

0481852

16 CT 19219

312

OBTS Number			ARREST / NOTICE TO APPEAR Juvenile Referral Report					1. Arrest 2. N.T.A.		3. Request for Warrant 4. Request for Capias		1	Juvenile N								
ADMINISTRATIVE DEFENDANT	Agency ORI Number FLO 500000		Agency Name PALM BEACH COUNTY SHERIFF'S OFFICE			Agency Report Number (N.T.A.'s only) 06- 16139272															
	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 NA		01									
	Location of Arrest (Including Name of Business) JOG RD @ MEALEUCA LN, GREENACRES, FL 33463					Location of Offense (Business Name, Address) JOG RD @ MEALEUCA LN, GREENACRES, FL 33463															
	Date of Arrest 10/15/16		Time of Arrest 0308		Booking Date		Booking Time		Jail Date		Jail Time		Location of Vehicle CAMEL TOWING 88:561-441-4045								
	Name (Last, First, Middle) DABERKOE, JESSE LEE												Alias (Name, DOB, Soc. Sec. #, Etc.)								
	Race W - White 1 - American Indian B - Black 0 - Oriental/Asian		Sex W		Date of Birth 12/13/1985		Height 5'10"		Weight 265		Eye Color BRN		Hair Color BLK		Complexion MED		Build MED				
	Scars, Marks, Tattoos, Unique Physical Features (Location, Type, Description) NONE								Marital Status SINGLE		Religion NONE		Indication of Alcohol Influence Drug Influence		Y N Unk.						
	Local Address (Street, Apt. Number) 1506 SEMINOLE PALMS DRIVE								(City) LAKE WORTH, FL 33463		(State) (Zip)		Phone (561) 306-9547		Residence Type: 1. City 2. County		3. Florida 4. Out of State		2		
	Permanent Address (Street, Apt. Number) SAME AS LOCAL								(City)		(State)		(Zip)		Phone ()		Address Source DAVID / DL				
	Business Address (Name, Street) UNK								(City)		(State)		(Zip)		Phone ()		Occupation LAWYER				
D/L Number, State D162-432-85-453-0/FL			Soc. Sec. Number			INS Number			Place of Birth (City, State) DEARBORN, MI			Citizenship USA									
Co-Defendant Name (Last, First, Middle)								Race		Sex		Date of Birth		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					
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 <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. 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 Description DUI								Counts 01		Domestic Violence <input type="checkbox"/> Y <input checked="" type="checkbox"/> N		Statute Violation Number 316.193(1)		Violation of ORD # OP							
Drug Activity U		Drug Type U		Amount / Unit NA		Offense # 16139272		Warrant / Capias Number								Bond OP					
Charge Description								Counts		Domestic Violence <input type="checkbox"/> Y <input type="checkbox"/> N		Statute Violation Number								Violation of ORD #	
Drug Activity		Drug Type		Amount / Unit		Offense #		Warrant / Capias Number								Bond					
Charge Description								Counts		Domestic Violence <input type="checkbox"/> Y <input type="checkbox"/> N		Statute Violation Number								Violation of ORD #	
Drug Activity		Drug Type		Amount / Unit		Offense #		Warrant / Capias Number								Bond					
Charge Description								Counts		Domestic Violence <input type="checkbox"/> Y <input type="checkbox"/> N		Statute Violation Number								Violation of ORD # OP	
Drug Activity		Drug Type		Amount / Unit		Offense #		Warrant / Capias Number								Bond OP					
Location (Court, Room Number, Address) CRIMINAL JUSTICE COMPLEX @ 3228 GUN CLUB RD WPB, FL 33406												Violation of ORD # OP									
Court Date and Time Month 11 Day 3 Year 2016 Time 8:30 AM <input checked="" type="checkbox"/> PM <input type="checkbox"/>												Violation of ORD # OP									
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												Violation of ORD # OP									
Signature of Defendant (or Juvenile and Parent /Custodian) Refused to sign												SCANNED 58									
HOLD for other Agency Name: X				Signature of Arresting Officer 4-825				Name Verification (Printed by Arrestee) OCT 17 2016 (PRINT)													
<input type="checkbox"/> Dangerous <input type="checkbox"/> Suicidal				<input type="checkbox"/> Resisted Arrest <input type="checkbox"/> Other:				Name of Arresting Officer (Print) DANIEL MERCIER				I.D. # 8236									
Intake Deputy CSA/SB		I.D. #		Pouch #		Transporting Officer DANIEL MERCIER		ID # 8236		Agency PBSO											
												Witness here if subject signed with an -X"									
												1 OF 1									

