# ARREST / NOTICE TO APPEAR

1. Arrest 2. N.T.A. 3. Request for Warrant 4. Request for Capias 5. Juvenile Referral | 1 | JUVENILE

**ADMINISTRATION**

OBTS Number

Agency ORI Number: 0500200 | Agency Name: Boca Raton Police Department | Agency Report Number (N.T.A.'s only): 3 2 2019-000917

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

Location of Arrest (Including Name of Business): 500 NE 44TH ST | Location of Offense (Business Name, Address): 500 NE 44TH ST, BOCA RATON, FL 33431

| Date of Arrest | Time of Arrest | Booking Date | Booking Time | Jail Date | Jail Time | Location of Vehicle |
|---|---|---|---|---|---|---|
| 01/19/2019 | 01:43 | 01/19/2019 | 01:51 | 01/19/2019 | 01:51 | EMERALD |

**DEFENDANT**

Name (Last, First, Middle): FRENCH, WILLIAM STUYVESANT | 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 | 02/27/1989 | 6'01 | 220 | BLUE | BROWN | LIGHT | Medium |

Scars, Marks, Tatoos, Unique Physical Features (Location, Type, Description): NONE | Marital Status: S | Religion: NONE | Indication of: Alcohol Influence ☒ Yes ☐ No ☐ Unk. / Drug Influence ☐ Yes ☒ No ☐ Unk.

| Local Address (Street, Apt. Number) (City) (State) (Zip) | Phone | Residence Type: 1. City 2. County 3. Florida 4. Out of State |
|---|---|---|
| 1301 NW 14 CT, BOCA RATON, FL 33486 | (561) 676-6262 | |
| **Permanent Address (Street, Apt. Number) (City) (State) (Zip)** | **Phone** | **Address Source** |
| 1301 NW 14 CT, BOCA RATON, FL 33486 | (561) 676-6262 | SUBJECT |
| **Business Address (Name, Street) (City) (State) (Zip)** | **Phone** | **Occupation** |
| LONGLIFE STEEL, BOCA RATON | (561) - | Construction |

| D/L Number, State | Soc. Sec. Number | INS Number | Place of Birth (City, State) | Citizenship |
|---|---|---|---|---|
| F652937890670 / FL | [redacted] | | GRENICH, CT, United | US |

**CODEF**

| 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, 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 | 316.193 (1) | |

| Drug Activity | Drug Type | Amount / Unit | Offense # | Counts | Domestic Violence | Warrant / Capias Number | Bond |
|---|---|---|---|---|---|---|---|
| | N | / | | 1 | ☐ 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 | | |

**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: GOOD | Any knowledge of the following: ☐ Mental ☐ Escape Risk ☐ Medication ☐ Deformities ☐ Injuries | Explain: NONE

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 |
|---|---|---|
| COON | COON | CJ |

| 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: 02/25/2019 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 CONTEMPT OF COURT AND A WARRANT FOR MY ARREST SHALL BE ISSUED.

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

CLERK OF CIRCUIT COURT PALM BEACH COUNTY, FL CRIMINAL DIVISION

2019 JAN 20 AM 8:19

No Photo Available

**ADMIN**

HOLD for Other Agency

☐ Dangerous ☐ Resisted Arrest ☐ Suicidal ☐ Other

Intake Deputy | I.D. # | Pouch #

Signature of Arresting Officer: [signature] 794

Name of Arresting Officer (Print): COON, R. | I.D. #: 794

Transporting Officer: Valdes | I.D. #: 703 | Agency: BRPD

Name Verification (Printed by Arrestee) (PRINT)

Witness here if subject signed with an "X".

PAGE 1 OF 1

[redacted]

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# PROBABLE CAUSE AFFIDAVIT

ADMIN

OBTS Number:

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

JUVENILE:

| Agency ORI Number | Agency Name | Agency Report Number |
|---|---|---|
| FL 0500200 | BOCA RATON POLICE DEPARTMENT | 3 2 2019-000917 |

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

Special Notes:

DEF

| Name (Last, First, Middle) | Alias | Race | Sex | Date of Birth |
|---|---|---|---|---|
| FRENCH, WILLIAM STUYVESANT | | W | M | 02/27/1989 |

CHARGES

| Charge Description | Charge Description |
|---|---|
| 316.193 DUI | |
| Charge Description | Charge Description |
| | |

VICTIM

| Victim's Name (Last, First, Middle) | Race | Sex | Date of Birth |
|---|---|---|---|
| STATE OF FLORIDA, | | | |

| Local Address (Street, Apt. Number) (City) (State) (Zip) | Phone | Address Source |
|---|---|---|
| 100 NW 2ND AVE, BOCA RATON, FL 33432 | (561) - | |
| **Business Address (Name, Street) (City) (State) (Zip)** | **Phone** | **Occupation** |
| | (56 ) - | |

PROBABLE CAUSE STATEMENT

The undersigned certifies and swears that he/she has just and reasonable grounds to believe, and does believe that the above named Defendant committed the following violation of law.

