

0493801

3581

ARREST / NOTICE TO APPEAR
Juvenile Referral Report

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

1 Juvenile

ADMINISTRATIVE	OBTS Number		Agency ORI Number FLO 500000		Agency Name PALM BEACH COUNTY SHERIFF'S OFFICE		Agency Report Number (N.T.A.'s only) 06-17-158449			
	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 2 1. Yes N/A 2. No			
	Location of Arrest (Including Name of Business) OKEECHOBEE BLVD/ TURNPIKE, WEST PALM/ FL/ 33417				Location of Offense (Business Name, Address) OKEECHOBEE BLVD/ TURNPIKE, WEST PALM/ FL/ 33417					
	Date of Arrest 12/2/17	Time of Arrest 02:24	Booking Date	Booking Time	Jail Date	Jail Time	Location of Vehicle			
Name (Last, First, Middle) YOUNG, JILLIAN, MARIE								Alias (Name, DOB, Soc. Sec. #, Etc.)		
Race W - White I - American Indian B - Black O - Oriental/Asian	Sex F	Date of Birth 11/12/87	Height 5'5	Weight 145	Eye Color BLU	Hair Color BRN	Complexion MED	Build MED		
Scars, Marks, Tattoos, Unique Physical Features (Location, Type, Description) MULTIPLE TATTOOS				Marital Status SINGLE	Religion AGNOSTIC	Indication of: Alcohol Influence <input checked="" type="checkbox"/> Y <input type="checkbox"/> N Drug Influence <input type="checkbox"/> Y <input type="checkbox"/> N <input checked="" type="checkbox"/> Unk.				
Local Address (Street, Apt. Number) 1838 MY PLACE LN			(City) WEST PALM/ FL/ 33417	(State)	(Zip)	Phone (603) 801-7084		Residence Type: 1. City 3. Florida 2. County 4. Out of State 2		
Permanent Address (Street, Apt. Number)			(City)	(State)	(Zip)	Phone		Address Source FL DL		
Business Address (Name, Street)			(City)	(State)	(Zip)	Phone		Occupation TRADE ANALYST		
D/L Number, State Y520433879120		Soc. Sec. Number		INS Number		Place of Birth (City, State) GARDNER, MA		Citizenship NO		
Co-Defendant Name (Last, First, Middle)				Race	Sex	Date of Birth		<input type="checkbox"/> 1. Arrested <input type="checkbox"/> 3. Felony <input type="checkbox"/> 2. At Large <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"/> 3. Felony <input type="checkbox"/> 2. At Large <input type="checkbox"/> 4. Misdemeanor <input type="checkbox"/> 5. Juvenile		
<input type="checkbox"/> Parent <input type="checkbox"/> Legal Custodian <input type="checkbox"/> 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 1	Domestic Violence <input type="checkbox"/> Y <input checked="" type="checkbox"/> N	Statute Violation Number 316.193(1)			Violation of ORD #		
Drug Activity N	Drug Type N	Amount / Unit	Offense # 17-158449	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 #		
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			
Location (Court, Room Number, Address) 3228 GUN CLUB RD, WEST PALM, FL, 33406										
Court Date and Time Month 12 Day 28 Year 17 Time 8:30 AM <input checked="" type="checkbox"/> PM <input type="checkbox"/>										
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 Name:			Signature of Arresting Officer			Name Verification (Printed by Arresting Officer)				
<input type="checkbox"/> Dangerous <input type="checkbox"/> Suicidal			<input type="checkbox"/> Resisted Arrest <input type="checkbox"/> Other:			(PRINT) DEC 2 AM 5:37				
Intake #			Name of Arresting Officer (Print) D/S G. LYNCH			I.D. # 8568				
Pouch #			Transporting Officer D/S G. LYNCH			ID # Agency PBSO				
			Witness here to be signed with an "X"			PAGE 1 OF 1				

