J# 0538653

23 CT 4034 - SB

P#1466

ARREST / NOTICE TO APPEAR

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

1 JUVENILE

ADMINISTRATION

OBTS Number

Agency ORI Number: 0502000

Agency Name: Lantana Police Department

Agency Report Number (N.T.A.'s only): 6 | 4 | 23-001142

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): 1438 W OCEAN AVE LANTANA FL 33462, 1438 W OCEAN AVE,

Location of Offense (Business Name, Address): 1438 W OCEAN AVE, LANTANA, FL 33462

Date of Arrest	Time of Arrest	Booking Date	Booking Time	Jail Date	Jail Time	Location of Vehicle
03/02/2023	22:12					

DEFENDANT

Name (Last, First, Middle): RUSSELL, TYLER PAUL

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

Race (W - White, B - Black, I - American Indian, O - Oriental/Asian)	Sex	Date of Birth	Height	Weight	Eye Color	Hair Color	Complexion	Build
W	M	08/08/1992	5'07	155	Brn	Brn	Light	Medium

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

Mental Status: Religion:

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

Local Address (Street, Apt. Number): 3216 QUANTUM LAKES DR, BOYNTON BEACH, FL 33426 (City) (State) (Zip) Phone: Residence Type: 1. City 2. County 3. Florida 4. Out of State

Permanent Address (Street, Apt. Number): 3216 QUANTUM LAKES DR, BOYNTON BEACH, FL 33426 (City) (State) (Zip) Phone: Address Source:

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

D/L Number, State	Soc. Sec. Number	INS Number	Place of Birth (City, State)	Citizenship
R240815922880 / FL	[redacted]		WPB, FL	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
				☐ 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-PROPERTY DAMAGE/PERSONAL INJURY	316.193(3)(C)1	

Drug Activity	Drug Type	Amount / Unit	Offense #	Counts	Domestic Violence	Warrant / Capias Number	Bond
	N	/		1	☐ Y ☒ N		OR.

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:

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): 200 W Atlantic Ave, DELRAY BEACH

Court Date and Time: 03/27/2023 08:30:00

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 CONTEMPT OF COURT AND A WARRANT FOR MY ARREST SHALL BE ISSUED

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

No Photo Available

ADMIN

HOLD for Other Agency

☐ Dangerous ☐ Resisted Arrest ☐ Suicidal ☐ Other

Intake Deputy I.D. # Pouch #

Signature of Arresting Officer 933

Name of Arresting Officer (Print): SIMMONS, TIMOTHY PAUL I.D. # 933

Transporting Officer: SIMMONS I.D. # 933 Agency LCD

Name Verification (Printed by Arrestee) (PRINT)

Witness here if subject signed with an 'X'

PAGE 1 OF 1

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

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D.U.I. PROBABLE CAUSE AFFIDAVIT

ON THE 2 DAY OF March 20 23 AT 2147 AM / PM

SUBJECT: Tyler Paul Russell CASE NUMBER: 23-001142

AGENCY: Lantana Police ARRESTING OFFICER: Ofc. Simmons #933

PERSONAL CONTACT

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

Defendant was observed by Ofc. Sanchez #924 and I, Ofc Simmons #933, asleep with his head leaning to his left shoulder in the driver seat. Defendants car was on with the vehicle in drive.

OBSERVATION OF DRIVER:

Defendant was nervous and appeared to be slightly unstead on his feet. The defendant emitted an odor of alcohol and exibitted slightly slurred speech and red eyes.

DRIVER'S STATEMENTS:

Driver stated during my crash investigation that he had drinks tonight and that he made a mistake.

ODORS:

Alcohol

GENERAL OBSERVATIONS

SPEECH: slowed, slight slur

ATTITUDE: nervous and aware

CLOTHING: black pants, green shirt, brown sandals, white/red hat

MEDICAL / OTHER:

STATE OF FLORIDA
COUNTY OF PALM BEACH

933

(Signature of Arresting / Investigative Officer)

The foregoing instrument was sworn to or affirmed and subscribed before me this _____ day of _____ 20_____ by _____

(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)

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SUBJECT: Tyler Paul Russell CASE NUMBER: ~~22-005690~~ (FS) 23-001142

ROADSIDE TASKS

HORIZONTAL GAZE NYSTAGMUS :

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

Other Observations:
Defendant was swaying back and forth. Defendant kept following the tip of my pen with his head.

WALK & TURN:
Defendant began the task before being instructed to begin, could not do one step, and advised that he does not want to continue.

