0507816 19CT8617 2052

ARREST / NOTICE TO APPEAR
Juvenile Referral Report

1 Arrest 2 NTA 3 Request for Warrant 4 Request for Capias: 1 | Juvenile: N

ADMINISTRATIVE

Field	Value
OBTS Number	
Agency ORI Number	FLO 500000
Agency Name	PALM BEACH COUNTY SHERIFF'S OFFICE
Agency Report Number (N.T.A.'s only)	06- 19069671
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)	2
Multiple Clearance Indicator	1
Location of Arrest (Including Name of Business)	Seminole Pratt Whitney Rd and Lancashire Dr, Loxahatchee, FL 33470
Location of Offense (Business Name, Address)	Seminole Pratt Whitney Rd and Lancashire Dr, Loxahatchee, FL 33470
Date of Arrest	05/11/2019
Time of Arrest	0111
Booking Date	
Booking Time	
Jail Date	
Jail Time	
Location of Vehicle	Seminole Pratt Whitney Rd and Lancashire Dr, Loxahatchee, FL 33470

DEFENDANT

Field	Value
Name (Last, First, Middle)	Yukenavitch, Edward,
Alias (Name, DOB, Soc. Sec. #, Etc.)	
Race (W - White I - American Indian B - Black O - Oriental/Asian)	W
Sex	M
Date of Birth	4/21/1952
Height	6'00
Weight	270
Eye Color	green
Hair Color	blonde
Complexion	light
Build	large
Scars, Marks, Tatoos, Unique Physical Features (Location, Type, Description)	none
Marital Status	Divorced
Religion	CATHOLIC
Indication of Alcohol Influence	Y ☒ N ☐ Unk ☐
Indication of Drug Influence	Y ☐ N ☐ Unk ☒
Local Address (Street, Apt. Number) (City) (State) (Zip)	19662 Green Grove Ct, Loxahatchee, FL 33470
Phone	(561) 310-5986
Residence Type (1 City 2 County 3 Florida 4 Out of State)	2
Permanent Address (Street, Apt. Number) (City) (State) (Zip)	19662 Green Grove Ct, Loxahatchee, FL 33470
Phone	( )
Address Source	Verbal/ Driver's license
Business Address (Name, Street) (City) (State) (Zip)	
Phone	( )
Occupation	Retire
D/L Number, State	Y251220521410, FL
Soc. Sec. Number	[redacted]
INS Number	
Place of Birth (City, State)	Glenside, PA
Citizenship	USA

CO-DEF

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

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 Handled/ processed within Dept and Released 2 TOT HRS / DYS 3. Incarcerated

Released To (Name) — Relationship — Date — Time

The above address provided by ☐ defendant and / or ☐ 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 ☐ Yes, by (Name) ☐ No (Reason) — 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 Synthetics, U Unknown, Z Other

CHARGE

Charge Description	Counts	Domestic Violence	Statute Violation Number	Violation of ORD #
Driving Under The Influence (DUI)(over .15)	1	☐Y ☒N	316.193(4)	
		☐Y ☐N		
		☐Y ☐N		
		☐Y ☐N		

Drug Activity	Drug Type	Amount / Unit	Offense #	Warrant / Capias Number	Bond
U	U	N/A	19069671		

NOTICE TO APPEAR

Location (Court, Room Number, Address): South County Courthouse, Courtroom #1, 200 W. Atlantic Ave., Delray Beach, FL 33444 - Ph: (561) 355-2996

Court Date and Time: Month Jun Day 10 Year 2019 Time 0830 AM X PM

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

[signature] — 05/11/2019

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

ADMIN

Field	Value
HOLD for other Agency Name	
☐ Dangerous ☐ Resisted Arrest ☐ Suicidal ☐ Other	
Signature of Arresting Officer	[signature]
Name of Arresting Officer (Print)	DPV. Jacob Frey
ID #	9658
Name Verification (Printed by Arrestee)	(PRINT)
Intake Deputy	D Collins 7602
ID #	
Pouch #	
Transporting Officer	INV. Jacob Frey
ID #	9658
Agency	PBSO
Witness here if subject signed with an "X"	
PAGE	1 of 1

DISTRIBUTION WHITE - COURT COPY GREEN - STATE ATTORNEY YELLOW - AGENCY PINK - AGENCY GOLD - DEFENDANT (N.T.A.'s ONLY)

