

0500186

1807 13/81 3518

OBTS Number		ARREST / NOTICE TO APPEAR Juvenile Referral Report				1 Arrest 2. N.T.A.		3 Request for Warrant 4 Request for Capias		Juvenile	
Agency ORI Number FL0, 5, 0, 2, 6, 0, 0		Agency Name PALM BEACH GARDENS POLICE DEPT.				Agency Report Number (N.T.A.'s only) 7, 8   11, 8   10, 0, 4, 5, 2, 1   (1, 1)					
Charge Type: Check as many as apply <input type="checkbox"/> 1 Felony <input type="checkbox"/> 2 Traffic Felony		<input checked="" type="checkbox"/> 3 Misdemeanor <input type="checkbox"/> 4 Traffic Misdemeanor		<input type="checkbox"/> 5 Ordinance <input type="checkbox"/> 6 Other		If Weapon Seized Enter Type		Multiple Clearance Indicator			
Location of Arrest (Including Name of Business) Garden Square Shops 10911 W Military Trail					Location of Offense (Business Name, Address) PGA Blvd + N Military Trail						
Date of arrest 07.28.18		Time of Arrest 01.43		Booking Date		Booking Time		Jail Date		Jail Time	
Name (Last, First, Middle) Yearty Cody Edward											
Race W - White B - Black		Sex M		Date of Birth 08.10.92		Height 511		Weight 206		Eye Color Blu	
Hair Color Blk		Complexion Lt		Build Med		Mental Status S		Religion Christian		Indication of Alcohol Influence N	
Scars, Marks, Tattoos, Unique Physical Features (Location, Type, Description) Tattoo on back											
Local Address (Street, Apt. Number) 4340 Union Square Blvd Apt 253 Palm Bch Gardens FL 33410				City Palm Beach Gardens		State FL		Zip 33410		Phone (561) 758-1426	
Permanent Address (Street, Apt. Number) 4340 Union Square Blvd				City		State		Zip		Phone	
Business Address (Name, Street)				City		State		Zip		Phone	
DL Number, State Y630105922900, FL		Social Security Number		INS Number		Place of Birth (City, State) Palm Bch Gardens, FL		Citizenship US			
Co-Defendant Name (Last, First, Middle)				Race		Sex		Date of Birth		<input type="checkbox"/> 1. Arrested <input type="checkbox"/> 2. At Large <input type="checkbox"/> 3. Felony <input type="checkbox"/> 4. Misdemeanor <input type="checkbox"/> 5. Juvenile	
Co-Defendant Name (Last, First, Middle)				Race		Sex		Date of Birth		<input type="checkbox"/> 1. Arrested <input type="checkbox"/> 2. At Large <input type="checkbox"/> 3. Felony <input type="checkbox"/> 4. Misdemeanor <input type="checkbox"/> 5. Juvenile	
Parent Legal Custodian Other:		Name (Last) (First) (Middle)				Residence Phone					
Address (Street, Apt. Number)		City				State		Zip		Business Phone	
Notified by (Name)				Date		Time		Juvenile Disposition 1 Handed/Processed within Dept. and Released 2 TOT DCF 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 parent. The child and / or parent was told to keep the Juvenile Court Clerk's Office (Phone 355-2526) informed of any change of address. <input type="checkbox"/> Yes, by (Name) <input type="checkbox"/> No (Reason)								School Attended		Grade	
Property Crime? <input type="checkbox"/> Yes <input type="checkbox"/> No		Description of Property				Value of Property					
Drug Activity S Sell N. N/A P Possess		R Smuggle B. Buy T Traffic		K Dispense/ D Deliver E. Use		M. Manufacture/ Produce/ Cultivate		Z Other		Drug Type B. Barbiturate C. Cocaine F. Heroin H. Hallucinogen M. Marijuana O. Opium/Derv. P. Paraphernalia/ Equipment S. Synthetic U. Unknown Z. Other	
Charge Description DUI		Counts 01		Domestic Violence <input type="checkbox"/> Y <input checked="" type="checkbox"/> N		Statute Violation Number 3.1.6.1.1.9.3(1)		Violation of ORD #			
Drug Activity N		Drug Type N		Amount / Unit 0		Offense # 19-004521		Warrant / Capias Number		Bond R	
Charge Description		Counts		Domestic Violence <input type="checkbox"/> Y <input checked="" type="checkbox"/> N		Statute Violation Number		Violation of ORD #			
Drug Activity		Drug Type		Amount / Unit		Offense #		Warrant / Capias Number		Bond	
Charge Description		Counts		Domestic Violence <input type="checkbox"/> Y <input checked="" type="checkbox"/> N		Statute Violation Number		Violation of ORD #			
Drug Activity		Drug Type		Amount / Unit		Offense #		Warrant / Capias Number		Bond	
Charge Description		Counts		Domestic Violence <input type="checkbox"/> Y <input checked="" type="checkbox"/> N		Statute Violation Number		Violation of ORD #			
Drug Activity		Drug Type		Amount / Unit		Offense #		Warrant / Capias Number		Bond	
Instruction No 1 Mandatory Appearance in Court		Location (Court, Room Number, Address) North County 3188 PGA Blvd Palm Bch Gardens, FL 33410									
Instruction No 2 You need not appear in Court but must comply with instructions on Reverse Side.		Month 08		Day 29		Year 18		Time 10:00 AM		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 SHOULD BE ISSUED.											
Signature of Defendant (or Juvenile and Parent / Custodian)						Date Signed					
HOLD for other Agency Name:		Signature of Arresting Officer M. Valerio				Name Verification (Printed by Arrestee) M. Valerio					
<input type="checkbox"/> Dangerous <input type="checkbox"/> Suicidal		<input type="checkbox"/> Resisted Arrest <input type="checkbox"/> Other		Name of Arresting Officer (Print) M. Valerio		I.D. # 487		(PRINT) JUL 28 2018 7:42		PAGE 1 of 1	
Intake Deputy		Pouch #		Transporting Officer M. Valerio		I.D. # 487		Agency PBGPD		Witness here if subject signed with an "X"	

