05131169 2019CT022851ASB 1564

ARREST / NOTICE TO APPEAR

1. Arrest 2. N.T.A. 3. Request for Warrant 4. Request for Capias | 1 | JUVENILE

ADMINISTRATION

OBTS Number

Agency ORI Number: 0500400 | Agency Name: Delray Beach Police Department | Agency Report Number (N.T.A.'s only): 4 , 0 | 19-019219

Charge Type: Check as many as apply. ☐ 1. Felony ☐ 2. Traffic Felony ☐ 3. Misdemeanor ☒ 4. Traffic Misdemeanor ☐ 5. Ordinance ☐ 6. Other

If Weapon Seized: Enter Type: None/not Applicable | Multiple Clearance Indicator: 2

Location of Arrest (Including Name of Business): SE 2ND AVE/ SE 1ST ST

Location of Offense (Business Name, Address): 99 SE 2ND AVE/SE 1ST ST, DELRAY BEACH, FL 33444

Date of Arrest	Time of Arrest	Booking Date	Booking Time	Jail Date	Jail Time	Location of Vehicle
12/08/2019	14:48	12/08/2019	14:58	/ / : :		

DEFENDANT

Name (Last, First, Middle): HEFFERNAN, DYLAN EARL | Alias: | Alias (Name, DOB, Soc. Sec. #, Etc.)

Race (W - White, I - American Indian, B - Black, O - Oriental/Asian)	Sex	Date of Birth	Height	Weight	Eye Color	Hair Color	Complexion	Build
W	M	12/17/1998	6'01	152	BROWN	BROWN		THIN

Scars, Marks, Tatoos, Unique Physical Features (Location, Type, Description):

Marital Status: S | Religion: NOT INDICA | Indications of: Alcohol Influence ☒ Yes ☐ No ☐ Unk. ☐ Drug Influence ☐ ☐ ☐ ☒

Local Address (Street, Apt. Number) (City) (State) (Zip): 600 WHISPERING PINES ROAD, BOYNTON BEACH, FL 33435 | Phone: (561) 721-1177 | Residence Type: 1. City 3. Florida 2. County 4. Out of State | 2

Permanent Address (Street, Apt. Number) (City) (State) (Zip): 600 WHISPERING PINES ROAD, BOYNTON BEACH, FL 33435 | Phone: (561) 721-1177 | Address Source: VERBAL

Business Address (Name, Street) (City) (State) (Zip): | Phone: | Occupation:

D/L Number, State	Soc. Sec. Number	INS Number	Place of Birth (City, State)	Citizenship
H165165984570 / FL	[redacted]		BOYNTON BEACH,	

CO-DEF

Co-Defendant Name (Last, First, Middle)	Race	Sex	Date of Birth	
				☐ 1. Arrested ☐ 3. Felony ☐ 5. Juvenile ☐ 2. At Large ☐ 4. Misdemeanor
Co-Defendant Name (Last, First, Middle)	Race	Sex	Date of Birth	
				☐ 1. Arrested ☐ 3. Felony ☐ 5. Juvenile ☐ 2. At Large ☐ 4. Misdemeanor

JUVENILE

☐ Parent ☐ Other: ☐ Legal Custodian | Name (Last, First, Middle) | Residence Phone

Address (Street, Apt. Number) (City) (State) (Zip) | Business Phone

1-OK

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

2-OK

The above address was provided by ☐ defendant and/or ☐ 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.

☐ Yes, by: ☐ No: | School Attended | Grade

Property Crime? ☐ Yes ☒ No | Description of Property | Value of Property

CODE

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. Synthetic U. Unknown Z. Other

CHARGE

Charge Description	Statute Violation Number	Violation of ORD #
DUI-DAMAGE TO PERSON/PROPERTY	316.193(3)(C)(1)	

Drug Activity	Drug Type	Amount / Unit	Offense #	Counts	Domestic Violence	Warrant / Capias Number	Bond
	N	/		1	☐ Y ☒ N		

CHARGE

Charge Description	Statute Violation Number	Violation of ORD #
CRASH- FAIL TO LEAVE INFORMATION UNATTENDED VEH- PROP DAMAGE	316.063(1)	

Drug Activity	Drug Type	Amount / Unit	Offense #	Counts	Domestic Violence	Warrant / Capias Number	Bond
	N	/		1	☐ Y ☒ N		

CHARGE

Charge Description	Statute Violation Number	Violation of ORD #

Drug Activity	Drug Type	Amount / Unit	Offense #	Counts	Domestic Violence	Warrant / Capias Number	Bond
		/			☐ Y ☐ N		

