ARREST / NOTICE TO APPEAR
Juvenile Referral Report

OBTS Number

1. Arrest 2. N.T.A. 3. Request for Warrant 4. Request for Capias: 1

Juvenile: N

ADMINISTRATIVE

Agency ORI Number	Agency Name	Agency Report Number (N.T.A.'s only)
FLO 502600	Palm Beach Gardens Police Department	78- 18005332

Charge Type: Check as many as apply: ☐ 1. Felony ☐ 2. Traffic Felony ☐ 3. Misdemeanor ☑ 4. Traffic Misdemeanor ☐ 5. Ordinance ☐ 6. Other

Weapon Seized / Type: 2 (1. Yes 2. No)

Multiple Clearance Indicator:

Location of Arrest (Including Name of Business)	Location of Offense (Business Name, Address)
9000 PGA BLVD	Same as Arrest

Date of Arrest	Time of Arrest	Booking Date	Booking Time	Jail Date	Jail Time	Location of Vehicle
08/31/2018	1845					KAUFF'S TOWING

DEFENDANT

Name (Last, First, Middle): ~~JEFFREY TYLER~~ WESTERFIELD, Jeffrey, Tyler

Alias (Name, DOB, Soc. Sec. #, Etc.): N/A

Race	Sex	Date of Birth	Height	Weight	Eye Color	Hair Color	Complexion	Build
W - White I - American Indian B - Black 0- Oriental/Asian: W	M	10/26/1989	508	150	bro	bro	med	thin

Scars, Marks, Tatoos, Unique Physcal Features (Location, Type, Description):

Marital Status: S

Religion:

Indication of: Alcohol Influence ☐ Y ☐ N ☐ Unk.; Drug Influence ☐ ☐ ☑

Local Address (Street, Apt. Number)	(City)	(State)	(Zip)	Phone	Residence Type: 1. City 2. County 3. Florida 4. Out of State
4255 NW 25TH WAY	BOCA RATON	FL	33434	(561) 289-7619	2

Permanent Address (Street, Apt. Number)	(City)	(State)	(Zip)	Phone	Address Source
Same as Local Address				( ) Same	D.L.

Business Address (Name, Street)	(City)	(State)	(Zip)	Phone	Occupation
HIPPOCRATES HEALTH INSTI	WPB	FL		(561) 312-1853	GUESS SERVICES

D/L Number, State	Soc. Sec. Number	INS Number	Place of Birth (City, State)	Citizenship
W236-438-89-386-0	[redacted]		BOYNTON BEACH, F	US

CO-DEF

Co-Defendant Name (Last, First, Middle)	Race	Sex	Date of Birth	
N/A				☐ 1. Arrested ☐ 2. At Large ☐ 3. Felony ☐ 4. Misdemeanor ☐ 5. Juvenile
Co-Defendant Name (Last, First, Middle)	Race	Sex	Date of Birth	
				☐ 1. Arrested ☐ 2. At Large ☐ 3. Felony ☐ 4. Misdemeanor ☐ 5. Juvenile

JUVENILE

☐ 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 ☐ defendant and / or ☐ 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. ☐ Yes, by: (Name) ☐ No: (Reason)

School Attended: Grade:

Property Crime? ☐ Yes ☐ No — Description of Property: — Value of Property:

CODE

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

Charge Description	Counts	Domestic Violence	Statute Violation Number	Violation of ORD #
D.U.I.	1	☐Y ☑N	316.193	

Drug Activity	Drug Type	Amount / Unit	Offense #	Warrant I Capias Number	Bond

CHARGE

Charge Description	Counts	Domestic Violence	Statute Violation Number	Violation of ORD #
		☐Y ☐N		

Drug Activity	Drug Type	Amount / Unit	Offense #	Warrant / Capias Number	Bond

CHARGE

Charge Description	Counts	Domestic Violence	Statute Violation Number	Violation of ORD #
		☐Y ☐N		

Drug Activity	Drug Type	Amount I Unit	Offense #	Warrant / Capias Number	Bond

CHARGE

Charge Description	Counts	Domestic Violence	Statute Violation Number	Violation of ORD #
		☐Y ☐N		

