50.2023-CT-006152ASB

C483211

545

ARREST / NOTICE TO APPEAR
Juvenile Referral Report

OBTS Number:

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

Juvenile: N

ADMINISTRATION

Agency ORI Number	Agency Name	Agency Report Number
FL0500300	BOYNTON BEACH POLICE DEPT.	34-23-010823

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:

Multiple Clearance Indicator:

Location of Arrest (Including Name of Business)	Location of Offense (Business Name, Address)
3164 Ocean Pkwy Boynton Beach, FL 33436	3164 Ocean Pkwy Boynton Beach, FL 33436

Date of Arrest	Time of Arrest	Booking Date	Booking Time	Jail Date	Jail Time	Location of Vehicle
04/03/2023	2115					

DEFENDANT

Name (Last, First, Middle): Coyne, James, Patrick

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

W - White I - American Indian B - Black O - Oriental / Asian	Race	Sex	Date of Birth	Height	Weight	Eye Color	Hair Color	Complexion	Build
	W	M	03-07-1994	5'11	164	Brown	Brown	Fair	Small

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

Marital Status: Single

Religion: Unk

Indication of: Alcohol Influence ☒ Y ☐ N ☐ Unk. Drug Influence ☐ ☐ ☒

Local Address (Street, Apt. Number): 12851 NE 26th Ave, Boynton Beach (City) Florida, (State) 33431 (Zip) Phone ( ) -

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

Permanent Address (Street, Apt. Number) (City) (State) (Zip) Phone ( ) -

Address Source: FL DL

Business Address (Street, Apt. Number) (City) (State) (Zip) Phone ( ) -

Occupation: Unknown

D/L Number, State	Soc. Sec. Number	INS Number	Place of Birth	Citizenship
C500455940870 FL	[redacted]		Boynton Beach, FL	USA

CO-DEF

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

JUVENILE

☐ Parent ☐ Legal Custodian ☐ Other — Name (Last) (First) (Middle) (1' OR 2' OR) — 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 ☐ defendant and/or ☐ defendant's parents. The child and/or parent was told to keep the Juvenile Court Clerk's Office (Phone 561-355-2526) informed of any change of address: ☐ Yes, By: (Name) ☐ No: (Reason)

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. Dispense/ Distribute M. Manufacture Produce/ Cultivate Z. Other

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

CHARGE

Charge Description	Counts	Domestic Violence	Statute Violation Number	Violation of ORD#
DUI	1	☐Yes ☒No	316.193.1A	

Drug Activity	Drug Type	Amount/Unit	Offense #	Warrant/Capias Number	Bond
-	-	-	23-010823		

CHARGE

Charge Description	Counts	Domestic Violence	Statute Violation Number	Violation of ORD#
Refuse to Sign Criminal Citation	1	☐Yes ☒No	318.14(3)	

Drug Activity	Drug Type	Amount/Unit	Offense #	Warrant/Capias Number	Bond
-	-	-	23-010823		

CHARGE

Charge Description	Counts	Domestic Violence	Statute Violation Number	Violation of ORD#
		☐Yes ☐No		

Drug Activity	Drug Type	Amount/Unit	Offense #	Warrant/Capias Number	Bond
-	-	-			

CHARGE

Charge Description	Counts	Domestic Violence	Statute Violation Number	Violation of ORD#
		☐Yes ☐No		

Drug Activity	Drug Type	Amount/Unit	Offense #	Warrant/Capias Number	Bond

NOTICE TO APPEAR

☐ Instruction No. 1 Mandatory Appearance in Court
☐ Instruction No. 2 You need not appear in Court but must Comply with instruction on reverse side.

Location (Court, Room Number, Address): South County Courthouse, 200 West Atlantic Ave, Delray Beach, FL 33444

Court Date and Time: Month April Day 24th Year 2023 Time 8:30 ☒ A.M. ☐ P.M.

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: APR 4 AM 7:13

ADMIN

HOLD for other Agency Name:

Signature of Arresting Officer

Name Verification (Printed by Arrestee) (PRINT)

☐Dangerous ☐Resisted Arrest ☐Suicidal ☐Other:

Name of Arresting Officer (Print): L.Nalerio I.D. # 982

BU#

Intake Deputy: [illegible] I.D.# 7205 Pouch #

Transporting Officer: L.Nalerio I.D. # 982 Agency BBPD

Witness here is subject Signed with an "X".