OBTS Number

PROBABLE CAUSE AFFIDAVIT

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

1

Juvenile

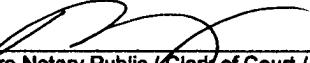
N

Agency ORI Number FLO 5 0 0 0 0 0	Agency Name PALM BEACH COUNTY SHERIFF'S OFFICE	Agency Report Number 06 - 16-139272		
Charge Type: <input type="checkbox"/> 1. Felony <input checked="" type="checkbox"/> 3. Misdemeanor <input type="checkbox"/> 5. Ordinance Check as many <input type="checkbox"/> 2. Traffic Felony <input type="checkbox"/> 4. Traffic Misdemeanor <input type="checkbox"/> 6. Other as apply.		Special Notes:		
Defendant's Name (Last, First, Middle) Daberkoe, Jesse, L.		Race W	Sex M	Date of Birth 12/13/1985
Charge Description DUI		Charge Description		
Charge Description		Charge Description		
Victim's Name (Last, First, Middle)		Race	Sex	Date of Birth
Victim's Local Address (Street, Apt. Number)	(City)	(State)	(Zip)	Phone
Victim's Business Address (Name, Street)	(City)	(State)	(Zip)	Phone
The undersigned certifies and swears that he/she has just and reasonable grounds to believe, and does believe that the above named Defendant committed the following violation of law. The Person taken into custody...				
<input checked="" type="checkbox"/> committed the below acts in my presence. <input type="checkbox"/> was observed by _____ who told _____ <input type="checkbox"/> confessed to _____ that he/she saw the arrested person commit the below acts. <input type="checkbox"/> was found to have committed the below acts, resulting from my (described) investigation.				
On the 15 th day of October, 2016 at 2:57 <input checked="" type="checkbox"/> A.M. <input type="checkbox"/> P.M. (Specifically include facts constituting cause for arrest).				

NARRATIVE:

On October 15, 2016 while conducting a business check at the Fountaingate Plaza located on the 4600 Block of Jog Road I had my marked PBSO vehicle facing W/B in the plaza driveway onto Jog Road. I initially observed a Toyota Camry slow down and almost come to a stop in the outside lane of Jog Road while traveling N/B. I then observed a Black Dodge Ram traveling directly at the Toyota Camry S/B in the N/B Lanes of Jog Road. The Dodge Ram was in the travel lane closest to the median. I activated my lights and pulled out behind the Dodge Ram to get him to stop. The Driver and sole occupant of the Dodge Ram conducted a U-turn and began to head N/B in the N/B lanes of Jog Road prior to coming to a stop. I observed two flat tires on the passenger side of the Dodge Ram. Upon contact with the driver I could smell a strong odor of alcohol coming from his person. The driver later identified as Jesse Daberkoe W/M DOB 12/13/1985 also had slurred speech and didn't know why I was stopping him. The investigation was turned over to PBSO DUI 19.

Sworn and Subscribed before me


 Signature Notary Public / Clerk of Court / Officer (F.S.S 117.10)
D/S Sanchez # 29467

Name of Notary Public / Clerk of Court / Officer (F.S.S 117.10)
10/15/2016

Date


 Signature of Arresting / Investigating Officer
Sgt. D. Shea # 7711

Name of Officer (Please Print)
10/15/2016

Date

SCANNED**OCT 17 2016****Page 1 of 28**

D.U.I. PROBABLE CAUSE AFFIDAVIT

ON THE 15TH DAY OF OCTOBER 20 16, AT 0257

AM PM

SUBJECT: DABERKOE, JESSE LEE

CASE NUMBER: 16139272

AGENCY: PALM BEACH COUNTY SHERIFF'S OFFICE ARRESTING OFFICER: INV. DANIEL MERCIER 8236
PERSONAL CONTACT

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

I was called to the scene of a traffic stop near the intersection of Jog Rd and Melaleuca Ln, in the city of Greenacres, Palm Beach County, Florida. I arrived at the scene at approximately 0300 hrs. Sgt Shea told me, in a signed sworn PC Supplement, that he had stopped the defendant's vehicle, a black Dodge Ram bearing FL tag BUC1616, because the defendant was traveling south in the northbound lanes of Jog Rd and had two blown out tires. Shea noticed that the defendant had articulable indicators of impairment, so he called for a DUI unit to conduct a possible DUI investigation. Shea identified the defendant, to me, as the driver / sole occupant of the defendant's vehicle, at the time of the stop.

OBSERVATION OF DRIVER:

I made contact with the defendant, later identified by FL DL as, JESSE LEE DABERKOE. I observed that the defendant had red, watery, bloodshot eyes, slurred speech, and the odor of an unknown alcoholic beverage that came from his breath and intensified as he spoke to me. I asked if he had any medical problems, or took any medications. He said YES. I asked him what was wrong and if he needed EMS. He said yes. I asked the defendant to exit the vehicle, and asked him what was the nature of his illness. He eventually mumbled "nothing". I asked how much he had had to drink. He said, "zero."

The defendant swayed while standing, stumbled while walking, and leaned on his truck for balance.

I asked the defendant to perform voluntary roadside tasks. The defendant refused, so I gave the Taylor Warnings twice. When asked if he understood, he would only answer, "nope" or "I don't understand."

