

0204939

Server Error

3313

ADMISSION		ARREST / NOTICE TO APPEAR		1. Arrest 2. N.T.A.		3. Request for Warrant 4. Request for Capias		1		JUVENILE	
Agency ORI Number <b>0502000</b>		Agency Name <b>Lantana Police Department</b>		Agency Report Number (N.T.A.'s only) <b>6 4 16-002082</b>							
Charge Type: Check as many as apply: <input type="checkbox"/> 1. Felony <input type="checkbox"/> 2. Traffic Felony <input checked="" type="checkbox"/> 3. Misdemeanor <input type="checkbox"/> 4. Traffic Misdemeanor <input type="checkbox"/> 5. Ordinance <input type="checkbox"/> 6. Other		If Weapon Seized Enter Type <b>None/not Applicable</b>		Multiple Clearance Indicator <b>1</b>							
Location of Arrest (Including Name of Business) <b>1500 BLK W LANTANA RD LANTANA FL 33462</b>		Location of Offense (Business Name, Address) <b>1500 BLK W LANTANA RD, LANTANA, FL 33462</b>									
Date of Arrest <b>09/20/2016</b>		Time of Arrest <b>16:22</b>		Booking Date		Booking Time		Jail Date		Jail Time	
Name (Last, First, Middle) <b>WINGARD, JEFFERY RANDOLPH</b>		Alias (Name, DOB, Soc. Sec. #, Etc.)									
Race W - White B - Black <b>W</b>		Sex M - Male F - Female <b>M</b>		Date of Birth <b>12/16/1973</b>		Height <b>6'03</b>		Weight <b>220</b>		Eye Color <b>BROWN</b>	
Hair Color <b>BLACK</b>		Complexion <b>LIGHT</b>		Build <b>S</b>							
Scars, Marks, Tattoos, Unique Physical Features (Location, Type, Description)		Marital Status <b>M</b>		Religion <b>BAPTIST</b>		Indication of: Alcohol Influence Drug Influence Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unk <input type="checkbox"/>					
Local Address (Street, Apt. Number) <b>120 SE 1ST ST 4, BOYNTON BEACH, FL 33435</b>		Phone <b>(561) 313-0856</b>		Residence Type: 1. City 2. County 3. Florida 4. Out of State <b>1</b>							
Permanent Address (Street, Apt. Number) <b>120 SE 1ST ST 4, BOYNTON BEACH, FL 33435</b>		Phone <b>(561) 313-0856</b>		Address Source <b>DEFENDANT</b>							
Business Address (Name, Street) <b>W326436734567 / FL</b>		Phone		Occupation							
D.L. Number, State <b>W326436734567 / FL</b>		Soc. Sec. Number		INS Number		Place of Birth (City, State) <b>VIDALIA, GA, United</b>		Citizenship <b>US</b>			
Co-Defendant Name (Last, First, Middle)		Race		Sex		Date of Birth		<input type="checkbox"/> 1. Arrested <input type="checkbox"/> 2. At Large <input type="checkbox"/> 3. Felony <input type="checkbox"/> 4. Misdemeanor <input type="checkbox"/> 5. Juvenile			
Co-Defendant Name (Last, First, Middle)		Race		Sex		Date of Birth		<input type="checkbox"/> 1. Arrested <input type="checkbox"/> 2. At Large <input type="checkbox"/> 3. Felony <input type="checkbox"/> 4. Misdemeanor <input type="checkbox"/> 5. Juvenile			
<input type="checkbox"/> Parent <input type="checkbox"/> Legal Custodian		Name (Last, First, Middle)		Residence Phone							
Address (Street, Apt. Number) <b>(OK)</b>		(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.		School Attended		Grade							
<input type="checkbox"/> Yes, by: <input type="checkbox"/> No:		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 B. Buy T. Traffic		R. Smuggle K. Disperses/ Distribute E. Use		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. Synthetic		U. Unknown Z. Other			
Charge Description <b>DUI-DRIVING UNDER THE INFLUENCE</b>		Statute Violation Number <b>316.193(1)</b>		Violation of ORD #							
Drug Activity		Drug Type <b>N</b>		Amount / Unit <b>/</b>		Offense # <b>16-002082</b>		Counts <b>1</b>		Domestic Violence <input type="checkbox"/> Y <input checked="" type="checkbox"/> N	
Warrant / Capias Number											
Bond											
Charge Description		Statute Violation Number		Violation of ORD #							
Drug Activity		Drug Type		Amount / Unit		Offense #		Counts		Domestic Violence <input type="checkbox"/> Y <input type="checkbox"/> N	
Warrant / Capias Number											
Bond											
Charge Description		Statute Violation Number		Violation of ORD #							
Drug Activity		Drug Type		Amount / Unit		Offense #		Counts		Domestic Violence <input type="checkbox"/> Y <input type="checkbox"/> N	
Warrant / Capias Number											
Bond											
Health / Apparent Physical Condition of Defendant		Any knowledge of the following: Explain:		<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		Released By		Released To	
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)		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 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		Signature of Arresting Officer <b>839</b>		Name Verification (Printed by Arresting Officer) <b>839</b>							
<input type="checkbox"/> Dangerous <input type="checkbox"/> Suicidal		<input type="checkbox"/> Resisted Arrest <input type="checkbox"/> Other		Name of Arresting Officer (Print) <b>TUANG, NGIN S.</b>		ID # <b>839</b>		Agency <b>839</b>		PAGE <b>1 OF 1</b>	
Pouch #		Transportation Officer <b>839</b>		Witness here if signed with an "X".							

