

OBTS Number		ARREST / NOTICE TO APPEAR		1. Arrest 2. N.T.A.		3. Request for Warrant 4. Request for Capias		1		JUVENILE	
Agency ORI Number 0501700		Agency Name Jupiter Police Department		Agency Report Number (N.T.A.'s only) 5 4 17-003983							
Charge Type: Check as many as apply. <input type="checkbox"/> 1. Felony <input type="checkbox"/> 2. Traffic Felony <input checked="" type="checkbox"/> 3. Misdemeanor <input 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) 5399 PARKSIDE DR/ MACARTHUR BLVD				Location of Offense (Business Name, Address) 5399 PARKSIDE DR/ MACARTHUR BLVD, JUPITER, FL 33458							
Date of Arrest 08/16/2017		Time of Arrest 02:11		Booking Date		Booking Time		Jail Date		Jail Time	
Name (Last, First, Middle) MASSEY, MICHAEL JOSEPH		Alias:		Alias (Name, DOB, Soc. Sec. #, Etc.)							
Race W - White B - Black O - Oriental/Asian W		Sex M		Date of Birth 02/27/1979		Height 6'00		Weight 176		Eye Color BLUE	
Hair Color BROWN		Complexion FAIR		Build Medium		Marital Status S		Religion OTHER		Indication of: Alcohol Influence Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unk. <input type="checkbox"/> Drug Influence Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Unk. <input type="checkbox"/>	
Scars, Marks, Tattoos, Unique Physical Features (Location, Type, Description) SCAR L HAND/ SCAR		Local Address (Street, Apt. Number) 1643 DORCHESTER PLACE, WELLINGTON, FL 33414		(City) Wellington		(State) FL		(Zip) 33414		Phone (561) 248-4265	
Permanent Address (Street, Apt. Number) 1643 DORCHESTER PLACE, WELLINGTON, FL 33414		(City) Wellington		(State) FL		(Zip) 33414		Phone (561) 248-4265		Residence Type: 1. City 2. County 3. Florida 4. Out of State 2	
Business Address (Name, Street) D/L Number, State M200550790670 / FL		Soc. Sec. Number		INS Number		Place of Birth (City, State) WEST PALM, FL,		Citizenship US		Occupation Contractor	
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		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		Grade							
<input type="checkbox"/> Yes, by: <input type="checkbox"/> No:		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. Disperses/ Distribute		M. Manufacture/ Produce/ Cultivate		Z. Other	
Drug Type N. N/A A. Amphetamine		B. Barbiturate C. Cocaine E. Heroin		H. Hallucinogen M. Marijuana O. Opium/Derv.		P. Paraphernalia/ Equipment S. Synthetic		U. Unknown Z. Other			
Charge Description DUI - DRIVING WHILE UNDER INFLUENCE		Statute Violation Number 316.193(1)		Violation of ORD #							
Drug Activity		Drug Type N		Amount / Unit /		Offense # 17-003983		Counts 1		Domestic Violence <input type="checkbox"/> Y <input checked="" type="checkbox"/> N	
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	
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	
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		Explain:							
Check which applies: <input type="checkbox"/> Released O.R. <input type="checkbox"/> Posted Bond		<input type="checkbox"/> Released to Parent/Guardian <input type="checkbox"/> South County Mental Health		<input type="checkbox"/> T.O.T. County Jail		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		Court Date and Time 09/20/2017 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 8-16-17		No Photo Available					
HOLD for Other Agency		Signature of Arresting Officer 340		Name Verification (Printed by Arrestee) MIKE WASSER		I.D. # 1182		PAGE 1 OF 1			
<input type="checkbox"/> Dangerous <input type="checkbox"/> Suicidal		<input type="checkbox"/> Resisted Arrest <input type="checkbox"/> Other		Name of Arresting Officer (Print) FANDRET, CHRISTOPHER		I.D. # 340		Agency JUPITER			
Intake Deputy SPDND 810		Pouch #		Transporting Officer C Fandret		I.D. # 340		Agency JUPITER			

D.U.I. PROBABLE CAUSE AFFIDAVIT

ON THE 16 DAY OF August 20 17, AT 0148 ✓ AM PM

SUBJECT: Michael J. Massey CASE NUMBER: 17-003983

AGENCY: JUPITER POLICE DEPARTMENT ARRESTING OFFICER: Ofc. Fandrey #340

PERSONAL CONTACT

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

I observed a red Nissan bearing FL tag #958YES traveling east on Main St towards the Main St/S Central roundabout. The vehicle turned into Scripps Way and continued around through the Florida Atlantic University parking lot at what I visually estimated to be about 35mph. The vehicle failed to completely stop for several stop signs in the parking lot. The vehicle then turned south into the north bound lanes of Parkside Dr from MacArthur Blvd. At this point I conducted a traffic stop by activating my overhead red and blue lights. I then exited my vehicle and made contact with the driver who was positively identified as W/M Michael J. Massey (2/27/79).

