

J# 0445219

PCH#2145

ARREST / NOTICE TO APPEAR				1 Arrest	3 Request for Warrant	1	JUVENILE
				2 N.T.A.	4 Request for Capias		
A OBTS Number				Agency Report Number (N.T.A. only)			
D Agency ORI Number		Agency Name		5 4 17-002645			
M 0501700		Jupiter Police Department					
S Charge Type: <input type="checkbox"/> 1 Felony <input checked="" type="checkbox"/> 3 Misdemeanor <input type="checkbox"/> 5 Ordinance		<input type="checkbox"/> 2 Traffic Felony <input type="checkbox"/> 4 Traffic Misdemeanor <input type="checkbox"/> 6 Other				If Weapon Seized Enter Type: NONE	
T Check as many as apply						Multiple Clearance Indicator	
R Location of Arrest (Including Name of Business)				Location of Offense (Business Name, Address)			
5480 MILITARY TRL, JUPITER FL, 33458				5480 MILITARY TRL, JUPITER, FL 33458			
D Date of Arrest		Time of Arrest		Booking Date	Booking Time	Jail Date	Jail Time
05/30/2017		03:17					Location of Vehicle
N Name (Last, First, Middle) KLIMEZKY, JARED MICHAEL Alias: 							
Race: W - White I - American Indian W M Date of Birth 10/04/1989 Height 5'09 Weight 180 Eye Color HAZEL Hair Color BROWN Complexion MEDIUM Build med							
D E F Scars, Marks, Tattoos, Unique Physical Features (Location, Type, Description)							
E N D Local Address (Street, Apt. Number) (City) (State) (Zip) Phone (561) 601-3164 Residence Type 1. City 3. Florida 2. County 4. Out of State 1							
A M T Permanent Address (Street, Apt. Number) (City) (State) (Zip) Phone (561) 601-3164 Address Source DL							
Business Address (Name, Street) (City) (State) (Zip) Phone Occupation Techician							
DISTINCTIVE DENTAL DESIGN,							
D M Number, State K452433893640 / FL		Soc. Sec. Number		IIN Number		Place of Birth (City, State) PALM BEACH Gardens	Citizenship US
C O 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 <input type="checkbox"/> 2. At Large <input type="checkbox"/> 4. Misdemeanor
D E F 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 <input type="checkbox"/> 2. At Large <input type="checkbox"/> 4. Misdemeanor
J U V E N I L E <input type="checkbox"/> Parent <input type="checkbox"/> Other (1) OF Name (Last, First, Middle) Residence Phone <input type="checkbox"/> Legal Custodian (2) OF (City) (State) (Zip) Business Phone							
N I L E Notified by: (Name) (3) 3000.00 Date Time JUVENILE DISPOSITION Released To: (Name) Relationship Date Time 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. School Attended Grade The child and/or parent was told to keep the Juvenile Court Clerk's Office informed of any change of address.							
C H A R G E <input type="checkbox"/> Yes, by: <input type="checkbox"/> No Property Crime? Description of Property Value of Property							
C O D E Drug Activity S Sell R Smuggle K Disperses/ M Manufactured Z Other Drug Type B Barbiturate H Hallucinogen P Paraphernalia/ U Unknown N M A B Buy D Deliver D Distribute Produce/ C Cocaine M Marijuana Equipment Z Other P Possess T Traffic E Use O Cultivate E Heroin O Opium/Deriv S Synthetic							
C H A R G E Charge Description DRUGS - POSSESS MARIJUANA NOT MORE THAN 20 GRAMS Statute Violation Number 893.13(6)(B) Violation of ORD #							
C H A R G E Drug Activity Drug Type Amount / Unit Offense # Counts Domestic Violence Warrant / Capias Number Bond							
C H A R G E Charge Description DRUGS - POSSESS AND/OR USE DRUG PARAPHERNALIA Statute Violation Number 893.147(1) Violation of ORD #							
C H A R G E Drug Activity Drug Type Amount / Unit Offense # Counts Domestic Violence Warrant / Capias Number Bond							
C H A R G E Charge Description DUI - DRIVING WHILE UNDER INFLUENCE 4TH CONVICTION Statute Violation Number 316.193(2)(B) Violation of ORD #							
C H A R G E Drug Activity Drug Type Amount / Unit Offense # Counts Domestic Violence Warrant / Capias Number Bond							
I N T A K E Health / Apparent Physical Condition of Defendant 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 Explain:							
Check which applies: <input type="checkbox"/> Released O.R. <input type="checkbox"/> Released to Parent/Guardian <input type="checkbox"/> T.O.T. County Jail				PROPERTY - Received by		Released By Released To	
<input type="checkbox"/> Posted Bond <input type="checkbox"/> South County Mental Health							
E Transported By				Date Transported	Time Transported	Other	
N O T I C E <input checked="" type="checkbox"/> INSTRUCTION NO. 1 - Mandatory appearance in court				Location (Court, Room)			
<input type="checkbox"/> INSTRUCTION NO. 2 - You need not appear in Court but must comply with instructions on Page 2.				Court Date and Time			
T O P P E R 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 MAY 30 2017 7:05							
A D M I N HOLD for Other Agency				Signature of Arresting Officer ROCHA, LUIS Date 8/1/17 SCANNED			
<input type="checkbox"/> Dangerous <input type="checkbox"/> Renstid Arrest <input type="checkbox"/> Suicidal <input type="checkbox"/> Other				Name of Arresting Office (Print) ROCHA, LUIS ID # 1177 (PRINT) JUN 03 2017			
Initials Deputy DJS Wellington ID # 7141 Pouch # 2145				Transporting Officer L. Rocha ID # 827 Agency JPD PAGE 1 OF 1			
Witness here if subject signed with an 'X'							

