

2019 CTO 15173 ANB
ARREST / NOTICE TO APPEAR

P-3020

OBTS Number	Agency ORI Number 0501700		Agency Name Jupiter Police Department		Agency Report Number (N.T.A.'s only) 5 4 19-003788		1. Arrest 2. N.T.A.	3. Request for Warrant 4. Request for Capias	1	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 NONE		Multiple Clearance Indicator				
Location of Arrest (Including Name of Business) 1500 N US HWY 1 JUPITER, FL 33477					Location of Offense (Business Name, Address) 1500 N US HIGHWAY 1, JUPITER, FL 33469					
Date of Arrest 08/17/2019	Time of Arrest 21:22	Booking Date 08/17/2019	Booking Time 21:32	Jail Date	Jail Time	Location of Vehicle				

Name (Last, First, Middle) MENK, JOSEPH ARTHUR										Alias:				
Race W - White B - Black	1 - American Indian Q - Oriental/Asian	Sex M	Date of Birth 03/03/1997	Height 5'08	Weight 160	Eye Color BROWN	Hair Color BROWN	Complexion LIGHT	Build Medium					
Scars, Marks, Tattoos, Unique Physical Features (Location, Type, Description)					Marital Status M	Religion	Indication of: Alcohol Influence Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Unk. <input type="checkbox"/> Drug Influence Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Unk. <input type="checkbox"/>							
Local Address (Street, Apt. Number) 961 N HWY A1A 414, JUPITER, FL 33477			(City)	(State)	(Zip)	Phone (410) 212-3629		Residence Type: 1. City 3. Florida 2. County 4. Out of State 1						
Permanent Address (Street, Apt. Number) 961 N HWY A1A 414, JUPITER, FL 33477			(City)	(State)	(Zip)	Phone (410) 212-3629		Address Source FL DL						
Business Address (Name, Street)			(City)	(State)	(Zip)	Phone		Occupation						
D/L Number, State M520481970830 / FL		Social Security Number		INS Number		Place of Birth (City, State) ANAPOLIS, MD		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

<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
Relationship	Date	Time
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
Grade	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 DUI-ENHANCED BAC OVER .15	Statute Violation Number 316.193(4)	Violation of ORD #					
Drug Activity	Drug Type N	Amount / Unit	Offense #	Counts 1	Domestic Violence <input type="checkbox"/> Y <input checked="" type="checkbox"/> N	Warrant / Capias Number	Bond
Charge Description	Statute Violation Number	Violation of ORD #					
Drug Activity	Drug Type	Amount / Unit	Offense #	Counts	Domestic Violence <input type="checkbox"/> Y <input type="checkbox"/> N	Warrant / Capias Number	Bond
Charge Description	Statute Violation Number	Violation of ORD #					
Drug Activity	Drug Type	Amount / Unit	Offense #	Counts	Domestic Violence <input type="checkbox"/> Y <input type="checkbox"/> N	Warrant / Capias Number	Bond

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"/> Reformatory <input type="checkbox"/> Injuries		
Check which applies: <input type="checkbox"/> Released O.R. <input type="checkbox"/> Released to Parent/Guardian <input type="checkbox"/> T.O.T. County Jail <input type="checkbox"/> Posted Bond <input type="checkbox"/> South County Mental Health	PROPERTY - Received By	Released By	Released To
Transported By	Date Transported	Time Transported	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) North County PALM BEACH GARD	Cont Date and Time 09/18/2019 08:30:00
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 COMTEMPT 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	Signature of Arresting Officer [Signature] 383/185	Name Verification (Printed by Arrestee)
<input type="checkbox"/> Dangerous <input type="checkbox"/> Resisted Arrest <input type="checkbox"/> Suicidal <input type="checkbox"/> Other	Name of Arrestee (Print) YOCHUM, CRAIG I.D. # 1185	(PRINT)
Police Deputy [Signature] I.D. #	Pouch #	Transporting Officer OFC. C. YOCHUM I.D. # 383 Agency JPD
Witness here if subject was transported		WITNESS

