

0204939

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ARREST / NOTICE TO APPEAR				1. Arrest 2. N.T.A.	3. Request for Warrant 4. Request for Capias	1	JUVENILE
A D M I N I S T R A T I O N Agency ORI Number 0502000 Agency Name Lantana Police Department 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 Location of Arrest (Including Name of Business) 1500 BLK W LANTANA RD LANTANA FL 33462 Date of Arrest 09/20/2016 Time of Arrest 16:22 Booking Date Booking Time Jail Date Jail Time Location of Vehicle				Agency Report Number (N.T.A.'s only) 6 1 16-002082 If Weapon Seized Enter Type None/not Applicable Multiple Clearance Indicator 1			
Name (Last, First, Middle) WINGARD, JEFFERY RANDOLPH Alias: Alias (Name, DOB, Soc. Sec. #, Etc.) Race: W - White I - American Indian B - Black O - Oriental/Asian Sex: W M Date of Birth 12/16/1973 Height 6'03 Weight 220 Eye Color BROWN Hair Color BLACK Complexion LIGHT Build S Scars, Marks, Tattoos, Unique Physical Features (Location, Type, Description) Local Address (Street, Apt. Number) 120 SE 1ST ST 4, BOYNTON BEACH, FL 33435 (City) (State) (Zip) Phone (561) 313-0856 Permanent Address (Street, Apt. Number) 120 SE 1ST ST 4, BOYNTON BEACH, FL 33435 (City) (State) (Zip) Phone (561) 313-0856 Business Address (Name, Street) (City) (State) (Zip) Phone D/L Number, State W526436734567 / FL Soc. Sec. Number [REDACTED] INS Number Place of Birth (City, State) VIDALIA, GA, United Citizenship US Co-Defendant Name (Last, First, Middle) Co-Defendant Name (Last, First, Middle)							
				Race	Sex	Date of Birth	
				Race	Sex	Date of Birth	
JUVENILE <input type="checkbox"/> Parent <input type="checkbox"/> Other: _____ Name (Last, First, Middle) <input type="checkbox"/> Legal Custodian (City) (State) (Zip) Residence Phone Address (Street, Apt. Number) Notified by: (Name) Relationship 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. The child and/or parent was told to keep the Juvenile Court Clerk's Office (Phone 355-2526) informed of any change of address. <input type="checkbox"/> Yes, by: <input type="checkbox"/> No:							
Charge Description DUI-DRIVING UNDER THE INFLUENCE Statute Violation Number 316.193(1) Violation of ORD #							
Charge Description Drug Activity N Drug Type / Amount / Unit Offense # 16-002082 Counts 1 Domestic Violence <input type="checkbox"/> Y <input checked="" type="checkbox"/> N Warrant / Capias Number Bond							
Charge Description Drug Activity Drug Type Amount / Unit Offense # Counts Domestic Violence <input type="checkbox"/> Y <input type="checkbox"/> N Warrant / Capias Number Bond							
Charge Description Drug Activity Drug Type Amount / Unit Offense # Counts Domestic Violence <input type="checkbox"/> Y <input type="checkbox"/> N Warrant / Capias Number Bond							
INTAKE Check which applies: <input type="checkbox"/> Released O.R. <input type="checkbox"/> Released to Parent/Guardian <input type="checkbox"/> T.O.T. County Jail <input type="checkbox"/> Posted Bond <input type="checkbox"/> South County Mental Health				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:			
Transported By				Date Transported	Time Transported	Other	
NOTICE TO APPEAL <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)		No Photo Available 2015	
				Court Date and Time			
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							
ADMINISTRATION HOLD for Other Agency				Signature of Arresting Officer 839 Name of Arresting Officer (Print) TUANG, NGIN S. <input type="checkbox"/> Dangerous <input type="checkbox"/> Resisted Arrest <input type="checkbox"/> Suicidal <input type="checkbox"/> Other Initials 1623 I.D. # 1623 Pouch #		Name Verification (Printed by Arrestee) SEP 20 PM 8:20 SCANNED Witness here if signed/initialled with an 'X'.	
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"/> D.I.O. <input type="checkbox"/> DEFENDANT							

D.U.I. PROBABLE CAUSE AFFIDAVIT

ON THE 20th DAY OF September 2016, AT 3:58 AM PM
SUBJECT: Jeffery Wingard CASE NUMBER: 16-002082
AGENCY: Lantana Police Dept ARRESTING OFFICER: Ofc. Tuang #839
PERSONAL CONTACT

DRIVING PATTERN: ACTUAL PHYSICAL CONTROL (PHYSICAL EVIDENCE OR STATEMENTS PUTTING DEF. BEHIND WHEEL OF VEHICLE)
On 9/20/16 at approximately 1558 hrs, I responded to 1500 Blk of W Lantana Rd

OBSERVATION OF DRIVER:

I observed ~~an~~ Jeffery to have blood shot glassy eyes and slurred speech.