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FILED PBC - GUN CLUB '23 APR 4 AM 7:13

D.U.I. PROBABLE CAUSE AFFIDAVIT

ON THE 3rd **DAY OF** April **2023 AT** 2115 ☐ **A.M** ☒ **P.M.**

CASE #: 23-010823 **DEFENDANT:** Coyne, James, Patrick

PERSONAL CONTACT/DRIVING PATTERN/OBSERVATION OF DRIVER:

On 4/3/2023 at approximately 2054 hours, BBPD responded to 3164 Ocean Pkwy in reference to a male passed out behind a black SUV. Upon arrival I observed a Black Mercedes G63 bearing FL tag 72BING parked facing northbound. The vehicle was running and not moving. I was directed by neighbors to the driver seat where I observed a w/m in the driver seat of the vehicle. The male later identified as James Coyne was passed out behind the wheel. The engine was running and the vehicle was in drive. I took the keys out of the ignition and placed the vehicle in park. I then walked over to the driver side and woke Coyne up. Coyne woke up and was slow to react. I told him that fire rescue were on scene. While Coyne spoke to me while he was in the vehicle, I could smell a strong odor of an unknown alcoholic beverage coming from his mouth. Coyne had slurred speech and glassy eyes, I then asked Coyne to step out of the vehicle, which he did. Coyne refused medical attention and stated that he did not need it.

While outside of the vehicle, Coyne was unsteady on his feet and using the vehicle for balance. I asked Coyne if he had been consuming alcoholic beverages which he told me that he had been drinking alcohol. Coyne still had a strong odor of an unknown alcoholic beverage coming from his mouth. I then advised Coyne that I would be conducting a DUI investigation, which he understood. I asked Coyne if he was injured which he stated that he wasn't. I asked Coyne if he needed medical attention, which he stated no. I then asked Coyne if he would submit to Standardized Field Sobriety Task; which he replied no. I then advised Coyne of his Taylor Warnings which he said he understood. I asked Coyne once again if he would submit to Standardized Field Sobriety Task, which he refused once again.

I then placed Coyne under arrest for DUI pursuant to F.S.S 316.193.1A. Coyne was then transported to the BAT. While enroute to the BAT Coyne yelled, I'm Drunk and was being belligerent. where a 20 minute observation was conducted. Coyne was then asked to provide a breath sample which he agreed to. Coyne was not following directions and was taking his time. Coyne was read Implied Consent. Coyne provided a VNM sample of .195. Coyne continued to not follow directions and be disrupted. Coyne asked for his lawyer and then refused to provide a breath sample. A refusal was determined at 2223. Coyne refused Q'A's. Coyne also refused to sign the criminal citation. Coyne's vehicle was towed by Becks towing.

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HORIZONTAL GAZE NYSTAGMUS:

- ☐ Left eye does not follow smoothly
- ☐ Left eye prior to 45 degrees
- ☐ Distinct jerking in left eye at maximum deviation
- ☐ Vertical Nystagmus in left eye
- ☐ Right eye does not follow smoothly
- ☐ Right eye prior to 45 degrees
- ☐ Distinct jerking in right eye at maximum deviation
- ☐ Vertical Nystagmus in right eye

WALK AND TURN:

ONE LEG STAND:

FINGER TO NOSE:

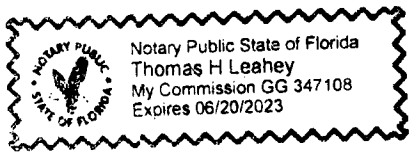
ROMBERG/ALPHABET:

The following instrument was sworn to before me this 3 day of April 2023

By: Ofc.Nalerio

Notary/Police Officer (F.S.S. 117.10)

Signature of Arresting Officer



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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: 80-006027 Software: 8100.27
Date of Test: 04/03/2023

Date of Last Agency Inspection: 03/10/2023
Observation Period Began: 21:49
Subject's Name: JAMES P COYNE DOB: 03/07/1994 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	22:15
Air Blank	0.000	22:16
Control Test	0.079	22:16
Air Blank	0.000	22:17
Subject Sample #1	VNM*	22:20
Air Blank	0.000	22:20
Air Blank	0.000	22:22
Subject Sample #2	REF**	22:23
Air Blank	0.000	22:24
Control Test	0.077	22:24
Air Blank	0.000	22:24
Diagnostics Check	OK	22:25

*Volume Not Met (0.195 - Breath Sample Not Reliable to Determine Breath Alcohol Level)
**Subject Test Refused

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 THOMAS H LEAHEY, 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: T L [signature] Date: 04/03/2023
Signature

Sworn to (or affirmed) before me this 03 day of April, 2023

[signature]
Signature of Notary Public-State of Florida

O & L Valerio #982
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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TESTING FACILITY TASK REPORT

