ARREST / NOTICE TO APPEAR

5F04745 73 PA 2144

ADMINISTRATION

OBTS Number:

1. Arrest 3. Request for Warrant 2. NTA 4. Request for Capias — 1 — JUVENILE: N

Agency ORI Number	Agency Name	Agency Report Number (N.T.A.'s only)
0501700	Jupiter Police Department	5, 4 | 19-000514

Charge Type: Check as many as apply. ☐ 1. Felony ☐ 2. Traffic Felony ☐ 3. Misdemeanor ☒ 4. Traffic Misdemeanor ☐ 5. Ordinance ☐ 6. Other

If Weapon Seized — Enter Type: NONE

Multiple Clearance Indicator:

Location of Arrest (Including Name of Business)	Location of Offense (Business Name, Address)
MILITARY TRL/INDIAN CREEK PKWY	2999 MILITARY TRL/INDIAN CREEK PKWY, JUPITER, FL

Date of Arrest	Time of Arrest	Booking Date	Booking Time	Jail Date	Jail Time	Location of Vehicle
02/04/2019	00:56	02/04/2019	01:06			

DEFENDANT

Name (Last, First, Middle): PIERCE, STEVEN MATTHEW — Alias: — Alias (Name, DOB, Soc. Sec. #, Etc.):

Race (W - White, B - Black, I - American Indian, O - Oriental/Asian)	Sex	Date of Birth	Height	Weight	Eye Color	Hair Color	Complexion	Build
W	M	03/27/1980	5'09	150	BROWN	BLACK	FAIR	Thin

Scars, Marks, Tatoos, Unique Physical Features (Location, Type, Description): PIER BOTH EAR / BOTH EARS PIERCED

Marital Status: S — Religion: CHRISTIAN — Indication of Alcohol Influence / Drug Influence: Yes ☒ No ☐ Unk ☐

Local Address (Street, Apt. Number) (City) (State) (Zip): 1803 18TH LN, PALM BEACH GARDENS, FL 33418 — Phone: (407) 963-1018 — Residence Type: 1. City 2. County 3. Florida 4. Out of State: 1

Permanent Address (Street, Apt. Number) (City) (State) (Zip): 1803 18TH LN, PALM BEACH GARDENS, FL 33418 — Phone: (407) 963-1018 — Address Source: VERBAL

Business Address (Name, Street) (City) (State) (Zip): RALLY SPORTS, 1803 18TH LANE, PBG, FL — Phone: (407) 963-1018 — Occupation: Owner

D/L Number, State	Soc. Sec. Number	INS Number	Place of Birth (City, State)	Citizenship
P620793801070 / FL	[redacted]		MOBILE, AL, United	US

CO-DEF

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

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

JUVENILE

☐ Parent ☐ Other: ☐ Legal Custodian — Name (Last, First, Middle)

Address (Street, Apt. Number) (City) (State) (Zip) — Residence Phone — 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 ☐ defendant and/or ☐ 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.
☐ Yes, by: ☐ No:

School Attended — Grade

Property Crime? ☐ Yes ☒ No — Description of Property — Value of Property

CODE

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/Deriv., P. Paraphernalia/Equipment, S. Synthetic, U. Unknown, Z. Other

CHARGE

Charge Description	Drug Activity	Drug Type	Amount / Unit	Offense #	Counts	Domestic Violence	Warrant / Capias Number	Statute Violation Number	Violation of ORD #	Bond
DUI - PERSONAL INJURY/PROPERTY DAMAGE		N	/		1	☐ Y ☒ N		316.193(3)(c)(3)		OR

CHARGE

Charge Description	Drug Activity	Drug Type	Amount / Unit	Offense #	Counts	Domestic Violence	Warrant / Capias Number	Statute Violation Number	Violation of ORD #	Bond
			/			☐ Y ☐ N				

CHARGE

Charge Description	Drug Activity	Drug Type	Amount / Unit	Offense #	Counts	Domestic Violence	Warrant / Capias Number	Statute Violation Number	Violation of ORD #	Bond
			/			☐ Y ☐ N				

INTAKE

Health / Apparent Physical Condition of Defendant — Any knowledge of the following: ☐ Mental ☐ Escape Risk ☐ Medication ☐ Deformities ☐ Injuries — Explain:

Check which applies: ☐ Released O.R. ☐ Released to Parent/Guardian ☒ T.O.T. County Jail ☐ Posted Bond ☐ South County Mental Health

PROPERTY - Received By — Released By — Released To

Transported By: S. MCGILLICUDDY — Date Transported: 02/03/2019 — Time Transported: 23:51 — Other

NOTICE TO APPEAR

☒ INSTRUCTION NO. 1 - Mandatory appearance in court
☐ 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: 03/06/2019 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 COMTEMPT OF COURT AND A WARRANT FOR MY ARREST SHALL BE ISSUED.

