

#0487191

17CT7131

#3847

OBTS Number		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 <b>FLO 500000</b>		Agency Name <b>PALM BEACH COUNTY SHERIFF'S OFFICE</b>		Agency Report Number (N.T.A.'s only) <b>06-17-066317</b>							
Charge Type: Check as many as apply.		1. Felony <input type="checkbox"/>		3. Misdemeanor <input type="checkbox"/>		5. Ordinance <input type="checkbox"/>		Weapon Seized / Type 1. Yes 2. No		Multiple Clearance Indicator <b>01</b>	
2. Traffic Felony <input type="checkbox"/>		4. Traffic Misdemeanor <input checked="" type="checkbox"/>		6. Other <input type="checkbox"/>							
Location of Arrest (Including Name of Business) <b>3000 SOUTHERN BLVD WEST PALM BEACH</b>						Location of Offense (Business Name, Address) <b>3000 SOUTHERN BLVD WEST PALM BEACH</b>					
Date of Arrest <b>04/19/2017</b>		Time of Arrest <b>0149</b>		Booking Date		Booking Time		Jail Date		Jail Time	
Location of Vehicle <b>JD TOWING</b>						<b>Sheepman's Towing</b>					
Name (Last, First, Middle) <b>MESITE, JAMES WILLIAM</b>						Alias (Name, DOB, Soc. Sec. #, Etc.)					
Race W - White I - American Indian B - Black O - Oriental/Asian		Sex <b>M</b>		Date of Birth <b>08/29/1989</b>		Height <b>6-01</b>		Weight <b>186</b>		Eye Color <b>HAZ</b>	
Hair Color <b>BRN</b>		Complexion <b>FAIR</b>		Build <b>MED</b>							
Scars, Marks, Tattoos, Unique Physical Features (Location, Type, Description) <b>NONE</b>						Marital Status <b>SINGLE</b>		Religion <b>CATHOLIC</b>		Indication of: Alcohol Influence Drug Influence Y <input type="checkbox"/> N <input type="checkbox"/> Unk. <input type="checkbox"/>	
Local Address (Street, Apt. Number) (City) (State) (Zip) <b>13198 RANDOLPH SIDING RD JUPITER FARMS, FL 33478</b>						Phone <b>(561) 459-7959</b>		Residence Type: 1. City 2. County 3. Florida 4. Out of State <b>2</b>			
Permanent Address (Street, Apt. Number) (City) (State) (Zip)						Phone		Address Source <b>VERBAL</b>			
Business Address (Name, Street) (City) (State) (Zip)						Phone		Occupation <b>BAR TENDER</b>			
D/L Number, State <b>FL/M230-459-89-309-0</b>		Soc. Sec. Number		INS Number		Place of Birth (City, State) <b>NATICK, MA</b>		Citizenship <b>USA</b>			
Co-Defendant Name (Last, First, Middle)						Race		Sex		Date of Birth	
Co-Defendant Name (Last, First, Middle)						Race		Sex		Date of Birth	
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 <b>DUI</b>						Counts <b>1</b>		Domestic Violence <input type="checkbox"/> Y <input checked="" type="checkbox"/> N		Statute Violation Number <b>316.193(3C1)</b>	
Drug Activity <b>N</b>						Drug Type <b>N</b>		Amount / Unit		Offense # <b>17-066317</b>	
Charge Description						Counts		Domestic Violence <input type="checkbox"/> Y <input checked="" type="checkbox"/> N		Statute Violation Number	
Drug Activity						Drug Type		Amount / Unit		Offense #	
Charge Description						Counts		Domestic Violence <input type="checkbox"/> Y <input checked="" type="checkbox"/> N		Statute Violation Number	
Drug Activity						Drug Type		Amount / Unit		Offense #	
Charge Description						Counts		Domestic Violence <input type="checkbox"/> Y <input checked="" type="checkbox"/> N		Statute Violation Number	
Drug Activity						Drug Type		Amount / Unit		Offense #	
Charge Description						Counts		Domestic Violence <input type="checkbox"/> Y <input checked="" type="checkbox"/> N		Statute Violation Number	
Drug Activity						Drug Type		Amount / Unit		Offense #	
Location (Court, Room Number, Address) <b>3228 GUN CLUB RD WEST PALM BEACH, FL 33406</b>											
Court Date and Time Month <b>05</b> Day <b>25</b> Year <b>2017</b> Time <b>8:30</b> AM <input checked="" type="checkbox"/> 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)						Date Signed					
HOLD for other Agency Name:						Signature of Arresting Officer <b>T. Walton</b>			Name Verification (Printed by Arrestee) <b>APR 24 2017</b>		
<input type="checkbox"/> Dangerous <input type="checkbox"/> Suicidal						<input type="checkbox"/> Resisted Arrest <input type="checkbox"/> Other:			Name of Arresting Officer (Print) <b>CPL THOMAS WALTON</b>		
Intake Deputy <b>Col. Hardeman</b>						I.D. # <b>4216</b>			Pouch #		
Transporting Officer <b>CPL T. WALTON</b>						I.D. # <b>6942</b>			Agency <b>PBSO</b>		
Witness here if subject signed with an -X"						PAGE <b>1 OF 1</b>					

