0498201 / 1516

ARREST / NOTICE TO APPEAR
Juvenile Referral Report

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

ADMINISTRATIVE

OBTS Number	Agency ORI Number	Agency Name	Agency Report Number (NTA's only)
	FLO 500000	PALM BEACH COUNTY SHERIFF'S OFFICE	06- 18148024

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) NONE

Multiple Clearance Indicator: 01

Location of Arrest (Including Name of Business)	Location of Offense (Business Name, Address)
SOUTH JOG ROAD & FOUNTAIN CIRCLE, LAKE WORTH, FL 33463	SOUTH JOG ROAD & FOUNTAIN CIRCLE, LAKE WORTH, FL 33463

Date of Arrest	Time of Arrest	Booking Date	Booking Time	Jail Date	Jail Time	Location of Vehicle
11/24/2018	05:45					BIG CITY TOWING

DEFENDANT

Name (Last, First, Middle): JONES, KYLE, CONNELL

Alias (Name, DOB, Soc Sec. #, Etc.):

Race (W - White I - American Indian B - Black O - Oriental/Asian)	Sex	Date of Birth	Height	Weight	Eye Color	Hair Color	Complexion	Build
W	M	09/30/1987	5'08"	180	BROWN	BLACK	TAN	MEDIUM

Scars, Marks, Tatoos, Unique Physcal Features (Location, Type, Description): NONE

Mental Status: SINGLE | Religion: NONE | Indication of Alcohol Influence / 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)
1951 N.E. 5TH STREET, BOYNTON BEACH, FL 33435				(561) 702-2038	

Permanent Address (Street, Apt Number)	(City)	(State)	(Zip)	Phone	Address Source
1951 N.E. 5TH STREET, BOYNTON BEACH, FL 33435				(561) 702-2038	DEFENDANT - FL D/L

Business Address (Name, Street)	(City)	(State)	(Zip)	Phone	Occupation
				( )	X-RAY TECHNICAN

D/L Number, State	Soc Sec Number	INS Number	Place of Birth (City, State)	Citizenship
520503873500, FL	[redacted]		BOYNTON BEACH, FL	U.S.

CO-DEF

Co-Defendant Name (Last, First, Middle)	Race	Sex	Date of Birth	(1 Arrested 2 At Large) (3 Felony 4 Misdemeanor 5 Juvenile)
				☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5
Co-Defendant Name (Last, First, Middle)	Race	Sex	Date of Birth	(1 Arrested 2 At Large) (3 Felony 4 Misdemeanor 5 Juvenile)
				☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5

JUVENILE

☐ Parent ☐ Legal Custodian ☐ Other | Name (Last) (First) (Middle) | Residence Phone ( )

Address (Street, Apt Number) (City) (State) (Zip) | Business Phone ( )

Notified by (Name) | Date | Time | Juvenile Disposition (1 Handled/ processed within Dept and Released 2 TOT HRS / DYS 3 Incarcerated)

Released To (Name) | Relationship | Date | Time

The above address provided by ☐ 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

No Bond Due to open case

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/Deriv, P Paraphernalia/ Equipment, S Synthetics, U Unknown, Z Other

CHARGE

Charge Description	Counts	Domestic Violence	Statute Violation Number	Violation of ORD #
D.U.I.	01	☐Y ☑N	316.193(1)	

Drug Activity	Drug Type	Amount / Unit	Offense #	Warrant / Capias Number	Bond
N	N	N/A	18148024		

CHARGE

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

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

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): CRIMINAL JUSTICE COMPLEX 3228 GUN CLUB ROAD, WEST PALM BEACH, FL 33406

Court Date and Time: Month DECEMBER Day 20TH Year 2018 Time 8:30 AM ✓ 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

Signature of Defendant (or Juvenile and Parent/Custodian) | Date Signed

ADMIN

HOLD for other Agency Name | Signature of Arresting Officer: X

☐ Dangerous ☐ Resisted Arrest ☐ Suicidal ☐ Other

Name of Arresting Officer (Print): D/S A. SENTMANAT | ID #: 24968

Intake Deputy | I.D. # | Pouch #

Transporting Officer: A. SENTMANAT | ID #: 24968 | Agency: PBSO

Name Verification (Printed by Arrestee) (PRINT):

Witness here if subject signed with an "X"

