

Arrest Report

0504618 19CT5916 30577

FLORIDA HIGHWAY PATROL
P.O. BOX 540007, GREENACRES, FL 33454

Report Date / Time 3/30/2019 4:01:57AM	Report Number FHP99ARR795868	Case Number/CAD Number FHPL19OFF020980 / LWRC19CAD057057	Reporting Officer Name J.F. DOMINGUEZ
Originating Agency ORI FL0509000	Occurrence Date Time Range 3/30/2019 3:27:48 AM -	Jurisdiction	Clearance

Location of Occurrence

Location Type OTHER	Location Description		
Street Number I-95 SB ON XT RAMP	Street Apt/Lot/Bldg		
County PALM BEACH	City DELRAY BEACH	State FL	Zip 33444

Defendant

First Name CONNOR	Middle Name REYES	Last Name GONZALES	Suffix	Date Of Birth 3/22/1995	Age 24	Race WHITE	Sex MALE
SSN	MNI #	Place of Birth BOCA RATON, FL, USA	Height 602	Weight 205	Hair BRO	Eyes GRN	
DL or ID Number G524116951020	ID State FL	ID Type E	Address Type RESIDENCE	Street Number 934	Street SPRING CIRCLE APT 104	Apt/Lot/Bldg	
County DEERFIELD BCH	City DEERFIELD BCH	State FL	Zip 33441	Phone Number	Extension		
Location Description							

Arrest

Arrest Date/Time 3/30/2019 3:54:00AM	Arrest Location Type OTHER	Arrest Location Description	
Street Number I-95 SB ON XT RAMP	Street	Apt/Lot/Bldg	County PALM BEACH
City DELRAY BEACH	State FL	Zip 33444	

Charge(s)

Counts 1	Charge 316.193.1	General Offense Code	Bond Amount \$ 0.00	<input type="checkbox"/> No Bond
Charge Degree N	Charge Level MISDEMEANOR	Arrest Offense Code Description DUI-UNLAW BLD ALCH	OR	
Charge Description DUI ALCOHOL OR DRUGS				

Probable Cause

MAR 30 AM 6:42

On March 30, 2019 I was on duty as a Sworn Law enforcement Officer for the Florida Highway Patrol in Palm Beach County, Florida. While on duty I was dispatched to a sick or injured person on State Road 9 exit ramp to Linton Blvd. Delray Beach Fire Rescue was on scene with the black in color vehicle. When Fire Rescue personnel made contact with the vehicle, they observed a white male appeared to be asleep at the wheel with the vehicle still in drive. They were able to wake the driver up and advise him to put the car in park and turn the vehicle off and to exit the vehicle. I arrived on scene and observed a black in color vehicle at the stop bar of the exit ramp and observed a white male wearing dark colored jeans and a black sweatshirt with no shoes on. When I made contact with the driver and introduced my self, and I smelled an unknown odor of an alcoholic beverage coming from the breathe of the white male. The white male had bloodshot, watery eyes, and had slurred speech. The white male was identified by his Florida's driver's license as Connor Reyes Gonzales. I asked Mr. Gonzales where

Arrest Report

DS Collins 7622

APR 01 2019 Page 1 of 2

3/30/2019 4:01:57AM	FHP99ARR795868	FHPL19OFF020980 / LWRC19CAD057057	J.F. DOMINGUEZ
Originating Agency ORI FL0509000	Occurrence Date Time Range 3/30/2019 3:27:48 AM -	Jurisdiction	Clearance

he was coming from and why he had fallen asleep at the wheel. Mr. Gonzales stated that his birthday was the week prior and that was not an excuse but he was out with friends and had some drinks. I asked Mr. Gonzales based on everything I had observed if he would perform some voluntary field sobriety exercises. Mr. Gonzales stated he did not want to perform field sobriety exercises. I advised Mr. Gonzales that if he did not perform the voluntary field sobriety exercises that I would have to base my arrest off of the totality of circumstances. At 3:54 AM Mr. Gonzales was placed under arrest for the offense of DUI. Mr. Gonzales was transported to Palm Beach County Jail without incident. At approximately 5:16 AM, Mr. Gonzales refused to submit to a lawful breath test.

Jail Booking Facility

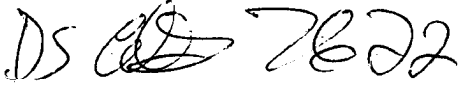
Booking Date/Time	Booking County PALM BEACH	Booking Facility PALM BEACH COUNTY CORRECTIONS	Booking Facility Phone Number (561) 688-4400
Booking Facility Location 3228 GUN CLUB ROAD WEST PALM BEACH, FLORIDA 33406			Booking Number
Booking Comments			

Court

Court County PALM BEACH	Court Location 200 WEST ATLANTIC AVE. DELRAY BEACH, FL 33444		
Court PALM BEACH SOUTH COUNTY COURTHOUSE	Court Phone 561-274-1530	Court Appearance Date / Time	Court Fine
Comments			

The undersigned certifies and swears that he/she has just and reasonable grounds to believe that the above named Defendant, committed violation(s), of law, on the below date(s) and time(s), as listed in the probable cause associated with this report:

Reporting Officer

Officer Name J.F. DOMINGUEZ	Officer Rank TROOPER	Officer ID No 4171	Sworn and subscribed before me, the undersigned authority This the <u>30th</u> day of <u>MARCH</u> <u>2019</u> DEPUTY OF THE COURT, NOTARY OR LAW ENFORCEMENT OFFICER
Officer Agency FLORIDA HIGHWAY PATROL			
Officer Signature			

Approving Supervisor

Officer Name	Officer Rank	Officer ID No	Officer Agency
Officer Signature			

SCANNED

D.U.I. PROBABLE CAUSE AFFIDAVIT

ON THE 30th DAY OF March 20 19, AT 3:40 am AM PM

SUBJECT: Connor Reyes Gonzales CASE NUMBER: FHPL19OFF020980

AGENCY: FHP ARRESTING OFFICER: Tpr. Dominguez (4171)

PERSONAL CONTACT

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

N/A

OBSERVATION OF DRIVER:

**glassy and bloodshot eyes.
Slurred speech**

DRIVER'S STATEMENTS:

Had some drinks with his friends.

ODORS:

Unknown odor of an unknown alcoholic beverage

GENERAL OBSERVATIONS

SPEECH: **Slurred**

ATTITUDE:

CLOTHING: **Dark colored jeans, black sweatshirt**

MEDICAL/OTHER: **None**

STATE OF FLORIDA
COUNTY OF PALM BEACH

Tpr. Dominguez (4171)
Signature of Arresting/Investigative Officer

I, the foregoing instrument was sworn to or affirmed and subscribed before me this 30th day of March 20 19 by _____

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

SCANNED
APR 01 2019

SUBJECT: Connor Reyes Gonzales

CASE NUMBER FHPL19OFF020980

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:

- The following was observed during the instructional phase of the exercise:

ONE LEG STAND:

- The following was observed during the exercise:

FINGER TO NOSE:

ROMBERG ALPHABET:

BREATH TEST RESULTS: (1) (2) (3) (4)

STATE OF FLORIDA
COUNTY OF PALM BEACH

Tpr. Dominguez (4171)
Signature of Arresting/Investigative Officer

I, the foregoing instrument was sworn to or affirmed and subscribed before me this 30th day of March, 2019 by _____

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

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APR 01 2019

WITNESS INTERVIEW / STATEMENT

Name	<u>TODD Lynch</u>	Date/Time	<u>3:40 AM</u>
Address	<u>501 W Atlantic Ave</u>		
Place of Employment	<u>Delray Beach Fire</u>		
Phone Number(s): Home	<u>()</u>	Work	<u>(561) 243-7450</u>
Interview Conducted By:	_____		
Identification Produced:	_____		

Pulled up behind vehicle. Brake lights on. Approached vehicle and made contact with driver. Vehicle in drive. Driver appeared asleep. Knocked on window. Driver rolled down window. Asked him to turn off vehicle and place in park. Driver exited vehicle. Asked him if any medical problems, meds, or alcohol. Driver states he had some drinks at a friends and was headed home.

Sworn to me this 30th day of March 2019

[Signature]
(Law Enforcement Officer Signature)
Section 117.10 Florida Statute

Jose Dominguez 4171
(Print Name / PIN)

I swear/affirm that this statement is true and correct

[Signature]
(Witness Signature)

Statement Page 1 of 1

Case Number: FHPL19OFF020980

Page 1

TESTING FACILITY TASK REPORT

AGENCY: FHP/DOMINGUEZ

SUBJECT: GONZALES, CONNOR

CASE NUMBER: 19-053812

DATE: Mar 30, 2019

VIDEO DVD NUMBER: N/A

BEGINNING TIME: 0514

ENDING TIME: 0517

BREATH TESTS RESULTS: 1) R TIME 0516 A.M. P.M. 2) XX TIME XX A.M. P.M.
3) XX TIME XX A.M. P.M. 4) XX TIME XX A.M. P.M.

BREATH OPERATOR: S. PALMER #24520

MAINTENANCE TECHNICIAN: J Karlecke #6467

TESTING OFFICER'S OBSERVATIONS

SPEECH: CLEAR

ATTITUDE: CALM, QUIET

CLOTHING: BLACK SHIRT, BLACK JEANS, BLACK SHOES

MEDICAL CONDITIONS: NONE

MEDICATIONS: NONE

OTHER:

EYES GLASSY AND BLOODSHOT

COMMENTS:

ARRESTING OFFICER CONDUCTED THE 20 MINUTE OBSERVATION BEGINNING AT 0433
SUBJECT REFUSED TO TAKE BREATH TEST
A/O READ I/C
SUBJECT STATED HE UNDERSTOOD I/C
AND AGAIN REFUSED TO TAKE BREATH TEST @ 0516
A/O READ RIGHTS
SUBJECT STATED HE UNDERSTOOD RIGHTS
A/O ATTEMPTED Q&A
SUBJECT REFUSED QUESTIONING

SCANNED
APR 01 2019

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: _____

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

SCANNED

APR 01 2019

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) _____

SCANNED
APR 01 2019



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"/>			
	<input type="checkbox"/>			
	<input type="checkbox"/>			
	<input type="checkbox"/>			
Other	<input type="checkbox"/>		Other:	
	<input type="checkbox"/>		Other:	

REVIEW COMPLETED BY

Booking Number: 2019010651	Date: 03/31/2019
	Specialist Name/ID: AM/31562