

D509874

1901014201

2018

ARREST / NOTICE TO APPEAR

Agency ORI Number <b>0500800</b>	Agency Name <b>West Palm Beach Police Department</b>	Agency Report Number (N.T.A.'s only) <b>9   4   2019-0013256</b>	1. Arrest 2. N.T.A.	3. Request for Warrant 4. Request for Capias	<b>1</b>	JUVENILE
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>NOT APPLICABLE</b>		Multiple Clearance Indicator		
Location of Arrest (Including Name of Business) <b>299 N OLIVE AVE, WPB FL 33401</b>			Location of Offense (Business Name, Address) <b>299 N OLIVE AVE, WEST PALM BEACH, FL 33401</b>			
Date of Arrest <b>08/01/2019</b>	Time of Arrest <b>02:43</b>	Booking Date <b>08/01/2019</b>	Booking Time <b>02:53</b>	Jail Date <b>08/01/2019</b>	Jail Time <b>02:46</b>	Location of Vehicle

Name (Last, First, Middle) <b>THOMAS, JEROME ALBERT</b>		Alias: Alias (Name, DOB, Soc. Sec. #, Etc.)	
Race W - White B - Black	Sex <b>M</b>	Date of Birth <b>05/15/1973</b>	Height <b>6'00</b>
Weight <b>150</b>	Eye Color <b>BROWN</b>	Hair Color <b>BROWN</b>	Complexion <b>FAIR</b>
Build <b>Thin</b>	Marital Status <b>M</b>	Religion <b>UNKNWON</b>	Indication of: Alcohol Influence Drug Influence
Local Address (Street, Apt. Number) <b>812 NW 108TH AVE, PLANTATION, FL 33324</b>		Phone	Residence Type: 1. City 2. County 3. Florida 4. Out of State <b>2</b>
Permanent Address (Street, Apt. Number) <b>812 NW 108TH AVE, PLANTATION, FL 33324</b>		Phone	Address Source <b>VERBAL</b>
Business Address (Name, Street) (City) (State) (Zip)		Phone	Occupation
D/L Number, State <b>TS20421731750 / FL</b>	Soc. Sec. Number	INS Number	Place of Birth (City, State) <b>PALM BEACH</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) (City) (State) (Zip)	Business Phone	
Notified by: (Name)	Date	Time
Released To: (Name)	Relationship	Date
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
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 D. Deliver E. Use	K. Disperse/ 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. Synthetic	U. Unknown Z. Other
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Charge Description <b>DRIVING WHILE UNDER INFLUENCE</b>	Statute Violation Number <b>316.193(1)</b>	Violation of ORD #
Drug Activity <b>N</b>	Drug Type <b>N</b>	Amount / Unit <b>/</b>
Offense #	Counts <b>1</b>	Domestic Violence <input type="checkbox"/> Y <input checked="" type="checkbox"/> N
Warrant / Capias Number	Bond <b>OR</b>	
Charge Description <b>REFUSAL TO SUBMIT TO DUI BREATH TEST W/ A PREVIOUS REFUSAL</b>	Statute Violation Number <b>316.1939</b>	Violation of ORD #
Drug Activity <b>N</b>	Drug Type <b>N</b>	Amount / Unit <b>/</b>
Offense #	Counts <b>1</b>	Domestic Violence <input type="checkbox"/> Y <input checked="" type="checkbox"/> N
Warrant / Capias Number	Bond <b>OR</b>	
Charge Description <b>DRIVING WHILE DL SUSPENDED, REVOKED, CANCELLED W/ KNOWLEDGE</b>	Statute Violation Number <b>322.34(2)</b>	Violation of ORD #
Drug Activity <b>N</b>	Drug Type <b>N</b>	Amount / Unit <b>/</b>
Offense #	Counts <b>1</b>	Domestic Violence <input type="checkbox"/> Y <input checked="" type="checkbox"/> N
Warrant / Capias Number	Bond <b>OR</b>	