INTAKE

Health / Apparent Physical Condition of Defendant: | Any knowledge of the following: ☐ Mental ☐ Escape Risk ☐ Medication ☐ Deformities ☐ Injuries | Explain:

Check which applies: ☐ Released O.R. ☐ Released to Parent/Guardian ☒ T.O.T. County Jail ☐ Posted Bond ☐ South County Mental Health | PROPERTY - Received By | Released By | Released To

Transported By | Date Transported / / | Time Transported : : | Other

NOTICE TO APPEAR

☒ INSTRUCTION NO. 1 - Mandatory appearance in court
☐ INSTRUCTION NO. 2 - You need not appear in Court but must comply with instructions on Page 2.

Location (Court, Room): South County 200 W Atlantic Ave Delray Beach, FL 33444

Court Date and Time: 01/06/2020 08:30:00

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 COMTEMPT OF COURT AND A WARRANT FOR MY ARREST SHALL BE ISSUED.

Signature of Defendant (or Juvenile and Parent/Custodian) | Date Signed

No Photo Available

ADMIN

HOLD for Other Agency | Signature of Arresting Officer

☐ Dangerous ☐ Resisted Arrest ☐ Suicidal ☐ Other

Name of Arresting Officer (Print): MILLER, BRIAN | I.D. #: 0846

Name Verification (Printed by Arrestee) (PRINT)

Intake Deputy | I.D. # | Pouch # | Transporting Officer: MILLER | I.D. #: 846 | Agency: DBPD

Witness here if subject signed with an "X".

PAGE 1 OF 1

D.U.I. PROBABLE CAUSE AFFIDAVIT

ON THE 8 DAY OF December 2019, AT 2:46 AM (PM)

SUBJECT: DYLAN EARL HEFFERNAN CASE NUMBER: 19019219

AGENCY: DELRAY BEACH ARRESTING OFFICER: B Miller

PERSONAL CONTACT

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

Witness Josh Duckworth (10/27/91) advised that he observed a white Cadillac driving S/B on NE 2nd Ave swerving in the roadway. Duckworth advised that he then observed the Cadillac hit a bicycle sign in the 700 blk of NE 2nd Ave. The Cadillac then failed to stop for the crash (HSMV 89090211) and continued traveling southbound. While driving, Duckworth continued to follow the Cadillac and observed it swerving in the roadway and called 911. Duckworth then observed the vehicle park and a white male exited the vehicle and he was stumbling as he exited the vehicle. The white male then started to walk towards E Atlantic Ave where Ofc Gordon and Sgt Deen went out with Dylan Heffernan at SE 1st Ave and SE 2nd Ave. Ofc Sitz conducted a show up with Josh Duckworth and Josh Duckworth positively identified Dylan Heffernan as the suspect that he observed driving and crashing into the sign.
Post Miranda, Dylan Heffernan stated that he had been driving and he was intoxicated.

OBSERVATION OF DRIVER:

THE DEFENDANT APPEARED IMPAIRED, HAD GLASSY, REDDENED EYES, SLOW DEXTERITY, FLUSH FACE, SLOW COMPREHENSION, AND HAD THE ODOR OF AN UNKNOWN ALCOHOLIC BEVERAGE ABOUT THEIR BREATH. THE DEFENDANT APPEARED UNSTABLE WHILE STANDING/WALKING.

DRIVER'S STATEMENTS:

THE DEFENDANT SAID THAT HE HAD TWO MAMOSAS

ODORS:

DEFENDANT HAD THE ODOR OF AN UNKNOWN ALCOHOLIC BEVERAGE ABOUT THEIR BREATH.

GENERAL OBSERVATIONS

SPEECH: **SLOW, SLURRED, MUMBLED**

ATTITUDE: **POLITE/JOKING**

CLOTHING: **Black Shirt/Black pants/ black sneakers**

MEDICAL PROBLEMS:
NONE STATED

MEDICATIONS: **NONE STATED**

OTHER:
BREATH TESTING REQUEST IS VIDEO RECORDED.

