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2156

ARREST / NOTICE TO APPEAR Juvenile Referral Report		1. Arrest 2. N.T.A.	3. Request for Warrant 4. Request for Capias	Juvenile N
OBTS Number				
Agency ORI Number <b>FLO 500000</b>		Agency Name <b>PALM BEACH COUNTY SHERIFF'S OFFICE</b>		Agency Report Number (N.T.A.'s only) <b>06-16168816</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		Weapon Seized / Type 2 1. Yes 2. No		Multiple Clearance Indicator
Location of Arrest (Including Name of Business) <b>SUNSET BLVD/130TH AVE N WEST PALM BEACH FL 33411</b>		Location of Offense (Business Name, Address) <b>SUNSET BLVD/130TH AVE N WEST PALM BEACH FL 33411</b>		
Date of Arrest <b>12/24/16</b>	Time of Arrest <b>0230</b>	Booking Date	Booking Time	Jail Date <b>SUNSET BLVD/130TH AVE N PBC</b>
Name (Last, First, Middle) <b>WEINDORF, TYLER S.</b>		Alias (Name, DOB, Soc. Sec. #, Etc.)		
Race W - White I - American Indian B - Black O - Oriental/Asian <b>W</b>	Sex <b>M</b>	Date of Birth <b>01/26/89</b>	Height <b>5'7</b>	Weight <b>150</b>
Scars, Marks, Tattoos, Unique Physical Features (Location, Type, Description) <b>N/A</b>		Marital Status <b>SINGLE</b>	Religion <b>NONE</b>	Indication of: Alcohol Influence Drug Influence Y <input checked="" type="checkbox"/> N <input type="checkbox"/> Unk. <input type="checkbox"/>
Local Address (Street, Apt. Number) (City) (State) (Zip) <b>2502 NORTH DIXIE HWY UNIT 42 LAKE WORTH FL 33460</b>		Phone <b>(561) 719-6726</b>		Residence Type: 1. City 2. County 3. Florida 4. Out of State <b>2</b>
Permanent Address (Street, Apt. Number) (City) (State) (Zip)		Phone ( )		Address Source <b>VERBAL</b>
Business Address (Name, Street) (City) (State) (Zip)		Phone ( )		Occupation
D/L Number, State <b>W-536-817-89-026-0</b>		Soc. Sec. Number [REDACTED]		INS Number
Place of Birth (City, State) <b>PALM BEACH GARDENS FL</b>		Citizenship <b>U.S.</b>		
Co-Defendant Name (Last, First, Middle)		Race	Sex	Date of Birth
Co-Defendant Name (Last, First, Middle)		Race	Sex	Date of Birth
Parent Legal Custodian Other: 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 Dept. and Released. 2. TOT HRS / DYS 3. Incarcerated
Released To: (Name)		Relationship		Date
The above address 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 (Phone 355-2526) informed of any change of address. <input type="checkbox"/> Yes, by: (Name) <input type="checkbox"/> No: (Reason)		School Attended		
Property Crime? <input type="checkbox"/> Yes <input type="checkbox"/> No		Description of Property		
Value of Property				
Drug Activity N. N/A S. Sell P. Possess 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. Synthetics
U. Unknown Z. Other				
Charge Description <b>DUI</b>		Counts <b>1</b>	Domestic Violence <input type="checkbox"/> Y <input checked="" type="checkbox"/> N	Statute Violation Number <b>316.193(1)</b>
Drug Activity <b>N</b>		Drug Type <b>N</b>	Amount / Unit	Offense # <b>16168816</b>
Charge Description		Counts	Domestic Violence <input type="checkbox"/> Y <input type="checkbox"/> N	Statute Violation Number
Drug Activity <b>N</b>		Drug Type <b>N</b>	Amount / Unit	Offense #
Charge Description		Counts	Domestic Violence <input type="checkbox"/> Y <input type="checkbox"/> N	Statute Violation Number
Drug Activity <b>N</b>		Drug Type <b>N</b>	Amount / Unit	Offense #
Charge Description		Counts	Domestic Violence <input type="checkbox"/> Y <input type="checkbox"/> N	Statute Violation Number
Drug Activity <b>N</b>		Drug Type <b>N</b>	Amount / Unit	Offense #
Location (Court, Room Number, Address) <b>3228 Gun Club Rd west Palm Beach FL 33406</b>				
Court Date and Time Month <b>January</b> Day <b>19</b> Year <b>2017</b> Time <b>01:30</b> AM <b>PM</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) <i>Tyler S. Weindorf</i>		Date Signed <b>12/29/16</b>		
HOLD for other Agency Name: <input type="checkbox"/> Dangerous <input type="checkbox"/> Resisted Arrest <input type="checkbox"/> Suicidal <input type="checkbox"/> Other:		Signature of Arresting Officer <i>A. Sinnott</i> Name of Arresting Officer (Print) <b>A. SINNOTT</b> I.D. # <b>23163</b>		Name Verification (Printed by Arrestee) (PRINT)
Transporting Officer <b>A. SINNOTT</b> ID # <b>PBSO</b>		Witness here if subject signed with an "X" <b>SCANNED</b>		
Page <b>1</b>		Page <b>1</b>		

