF), was still in actual physical control of the vehicle. Reilly had glassy watery eyes, flushed red face and the obvious odor of an unknown alcoholic beverage emanating from his breath at conversational distance. Reilly was unaware he was speeding and also stated he did not see the two marked PBGPD vehicles plainly visible on the median as he passed. Reilly said he was coming from Abacoa and was on his way home. This Officer asked Reilly how much he had to drink on this night, to which he replied "not much".</p>						
SWORN AND SUBSCRIBED BEFORE ME <i>Thomasina Miller</i>			SIGNATURE OF ARRESTING / INVESTIGATING OFFICER <i>[Signature]</i>			
NOTARY PUBLIC / CLERK OF COURT / O <b>02/22/2023</b> DATE					NAME OF OFFICER (PLEASE PRINT) <b>FLINK, ANDREW S (514)</b> <b>02/22/2023</b> DATE	
PAGE 1 OF 3						

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

SCANNED  
FEB 22 2023

PROBABLE CAUSE AFFIDAVIT  
SUPPLEMENT

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

1 JUVENILE

OBTS Number	Agency ORI Number <b>FL FLO502600</b>		Agency Name <b>Palm Beach Gardens Police Department</b>	Agency Report Number <b>7 8 23-001036</b>
Charge Type: Check as many as apply.	<input type="checkbox"/> 1. Felony	<input type="checkbox"/> 3. Misdemeanor	<input type="checkbox"/> 5. Ordinance	Special Notes:
	<input type="checkbox"/> 2. Traffic Felony	<input checked="" type="checkbox"/> 4. Traffic Misdemeanor	<input type="checkbox"/> 6. Other	

Name (Last, First, Middle) <b>REILLY, CONNOR MICHAEL RUBLE</b>	Alias	Race <b>W</b>	Sex <b>M</b>	Date of Birth <b>12/24/1992</b>
-------------------------------------------------------------------	-------	------------------	-----------------	------------------------------------

Based on this Officer's observations, Reilly was asked to exit the vehicle to ensure he was not driving under the influence and to do roadside exercises. Reilly replied "Do I have to do exercise?", to which this Officer commanded Reilly to exit the vehicle. Reilly complied and exited without incident. This Officer advised Reilly of his Taylor Warnings to which he acknowledged and agreed to participate in exercises. Reilly said he did not have any medical conditions which would affect the exercises performed.

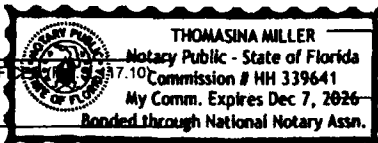
The first exercise conducted, was the Horizontal Gaze Nystagmus. The stimulus used was a Stylus Streamlight with an illuminated red tip. This Officer observed a lack of smooth pursuit in both eyes and sustained involuntary jerking in both eyes at maximum deviation. Reilly also had the onset of Nystagmus prior to 45 degrees in both eyes as well as Vertical Gaze Nystagmus in both eyes.

The second exercise conducted, was the Walk and Turn. The line used was a strip of yellow tape placed upon the pavement by this Officer. During the first set of steps, Reilly walked slowly and hunched forward. Reilly took 10 steps rather than nine. During the turnaround, Reilly pivoted on both feet, rather than taking a series of small steps to turn around. During the return set of steps, Reilly missed heel-to-toe on the fourth step.

The third exercise conducted, was the One-Leg Stand. During the exercise Reilly raised his left foot. Reilly swayed side-to-side during the exercise and raised both arms more than six inches from his sides. Reilly had to be told to raise his foot higher and to look down at his raised foot.

The fourth exercise conducted, was the Finger to Nose. During the exercise, the following observations were made: First command of Left, Reilly touched under the tip of nose, then removed his finger from his nose, then brought it back to his nose and had to be told to lower his hand. The first command of Right, Reilly touched under the tip of his nose and had to be told to lower his hand. The second command of Left, Reilly touched the tip of his nose with the pad of his finger. The second command of Right, Reilly touched under the tip of his nose. The third command of Right, Reilly touched under the tip of his nose. The final command of Left, Reilly touched the tip of his nose with the pad of his finger.

