

0482495

N/H 160T020782  
3158

## ARREST / NOTICE TO APPEAR

AD M I N I S T R A T I O N	OBTS Number		Agency ORI Number <b>0501600</b>		Agency Name <b>Juno Beach Police Dept</b>		Agency Report Number (N.T.A.'s only) <b>16-000519</b>		1 Arrest 2 N.T.A. 3 Request for Warrant 4 Request for Capias <b>1</b>		JUVENILE <b>N</b>			
	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 checked="" type="checkbox"/> 4 Traffic Misdemeanor <input type="checkbox"/> 5 Ordinance <input type="checkbox"/> 6 Other		Location of Arrest (Including Name of Business) <b>ELLISON WILSON RD/UNIVERSE BLVD</b>		Location of Offense (Business Name, Address) <b>12359 ELLISON WILSON RD, JUNO BEACH, FL 33408</b>		If Weapon Seized Enter Type <b>NONE</b>		Multiple Clearance Indicator <b>2</b>					
	Date of Arrest <b>11/06/2016</b>		Time of Arrest <b>19:32</b>		Booking Date		Booking Time		Jail Date		Jail Time			
	Name (Last, First, Middle) <b>KREIN, RYAN PATRICK</b>		Sex <b>M</b>		Date of Birth <b>09/11/1973</b>		Height <b>5'10</b>		Weight <b>220</b>		Eye Color <b>HAZEL</b>		Hair Color <b>BROWN</b>	
D E F E N D A N T	Race <b>W - White</b>		Complexion <b>LIGHT</b>		Build <b>Large</b>		Scars, Marks, Tattoos, Unique Physical Features (Location, Type, Description)		Marital Status <b>S</b>		Religion			
	Local Address (Street, Apt. Number) <b>83 UNO LAGO DR, NORTH PALM BEACH, FL 33408</b>		(City) <b>(State)</b>		(Zip)		Phone <b>(610) 217-7300</b>		Indication of Alcohol Influence Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unk <input type="checkbox"/>		Residence Type 1. City 2. County 3. Florida 4. Out of State <b>1</b>			
	Permanent Address (Street, Apt. Number) <b>83 UNO LAGO DR, NORTH PALM BEACH, FL 33408</b>		(City) <b>(State)</b>		(Zip)		Phone <b>(610) 217-7300</b>		Address Source <b>FL DL</b>		Occupation <b>Caddy Master</b>			
	Business Address (Name, Street) <b>MEDALIST GOLF CLUB, HOBE SOUND</b>		(City) <b>(State)</b>		(Zip)		Phone		DL Number, State <b>K650735733310 / FL</b>		Soc. Sec. Number <b>[REDACTED]</b>			
C O D E F	Co-Defendant Name (Last, First, Middle)		Race		Sex		Date of Birth		Place of Birth (City, State) <b>DETHLEHAM, PA,</b>		Citizenship <b>US</b>			
	Co-Defendant Name (Last, First, Middle)		Race		Sex		Date of Birth		1. Arrested 2. At Large 3. Felony 4. Misdemeanor 5. Juvenile		1. Arrested 2. At Large 3. Felony 4. Misdemeanor 5. Juvenile			
	<input type="checkbox"/> Parent <input type="checkbox"/> Other <input type="checkbox"/> Legal Custodian		Name (Last, First, Middle)		Address (Street, Apt. Number) <b>(City)</b>		(State) <b>(Zip)</b>		Residence Phone		Business Phone			
	Notified by (Name)		Date		Time		JUVENILE DISPOSITION 1. Handled/Processed within Department and Released 2. TOT JAC 3. Incarcerated							
C O D E F	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 <b>Grade</b>			
	<input type="checkbox"/> Yes, by <input type="checkbox"/> No		<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 Opiate/Opium P Paraphernalia/Equipment S Synthetic U Unknown Z Other		Statute Violation Number <b>316.193(1)</b>		Violation of ORD <b>OR</b>							
	Charge Description <b>DUI - DRIVING WHILE UNDER INFLUENCE</b>		Drug Type <b>N</b>		Amount / Unit <b>/</b>		Offense # <b>16-000519</b>		Counts <b>1</b>		Domestic Violence <input type="checkbox"/> Y <input checked="" type="checkbox"/> N		Warrant / Capias Number	
C H A R G E	Charge Description <b>DUI - PERSONAL INJURY/PROPERTY DAMAGE</b>		Drug Type <b>N</b>		Amount / Unit <b>/</b>		Offense # <b>16-000519</b>		Counts <b>1</b>		Domestic Violence <input type="checkbox"/> Y <input checked="" type="checkbox"/> N		Warrant / Capias Number	
	Charge Description		Drug Type		Amount / Unit		Offense #		Counts		Domestic Violence <input type="checkbox"/> Y <input checked="" type="checkbox"/> N		Warrant / Capias Number	
	Drug Activity		Drug Type		Amount / Unit		Offense #		Counts		Domestic Violence <input type="checkbox"/> Y <input checked="" type="checkbox"/> N		Warrant / Capias Number	
	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 OR <input type="checkbox"/> Released to Parent/Guardian <input type="checkbox"/> T.O.T. County Jail <input type="checkbox"/> Posted Bond <input type="checkbox"/> South County Mental Health		PROPERTY - Received By		Released By		Released To			
I N T A K E	Transported By		Date Transported		Time Transported		Other		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>12/07/2016 10:00:00</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 CONTEMPT OF COURT AND A WARRANT FOR MY ARREST SHALL BE ISSUED.		Signature of Defendant (or Juvenile and Parent/Custodian)		Date Signed		Name Verification (Print)							
	HOLD for Other Agency		Signature of Arresting Officer (Print) <b>ISHAM, MATTHEW</b>		ID # <b>291</b>		Agency <b>Same</b>		Witness here if requested					
	Dangerous <input type="checkbox"/> Stochastic <input type="checkbox"/> Intox. Device <input type="checkbox"/> ID #		Resisted Arrest <input type="checkbox"/> Other <input type="checkbox"/> Pouch #		Name of Arresting Officer (Print) <b>ISHAM, MATTHEW</b>		ID # <b>291</b>		Agency <b>Same</b>		Witness here if requested			
A D M I N	COURT		STATE ATTORNEY		AGENCY		CENTRAL RECORDS		LAB		CRIME ANALYSIS			

