

208CT002133

ARREST / NOTICE TO APPEAR

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

OBTS Number	Agency ORI Number <b>0501700</b>		Agency Name <b>Jupiter Police Department</b>	Agency Report Number (N.T.A.'s only) <b>514 18-000630</b>
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 <b>NONE</b>

Location of Arrest (Including Name of Business) <b>15399 MARRIAN AVE/FOSTER ST JUPITER FL</b>		Location of Offense (Business Name, Address) <b>15399 MARRIAN AVE/FOSTER ST, JUPITER, FL 33458</b>		
Date of Arrest <b>01/31/2018</b>	Time of Arrest <b>21:44</b>	Booking Date	Booking Time	Jail Date

Name (Last, First, Middle) <b>WARREN, PATRICK J</b>		Alias (Name, DOB, Soc. Sec. #, Etc.)		
Race <b>W</b> - White <b>M</b> - Male	Sex <b>M</b>	Date of Birth <b>12/29/1985</b>	Height <b>6'02</b>	Weight <b>205</b>
Eye Color <b>HAZEL</b>	Hair Color <b>BROWN</b>	Complexion <b>FAIR</b>	Build <b>Medium</b>	
Scars, Marks, Tattoos, Unique Physical Features (Location, Type, Description) <b>SCAR R ARM/SCAR ON FOREARM; TATT BOTH STOMACH/BOTH</b>		Marital Status <b>S</b>	Religion <b>OTHER</b>	Indication of: Alcohol Influence Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Drug Influence Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
Local Address (Street, Apt. Number) <b>6225 HOLLYWOOD ST, JUPITER, FL 33458</b>		City <b>JUPITER</b>	State <b>FL</b>	Zip <b>33458</b>
Permanent Address (Street, Apt. Number) <b>6225 HOLLYWOOD ST, JUPITER, FL 33458</b>		City <b>JUPITER</b>	State <b>FL</b>	Zip <b>33458</b>
Business Address (Name, Street)		City	State	Zip
D/L Number, State <b>011800156 / CO</b>		INS Number	Place of Birth (City, State) <b>DENVER, CO, United</b>	Citizenship <b>US</b>

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)		Business Phone
Notified by: (Name)	Date	Time
Released To: (Name)	Relationship	Date
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.		Grade
Property Crime? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Description of Property	Value of Property

Drug Activity N. N/A P. Possess	S. Sell B. Buy T. Traffic	R. Smuggle D. Deliver E. Use	K. 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. Synthetic	U. Unknown Z. Other
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Charge Description <b>DUI - DRIVING WHILE UNDER INFLUENCE</b>	Statute Violation Number <b>316.193(1)</b>	Violation of ORD #
Drug Activity <b>N</b>	Drug Type	Amount / Unit
Offense # <b>18-000630</b>	Counts <b>1</b>	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: Explain: <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"/> Posted Bond	<input type="checkbox"/> Released to Parent/Guardian <input type="checkbox"/> South County Mental Health
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) <b>North County PALM BEACH GARD</b>
	Court Date and Time <b>03/07/2018 08:30:00</b>

I AGREE TO APPEAR AT THE TIME AND PLACE DESIGNATED TO ANSWER THE OFFENSE CHARGED OR TO PAY THE FINE SUBSCRIBED. I UNDERSTAND THAT SHOULD I WILLFULLY FAIL TO APPEAR BEFORE THE COURT AS REQUIRED BY THIS NOTICE TO APPEAR, THAT I MAY BE HELD IN COMTEMPT OF COURT AND A WARRANT FOR MY ARREST SHALL BE ISSUED.

Signature of Defendant (or Juvenile and Parent/Custodian) \_\_\_\_\_ Date Signed **1.31.18**

HOLD for Other Agency	Signature of Arresting Officer <b>340</b>	Name Verification (Printed by Arrestee) <b>Patrick Warren</b>
<input type="checkbox"/> Dangerous <input type="checkbox"/> Suicidal	Name of Arresting Officer (Print) <b>FANDREY, CHRISTOPHER</b>	I.D. # <b>1182</b>
Intake Deputy I.D. #	Transporting Officer <b>Chandrey</b>	I.D. # Agency <b>340 JPD</b>

# D.U.I. PROBABLE CAUSE AFFIDAVIT

ON THE 31 DAY OF January 20 18, AT 2144 AM  PM

SUBJECT: Warren Patrick J CASE NUMBER: 18-000630

AGENCY: JUPITER POLICE DEPARTMENT ARRESTING OFFICER: C Fandrey #340

## PERSONAL CONTACT

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

Ofc. Dampier #337 stated he observed a white 2017 Infiniti bearing FL Tag 293QVD going north on Heights Blvd and failed to stop at the stop sign at Heights Blvd/Soriano Dr. Ofc. Dampier conducted a traffic stop and the vehicle came to a complete stop at Marrian Ave/Foster St. For further see Ofc. Dampier's Supplemental PC.