# D.U.I. PROBABLE CAUSE AFFIDAVIT

ON THE 19 DAY OF APRIL 20 17, AT 0101 ✓ AM PM

SUBJECT: MESITE, JAMES WILLIAM CASE NUMBER: 17-066317

AGENCY: PALM BEACH COUNTY SHERIFF'S OFFICE ARRESTING OFFICER: CPL T. WALTON #6942

## PERSONAL CONTACT

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

On the above date and time I responded to the 3000blk Southern Blvd in reference to a crash involving a possible impaired driver. Upon arrival I met with D/S Blackman who stated that the def was westbound on Southern Blvd in the #3 lane and made an abrupt left turn across all lanes of travel in front of a Semi-tractor trailer. D/S Blackman stated that the def had a slight odor of an unk alcoholic beverage coming from his person and was unsteady on his feet. D/S Blackman stated that the driver of the Semi-tractor trailer got out of truck to check on def. The witness, Buford McNair, stated that he was on the left lane to exit onto Congress Ave heading to the post office when the def vehicle turned left in front of him. Buford stated that he tried to stop but caught the end of the vehicle as it passed in front of his truck. Buford stated that he got out of the vehicle and went to the drivers door and noticed that the def appeared to be impaired. Buford gave a written statement to the events that took place.

## OBSERVATION OF DRIVER:

I made contact with the def who was leaning against his vehicle. As I approached I noticed that the def had red glassy eyes and a glazed look on his face. The def was asked where he was coming from and he stated West Palm Beach at Blue Martini. I asked the def where he was going and he stated Jupiter. The def had slurred speech when talking. I had the def walk over to the front of my vehicle and I noticed that the def was unsteady when he walked. The wind blew in my direction and I noticed the odor of an unk alcoholic beverage coming from the his person. The def was walking with his arms out to the side to keep balance.

Once in front of my patrol vehicle I notified the def that the accident investigation was complete and that I was starting a DUI Investigation. I read Miranda Warnings to the def and he stated he understood them. I asked the def where he was coming from and he stated Blue Martini where he is a Bartender at. I asked the def how much he had to drink tonight and he stated I don't think to much. I asked how much is that and the def stated 2-3 drinks. I asked what he was drinking and he stated beer and liquir. I asked the def what time he got off work and he stated 2am.

## DRIVER'S STATEMENTS:

I asked the def what time it was and he stated around 2am. The accident happened at 1am. I notified the def that I was concerned that he was on Southern Blvd and heading to Jupiter farms when he works in downtown West Palm Beach and this location was south of where he works. I notified the def that I was requesting that he submit to SFST's and he agreed. The def stated that he has no medical problems but he did had surgery about 6 yrs ago on is knee. The def stated that he hasn't had any problems with the knee since. The def did not wear glasses.

## ODORS:

**ODOR OF AN UNK ALCOHOLIC BEVERAGE COMING FROM THE MOUTH.**

## GENERAL OBSERVATIONS

SPEECH: SLURRED

ATTITUDE: Cooperative

CLOTHING: Blue jeans, Gry shirt, blk sneakers

MEDICAL/OTHER: None

**ALL ROADSIDES CAPTURED ON IN-CAR VIDEO**

STATE OF FLORIDA  
COUNTY OF PALM BEACH

CPL T. WALTON #6942

(Signature of Arresting/Investigative Officer)

The foregoing instrument was sworn to or affirmed and subscribed before me this 19 day of April 20 17 by CPL T. WALTON #6942

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

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



Samantha Palmer  
Commission # FF172377  
Expires: OCT 28, 2018  
BONDED THRU  
1ST FLORIDA NOTARY, L.L.C.

