J- 0509355 2019 CTO127165AMB R-1470

ARREST / NOTICE TO APPEAR
Juvenile Referral Report

OBTS Number | 1. Arrest 2. N.T.A. 3. Request for Warrant 4. Request for Capias: 1 | Juvenile: N

ADMINISTRATIVE

Agency ORI Number	Agency Name	Agency Report Number (N.T.A.'s only)
FLO 500000	PALM BEACH COUNTY SHERIFF'S OFFICE	06- 19091843

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 N/A

Multiple Clearance Indicator: 1

Location of Arrest (Including Name of Business)	Location of Offense (Business Name, Address)
SEMINOLE PRATT WHITNEY RD/ OKEECHOBEE BLVD LOXAHATCHEE,FL,33470	SEMINOLE PRATT WHITNEY RD/ OKEECHOBEE BLVD LOXAHATCHEE,FL,33470

Date of Arrest	Time of Arrest	Booking Date	Booking Time	Jail Date	Jail Time	Location of Vehicle
07/10/2019	22:00					

DEFENDANT

Name (Last, First, Middle): GAYNOR JOSHUA CHARLES — Alias (Name, DOB, Soc. Sec. #, Etc.)

Race (W - White I - American Indian B - Black 0- Oriental/Asian)	Sex	Date of Birth	Height	Weight	Eye Color	Hair Color	Complexion	Build
W	M	4/24/1994	5'10	135	BRN	BRN	MED	MED

Scars, Marks, Tatoos, Unique Physcal Features (Location, Type, Description): MULTIPLE TATTOOS

Marital Status: Single | Religion: CHRISTIAN | Indication of: Alcohol Influence Y, Drug Influence Y | N | Unk.

Local Address (Street, Apt. Number)	(City)	(State)	(Zip)	Phone	Residence Type: 1. City 2. County 3. Florida 4. Out of State
16786 83RD PL N	LOXAHATCHEE, FL, 33470			(561) 876-6286	2

Permanent Address (Street, Apt. Number)	(City)	(State)	(Zip)	Phone	Address Source
,				( )	FL DL

Business Address (Name, Street)	(City)	(State)	(Zip)	Phone	Occupation
				( )	UNEMPLOYED

D/L Number, State	Soc. Sec. Number	INS Number	Place of Birth (City, State)	Citizenship
G560423941440	[redacted]		WEST PALM, FL	YES

CO-DEF

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

JUVENILE

☐ Parent ☐ Legal Custodian ☐ Other: — 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 ☐ defendant and / or ☐ 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. ☐ Yes, by: (Name) ☐ No: (Reason)

School Attended | Grade

Property Crime? ☐ Yes ☐ No | Description of Property | Value of Property

CODE

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/Denv. P. Paraphernalia/ Equipment S. Synthetics U. Unknown Z. Other

CHARGE

Charge Description	Counts	Domestic Violence	Statute Violation Number	Violation of ORD #
DUI W / PROPERTY DAMAGE	1	☐Y ☒N	316.193(1)(a)(3)(c)(i)	

Drug Activity	Drug Type	Amount / Unit	Offense #	Warrant / Capias Number	Bond
N	N	N/A	19091843		OR

Charge Description	Counts	Domestic Violence	Statute Violation Number	Violation of ORD #
		☐Y ☒N		

Drug Activity	Drug Type	Amount / Unit	Offense #	Warrant / Capias Number	Bond
/	/	/			

Charge Description	Counts	Domestic Violence	Statute Violation Number	Violation of ORD #
		☐Y ☐N		

Drug Activity	Drug Type	Amount / Unit	Offense #	Warrant / Capias Number	Bond

Charge Description	Counts	Domestic Violence	Statute Violation Number	Violation of ORD #
		☐Y ☐N		

