

25CT11576 AUB
Janisburg

0555949

3232

Marsy's Law CVI FL Const. Art. 1 § 18(b)

Check if Supplement is Attached

ARREST / NOTICE TO APPEAR

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

Juvenile

OBTS Number	ARREST / NOTICE TO APPEAR		1. Arrest 2. N.T.A. 3. Request for Warrant 4. Request for Capias		1	Juvenile
Agency ORI Number	Agency Name	Agency Report Number (N.Y.A.'s only)				
0501700	Jupiter Police Department	64 25-002492				
Charge Type: Check as many as apply:	<input type="checkbox"/> 1. Felony <input type="checkbox"/> 2. Traffic Felony	<input checked="" type="checkbox"/> 3. Misdemeanor <input type="checkbox"/> 4. Traffic Misdemeanor	<input type="checkbox"/> 5. Ordinance <input type="checkbox"/> 6. Other	II Weapon Seized Enter Type UNARMED	Multiple Clearance Indicator	
Location of Arrest (Including Name of Business)		Location of Offense (Business Name, Address)				
E INDIANTOWN RD/N A1A, JUPITER, FL 33458		1199 E INDIANTOWN RD/N A1A, JUPITER, FL 33477				
Date of Arrest	Time of Arrest	Booking Date	Booking Time	Jail Date	Jail Time	Location of Vehicle
07/20/2025	00:02	07/20/2025	00:12	07/20/2025	02:45	
Name (Last, First, Middle)		Alias (Name, DOB, Soc. Sec. #, Etc.)				
STEYN, CRAIG						
Race	Sex	Date of Birth	Height	Weight	Eye Color	Hair Color
W - White B - Black	W M	04/12/1988	5'09	145	BLU	GRY
Scars, Marks, Tattoos, Unique Physical Features (Location, Type, Description)		Mental Status	Religion	Indication of: Alcohol Influence Drug Influence		
		S	Other	Y N Unk <input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/>		
Local Address (Street, Apt. Number)		(City)	(State)	(Zip)	Mobile Phone	
9000 SW HEGENER DR, PORT SAINT LUCIE, FL 34987						
Permanent Address (Street, Apt. Number)		(City)	(State)	(Zip)	Phone	
9000 SW HEGENER DR, PORT SAINT LUCIE, FL 34987					(561) 480-4268	
Business Address (Name, Street)		(City)	(State)	(Zip)	Phone	
D/L Number, State	Soc. Sec. Number	INS Number	Place of Birth (City, State)		Citizenship	
S350100881320 / FL			South Florida		Sixth Year	
Co-Defendant Name (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 Name (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		
<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			
Released to: (Name)	Relationship		Date	Time		
The above address was 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's Office (Phone (581) 355-8511) informed of any change of address.			School Attended		Grade	
Property Crime? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Description of Property		Value of Property		
Drug Activity	S. Sell N. Buy P. Possess	R. Smuggle D. Deliver E. Use	K. Disperse/ 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. Opioid/Deriv.
						P. Parapharmacie/ Equipment S. Synthetic
						U. Unknown Z. Other
Charge Description	COUNTS	Domestic Violence <input type="checkbox"/> Y <input checked="" type="checkbox"/> N	Statute Violation Number		Violation of ORD #	
DUI - BAC ABOVE .15	1		316.193(4)			
Drug Activity	Drug Type	Amount / Unit	Offense #	Warrant / Capias Number		Bond
	N	1				1000
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
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Drug Activity	Drug Type	Amount / Unit	Offense #	Warrant / Capias Number		Bond
Location (Court, Room Number, Address)						
North County Government Center PALM BEACH GARD						
Court Date and Time						
Month	August	Day	20	Year	2025	Time 8:30 (A.M.) P.M.
JUL 20 AM 4:03						
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			
			7/20/25			
I consent to receive text reminders of court dates 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			Signature			
			7/20/25			
HOLD for Other Agency			Signature of Arresting Officer		Name Verification (Printed by Arrestee)	
NONE					25 JUL 20 AM 7:49	
<input type="checkbox"/> Dangerous <input type="checkbox"/> Suicidal		<input type="checkbox"/> Resisted Arrest <input type="checkbox"/> Other		Name of Arresting Officer (Print)		(PRINT)
				BROWN, MEKHI		1260
Inmate Deputy		ID #	Pouch #	Transporting Officer	ID #	Agency
D/S 1 DUNN # 3662				M BROWN	1260	JUPITER
Witness here if subject signed with an "X"						PAGE
						1 OF 1

