

0510402

1907 8090

1067

ARREST / NOTICE TO APPEAR
Juvenile Referral Report

1 Arrest 3 Request for Warrant
2 NTA 4 Request for Capias

1 Juvenile N

ADMINISTRATIVE	OBTS Number		Agency ORI Number FLO 50000		Agency Name PALM BEACH COUNTY SHERIFF'S OFFICE		Agency Report Number (N T A 's only) 06-19107193	
	Charge Type Check as many as apply <input checked="" 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) TOLEDO ROAD & PALMETTO PARK RD, BOCA RATON FL 33433				Location of Offense (Business Name, Address) TOLEDO ROAD & PALMETTO PARK RD, BOCA RATON FL 33433			
	Date of Arrest 08/23/2019	Time of Arrest 0226	Booking Date	Booking Time	Jail Date	Jail Time	Location of Vehicle OWNER PICKED IT UP	
Name (Last, First, Middle) DONER JORDAN DREW		Alias (Name, DOB, Soc Sec #, Etc)		Race W - White 1 - American Indian B - Black 0 - Oriental/Asian		Sex W M	Date of Birth 08/30/1998	Height 600
Weight 160		Eye Color BLUE		Hair Color BROWN		Complexion FAIR		Build LARGE
Scars, Marks, Tattoos, Unique Physical Features (Location, Type, Description)		Martial Status SINGLE		Religion UNKNOWN		Indication of Alcohol Influence Y N Unk <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		Indication of Drug Influence Y N Unk <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
Local Address (Street, Apt Number) 6819 BRIDLEWOOD CT		(City) BOCA RATON FL 33433		(State) FL		(Zip) 33433		Phone (561) 7071703
Permanent Address (Street, Apt Number)		(City)		(State)		(Zip)		Phone
Business Address (Name, Street)		(City)		(State)		(Zip)		Phone
D/L Number, State D560424983100		Soc. Sec. Number		INS Number		Place of Birth (City, State) PLANTATIN, FL		Citizenship U.S.A.
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 <input type="checkbox"/> Other		Residence Phone		Address (Street, Apt Number)		(State)		(Zip)
Notified by (Name)		Date		Time		Juvenile Disposition Handled/processed within Dept. and Released		2 TOT HRS / OYS 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 S Sell N N/A P Possess		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/Derv		P Paraphernalia/ Equipment S Synthetics
U Unknown Z Other		Charge Description D.U.I.		Counts 1		Domestic Violence <input type="checkbox"/> Y <input type="checkbox"/> N		Statute Violation Number 316.193 (1)
Violation of ORD #		Drug Activity		Drug Type		Amount / Unit		Offense # 19107193
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D.U.I. PROBABLE CAUSE AFFIDAVIT

ON THE 23 DAY OF AUGUST 20 19, AT 0153 AM PM

SUBJECT: DONER JORDAN DREW CASE NUMBER: 19107193

AGENCY: PALM BEACH COUNTY SHERIFF'S OFFICE ARRESTING OFFICER: D/S H. BUDISH

PERSONAL CONTACT

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

D/S P. McDonough #14976 observed a 2007 Honda (FL Tag#: Y82VYH) traveling west on Palmetto Park Rd at 76 mph in a posted 50 mph zone. D/S McDonough conducted a traffic stop and observed the sole occupant/driver in the vehicle, Jordan Doner.

OBSERVATION OF DRIVER:

I approached the vehicle on the driver side and met with the driver. I observed the driver was a white male wearing blue jeans and a white tshirt. I observed mustard on the drivers face/mustache and food items all over his clothing such as pickles and lettuce. I observed that Jordans eyes appeared red and glossy and his pupils were abnormally dilated. I observed that he was slurring his words. Jordan was then asked to exit the vehicle to speak to me. While exiting the vehicle, Jordan appeared to be shaky on his feet. I observed that the driver stumbled while walking.

DRIVER'S STATEMENTS:

I asked Jordan if he had been drinking or used any drugs and he stated no to both. Once Jordan was away from the vehicle I could smell the odor of an alcoholic beverage coming from his mouth. I asked Jordan if he wore any glasses or contacts to correct his vision and he stated no. I asked if he takes any medications or has any disabilities and he stated no.

ODORS:

Odor of an unknown alcoholic beverage

GENERAL OBSERVATIONS

SPEECH: slurred and mumbling

ATTITUDE: calm, disoriented, confused

CLOTHING: wearing blue jeans pants and white t shirt

MEDICAL/OTHER: NONE

STATE OF FLORIDA
COUNTY OF PALM BEACH

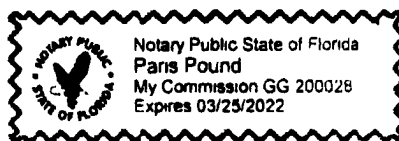
D/S H. BUDISH 

(Signature of Arresting/Investigative Officer)

The foregoing instrument was sworn to or affirmed and subscribed before me this 23rd day of AUGUST 20 19 by D/S H. BUDISH

(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)



SCANNED
AUG 24 2019

SUBJECT DONER

JORDAN

CASE NUMBER 19107193

ROADSIDE TASKS

HORIZONTAL GAZE NYSTAGMUS:

