

J# 0490557

PC# 293

17-003924

ARREST / NOTICE TO APPEAR

A D M I N I S T R A T I O N	OBTS Number		Agency ORI Number <b>0501700</b>		Agency Name <b>Jupiter Police Department</b>		Agency Report Number (N.T.A.'s only) <b>5, 4 17-003924</b>		1. Arrested <input checked="" type="checkbox"/> 2. Not Arrested <input type="checkbox"/> 3. Request for Warrant <input type="checkbox"/> 4. Request for Capias <input type="checkbox"/> JUVENILE <input type="checkbox"/>																																																		
	Charge Type: Check as many as apply: <input type="checkbox"/> 1. Felony <input type="checkbox"/> 2. Traffic Felony <input type="checkbox"/> 3. Misdemeanor <input checked="" type="checkbox"/> 4. Traffic Misdemeanor <input type="checkbox"/> 5. Ordinance <input type="checkbox"/> 6. Other		If Weapon Seized Enter Type <b>NONE</b>		Multiple Clearance Indicator <b>1</b>																																																						
	Location of Arrest (Including Name of Business) <b>S US HWY 1/OCEAN WAY JUPITER, FL 33477</b>				Location of Offense (Business Name, Address) <b>1699 S US HIGHWAY 1/OCEAN WAY, JUPITER, FL 33477</b>																																																						
Date of Arrest <b>08/12/2017</b>		Time of Arrest <b>21:05</b>		Booking Date <b>08/12/2017</b>		Booking Time <b>21:15</b>		Jail Date		Jail Time	Location of Vehicle																																																
D E F E N D A N T	Name (Last, First, Middle) <b>HAYNSWORTH, CHARLES KIDD JR</b>										Alias (Name, DOB, Soc. Sec. #, Etc.) Alias:																																																
	Race W - White B - Black O - Oriental/Asian <b>W</b>		Sex <b>M</b>		Date of Birth <b>11/14/1965</b>		Height <b>6'02</b>		Weight <b>235</b>		Eye Color <b>BLUE</b>		Hair Color <b>BROWN</b>		Complexion <b>LIGHT</b>		Build <b>Large</b>																																										
	Scars, Marks, Tattoos, Unique Physical Features (Location, Type, Description)										Marital Status <b>S</b>		Religion <b>CHRISTIAN</b>		Indication of: Alcohol Influence Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unk. <input type="checkbox"/> Drug Influence Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unk. <input type="checkbox"/>																																												
	Local Address (Street, Apt. Number) <b>1100 SE LETHA CIR 6, STUART, FL 34994</b>				(City)		(State)		(Zip)		Phone <b>(914) 804-2033</b>		Residence Type: 1. City 3. Florida 2. County 4. Out of State <b>3</b>																																														
	Permanent Address (Street, Apt. Number) <b>1100 SE LETHA CIR 6, STUART, FL 34994</b>				(City)		(State)		(Zip)		Phone <b>(914) 804-2033</b>		Address Source <b>SPOKEN</b>																																														
	Business Address (Name, Street)				(City)		(State)		(Zip)		Phone		Occupation																																														
	D/L Number, State <b>H526151654140 / FL</b>				Soc. Sec. Number		INS Number		Place of Birth (City, State) <b>NEW JERSEY</b>		Citizenship																																																
	Co-Defendant Name (Last, First, Middle)										Race		Sex		Date of Birth		<input type="checkbox"/> 1. Arrested <input type="checkbox"/> 3. Felony <input type="checkbox"/> 5. Juvenile <input type="checkbox"/> 2. At Large <input type="checkbox"/> 4. Misdemeanor																																										
	Co-Defendant Name (Last, First, Middle)										Race		Sex		Date of Birth		<input type="checkbox"/> 1. Arrested <input type="checkbox"/> 3. Felony <input type="checkbox"/> 5. Juvenile <input type="checkbox"/> 2. At Large <input type="checkbox"/> 4. Misdemeanor																																										