PAGE 1 OF 1

DISTRIBUTION WHITE - COURT COPY GREEN - STATE ATTORNEY YELLOW - AGENCY PINK - AGENCY GOLD - DEFENDANT (NTA's ONLY)

PBSO #148 REV 8/97

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D.U.I. PROBABLE CAUSE AFFIDAVIT

ON THE 24TH DAY OF NOVEMBER 20 18, AT 05:23 ✓ AM PM

SUBJECT: JONES, KYLE, CONNELL CASE NUMBER: 18148024

AGENCY: PALM BEACH COUNTY SHERIFF'S OFFICE ARRESTING OFFICER: A. SENTMANAT

PERSONAL CONTACT

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

On Saturday November 24, 2018 at approximately 0522hrs I responded to the area of Melaleuca Lane and Sherwood Forest Boulevard, Greenacres, FL 33463 in reference to a 9-1-1 about a vehicle driving erratically (and the driver being asleep behind the wheel). I got to the vehicle as it was turning onto south bound Jog Rd from Melaleuca Lane and the vehicle began to rapidly speed up. The vehicle a red 2016 Hyundai four door bearing Florida tag #IB98KW was traveling 83mph in a 45mph zone. It was paced by my marked unit #72797 VIN#1N4AL11D16N387145. I activated my overhead emergency lights and the vehicle finally came to a stop at the intersection of Jog Rd and Fountain Cir.

OBSERVATION OF DRIVER:

I approached the driver and I identified myself and explained to him why I had stopped him. I identified the driver by his Florida driver's license as W/M Kyle Connell Jones (09/30/87). When I asked him for his license, registration, and insurance Jones began looking around the interior of his vehicle. He handed me his registration and kept looking. Jones handed my another registration and I explained to him that he already gave me one. I saw that his eyes were watery and glass. Jones was slow at times to respond to my questions. When he exited his vehicle Jones began to pat his pockets and I asked him what he was looking for and he said, "My registration". While Jones was standing I could see him swaying side to side.

DRIVER'S STATEMENTS:

Jones stated that he had drank but that he was okay to drive and that he was not a danger to anyone.

ODORS:

Jones had a very strong odor of an unknown alcoholic beverage coming from his breath. After sitting in my marked unit the interior of my vehicle had a strong odor of an unknown alcoholic beverage.

GENERAL OBSERVATIONS

SPEECH: **Slow**

ATTITUDE: **Cooperative**

CLOTHING: **Black t-shirt, blue jeans, and black sneakers**

MEDICAL/OTHER: **None**

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STATE OF FLORIDA
COUNTY OF PALM BEACH

A. SENTMANAT
(Signature of Arresting/Investigative Officer)

The foregoing instrument was sworn to or affirmed and subscribed before me this 24th day of NOVEMBER 20 18 by A. SENTMANAT

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

S. O'Neal
Notary Public, Clerk of Court, Officer (F S S 117 10)

SHARI L. O'NEAL
Notary Public - State of Florida
Commission # FF 966254
My Comm. Expires Jun
Bonded through Nat

SUBJECT: JONES, KYLE, CONNELL **CASE NUMBER** 18148024

ROADSIDE TASKS

HORIZONTAL GAZE NYSTAGMUS:

- [x] LT EYE-LACK OF SMOOTH PURSUIT
- [x] RT EYE-LACK OF SMOOTH PURSUIT
- [x] LT EYE-DISTINCT & SUSTAINED NYSTAGMUS AT MAX. DEVIATION
- [x] RT EYE-DISTINCT & SUSTAINED NYSTAGMUS AT MAX DEVIATION
- [x] LT- EYE-ONSET OF NYSTAGMUS PRIOR TO 45 DEGREES
- [x] RT- EYE-ONSET OF NYSTAGMUS PRIOR TO 45 DEGREES

Other Observations:

WALK & TURN:

While in the starting position Jones stumbled to the left once. Several steps on the "walk back" were not heel to toe (there was a 2 to 3 inch separation). Jones first walked 13 steps, made an improper turn, and then continued from 13 to a total 31 steps. At one point Jones raised his arms up to balance himself

ONE LEG STAND:

Jones raised his right foot and lowered it on counts: 11, 13, and 15. He was moving left to right to maintain his balance.

FINGER TO NOSE:

Jones missed all attempts with his left and right hand. While standing in the position I could observe Jones swaying from side to side.

ROMBERG ALPHABET:

While in the starting position Jones was again swaying side to side.