Drug Activity	Drug Type	Amount / Unit	Offense #	Warrant / Capias Number	Bond

NOTICE TO APPEAR

Location (Court, Room Number, Address): North County Courthouse 3188 PGA Blvd, Palm Beach Gardens, FL 33410

Court Date and Time: Month OCTOBER Day 3RD Year 2018 Time 1000 AM ✓ 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

ADMIN

HOLD for other Agency Name:

☐ Dangerous ☐ Resisted Arrest ☐ Suicidal ☐ Other:

Intake Deputy I.D. # Pouch #

Signature of Arresting Officer: x [signature]

Name of Arresting Officer (Print): DOROW I.D. # 483

Transcribing Officer: DOROW ID # 483 Agency PBG

Name Verification (Printed by Arrestee) (PRINT)

Witness here if subject signed with an X

DISTRIBUTION: WHITE - COURT COPY GREEN - STATE ATTORNEY YELLOW - AGENCY PINK - AGENCY GOLD - DEFENDANT (N.T.A. ONLY)

PBSO #448 REV 4/07

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SCANNED SEP 04 2018

2018 SEP -4 PM 12:37 PALM BEACH COUNTY FLORIDA CLERK OF COURT

D.U.I. PROBABLE CAUSE AFFIDAVIT

ON THE 31ST DAY OF AUGUST 20 18, AT 08/31/2018 6:06 AM PM

SUBJECT: JEFFREY TYLER WESTERFIELD CASE NUMBER: 18005332

AGENCY: PALM BEACH GARDENS POLICE DEPT. ARRESTING OFFICER: DOROW

PERSONAL CONTACT

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

Was observed parked on the side of the road with his foot on the brake pedal. The vehicle was running and Westerfield was seated in the driver's seat. Upon approach, Westerfield had slurred speech, eyes were very glassy, and his behavior was unintelligible. When questioned about his whereabouts, he thought it was 3pm, and he had no idea where he was. When back tracking his day, he was completely unable to to explain where or how he got to where he was.

OBSERVATION OF DRIVER:

Staggering while standing, glassy eyes, slurred speech, and unable to make intelligent statements or explanations to the questions asked.

DRIVER'S STATEMENTS:

He tried to explain how he got to where he was and was unable to explain time lines or events in a logical manner.

ODORS:

none

GENERAL OBSERVATIONS

SPEECH: slurred

ATTITUDE: fair

CLOTHING: fair

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 31 day of Aug 20 18 by OFC G. DOROW

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

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

Notary Public State of Florida
Gary J Parent
My Commission GG 085486
Expires 06/21/2021

NOT A CERTIFIED COPY

SCANNED
SEP 04 2018

SUBJECT: JEFFREY TYLER WESTERFIELD CASE NUMBER: 18005332

ROADSIDE TASKS

HORIZONTAL GAZE NYSTAGMUS:

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

Other Observations:
wobbly while doing test

WALK & TURN:
Unable to walk heal to toe, walked inappropriate amount to steps, staggered while conducting test, arms not by the side.

ONE LEG STAND:
did not extend leg, did not keep legs at side, wobbly while standing, almost falling to right side.

FINGER TO NOSE:
would not keep eyes closed, touched top of lip numerous times, bent arms instead of straight out.

ROMBERG/ALPHABET:
counted from 1001 to 1012 and back to 1001 back to 1012.

BREATH TEST RESULTS: .173/.175

STATE OF FLORIDA
COUNTY OF PALM BEACH

(Signature of Arresting/Investigative Officer)
The foregoing instrument was notarized or sworn before me this 31 day of Aug, 2018 by OFC G Dorow
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)

Notary Public State of Florida
Gary J Parent
My Commission GG 085486
Expires 06/21/2021

NOT A CERTIFIED COPY

SCANNED
SEP 04 2018

FLORIDA DEPARTMENT OF LAW ENFORCEMENT
ALCOHOL TESTING PROGRAM
BREATH ALCOHOL TEST AFFIDAVIT

Instrument Type: Intoxilyzer 8000
Instrument Registered To: PALM BEACH CO SO
Instrument Serial Number: 80-006478 Software: 8100.27
Date of Test: 08/31/2018

Date of Last Agency Inspection: 08/10/2018
Observation Period Began: 19:13
Subject's Name: JEFFERY T WESTERFIELD DOB: 10/26/1989 Sex: M

The subject was observed for at least twenty-minutes prior to the administration of the breath test to ensure that the subject did not take anything orally and did not regurgitate.