# D.U.I. PROBABLE CAUSE AFFIDAVIT

ON THE 6th DAY OF November 20 16 AT 1932 AM PM  
SUBJECT: Ryan Patrick Krein CASE NUMBER: 16-000519  
AGENCY: JUNO BEACH POLICE DEPARTMENT ARRESTING OFFICER: Matthew Isham 291

## PERSONAL CONTACT

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

On 11/6/16 at approximately 6:36PM, officers were dispatched to a single vehicle crash, which was about 500 feet South of Universe Blvd on Ellison Wilson Rd, Juno Beach. Sgt. Steven Smith ID#280 made contact with the driver, identified by FL DL as Ryan P. Krein (W/M 9/11/73) at the intersection of Ellison Wilson Rd/Universe Blvd, walking East on Universe Blvd. Sgt. Smith made contact with Krein, and asked him if he had been involved with a crash, and he stated that he crashed into the wall while texting. Sgt. Smith got the information of a witness, Frederick C. Higgins (W/M 12/10/67). Sgt. Robert Piantoni ID# 270 made contact with Higgins at his residence of 1988 Juno Rd and Higgins stated he witnessed the subject (Krein) in the driver's seat of the crashed vehicle. Higgins then left the area. Higgins agreed to drive with Sgt. Piantoni for a show up of the suspect. Higgins positively identified the subject (Krein) as the male he saw in the driver's seat of the vehicle. Higgins stated there were no other occupants of the vehicle. After I informed Krein that I was now conducting a DUI investigation, he again stated that he was driving the vehicle when it crashed and that he was trying to walk home after he crashed. Ofc. James Warino conducted the crash investigation, and stated that the property damage to the vehicle and wall was approximately \$5,000. See case# 16-000518 for crash report.

OBSERVATION OF DRIVER: \_\_\_\_\_

Driver had bloodshot, watery eyes, and was swaying while walking around.

DRIVER'S STATEMENTS: \_\_\_\_\_

Driver stated that he had consumed a couple of beers at Carmine's just before driving. He stated that he crashed the vehicle into a wall while he was texting and driving. He stated that he then began walking to his home in Ocean Trace, in Juno Beach, just a short distance from the crash location.

ODORS: \_\_\_\_\_

A very strong odor of an unknown alcoholic beverage was being emitted from driver's breath and person.

## GENERAL OBSERVATIONS

SPEECH: Slow and slurred.

ATTITUDE: Calm and compliant

CLOTHING: \_\_\_\_\_

MEDICAL PROBLEMS: N/A

MEDICATIONS: N/A

OTHER: N/A

SUBJECT: Ryan Patrick Krein

CASE NUMBER: 16-000519

ROADSIDE TASKS

HORIZONTAL GAZE NYSTAGMUS:

☐ LEFT EYE DOES NOT FOLLOW SMOOTHLY

☐ RIGHT EYE DOES NOT FOLLOW SMOOTHLY

☐ LEFT EYE JERKS AT 45 DEGREE ANGLE OR LESS

☐ RIGHT EYE JERKS AT 45 DEGREE ANGLE OR LESS

☐ DISTINCT JERKING LEFT EYE MAXIMUM DEVIATION

☐ DISTINCT JERKING RIGHT EYE MAXIMUM DEVIATION

CAN NOT DO, WHY? \_\_\_\_\_

WALK AND TURN:

Lost balance during instructions multiple times, stepped off of the line multiple times, and missed heel to toe multiple times. He also swayed while walking and did not count out loud for most of his steps.

