

J# 0148285

P# 1818

ARREST / NOTICE TO APPEAR
Juvenile Referral Report

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

1 Juvenile

ADMINISTRATIVE	QBTS Number		Agency ORI Number FLO 500000		Agency Name PALM BEACH COUNTY SHERIFF'S OFFICE		Agency Report Number (N.T.A.'s only) 06-18062310				
	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				Weapon Seized / Type 1. Yes 2. No		Multiple Clearance Indicator				
	Location of Arrest (Including Name of Business) 8199 Southern Blvd West Palm Beach FL 33411					Location of Offense (Business Name, Address) 8199 Southern Blvd West Palm Beach FL 33411					
	Date of Arrest 04/13/2018	Time of Arrest 21:45	Booking Date	Booking Time	Jail Date	Jail Time	Location of Vehicle				
	Name (Last, First, Middle) Sullivan Jeremy P				Alias (Name, DOB, Soc. Sec. #, Etc.)						
	Race W - White I - American Indian B - Black O - Oriental/Asian	Sex M	Date of Birth 10/27/1990	Height 5'11"	Weight 200	Eye Color Bro	Hair Color Bro	Complexion Med	Build Med		
	Scars, Marks, Tattoos, Unique Physical Features (Location, Type, Description)					Marital Status	Religion	Indication of Alcohol Influence 1. City 2. County 3. Florida 4. Out of State			
	Local Address (Street, Apt. Number) 1310 Irls Ridge Way Lantana FL 33462				Phone		Residence Type 1. City 2. County 3. Florida 4. Out of State				
	Permanent Address (Street, Apt. Number)				Phone		Address Source FL DL				
	Business Address (Name, Street)				Phone		Occupation Construction				
D/I Number, State S415435703870		Soc. Sec. Number		INS Number		Place of Birth (City, State) Lantana FL		Citizenship US			
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				
Parent <input type="checkbox"/> Legal Custodian <input type="checkbox"/> Other				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 <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 (Phone 355-2526) informed of any change of address. <input type="checkbox"/> Yes, by: (Name) <input type="checkbox"/> No: (Reason)						School Attended		Grade			
Property Crime? <input type="checkbox"/> Yes <input type="checkbox"/> No				Description of Property		Value of Property					
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		Amount / Unit		Offense # 18062310		Statute Violation Number 316.193(3c1)		Warrant / Capias Number		Bond	
Charge Description DUI - Property Damage				Counts 1	Domestic Violence <input type="checkbox"/> Y <input checked="" type="checkbox"/> N	Statute Violation Number		Warrant / Capias Number		Bond	
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D.U.I. PROBABLE CAUSE AFFIDAVIT

ON THE 13 DAY OF April 20 18 AT 21:12 AM PM

SUBJECT: Sullivan Jeremy P CASE NUMBER: 18062310

AGENCY: PALM BEACH COUNTY SHERIFF'S OFFICE ARRESTING OFFICER: Inv. J. Schneider

PERSONAL CONTACT

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

Was found behind the wheel of a running pickup facing north in the parking lot of 8199 Southern Blvd. Establishment Manager John Buckley called PBO to report the incident. Buckley provided a sworn statement that indicated that once he had come out of the establishment he had encountered the pickup which had impacted a guide wire for a power pole before rolling into a hedge/fence. The driver was passed out at the wheel therefore he took his keys and called 911.

On my arrival I confirmed impact with the guide wire and found the male still occupying the drivers seat. I requested his license, registration and insurance. He looked into the drivers side door and retrieved his wallet to look for his license which was in plain view within the center console.

OBSERVATION OF DRIVER:

While attempting to find his information I observed his movements were slow, lethargic, and labored. He was unaware of the driver's license sitting obviously between the seats. After fumbling through his wallet for a period of time he then discovered the license and handed it to me. After doing so he forgot to retrieve the remainder of the information and had to be reminded. After reminding him to obtain the remaining documents he indicated he did not have them. I asked him to step from the vehicle and upon doing so he nearly fell forward. He steadied himself on the vehicle and initially declined to walk towards my car. While walking he rose his knees high and appeared to walk like a toddler in addition to being very unsteady. After receiving treatment from Fire Rescue he walked in the same manner towards my vehicle nearly falling multiple times due to his inability to properly balance. He was placed stationery in front of my vehicle.