PBSO #148 REV. 8/97

PROBABLE CAUSE AFFIDAVIT

OBTS Number | 1 Arrest 2 NTA 3 Request for Warrant 4 Request for Capias | 1 | Juvenile N

ADMIN

Agency ORI Number	Agency Name	Agency Report Number
FLO 500000	PALM BEACH COUNTY SHERIFF'S OFFICE	06- 19069671

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

DEF

Name (Last, First, Middle)	Alias	Race	Sex	Date of Birth
Yukenavitch, Edward		W	M	4/21/52

CHARGES

Charge Description	Charge Description
DUI	
Charge Description	Charge Description

VICTIM

Victim's Name (Last, First, Middle)	Race	Sex	Date of Birth
State of Florida			

Local Address (Street, Apt Number)	(City)	(State)	(Zip)	Phone	Address Source
				( )	
Business Address (Name, Street)	(City)	(State)	(Zip)	Phone	Occupation
				( )	

PROBABLE CAUSE STATEMENT

The undersigned certifies and swears that he/she has just and reasonable grounds to believe, and does believe that the above named Defendant committed the following violation of law
The Person taken into custody

☒ committed the below acts in my presence.
☐ confessed to _____ admitting to the below facts
☐ was observed by _____ who told _____ that he/she saw the arrested person commit the below acts
☐ was found to have commited the below acts, resulting from my (described) investigation

On the 11 day of May 20 19 at 0005 ☒ A M ☐ P M (Specifically include facts constituting cause for arrest)

SUPPLEMENT PROBABLE CAUSE

On 05/11/2019, I was traveling in my patrol vehicle asset number 78187 (VIN# 1FM5K8AR6JGA84339) north bound on Seminole Pratt , Loxahatchee Florida, when I observed A white Chevrolet Pick up truck bearing FL tag 194YJK, traveling at high rate of speed(excess of 60 mph in a posted 45 mph limit). I continued to travel behind the vehicle, which at this time, I viewed the vehicle not maintaining its lane. I Deputy T. San Filippo ID 25572 observed the vehicle making a hard swerve left from the right lane without signaling. During this time I initiated a traffic stop at Seminole Pratt Whitney Rd and W Langshire Dr E and met with the driver, Edward Yukenavitch (D.O.B 04/21/1952). During this time i could smell a high concentration of an alcoholic beverage emitting from his breath as he spoke with me. At this time i requested a on duty DUI unit to my traffic stop to assist.

ADMINISTRATIVE

STATE OF FLORIDA
COUNTY OF PALM BEACH

25572
(Signature of Arresting/Investigative Officer)

The foregoing instrument was sworn to or affirmed and subscribed before me this 11 day of MAY 20 19 by THOMAS SAN FILIPPO 25572

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

9655
Notary Public, Clerk of Court, Officer (F S S 117 10)

PAGE 1 OF 1

PBSO 08064 REV. 04/01 DISTRIBUTION WHITE - COURT COPY GREEN - STATE ATTORNEY YELLOW - AGENCY PINK - AGENCY

SUBJECT: Yukenavitch, Edward, CASE NUMBER 19069671

ROADSIDE TASKS

HORIZONTAL GAZE NYSTAGMUS:

- [x] LT EYE-LACK OF SMOOTH PURSUIT
- [x] RT EYE-LACK OF SMOOTH PURSUIT
- [x] LT EYE-DISTINCT & SUSTAINED NYSTAGMUS AT MAX DEVIATION
- [x] RT EYE-DISTINCT & SUSTAINED NYSTAGMUS AT MAX DEVIATION
- [x] LT- EYE-ONSET OF NYSTAGMUS PRIOR TO 45 DEGREES
- [x] RT- EYE-ONSET OF NYSTAGMUS PRIOR TO 45 DEGREES

Other Observations:

I checked his eyes for Horizontal Gaze Nystagmus (HGN). He had equal tracking and equal pupil size. He had difficulty following with his eyes and had to be reminded to move his eyes with the stylus. His body swayed while sitting. His eyes were watery and bloodshot. In both eyes he had lack of smooth pursuit, distinct and sustained nystagmus at maximum deviation, and the onset of nystagmus prior to 45 degrees. He had Vertical Gaze Nystagmus (VGN) in both eyes but did not have Lack Of Convergence (LOC). The task was completed seated with his feet stable on the ground.