Drug Activity	Drug Type	Amount / Unit	Offense #	Warrant / Capias Number	Bond

NOTICE TO APPEAR

Location (Court, Room Number, Address)
3228 GUN CLUB RD WEST PALM BEACH FL 33406

Court Date and Time
Month 8 Day 1 Year 2019 Time 0830 AM X PM

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

JG
Signature of Defendant (or Juvenile and Parent /Custodian) — Date Signed: 07/10/2019

2019 JUL 11 AM 8:30

ADMIN

HOLD for other Agency Name:	Signature of Arresting Officer: x	Name Verification (Printed by Arrestee) (PRINT):
☐ Dangerous ☐ Resisted Arrest ☐ Suicidal ☐ Other:	Name of Arresting Officer (Print): INV. G. LYNCH 8568 I.D. #: 8568	
Intake Deputy: DS Collins 7699 I.D. #: Pouch #:	Transporting Officer: INV. G. LYNCH 8568 ID #: 8568 Agency: PBSO	Witness here if subject signed with an -X":

SCANNED JUL 15 2019

PAGE 1 OF 1

DISTRIBUTION: WHITE - COURT COPY GREEN - STATE ATTORNEY YELLOW - AGENCY PINK - AGENCY GOLD - DEFENDANT (N.T.A.'s ONLY)

PBSO #148 REV. 8/97

D/S Orozco 8057 P310

Orozco 8057

PALM BEACH COUNTY SHERIFF'S OFFICE – **SWORN STATEMENT**

Per FL statute 837.012, whoever knowingly makes a false statement under oath shall be guilty of a misdemeanor of the first degree punishable by imprisonment up to 1 year.

☐ WITNESS ☐ VICTIM ☐ OTHER

CASE #: 19-091823	ZONE: 15:11	SUSPECT: Joshua C Gaynor	DATE & TIME OF ORIGINAL EVENT/OFFENSE: 7/10/19 2045
EVENT TYPE: Crash		DEPUTY: D Liming	ID#: 28279

COMPLETE EVERYTHING BELOW – PRINT LEGIBLY

LAST NAME:	FIRST NAME:	MIDDLE INITIAL:	RACE:	SEX:
Williams	Shakayla	R	B	F

DATE OF BIRTH: (MM/DD/YYYY)	YOUR HEIGHT:	YOUR WEIGHT:	YOUR HAIR COLOR:	YOUR EYE COLOR:
01/06/1996	130lbs	5'2	Black	Brown

YOUR HOME ADDRESS: ☐ CHECK IF HOMELESS	CITY:	STATE:	ZIP:
15565 98th PL. North Loxahatchee, FL	Loxahatchee	FL	33470
YOUR WORK NAME & ADDRESS: ☐ CHECK IF UNEMPLOYED OR RETIRED	**CITY:**	**STATE:**	**ZIP:**

WORK PHONE: ☐ CHECK IF NONE	CELL PHONE: ☐ CHECK IF NONE	HOME PHONE: ☐ CHECK IF NONE	EMAIL: ☐ CHECK IF NONE
( )	(561) 502-4068	( )	Williams-Shakayla@yahoo.com

WRITE WHAT HAPPENED IN YOUR WORDS IN FULL DETAIL – PRINT LEGIBLY

1 YOUR NAME: Shakayla Williams

DO HEREBY VOLUNTARILY MAKE THE FOLLOWING STATEMENT WITHOUT THREAT, COERCION, OFFER OF BENEFIT, OR FAVOR BY ANY PERSONS WHOMSOEVER...

When I merged into the left lane on Seminole Pratt I checked my rear view mirror and noticed the car behind me was not too close to mine's. AS Soon as I took my eyes off from the mirror and back onto the road I was Struck by the car behind me. Then when the police pulled up I saw a White male step out of the damaged car. He was wearing blue denim jeans and a button down Shirt.

PAGE 1 OF 1

READ AND SIGN

I SWEAR AND AFFIRM THIS AND/OR THE ATTACHED STATEMENTS ARE CORRECT AND TRUE:

YOUR SIGNATURE: X Shakayla W.