## OBSERVATION OF DRIVER:

Upon making contact with the driver and sole occupant of the vehicle, W/M Patrick J. Warren (12/29/1985), I immediately noticed the strong and distinct odor of an unknown alcoholic beverage coming from his person. Warren was speaking softly and was avoiding eye contact and I noticed he had red glassy eyes. I noticed in the back seat of the vehicle on the floorboard a case of Bud Light.

## DRIVER'S STATEMENTS:

Warren stated that he had been out drinking with his girlfriend earlier in the night. Warren stated that he had two draft beers "Blue Moon" that were 22oz's each. Warren also stated that he had two bud lights (12 oz cans). Warren stated that he was a 5 on a scale of 1-10 with 1 being completely sober and 10 being the most drunk hes ever been in his life. Warren was asked if he should be driving and he stated "no".

## ODORS:

Odor of an unknown alcoholic beverage coming from his person.

## GENERAL OBSERVATIONS

SPEECH: slow mumbled

ATTITUDE: Cooperative

CLOTHING: White shirt, Blue jeans, Red shoes

MEDICAL/OTHER: None stated

STATE OF FLORIDA  
COUNTY OF PALM BEACH

C Fandrey #340

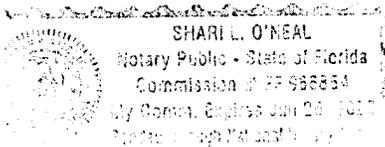
(Signature of Arresting/Investigative Officer)

The foregoing instrument was sworn to or affirmed and subscribed before me this 31 day of January 20 18 by C 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  
FEB 02 2018

SUBJECT: Warren

Patrick

CASE NUMBER 18-000630

**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:**

Warren had Vertical Nystagmus and was swaying while standing still.

**WALK & TURN:**

Warren was placed into the starting position to which he stated that he understood. While beginning to explain the task Warren was told not to begin until told to do so and then stepped out of the starting position. Warren missed heel to toe several times on the first nine steps. Warren failed to count out loud and had to be reminded. Warren missed heel to toe several times on the second set of nine steps. Warren stepped off line on the last step.

**ONE LEG STAND:**

Warren stated that he understood the instructions. Warren lifted his right foot and then placed his heel on the ground. Warren was reminded that he needed to lift up his foot. Warren placed his foot down at 10 and then asked if I wanted him to switch. Warren then lifted his left foot and began counting. Warren was reexplained the instructions again and stated he understood. Warren lifted his left foot and did not count properly. Warren placed his foot down at 15 and remained standing until I stopped the task at approximately 30 seconds.

**FINGER TO NOSE:**

Warren stated he understood the task. Warren brought his left hand up and touched the side of his nose and left his hand up for approximately 25 seconds. Warren was reminded to bring his hand right back down. Warren touched the side of his nose several more times through the task.

**ROMBERG ALPHABET:**

Warren stated he understood the instructions. Warren completed the task correctly.

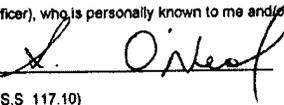
**BREATH TEST RESULTS:**      Refused                      Refused

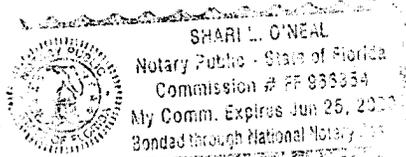
STATE OF FLORIDA  
COUNTY OF PALM BEACH

C Fandrey #340   
(Signature of Arresting/Investigative Officer)

The foregoing instrument was sworn to or affirmed and subscribed before me this 31 day of January 2018 by C 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  
FEB 02 2018

