03129 38

ARREST / NOTICE TO APPEAR

1901 4280 172

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

1 JUVENILE

ADMINISTRATION

OBTS Number

Agency ORI Number: 0501700

Agency Name: Jupiter Police Department

Agency Report Number (N.T.A.'s only): 5 4 19-001023

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

Multiple Clearance Indicator

Location of Arrest (Including Name of Business): 6773 W INDIANTOWN RD

Location of Offense (Business Name, Address): 6671 W INDIANTOWN RD, JUPITER, FL 33458

Date of Arrest	Time of Arrest	Booking Date	Booking Time	Jail Date	Jail Time	Location of Vehicle
03/05/2019	03:41	03/05/2019	03:51	/ / : :		

DEFENDANT

Name (Last, First, Middle): ROONEY, THOMAS MICHAEL

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

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	02/02/1980	5'07	182	BLUE	BLONDE /	LIGHT	Medium

Scars, Marks, Tatoos, Unique Physical Features (Location, Type, Description): TATT L SHOULDER

Marital Status: M

Religion: CHRISTIAN

Indication of: Alcohol Influence ☒ Yes ☐ No ☐ Unk. Drug Influence

Local Address (Street, Apt. Number): 16122 127TH DR N, JUPITER FL 33478 (City) (State) (Zip)

Phone: (561) 541-4722

Residence Type: 1. City 2. County 3. Florida 4. Out of State: 1

Permanent Address (Street, Apt. Number): 16122 127TH DR N, JUPITER, FL 33478 (City) (State) (Zip)

Phone: (561) 541-4722

Address Source

Business Address (Name, Street) (City) (State) (Zip)

Phone

Occupation

D/L Number, State	Soc. Sec. Number	INS Number	Place of Birth (City, State)	Citizenship
R500833800420 / FL	[redacted]		ST LOUIS, MO	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
				☐ 1. Arrested ☐ 2. At Large ☐ 3. Felony ☐ 4. Misdemeanor ☐ 5. Juvenile

JUVENILE

☐ Parent ☐ Other: ☐ 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 ☐ 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. 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

CHARGE

Charge Description	Statute Violation Number	Violation of ORD #
DUI - DRIVING WHILE UNDER INFLUENCE	316.193(1)	

Drug Activity	Drug Type	Amount / Unit	Offense #	Counts	Domestic Violence	Warrant / Capias Number	Bond
	N	/		1	☐ Y ☒ N		OR

CHARGE

Charge Description	Statute Violation Number	Violation of ORD #
DUI - REFUSAL TO SUBMIT TO DUI BREATH TEST WITH A PREVIOUS R	316.1939	

Drug Activity	Drug Type	Amount / Unit	Offense #	Counts	Domestic Violence	Warrant / Capias Number	Bond
	N	/		1	☐ Y ☒ N		OR

CHARGE

Charge Description	Statute Violation Number	Violation of ORD #

Drug Activity	Drug Type	Amount / Unit	Offense #	Counts	Domestic Violence	Warrant / Capias Number	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: 03/05/2019 — Time Transported: 03:45 — 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: 04/03/2019 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.

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

2019 MAR -5 AM 11:16

No Photo Available

ADMIN

HOLD for Other Agency

☐ Dangerous ☐ Suicidal ☐ Other — Resisted Arrest

Signature of Arresting Officer #388 12/6

Name Verification (Printed by Arrestee) (PRINT)

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

Intake Deputy: DS Collins 7622 — I.D. # — Pouch #

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

Witness here if subject signed with an "X".

PAGE 1 OF 1

MAR 5 AM 4:34

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D.U.I. PROBABLE CAUSE AFFIDAVIT

ON THE 5th DAY OF March 20 19 AT 0209 ✓ AM PM

SUBJECT: Rooney Thomas M CASE NUMBER: 19-001023

AGENCY: Jupiter Police Department ARRESTING OFFICER: McGillicuddy 388

PERSONAL CONTACT

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

Subject was first observed with no tag light traveling south and then west through Jupiter West plaza. Once behind the vehicle, it accelerated and disregarded several stop signs and took a hard turn south. The vehicle then immediately took a wide turn back west bound where it pulled into two parking spaces in front of the Ihop, at which point the driver (DEFENDANT) attempted to hop out of the vehicle. He had to be told to remain inside the vehicle.

OBSERVATION OF DRIVER:

Upon first contact with the driver, I detected a strong odor of metabolized alcoholic beverage emitting from his person. He spoke with slurred speech and had to be told several times to stay in the vehicle (failure to follow instructions).