CAN NOT DO, WHY? \_\_\_\_\_

ONE LEG STAND:

Put his foot down approximately every second, switched the elevated foot and continued to do so, then stopped. When told he could start again (30 seconds had not yet elapsed), he agreed to do so and swayed, used his arms for balance, hopped, and put his foot down.

CAN NOT DO, WHY? \_\_\_\_\_

FINGER TO NOSE:

Touched the side of his nose multiple times with the pad of his finger. Also touch the tip of his nose multiple times with the pad of his finger.

CAN NOT DO, WHY? \_\_\_\_\_

ROMBERG/ALPHABET:

Said alphabet correctly, swayed during task.

CAN NOT DO, WHY? \_\_\_\_\_

BREATH TEST RESULTS: 0.122 & 0.119

STATE OF FLORIDA  
COUNTY OF PALM BEACH

THE FOLLOWING INSTRUMENT WAS NOTARIZED OR SWORN BEFORE ME THIS

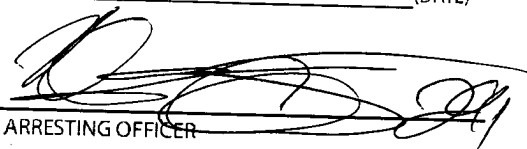
BY: Matthew Isham 291

11/6/16

(DATE)

NOTARY/CLERK OF COURT OFFICER (F.S. 117.10)

SIGNATURE OF ARRESTING OFFICER



# TESTING FACILITY TASK REPORT

AGENCY: JBPD  
SUBJECT: Krein, Ryan CASE NUMBER: 16-148794  
DATE: 11-6-16 VIDEO TAPE NUMBER: 61614  
BEGINNING TIME: 2055 ENDING TIME: 2112  
BREATH TESTS RESULTS: 1) .122 TIME        A.M./P.M. 2) .119 TIME        A.M./P.M.  
3) — TIME — A.M./P.M. 4) — TIME — A.M./P.M.  
BREATH OPERATOR: P Dorsey 7064 6476  
MAINTENANCE TECHNICIAN: J. Karlecke 6467

## TESTING OFFICER'S OBSERVATIONS

SPEECH: Slurred  
ATTITUDE: calm  
CLOTHING: Blue jeans, yellow shirt shoes  
MEDICAL CONDITIONS: no  
MEDICATIONS: no  
OTHER: Eyes Red & glassy, A face flush, A  
has an unknown odor of Alcoholic Bev  
on Breath

COMMENTS: Alo and Dammed. Alo observed A  
Alo requested Breath from D. D agreed  
D given instrs. A provided Samples  
D given Results. AD read rights to D  
D answered some questions

SUBJECT: Krein, Ryan

CASE NUMBER: 16-000519

## **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) \_\_\_\_\_

ON VIDEO

SUBJECT: Kir Ein, Ryan CASE NUMBER: 16-000519

## 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? Ellison Wilson

DIRECTION OF TRAVEL? N WHERE DID YOU START? PGA Blvd

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

WHAT IS TODAY'S DATE? 11/6/16 WHAT DAY OF THE WEEK IS IT? Sunday

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

WHEN DID YOU LAST EAT? Lunch time WHAT DID YOU EAT? Ham & cheese

WHAT HAVE YOU BEEN DOING FOR THE LAST THREE HOURS? Been with you

HOW MUCH DO YOU WEIGH? 220 HAVE YOU BEEN DRINKING? Yes WHAT? wine, beer

HOW MUCH? twice 3-4 beers WHERE? \_\_\_\_\_ WITH WHOM? \_\_\_\_\_

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

HOW DID YOU CONSUME YOUR LAST TWO DRINKS? Smoke

CAN YOU FEEL THE EFFECTS OF THE ALCOHOL? Right 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: Matthew Lohan 2911

# WITNESS LIST

ARRESTING OFFICER: Matthew Isham

CASE NUMBER: 16-000519

ADDRESS: 340 Ocean Drive, Juno Beach, FL 33408

PHONE NUMBERS (HOME): \_\_\_\_\_

CAN TESTIFY TO: Facts of case. (WORK) 561-626-2100

NAME: Sgt. Steven Smith

ADDRESS: 340 Ocean Dr

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

CAN TESTIFY TO: Initial observation of driver (WORK) 561-626-2100

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

ADDRESS \_\_\_\_\_

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

CAN TESTIFY TO: \_\_\_\_\_ (WORK) \_\_\_\_\_

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

ADDRESS \_\_\_\_\_

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

CAN TESTIFY TO: \_\_\_\_\_ (WORK) \_\_\_\_\_

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

ADDRESS \_\_\_\_\_

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

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

ADDRESS \_\_\_\_\_

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ADDRESS \_\_\_\_\_

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CAN TESTIFY TO: \_\_\_\_\_ (WORK) \_\_\_\_\_

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

ADDRESS \_\_\_\_\_

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

(WORK) \_\_\_\_\_