☐ DEPUTY SHERIFF ☐ NOTARY PUBLIC FSS: 117.10

SWORN TO AND SUBSCRIBED BEFORE ME TODAY:

DATE: 7/10/19 TIME: 2152

SIGNATURE _____ ID: 28279

*IF YOU **DO NOT WISH TO PROSECUTE**, COMPLETE THE ABOVE STATEMENT, READ THIS DISCLAIMER AND INITIAL BELOW:* I AM OF LEGAL AGE AND I AM THE REPORTED VICTIM OF A CRIME UNDER FLORIDA LAW. I HEREBY STATE THAT I **WILL NOT** COOPERATE ANY FURTHER WITH THE INVESTIGATION OF THE ALLEGED CRIME. I FURTHER RELEASE THE PALM BEACH COUNTY SHERIFF'S OFFICE OF ANY PRESENT OR FUTURE RESPONSIBILITY AS TO MY CASE. I ACKNOWLEDGE THAT I UNDERSTAND MY RIGHTS AS A CRIME VICTIM, **PARTICULARLY REGARDING VICTIM COMPENSATION ELIGIBILITY**, WHICH INCLUDES SUCH BENEFITS AS REIMBURSEMENT FOR: DISABILITY; LOST WAGES; LOSS OF SUPPORT; MEDICAL, DENTAL, MENTAL HEALTH COUNSELING AND FUNERAL EXPENSES. I AM AWARE I MAY BE GIVING UP THESE RIGHTS FOR MY FAMILY AND MYSELF BY INITIALLING BELOW. I AM TAKING THIS POSITION OF MY OWN FREE WILL KNOWING THAT THE CASE CAN ONLY BE FURTHER INVESTIGATED AND PROSECUTED WITH MY COOPERATION. ☐ DO NOT WISH TO PROSECUTE (INITIAL _____)

(PROSECUTION WAIVER NOT TO BE USED FOR CASES INVOLVING DOMESTIC OR DATING VIOLENCE PER G.O. 508.00)

WHITE **- RECORDS COPY** ***CANARY*** **- STATE ATTORNEY COPY** ***PINK*** **- OFFICER'S COPY** ***GOLD*** **- WITNESS / VICTIM COPY**

PBSO #0134 REV. 12/11

D.U.I. PROBABLE CAUSE AFFIDAVIT

ON THE 10 DAY OF JLUY 20 19, AT 20:50 AM ✓ PM

SUBJECT: GAYNOR JOSHUA CHARLES CASE NUMBER: 19091843

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

PERSONAL CONTACT

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

On 7/10/19 I responded to Seminole Pratt Whitney Rd/ Okeechobee Blvd, in Palm Beach County, in reference to a vehicle crash (PBSO case 19091823), with a possibly impaired driver. Upon arrival I observed a white Ford Mustang, bearing FL tag 246QDT, in the inside northbound lanes. The Mustang had front end damage and was obviously involved in the crash. I observed a green Ford Pickup truck with rear end damage, also obviously involved in the crash. Deputies on scene advised that there were several bottle of moonshine located on the front passenger seat of the mustang. Shortly after their arrival the driver of the Mustang, Joshua Gaynor, had attempted to hide the bottles under the seat of the vehicle.

I spoke with the driver of the truck, Shakayla Williams, who gave sworn written statement. Williams advised she was traveling north on Seminole Pratt Whitney Rd, in the left lane. Williams saw the Mustang in her rear view mirror a distance back. Moments later Williams truck was struck from behind by the Mustang. Williams positively identified Gaynor as the driver of the Mustang.

