

ARREST / NOTICE TO APPEAR

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

1

JUVENILE

OBTS Number	Agency ORI Number 0502300		Agency Name North Palm Beach Police Department		Agency Report Number (N.T.A.'s only) 7, 0 19-000497		
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	If Weapon Seized Enter Type NONE		Multiple Clearance Indicator	
Location of Arrest (Including Name of Business) 230 US HWY 1 NPB FL			Location of Offense (Business Name, Address) US HWY 1 & NORTHLAKE BLVD, NORTH LAKE BEACH, FL				
Date of Arrest 08/18/2019	Time of Arrest 18:40	Booking Date 08/18/2019	Booking Time 18:50	Jail Date // : : :	Jail Time	Location of Vehicle ALL TIME TOWING	
Name (Last, First, Middle) COSTELLO, JAMES RUSSEL JR		Alias:		Alias (Name, DOB, Soc. Sec. #, Etc.)			
Race W - White B - Black	I - American Indian O - Original/Asian	Sex M	Date of Birth 06/15/1960	Height 6'01	Weight 255	Eye Color BROWN	
Scars, Marks, Tattoos, Unique Physical Features (Location, Type, Description)		Marital Status M	Religion CATHOLIC	Complexion MEDIUM	Build	Indication of: Alcohol Influence Drug Influence	
Local Address (Street, Apt. Number) 1 FOLIAGE LN, LEWISTON, ME 04240		(City)	(State)	(Zip)	Phone (270) 240-6090	Residence Type: 1. City 3. Florida 2. County 4. Out of State	
Permanent Address (Street, Apt. Number) 1 FOLIAGE LN, LEWISTON, ME 04240		(City)	(State)	(Zip)	Phone (270) 240-6090	Address Source	
Business Address (Name, Street)		(City)	(State)	(Zip)	Phone	Occupation	
DL Number, State 9087099 / ME		Sex	INS Number	Place of Birth (City, State) LEWISTON, ME	Citizenship US		
Co-Defendant Name (Last, First, Middle)		Race	Sex	Date of Birth	<input type="checkbox"/> 1. Arrested <input type="checkbox"/> 3. Felony <input type="checkbox"/> 5. Juvenile		
Co-Defendant Name (Last, First, Middle)		Race	Sex	Date of Birth	<input type="checkbox"/> 2. At Large <input type="checkbox"/> 4. Misdemeanor		
Name (Last, First, Middle)		Residence Phone				Business Phone	
Address (Street, Apt. Number)		(City)	(State)	(Zip)	Notified by: (Name)		
Relationship		Date	Time	JUVENILE DISPOSITION 1. Handled/Processed within Department and Released 2. TOT/JAC 3. Incarcerated			
The above address was 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's Office (Phone 355-2526) informed of any change of address.		School Attended		Grade			
Property Crime? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Description of Property		Value of Property			
Drug Activity N. N/A P. Possess		S. Sell D. Deliver T. Traffic	R. Smuggle E. Use	K. Dispense/ Distribute	M. Manufacture/ Produce/ Culivate	Z. Other	Drug Type N. N/A A. Amphetamine
B. Buy		H. Hallucinogen M. Marijuana O. Opium/deriv.		P. Paraphernalia/ Equipment		U. Unknown 2. Other	
Charge Description DUI - DRIVING UNDER INFLUENCE		Statute Violation Number 316.193(D)		Violation of ORD #			
Drug Activity	Drug Type	Amount / Unit	Offense #	Counts	Domestic Violence	Warrant / Capias Number	Bond
	N			1	<input type="checkbox"/> Y <input checked="" type="checkbox"/> N		
Charge Description		Statute Violation Number		Violation of ORD #			
Drug Activity	Drug Type	Amount / Unit	Offense #	Counts	Domestic Violence	Warrant / Capias Number	Bond
					<input type="checkbox"/> Y <input type="checkbox"/> N		
Charge Description		Statute Violation Number		Violation of ORD #			
Drug Activity	Drug Type	Amount / Unit	Offense #	Counts	Domestic Violence	Warrant / Capias Number	Bond
					<input type="checkbox"/> Y <input type="checkbox"/> N		
Health / Apparent Physical Condition of Defendant GOOD		Any knowledge of the following: <input type="checkbox"/> Mental <input type="checkbox"/> Escape Risk <input type="checkbox"/> Medication <input type="checkbox"/> Deformities <input type="checkbox"/> Injuries					
Check which applies: <input type="checkbox"/> Released O.R. <input type="checkbox"/> Posted Bond		<input type="checkbox"/> Released to Parent/Guardian <input type="checkbox"/> South County Mental Health		<input type="checkbox"/> T.O.T. County Jail		PROPERTY - Received By	
Transported By BRENDEL		Date Transported 08/18/2019	Time Transported 17:32	Released By			
INSTRUCTION NO. 1 - Mandatory appearance in court		Location (Court, Room) North County PALM BEACH GARD		Released To			
INSTRUCTION NO. 2 - You need not appear in Court but must comply with instructions on Page 2.		Court Date and Time 09/18/2019 10:30:00		No Photo Available			
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)					
Signature of Defendant (or Juvenile and Parent/Custodian)		Date Signed		Name Verification (Printed by Arrestee)			
Name of Arresting Officer (Print) BRENDEL T.		ID # 9001		Witness here if subject signed with an "X"			
Name of Transporting Officer BRENDEL T.		ID # 9001		Agency NPBPD			