No Photo Available

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

FILED
FEB 04 2019
SHARON R. BOCK
Clerk & Comptroller

ADMIN

HOLD for Other Agency — ☐ Dangerous ☐ Resisted Arrest ☐ Suicidal ☐ Other

Intake Deputy — ID # — Pouch #

Signature of Arresting Officer — Name of Arresting Officer (Print): MCGILLICUDDY, STEVEN — I.D. #: 1216

Transporting Officer: S. MCGILLICUDDY — I.D. #: 388 — Agency: JPD

Name Verification (Printed by Arrestee) (PRINT) — Witness here if subject signed with an "X"

PAGE 1 OF 1

☐ COURT ☒ STATE ATTORNEY ☐ AGENCY ☐ CENTRAL RECORDS ☐ JAIL ☐ TIME ANALYSIS ☐ P. I. O. ☐ DEFENDANT

20 19CT2330

FILED
FEB 05 2019

BY: WB

NOT A CERTIFIED COPY

D.U.I. PROBABLE CAUSE AFFIDAVIT

ON THE 3RD DAY OF February 20 19, AT 11:48 AM ✓ PM

SUBJECT: PIERCE STEVEN M CASE NUMBER: 19-000515

AGENCY: Jupiter Police Department ARRESTING OFFICER: MCGILLICUDDY 388/1216

PERSONAL CONTACT

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

Pierce was found behind the driver wheel of his vehicle, a black 2017 Dodge Ram bearing FL TAG AGYW30 with front end damage, following a rollover crash just adjacent to his location. When I made contact with him the ignition was still on, with they keys in the ignition. He was seated in the driver's seat in full operational control of the vehicle.

OBSERVATION OF DRIVER:

During my initial contact with him, he appeared to be slurring his speech and spoke with a "thick tongue". I detected the strong odor of metabolized alcoholic beverage emitting from his person. When he exited the vehicle in order for me to conduct field sobriety exercises, he seemed unsteady on his feet.

DRIVER'S STATEMENTS:

After completing the crash section of the investigation, I advised Pierce that I was now conducting a DUI investigation. I read him his Miranda rights and he agreed to speak to me without an attorney. He stated that he was at a superbowl party and had consumed four beers over the course of the evening. I asked him what time it was and he said "9:30" when it was in fact, 11 PM. He stated on a scale from 1-10 on intoxication that he was at a "4".

ODORS:

Strong odor of metabolized alcohol emitting from his person.

GENERAL OBSERVATIONS

SPEECH: **Slurred speech, thick tongue**

ATTITUDE: **Positive**

CLOTHING: **Black tshirt, grey shorts, black shoes.**

MEDICAL/OTHER: **None.**

NOT A CERTIFIED COPY

STATE OF FLORIDA
COUNTY OF PALM BEACH

#388/1216
Signature of Arresting/Investigative Officer)

The foregoing instrument was sworn to or affirmed and subscribed before me this 4th day of February 20 19 by Officer MCGILLICUDDY 388/1216

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

Paris Pound (#24639)

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

SUBJECT: PIERCE STEVEN CASE NUMBER 19-000515

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:

Had trouble following instructions. Kept moving head when he was told to move eyes only. Stated that he could not move his eyes "that far" during maximum deviation portion.

WALK & TURN:
Refused exercise.

ONE LEG STAND:
Refused exercise.

FINGER TO NOSE:
Refused Exercise

ROMBERG ALPHABET:
Refused exercise.

BREATH TEST RESULTS: 1) RF 2) Refused 3) 4)

STATE OF FLORIDA
COUNTY OF PALM BEACH

(Signature of Arresting/Investigative Officer) #388/1216

The foregoing instrument was sworn to or affirmed and subscribed before me this 4th day of February 20 19 by Officer MCGILLICUDDY 388/1216

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

Paris Pound (#24639)