Health / Apparent Physical Condition of Defendant	Any knowledge of the following: <input type="checkbox"/> Mental <input type="checkbox"/> Escape Risk <input type="checkbox"/> Medication <input type="checkbox"/> Deformities <input checked="" 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 checked="" type="checkbox"/> T.O.T. County Jail
Transported By <b>FISHER, C</b>	Date Transported <b>08/01/2019</b>
Time Transported <b>02:46</b>	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>Criminal Justice CRIMINAL JUSTICE COMPLEX</b>	2018 AUG 03 PM
		Court Date and Time <b>08/29/2019 08:30:00</b>	3228 GUN CLUB ROAD
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.			No Photo Available
Signature of Defendant (or Juvenile and Parent/Custodian)		Date Signed <b>AUG 04 2019</b>	

HOLD for Other Agency	Signature of Arresting Officer <b>FISHER, CHRISTOPHER</b>	Name Verification (Printed by Arrestee) <b>FISHER, CHRISTOPHER</b>
<input type="checkbox"/> Dangerous <input type="checkbox"/> Suicidal	<input type="checkbox"/> Resisted Arrest <input type="checkbox"/> Other	I.D. # <b>02125</b>
Pouch #	Transporting Officer <b>FISHER, C</b>	I.D. # Agency <b>2125 WPPD</b>
Witness here if subject signed with an "X".		PAGE <b>1 OF 1</b>

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

AUG 1 AM 4:06

# DUI PROBABLE CAUSE AFFIDAVIT

Subject: Jerome Albert Thomas Case Number: 2019-0013256

## Roadside Tasks

<b>Horizontal Gaze Nystagmus</b>	
<input type="checkbox"/> Left Eye Does Not Follow Smoothly	<input type="checkbox"/> Right Eye Does Not Follow Smoothly
<input type="checkbox"/> Left Eye Jerks at 45 Degree Angle or Less	<input type="checkbox"/> Right Eye Jerks at 45 Degree Angle or Less
<input type="checkbox"/> Distinct Jerking Left Eye at Maximum Deviation	<input type="checkbox"/> Distinct Jerking Right Eye at Maximum Deviation
Refused	

<b>Walk and Turn Task</b>
Refused

<b>One Leg Stand</b>
Refused

<b>Finger To Nose</b>
Refused

<b>Romberg Balance</b>
Refused

## Breath Results from Instrument

1st Result **refused** 2nd Result **refused** 3rd Result **---**  
If Applicable

State of Florida

County of Palm Beach

The Following Instrument was notarized or sworn before me this

(DATE)

Personally Known

Produced Identification

Notary Public

*[Signature]*  
Notary / Clerk of Courts / Officer (FSS: 117.10)

*[Signature]* #2125  
Signature of Arresting Officer

SUBJECT: Jerome Albert Thomas

CASE NUMBER: 2019-0013256

## 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 determining its alcohol content.

OR

I am now requesting that you submit to a lawful test of your  BLOOD for the purpose of determining its alcohol content.

**NOTE: READ ONLY IF THE SUBJECT DOES NOT COMPLY WITH YOUR REQUEST.**

I am Fisher, C of the West Palm Beach Police Department. 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.

SUBJECTS SIGNATURE: \_\_\_\_\_

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 can not 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 treats 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.

SUBJECTS SIGNATURE: \_\_\_\_\_

Asked for attorney

DEFENDANT: Jerome Albert Thomas

CASE NUMBER: 2019-0013256

### 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 OPERATION A MOTOR VEHICLE AT THE TIME OF THE STOP/ACCIDENT? \_\_\_\_\_

WHERE WERE YOU GOING? \_\_\_\_\_

WHAT STREET OR HIGHWAY WERE YOU ON? \_\_\_\_\_

DIRECTION OF TRAVEL? \_\_\_\_\_ WHERE DID YOU START FROM? \_\_\_\_\_

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(3) HOURS? \_\_\_\_\_

HOW MUCH DO YOU WEIGHT? \_\_\_\_\_ 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 YOUR 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? \_\_\_\_\_ WHEN? \_\_\_\_\_

