

0491342

17CT 16792

3334

AD M I N I S T R A T I O N	OFFS Number	ARREST / NOTICE TO APPEAR		1 Arrest 2 N.T.A.	3 Request for Warrant 4 Request for Capias	1	JUVENILE
N E E D E D A N T	Agency ORI Number <b>0501700</b>	Agency Name <b>Jupiter Police Department</b>		Agency Report Number (N.T.A.'s only) <b>5 4 17-004401</b>			
	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 <b>NONE</b>		Multiple Clearance Indicator			
	Location of Arrest (Including Name of Business) <b>1651 W INDIANTOWN RD</b>		Location of Offense (Business Name, Address) <b>1651 W INDIANTOWN RD, JUPITER, FL 33458</b>				
	Date of Arrest <b>09/13/2017</b>	Time of Arrest <b>14:45</b>	Booking Date	Booking Time	Jail Date	Jail Time	Location of Vehicle
D E F E N D A N T	Name (Last, First, Middle) <b>BESSEY, JASON MATTHEW</b>						
	Alias: _____ Alias (Name, DOB, Soc Sec #, Etc.) _____						
	Race W - White B - Black O - Original/Asian <b>W</b>	Sex <b>M</b>	Date of Birth <b>11-03-1972</b>	Height <b>5'10</b>	Weight <b>215</b>	Eye Color <b>GREEN</b>	Hair Color <b>GRAY</b>
	Complexion <b>LIGHT</b>			Build			
	Scars, Marks, Tattoos, Unique Physical Features - Location, Type, Description			Martial Status <b>S</b>	Religion <b>UNKNOWN</b>	Indication of Alcohol Influence Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unk <input type="checkbox"/>	
	Local Address (Street, Apt. Number) (City) (State) (Zip) <b>6035 180TH ST N, JUPITER, FL 33458</b>			Phone <b>(772) 216-6969</b>		Residence Type 1 City 3 Florida 4 Out of State <b>1</b>	
	Permanent Address (Street, Apt. Number) (City) (State) (Zip) <b>6035 180TH ST N, JUPITER, FL 33458</b>			Phone <b>(772) 216-6969</b>		Address Source <b>DAVID</b>	
	Business Address (Name, Street) (City) (State) (Zip)			Phone		Occupation	
	D.L. Number, State <b>B200433724030 FL</b>		Exp. Sec. Number		PIC Number		Place of Birth (City, State) <b>WEST PALM BEACH, US</b>
	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	
Co-Defendant Name (Last, First, Middle)		Name	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 _____ Name (Last, First, Middle) <input type="checkbox"/> Legal Custodian						Residence Phone
	Address (Street, Apt. Number) (City) (State) (Zip)						Business Phone
	Notified by (Name)		Date	Time	JUVENILE DISPOSITION 1. Handled/Processed within Department and Released 2. TOT JAC 3. Incarcerated		
	Released To (Name)		Relationship	Date	Time		
	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.						Grade
	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No						Value of Property
	Drug Activity N N/A B Buy S Sell P Possess T Traffic R Struggle D Deliver E Use K Expenses/ Distribute M Manufacture/ Products/ Cultivate Z Other		Drug Type N N/A A Amphetamine B Barbiturate C Cocaine E Heroin H Hallucinogen M Marijuana O Opioid/Other P Paraphernalia Equipment S Synthetic U Unknown Z Other				
	Charge Description <b>DUI - DRIVING WHILE UNDER INFLUENCE</b>						Statute Violation Number <b>316.193(1)</b>
	Drug Activity Drug Type Amount / Unit Offense # Counts Domestic Violence Warrant / Capias Number <b>N / 17-004401 1 <input type="checkbox"/> Y <input checked="" type="checkbox"/> N</b>						Bond
	Charge Description						Statute Violation Number
Drug Activity Drug Type Amount / Unit Offense # Counts Domestic Violence Warrant / Capias Number <b>/ <input type="checkbox"/> Y <input type="checkbox"/> N</b>						Bond	
Charge Description						Statute Violation Number	
Drug Activity Drug Type Amount / Unit Offense # Counts Domestic Violence Warrant / Capias Number <b>/ <input type="checkbox"/> Y <input type="checkbox"/> N</b>						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"/> Information <input type="checkbox"/> Injuries		
	Check which applies <input type="checkbox"/> Released O.R. <input type="checkbox"/> Released to Parent/Guardian <input type="checkbox"/> TOT County Jail <input type="checkbox"/> Posted Bond <input type="checkbox"/> South County Mental Health				PROPERTY - Received By		
	Transported By				Date Transported	Time Transported	Other
	<input checked="" type="checkbox"/> INSTRUCTION NO. 1 - Mandatory appearance in court <input type="checkbox"/> INSTRUCTION NO. 2 - You need not appear in Court but must comply with instructions on Page 2.				Location (Court, Room) <b>North County PALM BEACH GARD</b> Court Date and Time <b>10/25/2017 08:30:00</b>		
N O T I C E T O A P P E A 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 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 <input type="checkbox"/> Dangerous <input type="checkbox"/> Resisted Arrest <input type="checkbox"/> Suicidal <input type="checkbox"/> Other						Name Verification (Printed by Arrestor) (PRINT) <b>SCANNED SEP 15 2017</b>
A D M I N I S T R A T I O N	Intake Deputy		Pouch #	Name of Arresting Officer (Print) <b>OKEEFE, JOHN</b>		ID # <b>1075</b>	
	Transporting Officer		ID #	Agency		Witness here if subject signed with an "X"	
<input type="checkbox"/> COURT <input type="checkbox"/> STATE ATTORNEY <input type="checkbox"/> AGENCY <input type="checkbox"/> CENTRAL RECORDS <input type="checkbox"/> JAIL <input type="checkbox"/> CRIME ANALYSIS <input type="checkbox"/> P.I.O. <input type="checkbox"/> DEFENDANT							

