

J. 03 086951801 9077 3603
ARREST / NOTICE TO APPEAR

OBTS Number	Agency ORU Number 0501700		Agency Name Jupiter Police Department	Agency Report Number (N.T.A.'s only) 5 4 18-002634	Arrest 2. N.T.A.	Request for Warrant 3. 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 02	
Location of Arrest (Including Name of Business) 1150 W INDIANTOWN RD, JUPITER, FL				Location of Offense (Business Name, Address) 1299 W INDIANTOWN RD/N DELAWARE BLVD, JUPITER, FL			
Date of Arrest 05/16/2018	Time of Arrest 19:17	Booking Date 05/16/2018	Booking Time 19:27	Jail Date	Jail Time	Location of Vehicle EAST COAST TOWING	

Name (Last, First, Middle) MCCAULEY, JUSTIN CONOR		Alias:		Alias (Name, DOB, Soc. Sec. #, Etc.)					
Race W - White B - Black	1 - American Indian O - Oriental/Asian	Sex M	Date of Birth 12/29/1981	Height 5'08	Weight 140	Eye Color BLUE	Hair Color BROWN	Complexion M	Build Thin
Scars, Marks, Tattoos, Unique Physical Features (Location, Type, Description)				Marital Status S	Religion	Indication of: Alcohol Influence Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Drug Influence Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Unk. <input type="checkbox"/>			
Local Address (Street, Apt. Number) 117 OCEAN COVE DR, JUPITER, FL 33477			(City)	(State)	(Zip)	Phone (561) 202-7115			Residence Type: 1. City <input checked="" type="checkbox"/> 2. County <input type="checkbox"/> 3. Florida <input type="checkbox"/> 4. Out of State <input type="checkbox"/> 1
Permanent Address (Street, Apt. Number) 117 OCEAN COVE DR, JUPITER, FL 33477			(City)	(State)	(Zip)	Phone (561) 202-7115			Address Source DL
Business Address (Name, Street)			(City)	(State)	(Zip)	Phone			Occupation
D/L Number, State M240423814690 / FL		Soc. Sec. Number	INS Number	Place of Birth (City, State) LONG BEACH, NY		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
1-OR						
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
Name (Last, First, Middle)			Residence Phone			
Address (Street, Apt. Number)			Business Phone			
Address (Street, Apt. Number)			Business Phone			
Address (Street, Apt. Number)			Business Phone			

Notified by: (Name)	Date	Time	JUVENILE DISPOSITION 1. Handled/Processed within Department and Released 2. TOT JAC 3. Incarcerated
Released To: (Name)	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
Property Crime? <input type="checkbox"/> Yes <input checked="" 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. Disperse/ Distribute	M. Manufacture/ Product/ 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 - DRIVING WHILE UNDER INFLUENCE	Statute Violation Number 316.193(1)	Violation of ORD #					
Drug Activity	Drug Type	Amount / Unit	Offense #	Counts	Domestic Violence	Warrant / Capias Number	Bond
	N			1	<input type="checkbox"/> Y <input checked="" type="checkbox"/> N		
Charge Description DUI - REFUSAL TO SUBMIT TO DUI BREATH TEST WITH A PREVIOUS R	Statute Violation Number 316.1939	Violation of ORD #					
Drug Activity	Drug Type	Amount / Unit	Offense #	Counts	Domestic Violence	Warrant / Capias Number	Bond
	N			1	<input type="checkbox"/> Y <input checked="" type="checkbox"/> N		
Charge Description	Statute Violation Number	Violation of ORD #					

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"/> Deformities <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	PROPERTY - Received By
<input type="checkbox"/> Posted Bond <input type="checkbox"/> South County Mental Health	Released By MAY 16 10:48 AM
Transported By	Date Transported
	Time Transported
	Other

<input checked="" type="checkbox"/> INSTRUCTION NO. 1 - Mandatory appearance in court	Location (Court, Room) North County PALM BEACH GARD
<input type="checkbox"/> INSTRUCTION NO. 2 - You need not appear in Court but must comply with instructions on Page 2.	Court Date and Time 06/20/2018 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 CONTEMPT OF COURT AND A WARRANT FOR MY ARREST SHALL BE ISSUED.	
Signature of Defendant (or Juvenile and Parent/Custodian)	Date Signed 5/16/18

HOLD for Other Agency	Signature of Arresting Officer	Name Verification (Printed by Arrestee)
<input type="checkbox"/> Dangerous <input type="checkbox"/> Suicidal	Name of Arresting Officer (Print) BORROW'S ANDREW	(PRINT)
<input type="checkbox"/> Resisted Arrest <input type="checkbox"/> Other	I.D.# 1138	
Incident Number 05 0001 8033	Transportation Agency JPD	Agency JPD
Pouch #	I.D.#	Agency
		Witness here if subject signed with an "X"