OBTS Number		PROBABLE CAUSE AFFIDAVIT			1. Arrest 2. N.T.A.	3. Request for Warrant 4. Request for Capias	1	Juvenile N	
ADMIN	Agency ORI Number FL0501700	Agency Name JUPITER POLICE DEPARTMENT	Agency Report Number 54-17002645						
	Charge Type: Check as many as apply.	<input checked="" type="checkbox"/> 1. Felony <input type="checkbox"/> 2. Traffic Felony <input type="checkbox"/> 3. Misdemeanor <input type="checkbox"/> 4. Traffic Misdemeanor <input type="checkbox"/> 5. Ordinance <input type="checkbox"/> 6. Other	Special Notes:						
DEF	Name (Last, First, Middle) Klimezky, Jared M		Alias		Race W	Sex M	Date of Birth 10/04/1989		
CHARGES	Charge Description DUI		Charge Description 316.193(2)(B)		Charge Description Poss marijuana not more than 20g				
	Charge Description Poss Paraphernalia		Charge Description 893.147		Charge Description				
VICTIM	Victim's Name (Last, First, Middle) SOCIETY				Race	Sex	Date of Birth		
	Local Address (Street, Apt. Number)		(City)	(State)	(zip)	Phone ()	Address Source		
	Business Address (Name, Street)		(City)	(State)	(zip)	Phone ()	Occupation		
<p>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</p> <p><input type="checkbox"/> committed the below acts in my presence. <input type="checkbox"/> was observed by _____ who told _____ that he/she saw the arrested person commit the below acts.</p> <p><input type="checkbox"/> confessed to _____ admitting to the below facts. <input type="checkbox"/> was found to have committed the below acts, resulting from my (described) investigation.</p>									
<p>On the <u>30</u> day of <u>May</u> 20 <u>17</u> at <u>0317</u> <input checked="" type="checkbox"/> A.M. <input type="checkbox"/> P.M. (Specifically include facts constituting cause for arrest.)</p>									
<p>On the above date at approximately 0317 hours, at 5480 Military Trl, Jupiter FL 33458 in Abacoa Plaza near the intersection of Donald Ross Road and Military Trl. in the Town of Jupiter, Palm Beach County, Florida, I placed Jared M Klimezky under arrest for DUI per FSS 316.193(2)(B).</p>									
<p>Officer D. Zeitz conducted a search incident to arrest of the vehicle that Klimezky was driving. Officer Zeitz located a prescription bottle full of a green leafy substance what I recognized to be through my training and experience to be marijuana. Also in the center console, Officer Zeitz located a multi-colored glass marijuana pipe with a green leafy substance packed into it. These items are consistent with my training and experience of drug paraphernalia. Officer Zeitz seized the items and later placed them into evidence.</p>									
<p>Upon review of Klimezky's driving record in DAVID and his DHSMV license return, I discovered that he has two prior DUI convictions within the past 10 years.</p>									
<p>Klimezky was convicted of DUI in Seminole County, Florida, on 3/31/2008, for an offense that occurred on 1/19/2008. He was also convicted of DUI in Palm Beach County, Florida, on 7/16/2013, for an offense that occurred on 5/3/2013. Both of these offenses occurred within the past 10 years.</p>									
<p>I find probable cause to charge Cates with DUI (3rd within 10 years) per FSS 316.193(2)(B), knowingly in actual or constructive possession of less than 20 grams of a material, compound, mixture or preparation which contained cannabis, commonly known as marijuana, a controlled substance, contrary to Florida Statute 893.13(6)(b) and Possession of Drug Paraphernalia per FSS 893.147.</p>									
<p>STATE OF FLORIDA COUNTY OF PALM BEACH <i>227/1177</i></p>									
<p>(Signature of Arresting/Investigative Officer)</p>									
<p>The foregoing instrument was sworn to or affirmed and subscribed before me this <u>30</u> day of <u>May</u> 20 <u>17</u> by <u>Ofc. L. Rocha</u></p>									
<p>(Print name of Arresting/Investigative Officer), who is personally known to me and/or produced identification. Type of identification produced _____</p>									
<p><i>Samantha Palmer</i> Notary Public, Clerk of Court, Officer (F.S.S. 117.10) Commission # FF172377 Expires: OCT 28, 2018</p>									
<p>PAGE 1 OF 1</p>									