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

NOT A CERTIFIED COPY

WITNESS LIST

CASE NUMBER: 19-000515

ARRESTING OFFICER: MCGILLICUDDY 388/1216

ADDRESS: 210 Military Trl. Jupiter, FL 33458

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

CAN TESTIFY TO: PC

NAME: FARINACCI 332/1088

ADDRESS: 210 Military Trail, Jupiter, FL 33458

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

CAN TESTIFY TO: _____

NAME: _____

ADDRESS _____

PHONE NUMBERS (HOME) _____ (WORK) _____

CAN TESTIFY TO: _____

NAME: _____

ADDRESS _____

PHONE NUMBERS (HOME) _____ (WORK) _____

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PHONE NUMBERS (HOME) _____ (WORK) _____

CAN TESTIFY TO: _____

NAME: _____

ADDRESS _____

PHONE NUMBERS (HOME) _____ (WORK) _____

CAN TESTIFY TO: _____

NOT A CERTIFIED COPY

19-000515

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

I, **Officer MCGILLICUDDY 388/1216** (Name of Officer reading Implied Consent Warning), a duly certified Law Enforcement Officer or Correctional Officer,

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

or affirm that on or about the **3rd** day of **February**, 20 **19**, at **2317** ☑ P.M ☐ A.M.

DRIVER (Type or Print) **STEVEN** (FIRST NAME) **M** (MIDDLE OR MAIDEN NAME) **PIERCE** (LAST NAME),

DL# **P620-793-80-107-0**, state of **Florida**, was placed under lawful arrest for

the offense of **DUI W/PROPERTY DAMAGE** by **Officer MCGILLICUDDY 388/1216** (Name of Arresting Officer) and

issued Citation # **AATBI6E**.

That on or about the **4th** day of **February**, 20 **19**, at **0032** ☐ P.M ☑ A.M.

in **Palm Beach** County,

I requested that the driver submit to a X **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.

#388/1216

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:

3/2/1016

Signature of Attesting Officer

Title PFC

Date 2/4/19

(AFFIX SEAL)

The foregoing instrument was sworn and subscribed before me this **4th** day of **February**, 20 **19**, by **Officer MCGILLICUDDY 388/1216**, who is personally known to me or who has produced **Police ID** as identification

Notary Public **Paris Pound (#24639)**

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.

HSMV-BAR1001 (REV. 10/2016)

NOT A CERTIFIED COPY

TESTING FACILITY TASK REPORT

AGENCY: FHP

SUBJECT: [illegible] CASE NUMBER: [illegible]

DATE: 02/04/11 VIDEO TAPE NUMBER: N/A

BEGINNING TIME: 00:22 ENDING TIME: 00:32

BREATH TESTS RESULTS: 1) R TIME 00:25 A.M./P.M. 2) N/A TIME — A.M./P.M.

3) N/A TIME — A.M./P.M. 4) N/A TIME — A.M./P.M.

BREATH OPERATOR: P. Powell # 2467

MAINTENANCE TECHNICIAN: T. Hancock # 6461

TESTING OFFICER'S OBSERVATIONS

REFUSED

SPEECH: [illegible]

ATTITUDE: [illegible]

CLOTHING: [illegible]

MEDICAL CONDITIONS: [illegible]

MEDICATIONS: [illegible]

OTHER: [illegible]

COMMENTS: [illegible]

REFUSED

NOT A CERTIFIED COPY

SUBJECT: [illegible] 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 [illegible] of the [illegible].

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) [illegible]

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) [illegible]

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SUBJECT: _____ CASE NUMBER: _____

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: _____

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PALM BEACH COUNTY SHERIFF'S OFFICE
DUI TESTING FACILITY
INFORMATION SHEET

PBSO CASE # 19-033131 PBSO ZONE 3-15

AGENCY CASE # 19-000515 CRASH CASE #

TIME OF STOP/CRASH 2248 DATE 02/03/2019 DAY SUNDAY

SUBJECT'S NAME PIERCE (LAST) STEVEN (FIRST) M (MID) RACE W SEX M

HGT 5'9 WGT 190 DOB 03/27/1980

LOCATION MILITARY TRAIL/INDIAN CREEK PARKWAY

ARRESTING OFFICER'S NAME & ID MCGILLICUDDY 388/1216 AGENCY JUPITER PD

DIVISION: ROAD PATROL

NOTIFIED BY COMMO Yes

ARRIVAL AT FACILITY 2354

ARREST TIME 2317

BREATH RESULTS:

1)

2)

3)

4)

REFUSED

TESTING OFFICER'S ID 24639 PBSO VIDEOTAPE # N/A

NOT A CERTIFIED COPY

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:	

NOT A CERTIFIED COPY

REVIEW COMPLETED BY

Booking Number: 2019003852	**Date:** 2/4/2019
	Specialist Name/ID: Gammage/5660