The Person taken into custody . . .

☐ committed the below acts in my presence.

☐ confessed to _____ admitting to the below facts.

☐ was observed by _____ who told _____ that he/she saw the arrested person committ the below acts.

☒ was found to have committed the below acts, resulting from my (described) investigation.

On the 19 day of January, 2019 at 01:43 (Specifically include facts constituting cause for arrest.)

On 01/19/19, at approximately 0121 hours, I conducted a traffic stop at 500 NE 44th St., on a black Mercedes E550 bearing FL tag# 659NWT.

I observed the vehicle turn right onto N Dixie Hwy from W Yamato Rd on a red light. There is a no turn on red at that intersection. I followed the vehicle south bound on N Dixie Hwy. The vehicle made a quick left turn onto NE 44th St heading eastbound. I activated my emergency lights and siren. The vehicle continued to slowly drive eastbound on NE 44th St. The vehicle finally came to stop after I went over my loud speaker and told the driver to pull over his vehicle.

I made contact with the sole occupant of the vehicle, W/M, William French. I observed a large unopened bottle of Corona beer in the rear cup holder. Photos were taken and submitted into evidence. French was fumbling through his wallet before I even started to speak with him. I asked French for his license, registration, and proof of insurance. French had difficulty finding his license in his wallet and his registration in the glove box. I asked French where he was coming from and he said a friend`s house in Delray. I asked French if he had anything to drink tonight, which he advised he had a few drinks. French then advised that he had been on "Atlantic Ave" with his friends. French then advised that he had five beers throughout the night. French had very slow and slurred speech. French`s eyes were red and glassy and he was staring blankly at me.

I asked French to step out of the vehicle. While exiting the vehicle, French had difficulty keeping his balance. French was swaying back and forth. I asked French if he would be willing to perform Standardized Field Sobriety Tasks to dispel my alarm that he was driving impaired. French advised that he would perform the tasks.

The first task was the horizontal gaze nystagmus. French was swaying side to side while

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ADMINISTRATIVE

SWORN AND SUBSCRIBED BEFORE ME

VAZQUEZ-BELLO, YVETTE D

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

01/19/2019

DATE

SIGNATURE OF ARRESTING / INVESTIGATING OFFICER

COON, REBECCA (794)

NAME OF OFFICER (PLEASE PRINT)

01/19/2019

DATE



COURT STATE ATTORNEY CENTRAL RECORDS JAIL CRIME ANALYSIS P. I. O.

ADMIN

OBTS Number

PROBABLE CAUSE AFFIDAVIT SUPPLEMENT

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

1

JUVENILE

| Agency ORI Number | Agency Name | Agency Report Number |
|---|---|---|
| FL 0500200 | BOCA RATON POLICE DEPARTMENT | 3 \| 2 \| 2019-000917 |

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

Special Notes:

DEF

| Name (Last, First, Middle) | Alias | Race | Sex | Date of Birth |
|---|---|---|---|---|
| FRENCH, WILLIAM STUYVESANT | | W | M | 02/27/1989 |

PROBABLE CAUSE STATEMENT

standing. There was a lack of smooth pursuit in each eye. There was distinct and sustained nystagmus at maximum deviation in each eye. Onset of nystagmus prior to 45 degrees in each eye.

The second task was the walk and turn. French left the starting position. He was using his arms for balance and did not touch heel to toe on each step. He was not counting out loud. He walked 9 steps, turned and only took 3 steps. He attempted again. He left the starting position. He walked 9 steps, turned and walked 12 steps. He was using his arms. He did not touch heel to toe on each step. He stepped off of the line multiple times while performing the task.

The third task was the one leg stand. French was using his arms and swaying. He only counted to one-thousand-twelve then stopped counting. He put his footdown, put his hands in his pockets and looked at me. I asked him if he was finished performing the task which he advised, "Yes".

The fourth task was the finger to nose (L-R-L-R-R-L-R). French was swaying side to side the entire time. On the each movement he held his hand up for an extended period of time.

The fifth task was the Rhomberg Alphabet. French advised he knew the English alphabet. He was able to recite the alphabet with no issues.