# D.U.I. PROBABLE CAUSE AFFIDAVIT

ON THE 28 DAY OF July 20 18 AT 0126 AM PM

SUBJECT: Cody Yearty CASE NUMBER: 18-004521

AGENCY: PALM BEACH GARDENS POLICE DEPT. ARRESTING OFFICER: Officer Michael Valerio # 487

## PERSONAL CONTACT

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

While at the traffic light of PGA Boulevard and N. Military Trail, I observed a white 2012 Chevrolet Pickup (Bearing FL TAG # M783AC) making a left turn from N. Military Trail onto PGA Boulevard westbound. The vehicle quickly accelerated through the turn causing both rear tires to lose traction on the wet paved surface. The vehicle completely lost control and spun around. I activated my emergency lights and conducted a traffic stop on the vehicle at Garden Square Shops located at 10911 N. Military Trail. I made contact with the driver, Cody Yearty, who was identified through his Florida Driver's License.

## OBSERVATION OF DRIVER:

During my initial approach, Yearty opened the front driver's door where I could detect a strong odor of an unknown alcoholic beverage. Yearty had red glassy bloodshot eyes, slurred, thick tonged, and mumbled speech. While speaking with Yearty, I asked for his license, registration, and proof of insurance. Yearty leaned to the left to get his wallet from his pocket and almost fell out of the vehicle. Yearty was able to catch himself by placing his foot on the ground for balance.

## DRIVER'S STATEMENTS:

Yearty explained he and his girlfriend were fighting. He hit the gas too hard, slipped, and missed the corner. Yearty stated he was coming from his house off Union Square and was going to get some food. I asked Yearty how much he has had to drink tonight and he replied, "I've had a couple drinks, I'm not going to lie to you".

## ODORS:

Strong odor of an unknown alcoholic beverage.