NOT A CRIMINAL RECORD

RECEIVED
DEC 2 2017
PM 1:11

SCANNED

D.U.I. PROBABLE CAUSE AFFIDAVIT

ON THE 2 DAY OF DEC 20 17, AT 01:12 AM PM

SUBJECT: YOUNG, JILLIAN, MARIE CASE NUMBER: 17-158449

AGENCY: PALM BEACH COUNTY SHERIFF'S OFFICE ARRESTING OFFICER: D/S G. LYNCH 8568

PERSONAL CONTACT

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

YOUNG WAS INVOLVED IN A VEHICLE CRASH (PBSO CASE 17158438). YOUNG WAS TRAVELING EAST ON OKEECHOBEE BLVD WHEN SHE STRUCK THE REAR OF ANOTHER VEHICLE. YOUNG'S VEHICLE CONTINUED OVER THE MEDIAN, ACROSS ALL ONCOMING LANES OF TRAVEL, AND THEN STRUCK A FENCE AND TREES ON THE NORTH SIDE SHOULDER, OFF THE ROADWAY. YOUNG WAS POSITIVELY IDENTIFIED AS THE DRIVER BY A PASSENGER IN THE OTHER VEHICLE.

OBSERVATION OF DRIVER:

EYES WERE GLASSY, HAD AN ODOR OF AN UNKNOWN ALCOHOLIC BEVERAGE COMING FROM HER BREATH.

DRIVER'S STATEMENTS:

**HAD TWO SHOTS OF VODKA APPROX 4 HOURS PRIOR TO DRIVING. ADMITTED TO HAVING MARIJUANA IN THE VEHICLE BUT DENIED SMOKING ANY THAT DAY
LATER STATED THAT SHE HAD 2 VODKA ON THE ROCKS**

ODORS:

UNKNOWN ALCOHOLIC BEVERAGE COMING FROM BREATH

GENERAL OBSERVATIONS

SPEECH:

ATTITUDE: CALM/ COOPERATIVE

CLOTHING:

MEDICAL/OTHER: STATED SHE HAD NO MAJOR INJURIES AND DID NOT NEED A HOSPITAL OR PARAMEDICS

STATE OF FLORIDA
COUNTY OF PALM BEACH

D/S G. LYNCH 8568

Signature of Arresting/Investigative Officer

The foregoing instrument was sworn to or affirmed and subscribed before me this 2 day of DEC 20 17 by D/S G. LYNCH 8568

Print name of Arresting/Investigative Officer, who is personally known to me and/or produced identification produced KNOWN

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



SHARL L. O'NEAL
Notary Public - State of Florida
Commission # FF 966854
My Comm. Expires Jun 25, 2018
Bonded through National Notary Association

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SUBJECT: YOUNG, JILLIAN, MARIE

CASE NUMBER 17-158449

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

WALK & TURN:

REFUSED

ONE LEG STAND:

REFUSED

FINGER TO NOSE:

REFUSED

ROMBERG ALPHABET:

REFUSED

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

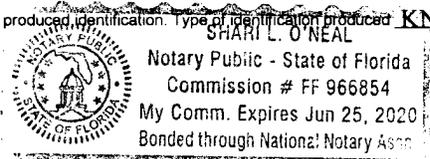
STATE OF FLORIDA
COUNTY OF PALM BEACH

D/S G. LYNCH 8568
Signature of Arresting/Investigative Officer

The foregoing instrument was sworn to or affirmed and subscribed before me this 2 day of DEC 2017 by D/S G. LYNCH 8568

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

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



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TESTING FACILITY TASK REPORT

9

AGENCY: 1750 LIS Lynch #8567

SUBJECT: Young, William M. CASE NUMBER: 17-152444

DATE: 12-02-17 VIDEO TAPE NUMBER: —

BEGINNING TIME: 0506hrs ENDING TIME: 0515hrs

BREATH TESTS RESULTS: **REFUSED** TIME 007 A.M./P.M. 2) _____ TIME _____ A.M./P.M.
3) _____ TIME _____ A.M./P.M. 4) _____ TIME _____ A.M./P.M.

BREATH OPERATOR: D. O'Neil # 6212

MAINTENANCE TECHNICIAN: D.J. Markere # 6167

TESTING OFFICER'S OBSERVATIONS

SPEECH: Slurred

ATTITUDE: Cooperative

CLOTHING: Shirt, Gray / Hooded sweatshirt, Black No

MEDICAL CONDITIONS: None, Missing right earring on shoes

MEDICATIONS: None Camera.

OTHER: Eyes: Very Red & Glassy

Face: Ruddy ~~Swollen~~ Scrape on her nose.

COMMENTS: 20 min observations done by AIO Lynch

AIO requested the breath test.

D refused the breath request.

Implanted camera read on camera.