	J U V E N I L E	<input type="checkbox"/> Parent <input type="checkbox"/> Other: _____ <input type="checkbox"/> 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 <input type="checkbox"/> defendant and/or <input type="checkbox"/> defendant's parents. The child and/or parent was told to keep the Juvenile Court Clerk's Office (Phone 355-2526) informed of any change of address.										School Attended		Grade																																															
<input type="checkbox"/> Yes, by: <input type="checkbox"/> No:										Property Crime? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Description of Property		Value of Property																																													
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 Description <b>DUI - DRIVING WHILE UNDER INFLUENCE</b>										Statute Violation Number <b>316.193(1)</b>		Violation of ORD #																																															
Drug Activity		Drug Type <b>N</b>		Amount / Unit <b>/</b>		Offense # <b>17-003924</b>		Counts <b>1</b>		Domestic Violence <input type="checkbox"/> Y <input checked="" type="checkbox"/> N		Warrant / Capias Number		Bond																																													
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Charge Description										Statute Violation Number		Violation of ORD #																																															
Drug Activity		Drug Type		Amount / Unit		Offense #		Counts		Domestic Violence <input type="checkbox"/> Y <input type="checkbox"/> N		Warrant / Capias Number		Bond																																													
I N T A K E	Health / Apparent Physical Condition of Defendant										Any knowledge of the following: <input type="checkbox"/> Mental <input type="checkbox"/> Escape Risk <input type="checkbox"/> Medication <input type="checkbox"/> Deformities <input type="checkbox"/> Injuries Explain:																																																
	Check which applies: <input type="checkbox"/> Released O.R. <input type="checkbox"/> Released to Parent/Guardian <input type="checkbox"/> T.O.T. County Jail <input type="checkbox"/> Posted Bond <input type="checkbox"/> South County Mental Health										PROPERTY - Received By		Released By		Released To																																												
	Transported By										Date Transported		Time Transported		Other																																												
N O T I C E  T O A P P E A R	<input checked="" type="checkbox"/> INSTRUCTION NO. 1 - Mandatory appearance in court <input type="checkbox"/> INSTRUCTION NO. 2 - You need not appear in Court but must comply with instructions on Page 2.										Location (Court, Room) <b>North County PALM BEACH GARD</b> Court Date and Time <b>09/13/2017 08:30:00</b>																																																
	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.										No Photo Available																																																
	Signature of Defendant (or Juvenile and Parent/Custodian) 										Date Signed																																																
A D M I N	HOLD FOR Other Agency										Signature of Arresting Officer 										Name Verification (Printed by Arrestee) <b>YOCUM, CRAIG</b>																																						
	<input type="checkbox"/> Dangerous <input type="checkbox"/> Resisted Arrest <input type="checkbox"/> Suicidal <input type="checkbox"/> Other										Name of Arrestee (Print) <b>YOCUM, CRAIG</b>										I.D. # <b>1185</b>																																						
	Intake Deputy <b>Spavon 8101</b>										Pouch # <b>2233</b>										Transferring Officer <b>OFF. C. YOCUM</b>										I.D. # <b>383</b>										Agency <b>JPD</b>										PAGE <b>1 OF 1</b>								