No Photo Available

SCANNED

PROBABLE CAUSE AFFIDAVIT

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

1

JUVENILE

OBTS Number		Agency ORI Number FL 0501700		Agency Name JUPITER POLICE DEPARTMENT		Agency Report Number 5 4 19-003788		
Charge Type: Check as many as apply.		Special Notes:		Name (Last, First, Middle) MENK, JOSEPH ARTHUR		Race W	Sex M	Date of Birth 03/03/1997
<input type="checkbox"/> 1. Felony		<input type="checkbox"/> 3. Misdemeanor		<input type="checkbox"/> 5. Ordinance				
<input type="checkbox"/> 2. Traffic Felony		<input checked="" type="checkbox"/> 4. Traffic Misdemeanor		<input type="checkbox"/> 6. Other				
Charge Description 316.193(4) DUI-ENHANCED BAC OVER .15		Charge Description		Victim's Name (Last, First, Middle) State Of Florida		Race	Sex	Date of Birth
Charge Description		Charge Description		Local Address (Street, Apt. Number) (City) (State) (Zip)		Phone	Address Source	
Business Address (Name, Street) (City) (State) (Zip)		Phone		Occupation				

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 ...

committed the below acts in my presence. was observed by _____ who told _____ that he/she saw the arrested person commit the below acts.

confessed to _____ admitting to the below facts. was found to have committed the below acts, resulting from my (described) investigation.

On the 17 day of August, 2019 at 21:22 (Specifically include facts constituting cause for arrest.)

On 08/17/2019 at approximately 2108 hours I responded to the parking lot of 1500 N US Highway 1 (Sunoco) in reference to a suspicious incident. At the time, I was driving an unmarked Jupiter Police Department patrol vehicle (vehicle 1916), I was wearing a JPD uniform clearly identifying myself as a Jupiter Police Department, and I was wearing my department-issued Axon body camera.

Upon arrival, I made contact with Officer Schneider, the first officer on scene, and was advised of the following: He observed a white Jeep bearing FL tag # JSNB80 stopped at the gas pump with a white male, later identified as Joseph Menk (w/m; 03/03/1997), sitting in the driver seat of the vehicle slumped over. Officer Schneider advised Menk was drooling and would not respond to knocking on the window or shining a flashlight inside the vehicle. Officer Schneider advised he was concerned for Menk's safety and opened the driver door to check on him. Officer Schneider stated he was unable to wake Menk even with the door open and Menk only responded after several sternum rubs were administered. He also advised that Menk's vehicle was running at the time of his original contact with Menk. See supplement from Officer Schneider.

When I arrived on scene, Menk was stepping out of his vehicle. I approached and made contact with Menk. I immediately observed Menk had bloodshot/glassy eyes, slurred speech, and the odor of an unknown alcoholic beverage on his breath.

Due to my observations of Menk and Officer Schneider's observations of Menk in actual physical control of a motor vehicle, I requested Menk complete roadside tasks. Menk was rambling on about various random topics. Menk advised he did not want to complete roadside tasks and I advised him of his Taylor Warnings. I again asked Menk if he was willing to complete roadside tasks and, after several minutes of rambling, I concluded Menk was unwilling to complete roadside tasks.