DEC 26 2016 5:31

ADMIN.		PROBABLE CAUSE AFFIDAVIT		1. Arrest 2. N.T.A.		3. Request for Warrant 4. Request for Capias		Juvenile	
OBTS Number		Agency ORI Number FLO 5 0 0 0 0 0		Agency Name PALM BEACH COUNTY SHERIFF'S OFFICE		Agency Report Number 0 6 116 168816			
Charge Type: Check as many as apply		1. Felony 2. Traffic Felony		3. Misdemeanor 4. Traffic Misdemeanor		5. Ordinance 6. Other		Special Notes:	
Name (Last, First, Middle) WEINDORF TYLER		Alias		Race W		Sex M		Date of Birth 01/26/89	
Charge Description DUI		Charge Description		Charge Description		Charge Description			
Victim's Name (Last, First, Middle) State of Fla		Race		Sex		Date of Birth			
Local Address (Street, Apt. Number)		(City)		(State)		(Zip)		Phone ( )	
Business Address (Name, Street)		(City)		(State)		(Zip)		Phone ( )	
The undersigned certifies and swears that he/she has just and reasonable grounds to believe, and does believe that the above Defendant committed the following violation of law. The person taken into custody... <input type="checkbox"/> committed the below acts in my presence. <input type="checkbox"/> confessed to _____ admitting to the below facts. <input type="checkbox"/> was observed by _____ who told _____ that he/she saw the arrested person commit the below acts. <input type="checkbox"/> was found to have committed the below acts, resulting from my (described) investigation.									
On the 24 day of Dec 2016 at 07:20 A.M. (Specifically include facts constituting cause for arrest.)									
I was on patrol in the area of 126th and Orange Grove Blvd in West Palm Beach FL, when I observed a blue in color vehicle take off at a high rate of speed. I then began to follow said vehicle north of 126th street, at over 1/2 mile per hour in a 30 mph zone. I was able to catch up with the vehicle and conduct a traffic stop just south of the intersection of 130th Rd North and Sunset Dr West Palm Beach, FL. I then made contact with the driver who was identified by his Fla driver license as w/m Tyler Weindorf. While speaking with Mr Weindorf I notice that his speech was slurred, and his eyes were red and he had a strong odor of an alcoholic beverage coming from his person. I asked Mr Weindorf to exit the vehicle and notice he was unsteady on his feet. I then requested that DP Unholt conduct a DUI investigation. Mr Weindorf was issued a written warning for the speeding violation.									
STATE OF FLORIDA COUNTY OF PALM BEACH		Signature of Arresting/Investigative Officer Det. David Savage #435		SCANNED DEC 26 2016		24th Dec 16 by Savage		PERSON	
The foregoing instrument was sworn to or affirmed and subscribed before me this 24th day of Dec 2016 by Savage									
(Print name of Arresting/Investigative Officer), who is personally known to me and/or produced identification. Type of identification produced									
A. Sinnot 23167									
Notary Public, Clerk of Court, Officer (F.S.S. 117.10)									

# D.U.I. PROBABLE CAUSE AFFIDAVIT

ON THE 24 DAY OF DECEMBER 20 16, AT 0230 ✓ AM PM

SUBJECT: WEINDORF, TYLER S. CASE NUMBER: 16168816

AGENCY: PALM BEACH COUNTY SHERIFF'S OFFICE ARRESTING OFFICER: A. SINNOTT

## PERSONAL CONTACT

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

While responding to a noise complaint at 4468 126TH DR N in unincorporated West Palm Beach FL 33411 I met with Sergeant Savage who stated he had just witnessed a blue Jaguar driving away from the party at a high rate of speed. Sergeant Savage and I followed the vehicle and caught up to the vehicle, a blue Jaguar 4door bearing FL tag DWE99 and conducted a traffic stop at the intersection of 130th Ave N and Sunset Blvd. Sergeant Savage Stated he paced the vehicle at 60 in a 30 mph zone.

## OBSERVATION OF DRIVER:

Sergeant Savage stated when he approached the vehicle and spoke with the driver who Identified himself by his Florida DL as Tyler Weindorf, he immediately noticed a strong smell of an unknown alcoholic beverage coming from his breath. Sergeant Savage stated that he noticed Mr Weindorf's eyes were bloodshot and glassy. Sergeant Savage then instructed Mr Weindorf to step out of the vehicle and speak with me.

I then aproached Mr Weindorf, I noticed the smell of an unknown alcoholic beverage coming from his breath. I noticed that Mr Weindorf's eyes were glassy, and extremely bloodshot. Mr Weindorf was unstable on his feet and was swaying back and forth.