PROBABLE CAUSE AFFIDAVIT

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

1 JUVENILE 

OBTS Number	Agency ORI Number FL FLO501700		Agency Name JUPITER POLICE DEPARTMENT	Agency Report Number 5 4 25-002492
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Charge Type: Check as many as apply	<input type="checkbox"/> 1. Felony	<input checked="" type="checkbox"/> 3. Misdemeanor	<input type="checkbox"/> 5. Ordinance	Special Notes:
	<input type="checkbox"/> 2. Traffic Felony	<input type="checkbox"/> 4. Traffic Misdemeanor	<input type="checkbox"/> 6. Other	

Name (Last, First, Middle) STEYN, CRAIG	Alias	Race W	Sex M	Date of Birth 04/12/1988
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Charge Description 316.193(4) DUI - BAC ABOVE .15	Charge Description
Charge Description	Charge Description

Victim Name (Last, First, Middle) State Of Florida	Race	Sex	Date of Birth
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Local Address (Street, Apt. Number)	(City)	(State)	(Zip)	Phone	Address Source
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Business Address (Name, Street)	(City)	(State)	(Zip)	Phone	Occupation
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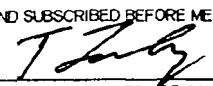
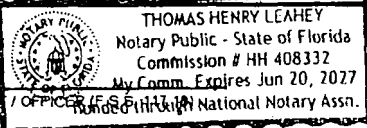

The undersigned certifies and swears that he/she has just and reasonable grounds to believe, and does believe that the above named Defendant committed the following violation of law.
The Person taken into custody ...
 committed the below acts in my presence. was observed by _____ who told _____ that he/she saw the arrested person commit the below acts.
 confessed to _____ admitting to the below facts. was found to have committed the below acts, resulting from my (described) investigation.
On the 19 day of July, 2025 at 00:02 (Specifically include facts constituting cause for arrest.)

On 07/19/2025 at approximately 2337 hours I was dispatched to the area of E Indiantown / N A1A in reference to a two-vehicle crash. Vehicle #1 crossed into oncoming traffic and hit head on with another vehicle causing all airbags to deploy. Upon my arrival, I spoke with the operator Vehicle #1, A 2017 Jeep Compass (FL tag FBND37) who was identified by his FL Drivers license as Craig Steyn (w/m 04/12/1989). While gathering Steyn's statement I noticed he had bloodshot glassy eyes and there was a strong odor of an unknown alcoholic beverage coming from his breath that intensified as he spoke. Based on my training and experience I knew these were indicators of intoxication.

After Officer Shaff (ID #1217) completed her crash investigation, I advised Steyn that and told him the I would be conducting a criminal D.U.I investigation. Steyn stated he understood. I informed Steyn that I was concerned for his ability to drive and believe that he should not have been driving, then asked if he was willing to participate in standardized field sobriety tasks (SFTS), he at first refused. I advised Steyn of his Taylor Warnings and advised him if he refused to participate, I would have to base my arrest decision of what I have seen of so far. Steyn stated he understood and was willing to participate.

I asked Steyn the pre-task questions: (1) Do you have any physical defects or disabilities? He stated no. (2) Do you have any problems with your eyes? He stated he normally wears glasses for driving, but he did not today. (3) Are you sick or injured? He stated no. (4) Are you under the care of a doctor or dentist? He stated he saw a doctor for just an annual check. (5) Are you taking any medication or drugs? He stated no.