DRIVER'S STATEMENTS:

Pre Miranda / spontaneous roadside admissions: "ZERO"

Post Miranda roadside admissions: NA

Post Miranda admissions at BAT: Defendant remained silent the entire time. He would not answer any of the demographic questions, would not respond to Implied Consent, and would not say anything when I asked if he would do the Q&A.

ODORS:

Obvious odor of an unknown alcoholic beverage that intensified as the defendant spoke to me.

GENERAL OBSERVATIONS

SPEECH: slurred, slow, illogical

ATTITUDE: annoyed

CLOTHING: WHITE POLO SHIRT, BLUE JEANS, BLACK DRESS SHOES

MEDICAL/OTHER: SFSTs conducted on in car video. Defendant states no medical problems or medications. Based on my training and experience, and the totality of the circumstances, I determined that probable cause existed for the defendant's arrest for DUI, in violation of FSS 316.193(1).

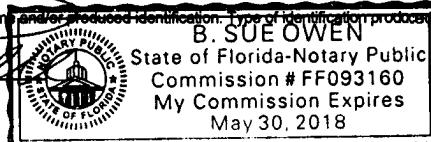
STATE OF FLORIDA
COUNTY OF PALM BEACH

INV. DANIEL MERCIER 8236

(Signature of Arresting/Investigative Officer)

The foregoing instrument was sworn to or affirmed and subscribed before me this 15TH day of OCTOBER 20 16 by INV. DANIEL MERCIER

(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)



KNOWN LEO

SCANNED

OCT 17 2016

SUBJECT: DABERKOE, JESSE LEE

CASE NUMBER 16139272

ROADSIDE TASKS

HORIZONTAL GAZE NYSTAGMUS:

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:

REFUSED. GAVE TAYLOR WARNINGS TWICE. HE WOULD ONLY ANSWER "NOPE".

WALK & TURN:

REFUSED

ONE LEG STAND:

REFUSED

FINGER TO NOSE:

REFUSED

ROMBERG ALPHABET:

REFUSED

BREATH TEST RESULTS: 1) **REFUSED** 2) 3) 4)

**STATE OF FLORIDA
COUNTY OF PALM BEACH**

INV. DANIEL MERCIER 8236

(Signature of Arresting/Investigative Officer)

The foregoing instrument was sworn to or affirmed and subscribed before me this 15TH day of OCTOBER 2016 by **INV. DANIEL MERCIER**

(Print name of Arresting/Investigative Officer, who is personally known to me under oaths of commission. Type of identification provided)

B. SUE OWEN

State of Florida-Notary Public
Commission # FF093160
My Commission Expires
May 30, 2018

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

SCANNED

OCT 17 2016

WITNESS LIST

16139272

CASE NUMBER:

ARRESTING OFFICER: **INV. DANIEL MERCIER 8236**

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: _____

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PHONE NUMBERS (HOME) _____ (WORK) _____

CAN TESTIFY TO: _____

NAME: _____

ADDRESS: _____

PHONE NUMBERS (HOME) _____ (WORK) _____

CAN TESTIFY TO: _____

SCANNED

OCT 17 2016

TESTING FACILITY TASK REPORT

AGENCY: PBSO

SUBJECT: Daberkoe, Jesse Lee CASE NUMBER: 16-139272

DATE: 10/15/16 VIDEO TAPE NUMBER: 01512

BEGINNING TIME: 0416 ENDING TIME: 0419

BREATH TESTS RESULTS: **REFUSED** TIME 0418 A.M./P.M. 2) TIME A.M./P.M.
3) TIME A.M./P.M. 4) TIME A.M./P.M.

BREATH OPERATOR: S. Owen #3184

MAINTENANCE TECHNICIAN: J. Karlecke #6467

TESTING OFFICER'S OBSERVATIONS

SPEECH:

ATTITUDE: upset, didn't like being cuffed

CLOTHING: black shirt, jeans, blue striped polo shirt

MEDICAL CONDITIONS: none

MEDICATIONS: wouldn't answer obsessed with cudas

OTHER:

COMMENTS: Alto arrived at 0356 hrs
Also observed 20 minutes, I didn't answer intro?
Also requested breath test, I wouldn't answer
Also read IIC, I wouldn't answer if he
understood. Also asked if he'd answer questions
NO answer Refusal called

SCANNED

OCT 17 2016

SUBJECT: DAberkoe, Jesse Lee

CASE NUMBER: 16-139272

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 Jhv. Mercier 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

OCT 17 2016

SUSPECT'S SIGNATURE: (X) _____

SUBJECT: DaberKoe, Jesse Lee CASE NUMBER: 16-139272

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? _____

WHERE WERE YOU GOING? _____

WHAT STREET OR HIGHWAY WERE YOU ON? _____

DIRECTION OF TRAVEL? _____ WHERE DID YOU START? _____

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? _____

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
OCT 17 2016