## DRIVER'S STATEMENTS:

Mr Weindorf stated that he had three beers earlier in the night.

## ODORS:

Mr Weindorf's breath had the odor of an unknown alcoholic beverage.

## GENERAL OBSERVATIONS

SPEECH: Mr Weindorf's speech was slow

ATTITUDE: Mr Weindorf was quiet and cooperative.

CLOTHING: Mr Weindorf was wearing a white shirt and blue jean pants.

MEDICAL/OTHER: N/A

STATE OF FLORIDA  
COUNTY OF PALM BEACH

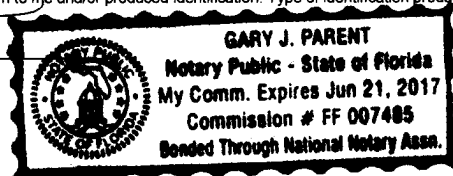
A. SINNOTT

(Signature of Arresting/Investigative Officer)

The foregoing instrument was sworn to or affirmed and subscribed before me this 24 day of December 20 16 by A. Sinnott

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

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



SCANNED  
DEC 26 2016  
DEC 26 2016

SUBJECT: WEINDORF, TYLER S.

CASE NUMBER 16168816

### 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:

Mr Weindorf had bloodshot glassy eyes, was unstable on his feet, and had the odor of an unknown alcoholic beverage coming from his breath.

#### WALK & TURN:

Refused

#### ONE LEG STAND:

Refused

#### FINGER TO NOSE:

Refused

#### ROMBERG ALPHABET:

Refused

BREATH TEST RESULTS: 1) Refused

2)

3)

4)

STATE OF FLORIDA  
COUNTY OF PALM BEACH

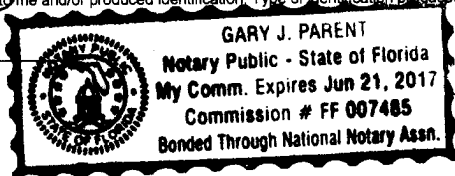
A. SINNOTT

(Signature of Arresting/Investigative Officer)

The foregoing instrument was sworn to or affirmed and subscribed before me this 24 day of December, 20 16 by Al [Signature]

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

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



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DEC 26 2016

# WITNESS LIST

CASE NUMBER: 16168816

ARRESTING OFFICER: A. SINNOTT

ADDRESS: 3228 Gun Club Rd West Palm Beach FL 33406

PHONE NUMBERS (HOME): \_\_\_\_\_ (WORK) 561-688-3000

CAN TESTIFY TO: Initial stop and arrest procedures

NAME: D. Savage

ADDRESS: 3228 Gun Club Rd West Palm Beach FL 33406

PHONE NUMBERS (HOME) \_\_\_\_\_ (WORK) 561-688-3000

CAN TESTIFY TO: Initial stop, and arrest

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: \_\_\_\_\_

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: \_\_\_\_\_

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: \_\_\_\_\_

SCANNED  
DEC 26 2016

# TESTING FACILITY TASK REPORT

AGENCY: PBSO  
SUBJECT: WEINBERG, TYLER S. CASE NUMBER: 16-16816  
DATE: 12/24/16 VIDEO TAPE NUMBER: 61875  
BEGINNING TIME: 0357 ENDING TIME: 0400  
BREATH TESTS RESULTS: 1) R TIME 0359 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: G. JAMES # 7709  
MAINTENANCE TECHNICIAN: KARLSON # 6107

## TESTING OFFICER'S OBSERVATIONS

SPEECH: 700  
ATTITUDE: CALM, QUIET CO OPERATIVE  
CLOTHING: ALL JAIL, 1/2 ZIP HANGAR, TAIL TUCK  
MEDICAL CONDITIONS: None  
MEDICATIONS: None  
OTHER: EYES GLASSY AND BLOODSHOT, EIGHT ORBITAL SWAYING,

**REFUSED**

COMMENTS: ARRIVED AT CENTER A/C 16 2011 THE 20 MINUTE  
OBSERVATION PERIOD AT 0323 HRS.

A STATED NO HE WOULD NOT TAKE TEST

A/C READ I/C

A STATED HE UNDERSTOOD I/C AND REFUSED TEST

A/C READ RIGHTS

**REFUSED**

A STATED HE UNDERSTOOD RIGHTS

A/C ATTENDED Q+A

**SCANNED**  
**DEC 26 2016**

A INVOKED RIGHT TO COUNSEL

SUBJECT: WE-1002, Tyler S. CASE NUMBER: 16 108816

## 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) 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.

SUSPECT'S SIGNATURE: (X) Read on Camera

SCANNED

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SUBJECT: WEEDS, Tyler S CASE NUMBER: 16-168816

## 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: \_\_\_\_\_

WHITE - STATE ATTY.

YELLOW - DHSMV

PINK - CENTRAL RECORDS

GOLD - JAIL

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