Results:

Test	g/210L	Time
Diagnostics Check	OK	19:45
Air Blank	0.000	19:46
Control Test	0.080	19:46
Air Blank	0.000	19:47
Subject Sample #1	0.173	19:47
Air Blank	0.000	19:48
Air Blank	0.000	19:50
Subject Sample #2	0.175	19:51
Air Blank	0.000	19:52
Control Test	0.080	19:52
Air Blank	0.000	19:52
Diagnostics Check	OK	19:53

Cylinder Lot: 05218080A3
Exp: 05/05/2020

State of Florida, County of Palm Beach,

Personally appeared before me the undersigned authority, who (✓) is personally known to me or (__) produced _____ as identification, and who after being placed under oath, states:

I GARY J PARENT, hold a valid Breath Test Operator permit issued by the Florida Department of Law Enforcement, I administered the above breath test to the subject named above in accordance with Chapter 11D-8, Florida Administrative Code, and this form is a true and accurate report of that breath test.

Breath Test Operator: _____ Date: 08/31/18
Signature

Sworn to (or affirmed) before me this 31 day of August, 2018

_____ OFC. G. DORROW
Signature of Notary Public-State of Florida Printed Name of Notary Public-State of Florida

Note: Pursuant to section 117.10, Florida Statutes, law enforcement officers, correctional officers, traffic accident investigation officers and traffic infraction enforcement officers are notaries public when engaged in the performance of official duties. In accordance with section 316.1934(5), F.S., this completed form is admissible without further authentication and is presumptive proof of the results herein. To be used in accordance with Section 316.1934(5), F.S., and in administrative proceedings pursuant to 322.2615, F.S.

FDLE/ATP FORM 38 - MARCH 2004, Ref. 11D-8.007

NOT A CERTIFIED COPY

SCANNED
SEP 04 2018

FLORIDA DEPARTMENT OF LAW ENFORCEMENT
ALCOHOL TESTING PROGRAM
BREATH ALCOHOL TEST AFFIDAVIT

Instrument Type: Intoxilyzer 8000
Instrument Registered To: PALM BEACH CO SO
Instrument Serial Number: 80-006478 Software: 8100.27
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Air Blank	0.000	19:52
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Air Blank	0.000	19:52
Diagnostics Check	OK	19:53

Cylinder Lot: 05218080A3
Exp: 05/05/2020

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Breath Test Operator: _____ Date: 08/31/18
Signature

Sworn to (or affirmed) before me this 31 day of August, 2018

_____ OFC. G. DORROW
Signature of Notary Public-State of Florida Printed Name of Notary Public-State of Florida

Note: Pursuant to section 117.10, Florida Statutes, law enforcement officers, correctional officers, traffic accident investigation officers and traffic infraction enforcement officers are notaries public when engaged in the performance of official duties. In accordance with section 316.1934(5), F.S., this completed form is admissible without further authentication and is presumptive proof of the results herein. To be used in accordance with Section 316.1934(5), F.S., and in administrative proceedings pursuant to 322.2615, F.S.

FDLE/ATP FORM 38 - MARCH 2004, Ref. 11D-8.007

NOT A CERTIFIED COPY

SCANNED
SEP 04 2018

PINT - PBS

SUBJECT: [redacted] CASE NUMBER: [redacted]

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 04 2018

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SUBJECT: Wa[illegible] Jeffrey T CASE NUMBER: [illegible]

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? Y

WHERE WERE YOU GOING? [illegible]

WHAT STREET OR HIGHWAY WERE YOU ON? [illegible]

DIRECTION OF TRAVEL? [illegible] WHERE DID YOU START? [illegible]

WHAT TIME DID YOU START? [illegible] WHAT TIME IS IT NOW? [illegible]

WHAT IS TODAY'S DATE? [illegible] WHAT DAY OF THE WEEK IS IT? [illegible]

WHAT COUNTY AND CITY ARE YOU IN NOW? [illegible]

WHEN DID YOU LAST EAT? [illegible] WHAT DID YOU EAT? [illegible]