AGENCY: BBPD

SUBJECT: Coyne, James P

CASE NUMBER: 23-053508

DATE: Apr 3, 2023

VIDEO DVD NUMBER: n/a

BEGINNING TIME: 2211

ENDING TIME: 2224

BREATH TESTS RESULTS: 1) VNM TIME 2220 A.M.☐ P.M.☒ 2) R TIME 2223 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 Leahey #19183

MAINTENANCE TECHNICAN: Jason Karlecke #6467

TESTING OFFICER'S OBSERVATIONS

SPEECH: thick, slurred

ATTITUDE: talkative, agitated/uncooperative

CLOTHING: blue jeans, black shirt, brown boots

MEDICAL CONDITIONS: none

MEDICATIONS: none

OTHER:

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

REFUSED

COMMENTS:

arrived at center A/O conducted 20 observation period at 2149 hrs

subject agreed to perform breath test - do I have too

A/O read I/C A/O explained 3X & subject understood I/C

subject agreed to perform breath test - refused to follow instructions - I want my attorney

A/O called refusal @ 2223

A/O read rights & subject understood rights

REFUSED

A/O did not conduct Q&A

subject invoked right to counsel

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

PBSO CASE # 23-053508 PBSO ZONE 6-32

AGENCY CASE # 23-010823 CRASH CASE #

TIME OF STOP/CRASH 2054 DATE 04/03/2023 DAY Monday

SUBJECT'S NAME Coyne, James, Patrick RACE White SEX Male

HGT 5'10 WGT 160 DOB 3-07-1994

LOCATION 3164 Ocean Pkwy, Boynton Beach, FL

ARRESTING OFFICER'S NAME & ID Nalerio 982 AGENCY BBPD

DIVISION: Patrol

NOTIFIED BY COMMO yes

ARRIVAL AT FACILITY 2149

Arrest Time 2115

BREATH RESULTS:

1. VNM
2. ~~REFUSED~~
3.
4.

TESTING OFFICER'S ID 19183

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STATE OF FLORIDA
AFFIDAVIT OF REFUSAL TO SUBMIT TO
BREATH TEST

I, Patrolman L NALERIO (Person reading Implied Consent Warning), a duly certified Law Enforcement Officer or Correctional Officer, am a member of Boynton Beach Police Department (Name of enforcement agency), and I do swear or affirm that on or about the THIRD day of April, 2023, at 9:32 PM

DRIVER JAMES (FIRST) PATRICK (MIDDLE OR MAIDEN) COYNE (LAST) (Type or Print),

DL # C500455940870, state of FL, was placed under lawful arrest for the offense of DUI by Patrolman L NALERIO (Name of Arresting Officer) and issued Citation # AE159LE.

That on or about the THIRD day of April, 2023, at 10:31 PM in Palm Beach County,

I requested that the driver submit to a **BREATH** test for the purpose of determining its alcohol content. I informed the driver that the refusal to submit to such test would result in the suspension of his or her driving privilege for a period of one (1) year for a first refusal, or for a period of eighteen (18) months if his or her driving privilege had been previously suspended, or if he or she had been previously fined under s. 327.35215, F.S., for refusing to submit to a breath, urine, or blood test. I also informed the driver that he or she commits a misdemeanor by refusing to submit to a lawful test as requested above if his or her driving privilege has been previously suspended, or if he or she has been previously fined under s. 327.35215, F.S., for refusal to submit to a lawful test of his or her breath, urine, or blood. Nonetheless, the driver refused to submit to the test requested.

Signature of Law Enforcement Officer or Corrctional Officer

THE AFFIDAVIT MUST BE NOTARIZED OR ATTESTED TO (s. 117.10, F.S.)

Notary Public State of Florida
Thomas H Leahey
My Commission GG 347108
Expires 06/20/2023

(AFFIX SEAL)

The foregoing instrument was sworn and subscribed before me this 3rd day of April, 2023, by J.F.C. Navarro who is personally known to me or who has produced FLDL as identification.

Notary Public T Leahey

The foregoing instrument was sworn and subscribed before me:

Signature of Attesting Officer

Title

Date

Note: Mail or hand deliver to the designated Bureau of Administrative Reviews office, Department of Highway Safety and Motor Vehicles, with the driver's license, the appropriate copy of the UTC, and the probable cause affidavit.

****EFFECTIVE OCTOBER 1, 2021****

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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)_____

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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: _____

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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	☐		Other:	
	☐		Other:	

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REVIEW COMPLETED BY

Booking Number: 2023008712	**Date:** 4/4/2023
	Specialist Name/ID: M. Tooks #8557