Based on this Officer's observations, Reilly was placed under arrest at 2333 hours. On the roadside this Officer requested Reilly provide a breath sample for the purpose of determining its alcohol content, to which he asked if he had to. This Officer read Florida Implied Consent, via Florida DOT Cards to Reilly to which he acknowledged and consented. At PBSO BAT this Officer again requested Reilly provide a breath sample for the purpose of determining its alcohol content, to which he consented. At 0032 hours, he blew .110 and at 0035 hours, he blew .110.

SWORN AND SUBSCRIBED BEFORE ME	<i>Thomasina Miller</i>		<i>[Signature]</i>
NOTARY PUBLIC / CLERK OF COURT / OFFICER	DATE <b>02/22/2023</b>	THOMASINA MILLER Notary Public - State of Florida Commission # MH 339641 My Comm. Expires Dec 7, 2026 Bonded through National Notary Assn.	SIGNATURE OF ARRESTING / INVESTIGATING OFFICER <b>FLINK, ANDREW S (514)</b> NAME OF OFFICER (PLEASE PRINT)
			DATE <b>02/22/2023</b>

PROBABLE CAUSE AFFIDAVIT  
SUPPLEMENT

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

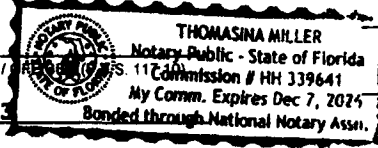
1

JUVENILE

A D M I N I S T R A T I V E	OBS Number		Agency ORI Number <b>FL FLO502600</b>		Agency Name <b>Palm Beach Gardens Police Department</b>		Agency Report Number <b>718 23-001036</b>	
	Charge Type: Check as many as apply:		Special Notes:		Race		Sex	
	<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				<b>W</b>		<b>M</b>	
Name (Last, First, Middle) <b>REILLY, CONNOR MICHAEL RUBLE</b>		Alias		Date of Birth <b>12/24/1992</b>				

Based on the results of the investigation, this Officer has probable cause to prove Connor Reilly operated a motor vehicle, in the county of Palm Beach, in the state of Florida, while under the influence to the extent his normal faculties were impaired, with an unlawful breath alcohol content, in violation of FSS 316.193(1)(C).

NOT A CERTIFIED COPY

A D M I N I S T R A T I V E	SWORN AND SUBSCRIBED BEFORE ME		SIGNATURE OF ARRESTING / INVESTIGATING OFFICER	
			<i>[Signature]</i>	
	NOTARY PUBLIC / CLERK OF COURT / <b>02/22/2023</b> DATE		<b>FLINK, ANDREW S (514)</b> NAME OF OFFICER (PLEASE PRINT) <b>02/22/2023</b> DATE	



**PALM BEACH GARDENS POLICE DEPARTMENT  
DUI TESTING FACILITY INFORMATION SHEET**



PBSO Case #: 23-039174 PBSO Zone: 3-13

Agency Case #: 23001036 Crash Case #: \_\_\_\_\_

**Incident Information:**

Time of Stop/Crash: 2319 Date of Incident: 02/21/2023 Day: TUESDAY

Location of Incident: 12300-BLK CENTRAL BLVD, PALM BEACH GARDENS, FL, 33410

**Arrest Information:**

Time of Arrest: 23:33 Date of Arrest: 02/21/2023 Day: TUESDAY

Location of Arrest: 117TH CT N JEO CENTRAL BLVD, PALM BEACH GARDENS, FL, 33410

Subject's Name: (L) REILLY, (F) CONNOR, (M) MICHAEL RUBLE

DOB: 12/24/1992 Race: W Sex: M Height: 6'0 Weight: 175 Hair BRO Eye BLU

Address: 1051 SHADY LAKES CIR PALM BEACH GARDENS, FL 33418 Phone: (919) 748-8494

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

Agency: PBGPD Division: TRAFFIC UNIT

**Breath Results**

- 1) .110 at 00:32 hrs.
- 2) .110 at 00:35 hrs.
- 3) N/A at N/A hrs.
- 4) N/A at N/A hrs.