# D.U.I. PROBABLE CAUSE AFFIDAVIT

ON THE 12th DAY OF August 20 17, AT 9:05 <sup>✓</sup>AM PM

SUBJECT: Charles Haynsworth Jr. CASE NUMBER: 17-003924

AGENCY: JUPITER POLICE DEPARTMENT ARRESTING OFFICER: Craig Yochum # 383

## PERSONAL CONTACT

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

On the above referenced date and time, I was stopped, facing west on Ocean Way at the red light waiting to turn north on S US Hwy 1. I observed a silver Infinity Q50 traveling south on S US Hwy 1 travel from the outside lane of travel, across the inside through lane of travel, and into the left turn lane to turn east on Ocean Way. The vehicle made two sudden lane changes at the intersection and immediately turned across both northbound lanes of S US Hwy 1. While the vehicle was turning, it cut in front of a white sedan traveling north in the inside lane of S US Hwy 1, causing that vehicle to quickly apply its brakes to avoid colliding with the Infinity. At the time of the incident, both north and southbound traffic on S US Hwy 1 had solid green indicator lights. I immediately activated my overhead emergency lights, conducted a traffic stop on the vehicle, and identified the driver of the vehicle, Charles Haynsworth Jr. (w/m; 11/14/1965), by his valid Florida driver license.

## OBSERVATION OF DRIVER:

Upon initial contact with the driver, I observed he was the sole occupant of the vehicle at the time of the traffic stop. I identified the driver by his valid Florida driver license and could see that the driver had glassy eyes. While speaking with Haynsworth, he was slurring his words when he spoke to me and could not advise where he came from, other than at dinner. I could smell the odor of an unknown alcoholic beverage emanating from Haynsworth's person, which intensified as he spoke. When Haynsworth exited the vehicle, I observed his black belt was completely unbuckled and he had a noticeable wet spot on the front groin of his shorts which gave the appearance that he had urinated on himself.

## DRIVER'S STATEMENTS:

Haynsworth advised he was coming from dinner with a friend but could not advise where he ate. Haynsworth denied drinking any alcoholic beverages during dinner. He further advised he was attempting to drive home (to Stuart), but at the time of the traffic stop he was traveling in the opposite direction on S US Hwy 1. Haynsworth admitted the wet spot observed on the front of his pants was urine and further stated that he was unable to find a place to use the restroom and urinated on himself in the car.

## ODORS:

Odor of unknown alcoholic beverage which intensified as Haynsworth spoke

## GENERAL OBSERVATIONS

SPEECH: Slurred, stumbling over words

ATTITUDE: Cooperative, polite

CLOTHING: Casual

MEDICAL/OTHER: Advised taking medication for anxiety but no other medical issues

STATE OF FLORIDA  
COUNTY OF PALM BEACH

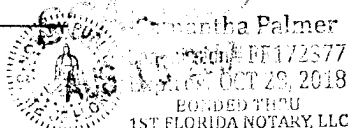
(Signature of Arresting Investigative Officer)

The foregoing instrument was sworn to or affirmed and subscribed before me this 12th day of August 20 17 by Craig Yochum # 383

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

Personally Known

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



SUBJECT: Charles Haynsworth Jr.CASE NUMBER 17-003924

## ROADSIDE TASKS

HORIZONTAL GAZE NYSTAGMUS:

LT EYE-LACK OF SMOOTH PURSUIT



RT EYE-LACK OF SMOOTH PURSUIT



LT EYE-DISTINCT &amp; SUSTAINED NYSTAGMUS AT MAX. DEVIATION



RT EYE-DISTINCT &amp; SUSTAINED NYSTAGMUS AT MAX. DEVIATION



LT- EYE-ONSET OF NYSTAGMUS PRIOR TO 45 DEGREES



RT- EYE-ONSET OF NYSTAGMUS PRIOR TO 45 DEGREES

Other Observations:

During this task, Haynsworth had to be reminded to keep his head still and would not keep his focus on the stimulus. Haynsworth would look near the stimulus but focus on objects in the background when the stimulus was at maximum deviation and had to be reminded to keep his eyes on the stimulus. During the task, Haynsworth advised he had "great peripheral vision." While administering the task, Haynsworth was leaning towards his left side.