No Photo Available

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SEP 15 2017

PAGE 1 OF 1

# D.U.I. PROBABLE CAUSE AFFIDAVIT

ON THE 13th DAY OF September 20 17 AT 2:45 ☒ AM ☐ PM  
SUBJECT: Bessey Jason Matthew CASE NUMBER: 17-004401

AGENCY: JUPITER POLICE DEPARTMENT ARRESTING OFFICER: O'Keefe, J 351/1075

## PERSONAL CONTACT

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

On 9/13/17 at approximately 1350 hours, I responded to the Sunoco gas station located at 1651 W. Indiantown Road in reference to a parking lot crash. Upon arrival I saw a white Volkswagon (V1) and a red Ford truck (V2). V1 had struck V2 from behind in the parking lot.

## OBSERVATION OF DRIVER:

I made contact with the driver / defendant of V1, identified as w/m Jason M. Bessey 11/3/72. The defendant stated he was unaware of why he struck V1. He appeared disoriented and confused. His eyes were glassy and upon exiting his vehicle he appeared unsteady on his feet. There was an odor of an unknown alcoholic beverage coming from his person.

## DRIVER'S STATEMENTS:

Defendant stated he had not been drinking. He was unsure of his phone number and his current address. Could not explain why he struck V2

## ODORS:

There was an odor of an unknown alcoholic beverage coming from the defendant.

## GENERAL OBSERVATIONS

SPEECH: Normal

ATTITUDE: Calm

CLOTHING: grey t shirt, tan shorts, sandals

MEDICAL/OTHER: defendant stated he had a brain injury in 2015

STATE OF FLORIDA  
COUNTY OF PALM BEACH

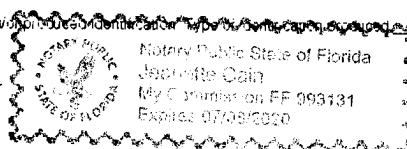
O'Keefe, J 351/1075

(Signature of Arresting/Investigative Officer)

The foregoing instrument was sworn to or affirmed and subscribed before me this 13th day of September 20 17 by O'Keefe, J 351/1075

(Print name of Arresting/Investigative Officer, who is personally known to me and who produces identification in plain view before me)

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



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SEP 15 2017

SUBJECT Bessey

Jason

CASE NUMBER 17-004401

### 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:

Defendant was unsteady on his feet

#### WALK & TURN:

The task was explained and demonstrated. During the instruction phase the defendant cou/d not maintain a heel to toe position. During the walking phase he failed to touch heel to toe on any steps and used his arms to balance. The defendant could not walk in a straight line

#### ONE LEG STAND:

The task was explained and demonstrated. The defendant was given two chances to perform the task. On the first attempt he failed to lift a foot off the ground. On the second attempt he lifted his right foot for about 3 seconds and then stopped. He stated he had to use his arms to balance.

#### FINGER TO NOSE:

No errors

#### ROMBERG ALPHABET:

No errors

BREATH TEST RESULTS: 1) .179 2) .169 3) 4)

STATE OF FLORIDA  
COUNTY OF PALM BEACH

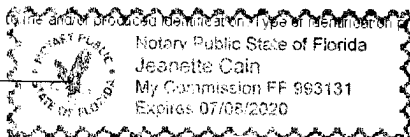
O'Keefe, J 351/1075

(Signature of Arresting/Investigative Officer)

The foregoing instrument was sworn to or affirmed and subscribed before me this 13th day of September, 2017 by O'Keefe, J 351/1075

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

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



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**SEP 15 2017**

# TESTING FACILITY TASK REPORT

22

AGENCY: JUPITER PD

SUBJECT: BESSEY, JASON MATTHEW CASE NUMBER: 17-126582

DATE: SEPT. 13th, 2017 VIDEO TAPE NUMBER: n/a

BEGINNING TIME: 16:05 hrs. ENDING TIME: 16:26 hrs.

BREATH TESTS RESULTS: 1) .179 TIME 16:10 A.M./P.M. 2) .169 TIME 16:14 A.M./P.M.  
 3)                      TIME                      A.M./P.M. 4)                      TIME                      A.M./P.M.

