

Jkt # 0484547		ARREST / NOTICE TO APPEAR Juvenile Referral Report		1. Arrest 2. N.T.A.		3. Request for Warrant 4. Request for Capias		1		Juvenile	
Agency ORI Number FLO 500000		Agency Name PALM BEACH COUNTY SHERIFF'S OFFICE		Agency Report Number (N.T.A.'s only) 06-17027597							
Charge Type: Check as many as apply: <input type="checkbox"/> 1. Felony <input type="checkbox"/> 2. Traffic Felony <input checked="" type="checkbox"/> 3. Misdemeanor <input checked="" type="checkbox"/> 4. Traffic Misdemeanor <input type="checkbox"/> 5. Ordinance <input type="checkbox"/> 6. Other		Weapon Seized / Type 1. Yes 2. No		Multiple Clearance Indicator							
Location of Arrest (Including Name of Business) State Road 7 at Bella Terra Way Royal Palm Beach FL 33411				Location of Offense (Business Name, Address) State Road 7 at Bella Terra Way Royal Palm Beach FL 33411							
Date of Arrest 01/17/2017		Time of Arrest 02:01		Booking Date		Booking Time		Jail Date		Jail Time	
				Location of Vehicle Priority Towing							
Name (Last, First, Middle) Feeny, Gerard				Alias (Name, DOB, Soc. Sec. #, Etc.)							
Race W - White I - American Indian B - Black O - Oriental/Asian		Sex W M		Date of Birth 11/09/1947		Height 5'09		Weight 240		Eye Color Blu	
Hair Color Gry		Complexion Med		Build Med							
Scars, Marks, Tattoos, Unique Physical Features (Location, Type, Description)				Marital Status Widowed		Religion CATHOLIC		Indication of: Alcohol Influence Drug Influence Y <input checked="" type="checkbox"/> N <input type="checkbox"/> Unk. <input type="checkbox"/>			
Local Address (Street, Apt. Number) 3702 Old Lighthouse Cir Wellington FL 33414				Phone (561) 385-2194		Residence Type: 1. City 2. County 3. Florida 4. Out of State 2					
Permanent Address (Street, Apt. Number)				Phone		Address Source Florida License					
Business Address (Name, Street)				Phone		Occupation UK					
D/L Number, State F-500-295-47-409-0		Soc. Sec. Number		INS Number		Place of Birth (City, State) Lynn, MA		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) (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 / 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	
Charge Description DUI		Counts 1		Domestic Violence <input type="checkbox"/> Y <input checked="" type="checkbox"/> N		Statute Violation Number 316.193(1)		Violation of ORD #			
Drug Activity N		Drug Type N		Amount / Unit		Offense # 17027597		Warrant / Capias Number		Bond	
Charge Description		Counts		Domestic Violence <input type="checkbox"/> Y <input checked="" type="checkbox"/> N		Statute Violation Number		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		Statute Violation Number		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		Statute Violation Number		Violation of ORD #			
Drug Activity		Drug Type		Amount / Unit		Offense #		Warrant / Capias Number		Bond	
Location (Court, Room Number, Address) 3228 GUN CLUB RD WEST PALM BEACH FL 33406											
Court Date and Time Month Feb Day 13 Year 2017 Time 01:00 AM 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 of Defendant (or Juvenile and Parent /Custodian) SCANNED JAN 18 2017											
HOLD for other Agency Name:		Signature of Arresting Officer X		Name Verification (Printed by Arrestee) JAN 18 2017							
<input type="checkbox"/> Dangerous <input type="checkbox"/> Suicidal		<input type="checkbox"/> Resisted Arrest <input type="checkbox"/> Other:		Name of Arresting Officer (Print) J. SCHNEIDER		I.D. # 8501		(PRINT) JAN 17 AM 4:08		PAGE 1 OF 1	
Intake Deputy Thomas 1234		Pouch #		Transporting Officer J. SCHNEIDER 8501		ID #		Agency PBSO		Witness here if subject signed with an "X"	
DISTRIBUTION: WHITE - COURT COPY GREEN - STATE ATTORNEY YELLOW - AGENCY PINK - AGENCY GOLD - DEFENDANT (N.T.A.'s ONLY)											

# D.U.I. PROBABLE CAUSE AFFIDAVIT

ON THE 17 DAY OF January, 20 17, AT 01:35 ✓ AM PM

SUBJECT: Feeny, Gerard CASE NUMBER: 17027597

AGENCY: PALM BEACH COUNTY SHERIFF'S OFFICE ARRESTING OFFICER: Inv. J. Schneider

## PERSONAL CONTACT

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

**Was observed traveling south on State Road 7 at 62 miles per hour in a posted 45 mile per hour zone. I stopped the vehicle just north of the intersection of Bella Terra Way and State Road 7.**