OBSERVATION OF DRIVER:

I met with Gaynor, who was standing in the median. I had Gaynor stand in front of my patrol car. I immediately observed Gaynor's eyes to be glassy. I advised Gaynor that the crash investigation was complete and I was going to conduct a criminal DUI investigation, which he advised he understood. I advised Gaynor of Miranda warnings, which he advised he understood. I asked Gaynor about the crash and he stated he was driving north on Seminole Pratt Whitney Rd, in the left lane. The truck slowed and he struck the truck from behind. Gaynor claimed that he had hydroplaned and it was the first time he has experienced it. Gaynor advised that he was not injured and did not need EMS or a hospital. Gaynor advised that he had no other medical issues or problems with his eyes. Gaynor advised he did take Nexium, an over the counter medication. Gaynor denied drinking any alcohol. While speaking with Gaynor I noticed an odor of an unknown alcoholic beverage coming from his breath, which got stronger when he spoke. I asked Gaynor about the odor of alcohol on his breath and he stated that I was probably smelling Altoid mints. I asked Gaynor about the bottles of liquor in his car. Gaynor advised that he was supposed to bring them to a party the following day. Based on my observations of Gaynor I asked him to perform standard field sobriety tasks.

DRIVER'S STATEMENTS:

ODORS:

ODOR OF AN UNKNOWN ALCOHOLIC BEVERAGE COMING FROM SUBJECT'S BREATH.

GENERAL OBSERVATIONS

SPEECH:

ATTITUDE: **Calm/ cooperative/ respectful**

CLOTHING:

MEDICAL/OTHER:

STATE OF FLORIDA
COUNTY OF PALM BEACH

INV. G. LYNCH 8568
(Signature of Arresting/Investigative Officer)

The foregoing instrument was sworn to or affirmed and subscribed before me this 10 day of JULY 20 19 by **INV. G. LYNCH 8568**

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

Shari O'Neal (#6212)
Notary Public, Clerk of Court, Officer (F.S.S 117.10)

SHARI L. O'NEAL
Notary Public - State of Florida
Commission
My Comm. Expires

D.U.I. PROBABLE CAUSE AFFIDAVIT

ON THE 10 DAY OF JLUY 20 19, AT 20:50 AM ✓ PM

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ODORS:

ODOR OF AN UNKNOWN ALCOHOLIC BEVERAGE COMING FROM SUBJECT'S BREATH.

GENERAL OBSERVATIONS

SPEECH:

ATTITUDE: **Calm/ cooperative/ respectful**

CLOTHING:

MEDICAL/OTHER:

STATE OF FLORIDA
COUNTY OF PALM BEACH

INV. G. LYNCH 8568
(Signature of Arresting/Investigative Officer)

The foregoing instrument was sworn to or affirmed and subscribed before me this 10 day of JULY 20 19 by **INV. G. LYNCH 8568**

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

Shari O'Neal (#6212)
Notary Public, Clerk of Court, Officer (F.S.S 117.10)

SHARI L. O'NEAL
Notary Public - State of Florida
Commission # [illegible]
My Comm. Expires [illegible]

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

I, INV. G. LYNCH 8568 , a duly certified Law Enforcement Officer or Correctional Officer,
(Name of Officer reading Implied Consent Warning)

am a member of PALM BEACH COUNTY SHERIFFS OFFICE , and I do swear
(Name of law enforcement agency)

or affirm that on or about the 10 day of JULY , 20 19 , at 22:00 ☒ P.M ☐ A.M.

DRIVER JOSHUA CHARLES GAYNOR ,
(Type or Print) FIRST NAME MIDDLE OR MAIDEN NAME LAST NAME

DL# G560423941440 , state of FL , was placed under lawful arrest for

the offense of DUI by INV. G. LYNCH 8568 and
(Name of Arresting Officer)

issued Citation # A2G3UNP .

That on or about the 10 day of JULY , 20 19 , at 22:47 ☒ 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 of Law Enforcement Officer or
Correctional Officer

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

S. ANN L. O'NEAL
Notary Public - State of Florida
Commission # FF 961354
My Comm. Expires Nov 30, 2022
Bonded through National Notary Assn.

(AFFIX SEAL)

The foregoing instrument was sworn and subscribed before
me this 10 day of JULY , 20 19 ,
by INV. G. LYNCH 8568 ,
who is personally known to me or who has produced
KNOWN as identification

Notary Public S. O'Neal

The foregoing instrument was sworn and subscribed before me:

Signature of Attesting Officer

Title

Date

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.