COURT STATE ATTORNEY AGENCY CENTRAL RECORDS JAIL CRIME ANALYSIS P.T.O. DEFENDANT

0510293

(AIR)

SCANNED
#1445
AUG 19 2019

D.U.I. PROBABLE CAUSE AFFIDAVIT

ON THE 18 DAY OF AUGUST 20 19, AT 1641 AM PM

SUBJECT: COSTELLO, JAMES R JR CASE NUMBER: 19000497

AGENCY: PALM BEACH COUNTY SHERIFF'S OFFICE ARRESTING OFFICER: BRENDEL, T

PERSONAL CONTACT

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

I saw driver behind the wheel of a white, 2019 Jeep FL tag: HKSA49 as it sat motionless in the left turn (north-to-west) turn lane at the intersection of US 1 & Northlake Blvd. He was the sole occupant of the SUV. Other traffic drove around him as the light cycled. Doors were locked.

OBSERVATION OF DRIVER:

Unconscious. Chin on chest, eyes closed, motionless. Regained consciousness after I slapped the driver's window in an attempt to awaken him. He shrieked, took his foot off the brake, and drifted forward into my marked police truck (minimal damage). Eyes bloodshot, glassy, watery. Sways back & forth while standing still. Deliberate gait.

DRIVER'S STATEMENTS:

***Loud shrieking upon being regaining consciousness. "I've had a couple drinks with dinner." During SFSTs: "I can't do this - just take me to jail. I'm not going to do this."**

ODORS:

Profoundly severe odor of an unknown alcoholic beverage on his breath; his clothes were dry; there were no other obvious sources of the odor.

GENERAL OBSERVATIONS

SPEECH: Slightly slurred

ATTITUDE: Anxious, cooperative, uncooperative (SFSTs, breath test)

CLOTHING: Sandals, blue shirt, blue shorts

MEDICAL/OTHER: High BP, High cholesterol

STATE OF FLORIDA
COUNTY OF PALM BEACH

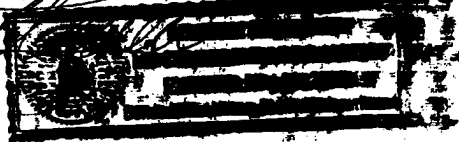
BRENDEL, T

(Signature of Arresting/Investigative Officer)

The foregoing instrument was sworn to or affirmed and subscribed before me this 18 day of AUGUST 20 19 by THOMAS BRENDEL

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

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



SUBJECT: COSTELLO, JAMES R JR

CASE NUMBER 19000497

ROADSIDE TASKS

HORIZONTAL GAZE NYSTAGMUS:

- | | |
|---|---|
| <input checked="" type="checkbox"/> LT EYE-LACK OF SMOOTH PURSUIT | <input checked="" type="checkbox"/> RT EYE-LACK OF SMOOTH PURSUIT |
| <input checked="" type="checkbox"/> LT EYE-DISTINCT & SUSTAINED NYSTAGMUS AT MAX. DEVIATION | <input checked="" type="checkbox"/> RT EYE-DISTINCT & SUSTAINED NYSTAGMUS AT MAX. DEVIATION |
| <input checked="" type="checkbox"/> LT- EYE-ONSET OF NYSTAGMUS PRIOR TO 45 DEGREES | <input checked="" type="checkbox"/> RT- EYE-ONSET OF NYSTAGMUS PRIOR TO 45 DEGREES |

Other Observations:

UNABLE/UNWILLING TO STAND STILL AS DIRECTED. MOVES HEAD DURING TASK, WHOLE BODY VISIBLY SHOOK DURING TASK, -VGN. EYES GLASSY, BLOODSHOT, WATERY, PUPILS EQUAL & REACTIVE.

WALK & TURN:

UNABLE/ UNWILLING TO STAND STILL AS DIRECTED, STEPPED OFF LINE X 3 (ONCE PER STEP), REFUSED TO CONTINUE "iCAN'T DO THIS - JUST TAKE ME TO JAIL. I WON'T DO THIS."

