C542973 23CF7461MB

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	Agency Name	Agency Report Number (N.T.A.'s only)
0501700	Jupiter Police Department	5 | 4 | 23-003340

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

If Weapon Seized — Enter Type: UNARMED

Multiple Clearance Indicator:

Location of Arrest (Including Name of Business)	Location of Offense (Business Name, Address)
901 W INDIANTOWN RD	901 W INDIANTOWN RD, JUPITER, FL 33458

Date of Arrest	Time of Arrest	Booking Date	Booking Time	Jail Date	Jail Time	Location of Vehicle
08/29/2023	13:31	08/29/2023	13:41	/ / : :		

DEFENDANT

Name (Last, First, Middle): GURRY, JAMES EDWARD — Alias:

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

Race (W - White, I - American Indian, B - Black, O - Oriental/Asian)	Sex	Date of Birth	Height	Weight	Eye Color	Hair Color	Complexion	Build
W	M	04/30/1967	6'02	275	BLUE	BROWN	LIGHT	Large

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

Marital Status: S — Religion:

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

Local Address (Street, Apt. Number)	(City)	(State)	(Zip)	Phone	Residence Type: 1. City 2. County 3. Florida 4. Out of State
5520 N OCEAN BLVD 103, OCEAN RIDGE, FL 33435					2

Permanent Address (Street, Apt. Number)	(City)	(State)	(Zip)	Phone	Address Source
5520 N OCEAN BLVD 103, OCEAN RIDGE, FL 33435					VERBAL

Business Address (Name, Street)	(City)	(State)	(Zip)	Phone	Occupation
INSECO INTL,					National Mgr

D/L Number, State	Soc. Sec. Number	INS Number	Place of Birth (City, State)	Citizenship
G600445671500 / FL	[redacted]		BOSTON, MA, United	US

CODEF

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

☐ Parent ☐ Other: ☐ Legal Custodian — 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 Department and Released 2. TOT JAC 3. Incarcerated

Released To: (Name)	Relationship	Date	Time

The above address was provided by ☐ defendant and/or ☐ defendant's parents.
The child and/or parent was told to keep the Juvenile Court Clerk's Office (Phone 355-2526) informed of any change of address.
☐ Yes, by: ☐ No:

School Attended — Grade

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

CODE

Drug Activity: N. N/A, P. Possess, S. Sell, B. Buy, T. Traffic, R. Smuggle, D. Deliver, E. Use, K. Disperses/ Distribute, M. Manufacture/ Produce/ Cultivate, Z. Other

Drug Type: N. N/A, A. Amphetamine, B. Barbiturate, C. Cocaine, E. Heroin, H. Hallucinogen, M. Marijuana, O. Opium/Deriv., P. Paraphernalia/ Equipment, S. Synthetic, U. Unknown, Z. Other

CHARGE

Charge Description	Statute Violation Number	Violation of ORD #
DUI - FELONY DUI (4TH OR SUBSEQUENT CONVICTION)	316.193(2)(B)3	

Drug Activity	Drug Type	Amount / Unit	Offense #	Counts	Domestic Violence	Warrant / Capias Number	Bond
	N	/	23-003340	1	☐ Y ☒ N		$0.00

CHARGE

Charge Description	Statute Violation Number	Violation of ORD #

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

CHARGE

Charge Description	Statute Violation Number	Violation of ORD #

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

INTAKE

Health / Apparent Physical Condition of Defendant:

Any knowledge of the following: ☐ Mental ☐ Escape Risk ☐ Medication ☐ Deformities ☐ Injuries
Explain:

Check which applies: ☐ Released O.R. ☐ Released to Parent/Guardian ☒ T.O.T. County Jail ☐ Posted Bond ☐ South County Mental Health

PROPERTY - Received By — Released By — Released To

FILED PBC - GUN CLUB
'23 AUG 30 AM 7:52

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): To Be Assigned By
Court Date and Time:

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: ☐ Dangerous ☐ Resisted Arrest ☐ Suicidal ☐ Other

Signature of Arresting Officer: [signature] 1216

Name of Arresting Officer (Print): MCGILLICUDDY, STEVEN — I.D. # 1216

Name Verification (Printed by Arrestee) (PRINT)

Intake Deputy — I.D. # — Pouch #

Transporting Officer: S. MCGILLICUDDY — I.D. # 1216 — Agency: JUPITE

Witness here if subject signed with an "X".