# WITNESS LIST

CASE NUMBER: 18-000630

ARRESTING OFFICER: C Fandrey #340

ADDRESS: 210 MILITARY TRAIL JUPITER FL 33458

PHONE NUMBERS (HOME): \_\_\_\_\_ (WORK) 561-746-6201

CAN TESTIFY TO: SEE PC

NAME: OFC. Dampier #337

ADDRESS: 210 MILITARY TRAIL JUPITER FL 33458

PHONE NUMBERS (HOME) \_\_\_\_\_ (WORK) 561-746-6201

CAN TESTIFY TO: PC For Stop

NAME: Ofc. Matonti #384

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 \_\_\_\_\_

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NAME: \_\_\_\_\_

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NAME: \_\_\_\_\_

ADDRESS \_\_\_\_\_

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CAN TESTIFY TO: \_\_\_\_\_

NAME: \_\_\_\_\_

ADDRESS \_\_\_\_\_

PHONE NUMBERS (HOME) \_\_\_\_\_ (WORK) \_\_\_\_\_

CAN TESTIFY TO: \_\_\_\_\_

SCANNED  
FEB 02 2018

# COLORADO USA



## DRIVER LICENSE

1 WARREN  
 2 PATRICK JONATHAN  
 8 6716 DUKE DR  
 COLO SPRGS, CO 80918

3 DOB 4a Iss  
 12/29/1985 12/27/2016

4d Customer Identifier 4b Exp  
 01-180-0156 12/29/2021

5 DD Previous Type  
 16362413639 A

15 Sex 16 Hgt  
 M 6'-02"

18 Eyes 17 Wgt  
 HAZ 190 lb

19 Hair  
 BRO

9a Endorsements

12 Restrictions  
NONE

9 Vehicle Classification  
R



P.J. WARREN 12/29/1985

NOT A CERTIFIED

SCANNED  
 FEB 02 2018

SUBJECT: Warren, Patrick

CASE NUMBER: K6-000270

### QUESTIONS AND ANSWERS

I AM NOW GOING TO ASK YOU SOME QUESTIONS. WITH THESE RIGHTS IN MIND, YOU MAY ANSWER SOME OF, ALL OF, OR NONE OF THE FOLLOWING QUESTIONS AS YOU LIKE.