SUBJECT: DYLAN EARL HEFFERNAN CASE NUMBER: 19019219

ROADSIDE TASKS

HORIZONTAL GAZE NYSTAGMUS:

☒ LEFT EYE DOES NOT FOLLOW SMOOTHLY

☒ LEFT EYE JERKS AT 45 DEGREE ANGLE OR LESS

☒ DISTINCT JERKING LEFT EYE MAXIMUM DEVIATION

☒ RIGHT EYE DOES NOT FOLLOW SMOOTHLY

☒ RIGHT EYE JERKS AT 45 DEGREE ANGLE OR LESS

☒ DISTINCT JERKING RIGHT EYE MAXIMUM DEVIATION

CAN NOT DO, WHY? _____

WALK AND TURN:

THE DEFENDANT FAILED TO MAINTAIN BALANCE WHILE THE INSTRUCTIONS WERE GIVEN. DEFENDANT TOOK TO MANY STEPS FORWARD PRIOR TO MAKING HIS TURN. DEFENDANT WAS UNSTEADY ON HIS FEET AND WAS SWAYING WHILE PERFORMING THE TASKS AND LOST HIS BALANCE COMING OFF OF THE LINE SEVERAL TIMES. BWC UTILIZED

CAN NOT DO, WHY? _____

ONE LEG STAND:

THE DEFENDANT SWAYS WHILE BALANCING AND USED HIS ARMS FOR BALANCE. DEFENDANT PUT HIS FOOT DOWN AND THEN STARTED TO COUNT OVER AGAIN. BWC UTILIZED

CAN NOT DO, WHY? _____

FINGER TO NOSE:

THE DEFENDANT WAS SWAYING BACK AND FORTH, FAILED TO RETURN ARM TO HIS SIDES, FAILED TO TOUCH THE TIP OF NOSE WITH INDEX FINGER. BWC CAMERA

CAN NOT DO, WHY? _____

ROMBERG/ALPHABET:

THE DEFENDANT WAS SWAYING AND FAILED TO CORRECTLY RECITE THE ALPHABET BY REPEATING LETTERS AND FORGETTING TO SAY SOME LETTERS OR REPEATING LETTERS. BWC CAMERA

CAN NOT DO, WHY? _____

BREATH TEST RESULTS: .226 & .221

STATE OF FLORIDA
COUNTY OF PALM BEACH
THE FOLLOWING INSTRUMENT WAS NOTARIZED OR SWORN BEFORE ME THIS 12/8/19 (DATE)

BY. Nicholas Printezis

Nicholas Printezis #1184

NOTARY/CLERK OF COURT OFFICER (F.S. 117.10)

SIGNATURE OF ARRESTING OFFICER 886

FLORIDA DEPARTMENT OF LAW ENFORCEMENT
ALCOHOL TESTING PROGRAM
BREATH ALCOHOL TEST AFFIDAVIT

Instrument Type: Intoxilyzer 8000
Instrument Registered To: PALM BEACH CO SO
Instrument Serial Number: 80-006239 Software: 8100.27
Date of Test: 12/08/2019

Date of Last Agency Inspection: 12/06/2019
Observation Period Began: 15:15
Subject's Name: DYLAN E HEFFERNAN DOB: 12/17/1998 Sex: M

The subject was observed for at least twenty-minutes prior to the administration of the breath test to ensure that the subject did not take anything orally and did not regurgitate.

Results:

Test	g/210L	Time
Diagnostics Check	OK	15:40
Air Blank	0.000	15:40
Control Test	0.080	15:40
Air Blank	0.000	15:41
Subject Sample #1	0.226	15:42
Air Blank	0.000	15:43
Air Blank	0.000	15:44
Subject Sample #2	0.221	15:45
Air Blank	0.000	15:46
Control Test	0.079	15:46
Air Blank	0.000	15:46
Diagnostics Check	OK	15:46

Cylinder Lot: 17919080A1
Exp: 08/05/2021

State of Florida, County of Palm Beach,

Personally appeared before me the undersigned authority, who (✓) is personally known to me or (__) produced _____ as identification, and who after being placed under oath, states:

I THOMAS H LEAHEY, hold a valid Breath Test Operator permit issued by the Florida Department of Law Enforcement, I administered the above breath test to the subject named above in accordance with Chapter 11D-8, Florida Administrative Code, and this form is a true and accurate report of that breath test.

Breath Test Operator: T. Leahy Date: 12/08/19
Signature

Sworn to (or affirmed) before me this 08th day of December, 2019

_____ Ofc B Miller #846 DBPD
Signature of Notary Public-State of Florida Printed Name of Notary Public-State of Florida

Note: Pursuant to section 117.10, Florida Statutes, law enforcement officers, correctional officers, traffic accident investigation officers and traffic infraction enforcement officers are notaries public when engaged in the performance of official duties. In accordance with section 316.1934(5), F.S., this completed form is admissible without further authentication and is presumptive proof of the results herein. To be used in accordance with Section 316.1934(5), F.S., and in administrative proceedings pursuant to 322.2615, F.S.