SWORN AND SUBSCRIBED BEFORE ME		
NOTARY PUBLIC / CLERK OF COURT / OFFICER (P.S. #1140)	Notary Public State of Florida Thomas H Leahey My Commission GG 347108 Expires 06/20/2023	SIGNATURE OF ARRESTING / INVESTIGATING OFFICER
<u>08/17/2019</u> DATE	<u>08/17/2019</u> DATE	<u>OGCHUM, CRAIG (1185)</u> NAME OF OFFICER (PLEASE PRINT)

PROBABLE CAUSE AFFIDAVIT
SUPPLEMENT

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

1

JUVENILE

A D M I N I S T R A T I V E	OBTS Number		Agency ORI Number FL 0501700		Agency Name JUPITER POLICE DEPARTMENT		Agency Report Number 5 4 19-003788	
	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						Special Notes:	

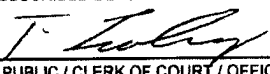
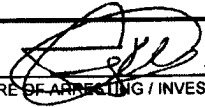
D E F	Name (Last, First, Middle) MENK, JOSEPH ARTHUR					Alias	Race W	Sex M	Date of Birth 03/03/1997
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I placed Menk under arrest for DUI and transported him to the Palm Beach County Breath Alcohol Testing Facility. While enroute to the BAT, Menk was verbally berating me with the usual intoxicated persons rhetoric: that he did not do anything wrong, saying I was arresting him for no reason, that he didn't hurt anybody, and that there were school shooters I should be catching. Menk also repeatedly called me an "asshole," "fucking retard," "cocksucker," and "faggot." Menk had frequent mood swings, going from calm to agitated, agitated to crying, and cooperative to uncooperative during my entire contact with him.

Upon arrival at the BAT, I conducted a 20 minute observation period to ensure Menk did not ingest or regurgitate anything orally. At the conclusion of the observation period, I requested Menk provide a lawful sample of his breath for the purpose of determining the alcohol content. Menk refused. I read Menk Implied Consent from a prepared text (excluding the CDL portion of Implied Consent) and again requested he provide a breath sample. Menk agreed and provided two adequate breath samples of .249 and .251, both significantly exceeding the legal limit of .08.

Based on the aforementioned facts resulting from my investigation, I find Probable Cause to charge Joseph Menk with DUI (Enhanced) pursuant to FSS 316.193(4).

NOT A CERTIFIED COPY

A D M I N I S T R A T I V E	SWORN AND SUBSCRIBED BEFORE ME		SIGNATURE OF ARRESTING / INVESTIGATING OFFICER	
				
	NOTARY PUBLIC / CLERK OF COURT / OFFICER (F.S.S. 117.10)		YOCHUM, CRAIG (1185)	
	08/17/2019 DATE		08/17/2019 DATE	

COURT

STATE ATTORNEY



JAIL

CRIME ANALYSIS

P. I. O.



FLORIDA DUI UNIFORM TRAFFIC CITATION **AATBL6E**

COUNTY OF PALM BEACH		<input type="checkbox"/> (1) F.H.P. <input checked="" type="checkbox"/> (2) P.D. <input type="checkbox"/> (3) S.O. <input type="checkbox"/> (4) OTHER	
CITY (IF APPLICABLE) JUPITER		AGENCY NAME JUPITER POLICE	
		AGENCY # 54	
IN THE COURT DESIGNATED BELOW THE UNDERSIGNED CERTIFIES THAT HE/SHE HAS JUST AND REASONABLE GROUNDS TO BELIEVE AND DOES BELIEVE THAT ON			
COMPLAINT (RETAINED BY COURT)			
DAY OF WEEK SATURDAY	MONTH 08	DAY 17	YEAR 2019
		TIME 09:22	<input type="checkbox"/> A.M. <input checked="" type="checkbox"/> P.M.
NAME (PRINT) FIRST JOSEPH		MIDDLE ARTHUR	
		LAST MENK	
STREET 961 N HWY A1A - 414			
CITY JUPITER		STATE FL	ZIP CODE 33477
TELEPHONE NUMBER	DATE OF BIRTH MO 03 DAY 03	TR 1997	RACE W SEX M HGT 508
DRIVER LICENSE NUMBER M 5 2 0 4 8 1 9 7 0 8 3 0	STATE FL CLASS E	CDL LICENSE <input type="checkbox"/> Y <input checked="" type="checkbox"/> N	TR LICENSE EXP. 2027
TR VEHICLE 2005 JEEP UT WHI	YEAR TAG EXPIRES 2020	COMMERCIAL VEHICLE <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
VEHICLE LICENSE NO. JSNB80	TRAILER TAG NO.	PLACARDED HAZARDOUS MATERIAL <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
UPON A PUBLIC STREET OR HIGHWAY, OR OTHER LOCATION, NAMELY 1500 N US HIGHWAY 1, JUPITER		MOTORCYCLE <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
		COMPANION CITATION(S) <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
FT. _____ MILES _____ OF HOPE _____			