ONE LEG STAND:
Defendant did not perfrom task

FINGER TO NOSE :
Defendant did not perfrom task

ROMBERG / ALPHABET :
Defendant did not perfrom task

BREATH TEST RESULTS : .225, .184, .204

STATE OF FLORIDA
COUNTY OF PALM BEACH

933
(Signature of Arresting / Investigative Officer)

The foregoing instrument was notarized or sworn before me this _____ day of _____ 20 _____ by _____

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)

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WITNESS LIST

CASE NUMBER: 23-001142 ~~22-005690~~

ARRESTING OFFICER Ofc. Simmons #933
ADDRESS 901 N 8th Street Lantana FL
PHONE NUMBERS (HOME) _____ (WORK) 561-540-5701
CAN TESTIFY TO: Defendant behind wheel

NAME: Ofc. Sanchez #924
ADDRESS 901 N 8th Street Lantana FL
PHONE NUMBERS (HOME) _____ (WORK) 561-540-5701
CAN TESTIFY TO: Defendant behind wheel

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: _____

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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) _____

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

PBSO CASE # 23-042424 PBSO ZONE 4-11

AGENCY CASE # 64-23-001142 CRASH CASE # 257887

TIME OF STOP/CRASH 2147 DATE 03/02/23 DAY THURSDAY

SUBJECT'S NAME RUSSELL, TYLER PAUL RACE W SEX M

HGT 5'8 WGT 155 DOB 08/08/1992

LOCATION 1438 W OCEAN AVE LANTANA FLORIDA 33462

ARRESTING OFFICER'S NAME & ID T. SIMMONS #933 AGENCY LANTANA

DIVISION:

NOTIFIED BY COMMO 2212

ARRIVAL AT FACILITY 2303

Arrest Time 2211

BREATH RESULTS:

1. .225
2. .184
3. .204
4. --

TESTING OFFICER'S ID BELL 8656

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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: 03/02/2023

Date of Last Agency Inspection: 02/10/2023
Observation Period Began: 23:03
Subject's Name: TYLER P RUSSELL DOB: 08/03/1992 Sex: M

The subject was observed for at least twenty-minutes prior to the administration of the breath test to ensure that the subject did not take anything orally and did not regurgitate.

Results:

Test	g/210L	Time
Diagnostics Check	OK	23:35
Air Blank	0.000	23:35
Control Test	0.081	23:35
Air Blank	0.000	23:36
Subject Sample #1	0.225	23:36
Air Blank	0.000	23:37
Air Blank	0.000	23:39
Subject Sample #2	0.184	23:39
Air Blank	0.000	23:40
Air Blank	0.000	23:42
Subject Sample #3	0.204	23:42
Air Blank	0.000	23:43
Control Test	0.081	23:43
Air Blank	0.000	23:44
Diagnostics Check	OK	23:44

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

State of Florida, County of Palm Beach.

Personally appeared before me the undersigned authority, who (✓) is personally known to me or (__) produced _____ as identification, and who after being placed under oath, states:

I 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: Bell Date: 03/02/23
Signature

Sworn to (or affirmed) before me this 02 day of March, 2023

933 Ofc. T. Simmons #933
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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TESTING FACILITY TASK REPORT

AGENCY: LPD

SUBJECT: RUSSELL, TYLER PAUL

CASE NUMBER: 23-042424

DATE: Mar 3, 2023

VIDEO DVD NUMBER: N/A

BEGINNING TIME: 2327

ENDING TIME: 2347

BREATH TESTS RESULTS: 1) .225 TIME 2336 A.M.☐ P.M.☒ 2) .184 TIME 2339 A.M.☐ P.M.☒

3) .204 TIME 2342 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: GREEN TEE SHIRT, BLACK PANTS, BROWN FLIP FLOPS

MEDICAL CONDITIONS: DEPRESSION, BI POLAR

MEDICATIONS: 2 FOR ABOVE MEDICAL CONDITIONS

OTHER:

EYES: BLOODSHOT, GLASSY

COMMENTS:

A/O ARRIVED AT DUI TESTING FACILITY AND BEGAN THE 20 MINUTE OBSERVATION AT 2303 HOURS

SUBJECT STATED HE DID NOT WANT TO TAKE BREATH TEST

A/O READ I.C AND EXPLAINED
SUBJECT STATED HE UNDERSTOOD I.C
SUBJECT STATED HE WOULD TAKE BREATH TEST

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

A/O READ RIGHTS
SUBJECT STATED HE UNDERSTOOD HIS RIGHTS

SUBJECT DECLINED TO ANSWER Q AND A

NOT A CERTIFIED COPY

SUBJECT: Russell, Tyler Paul 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) Read On Camera

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) Read On Camera

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

SUBJECT: Russell, Tyler Paul 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? Refuse

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: 2023005820	**Date:** 3/3/2023
	Specialist Name/ID: R.Castro/40259