OBSERVATION OF DRIVER:

Massey had red bloodshot glassy eyes and the odor of an unknown alcoholic beverage coming from his person. Massey was calm but extremely talkative. Massey was unsure of where he was and was apologetic about the entire situation and explained that he was lost. Massey was unsteady on his feet and was constantly moving his feet to maintain his balance. Massey was also swaying while standing still.

DRIVER'S STATEMENTS:

Massey stated that his girlfriend and him were coming from Jumby Bay and that he had a couple of drinks earlier in the night. Massey stated that he was sorry and understood that I was doing my job. Massey stated that he had a couple of glasses of wine prior to 11pm. Massey stated that he was at about a 2 out of 10 on a scale of 1-10 with 1 being completely sober and 10 being the most drunk hes ever been. Massey stated that he thought he was ok to be driving.

ODORS:

Odor of an unknown alcoholic beverage coming from his person. This odor remained in my vehicle even after removing Massey from my vehicle.

GENERAL OBSERVATIONS

SPEECH: Clear, repetitive

ATTITUDE: Calm, cooperative, unsure of what to do, confused

CLOTHING: Blue shirt, gray shorts, gray shoes

MEDICAL/OTHER: No injuries stated.

STATE OF FLORIDA
COUNTY OF ~~PALM BEACH~~

340
(Signature of Arresting/Investigative Officer)

The foregoing instrument was sworn to or affirmed and subscribed before me this 16 day of August 20 17 by Ofc. Fandrey #340

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

Personally Known

S. O'Neal #6212

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



SCANNED
AUG 18 2017

SUBJECT: Michael J. Massey

CASE NUMBER 17-003983

ROADSIDE TASKS

HORIZONTAL GAZE NYSTAGMUS:



LT EYE-LACK OF SMOOTH PURSUIT



RT EYE-LACK OF SMOOTH PURSUIT



LT EYE-DISTINCT & SUSTAINED NYSTAGMUS AT MAX. DEVIATION



RT EYE-DISTINCT & SUSTAINED NYSTAGMUS AT MAX. DEVIATION



LT- EYE-ONSET OF NYSTAGMUS PRIOR TO 45 DEGREES



RT- EYE-ONSET OF NYSTAGMUS PRIOR TO 45 DEGREES

Other Observations:

Slight sway, red bloodshot glassy eyes, unable to stand still, unable to follow directions

WALK & TURN

Massey did not maintain the starting position during the instructions and demonstration phase. Massey was not following directions and began early. Massey was swaying and continued to move his feet around. Massey stated he understood the instructions. Massey took nine steps and stopped. Massey was reexplained the instructions and again could not maintain the starting position and kept lifting his arms up to balance. Massey stated "I couldn't do this even if...." and did not complete his statement. Massey again began early. Massey missed heel to toe and conducted an improper turn as well as stepped off line.

ONE LEG STAND:

Massey stated that he understood the instructions. Massey used his arms for balance. Massey placed his foot down three times over the course of the thirty seconds. Massey was swaying while balancing.

FINGER TO NOSE:

Massey stated that he understood the instructions. Massey closed his eyes and tilted his head back prior to being instructed to do so. Massey missed the initial left and touched his top lip. On the two rights Massey initially reached up with his left hand about half way before putting his left hand back down and using his right hand.

ROMBERG ALPHABET:

Massey stated that he understood and completed the task correctly.

BREATH TEST RESULTS: Refused Refused

STATE OF FLORIDA
COUNTY OF ~~PALM BEACH~~

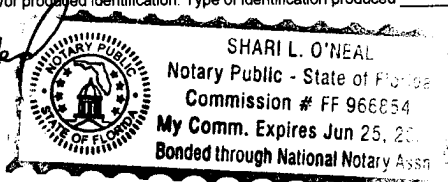
(Signature of Arresting/Investigative Officer)

The foregoing instrument was sworn to or affirmed and subscribed before me this 16 day of August, 2017 by Ofc. Fandrey #340

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

S. O'Neal #6212

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



SCANNED

AUG 18 2017



Florida *The Sunshine State*

DRIVER LICENSE CLASS E

**MICHAEL JOSEPH
MASSEY
1643 DORCHESTER PL
WELLINGTON, FL 33414-0000
DOB: 02-27-1979 SEX: M
ISSUED: 04-01-2013 HGT: 6-00
EXPIRES: 02-27-2022
TEST:
ENDORSE:**

Operation of a motor vehicle constitutes consent to any sobriety test required by law.