DID UNLAWFULLY COMMIT THE OFFENSE OF DRIVING UNDER THE INFLUENCE OF ALCOHOLIC BEVERAGES, CHEMICAL OR CONTROLLED SUBSTANCES; DID DRIVE, OR WAS IN ACTUAL PHYSICAL CONTROL OF A VEHICLE, WHILE UNDER THE INFLUENCE OF AN ALCOHOLIC BEVERAGE/CHEMICAL SUBSTANCE/CONTROLLED SUBSTANCE TO THE EXTENT NORMAL FACULTIES WERE IMPAIRED, OR WITH A BLOOD OR BREATH ALCOHOL LEVEL OF .08 OR ABOVE OF **251**

COMMENTS PERTAINING TO OFFENSE. Only use all items each checked.

DUI-ENHANCED BAC OVER .15 YES NO

AGGRESSIVE DRIVER PASSENGER 15 YEARS STATE STATUTE SECTION **316.193** SUB-SECTION **(4)**

CRASH DAMAGE TO OTHER PROPERTY INJURY TO ANOTHER SERIOUS BODILY INJURY TO ANOTHER FATAL NO

THIS IS A CRIMINAL VIOLATION, COURT APPEARANCE REQUIRED, AS INDICATED BELOW.

09/18/2019 08:30 AM **AATBL6E**
 COURT DATE TIME
NORTH COUNTY GOVERNMENT CENTER
 FIRST AND LAST LOCATION
3188 PGA Boulevard PBG, FL 33410

ARREST DELIVERED TO **PBCJ** DATE **08/17/2019**

I AGREE AND PROMISE TO COMPLY AND ANSWER TO THE CHARGES AND INSTRUCTIONS SPECIFIED IN THIS CITATION. WILLFUL REFUSAL TO ACCEPT AND SIGN THE CITATION MAY RESULT IN ARREST. (UNDERSTAND BY SIGNATURE IS NOT AN ADMISSION OF GUILTY OR WAIVER OF RIGHTS. IF YOU NEED REASONABLE FACILITY ACCOMMODATIONS TO COMPLY WITH THIS CITATION, CONTACT THE CLERK OF THE COURT.)

SIGNATURE OF VIOLATOR
 EFFECTIVE IMMEDIATELY, YOUR DRIVING PRIVILEGE IS SUSPENDED/DISQUALIFIED FOR:
 DRIVING WITH AN UNLAWFUL BLOOD OR BREATH ALCOHOL LEVEL. THIS SUSPENSION IS FOR A PERIOD OF SIX MONTHS IF THIS IS THE FIRST VIOLATION OR ONE YEAR IF PREVIOUSLY SUSPENDED FOR DRIVING WITH AN UNLAWFUL BLOOD OR BREATH ALCOHOL LEVEL. IF YOU HOLD A CDL OR YOU ARE OPERATING A CMV, YOUR COMMERCIAL DRIVER LICENSE/PRIVILEGE WILL ALSO BE DISQUALIFIED FOR ONE YEAR FOR THE FIRST OFFENSE OR PERMANENTLY DISQUALIFIED FOR A SUBSEQUENT OFFENSE.

