0507123 19CT 2076 1891

ARREST / NOTICE TO APPEAR

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

1 JUVENILE

ADMINISTRATION

OBTS Number

Agency ORI Number: 0500400
Agency Name: Delray Beach Police Department
Agency Report Number (N.T.A.'s only): 4 0 19-006193

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/not Applicable
Multiple Clearance Indicator: 1

Location of Arrest (Including Name of Business): 300 N SWINTON AVE DELRAY BEACH FL 33444
Location of Offense (Business Name, Address): 300 N SWINTON AVE, DELRAY BEACH, FL 33444

Date of Arrest	Time of Arrest	Booking Date	Booking Time	Jail Date	Jail Time	Location of Vehicle
04/18/2019	03:26	04/18/2019	03:36	/ / : :		

DEFENDANT

Name (Last, First, Middle): KEOHANE, WILLIAM MICHAEL J
Alias (Name, DOB, Soc. Sec. #, Etc.): Alias:

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	07/14/1958	5'11	200	BLUE	BROWN	LIGHT	MEDIUM

Scars, Marks, Tatoos, Unique Physical Features (Location, Type, Description):
Marital Status: M
Religion: NOT INDICA
Indication of: Alcohol Influence ☒ Yes ☐ No ☐ Unk. ☐ Drug Influence ☑

Local Address (Street, Apt. Number) (City) (State) (Zip): 710 NE 2ND ST, DELRAY BEACH, FL 33483
Phone:
Residence Type: 1. City 2. County 3. Florida 4. Out of State: 1

Permanent Address (Street, Apt. Number) (City) (State) (Zip): 710 NE 2ND ST, DELRAY BEACH, FL 33483
Phone:
Address Source: VERBAL

Business Address (Name, Street) (City) (State) (Zip):
Phone:
Occupation:

D/L Number, State: K500933582540 / FL
Soc. Sec. Number: [redacted]
INS Number:
Place of Birth (City, State): BOYNTON BEACH,
Citizenship:

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):
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 S. Smuggle D. Deliver E. Use K. Disperses/ Distributs 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 ALCOHOL OR DRUGS 2ND OFF	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 #

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

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 C.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: Date Transported: / / Time Transported: : 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): South County 200 W Atlantic Ave Delray Beach, FL 33444
Court Date and Time: 05/13/2019 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

No Photo Available

ADMIN

HOLD for Other Agency
☐ Dangerous ☐ Resisted Arrest ☐ Suicidal ☐ Other
Intake Deputy: I.D. Pouch #

Signature of Arresting Officer: 1185
Name of Arresting Officer (Print): RICHARDSON, DALLAS I.D. # 1185
Transporting Officer: RICHARDSON I.D. # 1185 Agency DBPD

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

PAGE 1 OF 1

NOT A CERTIFIED COPY

SCANNED APR 20 2019

D.U.I. PROBABLE CAUSE AFFIDAVIT

ON THE April DAY OF 18 20 19, AT 0117 ☑AM ☐PM

SUBJECT: William Michael Keohane CASE NUMBER: 19-6193

AGENCY: DBPD ARRESTING OFFICER: D Richardson #1185

PERSONAL CONTACT

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

I observed a vehicle that was partially parked on the shoulder of Swinton Ave with the rear driver side tire on the white line. I then made contact with the driver Keohane Jr. who was sleeping in the driver seat of the vehicle with it in drive and foot on the brake activating the brake lights. Keohane Jr was the sole individual inside the vehicle.

OBSERVATION OF DRIVER:

William Michael Keohane Jr was asleep behind the wheel with his foot on the brakes activating the vehicle brake lights. I then made contact with Keohane who had glossy eyes with slight red discoloration. I detected a very strong odor of an unknown alcoholic beverage emitting from Keohane person. Keohane also had to use the vehicle to stand up upon exiting the vehicle. Keohane was unable to do the one leg stand due to him being unable to balance and I noticed that it was unsafe to continue that exercise. Keohane also lacked smooth pursuit with HGN and had an onset of nystagmus and involuntary jerking of the eye. Keohane was also unable to keep his head straight while HGN was given as instructed. Keohane wasn't able to do the walk in turn without stumbling and nearly falling down. I then determined that Keohane was unstable and couldn't support himself without assistance so I determined that it was unsafe to continue field sobriety and then arrested Keohane for DUI.