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BREATH TEST RESULTS: **REFUSED** **REFUSED**

STATE OF FLORIDA
COUNTY OF PALM BEACH

A. SENTMANAT
(Signature of Arresting/Investigative Officer)

The foregoing instrument was sworn to or affirmed and subscribed before me this 24th day of NOVEMBER 20 18 by A. SENTMANAT

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

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

SHARI L. O'NEAL
Notary Public - State of Florida
Commission # FF 956854
My Comm. Expires Jun 25, 20[illegible]
Bonded through Nat[illegible]

SUBJECT: Jo[illegible] Kyle C. CASE NUMBER: 13-1436624

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? getting onto Gateway

DIRECTION OF TRAVEL? N WHERE DID YOU START? Don't remember

WHAT TIME DID YOU START? Don't remember WHAT TIME IS IT NOW? I don't know

WHAT IS TODAY'S DATE? 11/24 WHAT DAY OF THE WEEK IS IT? Saturday

WHAT COUNTY AND CITY ARE YOU IN NOW? West Palm Beach

WHEN DID YOU LAST EAT? 2pm WHAT DID YOU EAT? A chicken wrap

WHAT HAVE YOU BEEN DOING FOR THE LAST THREE HOURS? trying to get home

HOW MUCH DO YOU WEIGH? 180 HAVE YOU BEEN DRINKING? NO WHAT? Juice

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? — HOW MUCH? —

WHAT? — WHERE? — WHEN? —

WHAT LINE OF WORK ARE YOU IN? Radiology tech WHEN DID YOU LAST WORK? Today

DO YOU HAVE ANY PHYSICAL DEFECTS OR INJURIES? NO WHAT? —

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

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

WERE YOU IN AN ACCIDENT TODAY? NO

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?	N
GLASS EYE?	N
FALSE TEETH?	N
EAR INFECTION?	N
INNER EAR TROUBLE?	N
DIABETES?	N

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

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

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

INTERVIEWER: D/S Sentmanat #2968

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WITNESS LIST

CASE NUMBER: 18148024

ARRESTING OFFICER: A. SENTMANAT

ADDRESS: 3228 GUN CLUB ROAD, GREENACRES, FL 33406

PHONE NUMBERS (HOME): _____ (WORK) 561-688-3400

CAN TESTIFY TO: DRIVING PATTERN, TRAFFIC STOP, ROADSIDE TASKS, AND THE B.A.T.

NAME: CHRISTIAN MATTHEWS SMITH

ADDRESS: 140 YACHT CLUB WAY #206, HYPOLUXO, FL 33462

PHONE NUMBERS (HOME) 561-702-5292 (WORK) _____

CAN TESTIFY TO: DRIVING PATTERN AND OBSERVING THE DRIVER ASLEEP BEHIND THE WHEEL

NAME: _____

ADDRESS _____

PHONE NUMBERS (HOME) _____ (WORK) _____

CAN TESTIFY TO: _____

NAME: _____

ADDRESS _____

PHONE NUMBERS (HOME) _____ (WORK) _____

CAN TESTIFY TO: _____

NAME: _____

ADDRESS _____

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NAME: _____

ADDRESS _____

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CAN TESTIFY TO: _____

NAME: _____

ADDRESS _____

PHONE NUMBERS (HOME) _____ (WORK) _____

CAN TESTIFY TO: _____

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TESTING FACILITY TASK REPORT

AGENCY: [illegible]

SUBJECT: [illegible] CASE NUMBER: [illegible]

DATE: 11-29-13 VIDEO TAPE NUMBER: N/A

BEGINNING TIME: [illegible] ENDING TIME: [illegible]

BREATH TESTS RESULTS **REFUSED** 1) _____ TIME [illegible] A.M./P.M. 2) _____ TIME _____ A.M./P.M.

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

BREATH OPERATOR: [illegible]

MAINTENANCE TECHNICIAN: [illegible]

TESTING OFFICER'S OBSERVATIONS

SPEECH: [illegible]

ATTITUDE: [illegible]

CLOTHING: [illegible]

MEDICAL CONDITIONS: —

MEDICATIONS: —

OTHER: [illegible]

COMMENTS: [illegible]

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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) _____

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) _____

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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	☐		Other:	
	☐		Other:	

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REVIEW COMPLETED BY

Booking Number: 2018039121	Date: 11/25/2018
	Specialist Name/ID: AM/31562