## OBSERVATION OF DRIVER:

**Apologetic, unstable, and talkative. Eyes were red, bloodshot, and glossy.**

## DRIVER'S STATEMENTS:

**I'm sorry I screwed up. I had too much to drink. You caught me. I have a buzz.**

## ODORS:

**Odor of unknown alcoholic beverages emanating from his facial area intensifying as he spoke.**

## GENERAL OBSERVATIONS

**SPEECH: Slightly slurred**

**ATTITUDE: Cooperative**

**CLOTHING: Blue shirt, Blue Shorts, White shoes**

**MEDICAL/OTHER: Previously sprained left ankle.**

STATE OF FLORIDA  
COUNTY OF PALM BEACH

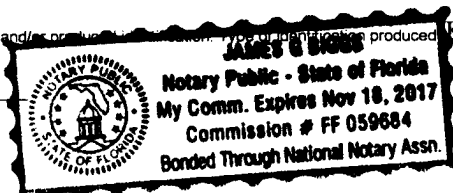
Inv. J. Schneider

(Signature of Arresting/Investigative Officer)

The foregoing instrument was sworn to or affirmed and subscribed before me this 17 day of January, 20 17 by J. SCHNEIDER

(Print name of Arresting/Investigative Officer), who is personally known to me and/or produced by KNOWN

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



**SCANNED**  
**JAN 18 2017**

SUBJECT: Feeny, Gerard

CASE NUMBER 17027597

### 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:

Moved head while following stimulus contrary to instruction.

#### HAND COORDINATION:

Task explained and demonstrated twice. Feeny began to do task during instruction. While moving hands he moved three times but counted four. Failed to clap. Moving back he once again moved three time but counted four. Moved hands against chest, then to his lap and finished by clapping.

#### ONE LEG STAND:

Feeny displayed a sway during instruction and had to be repositioned to the proper resting stance. Feeny was unable to keep his foot elevated for any period of time. He attempted to use both his left and right foot however was unable to keep it elevated.

#### FINGER TO NOSE:

Feeny displayed a sway during instruction and had to be repositioned to the proper resting stance.

#### ROMBERG ALPHABET:

Feeny displayed a sway during instruction and recited the alphabet in a rhythmic manner contrary to instruction but without error.

BREATH TEST RESULTS: 1) .138 2) .137 3) 4)

STATE OF FLORIDA  
COUNTY OF PALM BEACH

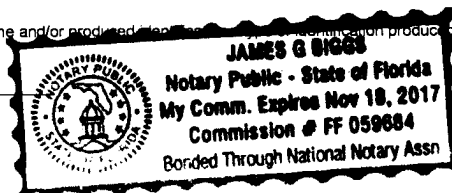
Inv. J. Schneider

Signature of Arresting/Investigative Officer

The foregoing instrument was sworn to or affirmed and subscribed before me this 17 day of January, 2017 by J. SCHNEIDER

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

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



SCANNED  
JAN 18 2017

NOT A CERTIFICATE

**SCANNED**

**JAN 18 2017**

# WITNESS LIST

CASE NUMBER: **17027597**

ARRESTING OFFICER: **Inv. J. Schneider**

ADDRESS: **2300 N JOG RD WEST PALM BEACH FL 33411**

PHONE NUMBERS (HOME): \_\_\_\_\_ (WORK) **561 688 3000**

CAN TESTIFY TO: **STOP AND INVESTIGATION**

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

PHONE NUMBERS (HOME) \_\_\_\_\_ (WORK) \_\_\_\_\_

CAN TESTIFY TO: \_\_\_\_\_

NAME: \_\_\_\_\_

ADDRESS \_\_\_\_\_

PHONE NUMBERS (HOME) \_\_\_\_\_ (WORK) \_\_\_\_\_

CAN TESTIFY TO: \_\_\_\_\_

NAME: \_\_\_\_\_

ADDRESS \_\_\_\_\_

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CAN TESTIFY TO: \_\_\_\_\_

NAME: \_\_\_\_\_

ADDRESS \_\_\_\_\_

PHONE NUMBERS (HOME) \_\_\_\_\_ (WORK) \_\_\_\_\_

CAN TESTIFY TO: \_\_\_\_\_

**SCANNED**

**JAN 18 2017**

# TESTING FACILITY TASK REPORT

AGENCY: PBSO-SCHNEIDER

SUBJECT: FEENY JR, GERARD P

CASE NUMBER: 17-027597

DATE: Jan 17, 2017

VIDEO DVD NUMBER: 62000

BEGINNING TIME: 0300

ENDING TIME: 0316

BREATH TESTS RESULTS: 1) .138 TIME 0304 A.M. ☒ P.M. ☐ 2) .137 TIME 0306 A.M. ☒ P.M. ☐  
3) XX TIME XX A.M. ☐ P.M. ☐ 4) XX TIME XX A.M. ☐ P.M. ☐