NOT A CERTIFIED COPY

PROBABLE CAUSE AFFIDAVIT

ADMIN

OBTS Number:

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

JUVENILE:

Agency ORI Number: **FL 0501700**

Agency Name: **JUPITER POLICE DEPARTMENT**

Agency Report Number: **5 | 4 | 23-003440**

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
GURRY, JAMES EDWARD		**W**	**M**	**04/30/1967**

CHARGES

Charge Description	Charge Description
316.193(2)(B)3 DUI - FELONY DUI (4TH OR SUBSEQUENT	
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

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

PROBABLE CAUSE STATEMENT

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.
- ☐ 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 **29** day of **August**, **2023** at **12:51** (Specifically include facts constituting cause for arrest.)

On 8/29/2023 at approximately 1251 hrs, North County Communications (Northcomm) received a call from concerned citizen "Brittany". Brittany reported that male subject operating a silver Honda CRV bearing Florida tag 05BLLC. Brittany advised the vehicle was stopped astride a curb and had been woken up by a passerby, at which time it drove off into the Aspen Dental parking lot and parked. She described the male as Caucasian and approximately fifty years old. PFC Fries located the vehicle in the parking lot at 901 W Indiantown Road, running and still occupied by the male driver. He has now been identified as James Gurry (OF-1). PFC Fries made observations that led him to believe that Gurry had possibly been operating under the influence, and so he contacted me to respond.

I arrived on scene and made contact with PFC Fries. He advised me that Gurry had an open vodka bottle in his immediate area of control and appeared possibly under the influence. He advised me that he didn`t understand why he was being stopped. He had glassy, bloodshot eyes and spoke with heavily slurred speech. I noted that Gurry spoke with an accent consistent with the Massachusetts area. Gurry admitted to consuming vodka. As he spoke, I detected a strong odor of unknown alcoholic beverage emitting from his breath, which intensified when he spoke. I asked him how much he drank today and he stated, "very little". He stated he was drinking right from a bottle. Gurry agreed to submit to field sobriety exercises. It should be noted that after HGN, I moved into the seated battery, as Gurry was unsafe on his feet, due to his level of unsteadiness and lack of coordination. At the time of this investigation, your affiant is a Drug Recognition Expert (IACP #34042) in good standing and is a certified SFST instructor.

HORIZONTAL GAZE NYSTAGMUS
-Equal tracking and pupil size
-No resting nystagmus in either eye

NOT A CERTIFIED COPY

ADMINISTRATIVE

SWORN AND SUBSCRIBED BEFORE ME

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

08/29/2023
DATE

PARIS POUND
MY COMMISSION # HH 202850
EXPIRES: March 25, 2026
Bonded Thru Notary Public Underwriters

SIGNATURE OF ARRESTING / INVESTIGATING OFFICER

MCGILLICUDDY, STEVEN (1216)
NAME OF OFFICER (PLEASE PRINT)

08/29/2023
DATE

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

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 0501700	JUPITER POLICE DEPARTMENT	5 | 4 | 23-003440

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
GURRY, JAMES EDWARD		W	M	04/30/1967

PROBABLE CAUSE STATEMENT

-Lack of smooth pursuit in both eyes
-Distinct and sustained nystagmus at maximum deviation in both eyes
-Onset of nystagmus prior to forty-five degrees, with an estimated immediate angle of onset.

TRANSITION TO SEATED BATTERY

HAND COORDINATION TASK
INSTRUCTION STAGE
-Started at wrong time
TASK 1
- Did not perform
TASK 2
- Improper count
- Improper return
TASK 3
- Did not perform
TASK 4
- Did not perform
TOTAL OF 6 CLUES (3 OR MORE SUGGESTS IMPAIRMENT)

PALM PAT
- Started at wrong time
- Did not speed up
- Did not count as instructed
- Rotated hands

TOTAL OF 4 CLUES (2 OR MORE SUGGESTS IMPAIRMENT)
FINGER TO NOSE
1L - R pad to tip
2R - Pad to tip
3L - Pad to bridge tap down to tip
4R - Pad to tip
5R - Started L, switched to R, pad to tip
6L - Started L, switched to R, pad to tip

Based on my investigation, observations and the totality of the cirumstances I had probable cause to believe that Gurry had been in actual physical control of a vehicle while under the influence of an alcoholic beverage, chemical or controlled substance to the point that his normal faculties were impaired. I placed him under arrest at 1330 hrs. An empty bottle of Smirnoff vodka was located on the passenger floorboard. PFC Ercolano transported Gurry to the Breath Alcohol Testing center, as Gurry was too large to fit into my vehicle.