SCANNED  
APR 24 2017

SUBJECT: MESITE, JAMES WILLIAM

CASE NUMBER 17-066317

### 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:

Def was swaying badly, moved head, not following stimulus properly and had to be told to look at light and not look with peripheral vision. VGN was detected.

#### WALK & TURN:

THE DEF WAS PLACED INTO THE INSTRUCTIONAL STANCE FOR THE WALK AND TURN AND GIVEN INSTRUCTIONS. THE DEF STATED THAT HE UNDERSTOOD THE INSTRUCTIONS. DEF WAS UNABLE TO REMAIN IN INSTRUCTIONAL STANCE FOR ENTIRE TIME, THE DEF WAS USING ARMS FOR BALANCE AND TOOK 9 STEPS FORWARD. THE DEF STEPPED OFF THE LINE GOING FORWARD AND BACK. THE DEF STOPPED TO STEAD HIMSELF, MISSED HEEL TO TOE IN BOTH DIRECTIONS, THE DEF TOOK 8 STEPS BACK LOSING BALANCE AT THE END OF THE TASK. THE DEF TURNED THE WRONG WAY AND DIDN'T TAKE SMALL STEPS. THE DEF LOST BALANCE AFTER I ASSISTED IN HELPING HIM REGAIN BALANCE.

#### ONE LEG STAND:

THE DEF WAS PLACED INTO THE INSTRUCTIONAL STANCE FOR THE ONE LEG STAND AND GIVEN INSTRUCTIONS. THE DEF STATED THAT HE UNDERSTOOD THE INSTRUCTIONS. THE DEF WAS NOT COUNTING PROPERLY AND KEPT STOPPING AFTER HE WOULD COUNT ONLY 5 SECONDS. THE DEF SET FOOT DOWN 4 TIMES. THE DEF WAS SWAYING DURING THE TASK AND USED ARMS FOR BALANCE.

#### FINGER TO NOSE:

THE DEF WAS PLACED INTO THE INSTRUCTIONAL STANCE FOR THE FINGER TO NOSE AND GIVEN INSTRUCTIONS. THE DEF STATED THAT HE UNDERSTOOD THE INSTRUCTIONS. THE DEF WAS SWAYING DURING THE TASK, MISSED THE TIP OF HIS NOSE 4 TIMES, USED WRONG HAND BUT CORRECTED HIMSELF.

#### ROMBERG ALPHABET:

THE DEF WAS PLACED INTO THE INSTRUCTIONAL STANCE FOR THE ROMBERG ALPHABET AND GIVEN INSTRUCTIONS. THE DEF STATED THAT HE UNDERSTOOD THE INSTRUCTIONS. RECITED THE ALPHABET CORRECTLY BUT SWAYING BADLY.

BREATH TEST RESULTS: 1) .198 2) .203 3) 4)

STATE OF FLORIDA  
COUNTY OF PALM BEACH

CPL T. WALTON #6942

(Signature of Arresting/Investigative Officer)

The foregoing instrument was sworn to or affirmed and subscribed before me this 19 day of April 20 17 by CPL T. WALTON #6942

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

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



Samantha Palmer  
Commission # FF172377  
Expires: OCT 28, 2018  
BONDED THRU  
1ST FLORIDA NOTARY, LLC