FINGER TO NOSE:

I instructed and demonstrated the finger to nose (seated battery); he acknowledged he understood. On the first command he searched for his nose with his left finger and touched his left eyes with the pad of his finger. On the second command he searched for his nose with his right finger and touched the right side of his nose/cheek with the pad of his finger. On the third command he used searched for his nose with his left finger, touched his left cheek/eye with the pad of his finger, and then touched the tip of his nose with the pad of his finger. On the fourth command he pushed the tip of his nose to the left with his finger. On the fifth command he began to use his left finger then switched to his right; he pushed the tip of his nose to the left with his finger. On the sixth command he used the pad of his finger to touch the bridge of his nose. The task was completed seated in a stable position.

PALM PAT:

I instructed and demonstrated the palm pat (seated battery); he acknowledged he understood. I had to tell him several times to place his hands in the instructed position. He had his left hand palm facing upward but did not place his right hand on top of his left hand. As he performed the task I had to remind him to speed up as instructed. He double pat, chop pat, and rolled his hands. The task was completed seated in a stable position.

HAND COORDINATION:

I instructed and demonstrated the hand coordination (seated battery) several times; he acknowledged he understood. On the first tasks he walked his hands forward improperly making contact. The second task he waved his hands in the air and did not complete it. At this time he stated he did not remember the instruction. I told him to continue with the instructions. He started from the beginning. He walked his hands forward. He skipped the second task. He walked his hands back. He then placed his hands on the side of his legs. I instructed and demonstrated the task again. He acknowledged he understood. On the first tasks he walked his hands forward improperly making contact. On the second task he fumbled his hand as he brought them back to the memorized position. On the third task he walked his hands back to his chest counting from 1 to 4, improperly making contact with his hands. On the fourth task he placed his hands on his knees. The task was completed seated in a stable position.

ROMBERG ALPHABET:

Not completed

BREATH TEST RESULTS: 1) .157 | 2) .167 | 3) | 4)

STATE OF FLORIDA
COUNTY OF PALM BEACH

INV. Jacob Frey
(Signature of Arresting/Investigative Officer)

The foregoing instrument was sworn to or affirmed and subscribed before me this 11 day of May 20 19 by INV. Jacob Frey

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

Shari O'Neal (#6212)
Notary Public, Clerk of Court, Officer (F S S 117 10)

SHARI L. O'NEAL
Notary Public - State of Florida
Commission # FF 966854
My Comm. Expires Jun 25, 202
Bonded through National Notary

WITNESS LIST

CASE NUMBER: 19069671

ARRESTING OFFICER: INV. Jacob Frey
ADDRESS: 3228 Gun Club Rd, WPB
PHONE NUMBERS (HOME): (WORK) 561-688-3000
CAN TESTIFY TO: personal contact, SFST

NAME: D/S San Filippo
ADDRESS: 3228 Gun Club Rd, WPB
PHONE NUMBERS (HOME) (WORK) 561-688-3000
CAN TESTIFY TO: physical control, personal contact

NAME:
ADDRESS
PHONE NUMBERS (HOME) (WORK)
CAN TESTIFY TO:

NAME:
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ADDRESS
PHONE NUMBERS (HOME) (WORK)
CAN TESTIFY TO:

TESTING FACILITY TASK REPORT

AGENCY: [illegible]

SUBJECT: [illegible] CASE NUMBER: [illegible]

DATE: [illegible] VIDEO TAPE NUMBER: /

BEGINNING TIME: [illegible] ENDING TIME: [illegible]

BREATH TESTS RESULTS: 1) [illegible] TIME [illegible] A.M./P.M. 2) [illegible] TIME [illegible] A.M./P.M.

3) _____ TIME _____ A.M./P.M. 4) _____ TIME _____ A.M./P.M.

BREATH OPERATOR: [illegible]

MAINTENANCE TECHNICIAN: [illegible]

TESTING OFFICER'S OBSERVATIONS

SPEECH: /

ATTITUDE: [illegible]

CLOTHING: [illegible]

MEDICAL CONDITIONS: [illegible]

MEDICATIONS: /

OTHER: [illegible]

COMMENTS: [illegible]

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

SUBJECT: [redacted] CASE NUMBER: [redacted]

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) _____

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

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	☐	948.064 (1) FSS	Other: Notification of Status as a Violent Felony Offender of/with Special Concerns.	
	☐	119.0712 (2)	Other: Personal Information Contained in a Motor Vehicle Record	

REVIEW COMPLETED BY

Booking Number: 2019015730	**Date:** 5/12/2019
	Specialist Name/ID: M. Tooks #8557