NOT A CERTIFIED COPY

ADMINISTRATIVE

SWORN AND SUBSCRIBED BEFORE ME

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

08/29/2023
DATE

PARIS POUND
MY COMMISSION # HH 202850
EXPIRES: March 25, 2026
Bonded Thru Notary Public Underwriters

SIGNATURE OF ARRESTING / INVESTIGATING OFFICER

MCGILLICUDDY, STEVEN (1216)
NAME OF OFFICER (PLEASE PRINT)

08/29/2023
DATE

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

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 0501700	JUPITER POLICE DEPARTMENT	5 | 4 | 23-003440

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
GURRY, JAMES EDWARD		W	M	04/30/1967

PROBABLE CAUSE STATEMENT

Once at the BAT, I placed Gurry under a 20 minute observation period, during which I did not observe him consume nor regurgitate anything. We then went on video with BAT Technician Pound (ID #24639) and I requested that Gurry submit to a breath test. He agreed and then provided breath samples of .245 BrAC and .250 BrAC. I then read him his Miranda rights from a prepared card. Post-Miranda, Gurry admitted to feeling "9" on a 1-10 scale of how drunk he was, with 10 being the highest. Gurry was found to have three prior arrests for DUI (1989, 1991 and 2005) and the 2005 arrest was noted as Gurry being a habitual DUI offender. Gurry advised he was convicted of all three offenses. As a result, I find probable cause to charge Gurry with felony DUI (4th or subsequent in a lifetime), contrary to F.S.S. 319.193(2)(B)(3). I booked him into the county jail.

NOT A CERTIFIED COPY

ADMINISTRATIVE

SWORN AND SUBSCRIBED BEFORE ME

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

08/29/2023
DATE

PARIS POUND
MY COMMISSION # HH 202950
EXPIRES: March 23, 2026
Bonded Thru Notary Public Underwriters

SIGNATURE OF ARRESTING / INVESTIGATING OFFICER

MCGILLICUDDY, STEVEN (1216)
NAME OF OFFICER (PLEASE PRINT)

08/29/2023
DATE

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

SUBJECT: **GURRY, JAMES EDWARD** CASE NUMBER: **23-003440**

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 detecting the presence of chemical or controlled substances.

-OR-

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

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

I am **Officer** of the **Jupiter Police Department**

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.

SUBJECT'S SIGNATURE: **NOT READ - GAVE BREATH** **GURRY, JAMES EDWARD**

CONSTITUTIONAL WARNINGS

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

You have the right to remain silent and not answer any questions.

Any statement must be freely and voluntarily given.

You have the right to the presence of a lawyer of your choice before you make any statement and during any questioning.

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.

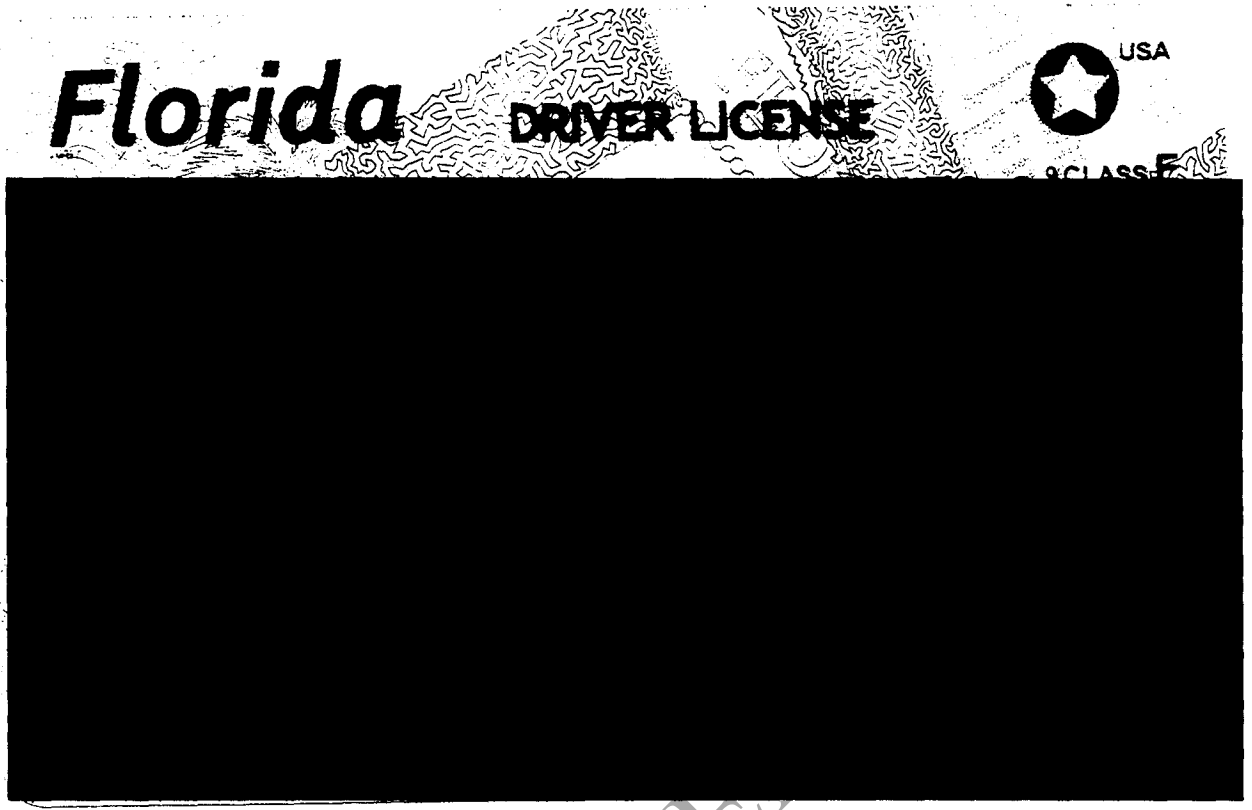
If at any time during the interview you do not wish to answer any questions, you are privileged to remain silent.