The first task was the horizontal gaze nystagmus. I informed Steyn to stand with his feet together (heels and toes touching) and arms at his side. I advised Steyn that I would be checking his eyes, utilizing the tip of my pen (stimulus), and he needed to

SWORN AND SUBSCRIBED BEFORE ME  NOTARY PUBLIC / CLERK OF COURT / OFFICER (F.S. 117.11) National Notary Assn.		 SIGNATURE OF ARRESTING / INVESTIGATING OFFICER BROWN, MEKHI (1260) NAME OF OFFICER (PLEASE PRINT)
<u>07/20/2025</u> DATE	<u>07/19/2025</u> DATE	PAGE 1 OF 3

Agency ORI Number FL FLO501700	Agency Name JUPITER POLICE DEPARTMENT	Agency Report Number 5 4 25-002492
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Charge Type: Check as many as apply. <table style="width: 100%; border: none;"> <tr> <td><input type="checkbox"/> 1. Felony</td> <td><input checked="" type="checkbox"/> 3. Misdemeanor</td> <td><input type="checkbox"/> 5. Ordinance</td> </tr> <tr> <td><input type="checkbox"/> 2. Traffic Felony</td> <td><input type="checkbox"/> 4. Traffic Misdemeanor</td> <td><input type="checkbox"/> 6. Other</td> </tr> </table>	<input type="checkbox"/> 1. Felony	<input checked="" type="checkbox"/> 3. Misdemeanor	<input type="checkbox"/> 5. Ordinance	<input type="checkbox"/> 2. Traffic Felony	<input type="checkbox"/> 4. Traffic Misdemeanor	<input type="checkbox"/> 6. Other	Special Notes:
<input type="checkbox"/> 1. Felony	<input checked="" type="checkbox"/> 3. Misdemeanor	<input type="checkbox"/> 5. Ordinance					
<input type="checkbox"/> 2. Traffic Felony	<input type="checkbox"/> 4. Traffic Misdemeanor	<input type="checkbox"/> 6. Other					

Name (Last, First, Middle) STEYN, CRAIG	Alias	Race W	Sex M	Date of Birth 04/12/1988
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keep his head still and follow it with his eyes only. Steyn had no resting nystagmus and both eyes tracked equally. I observed a lack of smooth pursuit in both eyes, distinct and sustained nystagmus at maximum deviation in both eyes, and onset of nystagmus prior to 45 degrees in both eyes. While doing this task, Steyn moved his arms from his side and placed them in front of him, he also moved out of position by moving his right leg to the side. I did not observe vertical nystagmus.

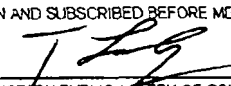
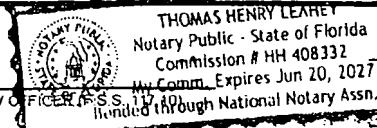
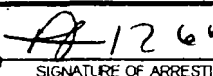
The next task was walk and turn. I asked Steyn if the white fog line painted on the road was straight and he informed me that it indeed was. I informed Steyn to place his left foot on the line and place his right foot in front of his left foot. I advised Steyn that he needs to keep his arms at his side of all time, which he understood. I demonstrated the task to Steyn, which he stated he understood and had no questions. Steyn began the task and, on his 3rd, and 5th step off the line to the left. Steyn then failed to take a series of small steps and pivot off both his toes to turn around. Steyn continued back down the line using his arms for balance and missing steps 1-9.

The third task was the leg stand. I demonstrated and instructed Steyn to stand with his feet together, arms down at his sides, and remain in that position until I told him to begin, to which he stated he understood. While demonstrating to Steyn that he would raise one leg (either leg) approximately 6 inches off the ground and keep the foot parallel with the ground and his leg straight, he picked up right leg to begin the task. I informed him that I was demonstrating he needed to watch me do it first. After starting the task, Steyn used his arms to keep his balance and stopped counting at "17", which according to my stopwatch was 28 seconds.