DRIVER'S STATEMENTS:

Stated that he started drinking at 2300 hrs on 3/4/19 and had his last drink at approximately 0200 hrs. He stated that the had two vodka sodas and two Jaeger bombs. I asked him on a scale from 1-10, with 1 being completely sober and 10 being the most intoxicated he has ever been what he was at. He stated that he was an 8.

ODORS:

Strong odor of metabolized alcoholic beverage emitting from his person.

GENERAL OBSERVATIONS

SPEECH: **Slurred speech**

ATTITUDE: **Pendulum, first very cordial then hostile without provocation.**

CLOTHING: **Tshirt, shorts and sneakers**

MEDICAL/OTHER: **N/A**

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STATE OF FLORIDA
COUNTY OF PALM BEACH

388/12/6
(Signature of Arresting/Investigative Officer)

The foregoing instrument was sworn to or affirmed and subscribed before me this 5th day of March 20 2019 by Officer McGillicuddy 388

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

OFC J. FARINACCI 332/1 SCANNED MAR 07

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

SUBJECT: Rooney Thomas CASE NUMBER 19-001023

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:

Rooney was given the standard instructions and stated that he understood. He stepped off of the line several times and missed heel to toe several times. On the last two steps of the first nine steps he lost his balance to the point where it appeared he might fall. He regained his balance using his arms.

ONE LEG STAND:

Rooney was given the standard instructions and stated that he understood. He originally complained that he had knee problems, yet was wearing a construction shirt and had tools in his truck that showed him to apparently work in the field of manual labor. He swayed and put his foot down several times during the exercise.

FINGER TO NOSE:

Rooney was given the standard instructions and stated that he understood. He correctly followed my sequence of L, R, L, R, R, L, R, but missed his nose several times.

ROMBERG ALPHABET:

He was told to say the alphabet from A to Z in a non rhythmic manner. This task was performed correctly, but slowly.

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BREATH TEST RESULTS: 1) REFUSAL 2) REFUSAL 3) REFUSAL 4) REFUSAL

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 5th day of March 20 2019 by Officer McGillicuddy 388

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

OFC J. FARINACCI 372/1088

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



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

PBSO CASE # 19-044464 PBSO ZONE 3-12

AGENCY CASE # 19-001023 CRASH CASE #

TIME OF STOP/CRASH 0209 DATE 03/05/2019 DAY Tuesday

SUBJECT'S NAME Rooney (LAST) Thomas (FIRST) M (MID) RACE W SEX M

HGT 5'07 WGT 168 DOB 02/02/1980

LOCATION 6751 W Indiantown Road (Jupiter West Plaza)

ARRESTING OFFICER'S NAME & ID McGillicuddy 388 AGENCY Jupiter PD

DIVISION: Road Patrol

NOTIFIED BY COMMO Yes

ARRIVAL AT FACILITY 0251 hrs

ARREST TIME 0219 hrs

BREATH RESULTS:

1) REFUSED
2)
3)
4)

TESTING OFFICER'S ID 6212 PBSO VIDEOTAPE #

NOT A CERTIFIED COPY

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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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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TESTING FACILITY TASK REPORT

AGENCY: [illegible]

SUBJECT: [illegible] CASE NUMBER: 19-044604

DATE: 6-6-19 VIDEO TAPE NUMBER: N/A

BEGINNING TIME: [illegible] ENDING TIME: 0201 hrs

BREATH TESTS RESULTS: REFUSED 1) [illegible] 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: _____

ATTITUDE: [illegible]

CLOTHING: [illegible]

MEDICAL CONDITIONS: —

MEDICATIONS: —

OTHER: [illegible]

COMMENTS: [illegible]

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WHITE - STATE ATTY. YELLOW - DHSMV PINK - CENTRAL RECORDS GOLD - JAIL

PBSO #0129A REV.11/02

WITNESS LIST

CASE NUMBER: 19-001023

ARRESTING OFFICER: McGillicuddy

ADDRESS: 210 Military Trl. Jupiter, FL 33458

PHONE NUMBERS (HOME): _____ (WORK) (561) 746-6201 x 2184

CAN TESTIFY TO: PC

NAME: Farinacci

ADDRESS: 210 Military Trl, Jupiter, FL 33458

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

CAN TESTIFY TO: VEHICLE STOP/OBSERVATION OF EXERCISES

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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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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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	☐	539.001 FS	Other: All records relating to pawnbroker transactions.	
	☐	119.0712(2)	Other: Personal information contained within a motor vehicle record	

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REVIEW COMPLETED BY

Booking Number: 2019007611	**Date:** 03/05/2019
	Specialist Name/ID: howardt/7185