DRIVER'S STATEMENTS:

I'm tired. Forgetting he refused medical treatment and after being asked to step from the car he stated Fire Rescue did not attempt to treat him. He then consented for treatment and his vitals/glucose were not found to be of concern by Fire Rescue.

ODORS:

Freshly sprayed cologne

GENERAL OBSERVATIONS

SPEECH: Very slurred

ATTITUDE: Hesitant

CLOTHING: Blue shirt, multicolor shorts, black/white shoes

MEDICAL/OTHER: None

STATE OF FLORIDA
COUNTY OF PALM BEACH

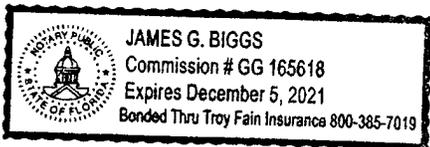
Inv. J. Schneider
(Signature of Arresting/Investigative Officer)

The foregoing instrument was sworn to or affirmed and subscribed before me this 13 day of April 20 18 by Inv. J. Schneider

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

James Biggs (#7607)

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



SCANNED
APR 15 2018

ROADSIDE TASKS

HORIZONTAL GAZE NYSTAGMUS:

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

Other Observations:

Refused. Issued Taylor Warnings. Still refused

WALK & TURN:

Refused

ONE LEG STAND:

Refused

FINGER TO NOSE:

Refused

ROMBERG ALPHABET:

Refused

BREATH TEST RESULTS: 1) Ref 2) Ref 3) 4)

STATE OF FLORIDA
COUNTY OF PALM BEACH

Inv. J. Schneider

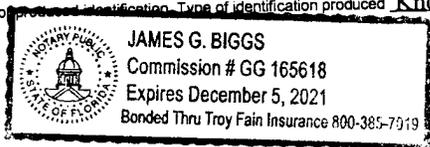
(Signature of Arresting/Investigative Officer)

The foregoing instrument was sworn to or affirmed and subscribed before me this 13 day of April 2018 by Inv. J. Schneider

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

James Biggs (#7607)

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



SCANNED
APR 15 2018

WITNESS LIST

CASE NUMBER: 18062310

ARRESTING OFFICER: Inv. J. Schneider

ADDRESS: 3228 Gun Club Rd West Palm Beach FL 33406

PHONE NUMBERS (HOME): _____ (WORK) 561 688-4001

CAN TESTIFY TO: DUI Investigation

NAME: John Buckley

ADDRESS: 8199 Southern Blvd West Palm Beach FL 33411

PHONE NUMBERS (HOME) _____ (WORK) 844 337 2624

CAN TESTIFY TO: Driver ID and 911 call

NAME: _____

ADDRESS _____

PHONE NUMBERS (HOME) _____ (WORK) _____

CAN TESTIFY TO: _____

NAME: _____

ADDRESS _____

PHONE NUMBERS (HOME) 0 (WORK) 0

CAN TESTIFY TO: _____

NAME: _____

ADDRESS _____

PHONE NUMBERS (HOME) _____ (WORK) _____

CAN TESTIFY TO: _____

NAME: _____

ADDRESS _____

PHONE NUMBERS (HOME) _____ (WORK) _____

CAN TESTIFY TO: _____

NAME: _____

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PHONE NUMBERS (HOME) _____ (WORK) _____

CAN TESTIFY TO: _____

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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 CERTIFIED COPY

SCANNED
APR 15 2018

SUBJECT: Sullivan, Jeremy P

CASE NUMBER: 18-06231d

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 Inu Schneider of the PBSO

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.

SCANNED
APR 15 2018

SUSPECT'S SIGNATURE: (X) Read on Camera

SUBJECT: Sullivan, Jeremy P CASE NUMBER: 18-062310

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? No

WHERE WERE YOU GOING? Home

WHAT STREET OR HIGHWAY WERE YOU ON? Unknown

DIRECTION OF TRAVEL? E WHERE DID YOU START? W

WHAT TIME DID YOU START? Maybe 9-NO WHAT TIME IS IT NOW? NO

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? NO 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: _____

SCANNED
APR 15 2018

Sunshine State

DRIVER LICENSE CLASS E

8415-435-70-387-0

JERRY PATRICK

MALE

ISSUE DATE: 01-01-2011

EXPIRES: 01-01-2012

SEX: M



Jerry P. Patrick

ORGAN DONOR

SEE DRIVER

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

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APR 15 2018