The fourth task was the finger to nose. I demonstrated and instructed Steyn to stand with his feet together arms down to his sides with index fingers extended, and remain in that position until I told him to begin, which he stated he understood. I called it out in the following manner: left, right, left, right, right, and left. On the first left and first right Steyn touched his nose with the pad of his finger. On the second left he touched the top of his lip directly under his nose. On the second and third right he touched the top of his lip directly under his nose. On the third left he touched his lip. Throughout this task he continued to keep his eyes opened.

The fifth and final task was the Romberg Alphabet. I demonstrated and instructed Steyn to stand with his feet together (heels together and toes together) and his arms down to his side. I asked Steyn what was his highest level of education, he stated he got a B.A degree. Steyn stated he was comfortable reciting the alphabet from A to Z. Steyn was informed to begin and recited the alphabet correctly, but did it not say it slow and a non-rhythmic manner.

Based on my investigation, observations, and the totality of circumstances, I had probable cause to believe that Steyn did drive or was in actual physical control of a

SWORN AND SUBSCRIBED BEFORE ME  NOTARY PUBLIC / CLERK OF COURT / OFFICER P.S. 177301 07/20/2025 DATE	 THOMAS HENRY LEAHY Notary Public - State of Florida Commission # HH 408332 My Comm. Expires Jun 20, 2027 bonded through National Notary Assn.	 SIGNATURE OF ARRESTING / INVESTIGATING OFFICER BROWN, MEKHI (1260) NAME OF OFFICER (PLEASE PRINT) 07/19/2025 DATE
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Agency ORI Number **FL FL0501700** Agency Name **JUPITER POLICE DEPARTMENT** Agency Report Number **5 | 4 | 25-002492**

Charge Type: 1. Felony 3. Misdemeanor 5. Ordinance
 2. Traffic Felony 4. Traffic Misdemeanor 6. Other

Name (Last, First, Middle) **STEYN, CRAIG** Race **W** Sex **M** Date of Birth **04/12/1988**

vehicle, while under the influence of alcoholic beverages or chemical substances as set forth in Florida Statute 877.111, and was affected to the extent that his normal faculties were impaired; or while having a breath alcohol level of above a .15. He was placed into my department-issued handcuffs, which were double-locked and checked for proper spacing.

I asked Steyn if he had been drinking which he said yes and he was drinking at Topside Rooftop Bar. After searching his person, I placed him in the rear of my patrol vehicle. It should be noted that moments after he entered, the entire interior of my patrol vehicle had a strong odor of an unknown alcoholic beverage.

Steyn was transported to Jupiter Medical Center for medical clearance. I then transported Steyn to the Palm Beach County Breath Alcohol Testing Center (BAT), arriving at 0115 hours. I placed Steyn under a 20-minute observation period, during which he neither consumed nor regurgitated anything. We then went on video with BAT technician Leahey#19183. I requested Steyn provide a breath sample, to which he was willing to provide a breath sample. He provided two breath samples of .193.

Steyn was booked into Palm Beach County Jail without further incident. His vehicle was towed by rotation from the scene by East Coast Towing.

My body-worn camera was utilized for the duration of this incident. The above-described events are a summary of the body-worn camera footage and are not intended to be verbatim.

SWORN AND SUBSCRIBED BEFORE ME

[Signature]
 NOTARY PUBLIC / CLERK OF COURT / OFFICIAL ID # 117 ID
 DATE **07/20/2025**

THOMAS HENRY LEAHEY
 Notary Public - State of Florida
 Commission # MH 408332
 My Comm. Expires Jun 20, 2027
 Bonded through National Notary Assn.