ARE YOU TAKING ANY PRESCRIPTION MEDICINES? \_\_\_\_\_ WHAT? \_\_\_\_\_ WHEN? \_\_\_\_\_

DO YOU HAVE:

EPILEPSY? \_\_\_\_\_

GLASS EYE? \_\_\_\_\_

FALSE TEETH? \_\_\_\_\_

EAR INFECTION? \_\_\_\_\_

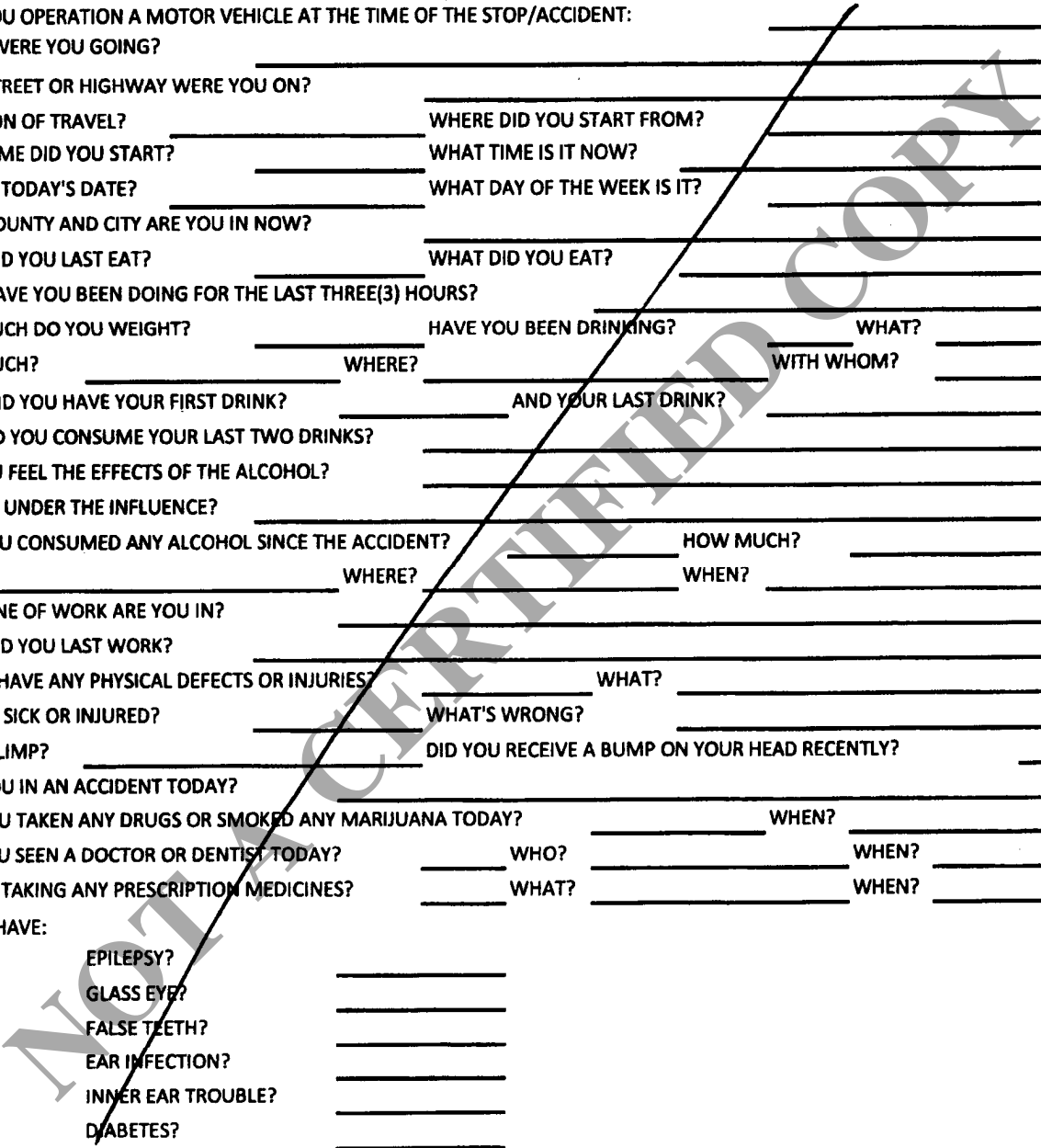
INNER EAR TROUBLE? \_\_\_\_\_

DIABETES? \_\_\_\_\_

DO YOU HAVE ANY PROBLEMS WITH YOUR EYES THAT ARE NOT CORRECTABLE 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: Fisher, C