BREATH OPERATOR: J. CAIN #2109

MAINTENANCE TECHNICIAN: J. KARLECKE #6467

## TESTING OFFICER'S OBSERVATIONS

SPEECH: slurred

ATTITUDE: polite, cooperative

CLOTHING: mustard ckg shorts grey tee-shirt, bll. flip flops

MEDICAL CONDITIONS: left shoulder surgery, HBP, prev. depression

MEDICATIONS: med. for depression & HBP, Lexapro, Spmg. taken 5:30 AM

OTHER: grey/green 1/4 YOA Bad short term memory  
Abot of unknown alcoholic beverage (head injury)  
Eyes: Red + glassy  
Brain

## COMMENTS:

20MIN. OBSERV DONE BY ARRESTING OFFICER.

Said yes to bft.

Gave two samples. Results Hld + explained to A.

Rights read by A/O. Stated he understood them.  
 Asked questions.

Couldnt remember last time he ate.  
 Drank beer - couldnt say how many.  
 Said he drank after acc.

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SEP 15 2017

SUBJECT:

JASON M. Bessy

CASE NUMBER:

17. 4401

## 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) \_\_\_\_\_

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**SEP 15 2017**

SUBJECT: Jason M. Besson CASE NUMBER: 17 4401

## 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? YES

WHERE WERE YOU GOING? Home (Tripple to get gas)

WHAT STREET OR HIGHWAY WERE YOU ON? INDIAN RD 706

DIRECTION OF TRAVEL? W WHERE DID YOU START? ATLANTA GA

WHAT TIME DID YOU START? 5:45 AM WHAT TIME IS IT NOW? CAN SEE, I DON'T KNOW

WHAT IS TODAY'S DATE? 14 THUR WHAT DAY OF THE WEEK IS IT? WED

WHAT COUNTY AND CITY ARE YOU IN NOW? Paul Russell County, Iowa?

WHEN DID YOU LAST EAT? Not Home WHAT DID YOU EAT? ---

WHAT HAVE YOU BEEN DOING FOR THE LAST THREE HOURS? WORKING

HOW MUCH DO YOU WEIGH? 215 HAVE YOU BEEN DRINKING? YES WHAT? Beer

HOW MUCH? DON'T KNOW WHERE? IN CAR WITH WHOM? Alone

WHEN DID YOU HAVE YOUR FIRST DRINK? DON'T KNOW AND YOUR LAST DRINK? DON'T KNOW

HOW DID YOU CONSUME YOUR LAST TWO DRINKS? ORALLY

CAN YOU FEEL THE EFFECTS OF THE ALCOHOL? NO ARE YOU UNDER THE INFLUENCE? NO

HAVE YOU CONSUMED ANY ALCOHOL SINCE THE ACCIDENT? YES HOW MUCH? DON'T KNOW

WHAT? Beer WHERE? DON'T KNOW WHEN? ---

WHAT LINE OF WORK ARE YOU IN? GOVT WHEN DID YOU LAST WORK? ---

DO YOU HAVE ANY PHYSICAL DEFECTS OR INJURIES? YES WHAT? TRAMPOLINE BLAIN INJURY

ARE YOU SICK OR INJURED? NO WHAT'S WRONG? --- 2015 SHOULDER

DO YOU LIMP? YES DID YOU RECEIVE A BUMP ON THE HEAD RECENTLY? NO

WERE YOU IN AN ACCIDENT TODAY? NO HIT A VAN.

HAVE YOU TAKEN ANY DRUGS OR SMOKED ANY MARIJUANA TODAY? NO WHEN? ---

HAVE YOU SEEN A DOCTOR OR DENTIST TODAY? NO WHO? --- WHY? ---

ARE YOU TAKING ANY PRESCRIPTION MEDICINES? YES WHAT? Levetiracetam WHEN? 5:30 AM

DO YOU HAVE:

EPILEPSY?	<u>NO</u>
GLASS EYE?	<u>NO</u>
FALSE TEETH?	<u>NO</u>
EAR INFECTION?	<u>NO</u>
INNER EAR TROUBLE?	<u>NO</u> <u>BE</u>
DIABETES?	<u>NO</u>

DO YOU HAVE ANY PROBLEMS WITH YOUR EYES THAT ARE NOT CORRECTED BY GLASSES? NO

DO YOU TAKE INSULIN? NO IF SO, WHEN WAS YOUR LAST INJECTION? ---

HAVE YOU EVER HAD A DRIVER'S LICENSE IN ANY OTHER STATE? NO WHERE? ---

INTERVIEWER: UKR 351/105

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

SCANNED  
SEP 15 2017

## WITNESS LIST

CASE NUMBER: 17-004401

ARRESTING OFFICER: O'Keefe, J 351/1075

ADDRESS: 210 Military Trail, Jupiter, FL 33458

PHONE NUMBERS (HOME) \_\_\_\_\_ (WORK) 561-741-2408

CAN TESTIFY TO: S4 and DUI investigation

NAME: Ofc. Chad Smith

ADDRESS: 210 Military Trail, Jupiter, FL 33458

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

CAN TESTIFY TO: Backup Officer

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

ADDRESS \_\_\_\_\_

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**SCANNED**

**SEP 15 2017**