24CT3241NB

ARREST / NOTICE TO APPEAR

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

ADMINISTRATION

OBTS Number

Agency ORI Number: 0502300

Agency Name: North Palm Beach Police Department

Agency Report Number (N.T.A.'s only): 7 0 24-000104

Multiple Clearance Indicator

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

Location of Arrest (Including Name of Business): 165 US HIGHWAY 1, NORTH PALM BEACH, FL 33408

Location of Offense (Business Name, Address): 165 US HIGHWAY 1, NORTH PALM BEACH, FL 33408

Date of Arrest: 02/23/2024 (JW 02/23/2024) | Time of Arrest: 3:39 | Booking Date: 02/23/2024 | Booking Time: 01:46 | Jail Date: / / | Jail Time: : | Location of Vehicle: GARDENS TOWING

Alias (Name, DOB, Soc. Sec. #, Etc.)

DEFENDANT

Alias:

Name (Last, First, Middle): HAYES, JACOB REEVE

Race: W - White, B - Black, I - American Indian, O - Oriental/Asian: W

Sex: M

Date of Birth: 04/12/1999

Height: 5'11

Weight: 140

Eye Color: BLACK

Hair Color: BLACK

Complexion: LIGHT

Build: SMALL (SW)

Marital Status: S

Religion: PNG

Indication of: Alcohol Influence / Drug Influence — Yes / No / Unk.

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

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

Local Address (Street, Apt. Number): 2300 VIA ROYALE 2310, JUPITER, FL 33458 (City) (State) (Zip) Phone

Address Source: DAVID

Permanent Address (Street, Apt. Number): 2300 VIA ROYALE 2310, JUPITER, FL 33458 (City) (State) (Zip) Phone

Occupation

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

D/L Number, State: H200436991320 / FL

Soc. Sec. Number: [redacted]

INS Number

Place of Birth (City, State): DENVER, CO, United

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

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

JUVENILE

Name (Last, First, Middle) — Residence Phone

Parent / Legal Custodian / Other — Business Phone

Address (Street, Apt. Number) (City) (State) (Zip)

JUVENILE DISPOSITION: 1. Handled/Processed within Department and Released 2. TOT JAC 3. Incarcerated — Date — Time

Notified by: (Name) Relationship — Date — Time

Released To: (Name) — 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 355-2526) informed of any change of address.

Property Crime? ☐ Yes ☒ No — Description of Property — Value of Property

☐ Yes, by: ☐ No.

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: DUI - BAC ABOVE .15 — Statute Violation Number: 316.193(4) — Violation of ORD # — Bond

Drug Activity — Drug Type: N — Amount / Unit — Offense # — Counts: 1 — Domestic Violence ☐ Y ☒ N — Warrant / Capias Number

Charge Description — Statute Violation Number — Violation of ORD # — Bond

Drug Activity — Drug Type — Amount / Unit — Offense # — Counts — Domestic Violence ☐ Y ☐ N — Warrant / Capias Number

Charge Description — Statute Violation Number — Violation of ORD # — Bond

Drug Activity — Drug Type — Amount / Unit — Offense # — Counts — Domestic Violence ☐ Y ☐ N — Warrant / Capias Number

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: FILED PBC GUN CLUB-- 24 FEB 23 AM 6:56

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): North County PALM BEACH GARD

Court Date and Time: 03/27/2024 10:00:00

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.

No Photo Available

Signature of Defendant (or Juvenile and Parent/Custodian) — Date Signed

ADMIN

HOLD for Other Agency — Signature of Arresting Officer — Name Verification (Printed by Arrestee) (PRINT) SCANNED

☐ Dangerous ☐ Resisted Arrest ☐ Suicidal ☐ Other — Name of Arresting Officer (Print): MILORD, J. — I.D. #: 9905

Intake Deputy — I.D. # — Pouch # — Transporting Officer: MILORD — I.D. #: 9905 — Agency: NPBPD — Witness here if subject signed with an "X" FEB 23 2024