[Signature]
 SIGNATURE OF ARRESTING / INVESTIGATING OFFICER

BROWN, MEKHI (1260)
 NAME OF OFFICER (PLEASE PRINT)

07/19/2025
 DATE

PAGE **3** OF **3**

WITNESS LIST

CASE NUMBER: 25-002492

ARRESTING OFFICER: OFC. M Brown

ADDRESS: 196 Military Trl. Jupiter, FL 33458

PHONE NUMBERS (HOME): _____ (WORK) 561-746-6201

CAN TESTIFY TO: Probable cause

NAME: OFC. SHAFF

ADDRESS: 196 Military Trl. Jupiter, FL 33458

PHONE NUMBERS (HOME): _____ (WORK) 561-746-6201

CAN TESTIFY TO: Crash report.

NAME: LUKE HAGAN

ADDRESS: 196 Military Trl. Jupiter, FL 33458

PHONE NUMBERS (HOME) 410-718-8493 (WORK) _____

CAN TESTIFY TO: WHEEL WITNESS

NAME: _____

ADDRESS: 196 Military Trl. Jupiter, FL 33458

PHONE NUMBERS (HOME): _____ (WORK) 561-746-6201

CAN TESTIFY TO: _____

NAME: _____

ADDRESS: _____

PHONE NUMBERS (HOME): _____ (WORK) _____

CAN TESTIFY TO: _____

NAME: _____

ADDRESS: _____