WHAT HAVE YOU BEEN DOING FOR THE LAST THREE HOURS? [illegible]

HOW MUCH DO YOU WEIGH? [illegible] HAVE YOU BEEN DRINKING? [illegible] WHAT? [illegible]

HOW MUCH? [illegible] WHERE? [illegible] WITH WHOM? [illegible]

WHEN DID YOU HAVE YOUR FIRST DRINK? [illegible] AND YOUR LAST DRINK? [illegible]

HOW DID YOU CONSUME YOUR LAST TWO DRINKS? [illegible]

CAN YOU FEEL THE EFFECTS OF THE ALCOHOL? [illegible] ARE YOU UNDER THE INFLUENCE? [illegible]

HAVE YOU CONSUMED ANY ALCOHOL SINCE THE ACCIDENT? [illegible] HOW MUCH? [illegible]

WHAT? [illegible] WHERE? [illegible] WHEN? [illegible]

WHAT LINE OF WORK ARE YOU IN? [illegible] WHEN DID YOU LAST WORK? [illegible]

DO YOU HAVE ANY PHYSICAL DEFECTS OR INJURIES? N WHAT? [illegible]

ARE YOU SICK OR INJURED? [illegible] WHAT'S WRONG? [illegible]

DO YOU LIMP? [illegible] DID YOU RECEIVE A BUMP ON THE HEAD RECENTLY? [illegible]

WERE YOU IN AN ACCIDENT TODAY? [illegible]

HAVE YOU TAKEN ANY DRUGS OR SMOKED ANY MARIJUANA TODAY? [illegible] WHEN? [illegible]

HAVE YOU SEEN A DOCTOR OR DENTIST TODAY? [illegible] WHO? [illegible] WHY? [illegible]

ARE YOU TAKING ANY PRESCRIPTION MEDICINES? [illegible] WHAT? [illegible] WHEN? [illegible]

DO YOU HAVE:
- EPILEPSY? [illegible]
- GLASS EYE? [illegible]
- FALSE TEETH? [illegible]
- EAR INFECTION? [illegible]
- INNER EAR TROUBLE? [illegible]
- DIABETES? [illegible]

DO YOU HAVE ANY PROBLEMS WITH YOUR EYES THAT ARE NOT CORRECTED BY GLASSES? [illegible]

DO YOU TAKE INSULIN? [illegible] IF SO, WHEN WAS YOUR LAST INJECTION? [illegible]

HAVE YOU EVER HAD A DRIVER'S LICENSE IN ANY OTHER STATE? [illegible] WHERE? [illegible]

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SCANNED SEP 04 2018

INTERVIEWER: [illegible]

TESTING FACILITY TASK REPORT

AGENCY: FDLE

SUBJECT: [illegible] CASE NUMBER: [illegible]

DATE: [illegible] VIDEO TAPE NUMBER: n/a

BEGINNING TIME: 1943 ENDING TIME: 1959

BREATH TESTS RESULTS: 1) .173 TIME 1947 A.M./(P.M.) 2) .175 TIME 1951 A.M./(P.M.)

3) n/a TIME — A.M./P.M. 4) n/a TIME — A.M./P.M.

BREATH OPERATOR: G [illegible]

MAINTENANCE TECHNICIAN: [illegible]

TESTING OFFICER'S OBSERVATIONS

SPEECH: [illegible]

ATTITUDE: [illegible]

CLOTHING: [illegible]

MEDICAL CONDITIONS: None

MEDICATIONS: [redacted]

OTHER: [illegible]

COMMENTS: [illegible]

[illegible]

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SCANNED SEP 04 2018

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

PBSO #0129A REV.11/02

Florida The Sunshine State

DRIVER LICENSE CLASS E

W236-438-89-386-0



JEFFERY TYLER
WESTERFIELD
4255 NW 25TH WAY
BOCA RATON, FL 33434-2552
DOB: 10-26-1989 SEX: M
ISSUED: 10-26-2011 HGT: 5-08
EXPIRES: 10-26-2019
REST:
ENDORSE:
REPLACED: 05-31-2017

ORGAN DONOR

SAFE DRIVER

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

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SCANNED
SEP 04 2018