**STATE OF FLORIDA  
DEPARTMENT OF HIGHWAY SAFETY & MOTOR VEHICLES  
AFFIDAVIT OF REFUSAL TO SUBMIT TO  
BREATH AND/OR URINE TEST**

I, Ofc. Fisher, C #2125, a duly certified Law Enforcement Officer or Correctional Officer,  
(Name of Officer reading Implied Consent Warning)

am a member of West Palm Beach Police Department, and I do swear  
(Name of law enforcement agency)

or affirm that on or about the 1 day of August, 2019, at 0115  P.M.  A.M.

DRIVER Jerome Albert Thomas  
(Type or Print) FIRST NAME MIDDLE OR MAIDEN NAME LAST NAME

DL# T520421731750, state of Florida, was placed under lawful arrest for

the offense of Driving under the influence by Fisher, C and  
(Name of Arresting Officer)

issued Citation # AC6KLYE

That on or about the 1 day of August, 2019, at 0112  P.M.  A.M.

in Palm Beach County,

I requested that the driver submit to a breath and/or urine test to determine his or her blood alcohol level and/or the presence of chemical or controlled substances. I informed the driver that the refusal to submit to such test(s) would result in the suspension of his or her driving privilege for a period of one (1) year for a first refusal, or for a period of eighteen (18) months if his or her driving privilege had been previously suspended for refusing to submit to a breath, urine or blood test. I also informed the driver that he or she commits a misdemeanor by refusing to submit to a lawful test as requested above if his or her driving privilege has been previously suspended for refusal to submit to a lawful test of his or her breath, urine, or blood. Additionally, I informed the driver that if he or she holds a CDL, or was operating a CMV, refusal will result in the disqualification of the Commercial Driver's License/driving privilege for a period of one (1) year in the case of a first refusal or permanently if he or she has previously been disqualified as a result of a refusal to submit to any such lawful test. Nonetheless, the driver refused to submit to the test(s) requested.

[Signature] #2125  
Signature of Law Enforcement Officer or  
Correctional Officer

**THE AFFIDAVIT MUST BE NOTARIZED OR ATTESTED TO (F.S. 117.10)**

The foregoing instrument was sworn and subscribed before me:

[Signature] 1418  
Signature of Attesting Officer

Title Police Officer

Date 8/1/2019

(AFFIX SEAL)

The foregoing instrument was sworn and subscribed before

me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_,

by \_\_\_\_\_,

who is personally known to me or who has produced

\_\_\_\_\_ as identification

Notary Public \_\_\_\_\_

Note: Mail or hand deliver to the designated Bureau of Administrative Reviews office, Department of Highway Safety and Motor Vehicles, with the driver's license, the appropriate copy of the UTC, and the probable cause affidavit.



**West Palm Beach Police Department  
Breath Testing Facility Report**



**Defendant:** Thomas, Jerome Albert **Case #:** 19-13256  
**Arresting Officer:** Fisher, Christopher **Date:** 8/1/19

**Breath Test Results:** Refused g/210L 0203 Time --- g/210L --- Time  
--- g/210L --- Time --- g/210L --- Time

*Note: Times are in Military Time*

**Breath Operator:** Ofc Morris J Annese 1418  
**Maintenance Technician** Ofc. R. Secord #1639

**Testing Officer Observations:**

**Speech:** normal  
**Attitude:** cooperative  
**Clothing:** blue jeans, gray shirt, flip flops  
**Medical Conditions:** none  
**Medications:** none  
**Other:** \_\_\_\_\_

**Arrival Time at Facility/ Time Twenty (20) Minute Observation Started:** 0112 hours

**Comments:**

Ofc Fisher observed the driver for the 20 minute observation period.