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

# D.U.I. PROBABLE CAUSE AFFIDAVIT

ON THE 20<sup>th</sup> DAY OF September 20 16 AT 3:58 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: Slurred

ATTITUDE: Calm

CLOTHING: Grey T-Shirt, Navy Blue shorts.

MEDICAL/OTHER: None.

STATE OF FLORIDA  
COUNTY OF PALM BEACH

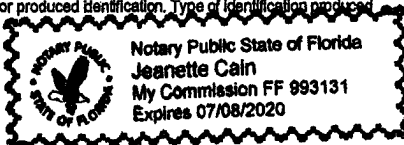
(Signature of Arresting/Investigative Officer)

The foregoing instrument was sworn to or affirmed and subscribed before me this

20 day of September 20 16 by

(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)



SCANNED  
SEP 21 2016

SUBJECT: Jeffery Wingard CASE NUMBER: \_\_\_\_\_

**ROADSIDE TASKS**

**HORIZONTAL GAZE NYSTAGMUS:**

*Refused*

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

**Other Observations:**

**WALK & TURN:**

As I was explaining the walk and turn exercise, Jeffery started ~~the~~ 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*

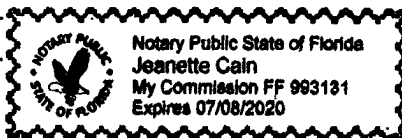
STATE OF FLORIDA  
COUNTY OF PALM BEACH

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 \_\_\_\_\_

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



# WITNESS LIST

CASE NUMBER: 16-002082

ARRESTING OFFICER Ok. Tuang

ADDRESS 500 Greylocks Circle Tarlana FL 33462

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

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

ADDRESS \_\_\_\_\_

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

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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: \_\_\_\_\_

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

ADDRESS \_\_\_\_\_

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

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

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

ADDRESS \_\_\_\_\_

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

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

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# TESTING FACILITY TASK REPORT

7

AGENCY: LANTANA PD

SUBJECT: VINEGARD, JEFFERY RANDOLPH CASE NUMBER: 16-129455

DATE: SEPT. 20th, 2016 VIDEO TAPE NUMBER: 61407

BEGINNING TIME: 17:35 hrs ENDING TIME: 17:42 hrs.

BREATH TESTS RESULTS: **REFUSED** 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 #2109

MAINTENANCE TECHNICIAN: INV. J. KARLECKE #6467

## TESTING OFFICER'S OBSERVATIONS

SPEECH: responsive, statements, questions, but not answered, thick

ATTITUDE: reserved, then talkative, somewhat, crying, upset

CLOTHING: blue shorts, grey tee-shirt, 11 on, grey socks

MEDICAL CONDITIONS: bleeding, skin

MEDICATIONS: none

OTHER: bru/lin 43 YOA

sig Obs of unknown alcoholic beverage

Eyes: R/L, glassy, watery

COMMENTS: \_\_\_\_\_

20 min. observ. done by arresting officer.

A said yes to L/H.

Then as I started Intox. A changed his mind / asked what if he refused? H/P read the Implied Consent A stated he understood and said he didn't care if he lost his license. H/P accepted refusal

Righte said / A started to answer it first then he said no and refused to continue.