DRIVER'S STATEMENTS:

William Michael Keohane Jr. stated that he was driving from George Bush after having a few drinks and couldn't remember his location or where he was trying to go. Keohane then stated that he lived on 2nd Street in Delray Beach and was trying to make it home. Keohane then stated that he was too intoxicated after asked to exit the vehicle for field sobriety exercises.

ODORS:

GENERAL OBSERVATIONS

SPEECH: SLURRED AND MUMBLING

ATTITUDE:

CLOTHING: GREEN SHIRT AND TAN SHORTS

MEDICAL/OTHER: N/A

STATE OF FLORIDA
COUNTY OF PALM BEACH

1185
(Signature of Arresting/Investigative Officer)

The foregoing instrument was sworn to or affirmed and subscribed before me this 18 day of April 20 19 by

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

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

NOT A CERTIFIED COPY

SCANNED
APR 2 0 2019

SUBJECT: William Michael Keohane CASE NUMBER 19-006193

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
- [ ] LT- EYE-ONSET OF NYSTAGMUS PRIOR TO 45 DEGREES
- [ ] RT- EYE-ONSET OF NYSTAGMUS PRIOR TO 45 DEGREES

Other Observations:

WALK & TURN:
Keohane was unable to preform this exercise due to him being unstable and unsteady. He needed assistance to stand so this exercise became unsafe to preform.

ONE LEG STAND:
Keohane was unable to lift his leg approximately 6 inches off the ground without falling or attempting to lean on his vehicle. This Task also became unsafe to preform.

FINGER TO NOSE:

ROMBERG ALPHABET:

BREATH TEST RESULTS: 1) .214 | 2) VNM | 3) .216 | 4)

STATE OF FLORIDA
COUNTY OF PALM BEACH

1185
(Signature of Arresting/Investigative Officer)

The foregoing instrument was sworn to or affirmed and subscribed before me this 18 day of April 20 19 by

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

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

NOT A CERTIFIED COPY

SCANNED
APR 2 0 2019

WITNESS LIST

CASE NUMBER: 19-006193

ARRESTING OFFICER: OFC.RICHARDSON
ADDRESS: 300 W ATLANTIC AVE DELRAY BEACH FL 33444
PHONE NUMBERS (HOME): 561-243-7800 (WORK)
CAN TESTIFY TO: THE DUI CASE

NAME: OFC KRATZ
ADDRESS: 300 W ATLANTIC AVE DELRAY BEACH FL 33444
PHONE NUMBERS (HOME) 561-243-7800 (WORK)
CAN TESTIFY TO: FTO OFFICER

NAME: OFC FLORVIL
ADDRESS 300 W ATLANTIC AVE DELRAY BEACH FL 33444
PHONE NUMBERS (HOME) 561-243-7800 (WORK)
CAN TESTIFY TO: Field sobriety 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:

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:

NOT A CERTIFIED COPY

SCANNED
APR 2 0 2019

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: _____

NOT A CERTIFIED COPY

SCANNED
APR 20 2009

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

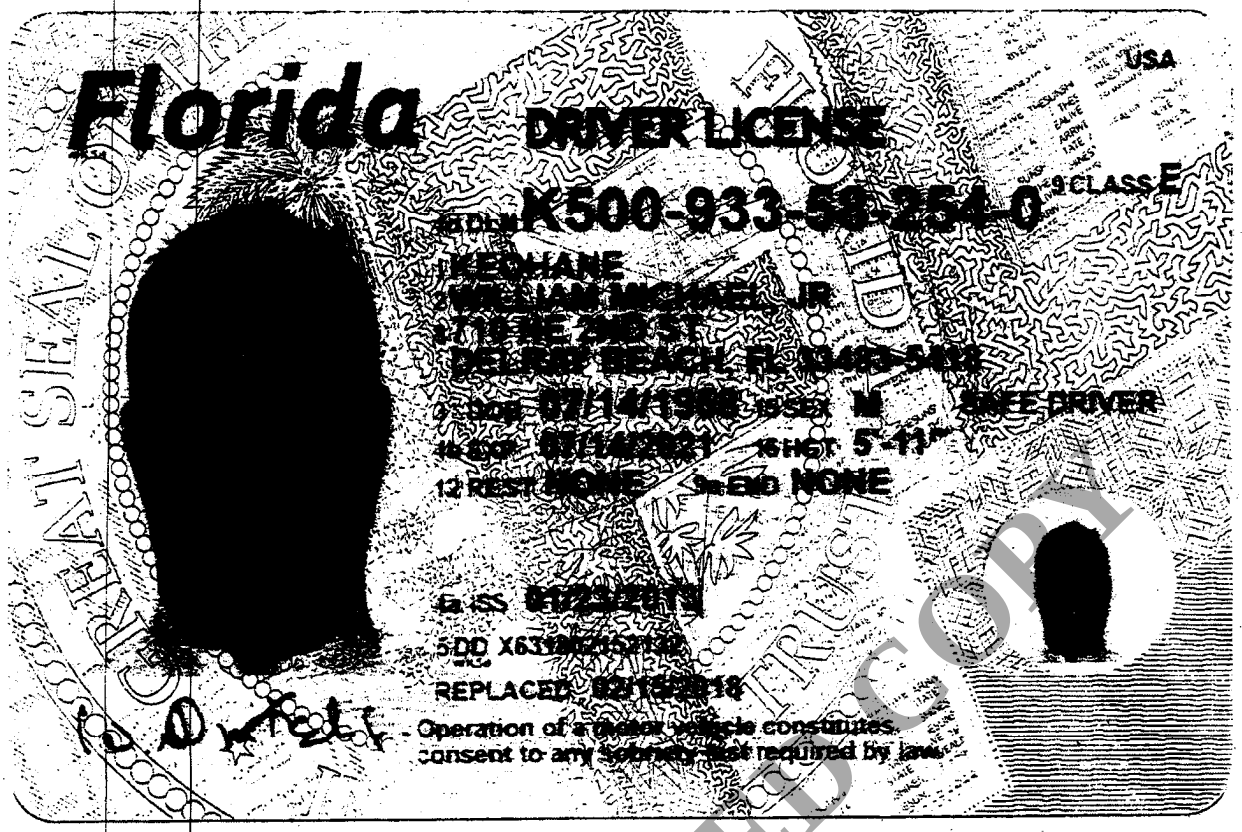
I AM REQUIRED TO WARN YOU BEFORE YOU MAKE ANY STATEMENTS THAT YOU HAVE THE FOLLOWING RIGHTS:

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) _____

SCANNED
APR 2 0 2013

NOT A CERTIFIED COPY



NOT A CERTIFIED COPY

SCANNED
APR 20 2019

TESTING FACILITY TASK REPORT

AGENCY: DPD/RICHARDSON

SUBJECT: KEOHAN, WILLIAM

CASE NUMBER: 19-060999

DATE: Apr 18, 2019

VIDEO DVD NUMBER: N/A

BEGINNING TIME: 0226

ENDING TIME: 0254

BREATH TESTS RESULTS: 1) .214 TIME 0233 A.M.☒ P.M.☐ 2) VNM TIME 0238 A.M.☒ P.M.☐

3) .216 TIME 0242 A.M.☒ P.M.☐ 4) XX TIME XX A.M.☐ P.M.☐

BREATH OPERATOR: S. PALMER #24520

MAINTENANCE TECHNICAN: J Karlecke #6467

TESTING OFFICER'S OBSERVATIONS

SPEECH: THICK, SLURRED, SLOW

ATTITUDE: DAZED, SPACED, CALM, QUIET

CLOTHING: DENIM SHIRT, GREEN SHIRT, TAN SHORTS, NO SHOES

MEDICAL CONDITIONS: NONE

MEDICATIONS: NONE

OTHER:

EYES:GLASSY AND BLOODSHOT, ODOR OF UNKNOWN ALCOHOLIC BEVERAGE COMING FROM BREATH, UNSTEADY ON HIS FEET, NEEDED ASSISTANCE

COMMENTS:

ARRESTING OFFICER CONDUCTED THE 20 MINUTE OBSERVATION BEGINNING AT 0205
SUBJECT AGREED TO TAKE BREATH TEST
AND PROVIDED ONE SAMPLE WITHOUT ISSSUE
SUBJECT FAILED TO FOLLOW INSTRUCTION TO PROVIDE ADEQUATE SECOND SAMPLE
A/O READ I/C
SUBJECT STATED AGREED TO PROVIDE ANOTHER SAMPLE
SUBJECT PROVIDED SECOND SAMPLE WITH NO ISSUE
TECH READ TEST RESULTS
SUBJECT STATED "OK" TO TEST RESULTS
A/O READ RIGHTS
SUBJECT STATED HE UNDERSTOOD RIGHTS
A/O CONDUCTED Q&A, SUBJECT ANSWERED QUESTIONS

NOT A CERTIFIED COPY

SCANNED
APR 2 0 2019

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: 2019012845	**Date:** 4/18/2019
	Specialist Name/ID: J. Beck/9007

SCANNED
APR 2 0 2019