REFUSAL TO SUBMIT TO LAWFUL BREATH, BLOOD OR URINE TEST SECTION 322.2615, F.S. THIS SUSPENSION IS FOR A PERIOD OF ONE YEAR IF THIS IS A FIRST REFUSAL OR 18 MONTHS IF PREVIOUSLY SUSPENDED FOR THIS OFFENSE. IF YOU HOLD A CDL OR YOU ARE OPERATING A CMV, YOUR COMMERCIAL DRIVER LICENSE/PRIVILEGE WILL ALSO BE DISQUALIFIED FOR A PERIOD OF ONE YEAR FOR A FIRST REFUSAL OR PERMANENTLY DISQUALIFIED FOR A SUBSEQUENT REFUSAL.

LICENSE SURRENDERED? YES NO REASON **OVER LIMIT**
 ELIGIBLE FOR PERMIT? YES NO REASON _____

UNLESS INELIGIBLE, THIS CITATION SHALL SERVE AS A TEMPORARY DRIVER LICENSE AND WILL EXPIRE AT MIDNIGHT ON THE 10TH DAY FOLLOWING THE DATE OF SUSPENSION.

AT THE **LAUDERDALE LAKES 33311-1151** BUREAU OF ADMINISTRATIVE REVIEWS OFFICE, YOU MAY REQUEST, WITHIN 10 DAYS AFTER THE DATE OF SUSPENSION, A REVIEW OF SUSPENSION BY THE DEPARTMENT OF HIGHWAY SAFETY AND MOTOR VEHICLES OR A REVIEW TO DETERMINE ELIGIBILITY FOR A RESTRICTED LICENSE. IF THIS IS YOUR FIRST DUI RELATED OFFENSE. SEE REVERSE SIDE.

[Signature] BADGE NO. **383/1185** ID NO. _____ TROOP UNIT _____

DATE	COURT ACTION AND OTHER ORDERS
	BAIL FIXED AT \$ _____ OR CASH DEPOSIT OF \$ _____
	SIGNATURE OF PERSON GIVING BAIL _____
	SIGNATURE OF PERSON TAKING BAIL _____
	FINE IN THE AMOUNT OF \$ _____ RECEIVED AS REQUIRED BY COURT SCHEDULE.
	SIGNATURE OF CLERK _____
	CONTINUANCE TO _____ REASON _____
	CONTINUANCE TO _____ REASON _____
	BOND ESTREATED _____
	WARRANT ISSUED _____
	VIOLATOR FAILED TO APPEAR-DRIVER LICENSE SUSPENDED
	VIOLATOR ARRAIGNED ON _____ (DATE)
	PLEA: _____
	FINDING: _____
	ADJUDICATION: _____
	SENTENCE: FINE _____ COST _____
	JAILED _____ DAYS
	DRIVER IMPROVEMENT SCHOOL _____
	OTHER _____
	DRIVER LICENSE SUSPENDED OR REVOKED FOR _____ DAYS
	RECOMMEND DRIVER LICENSE SUSPENSION FOR _____ DAYS
	RECOMMEND RE-TEST _____
	SIGNATURE OF JUDGE _____
	TESTIMONY - JUDGE'S NOTES (OR OTHER COURT ORDERS):
	APPEAL BOND OF \$ _____
	VIOLATOR'S FINGERPRINT WHEN APPLICABLE _____



IMPORTANT INSTRUCTIONS REGARDING A NON-CRIMINAL TRAFFIC INFRACTION NOT REQUIRING A COURT APPEARANCE

If you were charged with a civil infraction, you must complete one of the following options WITHIN 30 CALENDAR DAYS, of the date of this citation. If you fail to comply WITHIN 30 CALENDAR DAYS, your driving privilege will be suspended until you comply. You will then be subject to additional penalties. Please see the front of the citation for the contact information for the Clerk of Court in the county where this violation occurred.