I observed that Thomas had an odor of unknown alcoholic beverages on his breath. His eyes were bloodshot and glassy. His pupils were very constricted and small.

Thomas asked for an attorney before starting the breath test. He was advised that he was not allowed an attorney during any breath test.

Thomas was asked to submit to a breath test and he refused. Ofc Fisher read him Implied Consent and he was again asked to submit to a breath test. He again refused the breath test.

Since he asked for an attorney, the Questions and Answers was not done.

WEST PALM BEACH PD  
Intoxilyzer - Alcohol Analyzer  
Model 8000 SN 80-001235  
08/01/2019  
Software: 8100.27

LAI Date = 07/31/2019  
Obs Period Began = 01:12  
Sub Name =

JEROME

A

THOMAS

Sub DOB = 05/15/1973

Sub Sex = M

Driv Lic = T520421731750/FL

Officer =

CHRISTOPHER

FISHER

Operator =

MORRIS, J

ANNESE

Test	g/210L	Time
Diagnostics Check OK		02:01
Air Blank	0.000	02:02
Control Test	0.080	02:02
Air Blank	0.000	02:03
Subject Sample #1 REF*		02:03
Air Blank	0.000	02:03
Control Test	0.080	02:04
Air Blank	0.000	02:04
Diagnostics Check OK		02:04

\*Subject Test Refused

  
Operator's Signature



**Palm Beach County Sheriff's Office – Arrests Only**

	X	Florida State Statute	Description	Page Number(s)
L/E Exemptions	<input type="checkbox"/>	119.071(2)(d)	Surveillance techniques, procedures and personnel; inventory of law enforcement resources, policies or plans pertaining to mobilization deployment or tactical operations.	
	<input type="checkbox"/>	943.053, 943.0525	NCIC/FCIC/FBI and in-state FDLE/DOC.	
	<input type="checkbox"/>	119.071(4)(c)	Undercover personnel.	
	<input type="checkbox"/>	119.071(2)(f)	Confidential informants (CIs).	
	<input type="checkbox"/>	119.071(2)(e)	Confession.	
Public Info. Exemptions	<input type="checkbox"/>	985.04(1)	Juvenile offender records.	
	<input type="checkbox"/>	119.071(h)(i)	Assets of a crime victim.	
	<input type="checkbox"/>	395.3025(7)(a), 456.057(7)(a)	Medical information.	
	<input type="checkbox"/>	394.4615(7)	Mental health information.	
	<input type="checkbox"/>	119.071(4)(d)(2)(a)	Home address, telephone, Social Security number, date of birth, or photos of active/former LE personnel, spouses, and children.	
Florida Rules of Judicial Administration 2.420 (Rule of 23)	<input checked="" type="checkbox"/>	(iii) 119.0714(1)(i)-(j), (2)(a)-(e)	Social Security, bank account, charge, debit, and credit card numbers.	2
	<input type="checkbox"/>	(viii) 394.4615(7)	Clinical records under the Baker Act.	
	<input type="checkbox"/>	(xii) 741.30(3)(b)	The victim's address in a domestic violence action on petitioner's request.	
	<input type="checkbox"/>	(xiii) 119.071(2)(h), 119.0714(1)(h)	Protected information regarding victims of child abuse or sexual offenses.	
	<input type="checkbox"/>			
	<input type="checkbox"/>			
	<input type="checkbox"/>			
	<input type="checkbox"/>			
Other	<input type="checkbox"/>	539.003	Other: Florida Pawnbroking Act	
	<input type="checkbox"/>	119.0712(2)(j)1	Other: Documents regarding victims which are received by an agency	

**REVIEW COMPLETED BY**

Booking Number: 2019025070	Date: 08/01/2019
	Specialist Name/ID: VARGO/6665