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CAN TESTIFY TO: _____

NAME: _____

ADDRESS: _____

PHONE NUMBERS (HOME): _____ (WORK) _____

CAN TESTIFY TO: _____

NOT A CERTIFIED COPY

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? _____

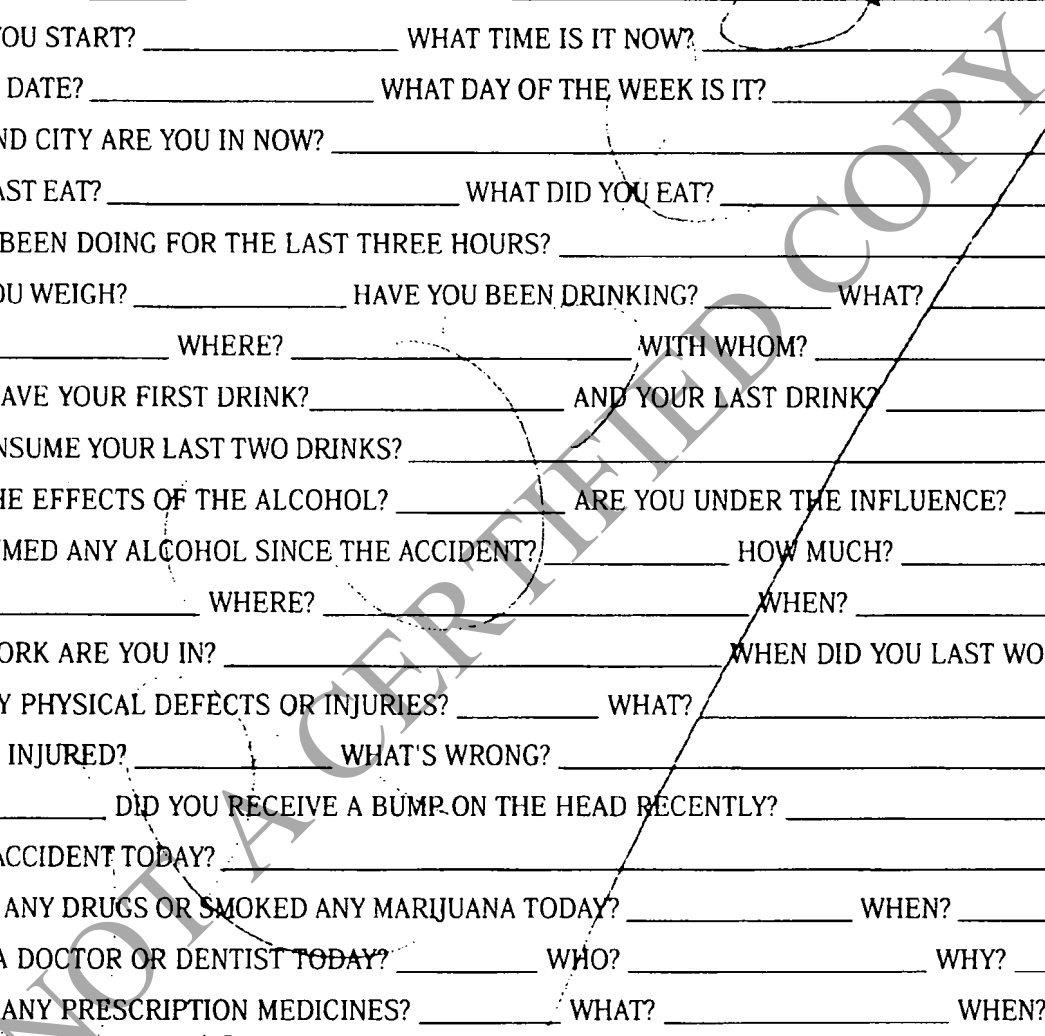
DO YOU TAKE INSULIN? _____ IF SO, WHEN WAS YOUR LAST INJECTION? _____

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

INTERVIEWER: _____

WHITE - STATE ATTY. YELLOW - DHSMV PINK - CENTRAL RECORDS GOLD - JAIL

*Original



SUBJECT: _____ CASE NUMBER: _____

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

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- GLASS EYE? _____
- FALSE TEETH? _____
- EAR INFECTION? _____
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- DIABETES? _____

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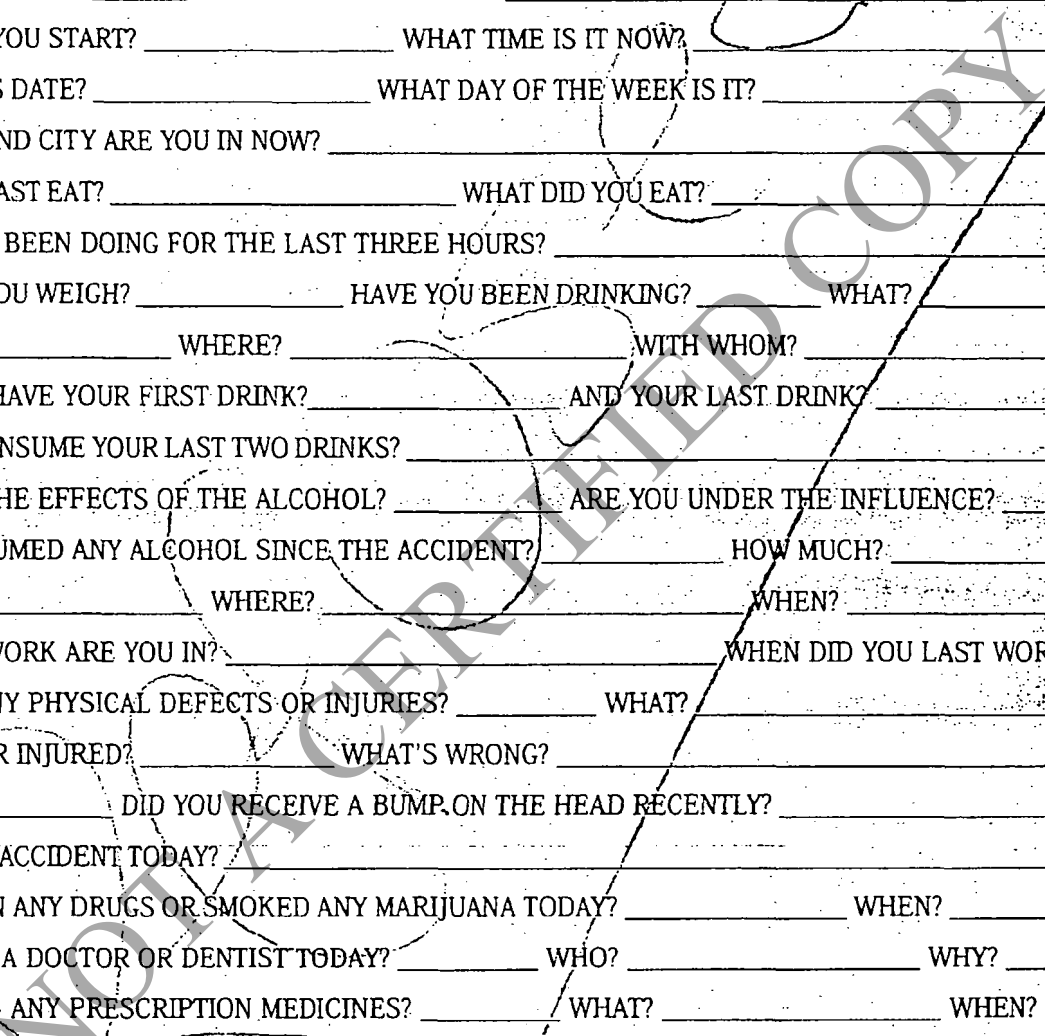
DO YOU TAKE INSULIN? _____ IF SO, WHEN WAS YOUR LAST INJECTION? _____