240.

NOT A CERTIFIED COPY

SCANNED
AUG 18 2017

SUBJECT: MARTIN, W. CASE NUMBER: 176090

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) Ron A. Co

SCANNED

AUG 18 2007

SUBJECT: Michael J Young CASE NUMBER: 1740963

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? _____

DIRECTION OF TRAVEL? SW WHERE DID YOU START? Tomball

WHAT TIME DID YOU START? _____ WHAT TIME IS IT NOW? _____

WHAT IS TODAY'S DATE? 7/5 WHAT DAY OF THE WEEK IS IT? Monday

WHAT COUNTY AND CITY ARE YOU IN NOW? Tomball, Harris

WHEN DID YOU LAST EAT? 7:00 WHAT DID YOU EAT? Taco

WHAT HAVE YOU BEEN DOING FOR THE LAST THREE HOURS? Working

HOW MUCH DO YOU WEIGH? _____ HAVE YOU BEEN DRINKING? Yes WHAT? _____

HOW MUCH? _____ WHERE? _____ WITH WHOM? _____

WHEN DID YOU HAVE YOUR FIRST DRINK? 8:00 AND YOUR LAST DRINK? 11:00

HOW DID YOU CONSUME YOUR LAST TWO DRINKS? _____

CAN YOU FEEL THE EFFECTS OF THE ALCOHOL? No 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? No WHAT'S WRONG? _____

DO YOU LIMP? No 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? 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?	_____
GLASS EYE?	_____
FALSE TEETH?	_____
EAR INFECTION?	_____
INNER EAR TROUBLE?	_____
DIABETES?	_____

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? _____ WHERE? _____

INTERVIEWER: Off F...

SCANNED
AUG 18 2017

TESTING FACILITY TASK REPORT

AGENCY: JFS Ofc. Funding #240
SUBJECT: Murphy, Michael J. CASE NUMBER: 17-115322
DATE: 08-16-17 VIDEO TAPE NUMBER: 63211
BEGINNING TIME: 08:41:15 ENDING TIME: 08:44:15
BREATH TESTS RESULTS: **REFUSED** 1) TIME 08:41:15 A.M./P.M. 2) TIME 08:44:15 A.M./P.M.
3) TIME 08:44:15 A.M./P.M. 4) TIME 08:44:15 A.M./P.M.

BREATH OPERATOR: S. O'Neil #6012

MAINTENANCE TECHNICIAN: W. J. Yankovic #10967

TESTING OFFICER'S OBSERVATIONS

SPEECH: —

ATTITUDE: Calm, Cooperative, Indifferent

CLOTHING: Shirt: Navy Blue / Pants: Gray

MEDICAL CONDITIONS: None

MEDICATIONS: None

OTHER: Eyes: Blue & Green

Face: Flushed

COMMENTS: 20 min. observation done by AID Funding
AID requested the breath test.
He was cooperative but not the report.
AID had the implied consent on camera.
He refused the request after the IIC was read.
CIT read on camera.
Q&A conducted.
He refused the request after the IIC was read.
11:00 pm

SCANNED

AUG 18 2017

WITNESS LIST

CASE NUMBER: 17-003983

ARRESTING OFFICER: Ofc. Fandrey #340

ADDRESS: 210 Military Trail Jupiter FL 33458

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

CAN TESTIFY TO: See PC

NAME: MPO Marinucci 371

ADDRESS: 210 Military Trail Jupiter FL 33458

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

CAN TESTIFY TO: Assisting on scene

NAME: MPO Harris #356

ADDRESS 210 Military Trail Jupiter FL 33458

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

CAN TESTIFY TO: Assisting on scene

NAME: _____

ADDRESS _____

PHONE NUMBERS (HOME) _____ (WORK) _____

CAN TESTIFY TO: _____

NAME: _____

ADDRESS _____

PHONE NUMBERS (HOME) _____ (WORK) _____

CAN TESTIFY TO: _____

NAME: _____

ADDRESS _____

PHONE NUMBERS (HOME) _____ (WORK) _____

CAN TESTIFY TO: _____

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PHONE NUMBERS (HOME) _____ (WORK) _____

CAN TESTIFY TO: _____

NAME: _____

ADDRESS _____

PHONE NUMBERS (HOME) _____ (WORK) _____

CAN TESTIFY TO: _____

SCANNED

AUG 18 2017