PAGE 1 OF 1

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

NOT A CERTIFIED COPY

PROBABLE CAUSE AFFIDAVIT

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

ADMIN

OBTS Number

Agency ORI Number: FL FL0502300 | Agency Name: NORTH PALM BEACH POLICE | Agency Report Number: 7 0 24-000104

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

Special Notes:

DEF

Name (Last, First, Middle) | Alias | Race | Sex | Date of Birth

HAYES, JACOB REEVE | W | M | 04/12/1999

CHARGES

Charge Description: 316.193(4) DUI - BAC ABOVE .15

Charge Description:

Charge Description:

Charge Description:

VICTIM

Victim's Name (Last, First, Middle) | Race | Sex | Date of Birth

STATE OF FLORIDA,

Local Address (Street, Apt. Number) (City) (State) (Zip) | Phone | Address Source

260 ORANGE TREE DR, ATLANTIS, FL 33462 | (561) 799-4445

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

PROBABLE CAUSE STATEMENT

The undersigned certifies and swears that he/she has just and resonable 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.

☐ confessed to _____ admitting to the below facts.

☐ was observed by _____ who told _____ that he/she saw the arrested person committ the below acts.

☒ was found to have committed the below acts, resulting from my (described) investigation.

On the 22 day of February, 2024 at 23:35 (Specifically include facts constituting cause for arrest.)

On February 22, 2024 at approximately 2335 hours, I was responded to Police K9 Officer Bussek`s traffic stop as a backup officer.

Upon arrival to the scene, Officer Bussek notified me that the driver Jacob Hayes (w/m 04/12/1999), was showing signs of impairment. I introduced myself to Hayes and asked him to step out of the vehicle. As he stepped out he was not able to maintain his balance and almost fell over. I asked Hayes where he was coming from, and he stated that he was coming from a friend`s house up North. I also asked Hayes if he had anything to drink, and he stated that he had five beers a couple of hours ago. While talking to Hayes, I noticed that his face was flushed, he had glassy eyes, dilated pupils, slurred speech, and the odor of an unknown alcoholic beverage coming off his breath. I asked Hayes if he would be willing to complete several Standardized Field Sobriety Tasks (SFSTs). Hayes stated that he will do them. I asked Hayes if he had any medical conditions or physical defects, and he stated that he did not have any.

I explained the first SFST, Horizontal Gaze Nystagmus (HGN), to Hayes, and he stated that he understood. I placed the stimulus (a black pen) in front of Hayes, and advised him to follow the pen with his eyes only. Hayes swayed from left to right, was unable to keep his balance, and was not able to maintain the starting position. As I began to move the pen, Hayes would keep his eyes forward and not follow the stimulus. I had to remind Hayes to follow the pen with his eyes only, numerous times. Hayes was eventually able to follow the pen, and his eyes showed the following signs: a Lack of Smooth Pursuit in both the right and left eyes, Distinct Nystagmus at Maximum Deviation in both the right and left eyes, and Onset of Nystagmus Prior to 45 degrees in both the right and left eyes.

I explained and demonstrated the second SFST, Walk and Turn, to Hayes. I instructed Hayes to get into the proper starting position (left foot on line with right foot in

NOT A CERTIFIED COPY

ADMINISTRATIVE

SWORN AND SUBSCRIBED BEFORE ME

NOTARY PUBLIC / CLERK OF COURT / OFFICER (F.S. 117.10 Authorized)

02/23/24
DATE

JOSHUA BELL
Notary Public - State of Florida
Commission # HH 418882
My Comm. Expires Jul 9, 2027
Bonded through National Notary Assn.