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

INTERVIEWER: _____

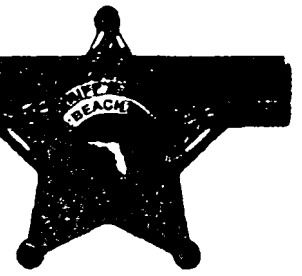
WHITE - STATE ATTY. YELLOW - DHSMV PINK - CENTRAL RECORDS GOLD - JAIL

Dark Copy



**PALM BEACH COUNTY
SHERIFF'S OFFICE**

SHERIFF RIC L. BRADSHAW



DUI Breath Implied Consent

NOT APPLICABLE WITH VOLUNTARY CONSENT

DEFENDANT'S NAME: _____ CASE NO: _____

DATE OF ARREST: _____ TIME OF ARREST: _____

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

Will you take the test? YES NO

NOTE: READ ONLY IF THE ANSWER TO THE ABOVE IS "NO"

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 _____ NO _____

Do you still refuse to submit to this test? YES _____ NO _____

NOTE: IF THE SUBJECT POSSESSES A COMMERCIAL DRIVER LICENSE (CDL), READ THE FOLLOWING, REGARDLESS OF WHETHER THE SUBJECT IS OPERATING A COMMERCIAL MOTOR VEHICLE (CMV)

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 _____ NO _____

Do you still refuse to submit to this test? YES _____ NO _____

Date read: _____ Time read: _____ Location read: _____

LAW ENFORCEMENT OFFICER NAME (printed): _____ ID: 1260

LAW ENFORCEMENT OFFICER SIGNATURE: *[Signature]*

WHITE: STATE ATTY.

YELLOW: DHSMV

PINK: CENTRAL RECORDS

GOLD: JAIL

**Original*

**PALM BEACH COUNTY
SHERIFF'S OFFICE**

SHERIFF RIC L. BRADSHAW



DUI Breath Implied Consent

NOT APPLICABLE WITH VOLUNTARY CONSENT

DEFENDANT'S NAME: Stegan, Tony CASE NO: _____

DATE OF ARREST: 7/25/11 TIME OF ARREST: _____

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

Will you take the test? YES NO

NOTE: READ ONLY IF THE ANSWER TO THE ABOVE IS "NO"

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 NO

Do you still refuse to submit to this test? YES NO

NOTE: IF THE SUBJECT POSSESSES A COMMERCIAL DRIVER LICENSE (CDL), READ THE FOLLOWING, REGARDLESS OF WHETHER THE SUBJECT IS OPERATING A COMMERCIAL MOTOR VEHICLE (CMV)

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 NO

Do you still refuse to submit to this test? YES NO

Date read: _____ Time read: _____ Location read: _____

LAW ENFORCEMENT OFFICER NAME (printed): Richard L. Brown ID: 1260

LAW ENFORCEMENT OFFICER SIGNATURE: [Signature]

WHITE: STATE ATTY.