COURT STATE ATTORNEY AGENCY GENERAL RECORDS JAIL CRIME ANALYSIS P.O. DEFENDANT

TURNER

2018

PROBABLE CAUSE AFFIDAVIT

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

1 JUVENILE

OBTs Number	Agency ORI Number FL 0501700		Agency Name JUPITER POLICE DEPARTMENT	Agency Report Number 5 4 18-002634
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Charge Type: Check as many as apply.	<input type="checkbox"/> 1. Felony	<input checked="" type="checkbox"/> 3. Misdemeanor	<input type="checkbox"/> 5. Ordinance	Special Notes:
	<input type="checkbox"/> 2. Traffic Felony	<input checked="" type="checkbox"/> 4. Traffic Misdemeanor	<input type="checkbox"/> 6. Other	

Name (Last, First, Middle) MCCAULEY, JUSTIN CONOR	Alias	Race W	Sex M	Date of Birth 12/29/1981
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Charge Description 316.193(1) DUI - DRIVING WHILE UNDER INFLUENCE	Charge Description 316.199 DUI - REFUSAL TO SUBMIT TO DUI BREATH TES
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Victim's Name (Last, First, Middle) State Of Florida	Race	Sex	Date of Birth
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Local Address (Street, Apt. Number)	(City)	(State)	(Zip)	Phone	Address Source
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Business Address (Name, Street)	(City)	(State)	(Zip)	Phone	Occupation
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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 16 day of May, 2018 at 18:59 (Specifically include facts constituting cause for arrest.)

On the above date at approximately 1859 hours, I responded to the area of West Indiantown Road and Chasewood Drive in reference to a reportedly reckless driver.

An anonymous caller notified Jupiter Police Dispatch that a male in a white Nissan 4 door traveling east was possibly drunk. The caller provided a description of the vehicle and followed it. I saw the vehicle traveling east in the middle lane as reported, with a Ford pickup behind it. I entered traffic and began to follow the vehicle. When I attempted to activate my camera, I realized that an apparent glitch had caused it to fail to start with my vehicle like it normally does. I manually started the camera. As the camera was booting, traffic was flowing eastbound. I saw the vehicle swerve to its right and partially exit its lane in the area of Center Street. The vehicle continued to drift within its lane and left it on more than one occasion, coming close to striking cars around it. As the vehicle continued east, it began to speed up, and I paced it at a speed of over 53 miles per hour (posted 45 mile per hour zone) as it traveled east. I initiated a traffic stop of the vehicle just past Delaware Boulevard. The vehicle pulled over to the right and stopped in a nearby plaza.

I walked up to the vehicle and made contact with the sole occupant/registered owner, Justin McCauley. I immediately smelled the overwhelming odor of an unknown alcoholic beverage on McCauley's breath and coming from within the vehicle. McCauley had bloodshot, glassy eyes. I observed ptosis. I asked McCauley if he'd been drinking and he stated he had not. McCauley's speech was heavily slurred. I asked McCauley if he had any medical conditions and he indicated that he took Xanax, which was not a direct answer to the question I asked.

A short time later I had McCauley exit his vehicle. He had pronounced gait ataxia and attempted to stay leaning on his vehicle. McCauley was swaying while standing still and generally unsteady on his feet. I asked McCauley to complete roadsides. McCauley

SWORN AND SUBSCRIBED BEFORE ME	SIGNATURE OF ARRESTING / INVESTIGATING OFFICER <i>[Signature]</i>
NOTARY PUBLIC / CLERK OF COURT / OFFICER (F.S. § 119.07) OWEN State of Florida-Notary Public Commission # FF093160 My Commission Expires May 30, 2018	BORROWS, ANDREW (1138) NAME OF OFFICER (PLEASE PRINT)
05/16/2018 DATE	05/16/2018 DATE

PROBABLE CAUSE AFFIDAVIT
SUPPLEMENT

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

1 JUVENILE

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	<input type="checkbox"/> 2. Traffic Felony	<input checked="" type="checkbox"/> 4. Traffic Misdemeanor	<input type="checkbox"/> 6. Other	

Name (Last, First, Middle) MCCAULEY, JUSTIN CONOR	Alias	Race W	Sex M	Date of Birth 12/29/1981
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stated he just wanted to go home and asked for a ride. McCauley was indecisive so I advised McCauley of his Taylor Warnings. McCauley eventually refused to complete the tasks. I placed McCauley under arrest for DUI. I secured McCauley in handcuffs which I checked for spacing and double locked. I then transported McCauley to the Jupiter Police Department so I could pick up paperwork before transporting McCauley to the Palm Beach County Breath Alcohol Testing Facility.