SIGNATURE OF ARRESTING / INVESTIGATING OFFICER

MILORD, JHAMIL (9905)
NAME OF OFFICER (PLEASE PRINT)

02/23/2024
DATE

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

SCANNED
FEB 23 2024

ADMIN

OBTS Number

PROBABLE CAUSE AFFIDAVIT
SUPPLEMENT

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

1 JUVENILE

Agency ORI Number	Agency Name	Agency Report Number
FL FL0502300	NORTH PALM BEACH POLICE	7 0 24-000104

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

Special Notes:

DEF

Name (Last, First, Middle)	Alias	Race	Sex	Date of Birth
HAYES, JACOB REEVE		W	M	04/12/1999

PROBABLE CAUSE STATEMENT

front, touching heel to toe). While I was explaining the SFST to him, Hayes kept swaying back and forth, kept stumbling, was unable to maintain starting position, and tried to begin the task before told to do so. Hayes stated that he understood the instructions and the demonstration that I showed him. Hayes was instructed that he could begin the task. Hayes missed heel to toe touches on all of his steps, did an improper turn, was not able to maintain his balance, and stepped off the line multiple times.

I explained and demonstrated the third SFST, One Leg Stand to Hayes. While explaining the instructions to Hayes he swayed back and forth and had a hard time maintaining his balance. Hayes stated that he understood the instructions and the demonstration. Hayes was instructed that he could begin the task. Hayes lifted his right foot and was unable to keep it up. Hayes almost fell over, this task was stopped in fear of Hayes injuring himself.

I explained and demonstrated the Finger to Nose, to Hayes and he stated that he understood the instructions and demonstration. On the first right (R1), Hayes brought the tip of his finger to the bottom of his right eye. On the first left (L1), Hayes brought the tip of his finger to the bottom of his left eye. On the second right (R2), Hayes brought the tip of his finger to the tip of his nose. On the second left (L2), Hayes brought the tip of his finger to the bottom of his left eye. On the third left (L3), Hayes began to bring his right hand up then he switched to his left and brought it to the bottom of his left eye.

I explained the Rhomberg Alphabet to Hayes. Hayes stated that he understood. Hayes kept his eyes open throughout the task. Hayes recited the Alphabet as follows: A B C D E F G H I J K L M N O P Q R S T U V W X Y Z.

Hayes was placed under arrest for driving under the influence. Handcuffs were placed on Hayes, they were checked for fit and double locked. Hayes was also searched before being placed into the back of my marked patrol vehicle. At the time of the arrest Hayes was wearing a blue and white shirt, blue jeans, and brown shoes.

I transported Hayes to the PBSO Breath Alcohol Testing Center (BAT) without incident. Hayes was observed for 20 minutes. During the 20 minute observation he did not consume or regurgitate anything.

I asked Hayes to provide a Breath Sample, and he stated that he would blow. Hayes blew a .211 at 0044 hours, and he blew a .211 again at 0047 hours.

Based on my investigation, probable cause exists to charge with the following:

ADMINISTRATIVE

SWORN AND SUBSCRIBED BEFORE ME

NOTARY PUBLIC / CLERK OF COURT / OFFICER (F.S.S. 117.10)

02/23/24
DATE

JOSHUA BELL
Notary Public - State of Florida
Commission # HH 418882
My Comm. Expires Jul 9, 2027
Bonded through National Notary Assn.

SIGNATURE OF ARRESTING / INVESTIGATING OFFICER

MILORD, JHAMIL (9905)
NAME OF OFFICER (PLEASE PRINT)

02/23/2024
DATE

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

SCANNED
FEB 23 2024

NOT A CERTIFIED COPY

ADMIN

OBTS Number

PROBABLE CAUSE AFFIDAVIT SUPPLEMENT

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

1

JUVENILE

Agency ORI Number	Agency Name	Agency Report Number
FL FL0502300	NORTH PALM BEACH POLICE	7 0 24-000104

Special Notes:

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

DEF

Name (Last, First, Middle)	Alias	Race	Sex	Date of Birth
HAYES, JACOB REEVE		W	M	04/12/1999

PROBABLE CAUSE STATEMENT

Jacob Hayes during the course of driving a vehicle while under the influence of alcoholic beverages, or chemical substances as set forth in Florida Statute 877.111, or a controlled substance as set forth in Chapter 893 or any combination thereof, was accompanied in the vehicle by a person under the age of 18 years or did have a blood alcohol level of .15 or more grams of alcohol per 100 milliliters of blood or breath alcohol level of .15 or more grams of alcohol per 210 liters of breath, contrary to Florida Statute 316.193(4).