FLORIDA UNIFORM TRAFFIC CITATION

In the court designated below the undersigned certifies that he/she has just and reasonable grounds to believe and does believe that on:

Citation #: **ABKTD3E**

County: **PALM BEACH** County Code: **06**
City: City Code: **00**
Date/Time: **Sat 08/17/2019 09:00 PM** Agency Type: **SO**

VIOLATOR

First Name: **LOGAN** Middle: **TAC**
Last: **SWOLS** DOB: **04/29/1994**
Address: **5562 NEPSA WAY #1309**
City: **DELRAY BEACH** State: **FL** Zip: **33484**
Telephone: Race: **W** Sex: **M** Hgt: **600**
DL #: **S420538941490** DL State: **FL** Lic. Expires: **2022**
CDL: **N** Ethnicity: Class: **E** Diff. Addr. on DL: **N**

REGISTRATION

Yr. Veh: **2002** Veh. Tag: **HZHT77**
Color: **BLU** Trailer Tag:
Make: **TOYT** Yr. Tag Expires: **20** State: **FL**
Style: **4D**
Comm. Mtr. Veh.: **N** Plac. Haz. Mat: **N**
>= 16 Passengers: **N** Motorcycle: **N**

LOCATION

Upon a Public Street or Highway or Other Location Namely:
S JOG RD AND LANTANA RD

Located Ft. Miles Of Node

VIOLATION

Did unlawfully commit the following Offense, in violation of State Statute,
LANE - FAILURE TO DRIVE WITHIN SINGLE LANE 316.089(1)

Speed - Enhanced Penalty Zone: **N**
Unlawful Speed: Posted Speed:
Crash: **N** Prop. Dam.: **N** Prop. Dam. Arr.: Aggressive Driv: **N**
Injury: **N** Ser. Injury: **N** Fatal: **N** Red Light/Stop Sign: **N**
Companion Citation Number(s):
Driving Under the Influence of Alcoholic Beverages, Chemical, or Controlled Substances, Driving/Actual Physical Control While Impaired, or Driving/Actual Physical Control with Unlawful Blood/Urine Alcohol Level Bal.

COURT INFORMATION

Infraction, Court NOT Required

Court Date:
Court Time:
Civil Penalty: **166.00**

Arrest Delivered To:
On:

SIGNATURE

I AGREE AND PROMISE TO COMPLY AND ANSWER TO THE CHARGES AND INSTRUCTIONS SPECIFIED IN THIS CITATION. WILLFUL REFUSAL TO ACCEPT AND SIGN THE CITATION MAY RESULT IN ARREST. I UNDERSTAND MY SIGNATURE IS NOT AN ADMISSION OF GUILT OR WAIVER OF RIGHTS. IF YOU NEED REASONABLE FACILITY ACCOMMODATIONS TO COMPLY WITH THIS CITATION, CONTACT THE CLERK OF THE COURT.

Signature of Defendant: **x**

Signature of Officer:

I CERTIFY THIS CITATION WAS DELIVERED TO THE PERSON CITED ABOVE
Officer name: **D/S. D. CARBONE** Officer ID: **24088**
Case number: Troop/Unit: **PATROL** Misc:
Agency Name: **PALM BEACH SHERIFF'S OFFICE**
Agency #:

OPTION 1:

You may pay the civil penalty in the amount of \$ 166.00 to the Clerk of Court. You must enclose this citation if you mail payment, which may be a money order or a cashier's check. The clerk does not accept personal checks. Payment of the civil penalty is considered a conviction and points will be assessed, if applicable. You WILL be required to complete a driver improvement course if you are convicted of running a red light or passing a school bus. Your driving privilege will be suspended if you are convicted of not providing proof of insurance. Accumulation of points may increase the cost of your insurance.

NOTE: YOU MUST ENCLOSE THIS CITATION IF YOU MAIL PAYMENT. PAYMENT SHOULD BE IN THE FORM OF MONEY ORDER OR A CASHIER'S CHECK.