L understood the I/C of read.

D still refused the breath request.

C/W read on camera.

Q&A conducted

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SUBJECT: Young, William D. CASE NUMBER: 17-102444

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 DUI Lynd + 5062 of the 1150

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.

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SUSPECT'S SIGNATURE: (X) Read on Camera

SUBJECT: Young, William D. CASE NUMBER: 11008449

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? Okeechobee Bl / Turnpike

DIRECTION OF TRAVEL? W WHERE DID YOU START? East

WHAT TIME DID YOU START? unknown WHAT TIME IS IT NOW? unknown

WHAT IS TODAY'S DATE? 12/2/17 WHAT DAY OF THE WEEK IS IT? saturday

WHAT COUNTY AND CITY ARE YOU IN NOW? Trinity, Fla

WHEN DID YOU LAST EAT? last Tue 12 30 WHAT DID YOU EAT? avocado & miso pork

WHAT HAVE YOU BEEN DOING FOR THE LAST THREE HOURS? hanging out w/ friends

HOW MUCH DO YOU WEIGH? 145 HAVE YOU BEEN DRINKING? was earlier WHAT? vodka

HOW MUCH? 2 vodka on the rocks WHERE? Double Deer WITH WHOM? friends

WHEN DID YOU HAVE YOUR FIRST DRINK? unknown AND YOUR LAST DRINK? 10:00 pm

HOW DID YOU CONSUME YOUR LAST TWO DRINKS? sip

CAN YOU FEEL THE EFFECTS OF THE ALCOHOL? no ARE YOU UNDER THE INFLUENCE? no

HAVE YOU CONSUMED ANY ALCOHOL SINCE THE ACCIDENT? no HOW MUCH? _____

WHAT? _____ WHERE? _____ WHEN? _____

WHAT LINE OF WORK ARE YOU IN? energy brokerage WHEN DID YOU LAST WORK? yesterday

DO YOU HAVE ANY PHYSICAL DEFECTS OR INJURIES? no WHAT? _____

ARE YOU SICK OR INJURED? no WHAT'S WRONG? _____

DO YOU LIMP? no DID YOU RECEIVE A BUMP ON THE HEAD RECENTLY? _____

WERE YOU IN AN ACCIDENT TODAY? yes

HAVE YOU TAKEN ANY DRUGS OR SMOKED ANY MARIJUANA TODAY? no WHEN? _____

HAVE YOU SEEN A DOCTOR OR DENTIST TODAY? no WHO? _____ WHY? _____

ARE YOU TAKING ANY PRESCRIPTION MEDICINES? no WHAT? _____ WHEN? _____

DO YOU HAVE:

EPILEPSY?	<u>NO</u>
GLASS EYE?	<u>NO</u>
FALSE TEETH?	<u>NO</u>
EAR INFECTION?	<u>NO</u>
INNER EAR TROUBLE?	<u>NO</u>
DIABETES?	<u>NO</u>

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DO YOU HAVE ANY PROBLEMS WITH YOUR EYES THAT ARE NOT CORRECTED BY GLASSES? no

DO YOU TAKE INSULIN? no IF SO, WHEN WAS YOUR LAST INJECTION? _____

HAVE YOU EVER HAD A DRIVER'S LICENSE IN ANY OTHER STATE? yes WHERE? New Hampshire

INTERVIEWER: 1/15 by [signature] 8/23

WITNESS LIST

CASE NUMBER: 17-158449

ARRESTING OFFICER: D/S G. LYNCH 8568

ADDRESS: 3228 GUN CLUB RD, WEST PALM, FL, 33406

PHONE NUMBERS (HOME): _____ (WORK) 561-688-3000

CAN TESTIFY TO: FACTS OF CASE

NAME: _____

ADDRESS: _____

PHONE NUMBERS (HOME) _____ (WORK) _____

CAN TESTIFY TO: _____

NAME: _____

ADDRESS _____

PHONE NUMBERS (HOME) _____ (WORK) _____

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: _____

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Sunshine State

WILLIAM MARIE
YOUNG

1000 MY PLACE LN

WEST PALM BEACH, FL 33417-4571

DOB: 11/22/1977 SEX: F

CLASSIFICATION: 15



A handwritten signature in black ink, appearing to be 'W. Young', located on the left side of the license card.

SAFE DRIVER

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

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