WERE YOU OPERATING A MOTOR VEHICLE AT THE TIME OF THE STOP/ACCIDENT? \_\_\_\_\_

WHERE WERE YOU GOING? \_\_\_\_\_

WHAT STREET OR HIGHWAY WERE YOU ON? \_\_\_\_\_

DIRECTION OF TRAVEL? \_\_\_\_\_ WHERE DID YOU START? \_\_\_\_\_

WHAT TIME DID YOU START? \_\_\_\_\_ WHAT TIME IS IT NOW? \_\_\_\_\_

WHAT IS TODAY'S DATE? \_\_\_\_\_ WHAT DAY OF THE WEEK IS IT? \_\_\_\_\_

WHAT COUNTY AND CITY ARE YOU IN NOW? \_\_\_\_\_

WHEN DID YOU LAST EAT? \_\_\_\_\_ WHAT DID YOU EAT? \_\_\_\_\_

WHAT HAVE YOU BEEN DOING FOR THE LAST THREE HOURS? \_\_\_\_\_

HOW MUCH DO YOU WEIGH? \_\_\_\_\_ HAVE YOU BEEN DRINKING? \_\_\_\_\_ WHAT? \_\_\_\_\_

HOW MUCH? \_\_\_\_\_ WHERE? \_\_\_\_\_ WITH WHOM? \_\_\_\_\_

WHEN DID YOU HAVE YOUR FIRST DRINK? \_\_\_\_\_ AND YOUR LAST DRINK? \_\_\_\_\_

HOW DID YOU CONSUME YOUR LAST TWO DRINKS? \_\_\_\_\_

CAN YOU FEEL THE EFFECTS OF THE ALCOHOL? \_\_\_\_\_ ARE YOU UNDER THE INFLUENCE? \_\_\_\_\_

HAVE YOU CONSUMED ANY ALCOHOL SINCE THE ACCIDENT? \_\_\_\_\_ HOW MUCH? \_\_\_\_\_

WHAT? \_\_\_\_\_ WHERE? \_\_\_\_\_ WHEN? \_\_\_\_\_

WHAT LINE OF WORK ARE YOU IN? \_\_\_\_\_ WHEN DID YOU LAST WORK? \_\_\_\_\_

DO YOU HAVE ANY PHYSICAL DEFECTS OR INJURIES? \_\_\_\_\_ WHAT? \_\_\_\_\_

ARE YOU SICK OR INJURED? \_\_\_\_\_ WHAT'S WRONG? \_\_\_\_\_

DO YOU LIMP? \_\_\_\_\_ DID YOU RECEIVE A BUMP ON THE HEAD RECENTLY? \_\_\_\_\_

WERE YOU IN AN ACCIDENT TODAY? \_\_\_\_\_

HAVE YOU TAKEN ANY DRUGS OR SMOKED ANY MARIJUANA TODAY? \_\_\_\_\_ WHEN? \_\_\_\_\_

HAVE YOU SEEN A DOCTOR OR DENTIST TODAY? \_\_\_\_\_ WHO? \_\_\_\_\_ WHY? \_\_\_\_\_

ARE YOU TAKING ANY PRESCRIPTION MEDICINES? \_\_\_\_\_ WHAT? \_\_\_\_\_ WHEN? \_\_\_\_\_

DO YOU HAVE:

- EPILEPSY? \_\_\_\_\_
- GLASS EYE? \_\_\_\_\_
- FALSE TEETH? \_\_\_\_\_
- EAR INFECTION? \_\_\_\_\_
- INNER EAR TROUBLE? \_\_\_\_\_
- DIABETES? \_\_\_\_\_

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

DO YOU TAKE INSULIN? \_\_\_\_\_ IF SO, WHEN WAS YOUR LAST INJECTION? \_\_\_\_\_

HAVE YOU EVER HAD A DRIVER'S LICENSE IN ANY OTHER STATE? \_\_\_\_\_ WHERE? \_\_\_\_\_

INTERVIEWER: \_\_\_\_\_

**SCANNED**  
**FEB 02 2018**

SUBJECT: Winters, Patrick CASE NUMBER: 1800X630

**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 Off. Farley of the Trinity Police

If you fail to submit to the test I have requested of you, your privilege to operate a motor vehicle will be suspended for a period of one (1) year for a first refusal, or eighteen (18) months if your privilege has been previously suspended as a result of a refusal to submit to a lawful test of your breath, urine or blood. Additionally, if you refuse to submit to the test I have requested of you and if your driving privilege has been previously suspended for a prior refusal to submit to a lawful test of your breath, urine or blood, you will be committing a misdemeanor. Refusal to submit to the test I have requested of you is admissible into evidence in any criminal proceeding.

SUBJECT'S SIGNATURE: (X) Read on camera

**CONSTITUTIONAL WARNINGS**

**I AM REQUIRED TO WARN YOU BEFORE YOU MAKE ANY STATEMENTS THAT YOU HAVE THE FOLLOWING RIGHTS:**

1. You have the right to remain silent and not answer any questions.
2. Any statement must be freely and voluntarily given.
3. You have the right to the presence of a lawyer of your choice before you make any statement and during any questioning.
4. If you cannot afford a lawyer, you are entitled to the presence of a court appointed lawyer before you make any statements and during any questioning.
5. If at any time during the interview you do not wish to answer any questions, you are privileged to remain silent.
6. I can make no threats or promises to induce you to make a statement. This must be of your own free will.
7. Any statement can and will be used against you in a court of law.

**SCANNED  
FEB 02 2018**

SUSPECT'S SIGNATURE: (X) Read on camera

# TESTING FACILITY TASK REPORT

2

AGENCY: JPD Ofc. Finney #340

SUBJECT: Harmon, Jacob J. CASE NUMBER: 12-03261

DATE: 01-31-12 VIDEO TAPE NUMBER: N/A

BEGINNING TIME: 12:44 ENDING TIME: 22:01

BREATH TESTS RESULTS: 1) **REFUSED** TIME 12:44 A.M./P.M. P.M. 2) \_\_\_\_\_ TIME \_\_\_\_\_ A.M./P.M.  
3) \_\_\_\_\_ TIME \_\_\_\_\_ A.M./P.M. 4) \_\_\_\_\_ TIME \_\_\_\_\_ A.M./P.M.

BREATH OPERATOR: S. Q. Neal #6412

MAINTENANCE TECHNICIAN: J. K. Kusterke #16467

TESTING OFFICER'S OBSERVATIONS

SPEECH: ---

ATTITUDE: Calm, Cooperative

CLOTHING: White t-shirt, khaki pants

MEDICAL CONDITIONS: None

MEDICATIONS: None

OTHER: Eyes: Red, Glassy

COMMENTS: 20 min discrepancy done by AIO Finney #340

AIO requested the breath test.

D refused the breath request.

AIO read the implied consent.

D understood the IIC of read.

D still refused the request after the IIC

was read.

Q11 read on camera.

Q4H refused.

SCANNED  
FEB 02 2018