DRIVER'S STATEMENTS:

Jeffery stated he consumed a little bit alcohol.

ODORS: I smelled a strong odor of an unknown alcoholic beverage emitting from Jeffery.

GENERAL OBSERVATIONS

SPEECH: Blurred

ATTITUDE: Calm

CLOTHING: Grey T-Shirt, Navy Blue shorts.

MEDICAL/OTHER: None.

STATE OF FLORIDA
COUNTY OF PALM BEACH

839
(Signature of Arresting/Investigative Officer)

The foregoing instrument was sworn to or affirmed and subscribed before me this 20 day of September 16 by _____

(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)



SCANNED
SEP 21 2016

SUBJECT: Jeffery Wingard CASE NUMBER: _____

ROADSIDE TASKS

HORIZONTAL GAZE NYSTAGMUS:

Refused

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:

As I was explaining the walk and turn exercise, Jeffery started to do the exercise after being told not to start before he was told to. Jeffery subsequently refused the roadside tasks.

ONE LEG STAND:

Refused

FINGER TO NOSE:

Refused

ROMBERG/ALPHABET:

Refused

BREATH TEST RESULTS:

Refused

STATE OF FLORIDA
COUNTY OF PALM BEACH

839
(Signature of Arresting/Investigative Officer)

The foregoing instrument was notarized or sworn before me this 20 day of Sept 2016 by _____

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)



WITNESS LIST

CASE NUMBER: 16-002082

ARRESTING OFFICER Ok. Tuang
ADDRESS 500 Greycliff Circle Tarlana FL 33462
PHONE NUMBERS (HOME) 561 540 5701
CAN TESTIFY TO: PC Affidavit

NAME: _____
ADDRESS _____
PHONE NUMBERS (HOME) _____ (WORK) _____
CAN TESTIFY TO: _____
NAME: _____
ADDRESS _____
PHONE NUMBERS (HOME) _____ (WORK) _____
CAN TESTIFY TO: _____
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CAN TESTIFY TO: _____
NAME: _____
ADDRESS _____
PHONE NUMBERS (HOME) _____ (WORK) _____
CAN TESTIFY TO: _____

SCANNED

SEP 21 2016

TESTING FACILITY TASK REPORT

7

AGENCY: LAKELAND PDSUBJECT: WINGARD, JEFFERY RANDOLPH CASE NUMBER: 16-129455DATE: SEPT. 20th, 2016 VIDEO TAPE NUMBER: 61407BEGINNING TIME: 17:35 hrs. ENDING TIME: 17:42 hrs.BREATH TESTS RESULTS: **REFUSED** 1) TIME: 39 A.M./P.M. 2) TIME A.M./P.M.3) TIME A.M./P.M. 4) TIME A.M./P.M.BREATH OPERATOR: J. CAIN #2109MAINTENANCE TECHNICIAN: INV. J. KARLECKE #6467

TESTING OFFICER'S OBSERVATIONS

SPEECH: Aug. talk. Slurred. Slurred question. Slurred answer. ThickATTITUDE: Resigned than talkative. More slurred. Crying, upsetCLOTHING: blue shirt, grey tie - shirt. W. 32, 175 lbs, 5'10" brown hairMEDICAL CONDITIONS: bleeding noseMEDICATIONS: noneOTHER: blue shirt, 43 yrs. Abx. of unknown alcoholic beverage

Eyes: Red, glassy, watery

COMMENTS: 20 min. observ. done by arresting officer.

I said you to left.

Then he started to talk. A changed his mind (asked what if he refused) H/D read the implied consent. A H/D he understood and said he didn't care if he lost his license. H/D accepted refusal

Right after A started to move at first the had more saying and refused to continue.

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SEP 21 2016

A right after he was arrested for drunk driving. Same time after my car a jail he was not found. Went to the jail to be un-arrested.

SUBJECT: Jeffery Wingard CASE NUMBER: 16-00 2082

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 _____

REFUSED

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.

READ

ON

CAMERA

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

SEP 21 2016

READ

ON

CAMERA

SUSPECT'S SIGNATURE: (X) _____

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

SUBJECT: Jeffrey WingardCASE NUMBER: 16-002082

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

WHAT STREET OR HIGHWAY WERE YOU ON? East 1st Street

DIRECTION OF TRAVEL? E WHERE DID YOU START? Work

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

NOT A CERTIFICATE

SCANNED
SEP 21 2016