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A would ask what was he arrested for though. H/d several times off + on camera. Said he wasn't drunk. Went to town 401 he said he to be un-arrested.

WHITE - STATE ATTY.

YELLOW - DHSMV

PINK - CENTRAL RECORDS

GOLD - JAIL

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.

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**SEP 21 2016**

READ

ON

CAMERA

SUSPECT'S SIGNATURE: (X) \_\_\_\_\_

SUBJECT: Jeffery Wingard CASE 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 Dwyer

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? \_\_\_\_\_

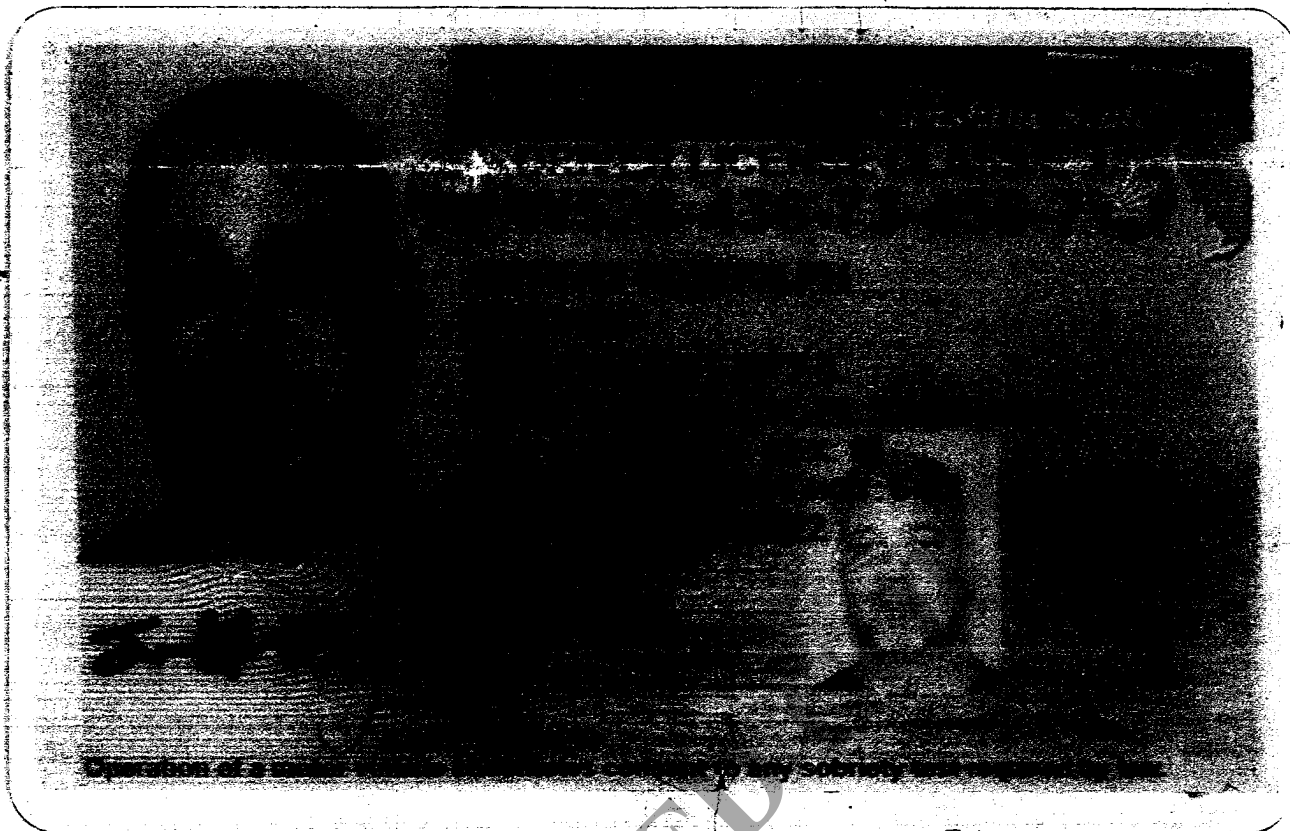
DO YOU TAKE INSULIN? \_\_\_\_\_ IF SO, WHEN WAS YOUR LAST INJECTION? \_\_\_\_\_

HAVE YOU EVER HAD A DRIVER'S LICENSE IN ANY OTHER STATE? \_\_\_\_\_ WHERE? \_\_\_\_\_

INTERVIEWER: \_\_\_\_\_

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NOT A CERTIFIED

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