WALK & TURN

During the Instructions Stage, Haynsworth lost his balance, to the left, before beginning the exercise. On step 2, Haynsworth stepped off the line to the right, with his right foot. Additionally, Haynsworth did not touch heel-to-toe, as instructed, on steps 2, 3, 4, 5, 6, 7, 8, and 9 (taking a total of 9 steps). Haynsworth turned around in a manner inconsistent with what was demonstrated and described to him during the Instructions Stage. Haynsworth turned, to his right, and appeared to lose his balance, to the rear, as he took two steps backwards and completely off the line, to the left. Haynsworth paused for approximately two seconds after turning and asked if his turn was "OK, as far as turning around," inconsistent with my instructions to not stop the exercise until complete. On Haynsworth's walk back along the line, he missed heel-to-toe on every step and took a total of 10 steps. Haynsworth counted to "nine" but he neglected to count his first step on the way back. Haynsworth also stepped off the line, to his left, on step number 7 (the step he counted as "6"), stepping completely off the line with his right foot.

ONE LEG STAND:

Haynsworth raised his right leg off the ground and placed his foot down on 1002. Haynsworth picked his foot back up off the ground and continued counting, as instructed, but continued to place his foot down on 1004, 1008, 1011, 1014, 1016, 1017, and 1019. While placing his foot down on 1017, Haynsworth lost his balance, to the left, and stepped completely over his left foot, crossing his legs. He stated that standing on one leg was the "hardest thing" at this point. In a timed 30 second period, Haynsworth counted to 1021 before I terminated the exercise.

FINGER TO NOSE:

Haynsworth missed finger to nose on the first call of "left" and touched the bridge of his nose. On the second call of "right," Haynsworth missed touching finger to nose and touched the bottom of his nose (septum) right above his upper lip. On all other directives during the exercise, Haynsworth raised the correct hand, touched his finger to his nose properly, and returned his hand back down to his side, as instructed.

ROMBERG ALPHABET:

Haynsworth failed to follow the instructions to recite the alphabet in a slow, non-rhythmic manner and grouped the following letters together: E - G and H - P.

BREATH TEST RESULTS: .229.221STATE OF FLORIDA  
COUNTY OF PALM BEACH

(Signature of Arresting/Investigative Officer)

383/185

The foregoing instrument was sworn to or affirmed and subscribed before me this 12th day of August, 2017, by Craig Yochum # 383

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

Personally Known

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

Samantha Palmer  
Commission # FT 172577  
Expires: OCT 20, 2018  
Borden Thru  
1st Florida Notary, LLC

SUBJECT: Howell, William J. (Chari) CASE NUMBER: 17 CC 3924

## 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: OFC. Yocum # 393

WHITE - STATE ATTY.

YELLOW - DHSMV

PINK - CENTRAL RECORDS

GOLD - JAIL

SUBJECT: Harold North Jr. Clark CASE NUMBER: 17 CC3924

## **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 of chemical or controlled substances.

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

I am OTC Nuchum of the DD

If you fail to submit to the test I have requested of you, your privilege to operate a motor vehicle will be suspended for a period of one (1) year for a first refusal, or eighteen (18) months if your privilege has been previously suspended as a result of a refusal to submit to a lawful test of your breath, urine or blood. Additionally, if you refuse to submit to the test I have requested of you and if your driving privilege has been previously suspended for a prior refusal to submit to a lawful test of your breath, urine or blood, you will be committing a misdemeanor. Refusal to submit to the test I have requested of you is admissible into evidence in any criminal proceeding.

SUBJECT'S 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

# The Sunshine State

**DRIVER LICENSE CLASS E**

# CHARLES KIDD

# THE NORTH STAR

**THE NEW YORK PUBLIC LIBRARY**

ALL INFORMATION CONTAINED HEREIN IS UNCLASSIFIED

**SECRET**

**Abstract**

... ..

Charles H. Brown

**ORGAN DONOR**

# SAFE DRIVER

Operation of a motor vehicle constitutes consent to any sobriety test required by law.

**SAFE DRIVER**  
Operation of a motor vehicle constitutes consent to any sobriety

**NOT A CERTIFIED**

SECRET  
NO 10 1952