FDLE/ATP FORM 38 - MARCH 2004, Ref. 11D-8.007

PALM BEACH COUNTY SHERIFF'S OFFICE
DUI TESTING FACILITY
INFORMATION SHEET

PBSO CASE # 19-145916 PBSO ZONE 4-22

AGENCY CASE # _____ CRASH CASE # 19019219

TIME OF STOP/CRASH 1400 DATE 12/8/19 DAY Sunday

SUBJECT'S NAME DYLAN EARL HEFFERNAN RACE w SEX m

HGT 601 WGT 152 DOB 12/17/1998

LOCATION SE 1st Ave/SE 2nd Ave

ARRESTING OFFICER'S NAME & ID B Miller 846 AGENCY DELRAY BEACH

DIVISION: PATROL

NOTIFIED BY COMMO yes

ARRIVAL AT FACILITY 15:15

ARREST TIME 1446

BREATH RESULTS:

1) .226

2) .221

3) N/A

4) N/A

TESTING OFFICER'S ID 19183 PBSO VIDEOTAPE # N/A

TESTING FACILITY TASK REPORT

AGENCY: DSPD

SUBJECT: H... Dylan E CASE NUMBER: 19-145916

DATE: 11/08/19 VIDEO TAPE NUMBER: N/A

BEGINNING TIME: 15:37 ENDING TIME: 15:55

BREATH TESTS RESULTS: 1) .226 TIME 15 42 A.M./P.M. 2) .221 TIME 15 45 A.M./P.M.

3) N/A TIME — A.M./P.M. 4) N/A TIME — A.M./P.M.

BREATH OPERATOR: T Leahy #17183

MAINTENANCE TECHNICIAN: J Carlock # 6H7

TESTING OFFICER'S OBSERVATIONS

SPEECH: thick slurred

ATTITUDE: talkative relaxed, cooperative

CLOTHING: black jeans, black t-shirt, blk [illegible]

MEDICAL CONDITIONS: none

MEDICATIONS: none

OTHER: eyes glassy + bloodshot
odor of unknown alcoholic beverage on breath.
Δ stated he had 2-3 mimosas Q+A

COMMENTS: a visual of contents conducted 20 minute observation period at 1515 hrs

Δ agreed to perform breath test

Tech read breath test results, + Δ stated he understood breath test results

A/O read rights + Δ stated he understood rights

A/O conducted Q+A

Δ answered questions.

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

PBSO #0129A REV.11/02

MILLER
(0846)

19019219

FLORIDA DUI UNIFORM TRAFFIC CITATION A1UR30E

COUNTY OF: PALM BEACH
CITY (IF APPLICABLE): DELRAY BEACH
☐ (1) F.H.P. ☒ (2) P.D. ☐ (3) S.O. ☐ (4) OTHER
AGENCY NAME: DELRAY BEACH POLICE
AGENCY #: 40

IN THE COURT DESIGNATED BELOW THE UNDERSIGNED CERTIFIES THAT HE/SHE HAS JUST AND REASONABLE GROUNDS TO BELIEVE AND DOES BELIEVE THAT ON

COMPLAINT (RETAINED BY COURT)

DAY OF WEEK	MONTH	DAY	YEAR	TIME
SUNDAY	12	08	2019	04:21 ☐ A.M. ☒ P.M.

NAME (PRINT) FIRST: DYLAN MIDDLE: EARL LAST: HEFFERNAN
STREET: 600 WHISPERING PINES ROAD (IF DIFFERENT THAN ONE ON DRIVER LICENSE "X" HERE ▶)
CITY: BOYNTON BEACH STATE: FL ZIP CODE: 33435
TELEPHONE NUMBER: (561)721-1177 DATE OF BIRTH: MO 12 DAY 17 YR 1998 RACE W SEX M HGT 601
DRIVER LICENSE NUMBER: H165165984570 STATE: FL CLASS: E CDL LICENSE: ☐ Y ☒ N YR LICENSE EXP.: 2021 COMMERCIAL VEHICLE: ☐ YES ☒ NO
YR. VEHICLE: 2006 MAKE: CADI STYLE: UT COLOR: WHI PLACARDED HAZARDOUS MATERIAL: ☐ YES ☒ NO
VEHICLE LICENSE NO.: Z24JGO TRAILER TAG NO.: STATE: FL YEAR TAG EXPIRES: 2019 > 14 PASSENGERS: ☐ YES ☒ NO
UPON A PUBLIC STREET OR HIGHWAY, OR OTHER LOCATION, NAMELY: 199 SE 1ST ST/SE 2ND AVE, DELRAY BEACH MOTORCYCLE: ☐ YES ☒ NO
COMPANION CITATION(S): ☐ YES ☒ NO
FT. IN. LBS. ☐ M ☐ F ☐ W OTHER NOOS

