

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) 78-19002251									
ADMINISTRATIVE	Charge Type: Check as many as apply: 1. Felony 2. Traffic Felony 3. Misdemeanor 4. Traffic Misdemeanor 5. Ordinance 6. Other				Weapon Seized / Type 1. Yes 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 Tri												
Date of Arrest 04/12/2019		Time of Arrest 04:15		Booking Date		Booking Time		Jail Date	Jail Time	Location of Vehicle					
Name (Last, First, Middle) Barry, Connor, William															
Alias (Name, DOB, Soc. Sec. #, Etc.)															
Race W - White I - American Indian B - Black O - Oriental/Asian		Sex W	Date of Birth 10/25/90	Height 6-04	Weight 175	Eye Color Grn	Hair Color Bro	Complexion Lgt	Build Slim						
Scars, Marks, Unique Physical Features (Location, Type, Description) None						Marital Status Single	Religion Christian	Indication of: Alcohol Influence Drug Influence							
Local Address (Street, Apt. Number) 225 San Remo Dr, Palm Beach Gardens, FL 33402						Phone (561) 762-8568		Residence Type: 1. City 2. County 3. Florida 4. Out of State							
Permanent Address (Street, Apt. Number) North American Development Group, 400 Clematis St (Suite 201), WPB FL, 33408						Phone (561) 578-8701		Address Source FL DL							
Business Address (Name, Street) North American Development Group, 400 Clematis St (Suite 201), WPB FL, 33408						Phone (561) 578-8701		Occupation Realtor							
DL Number, State B600119903850		Soc. Sec. Number FL		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						
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"/> Parent <input type="checkbox"/> Legal Custodian <input type="checkbox"/> Other: 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 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 <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									
Property Crime? <input type="checkbox"/> Yes <input type="checkbox"/> No						Value of Property									
CODE	Drug Activity 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				
CHARGE	Charge Description DUI				Counts 1	Domestic Violence <input type="checkbox"/> Y <input type="checkbox"/> N	Statute Violation Number 316.193 (1)		Violation of ORD #						
CHARGE	Drug Activity N	Drug Type N/A	Amount / Unit	Offense # 316.193			Warrant / Capias Number		Bond OR						
CHARGE	Charge Description				Counts	Domestic Violence <input type="checkbox"/> Y <input type="checkbox"/> N	Statute Violation Number		Violation of ORD #						
CHARGE	Drug Activity N	Drug Type N/A	Amount / Unit	Offense #			Warrant / Capias Number		Bond						
CHARGE	Charge Description				Counts	Domestic Violence <input type="checkbox"/> Y <input type="checkbox"/> N	Statute Violation Number		Violation of ORD #						
CHARGE	Drug Activity N	Drug Type N/A	Amount / Unit	Offense #			Warrant / Capias Number		Bond						
CHARGE	Charge Description				Counts	Domestic Violence <input type="checkbox"/> Y <input type="checkbox"/> N	Statute Violation Number		Violation of ORD #						
CHARGE	Drug Activity N	Drug Type N/A	Amount / Unit	Offense #			Warrant / Capias Number		Bond						
NOTICE TO APPEAR	Location / Court Room Number Address NORTH COUNTY COURTHOUSE, 3188 PGA BOULEVARD, PALM BEACH GARDENS, FL 33410 - PH: (561) 662-6700														
NOTICE TO APPEAR	Court Date and Time Month May Day 15th Year 2019		Time 10:00		Time 10:00		AM X		PM						
NOTICE TO APPEAR	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														
NOTICE TO APPEAR	04/12/2019														
ADMIN	Signature of Defendant (or Juvenile and Parent /Custodian)						Date Signed 04/12/2019								
ADMIN	Hold for other Agency Name:				Signature of Arresting Officer Boyle, Robert		Name Verification (Printed by Arrestee)				OR				
ADMIN	<input type="checkbox"/> Dangerous Suicidal <input type="checkbox"/> Resisted Arrest Other:				Name of Arresting Officer (Print) Ofc. Trudeau		I.D. # #493		(PRINT)				OR		
ADMIN	Intake Deputy		I.D. #		Pouch #		Transporting Officer Ofc. Trudeau	ID # 493	Agency PBGPD					OR	
ADMIN	Witness here if subject signed with an -X														

NORTH COUNTY COURTHOUSE 3188 PGA BOULEVARD, PALM BEACH GARDENS, FL 33410 • PH: (561) 662-6700

DEA Court Date and Time

NOTES.

A BOUILL

3, PALM BEACH

ENS, FE 33410 - FR

Month **May** Day **15th** Year **2019** Time **10:00** AM PM

04/12/2019
Signature of Defendant (or Juvenile and Parent /Custodian) _____ Date Signed _____

Signature of Defendant (or Juvenile and Parent /Custodian)

Data 1

HOLD for other Agency **Signature of Arresting Officer** **Name Verification (Printed by Arrestee)**

Name: *John Doe* X

<input type="checkbox"/> Suicidal	<input type="checkbox"/> Other:	Officer: Trudeau	#493		PAGE
Intake Deputy	I.D. #	Pouch #	Transporting Officer Officer: Trudeau	ID # 493	Agency PBGPD

Witness here if subject signed with an "X".

DISTRIBUTION: WHITE - COURT COPY

GREEN - STATE ATTORNEY

Witness here if subject signed with an

PAGE

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: 1) Refused 2) Refused 3) N/A 4) N/A

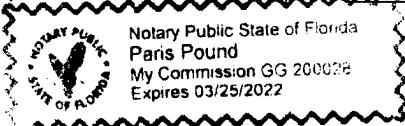
STATE OF FLORIDA
COUNTY OF PALM BEACH

(Signature of Arresting/Investigative Officer)

The foregoing instrument was sworn to or affirmed and subscribed before me this 12th day of 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

SUBJECT: BARRY, CONNOR W

DATE: 04/12/19

BEGINNING TIME: 04:55

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. Pounds #24639

MAINTENANCE TECHNICIAN: J. Karlecke #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

REFUSED

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

REFUSED

A. STATED HE UNDERSTOOD RIGHTS.

A/O. ATTEMPTED Q+A

A. REFUSED QUESTIONS.

SUBJECT: Barry Connor W CASE NUMBER: 14-2251

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: _____

WHITE - STATE ATTY.

YELLOW - DHSMV

PINK - CENTRAL RECORDS

GOLD - JAIL

SUBJECT: Barry Connor W

CASE NUMBER: 19-CC-2251

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 PRB 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



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

REVIEW COMPLETED BY

Booking Number: 2019012145	Date: 04/13/2019
	Specialist Name/ID: AM/31562