I conducted a 20 minute observation period with McCauley. I then requested that McCauley provide a sample of his breath. McCauley agreed. McCauley provided one sample of .352. He then refused to provide a second sample. I read Implied Consent to McCauley which he indicated he understood and again refused to provide a sample of his breath. I did not read McCauley his Miranda Warnings or attempt an interview due to McCauley's high apparent state of intoxication.

McCauley's DHSMV return indicates that he has a prior suspension for refusal to submit to DUI chemical testing.

I then completed my paperwork and transported McCauley to the Jupiter Medical Center for medical clearance prior to booking McCauley into the Palm Beach County Jail. I charged McCauley with DUI per FSS 316.193(1) and 2nd or Subsequent Refusal to Submit to Lawful Test of Breath or Urine per FSS 316.1939.

SWORN AND SUBSCRIBED BEFORE ME	SIGNATURE OF ARRESTING / INVESTIGATING OFFICER <i>[Signature]</i>
NOTARY PUBLIC / CLERK OF COURT / OFFICER (F.S.S. 117.10)	BORROWS, ANDREW (1138) NAME OF OFFICER (PLEASE PRINT)
	05/16/2018 DATE
	PAGE 2 OF 2

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: 80-006238 Software: 8100.27
Date of Test: 05/16/2018

Date of Last Agency Inspection: 05/11/2018

Observation Period Began: 20:00

Subject's Name: JUSTIN C MCCAULEY

DOB: 12/29/1981 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	20:23
Air Blank	0.000	20:23
Control Test	0.079	20:24
Air Blank	0.000	20:24
Subject Sample #1	0.352	20:25
Air Blank	0.000	20:26
Air Blank	0.000	20:28
Subject Sample #2	REF*	20:29
Air Blank	0.000	20:30
Control Test	0.079	20:30
Air Blank	0.000	20:30
Diagnostics Check	OK	20:31

*Subject Test Refused

Cylinder Lot: 22817080A5
Exp: 10/05/2019

State of Florida, County of Palm Beach.

Personally appeared before me the undersigned authority, who (4 is personally known to me or () produced _____ as identification, and who after being placed under oath, states:

I SUE OWEN, 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: 05/16/18

Sworn to (or affirmed) before me this 16th day of May, 2018

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.

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

I, Ofc. A. Borrows 380 / 1138, a duly certified Law Enforcement Officer or Correctional Officer,
(Name of Officer reading Implied Consent Warning)

am a member of Jupiter Police Department, and I do swear
(Name of law enforcement agency)

or affirm that on or about the 16th day of May, 20 18, at 1917 P.M. A.M.

DRIVER Justin Conor McCauley
(Type or Print) FIRST NAME MIDDLE OR MAIDEN NAME LAST NAME

DL# M240-423-81-469-0, state of Florida, was placed under lawful arrest for
the offense of DUI by Ofc. A. Borrows 380 / 1138 and
issued Citation # A9KWC9E
(Name of Arresting Officer)

That on or about the 16th day of May, 20 18, at 2029 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]
Signature of Law Enforcement Officer or
Correctional Officer

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

The foregoing instrument was sworn and subscribed before me:

Signature of Attesting Officer

Title _____

Date _____

(AFFIX SEAL)

The foregoing instrument was sworn and subscribed before

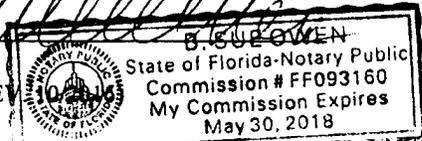
me this 16th day of May, 20 18,

by Ofc. A. Borrows 380 / 1138,

who is personally known to me or who has produced

PERSONALLY KNOWN as identification

Notary Public



HSMV-BAR1001 (REV 10-2016)

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.

TESTING FACILITY TASK REPORT

AGENCY: _____

SUBJECT: _____ CASE NUMBER: _____

DATE: _____ VIDEO TAPE NUMBER: _____

BEGINNING TIME: _____ ENDING TIME: _____

BREATH TESTS RESULTS: 1) _____ TIME _____ A.M./P.M. 2) _____ TIME _____ A.M./P.M.
3) _____ TIME _____ A.M./P.M. 4) _____ TIME _____ A.M./P.M.

BREATH OPERATOR: _____

MAINTENANCE TECHNICIAN: _____

TESTING OFFICER'S OBSERVATIONS

SPEECH: _____

ATTITUDE: _____

CLOTHING: _____

MEDICAL CONDITIONS: _____

MEDICATIONS: _____

OTHER: _____

COMMENTS: _____

NOT A CERTIFIED COPY

SUBJECT: _____ CASE NUMBER: _____

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) Robert Cameron

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) Robert Cameron

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



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

REVIEW COMPLETED BY

Booking Number: 2018016543	Date: 05/17/2018
	Specialist Name/ID: M. Tooks #8557