BREATH OPERATOR: J Biggs# 7607

MAINTENANCE TECHNICIAN: D/S J Karkleck #6467

## TESTING OFFICER'S OBSERVATIONS

SPEECH: SOMEWHAT SLURRED

ATTITUDE: COOPERATIVE, JOVIAL

CLOTHING: BLUE SHIRT, BLACK SHORTS

MEDICAL CONDITIONS: HBP, HEART ISSUES

MEDICATIONS: LISINAPRIL

## OTHER:

EYES GLASSY, RED  
ODOR OF AN UNKNOWN ALCOHOLIC BEVERAGE ON SUBJECT

## COMMENTS:

THE ARRESTING OFFICER CONDUCTED THE 20 MINUTE OBSERVATION BEGINNING AT 0240  
SUBJECT ADVISED HE WOULD SUBMIT TO THE TEST  
SUBJECT WAS GIVEN THE INSTRUCTIONS FOR THE TEST  
SUBJECT COMPLETED BOTH SAMPLES SUCCESSFULLY  
RESULTS WERE GIVEN  
MIRANDA WAS READ TO THE SUBJECT  
SUBJECT SUBMITTED TO THE QUESTIONS

SCANNED  
JAN 18 2017

SUBJECT: Feeny Jr, Gerard P.

CASE NUMBER: 17-027597

## **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.

**SCANNED**  
**JAN 18 2017**

SUSPECT'S SIGNATURE: (X) Read on Camera

SUBJECT: Feeny Jr, Gerard PCASE NUMBER: 17-027597

## 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? I wasWHERE WERE YOU GOING? HomeWHAT STREET OR HIGHWAY WERE YOU ON? 441DIRECTION OF TRAVEL? S WHERE DID YOU START? Checcubee BlvdWHAT TIME DID YOU START? 1-30am WHAT TIME IS IT NOW? 3:30amWHAT IS TODAY'S DATE? 17th Jan WHAT DAY OF THE WEEK IS IT? TueWHAT COUNTY AND CITY ARE YOU IN NOW? Palm BeachWHEN DID YOU LAST EAT? 6pm WHAT DID YOU EAT? Steak, green beans rice/beansWHAT HAVE YOU BEEN DOING FOR THE LAST THREE HOURS? Home, night club for approx 1hrHOW MUCH DO YOU WEIGH? 240 HAVE YOU BEEN DRINKING? Yes WHAT? BeerHOW MUCH? Unknown WHERE? DD's WITH WHOM? NoWHEN DID YOU HAVE YOUR FIRST DRINK? 10:00pm AND YOUR LAST DRINK? 12:30amHOW DID YOU CONSUME YOUR LAST TWO DRINKS? Bottle, regularlyCAN YOU FEEL THE EFFECTS OF THE ALCOHOL? Yes ARE YOU UNDER THE INFLUENCE? N/AHAVE YOU CONSUMED ANY ALCOHOL SINCE THE ACCIDENT? No HOW MUCH? N/AWHAT? N/A WHERE? N/A WHEN? N/AWHAT LINE OF WORK ARE YOU IN? Between jobs WHEN DID YOU LAST WORK? N/ADO YOU HAVE ANY PHYSICAL DEFECTS OR INJURIES? Yes WHAT? Left ankle sprainARE YOU SICK OR INJURED? No WHAT'S WRONG? N/ADO YOU LIMP? Yes DID YOU RECEIVE A BUMP ON THE HEAD RECENTLY? NoWERE YOU IN AN ACCIDENT TODAY? NoHAVE YOU TAKEN ANY DRUGS OR SMOKED ANY MARIJUANA TODAY? No WHEN? N/AHAVE YOU SEEN A DOCTOR OR DENTIST TODAY? No WHO? N/A WHY? N/AARE YOU TAKING ANY PRESCRIPTION MEDICINES? Yes WHAT? Cocaine, Cannabis, Benadryl, Xanax WHEN? Evening

DO YOU HAVE:	EPILEPSY?	<u>No</u>
	GLASS EYE?	<u>No</u>
	FALSE TEETH?	<u>No</u>
	EAR INFECTION?	<u>Left ear bothering</u>
	INNER EAR TROUBLE?	<u>Sometimes - Since</u>
	DIABETES?	<u>No</u>

DO YOU HAVE ANY PROBLEMS WITH YOUR EYES THAT ARE NOT CORRECTED BY GLASSES? NoDO YOU TAKE INSULIN? No IF SO, WHEN WAS YOUR LAST INJECTION? N/AHAVE YOU EVER HAD A DRIVER'S LICENSE IN ANY OTHER STATE? Yes WHERE? WAINTERVIEWER: Inv. J. Schrader 8501

WHITE - STATE ATTY.

YELLOW - DHSMV

PINK - CENTRAL RECORDS

GOLD - JAIL

SCANNED  
JAN 18 2017