D.U.I. PROBABLE CAUSE AFFIDAVIT

ON THE 30 DAY OF May 20 17, AT 0317 AM PM
SUBJECT: Klimezky, Jared M CASE NUMBER: 17002645
AGENCY: JUPITER POLICE DEPARTMENT ARRESTING OFFICER: Ofc. L. Rocha
PERSONAL CONTACT

DRIVING PATTERN: ACTUAL PHYSICAL CONTROL (PHYSICAL EVIDENCE OR STATEMENTS PUTTING DEF. BEHIND WHEEL OF VEHICLE)
Subject was found asleep in the driver seat of his vehicle at a stop sign.

OBSERVATION OF DRIVER:

Subject had trouble keeping his eyes open, I could smell a strong odor of an unknown alcoholic substance coming off his person, and the subject had trouble getting out of his vehicle.

DRIVER'S STATEMENTS:

The subject told me that he was previously arrested for DUI and did not know why he put himself in another situation.

ODORS:

Strong odor of unknown alcoholic substance

GENERAL OBSERVATIONS

SPEECH: Understood him when he spoke. Repeated himself a couple times.

ATTITUDE: He was cooperative at the beginning and became more belligerent as the investigation continued.

CLOTHING: Green shirt, green camo shorts, and black sandals

MEDICAL/OTHER: ADD

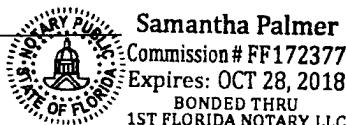
STATE OF FLORIDA
COUNTY OF PALM BEACH

(Signature of Arresting/Investigative Officer)

Jared M. Klimezky 327/1177 The foregoing instrument was sworn to or affirmed and subscribed before me this 30 day of May 20 17 by Ofc. L. Rocha

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

Samantha Palmer



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

ROADSIDE TASKS

HORIZONTAL GAZE NYSTAGMUS:

LT EYE-LACK OF SMOOTH PURSUIT
 LT EYE-DISTINCT & SUSTAINED NYSTAGMUS AT MAX. DEVIATION
 LT- EYE-ONSET OF NYSTAGMUS PRIOR TO 45 DEGREES

RT EYE-LACK OF SMOOTH PURSUIT
 RT EYE-DISTINCT & SUSTAINED NYSTAGMUS AT MAX. DEVIATION
 RT- EYE-ONSET OF NYSTAGMUS PRIOR TO 45 DEGREES

Other Observations:WALK & TURN

Took 4 steps and fell off line He wanted to start over and the second time did not keep his arms at his sides. Fell off the line 2 more times before getting to step 9. He did not touch his heel to his toe for his steps. When he turned around for the second set of steps he got to his 3rd step when he fell to the side off the line.

ONE LEG STAND:

Started with his left leg. He counted to 3 when he placed his foot on the ground. He then switched his feet, picked up his right foot counted a few numbers and placed his foot on the ground before I told him to stop. He then told me that he was done.

FINGER TO NOSE:

He had trouble keeping his balance. I asked him to use his left hand first, he did not touch the tip of his nose. I asked him to use his left finger again, he failed to touch the tip of his nose a second time. I told him to use his right finger, he failed to touch the tip of his nose. He moved his forward and did not tilt his head back again.