- | | |
|--|--|
| <input checked="" type="checkbox"/> LT EYE-LACK OF SMOOTH PURSUIT | <input checked="" type="checkbox"/> RT EYE-LACK OF SMOOTH PURSUIT |
| <input checked="" type="checkbox"/> LT EYE-DISTINCT & SUSTAINED NYSTAGMUS AT MAX DEVIATION | <input checked="" type="checkbox"/> RT EYE-DISTINCT & SUSTAINED NYSTAGMUS AT MAX DEVIATION |
| <input checked="" type="checkbox"/> LT- EYE-ONSET OF NYSTAGMUS PRIOR TO 45 DEGREES | <input checked="" type="checkbox"/> RT- EYE-ONSET OF NYSTAGMUS PRIOR TO 45 DEGREES |

Other Observations:

DRIVER swayed while standing stationary. I observed both eyes to be red, bloodshot, dilated and glossy. His left and right eye displayed equal pupil size, equal tracking, and a lack of smooth pursuit. I observed distinct and sustained nystagmus was present in both his left and right eye at maximum deviation during two separate four second evaluations. The onset of nystagmus was prior to a 45 degree angle in both his left and right eye during two separate four second evaluations. Vertical nystagmus was present in both the left and right eye during two separate four second evaluations.

WALK & TURN:

During the task, I observed Jordan swayed while balancing, started too soon, stops walking to steady self, did not touch heel to toe, stepped off the line numerous amounts of times. Used arms to maintain balance (+6"), did not turn properly by losing balance while turning & staggering / stumbling through the turn.

ONE LEG STAND:

During the task, I observed, driver could not maintain the instructed position, he swayed while standing stationary. While raising his foot he swayed while balancing and put his foot down over 3 times. The defendant could not keep his foot in the air for longer than three seconds. The defendant used his arm for balance.

FINGER TO NOSE:

The defendant swayed heavily during this task and almost fell down three times during the task. I had to end the task early for the defendants safety due to the defendant almost falling down numerous times.

ROMBERG ALPHABET:

The defendant swayed heavily during this task.

BREATH TEST RESULTS: 0.79 0.79

STATE OF FLORIDA
COUNTY OF PALM BEACH

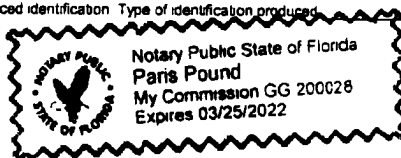
D/S H. BUDISH

(Signature of Arresting/Investigative Officer)

The foregoing instrument was sworn to or affirmed and subscribed before me this 23rd day of AUGUST 2019 by D/S H. BUDISH

(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)



SCANNED
AUG 24 2019

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: 08/23/2019

Date of Last Agency Inspection: 08/16/2019
Observation Period Began: 03:23
Subject's Name: JORDAN D DONER

DOB: 08/30/1998 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	03:50
	Air Blank	0.000	03:51
	Control Test	0.081	03:51
	Air Blank	0.000	03:51
	Subject Sample #1	0.079	03:52
	Air Blank	0.000	03:52
	Air Blank	0.000	03:54
	Subject Sample #2	0.079	03:55
	Air Blank	0.000	03:55
	Control Test	0.081	03:56
	Air Blank	0.000	03:56
	Diagnostics Check	OK	03:56

Cylinder Lot: 00919080A3
Exp: 03/05/2021

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 PARIS D POUND, 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: [Signature] Date: 08/23/19
Signature

Sworn to (or affirmed) before me this 23rd day of August, 2019

[Signature] 34271
Signature of Notary Public-State of Florida Printed Name of Notary Public-State of Florida p/s. H. BUDISH

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 322.2515, F.S.

SCANNED
AUG 24 2019

TESTING FACILITY TASK REPORT

AGENCY: 11-1-2010

SUBJECT: WALTER J. JAMES CASE NUMBER: 11-1-2010

DATE: 7-2-10 VIDEO TAPE NUMBER: 14

BEGINNING TIME: 10:30 ENDING TIME: 11:00

BREATH TESTS RESULTS: 1) 0.02 TIME 10:32 A.M./P.M. 2) 0.01 TIME 10:35 A.M./P.M.
3) 0.01 TIME 10:38 A.M./P.M. 4) 0.01 TIME 10:40 A.M./P.M.

BREATH OPERATOR: WALTER J. JAMES

MAINTENANCE TECHNICIAN: WALTER J. JAMES

TESTING OFFICER'S OBSERVATIONS

SPEECH: clear

ATTITUDE: cooperative

CLOTHING: blue shirt, blue pants

MEDICAL CONDITIONS: none

MEDICATIONS: none

OTHER: none

COMMENTS: subject was cooperative and provided accurate information.

NOT A CERTIFIED COPY

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SCANNED

WITNESS LIST

CASE NUMBER: 19107193

ARRESTING OFFICER: D/S H. BUDISH

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

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

CAN TESTIFY TO: FACTS OF CASE AND INVESTIGATING SUCH CASE

NAME: D/S P. McDonough #14976

ADDRESS: 3228 GUN CLUB RD WEST PALM BEACH, 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) 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: _____

ADDRESS _____

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: _____

NAME: _____

ADDRESS _____

PHONE NUMBERS (HOME) _____ (WORK) _____

CAN TESTIFY TO: _____

SCANNED
AUG 24 2011

SUBJECT: BURTON JORDAN D CASE NUMBER: 11-107113

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? _____ 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: _____

SUBJECT: David R Johnson D CASE NUMBER: 17 10717E

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) _____



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"/>		Other:	
	<input type="checkbox"/>		Other:	

REVIEW COMPLETED BY

Booking Number: 2019027577	Date: 08/24/2019
	Specialist Name/ID: AM/31562

SCANNED

AUG 24 2019