**---BAT Use---**

BAT Notified: YES  
 Arrival Time at BAT: 0003  
 Subject Arrest Time: 23:33

Breath Test Operator: MILLER 41017  
 PBSO

**SCANNED**  
**FEB 22 2023**

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) \_\_\_\_\_

**SCANNED  
FEB 22 2023**

WHITE: STATE ATTY.

YELLOW: DHSMV

PINK: CENTRAL RECORDS

GOLD: JAIL

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: \_\_\_\_\_

**SCANNED**  
**FEB 22 2023**

# TESTING FACILITY TASK REPORT

AGENCY: PBG

SUBJECT: REILLY, CONNOR, .M.

CASE NUMBER: 23-039174

DATE: Feb 22, 2023

VIDEO DVD NUMBER: N/A

BEGINNING TIME: 00:26

ENDING TIME: 00:38

BREATH TESTS RESULTS: 1) .110 TIME 00:32 A.M.  P.M.  2) .110 TIME 00:35 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: T. MILLER #41017

MAINTENANCE TECHNICAN: J. KARLECKE# 6467

## TESTING OFFICER'S OBSERVATIONS

SPEECH: MUMBLED

ATTITUDE: CALM, QUIET

CLOTHING: WHITE SHIRT, BLUE SHORTS, GRAY SNEAKERS

MEDICAL CONDITIONS: NONE

MEDICATIONS: NONE

### OTHER:

BLOODSHOT AND GLASSY EYES

### COMMENTS:

ARRIVED AT CENTER A/O BEGAN THE 20 MINUTE OBSERVATION PERIOD AT 00:03 HRS.

SUBJECT: AGREED TO TAKE TEST.

A/O: READ RIGHTS.

SUBJECT: STATED HE UNDERSTOOD RIGHTS.

TECH: READ TEST RESULTS.

SUBJECT: STATED HE UNDERSTOOD TEST RESULTS.

NO Q & A CONDUCTED.

SCANNED  
FEB 22 2023

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: 80-006029 Software: 8100.27  
Date of Test: 02/22/2023

Date of Last Agency Inspection: 02/10/2023  
Observation Period Began: 00:03  
Subject's Name: CONNOR M REILLY

DOB: 12/24/1992 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		00:30
	Air Blank	0.000	00:30
	Control Test	0.081	00:30
	Air Blank	0.000	00:31
	Subject Sample #1	0.110	00:32
	Air Blank	0.000	00:32
	Air Blank	0.000	00:34
	Subject Sample #2	0.110	00:35
	Air Blank	0.000	00:35
	Control Test	0.080	00:36
	Air Blank	0.000	00:36
	Diagnostics Check OK		00:36

Cylinder Lot: 29122080A1  
Exp: 12/05/2024

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, THOMASINA E MILLER, 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: Thomasina Miller Date: 02/22/23  
Signature

Sworn to (or affirmed) before me this 22 day of February, 2023

Signature of Notary Public-State of Florida [Signature] Printed Name of Notary Public-State of Florida OPC. A. Flink

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 222.7615, F.S.



# 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	<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.	
Public Info. Exemptions	<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), 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.	
Florida Rules of Judicial Administration 2.420 (Rule of 23)	<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"/>	(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), 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"/>			
Other	<input type="checkbox"/>		Other:	
	<input type="checkbox"/>		Other:	

REVIEW COMPLETED BY

Booking Number: 2023004957	Date: 2/22/2023
	Specialist Name/ID: Pinkneya/7796

SCANNED  
FEB 22 2023