

19CT006739

ARREST / NOTICE TO APPEAR Juvenile Referral Report		1. Arrest 2. N.T.A.	3. Request for Warrant 4. Request for Capias	1	Juvenile
OBTS Number					
Agency ORI Number FLO 502600		Agency Name PALM BEACH GARDENS POLICE DEPARTMENT		Agency Report Number (N.T.A.'s only) 78-19-002251	
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		Weapon Seized / Type <input checked="" type="checkbox"/> 1. Yes <input type="checkbox"/> 2. No		Multiple Clearance Indicator	
Location of Arrest (Including Name of Business) PGA Blvd/Fairchild Gardens Ave		Location of Offense (Business Name, Address) Donald Ross Rd/N Military Trl			
Date of Arrest 04/12/2019	Time of Arrest 04:15	Booking Date	Booking Time	Jail Date	Jail Time
Name (Last, First, Middle) Barry, Connor, William					
Alias (Name, DOB, Soc. Sec. #, Etc.)					
Race W - White I - American Indian B - Black O - Oriental/Asian W	Sex M	Date of Birth 10/25/90	Height 6-04	Weight 175	Eye Color Grn
Scars, Marks, Tattoos, Unique Physical Features (Location, Type, Description) None		Marital Status Single	Religion Christian	Indication of Alcohol Influence Drug Intoxication <input type="checkbox"/> Y <input checked="" type="checkbox"/> N <input type="checkbox"/> Unk.	Build Slim
Local Address (Street, Apt. Number) 225 San Remo Dr, Palm Beach Gardens, FL 33402		City (City)	State (State)	Zip (Zip)	Phone (561) 762-8568
Permanent Address (Street, Apt. Number) ()		City (City)	State (State)	Zip (Zip)	Phone ()
Business Address (Name, Street) North American Development Group, 400 Clematis St (Suite 201), WPB FL, 33408		City (City)	State (State)	Zip (Zip)	Phone (561) 578-8701
D/L Number, State B600119903850 FL		Soc. Sec. Number ()	INS Number ()	Place of Birth (City, State) WPB, 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 (City) State (State) Zip (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 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 (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 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. Barbiturate C. Cocaine E. Heroin H. Hallucinogen M. Marijuana O. Opium/Deriv. P. Paraphernalia/ Equipment S. Synthetics U. Unknown Z. Other		Statute Violation Number 316.193 (1)	
Charge Description DUI		Counts 1	Domestic Violence <input type="checkbox"/> Y <input checked="" type="checkbox"/> N	Violation of ORD #	
Drug Activity N	Drug Type N	Amount / Unit N/A	Offense # 316.193	Warrant / Capias Number	Bond OR
Charge Description		Counts	Domestic Violence <input type="checkbox"/> Y <input checked="" type="checkbox"/> N	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	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	Violation of ORD #	
Drug Activity	Drug Type	Amount / Unit	Offense #	Warrant / Capias Number	Bond
Location (Court, Court Number, Address) NORTH COUNTY COURTHOUSE, 3188 PGA BOULEVARD, PALM BEACH GARDENS, FL 33410 - PH: (561) 662-6700					
Court Date and Time Month May Day 15th Year 2019 Time 10:00 AM <input checked="" type="checkbox"/> PM <input type="checkbox"/>					
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 04/12/2019					
Signature of Defendant (or Juvenile and Parent / Custodian) ()				Date Signed ()	
HOLD for other Agency Name: <input type="checkbox"/> Dangerous <input type="checkbox"/> Resisted Arrest <input type="checkbox"/> Suicidal <input type="checkbox"/> Other:		Signature of Arresting Officer ()		Name Verification (Printed by Arrestee) ()	
Intake Deputy ()		Name of Arresting Officer (Print) Ofc. Trudeau #493		(PRINT)	
I.D. # ()		Transferring Officer Ofc. Trudeau		Agency PBGPD	
Pouch # ()		I.D. # 493		Witness here if subject signed with an "X" ()	
DISTRIBUTION: WHITE - COURT COPY GREEN - STATE ATTORNEY YELLOW - AGENCY PINK - AGENCY GOLD - DEFENDANT					

0506970

APR 15 2019

D.U.I. PROBABLE CAUSE AFFIDAVIT

ON THE 26th DAY OF March 20 19, AT 0345 ☒ AM ☐ PM

SUBJECT: Barry, Connor, William CASE NUMBER: 19-002251

AGENCY: PALM BEACH GARDENS POLICE DEPT. ARRESTING OFFICER: Ofc. Trudeau #493

PERSONAL CONTACT

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

On 04/12/19 at approximately 0340 hours, a male, Dwayne Phillips, contacted the Palm Beach Gardens Police Department stating there was a male passed out in the driver's seat of a white Chevrolet Suburban in the North-bound turn lane of East-bound PGA Blvd. Dwayne stated he was staying on scene in a silver sedan next to the SUV to provide updated to dispatch if needed. Upon arrival I observed the SUV leave the scene and travel East on PGA Blvd. The vehicle struck the center median with the front driver's side tire then traveled across all three lanes and traveled off the roadway after striking the curb and deflating the front passenger side tire. I approached the vehicle after it came to a stop in the grassy area in front of 3195 PGA Blvd, and observed a white male sitting in the driver's seat and the sole occupant of the vehicle. The male was later identified via his FL DL as Connor William Barry, below referred to as "Barry."