DID UNLAWFULLY COMMIT THE OFFENSE OF DRIVING UNDER THE INFLUENCE OF ALCOHOLIC BEVERAGES, CHEMICAL OR CONTROLLED SUBSTANCES; DID DRIVE, OR WAS IN ACTUAL PHYSICAL CONTROL OF A VEHICLE, WHILE UNDER THE INFLUENCE OF AN ALCOHOLIC BEVERAGE/CHEMICAL SUBSTANCE/CONTROLLED SUBSTANCE TO THE EXTENT, NORMAL FACULTIES WERE IMPAIRED, OR WITH A BLOOD OR BREATH ALCOHOL LEVEL OF .08 OR ABOVE OF 226

COMMON NAME/PHRASE TO DESCRIBE OFFENSE (Only one offense per citation): DUI-DAMAGE TO PERSON/PROPERTY
RE-EXAM: ☐ YES ☒ NO

☐ AGGRESSIVE DRIVER | PASSENGER < 18 YEARS: ☐ YES ☒ NO | STATE STATUTE: 316.193 | SECTION: (3)(C)(1) | SUB-SECTION:

CRASH: ☒ YES ☐ NO | DAMAGE TO OTHER PROPERTY: ☒ YES $ 200 ☐ NO | INJURY TO ANOTHER: ☐ YES ☒ NO | SERIOUS BODILY INJURY TO ANOTHER: ☐ YES ☒ NO | FATAL: ☐ YES ☒ NO

THIS IS A CRIMINAL VIOLATION, COURT APPEARANCE REQUIRED, AS INDICATED BELOW.

COURT DATE: 01/06/2020 TIME: 08:30 AM A1UR30E
COURT ADDRESS: 200 W ATLANTIC AVE
200 W ATLANTIC AVE, DELRAY BEACH, FL 33444

ARREST DELIVERED TO: PBCJ DATE: 12/08/2019

I AGREE AND PROMISE TO COMPLY AND ANSWER TO THE CHARGES AND INSTRUCTIONS SPECIFIED IN THIS CITATION. WILLFUL REFUSAL TO ACCEPT AND SIGN THE CITATION MAY RESULT IN ARREST. I UNDERSTAND MY SIGNATURE IS NOT AN ADMISSION OF GUILT OR WAIVER OF RIGHTS. IF YOU NEED REASONABLE FACILITY ACCOMMODATIONS OR SERVICES WITH THIS CITATION, CONTACT THE CLERK OF THE COURT.

X SIGNATURE OF VIOLATOR

EFFECTIVE IMMEDIATELY, YOUR DRIVING PRIVILEGE IS SUSPENDED/DISQUALIFIED FOR:

☒ DRIVING WITH AN UNLAWFUL BLOOD OR BREATH ALCOHOL LEVEL. THIS SUSPENSION IS FOR A PERIOD OF SIX MONTHS IF THIS IS THE FIRST VIOLATION OR ONE YEAR IF PREVIOUSLY SUSPENDED FOR DRIVING WITH AN UNLAWFUL BLOOD OR BREATH ALCOHOL LEVEL. IF YOU HOLD A CDL OR YOU ARE OPERATING A CMV, YOUR COMMERCIAL DRIVER LICENSE/PRIVILEGE WILL ALSO BE DISQUALIFIED FOR ONE YEAR FOR THE FIRST OFFENSE OR PERMANENTLY DISQUALIFIED FOR A SUBSEQUENT OFFENSE.

☐ REFUSAL TO SUBMIT TO LAWFUL BREATH, BLOOD OR URINE TEST SECTION 322.2615, F.S. THIS SUSPENSION IS FOR A PERIOD OF ONE YEAR IF THIS IS A FIRST REFUSAL OR 18 MONTHS IF PREVIOUSLY SUSPENDED FOR THIS OFFENSE. IF YOU HOLD A CDL OR YOU ARE OPERATING A CMV, YOUR COMMERCIAL DRIVER LICENSE/ PRIVILEGE WILL ALSO BE DISQUALIFIED FOR A PERIOD OF ONE YEAR FOR A FIRST REFUSAL OR PERMANENTLY DISQUALIFIED FOR A SUBSEQUENT REFUSAL.