HSMV-BAR1001 (REV. 10/2016)

FLORIDA DUI UNIFORM TRAFFIC CITATION A2G3UNP

COUNTY OF Palm Beach ☐ (1) F.H.P. ☐ (2) P.D. ☒ (3) S.O. ☐ (4) OTHER

CITY (IF APPLICABLE) AGENCY NAME PBSO

AGENCY #

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	MONTH	DAY	YEAR		
WED	7	10	2019	22:47	☐ A.M. ☐ P.M.

NAME (FIRST) Joshua MIDDLE Charles LAST Gaynor

STREET 16786 83rd PLN IF DIFFERENT THAN ONE ON DRIVER LICENSE "X" HERE ☐

CITY Loxahatchee STATE FL ZIP CODE 33470

TELEPHONE NUMBER	DATE OF BIRTH	MO	DAY	YR	RACE	SEX	HGT
		4	24	94	W	M	5'10

DRIVER LICENSE NUMBER G560423941440 STATE FL CLASS E CDL LICENSE ☐ Y ☒ N YR LICENSE EXP. 2020 COMMERCIAL VEHICLE ☐ YES ☐ NO

YR VEHICLE	MAKE	STYLE	COLOR	PLACARDED HAZARDOUS MATERIAL
2016	Ford	2Dr	White	☐ YES ☐ NO

VEHICLE LICENSE NO.	TRAILER TAG NO.	STATE	YEAR TAG EXPIRES	2-16 PASSENGERS	MOTORCYCLE	COMPANION CITATION(S)
Z46 QDJ		FL	2020	☐ YES ☐ NO	☐ YES ☐ NO	☐ YES ☐ NO

UPON A PUBLIC STREET OR HIGHWAY, OR OTHER LOCATION, NAMELY Seminole Pratt Whitney Rd / Okeechobee Blvd

FT. ____ MILES ☒ N ☐ S ☐ E ☐ W OF NODE ____

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 Refused

COMMENTS PERTAINING TO OFFENSE: (Only one offense each citation) RE-EXAM ☐ YES ☒ NO

☐ AGGRESSIVE DRIVER	PASSENGER < 18 YEARS	STATE STATUTE	SECTION	SUBSECTION
	☐ YES ☒ NO		316.193	(3)(c)1

CRASH	DAMAGE TO OTHER PROPERTY	INJURY TO ANOTHER	SERIOUS BODILY INJURY TO ANOTHER	FATAL
☒ YES ☐ NO	☒ YES $ 1,000 ☐ NO	☐ YES ☒ NO	☐ YES ☒ NO	☐ YES ☒ NO

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

8/1/19 COURT DATE 8:30 AM TIME

A2G3UNP

3228 Gun Club Rd COURT ADDRESS AND LOCATION West Palm, FL 33406

ARREST DELIVERED TO ____ DATE ____

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.

X 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 ____

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 954-677-5800 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.

Ian Lynch		8568		DUI
RANK - SIGNATURE OF OFFICER		BADGE NO.	I.D. NO.	TROOP UNIT

HSMV 75904 (Rev. 7/13)

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 #: **ABZWLUE**

County: **PALM BEACH** County Code: **06**
City: City Code: **00**
Date/Time: **Wed 07/10/2019 11:15 PM** Agency Type: **SO**

VIOLATOR

First Name: **JOSHUA** Middle: **CHARLES**
Last: **GAYNOR** DOB: **04/24/1994**
Address: **16786 83RD PL N**
City: **LOXAHATCHEE** State: **FL** Zip: **33470**
Telephone: Race: **W** Sex: **M** Hgt: **509**
DL #: **G560423941440** DL State: **FL** Lic. Expires: **2020**
CDL: **N** Ethnicity: Class: **E** Diff. Addr. on DL: **N**