OBSERVATION OF DRIVER:

I observed Barry's pupils to be dilated more than a normal persons, the sclera of his eyes to be reddened, his eyes to be watery, his face to be flushed, and his speech to be slow, low and mumbled. During the encounter I requested Barry's driver's license, vehicle registration, and proof of insurance at which he handed me his driver's license and then stared back at me. I asked Barry if he could retrieve the other documents at which he stated the vehicle was a rental. I requested the rental agreement and Barry handed me a blank Hertz vehicle incident report form. Due to my observations on scene, I requested he perform several field sobriety exercises. Barry agreed and exited the vehicle at which point he used the door for support while walking away from the vehicle and had an ataxic gait. Barry had an orbital sway while standing with his feet shoulder width apart.

DRIVER'S STATEMENTS:

Initially Barry stated he was near Rita's, but could not provide more information on what Rita's was. Barry stated he was near the intersection of PGA Blvd/Donald Ross Rd. He stated he was coming Rachel's in West Palm Beach, trying to go to his home in Palm Beach Gardens in the Ravella Community. Barry advised he consumed two alcoholic drinks around 8pm, and thought it was about 1:30-2:00 AM, when it was actually 3:45 AM.

ODORS:

Strong odor of the additives of an unknown alcoholic beverage emitting from his breath from a conversational distance.

GENERAL OBSERVATIONS

SPEECH: Slow, low, mumbled

ATTITUDE: Confused, Polite

CLOTHING: Clean

MEDICAL/OTHER: Barry stated he did not consume any medications and did not have any ailments that would prohibit him from being able to operate a vehicle or perform daily tasks.

STATE OF FLORIDA
COUNTY OF PALM BEACH

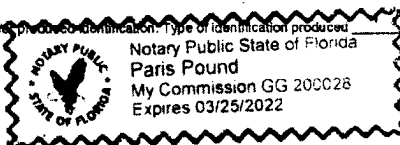
(Signature of Arresting/Investigative Officer)

The foregoing instrument was sworn to or affirmed and subscribed before me this 12h day of April 20 19 by Ofc. Trudeau

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

Personally Known

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



SUBJECT: Barry, Connor, William

CASE NUMBER 19-002251

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:

Vertical Gaze Nystagmus as well as a lack of convergence was observed with the left eye converging, and the right eye coming toward center then bouncing back to straight.

WALK & TURN:

During the exercise Barry made an incorrect turn by spinning around and then on the second set of 9 steps, he stepped off the line on step 2.

ONE LEG STAND:

During the exercise, Barry pointed his foot upward and stopped counting at count "3". Barry then put his foot down after 16 seconds and stared at me. After the exercise Barry stated "Sorry I forgot." He stated he did not remember the instructions.

ROMBERG ALPHABET:

Modified Romberg Balance: During the exercise Barry estimated to 30 seconds in 50 seconds real time. Barry stated he counted "1, Mississippi, 2, Mississippi, and so on to 30." During the exercise I observed a 2 inch orbital sway and eyelid tremors.

FINGER TO NOSE:

1. Left— Pad of his left index finger touched the tip of his nose, however he paused and searched for the tip
2. Right— Pad of his right index finger touched the tip of his nose
3. Left— Pad of his left index finger touched the tip of his nose
4. Right— Pad of his right index finger touched the tip of his nose
5. Right— Pad of his right index finger touched the tip of his nose
6. Left— Pad of his left index finger touched the tip of his nose.

BREATH TEST RESULTS:

STATE OF FLORIDA
COUNTY OF PALM BEACH

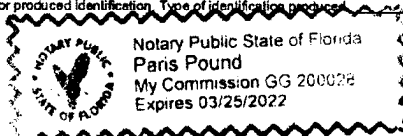
(Signature of Arresting Investigative Officer)

The foregoing instrument was sworn to or affirmed and subscribed before me this 12h day of April, 2019 by Ofc. Trudeau

(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))



TESTING FACILITY TASK REPORT

AGENCY: PBG

SUBJECT: BARRY, CONNOR W

CASE NUMBER: 19-058725

DATE: 04/12/19

VIDEO TAPE NUMBER: N/A

BEGINNING TIME: 04:55

ENDING TIME: 04:59

BREATH TESTS RESULTS: 1) R TIME 04:57 A.M./P.M. 2) N/A TIME — A.M./P.M.
3) N/A TIME — A.M./P.M. 4) N/A TIME — A.M./P.M.

BREATH OPERATOR: P. POUND #24639

MAINTENANCE TECHNICIAN: J. KARLICK #6467

TESTING OFFICER'S OBSERVATIONS

SPEECH: SLURRED

ATTITUDE: CALM, QUIET

CLOTHING: TAN PANTS, BLUE SHIRT, BROWN DRESS SHOES

MEDICAL CONDITIONS: NONE

MEDICATIONS: NONE

OTHER: EYES

COMMENTS: ARRIVED AT CENTER A/O BEGAN THE 20
MINUTE OBSERVATION PERIOD AT 04:32 HRS.

A. ASKED WHAT IS HIS OPTIONS.

A/O READ I/C

A. STATED HE UNDERSTOOD I/C AND WOULD REFUSE
TEST.

A/O READ RIGHTS

A. STATED HE UNDERSTOOD RIGHTS.

A/O ATTEMPTED Q+A

A. REFUSED QUESTIONS.

REFUSED

REFUSED

SUBJECT: BARRY CONNOR W CASE NUMBER: 19-2251

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: _____

SUBJECT: BARRY CONNOR W CASE NUMBER: 19-002251

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 R. TRUDEAU of the PB GIPD

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



**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	<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: 2019012145	Date: 04/13/2019
	Specialist Name/ID: AM/31562