ONE LEG STAND:

REFUSED

FINGER TO NOSE:

REFUSED

ROMBERG ALPHABET:

REFUSED

BREATH TEST RESULTS: 1) REFUSED 2) 3) 4)

STATE OF FLORIDA
COUNTY OF PALM BEACH

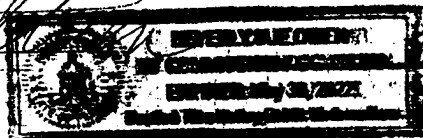
BRENDEL, T

(Signature of Arresting/Investigative Officer)

The foregoing instrument was sworn to or affirmed and subscribed before me this 18 day of AUGUST 20 19 by THOMAS BRENDEL

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

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

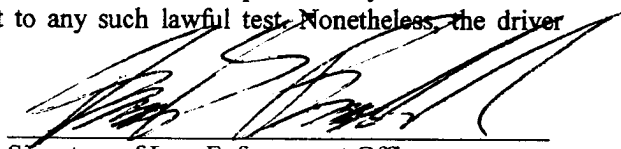


STATE OF FLORIDA
DEPARTMENT OF HIGHWAY SAFETY & MOTOR VEHICLES
AFFIDAVIT OF REFUSAL TO SUBMIT TO
BREATH AND/OR URINE TEST

I, CPL THOMAS BREMEL a duly certified Law Enforcement Officer or Correctional Officer,
(Name of Officer reading Implied Consent Warning)
am a member of NORTH PALM BEACH POLICE DEPARTMENT and I do swear
(Name of law enforcement agency)
or affirm that on or about the 18 day of AUGUST, 20 19, at 1641 P.M. A.M.
DRIVER JANKS RUSSEL COSTELLO JR
(Type or Print) FIRST NAME MIDDLE OR MAIDEN NAME LAST NAME
DL# 9087099, state of MAINE, was placed under lawful arrest for
the offense of DUI by THOMAS BREMEL and
(Name of Arresting Officer)
issued Citation # A75WCE

That on or about the 18th day of August, 20 19, at 1757 P.M. A.M.
in Palm Beach County,

I requested that the driver submit to a breath and/or urine test to determine his or her blood alcohol level and/or the presence of chemical or controlled substances. I informed the driver that the refusal to submit to such test(s) would result in the suspension of his or her driving privilege for a period of one (1) year for a first refusal, or for a period of eighteen (18) months if his or her driving privilege had been previously suspended for refusing to submit to a breath, urine or blood test. I also informed the driver that he or she commits a misdemeanor by refusing to submit to a lawful test as requested above if his or her driving privilege has been previously suspended for refusal to submit to a lawful test of his or her breath, urine, or blood. Additionally, I informed the driver that if he or she holds a CDL, or was operating a CMV, refusal will result in the disqualification of the Commercial Driver's License/driving privilege for a period of one (1) year in the case of a first refusal or permanently if he or she has previously been disqualified as a result of a refusal to submit to any such lawful test. Nonetheless, the driver refused to submit to the test(s) requested.


Signature of Law Enforcement Officer or
Correctional Officer

THE AFFIDAVIT MUST BE NOTARIZED OR ATTESTED TO (F.S. 117.10)

The foregoing instrument was sworn and subscribed before me:

Signature of Attesting Officer

Title

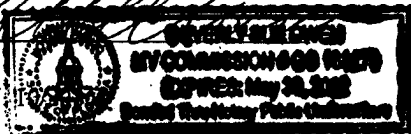
Date

(AFFIX SEAL)

The foregoing instrument was sworn and subscribed before
me this 18th day of AUGUST, 20 19,
by Cpl Bremel,
who is personally known to me or who has produced

Identification
Notary Public 

HSMV-BAR1001 (REV)



Note: Mail or hand deliver to the designated Bureau of Administrative Reviews office, Department of Highway Safety and Motor Vehicles, with the driver's license, the appropriate copy of the UTC, and the probable cause affidavit.

TESTING FACILITY TASK REPORT

AGENCY: North Palm Beach P.D.
SUBJECT: Costello, James R. JR. CASE NUMBER: 19-105537

DATE: 08/18/19 VIDEO TAPE NUMBER: N/A

BEGINNING TIME: 1753 ENDING TIME: 1758

BREATH TESTS RESULTS: **REFUSED** 1) TIME 1757 A.M./P.M. 2) ~~TIME~~ ~~A.M./P.M.~~
3) ~~TIME~~ ~~A.M./P.M.~~ 4) ~~TIME~~ ~~A.M./P.M.~~

BREATH OPERATOR: S. Owen #3184

MAINTENANCE TECHNICIAN: J. Karlecke #6467

TESTING OFFICER'S OBSERVATIONS

SPEECH: _____

ATTITUDE: quiet, co-operative

CLOTHING: Flip Flops, blue shorts, light blue shirt

MEDICAL CONDITIONS: high blood pressure, & cholesterol

MEDICATIONS: meds for both (took today)

OTHER: 59 YOA

COMMENTS: A/O & A arrived at 1732 hrs
A/O observed 20 minutes
A/O requested breath test, A agreed
then asked consequences.
A/O read I/C, A understood, then asked
questions, A/O reread I/C, A understood,
refused to give breath,
A/O read c/w on scene & video.
A understood rights.

SUBJECT: Costello, James R. Jr. CASE NUMBER: 1900049

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: Costello, James R. Jr. CASE NUMBER: 19-00049

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 Cpl Brendel of the North Palm Beach, P.D.

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 (twice)

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) REFUSED



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

REVIEW COMPLETED BY

Booking Number: 2019027015	Date: 08/19/2019
	Specialist Name/ID: AM/31562