ROMBERG ALPHABET:

N/A

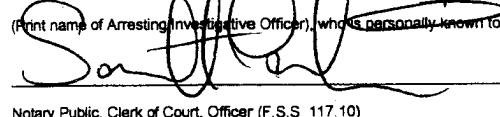
BREATH TEST RESULTS: Refused

STATE OF FLORIDA
 COUNTY OF PALM BEACH

(Signature of Arresting/Investigative Officer)

The foregoing instrument was sworn to or affirmed and subscribed before me this 30 day of May 2017 by Ofc. L. Rocha

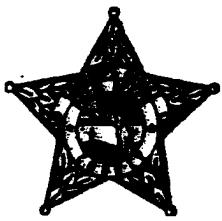
(Print name of Arresting/Investigative Officer) who is personally known to me and/or produced identification. Type of identification produced _____



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



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



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

PBSO CASE # 17-083789 PBSO ZONE 3-15

AGENCY CASE # 17002645 CRASH CASE #

TIME OF STOP/CRASH 0228 DATE 05/30/2017 DAY Tuesday

SUBJECT'S NAME Jared M. Klimezky RACE W SEX M

HGT 5'9" WGT 195 DOB 10/04/1989

LOCATION 5480 Military Trl

ARRESTING OFFICER'S NAME & ID L. Rocha #327 AGENCY Jupiter PD

DIVISION: _____

NOTIFIED BY COMMO No

ARRIVAL AT FACILITY 0350

ARREST TIME 0317

BREATH RESULTS:

1. _____

2. _____

3. _____

4. _____

TESTING OFFICER'S ID 24520 PBSO VIDEOTAPE # 62718

NOT A CERTIFIED COPY

TESTING FACILITY TASK REPORT

AGENCY: JPD

SUBJECT: KLIMEZKY, JARED M.

CASE NUMBER: 17-083789

DATE: 05/30/2017

VIDEO DVD NUMBER: 62718

BEGINNING TIME: 0413

ENDING TIME: 0417

BREATH TESTS RESULTS: 1) R TIME 0415 A.M. P.M. 2) XX TIME XX A.M. P.M.

3) XX TIME XX A.M. P.M. 4) XX TIME XX A.M. P.M.

BREATH OPERATOR: S. PALMER #24520

MAINTENANCE TECHNICIAN: J Karlecke #6467

TESTING OFFICER'S OBSERVATIONS

SPEECH: MUMBLED

ATTITUDE: ANGRY, TALKATIVE, VULGAR, SARCASTIC, UNCOOPERATIVE

CLOTHING: TEAL TANK TOP, CAMO SHORTS, BLACK SANDALS

MEDICAL CONDITIONS: ADD, DEPRESSION

MEDICATIONS: NONE

OTHER:

EYES BLOODSHOT, SWAYING

COMMENTS:

ARRESTING OFFICER CONDUCTED THE 20 MINUTE OBSERVATION BEGINNING AT 0350

SUBJECT REFUSED TO TAKE BREATH TEST

A/O READ I/C, SUBJECT STATED HE UNDERSTOOD I/C AND AGAIN REFUSED TO TAKE BREATH TEST.

A/O READ RIGHTS, SUBJECT STATED HE UNDERSTOOD HIS RIGHTS.

A/O ATTEMPTED Q&A, SUBJECT REFUSED QUESTIONING.

SUBJECT: Klimezky, Jolene

CASE NUMBER: _____

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 Rocha of the 1000 1/2.

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

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

WHITE - STATE ATTY.

YELLOW - DHSMV

PINK - CENTRAL RECORDS

GOLD - JAIL

SUBJECT: Klimezky, Jared 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? _____

WHAT? _____ WHERE? _____

HOW MUCH? _____

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: OTC. Rocha # 327

WHITE - STATE ATTY.

YELLOW - DHSMV

PINK - CENTRAL RECORDS

GOLD - JAIL

WITNESS LIST

CASE NUMBER: 17002645

ARRESTING OFFICER: Ofc. L. Rocha

ADDRESS: 210 Military Trl, Jupiter FL 33458

PHONE NUMBERS (HOME): [REDACTED] (WORK) ext 2174

CAN TESTIFY TO: PC

NAME: Ofc. D. Zeitz

ADDRESS: 210 Military Trl, Jupiter FL 33458

PHONE NUMBERS (HOME): [REDACTED] (WORK) _____

CAN TESTIFY TO: Statements made on scene

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: _____

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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: _____



NOT A CERTIFICATE

316.193 (2)(b)(1)

NOT A CERTIFICATE

NOT A CERTIFICATE

NOT A CERTIFICATE