SCANNED  
APR 24 2017

# WITNESS LIST

CASE NUMBER: **17-066317**

ARRESTING OFFICER: **CPL T. WALTON #6942**

ADDRESS: **DUI UNIT**

PHONE NUMBERS (HOME): \_\_\_\_\_ (WORK) **681-4500**

CAN TESTIFY TO: **DUI INVESTIGATION**

NAME: **D/S BLACKMAN 8396**

ADDRESS: **DIST 1**

PHONE NUMBERS (HOME) \_\_\_\_\_ (WORK) **688-3000**

CAN TESTIFY TO: **ACCIDENT INVESTIGATION**

NAME: **D/S LEONARD 22088**

ADDRESS **DIST 1**

PHONE NUMBERS (HOME) \_\_\_\_\_ (WORK) **688-3000**

CAN TESTIFY TO: **BACK UP**

NAME: **BUFORD McMair B/M 09/14/1959**

ADDRESS **796 Tivoli Circle Apt 105 Deerfield Beach, FL 33441**

PHONE NUMBERS (HOME) **954-740-7614** (WORK) \_\_\_\_\_

CAN TESTIFY TO: **Wheel witness**

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: \_\_\_\_\_

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

ADDRESS \_\_\_\_\_

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

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

ADDRESS \_\_\_\_\_

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

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

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

ADDRESS \_\_\_\_\_

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

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

SCANNED  
APR 24 2017

SUBJECT: Mesite, james W CASE NUMBER: 17-066317

## **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) Read on Camera at Scene

SCANNED  
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SUBJECT: Mesite, James W CASE NUMBER: 17-066317

## 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: INV. WALTON

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APR 24 2017

# TESTING FACILITY TASK REPORT

AGENCY: PBSO

SUBJECT: MESITE, JAMES W.

CASE NUMBER: 17-066317

DATE: 04/19/2017

VIDEO DVD NUMBER: 62471

BEGINNING TIME: 0239

ENDING TIME: 0248

BREATH TESTS RESULTS: 1) .198 TIME 0242 A.M. ☒ P.M. ☐ 2) .203 TIME 0245 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 Karklecke #6467

## TESTING OFFICER'S OBSERVATIONS

SPEECH: SLURRED AT TIMES

ATTITUDE: CALM, COOPERATIVE, QUIET

CLOTHING: GREY SHIRT, BLUE JEANS, BLACK SNEAKERS

MEDICAL CONDITIONS: NONE

MEDICATIONS: NONE

## OTHER:

EYES GLASSY, ODOR OF UNKNOWN ALCOHOLIC BEVERAGE ON BREATH

## COMMENTS:

ARRESTING OFFICER CONDUCTED THE 20 MINUTE OBSERVATION BEGINNING AT 0215  
SUBJECT AGREED TO TAKE BREATH TEST  
TECH EXPLAINED INSTRUCTIONS FOR BREATH TEST, SUBJECT STATED HE UNDERSTOOD THE INSTRUCTIONS  
AND PROVIDED THE TWO SAMPLES SUCCESSFULLY.  
A/O ASKED SUBJECT IF HE REMEMBERED READING HIS RIGHTS AT SCENE,  
SUBJECT STATED HE DID AND DID NOT WANT TO ANSWER ANY QUESTIONS.  
TECH READ BREATH TEST RESULTS, SUBJECT STATED HE UNDERSTOOD RESULTS.

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PALM BEACH COUNTY SHERIFF'S OFFICE – **SWORN STATEMENT**

Per FL statute 837.012, whoever knowingly makes a false statement under oath shall be guilty of a misdemeanor of the first degree punishable by imprisonment up to 1 year.



☐ WITNESS ☒ VICTIM ☐ OTHER

CASE #:	17-066317	ZONE:	1-11	SUSPECT:	Mesite, James	DATE & TIME OF ORIGINAL EVENT/OFFENSE:	04-19-17
EVENT TYPE:	DUI CRASH	DEPUTY:	Blackman	ID#:	8396		

## COMPLETE EVERYTHING BELOW – PRINT LEGIBLY

LAST NAME:		FIRST NAME:		MIDDLE INITIAL:	RACE:	SEX:	
Buford McNAIR		Buford			B	M	
DATE OF BIRTH:	(MM/DD/YYYY)	YOUR HEIGHT:	YOUR WEIGHT:	YOUR HAIR COLOR:		YOUR EYE COLOR:	
09-14-59		6'0		BLK		BRO	
YOUR HOME ADDRESS:			<input type="checkbox"/> CHECK IF HOMELESS		CITY:	STATE: ZIP:	
786 Trivoli Cir Apt 105					Pierfield Beach	FL 33491	
YOUR WORK NAME & ADDRESS:			<input type="checkbox"/> CHECK IF UNEMPLOYED OR RETIRED		CITY:	STATE: ZIP:	
WORK PHONE:	<input type="checkbox"/> CHECK IF NONE	CELL PHONE:	<input type="checkbox"/> CHECK IF NONE	HOME PHONE:	<input type="checkbox"/> CHECK IF NONE	EMAIL:	<input type="checkbox"/> CHECK IF NONE
( )		( )		( )			