## GENERAL OBSERVATIONS

SPEECH: Slurred, thick tonged, and mumbled speech

ATTITUDE: Apologetic and polite

CLOTHING: Tee shirt, shorts, shoes

MEDICAL/OTHER: None

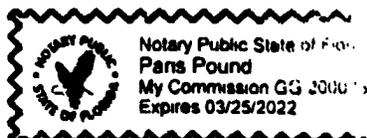
STATE OF FLORIDA  
COUNTY OF PALM BEACH

(Signature of Arresting/Investigative Officer)

The foregoing instrument was sworn to or affirmed and subscribed before me this 28 day of July 20 18 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)



**ROADSIDE TASKS**

**HORIZONTAL GAZE NYSTAGMUS:**

- LT EYE-LACK OF SMOOTH PURSUIT
- RT EYE-LACK OF SMOOTH PURSUIT
- LT EYE-DISTINCT & SUSTAINED NYSTAGMUS AT MAX DEVIATION
- RT EYE-DISTINCT & 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:

**WALK & TURN:**

While explaining the instructions, Yearty lost his balance and blamed his shoes. I had Yearty remove his shoes and go back to the starting position. Yearty stood with his left foot on the line and his right foot cocked off to the side. On Yearty's first, fifth, seventh, and nine steps he lost his balance and came off of the line. On Yearty's tenth step, he turned around, and began going back. On Yearty's second and fourth steps he lost his balance and came off of the line.

**ONE LEG STAND:**

Yearty began with his left foot. On one thousand eleven, Yearty lost his balance and placed his foot back to the ground.

**FINGER TO NOSE:**

On left, Yearty touched the tip of his nose with the tip of his finger and kept his finger there. I had to remind Yearty to bring his hand right back down. On right, Yearty touched the tip of his nose with the tip of his finger. On left, Yearty touched the tip of his nose with the tip of his finger. On left, Yearty touched the tip of his nose with the tip of his finger. On right, Yearty touched the top of his lip with the pad of his finger. Yearty then adjusted his finger to touch the tip of his nose.

**ROMBERG/ALPHABET:**

: After explaining the instructions, I asked Yearty to tilt his head back and close his eyes. Yearty began without being told to do so. I stopped Yearty and we began again. Yearty stated the following, "A, B, C, D, E, F, G, H, I, J, K, L, M, N, O, P, Q, R, S, and stopped".

**BREATH TEST RESULTS: .167 BAC & .163 BAC**

STATE OF FLORIDA  
COUNTY OF PALM BEACH

*[Signature]*  
(Signature of Arresting/Investigative Officer)

The foregoing instrument was notarized or sworn before me this 28 day of July, 2018 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)



SUBJECT: Johny G... 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? Yes

WHERE WERE YOU GOING? Galena

WHAT STREET OR HIGHWAY WERE YOU ON? ICA rd

DIRECTION OF TRAVEL? W WHERE DID YOU START? My house

WHAT TIME DID YOU START? 12:30 WHAT TIME IS IT NOW? 1:45

WHAT IS TODAY'S DATE? 7/15 WHAT DAY OF THE WEEK IS IT? Tuesday

WHAT COUNTY AND CITY ARE YOU IN NOW? West Virginia, Putnam County

WHEN DID YOU LAST EAT? 9:00 WHAT DID YOU EAT? Food from the store

WHAT HAVE YOU BEEN DOING FOR THE LAST THREE HOURS? Driving to work

HOW MUCH DO YOU WEIGH? 200 HAVE YOU BEEN DRINKING? Yes WHAT? beer

HOW MUCH? 5 WHERE? at home WITH WHOM? Wife

WHEN DID YOU HAVE YOUR FIRST DRINK? 9:00 AND YOUR LAST DRINK? 12:00

HOW DID YOU CONSUME YOUR LAST TWO DRINKS? at home

CAN YOU FEEL THE EFFECTS OF THE ALCOHOL? Yes ARE YOU UNDER THE INFLUENCE? Yes

HAVE YOU CONSUMED ANY ALCOHOL SINCE THE ACCIDENT? NO HOW MUCH? 1

WHAT? beer WHERE? at home WHEN? at home

WHAT LINE OF WORK ARE YOU IN? AIC WHEN DID YOU LAST WORK? Tuesday

DO YOU HAVE ANY PHYSICAL DEFECTS OR INJURIES? NO WHAT? None

ARE YOU SICK OR INJURED? NO WHAT'S WRONG? None

DO YOU LIMP? NO DID YOU RECEIVE A BUMP ON THE HEAD RECENTLY? NO

WERE YOU IN AN ACCIDENT TODAY? NO

HAVE YOU TAKEN ANY DRUGS OR SMOKED ANY MARIJUANA TODAY? Yes WHEN? 9:00

HAVE YOU SEEN A DOCTOR OR DENTIST TODAY? NO WHO? None WHY? None

ARE YOU TAKING ANY PRESCRIPTION MEDICINES? NO WHAT? None WHEN? None

- DO YOU HAVE:
- EPILEPSY? NO
  - GLASS EYE? NO
  - FALSE TEETH? NO
  - EAR INFECTION? NO
  - INNER EAR TROUBLE? NO
  - DIABETES? NO