I can make no threats or promises to induce you to make a statement. This must be of your own free will.

Any statement can and will be used against you in a court of law.

SUSPECT'S SIGNATURE: **Read on Camera** **GURRY, JAMES EDWARD**

NOT A CERTIFIED COPY



NOT A CERTIFIED

TESTING FACILITY TASK REPORT

AGENCY: JPD

SUBJECT: GURRY, JAMES E

CASE NUMBER: 23-104641

DATE: Aug 29, 2023

VIDEO DVD NUMBER: N/A

BEGINNING TIME: 14:48

ENDING TIME: 15:01

BREATH TESTS RESULTS: 1) .245 TIME 14:53 A.M.☐ P.M.☒ 2) .250 TIME 14:56 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: P.POUND #24639

MAINTENANCE TECHNICAN: J. KARLECKE# 6467

TESTING OFFICER'S OBSERVATIONS

SPEECH: SLURRED

ATTITUDE: CALM, QUIET

CLOTHING: GRAY SHORTS, WHITE SHIRT , BLUE / WHITE SNEAKERS

MEDICAL CONDITIONS: KIDNEY / KNEE / DIABETIC

MEDICATIONS: YES

OTHER:

NOT A CERTIFIED COPY

COMMENTS:

ARRIVED AT CENTER A/O BEGAN THE 20 MINUTE OBSERVATION PERIOD AT 14:24 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

A/O: CONDUCTED Q&A

SUBJECT: ANSWER QUESTIONS

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: 08/29/2023

Date of Last Agency Inspection: 08/11/2023
Observation Period Began: 14:24
Subject's Name: JAMES E GURRY DOB: 04/30/1967 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	14:51
Air Blank	0.000	14:51
Control Test	0.080	14:52
Air Blank	0.000	14:52
Subject Sample #1	0.245	14:53
Air Blank	0.000	14:54
Air Blank	0.000	14:56
Subject Sample #2	0.250	14:56
Air Blank	0.000	14:57
Control Test	0.077	14:57
Air Blank	0.000	14:58
Diagnostics Check	OK	14:58

Cylinder Lot: 15922080A3
Exp: 08/05/2024

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 PARIS D POUND, 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: 08/29/2023
Signature

Sworn to (or affirmed) before me this 29 day of AUGUST, 2023

#1216 OFC. S. MCGILLICUDDY
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 38 - MARCH 2004, Ref. 11D-8.007

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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: 08/29/2023

Date of Last Agency Inspection: 08/11/2023
Observation Period Began: 14:24
Subject's Name: JAMES E GURRY DOB: 04/30/1967 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	14:51
Air Blank	0.000	14:51
Control Test	0.080	14:52
Air Blank	0.000	14:52
Subject Sample #1	0.245	14:53
Air Blank	0.000	14:54
Air Blank	0.000	14:56
Subject Sample #2	0.250	14:56
Air Blank	0.000	14:57
Control Test	0.077	14:57
Air Blank	0.000	14:58
Diagnostics Check	OK	14:58