## WRITE WHAT HAPPENED IN YOUR WORDS IN FULL DETAIL – PRINT LEGIBLY

YOUR NAME:	DO HEREBY VOLUNTARILY MAKE THE FOLLOWING STATEMENT WITHOUT THREAT, COERCION, OFFER OF BENEFIT, OR FAVOR BY ANY PERSONS WHOMSOEVER...
1 Buford McNaair	

While traveling west on Southern Blvd I notice a Toyota Corolla traveling west bound in the right lane I signal to exit the off ramp to congress toward the post office when the Toyota made a sharp left turn in front of my tractor trailer I turn right to avoid him but he stop in front of my vehicle and my left front fender hit his left rear of his vehicle I stop got out to my vehicle to make sure he was ok but the guy seem to be impaired or under the influence of something. he was wobbling so I figure that he might be drunk.

SCANNED

APR 20 2017 PAGE 1 OF 1

## READ AND SIGN

I SWEAR AND AFFIRM THIS AND/OR THE ATTACHED STATEMENTS ARE CORRECT AND TRUE:	<input checked="" type="checkbox"/> DEPUTY SHERIFF <input type="checkbox"/> NOTARY PUBLIC FSS: 117.10
YOUR SIGNATURE: X Buford McNaair	SWORN TO AND SUBSCRIBED BEFORE ME TODAY:
	DATE: 04-19-17 TIME: 01:45
	SIGNATURE: J. V. [Signature] ID: 8396

IF YOU DO NOT WISH TO PROSECUTE, COMPLETE THE ABOVE STATEMENT, READ THIS DISCLAIMER AND INITIAL BELOW: I AM OF LEGAL AGE AND I AM THE REPORTED VICTIM OF A CRIME UNDER FLORIDA LAW. I HEREBY STATE THAT I WILL NOT COOPERATE ANY FURTHER WITH THE INVESTIGATION OF THE ALLEGED CRIME. I FURTHER RELEASE THE PALM BEACH COUNTY SHERIFF'S OFFICE OF ANY PRESENT OR FUTURE RESPONSIBILITY AS TO MY CASE. I ACKNOWLEDGE THAT I UNDERSTAND MY RIGHTS AS A CRIME VICTIM, PARTICULARLY REGARDING VICTIM COMPENSATION ELIGIBILITY, WHICH INCLUDES SUCH BENEFITS AS REIMBURSEMENT FOR: DISABILITY; LOST WAGES; LOSS OF SUPPORT; MEDICAL, DENTAL, MENTAL HEALTH COUNSELING AND FUNERAL EXPENSES. I AM AWARE I MAY BE GIVING UP THESE RIGHTS FOR MY FAMILY AND MYSELF BY INITIALING BELOW. I AM TAKING THIS POSITION OF MY OWN FREE WILL KNOWING THAT THE CASE CAN ONLY BE FURTHER INVESTIGATED AND PROSECUTED WITH MY COOPERATION. ☐ DO NOT WISH TO PROSECUTE (INITIAL \_\_\_\_\_)

(PROSECUTION WAIVER NOT TO BE USED FOR CASES INVOLVING DOMESTIC OR DATING VIOLENCE PER G.O. 508.00)

WHITE - RECORDS COPY CANARY - STATE ATTORNEY COPY PINK - OFFICER'S COPY GOLD - WITNESS / VICTIM COPY





Florida

The Sunshine State

DRIVER LICENSE CLASS E

JAMES WILLIAM

MESITE

1280 TOWNCENTER DR APT 208

JUPITER, FL 33458-5258

DOB: 08-29-1988 SEX: M

EXPIRATION: 07-01-2011

ENDORSEMENTS: 00-00-0000

*James William Mesite*

ORGAN DONOR

SAFE DRIVER

Operation of a motor vehicle constitutes consent to any sobriety test required by law.

NOT A CERTIFIED COPY

SCANNED  
APR 21 2011