REGISTRATION

Yr. Veh: **2016** Veh. Tag: **246QDT**
Color: **WHI** Trailer Tag:
Make: **FORD** Yr. Tag Expires: **20** State: **FL**
Style: **2D**
Comm. Mtr. Veh.: **N** Plac. Haz. Mat: **N**
>= 16 Passengers: **N** Motorcycle: **N**

LOCATION

Upon a Public Street or Highway or Other Location Namely:
SEMINOLE PRATT WHITNEY RD/ OKEECHOBEE BLVD

Located Ft. Miles **N** Of Node

VIOLATION

Did unlawfully commit the following Offense, In violation of State Statute,
ALCOHOLIC BEVERAGE, OPEN CONTAINER, DRIVER: **316.1936(2)(A)**
3 JARS OF MOONSHINE, SEVERAL SMALL BOTTLES OF PINEAPPLE LIQUOR
Speed - Enhanced Penalty Zone: **N**
Unlawful Speed: Posted Speed:
Crash: **Y** Prop. Dam.: **N** Prop. Dam. Amt.: 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.: **REFUSED**

COURT INFORMATION

Infraction, Court Required
PALM BEACH COUNTY COURTHOUSE CRIMINAL JUSTICE COMPLEX
3228 GUN CLUB ROAD
WEST PALM BEACH, FL 33406
Court Date: **08/01/2019**
Court Time: **8:30 AM**
Civil Penalty: **TO BE SET**

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: **INV. G. LYNCH** Officer ID: **8568**
Case number: **19091843** Troop/Unit: **VCD/DUI WEST BRANCH 1823**
Agency Name: **PALM BEACH SHERIFF'S OFFICE**
Agency #:

TESTING FACILITY TASK REPORT

AGENCY: PBSO Inv. Lynch #2262

SUBJECT: Guyton, Johnny C. CASE NUMBER: 14-041843

DATE: 07-10-14 VIDEO TAPE NUMBER: 1

BEGINNING TIME: 2245hrs ENDING TIME: 2252hrs

BREATH TESTS RESULTS: 1) ~~TIME~~ REFUSED TIME 2247 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. O'Neal #6212

MAINTENANCE TECHNICIAN: Cpl. Pouliere #6467

TESTING OFFICER'S OBSERVATIONS

SPEECH: _____

ATTITUDE: Calm, Cooperative

CLOTHING: Shirt: Blue/Light Blue Pants: Blue Jeans

MEDICAL CONDITIONS: ~~No~~ Gastronitis - UV Spelling

MEDICATIONS: Yes

OTHER: Eyes: Red, Glossy

#2262

COMMENTS: 20 min. observation done by AIO Lynch.
AIO requested the breath test.
D refused the request.
AIO read the implied consent on camera.
D understood the IC as read.
D still refused after the IC was read.
C/N read on camera.
Q+A conducted

SUBJECT: Guyton, Jonna C. CASE NUMBER: 19-041893

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 Dep. Lyons #5768 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) Refused to Consent

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) Refused to Consent

WHITE - STATE ATTY. YELLOW - DHSMV PINK - CENTRAL RECORDS GOLD - JAIL

PBSO #0129B REV. 06/11

SUBJECT: Guyton, [illegible] C. CASE NUMBER: 14-0[illegible]

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? [illegible]

DIRECTION OF TRAVEL? W WHERE DID YOU START? [illegible]

WHAT TIME DID YOU START? [illegible] WHAT TIME IS IT NOW? [illegible]

WHAT IS TODAY'S DATE? 7/9 WHAT DAY OF THE WEEK IS IT? [illegible]

WHAT COUNTY AND CITY ARE YOU IN NOW? [illegible]

WHEN DID YOU LAST EAT? [illegible] WHAT DID YOU EAT? [illegible]

WHAT HAVE YOU BEEN DOING FOR THE LAST THREE HOURS? [illegible]

HOW MUCH DO YOU WEIGH? 135 HAVE YOU BEEN DRINKING? no 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? 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? employed WHEN DID YOU LAST WORK? 2/28/14