Hayes was issued citations for the following: Driving under the influence

Hayes`s vehicle was towed off scene by Gardens Towing.

Hayes was turned over to Palm Beach County Jail Personnel without incident.

My marked patrol vehicle was searched after dropping off at the jail, and there was no contraband inside.

No further information.

NOT A CERTIFIED COPY

ADMINISTRATIVE

SWORN AND SUBSCRIBED BEFORE ME

NOTARY PUBLIC / CLERK OF COURT / OFFICER (F.S.S. 117.10)

02/23/24
DATE

JOSHUA BELL
Notary Public - State of Florida
Commission # HH 418882
My Comm. Expires Jul 9, 2027
Bonded through National Notary Assn.

SIGNATURE OF ARRESTING / INVESTIGATING OFFICER

MILORD, JHAMIL (9905)
NAME OF OFFICER (PLEASE PRINT)

02/23/2024
DATE

SCANNED
FEB 23 2024

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

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)_____

NOT A CERTIFIED COPY

SCANNED
FEB 23 2024

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: _____

NOT A CERTIFIED COPY

SCANNED
FEB 23 2024

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 23 2024

NOT A CERTIFIED COPY

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: _____

NOT A CERTIFIED COPY

SCANNED
FEB 23 2024

TESTING FACILITY TASK REPORT

AGENCY: NPBPD

SUBJECT: HAYES, JACOB REEVE

CASE NUMBER: 24-037018

DATE: Feb 23, 2024

VIDEO DVD NUMBER: N/A

BEGINNING TIME: 0040

ENDING TIME: 0053

BREATH TESTS RESULTS: 1) .211 TIME 0044 A.M. ☒ P.M. ☐ 2) .211 TIME 0047 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: BLUE POLO SHIRT, BLUE JEANS, BROWN SHOES

MEDICAL CONDITIONS: NONE

MEDICATIONS: NONE

OTHER:

EYES: BLOOSHOT, GLASSY

COMMENTS:

ARRIVED AT DUI TESTING FACILITY AND BEGAN THE 20 MINUTE OBSERVATION AT 0015 HOURS

SUBJECT STATED HE WOULD TAKE BREATHT TEST

TECH READ BREATH TEST RESULTS
SUBJECT STATED HE UNDERSTOOD BREATH TEST RESULTS

A/O READ RIGHTS
SUBJECT ACKNOWLEDGED HE UNDERSTOOD HIS RIGHTS

SUBJECT DECLINED TO ANSWER Q AND A

NOT A CERTIFIED COPY

SCANNED
FEB 23 2024

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

PBSO CASE # 24-037018 PBSO ZONE 3-13

AGENCY CASE # 24-000104 CRASH CASE #

TIME OF STOP/CRASH 2335 DATE 02/22/2024 DAY Thurs

SUBJECT'S NAME Hayes (LAST) Jacob (FIRST) (MID) RACE White SEX Male

HGT 5"11 WGT 140 DOB 04/12/1999

LOCATION 165 US Highway 1 North Palm Beach, FL 33408

ARRESTING OFFICER'S NAME & ID J.Milord 9905 AGENCY North Palm Beach PD

DIVISION: Patrol

NOTIFIED BY COMMO Y

ARRIVAL AT FACILITY 0015

ARREST TIME 23:49

BREATH RESULTS:

1) .211

2) .211

3) —

4) —

TESTING OFFICER'S ID 8656 PBSO VIDEOTAPE # N/A

NOT A CERTIFIED COPY

SCANNED

FEB 23 2024

D.U.I. PROBABLE CAUSE AFFIDAVIT

ON THE 22nd DAY OF February 20 24, AT 2335 AM ✓ PM

SUBJECT: Hayes Jacob CASE NUMBER: 24-000104

AGENCY: North Palm Beach Police Department ARRESTING OFFICER: J.Milord

PERSONAL CONTACT

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

See P.O Bussek's supplemental report

NOT A CERTIFIED COPY

OBSERVATION OF DRIVER:

Unable to maintain balance
Swaying back and forth
glassy eyes
dilated pupils

DRIVER'S STATEMENTS:

Hayes stated that he five beers

ODORS:
Strong odor of an unknown alcoholic beverage

GENERAL OBSERVATIONS

SPEECH: **slurred and slow**

ATTITUDE: **calm**

CLOTHING: **Blue and white button down shirt, blue jeans, brown shoes**

MEDICAL/OTHER: **N/A**

STATE OF FLORIDA
COUNTY OF PALM BEACH

J.Milord
(Signature of Arresting/Investigative Officer)

The foregoing instrument was sworn to or affirmed and subscribed before me this 22 day of February 20 24 by J.Milord

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

Notary Public, Clerk of Court, Officer (F S S 117.10)

JOSHUA BELL
Notary Public - State of Florida
Commission # HH 418882
My Comm. Expires Jul 9, 2027
Bonded through National Notary Assn.

SCANNED
FEB 23 2026

SUBJECT Hayes Jacob **CASE NUMBER** 24-000104

ROADSIDE TASKS

HORIZONTAL GAZE NYSTAGMUS:

- [x] LT EYE-LACK OF SMOOTH PURSUIT
- [x] RT EYE-LACK OF SMOOTH PURSUIT
- [x] LT EYE-DISTINCT & SUSTAINED NYSTAGMUS AT MAX. DEVIATION
- [x] RT EYE-DISTINCT & SUSTAINED NYSTAGMUS AT MAX. DEVIATION
- [x] LT- EYE-ONSET OF NYSTAGMUS PRIOR TO 45 DEGREES
- [x] RT- EYE-ONSET OF NYSTAGMUS PRIOR TO 45 DEGREES

Other Observations:

WALK & TURN:

I explained and demonstrated the second SFST, Walk and Turn, to Hayes. I instructed Hayes to get into the proper starting position (left foot on line with right foot in front, touching heel to toe). While I was explaining the SFST to him, Hayes kept swaying back and forth, kept stumbling, was unable to maintain starting position, and tried to begin the task before told to do so. Hayes stated that he understood the instructions and the demonstration that I showed him. Hayes was instructed that he could begin the task. Hayes missed heel to toe touches on all of his steps, did an improper turn, was not able to maintain his balance, and stepped off the line multiple times.

ONE LEG STAND:

I explained and demonstrated the third SFST, One Leg Stand to Hayes. While explaining the instructions to Hayes he swayed back and forth and had a hard time maintaining his balance. Hayes stated that he understood the instructions and the demonstration. Hayes was instructed that he could begin the task. Hayes lifted his right foot and was unable to keep it up. Hayes almost fell over, this task was stopped in fear of Hayes injuring himself.

FINGER TO NOSE:

I explained and demonstrated the Finger to Nose, to Hayes and he stated that he understood the instructions and demonstration. On the first right (R1), Hayes brought the tip of his finger to the bottom of his right eye. On the first left (L1), Hayes brought the tip of his finger to the bottom of his left eye. On the second right (R2), Hayes brought the tip of his finger to the tip of his nose. On the second left (L2), Hayes brought the tip of his finger to the bottom of his left eye. On the third left (L3), Hayes began to bring his right hand up then he switched to his left and brought it to the bottom of his left eye.

ROMBERG ALPHABET:

I explained the Rhomberg Alphabet to Hayes. Hayes stated that he understood. Hayes kept his eyes open throughout the task. Hayes recited the Alphabet as follows: A B C D E F G H I J K L M N O P Q R S T U V W X Y Z.

BREATH TEST RESULTS: 1) .211 2) .211 3) 4)

STATE OF FLORIDA
COUNTY OF PALM BEACH

J.Milord
(Signature of Arresting/Investigative Officer)

The foregoing instrument was sworn to or affirmed and subscribed before me this 22 day of February 2024 by J.Milord

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

Notary Public, Clerk of Court, Officer (F S S 117.10)

JOSHUA BELL
Notary Public - State of Florida
Commission # HH 418882
My Comm. Expires Jul 9, 2027
Bonded through National Notary Assn.