LICENSE SURRENDERED? ☐ YES ☒ NO REASON: NOT ON INDIVIDUAL
ELIGIBLE FOR PERMIT? ☒ YES ☐ NO REASON:

UNLESS INELIGIBLE, THIS CITATION SHALL SERVE AS A TEMPORARY DRIVER LICENSE AND WILL EXPIRE AT MIDNIGHT ON THE 10TH DAY FOLLOWING THE DATE OF SUSPENSION.
AT THE LANTANA 33462-1516 BUREAU OF ADMINISTRATIVE REVIEWS OFFICE, YOU MAY REQUEST, WITHIN 10 DAYS AFTER THE DATE OF SUSPENSION, A REVIEW OF SUSPENSION BY THE DEPARTMENT OF HIGHWAY SAFETY AND MOTOR VEHICLES OR A REVIEW TO DETERMINE ELIGIBILITY FOR A RESTRICTED LICENSE IF THIS IS YOUR FIRST DUI RELATED OFFENSE. SEE REVERSE SIDE.

ORIG - SIGNATURE OF OFFICER | BADGE NO. | ID NO. | TROOP UNIT
HSMV 75904 (Rev. 10/14)

COMPLAINT

CASE NO. _____ DOCKET NO. _____ PAGE NO. _____

DATE	COURT ACTION AND OTHER ORDERS
	BAIL FIXED AT $ _____ OR CASH DEPOSIT OF $ _____ SIGNATURE OF PERSON GIVING BAIL SIGNATURE OF PERSON TAKING BAIL
	FINE IN THE AMOUNT OF $ _____ RECEIVED AS REQUIRED BY COURT SCHEDULE. SIGNATURE OF CLERK
	CONTINUANCE TO _____ REASON _____
	CONTINUANCE TO _____ REASON _____
	BOND ESTREATED _____
	WARRANT ISSUED _____
	VIOLATOR FAILED TO APPEAR-DRIVER LICENSE SUSPENDED
	VIOLATOR ARRAIGNED ON _____ (DATE) PLEA: _____ FINDING: _____ ADJUDICATION: _____ SENTENCE: FINE _____ COST _____ JAILED _____ DAYS DRIVER IMPROVEMENT SCHOOL _____ OTHER _____ DRIVER LICENSE SUSPENDED OR REVOKED FOR _____ DAYS RECOMMEND DRIVER LICENSE SUSPENSION FOR _____ DAYS RECOMMEND RE-TEST _____ SIGNATURE OF JUDGE
	TESTIMONY - JUDGE'S NOTES (OR OTHER COURT ORDERS):
	APPEAL BOND OF $ _____
	VIOLATOR'S FINGERPRINT WHEN APPLICABLE ▶

MILLER
(0846)

19019219

FLORIDA UNIFORM TRAFFIC CITATION **AC5ZXNE**

COUNTY OF: PALM BEACH
CITY (IF APPLICABLE): DELRAY BEACH

☐ (1) F.H.P. ☒ (2) P.D. ☐ (3) S.O. ☐ (4) OTHER
AGENCY NAME: DELRAY BEACH POLICE
AGENCY #: 40

IN THE COURT DESIGNATED BELOW THE UNDERSIGNED CERTIFIES THAT HE/SHE HAS JUST AND REASONABLE GROUNDS TO BELIEVE AND DOES BELIEVE THAT ON — COMPLAINT (RETAINED BY COURT)

DAY OF WEEK	MONTH	DAY	YEAR	☐ A.M. ☒ P.M.
SUNDAY	12	08	2019	04:21

NAME (PRINT) FIRST: DYLAN — MIDDLE: EARL — LAST: HEFFERNAN

STREET: 600 WHISPERING PINES ROAD — IF DIFFERENT THAN ONE ON DRIVER LICENSE "X" HERE ▶

CITY: BOYNTON BEACH — STATE: FL — ZIP CODE: 33435

TELEPHONE NUMBER: (561)721-1177 — DATE OF BIRTH: MO 12 DAY 17 YR 1998 — RACE: W — SEX: M — HGT: 601

DRIVER LICENSE NUMBER: H165165984570 — STATE: FL — CLASS: E — CDL LICENSE: ☐ YES ☒ NO — YR LICENSE EXP.: 2021 — COMMERCIAL VEHICLE: ☐ YES ☒ NO

YR. VEHICLE	MAKE	STYLE	COLOR	PLACARDED HAZARDOUS MATERIAL
2006	CADI	UT	WHI	☐ YES ☒ NO

VEHICLE LICENSE NO.: Z24JGO — TRAILER TAG NO.: — STATE: FL — YEAR TAG EXPIRES: 2019 — ≥ 16 PASSENGERS: ☐ YES ☒ NO

UPON A PUBLIC STREET OR HIGHWAY, OR OTHER LOCATION, NAMELY: 700 NE 2ND AVE, DELRAY BEACH — MOTORCYCLE: ☐ YES ☒ NO

COMPANION CITATION NUMBER(S): ☐ YES ☒ NO

FT. _____ MILES _____ ☐ N ☐ S ☐ E ☐ W OF NODE _____

DID UNLAWFULLY COMMIT THE FOLLOWING OFFENSE. CHECK ONLY ONE OFFENSE EACH CITATION.