DO YOU HAVE ANY PHYSICAL DEFECTS OR INJURIES? yes WHAT? [illegible]

ARE YOU SICK OR INJURED? no WHAT'S WRONG? 44, 45

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

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? no
- GLASS EYE? no
- FALSE TEETH? no
- EAR INFECTION? no
- INNER EAR TROUBLE? no
- DIABETES? no

DO YOU HAVE ANY PROBLEMS WITH YOUR EYES THAT ARE NOT CORRECTED BY GLASSES? [illegible]

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

HAVE YOU EVER HAD A DRIVER'S LICENSE IN ANY OTHER STATE? no WHERE? _____

INTERVIEWER: _____

SUBJECT: Guy, Or. Joshua C. CASE NUMBER: 14-041842

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? Seminole pratt whitney Rd

DIRECTION OF TRAVEL? W WHERE DID YOU START? Grace Chapel

WHAT TIME DID YOU START? 5:45 pm WHAT TIME IS IT NOW? 10:15 pm

WHAT IS TODAY'S DATE? 7/5 WHAT DAY OF THE WEEK IS IT? ~~Sunday~~ saturday

WHAT COUNTY AND CITY ARE YOU IN NOW? Palm Beach county, west palm beach

WHEN DID YOU LAST EAT? 4:30 pm WHAT DID YOU EAT? spaghetti & meatballs

WHAT HAVE YOU BEEN DOING FOR THE LAST THREE HOURS? play w/ kids for church

HOW MUCH DO YOU WEIGH? 135 HAVE YOU BEEN DRINKING? no 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? 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? unemployed WHEN DID YOU LAST WORK? 2/28/14

DO YOU HAVE ANY PHYSICAL DEFECTS OR INJURIES? yes WHAT? nerve damage in lumbar spine L4, L5

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

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

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?	no
GLASS EYE?	no
FALSE TEETH?	no
EAR INFECTION?	no
INNER EAR TROUBLE?	no
DIABETES?	no

DO YOU HAVE ANY PROBLEMS WITH YOUR EYES THAT ARE NOT CORRECTED BY GLASSES? astigmatism

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

HAVE YOU EVER HAD A DRIVER'S LICENSE IN ANY OTHER STATE? no WHERE? —

INTERVIEWER: —

SUBJECT: Guyton, Joshua C. CASE NUMBER: 19-091893

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 Inv. Lynch #8563 of the PSO.

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) Refused to Comply

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) Refused to Comply

TESTING FACILITY TASK REPORT

AGENCY: PBSO Inv. Lynch #2262

SUBJECT: Gaynor, Joshua C. CASE NUMBER: 14-041843

DATE: 07-10-14 VIDEO TAPE NUMBER: 1

BEGINNING TIME: 2247 hrs ENDING TIME: 2302 hrs

BREATH TESTS RESULTS: 1) REFUSED TIME 2247 A.M./P.M. 2) _____ TIME _____ A.M./P.M.

3) _____ TIME _____ A.M./P.M. 4) _____ TIME _____ A.M./P.M.

BREATH OPERATOR: T. O'Neal #6212

MAINTENANCE TECHNICIAN: Cpl. Pawlicke #6967

TESTING OFFICER'S OBSERVATIONS

SPEECH:

ATTITUDE: Calm, Cooperative

CLOTHING: Shirt: Blue/Light Blue Pants: Blue Jeans

MEDICAL CONDITIONS: ~~No~~ Gastroenitis - unspelling

MEDICATIONS: Yes

OTHER: Eyes: Red, Glassy

#2262

COMMENTS: 20 min. observation done by P/O Lynch.
P/O requested the breath test.
D refused the request.
P/O read the implied consent on camera.
D understood the I/C as read.
D still refused after the I/C was read.
C/N read on camera.
Q+A conducted

WITNESS LIST

CASE NUMBER: 19091843

ARRESTING OFFICER: INV. G. LYNCH 8568
ADDRESS: HQ
PHONE NUMBERS (HOME): (WORK) 561 688 3000
CAN TESTIFY TO: FACTS OF CASE