At 0143 hours, I placed William French under arrest. French was transported to BRPD Holding Facility. Officer Murphy conducted The Intoxilyzer 8000 testing. I asked French to provide a breath sample. He stated, I decline. I read him Implied Consent. He had no questions. I asked him again to provide a breath sample and he stated, I decline. At 0220 hours, he was issued a refusal. French was charged with DUI FSS 316.193(1). He was given the court date of 02/25/19 at 8:30am. After processing, he was transported TOT PBCJ. The vehicle was towed to Emerald.

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ADMINISTRATIVE

SWORN AND SUBSCRIBED BEFORE ME

VAZQUEZ-BELLO, YVETTE D

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

01/19/2019

DATE

794

SIGNATURE OF ARRESTING / INVESTIGATING OFFICER

COON, REBECCA (794)

NAME OF OFFICER (PLEASE PRINT)

01/19/2019

DATE



COURT STATE ATTORNEY CENTRAL RECORDS JAIL CRIME ANALYSIS P. I. O.

# FLORIDA DEPARTMENT OF LAW ENFORCEMENT
## ALCOHOL TESTING PROGRAM
### BREATH ALCOHOL TEST AFFIDAVIT

Instrument Type: Intoxilyzer 8000
Instrument Registered To: BOCA RATON PD
Instrument Serial Number: 80-006622 Software: 8100.27
Date of Test: 01/19/2019

Date of Last Agency Inspection: 12/27/2018
Observation Period Began: 01:56
Subject's Name: WILLIAM S FRENCH DOB: 02/27/1989 Sex: M

The subject was observed for at least twenty-minutes prior to the administration of the breath test to ensure that the subject did not take anything orally and did not regurgitate.

Results:

| Test | g/210L | Time |
|---|---|---|
| Diagnostics Check | OK | 02:19 |
| Air Blank | 0.000 | 02:20 |
| Control Test | 0.078 | 02:20 |
| Air Blank | 0.000 | 02:20 |
| Subject Sample #1 | REF* | 02:21 |
| Air Blank | 0.000 | 02:21 |
| Control Test | 0.079 | 02:22 |
| Air Blank | 0.000 | 02:22 |
| Diagnostics Check | OK | 02:22 |

*Subject Test Refused

Cylinder Lot: 13518080A5
Exp: 08/05/2020

State of Florida, County of Palm Beach.

Personally appeared before me the undersigned authority, who (X) is personally known to me or (__) produced _____ as identification, and who after being placed under oath, states:

I BRITTANIE J MURPHY, hold a valid Breath Test Operator permit issued by the Florida Department of Law Enforcement, I administered the above breath test to the subject named above in accordance with Chapter 11D-8, Florida Administrative Code, and this form is a true and accurate report of that breath test.

Breath Test Operator: _____ Date: 1-19-19
Signature

Sworn to (or ~~affirmed~~) before me this 19 day of January, 2019

_____ #794 _____ afc Coan
Signature of Notary Public-State of Florida Printed Name of Notary Public-State of Florida

Note: Pursuant to section 117.10, Florida Statutes, law enforcement officers, correctional officers, traffic accident investigation officers and traffic infraction enforcement officers are notaries public when engaged in the performance of official duties. In accordance with section 316.1934(5), F.S., this completed form is admissible without further authentication and is presumptive proof of the results herein. To be used in accordance with Section 316.1934(5), F.S., and in administrative proceedings pursuant to 322.2615, F.S.

*FDLE/ATP FORM 38 - MARCH 2004, Ref. 11D-8.007*

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

I, Ofc Coon (Name of Officer reading Implied Consent Warning), a duly certified Law Enforcement Officer or Correctional Officer, am a member of BRPD (Name of law enforcement agency), and I do swear or affirm that on or about the 19 day of January, 20 19, at 0143 ☐ P.M ☒ A.M.

DRIVER (Type or Print) William (FIRST NAME) Stuyvesant (MIDDLE OR MAIDEN NAME) French (LAST NAME),

DL# F605293890670, state of FL, was placed under lawful arrest for the offense of DUI by Ofc Coon (Name of Arresting Officer) and issued Citation # A6LQ6LE.

That on or about the 19 day of January, 20 19, at 0221 ☐ P.M ☒ A.M.

in Palm Beach County.

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

#794

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:

751

Signature of Attesting Officer

Title Officer

Date 1-19-19

(AFFIX SEAL)

The foregoing instrument was sworn and subscribed before me this ____ day of _____, 20____, by _____, who is personally known to me or who has produced _____ as identification

Notary Public _____

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)

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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 | ☐ | | Other: | |
| | ☐ | | Other: | |

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**REVIEW COMPLETED BY**

| | |
|---|---|
| **Booking Number:** 2019002228 | **Date:** 01/20/2019 |
| | **Specialist Name/ID:** AM/31562 |