YELLOW: DHSMV

PINK: CENTRAL RECORDS

GOLD: JAIL

Dark Copy



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

PBSO CASE # 25-080415 PBSO ZONE 3-14

AGENCY CASE # 25-002492 CRASH CASE # 25002492

TIME OF STOP/CRASH 23:35 DATE 07/19/2025 DAY Saturday

SUBJECT'S NAME STEYN CRAIG RACE White SEX Male
LAST FIRST MID

HGT 5'9 WGT 140lb DOB 04/12/1988

LOCATION E INDIANTOWN RD/N A1A

ARRESTING OFFICER'S NAME & ID OFC. M Brown 1260 AGENCY Jupiter PD

DIVISION: _____

NOTIFIED BY COMMO Yes

ARRIVAL AT FACILITY 0115

ARREST TIME 0002

BREATH RESULTS:

- 1) .193
- 2) .193
- 3) N/A
- 4) N/A

TESTING OFFICER'S ID 19183 PBSO VIDEOTAPE # N/A

NOT A CERTIFIED COPY

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

Instrument Type: Intoxilyzer 8000
Instrument Registered To: PALM BEACH COUNTY SO
Instrument Serial Number: 80-006239 Software: 8100.27
Date of Test: 07/20/2025

Date of Last Agency Inspection: 07/11/2025
Observation Period Began: 01:15
Subject's Name: CRAIG STEYN

DOB: 04/12/1988 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	01:40
	Air Blank	0.000	01:40
	Control Test	0.080	01:40
	Air Blank	0.000	01:41
	Subject Sample #1	0.193	01:42
	Air Blank	0.000	01:43
	Air Blank	0.000	01:45
	Subject Sample #2	0.193	01:45
	Air Blank	0.000	01:46
	Control Test	0.078	01:46
	Air Blank	0.000	01:47
	Diagnostics Check	OK	01:47

Cylinder Lot: 10124080A2
Exp: 06/05/2026

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 LEABEY, 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: [Signature] Date: 07/20/2025
Signature

Sworn to (or affirmed) before me this 20 day of July, 2025
[Signature] 1260 Ok M Brown # 1260
Signature of Notary Public-State of Florida 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.

TESTING FACILITY TASK REPORT

AGENCY: JPD

SUBJECT: Steyn, Craig

CASE NUMBER: 25-080415

DATE: Jul 20, 2025

VIDEO DVD NUMBER: N/A

BEGINNING TIME: 0137

ENDING TIME: 0148

BREATH TESTS RESULTS: 1) .193 TIME 0142 A.M. P.M. 2) .193 TIME 0145 A.M. P.M.

3) n/a TIME 0 A.M. P.M. 4) n/a TIME 0 A.M. P.M.

BREATH OPERATOR: Thomas H Leahy #19183

MAINTENANCE TECHNICAN: Jason Karlecke #6467

TESTING OFFICER'S OBSERVATIONS

SPEECH: thick, deliberate

ATTITUDE: calm

CLOTHING: blue jeans, white t-shirt, black sneakers

MEDICAL CONDITIONS: none

MEDICATIONS: none

OTHER:

eyes are glassy & bloodshot
odor of unknown alcoholic beverage on breath

COMMENTS:

arrived at center A/O conducted 20 minute observation period 0115 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 attempted Q&A

subject declined to answer questions



Palm Beach County Sheriff's Office

Florida State Statute Exemption Sheet

	X	Florida State Statute	Description	Page Number(s)
L/E Exemptions	<input type="checkbox"/>	119.071(4)(c)	Undercover personnel	
	<input type="checkbox"/>	119.071(2)(e)	Confession	
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 type="checkbox"/>	316.650(11)	Driver information contained in a uniform traffic citation	
	<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), 119.071(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: 2025019189	Date: 7/20/2025
	Specialist Name/ID#: C.Daniels 30347