SCANNED
FEB 23 2024

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 CSO
Instrument Serial Number: 80-001741 Software: 8100.27
Date of Test: 02/23/2024

Date of Last Agency Inspection: 02/16/2024
Observation Period Began: 00:15
Subject's Name: JACOB R HAYES DOB: 04/12/1999 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	00:42
Air Blank	0.000	00:43
Control Test	0.080	00:43
Air Blank	0.000	00:44
Subject Sample #1	0.211	00:44
Air Blank	0.000	00:45
Air Blank	0.000	00:47
Subject Sample #2	0.211	00:47
Air Blank	0.000	00:48
Control Test	0.079	00:48
Air Blank	0.000	00:49
Diagnostics Check	OK	00:49

Cylinder Lot: 06123080A5
Exp: 04/05/2025

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

Breath Test Operator: _____ Date: 02/23/24
Signature

Sworn to (or affirmed) before me this 23 day of February, 2024

_____ OfC. J. Milord #9905
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.

FDLE/ATP FORM 26 - MARCH 2004, Ref. 11D-8.007

NOT A CERTIFIED COPY

SCANNED
FEB 23 2024

WITNESS LIST

CASE NUMBER: **24-000104**

ARRESTING OFFICER: **J.Milord**

ADDRESS: **560 US Highway 1**

PHONE NUMBERS (HOME): **561-848-2525** (WORK) _____

CAN TESTIFY TO: **facts of the case**

NAME: **J.Tonkin**

ADDRESS: **560 US Highway 1**

PHONE NUMBERS (HOME) **561-848-2525** (WORK) _____

CAN TESTIFY TO: **facts of the case**

NAME: _____

ADDRESS _____

PHONE NUMBERS (HOME) _____ (WORK) _____

CAN TESTIFY TO: _____

NAME: _____

ADDRESS _____

PHONE NUMBERS (HOME) 0 (WORK) 0

CAN TESTIFY TO: _____

NAME: _____

ADDRESS _____

PHONE NUMBERS (HOME) _____ (WORK) _____

CAN TESTIFY TO: _____

NAME: _____

ADDRESS _____

PHONE NUMBERS (HOME) _____ (WORK) _____

CAN TESTIFY TO: _____

NAME: _____

ADDRESS _____

PHONE NUMBERS (HOME) _____ (WORK) _____

CAN TESTIFY TO: _____

NAME: _____

ADDRESS _____

PHONE NUMBERS (HOME) _____ (WORK) _____

CAN TESTIFY TO: _____

NAME: _____

ADDRESS _____

PHONE NUMBERS (HOME) _____ (WORK) _____

CAN TESTIFY TO: _____

NAME: _____

ADDRESS _____

PHONE NUMBERS (HOME) _____ (WORK) _____

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

SCANNED
FEB 23 2024

Palm Beach County Sheriff's Office

Florida State Statute Exemption Sheet

	X	Florida State Statute	Description	Page Number(s)
L/E Exemptions	☐	119.071(4)(c)	Undercover personnel	
	☐	119.071(2)(e)	Confession	
Public Info. Exemptions	☐	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)	
	☐	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	
	☐	119.0712(2)	Personal information contained in a motor vehicle record	
	☐	316.650(11)	Driver information contained in a uniform traffic citation	
	☐	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	☒	(iii) 119.0714(1)(i)-(j), (2)(a)-(e)	Social Security, bank account, charge, debit, and credit card numbers	2
	☐	(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	☐			
	☐			
	☐			
	☐			

NOT A CERTIFIED COPY

REVIEW COMPLETED BY

Booking Number: 2024004940	**Date:** 2/23/2024
	Specialist Name/ID#: ANGELA PINKNEY/7796

SCANNED
FEB 23 2024