☐ UNLAWFUL SPEED _____ MPH SPEED APPLICABLE _____ MPH
(☐ INTERSTATE ☐ SCHOOL ZONE ☐ CONSTRUCTION WORKERS PRESENT)
SPEED MEASUREMENT DEVICE _____

☐ CARELESS DRIVING
☐ VIOLATION OF TRAFFIC CONTROL DEVICE
☐ FAILURE TO STOP AT A TRAFFIC SIGNAL
☐ IMPROPER LANE CHANGE OR COURSE
☐ NO PROOF OF INSURANCE
☐ VIOLATION OF RIGHT-OF-WAY
☐ IMPROPER PASSING
☐ CHILD RESTRAINT
☐ SAFETY BELT VIOLATION
☐ IMPROPER OR UNSAFE EQUIPMENT
☐ EXPIRED TAG SIX (6) MONTHS OR LESS
☐ EXPIRED TAG MORE THAN SIX (6) MONTHS
☐ DRIVING WHILE LICENSE SUSPENDED OR REVOKED
☐ EXPIRED DRIVER LICENSE SIX (6) MONTHS OR LESS
☐ EXPIRED DRIVER LICENSE MORE THAN SIX (6) MONTHS
☐ NO VALID DRIVER LICENSE
☐ DRIVING UNDER THE INFLUENCE
☐ Passenger Under 18 Yrs
BAL _____

OTHER VIOLATIONS OR COMMENTS PERTAINING TO OFFENSE:
CRASH- FAIL TO LEAVE INFORMATION UNATTENDED
VEH- PROP DAMAGE

RE-EXAM ☐ YES ☒ NO
DL SEIZED ☐ YES ☒ NO

☐ AGGRESSIVE DRIVING | IN VIOLATION OF STATE STATUTE | SECTION: 316.063 | SUB-SECTION: (1)

CRASH	PROPERTY DAMAGE	INJURY TO ANOTHER	SERIOUS BODILY INJURY TO ANOTHER	FATAL
☒ YES ☐ NO	☒ YES $ 200 ☐ NO	☐ YES ☒ NO	☐ YES ☒ NO	☐ YES ☒ NO

☒ CRIMINAL VIOLATION. COURT APPEARANCE REQUIRED. AS INDICATED BELOW.
☐ INFRACTION. COURT APPEARANCE REQUIRED. AS INDICATED BELOW.
☐ INFRACTION WHICH DOES NOT REQUIRE APPEARANCE IN COURT.

AC5ZXNE

CIVIL PENALTY IS $ _____

COURT INFORMATION
DATE: 01/06/2020 TIME: 08:30 AM
COURT: 200 W ATLANTIC AVE
200 W ATLANTIC AVE
DELRAY BEACH, FL 33444

ARREST DELIVERED TO: PBCJ DATE: 12/08/2019

I AGREE AND PROMISE TO COMPLY AND ANSWER TO THE CHARGES AND INSTRUCTIONS SPECIFIED IN THIS CITATION. WILLFUL REFUSAL TO ACCEPT AND SIGN THE CITATION MAY RESULT IN ARREST. I UNDERSTAND MY SIGNATURE IS NOT AN ADMISSION OF GUILT OR WAIVER OF RIGHTS. IF YOU NEED REASONABLE FACILITY ACCOMMODATIONS TO COMPLY WITH THIS CITATION, CONTACT THE CLERK OF COURT.

X SIGNATURE OF VIOLATOR (SIGNATURE NOT REQUIRED IF INFRACTION WHICH DOES NOT REQUIRE APPEARANCE IN COURT)

RANK - NAME OF OFFICER | BADGE NO. | ID. NO. | TROOP UNIT

☒ I CERTIFY THIS CITATION WAS DELIVERED TO THE PERSON CITED ABOVE AND CERTIFY THE CHARGE ABOVE.