Cylinder Lot: 15922080A3
Exp: 08/05/2024

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 PARIS D POUND, 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: 08/29/2023
Signature

Sworn to (or affirmed) before me this 29 day of AUGUST, 2023

_____ OFC. S. MCGILLICUDDY
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 38 - MARCH 2004, Ref. 11D-8.007

NOT A CERTIFIED COPY

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

PBSO CASE # 23-104641 PBSO ZONE 3-13

AGENCY CASE # 23-003440 CRASH CASE #

TIME OF STOP/CRASH 1258 DATE 08/29/2023 DAY TUESDAY

SUBJECT'S NAME GURRY (LAST) JAMES (FIRST) EDWARD (MID) RACE W SEX M

HGT 6'2 WGT 275 DOB 4/30/1967

LOCATION 901 W INDIANTOWN RD, JUPITER, FL 33458

ARRESTING OFFICER'S NAME & ID MCGILLICUDDY 1216 AGENCY JUPITER PD

DIVISION: TRAFFIC UNIT

NOTIFIED BY COMMO Yes

ARRIVAL AT FACILITY 1424

ARREST TIME 1330

BREATH RESULTS:

1) .245
2) .250
3) N/A
4) N/A

TESTING OFFICER'S ID 24639 PBSO VIDEOTAPE # N/A

NOT A CERTIFIED COPY

WITNESS LIST

CASE NUMBER: 23-003440

ARRESTING OFFICER: MCGILLICUDDY

ADDRESS: 196 Military Trl. Jupiter, FL 33458

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

CAN TESTIFY TO: PC

NAME: PFC. FRIES

ADDRESS: 196 Military Trl. Jupiter, FL 33458

PHONE NUMBERS (HOME) _____ (WORK) _____

CAN TESTIFY TO: PRIMARY STOP

NAME: PFC ERCOLANO

ADDRESS 196 Military Trl. Jupiter, FL 33458

PHONE NUMBERS (HOME) _____ (WORK) _____

CAN TESTIFY TO: ASSISTED IN TRANSPORT TO JAIL

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: _____

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ADDRESS _____

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NAME: _____

ADDRESS _____

PHONE NUMBERS (HOME) _____ (WORK) _____

CAN TESTIFY TO: _____

NAME: _____

ADDRESS _____

PHONE NUMBERS (HOME) _____ (WORK) _____

CAN TESTIFY TO: _____

NOT A CERTIFIED COPY

PALM BEACH COUNTY
SHERIFF'S OFFICE
Florida State Statute Exemption Sheet

Palm Beach County Sheriff's Office – Arrests Only

	X	Florida State Statute	Description	Page Number(s)
L/E Exemptions	☐	119.071(2)(d)	Surveillance techniques, procedures and personnel; inventory of law enforcement resources, policies or plans pertaining to mobilization deployment or tactical operations.	
	☐	943.053, 943.0525	NCIC/FCIC/FBI and in-state FDLE/DOC.	
	☐	119.071(4)(c)	Undercover personnel.	
	☐	119.071(2)(f)	Confidential informants (CIs).	
	☐	119.071(2)(e)	Confession.	
Public Info. Exemptions	☐	985.04(1)	Juvenile offender records.	
	☐	119.071(h)(i)	Assets of a crime victim.	
	☐	395.3025(7)(a), 456.057(7)(a)	Medical information.	
	☐	394.4615(7)	Mental health information.	
	☐	119.071(4)(d)(2)(a)	Home address, telephone, Social Security number, date of birth, or photos of active/former LE personnel, spouses, and children.	
Florida Rules of Judicial Administration 2.420 (Rule of 23)	☒	(iii) 119.0714(1)(i)-(j), (2)(a)-(e)	Social Security, bank account, charge, debit, and credit card numbers.	2
	☐	(viii) 394.4615(7)	Clinical records under the Baker Act.	
	☐	(xii) 741.30(3)(b)	The victim's address in a domestic violence action on petitioner's request.	
	☐	(xiii) 119.071(2)(h), 119.0714(1)(h)	Protected information regarding victims of child abuse or sexual offenses.	
	☐			
	☐			
	☐			
	☐			
	☐			
Other	☐	119.071 (2)(j)	Other: The Victim's address in a Domestic Violence action on petitioner's request.	
	☒	119.0712(2)	Other: Personal information contained in a motor vehicle record	7

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REVIEW COMPLETED BY

Booking Number: 2023022689	**Date:** 8/30/2023
	Specialist Name/ID: M. Tooks #8557