(Make Payable to the Clerk of the County Court)
MAILING ADDRESS OF THE CLERK OF COURT:

- PERSONAL CHECKS ARE ACCEPTED
- PERSONAL CHECKS ARE NOT ACCEPTED

OPTION 2:

If you were cited for expired driver license, failure to display a valid driver license, expired tag, failure to possess a valid registration, or no proof of insurance, you may show proof to the Clerk of Court that you had a driver license, tag/registration, or insurance, whichever is applicable, at the time of the offense. The charge will be dismissed upon payment of a dismissal fee.

OPTION 3:

If you were cited for driver license expired 6 months or less, expired tag 6 months or less, failure to display a valid driver license, failure to possess a valid registration, no proof of insurance, or driving while license suspended (see s. 322.34(10)(a), F.S.), you may elect to show proof of compliance to the Clerk of Court in the form of a valid driver license, registration, or proof of insurance, whichever is applicable. You may make only one such election per year and no more than three such elections in your lifetime. You must pay court costs and adjudication will be withheld.

OPTION 4:

If you DO NOT hold a commercial driver license, you may be eligible to elect to complete a Florida driver improvement course. You must contact the Clerk of Court to make this election. You may make only one such election per year and no more than five elections in your lifetime. Please visit www.FLHSMV.GOV for a list of approved courses and to determine your eligibility for this election. Adjudication will be withheld and points will not be assessed. You must pay a civil penalty and court costs. This option is not available for certain traffic offenses, including driver license, tag, and registration violations. Completion of a driver improvement course is required if you are cited for running a red light/traffic control device, even if you do not make this election.

OPTION 5:

You may elect a court hearing by contacting the Clerk of Court. If you request a hearing and the County Judge/Magistrate/Hearing Officer determines that you have committed the offense, the County Judge/Magistrate/Hearing Officer may impose a penalty of up to \$500 (or \$1,000 if a fatality occurred) and/or require completion of a driver improvement course. Points may be assessed. If it is determined that no infraction has been committed, no cost or penalties shall be imposed.

OPTION 6:

If you were cited with a non-criminal violation of operating a motor vehicle in an unsafe condition (s. 316.610 F.S.) or not properly equipped (s. 316.610, F.S. or s. 316.2935, F.S.), you may have the defect corrected, then contact your local county or city law enforcement agency to have the correction certified below. You must pay the local law enforcement agency \$_____ for this service. You may then mail or present this affidavit of compliance along with \$_____ to the Clerk of Court within 30 calendar days of the date of this citation. No points will be assessed. This option does not apply to a commercial motor vehicle or a transit bus owned by a government entity.

FAULTY EQUIPMENT AFFIDAVIT OF COMPLIANCE

(Law Enforcement Use Only)

I certify that the defective equipment described herein has been corrected and complies with the requirements of the Florida traffic laws.

DATE: _____ ASSIGNED DHSMV AGENCY #: _____

Signed _____

(Name, Title, and ID#)

WITNESS LIST

CASE NUMBER: 19-003788

ARRESTING OFFICER: Craig Yochum

ADDRESS: 210 Military Trl. Jupiter, FL 33458

PHONE NUMBERS (HOME): _____ (WORK) (561) 746-6201

CAN TESTIFY TO: PC

NAME: Officer Riley Schneider

ADDRESS: 210 Military Trl. Jupiter, FL 33458

PHONE NUMBERS (HOME) _____ (WORK) (561) 746-6201

CAN TESTIFY TO: Supplement

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: _____

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: _____

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: _____

NOT A CERTIFIED COPY

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: 80-006240 Software: 8100.27
Date of Test: 08/17/2019