DO YOU HAVE ANY PROBLEMS WITH YOUR EYES THAT ARE NOT CORRECTED BY GLASSES? maybe

DO YOU TAKE INSULIN? NO IF SO, WHEN WAS YOUR LAST INJECTION? None

HAVE YOU EVER HAD A DRIVER'S LICENSE IN ANY OTHER STATE? NO WHERE? None

INTERVIEWER: \_\_\_\_\_

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 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 \_\_\_\_\_ of the \_\_\_\_\_

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) \_\_\_\_\_

## 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) \_\_\_\_\_



# WITNESS LIST

CASE NUMBER: 18-004521

ARRESTING OFFICER: Officer Michael Valerio # 487

ADDRESS: 10500 N. Military Trail, Palm Beach Gardens, FL 33410

PHONE NUMBERS (HOME): \_\_\_\_\_ (WORK) (561) 799-4445

CAN TESTIFY TO: Observations of the vehicle, traffic stop, initial contact, SFST's arrest, transport

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

PHONE NUMBERS (HOME) \_\_\_\_\_ (WORK) \_\_\_\_\_

CAN TESTIFY TO: \_\_\_\_\_

NAME: \_\_\_\_\_

ADDRESS \_\_\_\_\_

PHONE NUMBERS (HOME) \_\_\_\_\_ (WORK) \_\_\_\_\_

CAN TESTIFY TO: \_\_\_\_\_

NAME: \_\_\_\_\_

ADDRESS \_\_\_\_\_

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ADDRESS \_\_\_\_\_

PHONE NUMBERS (HOME) \_\_\_\_\_ (WORK) \_\_\_\_\_

NOT A CERTIFIED COPY



**Palm Beach County Sheriff's Office – Arrests Only**

	X	Florida State Statute	Description	Page Number(s)
L/E Exemptions	<input type="checkbox"/>	119.071(2)(d)	Surveillance techniques, procedures and personnel; inventory of law enforcement resources, policies or plans pertaining to mobilization deployment or tactical operations.	
	<input type="checkbox"/>	943.053, 943.0525	NCIC/FCIC/FBI and in-state FDLE/DOC.	
	<input type="checkbox"/>	119.071(4)(c)	Undercover personnel.	
	<input type="checkbox"/>	119.071(2)(f)	Confidential informants (CIs).	
	<input type="checkbox"/>	119.071(2)(e)	Confession.	
Public Info. Exemptions	<input type="checkbox"/>	985.04(1)	Juvenile offender records.	
	<input type="checkbox"/>	119.071(h)(i)	Assets of a crime victim.	
	<input type="checkbox"/>	395.3025(7)(a), 456.057(7)(a)	Medical information.	
	<input type="checkbox"/>	394.4615(7)	Mental health information.	
	<input type="checkbox"/>	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)	<input checked="" type="checkbox"/>	(iii) 119.0714(1)(i)-(j), (2)(a)-(e)	Social Security, bank account, charge, debit, and credit card numbers.	2
	<input type="checkbox"/>	(viii) 394.4615(7)	Clinical records under the Baker Act.	
	<input type="checkbox"/>	(xii) 741.30(3)(b)	The victim's address in a domestic violence action on petitioner's request.	
	<input type="checkbox"/>	(xiii) 119.071(2)(h), 119.0714(1)(h)	Protected information regarding victims of child abuse or sexual offenses.	
	<input type="checkbox"/>			
Other	<input type="checkbox"/>		Other:	
	<input type="checkbox"/>		Other:	

**REVIEW COMPLETED BY**

<b>Booking Number:</b> 2018025093	<b>Date:</b> 07/29/2018
	<b>Specialist Name/ID:</b> AM/31562