NAME: SHAKAYLA WILLIAMS
ADDRESS: 15565 89TH PL N LOXAHATCHEE, FL, 33470
PHONE NUMBERS (HOME) 561 502 4068 (WORK)
CAN TESTIFY TO: CRASH/ IDENTIFY DRIVER

NAME:
ADDRESS
PHONE NUMBERS (HOME) (WORK)
CAN TESTIFY TO:

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ADDRESS
PHONE NUMBERS (HOME) (WORK)
CAN TESTIFY TO:

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

I, INV. G. LYNCH 8568 , a duly certified Law Enforcement Officer or Correctional Officer,
(Name of Officer reading Implied Consent Warning)

am a member of PALM BEACH COUNTY SHERIFFS OFFICE , and I do swear
(Name of law enforcement agency)

or affirm that on or about the 10 day of JULY , 20 19 , at 22:00 ☒ P.M ☐ A.M.

DRIVER JOSHUA CHARLES GAYNOR ,
(Type or Print) FIRST NAME MIDDLE OR MAIDEN NAME LAST NAME

DL# G560423941440 , state of FL , was placed under lawful arrest for

the offense of DUI by INV. G. LYNCH 8568 and
(Name of Arresting Officer)

issued Citation # A2G3UNP .

That on or about the 10 day of JULY , 20 19 , at 22:47 ☒ 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 of Law Enforcement Officer or
Correctional Officer

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

SHARI L. O'NEAL
Notary Public - State of Florida
Commission # FF 966854
My Comm. Expires Jun 25, 2020
Bonded through National Notary Assn.

(AFFIX SEAL)

The foregoing instrument was sworn and subscribed before me this 10 day of JULY , 20 19 , by INV. G. LYNCH 8568 , who is personally known to me or who has produced KNOWN as identification

Notary Public S. O'Neal

The foregoing instrument was sworn and subscribed before me:

Signature of Attesting Officer

Title

Date

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.

HSMV-BAR1001 (REV. 10/2016)

PALM BEACH COUNTY
SHERIFF'S OFFICE
Florida State Statute Exemption Sheet

Palm Beach County Sheriff's Office – Arrests Only

	X	Florida State Statute	Description	Page Number(s)
L/E Exemptions	☐	119.071(2)(d)	Surveillance techniques, procedures and personnel; inventory of law enforcement resources, policies or plans pertaining to mobilization deployment or tactical operations.	
	☐	943.053, 943.0525	NCIC/FCIC/FBI and in-state FDLE/DOC.	
	☐	119.071(4)(c)	Undercover personnel.	
	☐	119.071(2)(f)	Confidential informants (CIs).	
	☐	119.071(2)(e)	Confession.	
Public Info. Exemptions	☐	985.04(1)	Juvenile offender records.	
	☐	119.071(h)(i)	Assets of a crime victim.	
	☐	395.3025(7)(a), 456.057(7)(a)	Medical information.	
	☐	394.4615(7)	Mental health information.	
	☐	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)	☒	(iii) 119.0714(1)(i)-(j), (2)(a)-(e)	Social Security, bank account, charge, debit, and credit card numbers.	2
	☐	(viii) 394.4615(7)	Clinical records under the Baker Act.	
	☐	(xii) 741.30(3)(b)	The victim's address in a domestic violence action on petitioner's request.	
	☐	(xiii) 119.071(2)(h), 119.0714(1)(h)	Protected information regarding victims of child abuse or sexual offenses.	
	☐			
	☐			
	☐			
	☐			
	☐			
Other	☐	539.001(b)-(l)FSS, 539.003FSS	Other: Pawn Broker Information.	
	☐	3119.0712 (2)	Other: Personal Information Contained in a Motor Vehicle Record	

REVIEW COMPLETED BY

Booking Number: 2019022608	**Date:** 7/11/2019
	Specialist Name/ID: M. Tooks #8557