Date of Last Agency Inspection: 08/16/2019

Observation Period Began: 22:00

Subject's Name: JOSEPH A MENK

DOB: 03/03/1997 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	22:25
	Air Blank	0.000	22:25
	Control Test	0.081	22:26
	Air Blank	0.000	22:26
	Subject Sample #1	0.249	22:27
	Air Blank	0.000	22:28
	Air Blank	0.000	22:29
	Subject Sample #2	0.251	22:30
	Air Blank	0.000	22:31
	Control Test	0.081	22:31
	Air Blank	0.000	22:31
	Diagnostics Check	OK	22:31

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 THOMAS H. LEAHY, 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: T Leahy Date: 08/17/19
Signature

Sworn to (or affirmed) before me this 17th day of August, 2019
[Signature] 333 Ofc C. Vochum #383
Signature of Notary Public-State of Florida Printed Name of Notary Public-State of Florida

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 322.2615, F.S.



**PALM BEACH COUNTY SHERIFF'S OFFICE
DUI TESTING FACILITY
INFORMATION SHEET**

PBSO CASE # 19-105327 PBSO ZONE 3-11

AGENCY CASE # 19-003788 CRASH CASE # _____

TIME OF STOP/CRASH 2054 DATE 08/17/2019 DAY Sunday

SUBJECT'S NAME Menk Joseph A RACE W SEX M
LAST FIRST MID

HGT 5'08" WGT 160 DOB 03/03/1997

LOCATION 1500 N US Highway 1 Jupiter, FL 33477

ARRESTING OFFICER'S NAME & ID Craig Yochum #383 AGENCY Jupiter PD

DIVISION: Road Patrol

NOTIFIED BY COMMO Yes

ARRIVAL AT FACILITY 2200

ARREST TIME 2122

BREATH RESULTS:

- 1) .249
- 2) .251
- 3) N/A
- 4) N/A

TESTING OFFICER'S ID 19183 PBSO VIDEOTAPE # N/A

NOT A CERTIFIED COPY

SUBJECT: Ment, Joseph A CASE NUMBER: 19-003788

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 OR CRAIG YOCUM of the JUPITER 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.

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.

SUSPECT'S SIGNATURE: (X) Read on camera

SUBJECT: Ment, Joseph A CASE NUMBER: 19-003786

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: Off Craig Yochum

TESTING FACILITY TASK REPORT

AGENCY: JPD

SUBJECT: Menk, Joseph A

CASE NUMBER: 19-105327

DATE: 08/17/19

VIDEO TAPE NUMBER: N/A

BEGINNING TIME: 22:23

ENDING TIME: 22:34

BREATH TESTS RESULTS: 1) .249 TIME 22:27 A.M./PM 2) .251 TIME 22:31 A.M./PM
3) N/A TIME — A.M./P.M. 4) N/A TIME — A.M./P.M.

BREATH OPERATOR: T. Leakey #19183

MAINTENANCE TECHNICIAN: J Karlecke #6467

TESTING OFFICER'S OBSERVATIONS

SPEECH: thick, slurred

ATTITUDE: agitated, talkative, flighty

CLOTHING: blue shorts, lime green shirt, no shoes

MEDICAL CONDITIONS: None

MEDICATIONS: None

OTHER: eyes glassy + bloodshot

odor of unknown odor of alcoholic beverage in breath

COMMENTS: arrived at center also conducted 70 minute observation period at 22:00 hrs

Δ refused to provide breath test

also read I/c + Δ stated he understood I/c

Δ agreed to perform breath test.

Tech read breath test results + Δ stated he understood breath test results.

A/o did not rec'd rights or attempt Q+A



Palm Beach County Sheriff's Office – Arrests Only

	X	Florida State Statute	Description	Page Number(s)
I/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"/>			
Other	<input type="checkbox"/>	539.001 FS	Other: All records relating to pawnbroker transactions.	
	<input type="checkbox"/>	119.0712(2)	Other: Personal information contained within a motor vehicle record	

REVIEW COMPLETED BY

Booking Number: 2019026971	Date: 08/18/2019
	Specialist Name/ID: howardt/7185