HSMV 75901 (Rev. 07/12)

COMPLAINT

WHEN PRESENTED TO VIOLATOR, THE FOLLOWING AMOUNT WAS ENTERED.
PAY A CIVIL PENALTY IN THE AMOUNT OF $ _____.

CASE NO. _____ DOCKET NO. _____ PAGE NO. _____

DATE	COURT ACTION AND OTHER ORDERS
	BAIL FIXED AT $ _____ OR CASH DEPOSIT OF $ _____ SIGNATURE OF PERSON GIVING BAIL SIGNATURE OF PERSON TAKING BAIL
	FINE IN THE AMOUNT OF $ _____ RECEIVED AS REQUIRED BY COURT SCHEDULE _____ SIGNATURE OF CLERK
	CONTINUANCE TO _____ REASON _____
	CONTINUANCE TO _____ REASON _____
	BOND ESTREATED _____
	WARRANT ISSUED _____
	VIOLATOR FAILED TO APPEAR-DRIVER LICENSE SUSPENDED
	VIOLATOR ARRAIGNED ON _____ (DATE) PLEA: _____ FINDING: _____ ADJUDICATION: _____ SENTENCE: FINE _____ COST _____ JAILED _____ DAYS DRIVER IMPROVEMENT SCHOOL _____ OTHER _____ DRIVER LICENSE SUSPENDED OR REVOKED FOR _____ DAYS RECOMMEND DRIVER LICENSE SUSPENSION FOR _____ DAYS RECOMMEND RE-TEST _____ SIGNATURE OF JUDGE
	TESTIMONY - JUDGE'S NOTES (OR OTHER COURT ORDERS):
	APPEAL BOND OF $ _____
	VIOLATOR'S FINGERPRINT WHEN APPLICABLE ⟶

WITNESS LIST

CASE NUMBER: 19019219

ARRESTING OFFICER: OFC MILLER

ADDRESS: 300 WEST ATLANTIC AVE DELRAY BEACH, FL. 33444

PHONE NUMBERS (HOME): 561-243-7832 (WORK) 561-243-7832

CAN TESTIFY TO: DUI

NAME: SGT DEEN

ADDRESS: 300 W ATLANTIC AVE DELRAY BEACH

PHONE NUMBERS (HOME) _____ (WORK) 5612437800

CAN TESTIFY TO: ROAD SIDES

NAME: OFC GORDON

ADDRESS 300 W ATLANTIC AVE DELRAY BEACH

PHONE NUMBERS (HOME) _____ (WORK) 5612437800

CAN TESTIFY TO: ROAD SIDES

NAME: OFC SITZ

ADDRESS 300 W ATLANTIC AVE DELRAY BEACH

PHONE NUMBERS (HOME) _____ (WORK) 5612437800

CAN TESTIFY TO: WITNESS STATEMENT

NAME: CSO PULEO

ADDRESS 300 W ATLANTIC AVE DELRAY BEACH

PHONE NUMBERS (HOME) _____ (WORK) 5612437800

CAN TESTIFY TO: TRAFFIC CRASH

NAME: OFC PRIVITERA

ADDRESS 300 W ATLANTIC AVE DELRAY BEACH

PHONE NUMBERS (HOME) _____ (WORK) 5612437800

CAN TESTIFY TO: DUI

NAME: JOSH A DUCKWORTH

ADDRESS [redacted]

PHONE NUMBERS (HOME) [redacted] (WORK) _____

CAN TESTIFY TO: DRIVING PATTERN

NAME: _____

ADDRESS _____

PHONE NUMBERS (HOME) _____ (WORK) _____

CAN TESTIFY TO: _____

NAME: _____

ADDRESS _____

PHONE NUMBERS (HOME) _____ (WORK) _____

CAN TESTIFY TO: _____

NAME: _____

ADDRESS _____

PHONE NUMBERS (HOME) _____ (WORK) _____

CAN TESTIFY TO: _____

NAME: _____

ADDRESS _____

PHONE NUMBERS (HOME) _____ (WORK) _____

CAN TESTIFY TO:

SUBJECT: McGowan, Dylan E CASE NUMBER: 19-19219

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? S 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? 152 HAVE YOU BEEN DRINKING? _____ WHAT? _____

HOW MUCH? _____ WHERE? _____ WITH WHOM? _____

WHEN DID YOU HAVE YOUR FIRST DRINK? 1230 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: Hernandez, Dylan E CASE NUMBER: 19-11219

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) Dylan Hernandez

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

PBSO #0129B REV. 06/11

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

REVIEW COMPLETED BY

Booking Number: 2019039215	**Date:** 12/09/2019
	Specialist Name/ID: AM/31562