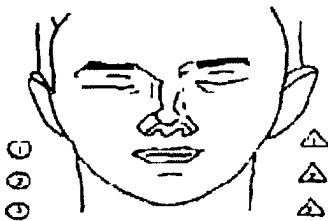





**7<sup>th</sup> Judicial Circuit  
Flagler County Sheriff's Office 767**

Court Case #: 2018 CF 000463  
Agency ORI: FL180000  
Agency Report # 2018-00042229

Date of Arrest: 05/07/2018		Day:		Time of Arrest: 00:38		UCR:		Arresting Deputy: Carter Bryan		ID# 818			
Arrest #		OBTS #		BK# 18-1106		FCIC/NCIC Check? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>							
Defendant	Name		Last: CORNWELL		First: RYAN		Middle: DAVID						
	Alias:												
	SS#: [REDACTED]												
	Address: 33 FARRAGUT DR				City: PALM COAST		St: Florida		Zip: 32137				
	Place of Birth: US				Home Phone: (386)585-6046				Cell Phone:				
	DL#: C654724934190			St: Florida		US Citizen: <input checked="" type="checkbox"/> Y <input type="checkbox"/> N If no, list Country:							
	Date of Birth	Age	Height	Weight	Race	Sex	Hair Color	Hair Length	Hair Style	Facial			
	11/19/1993	24	6 0	240	White	Male	Brow	Shor	Short	No Beard			
	Scars, Marks, Tattoos				Eye Color: Brown		Complexion: Freckled		Teeth: Normal		Speech: Slurred		Build: Large sto
	Occupation and work address										Work Phone #		
Probation <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		English <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		Deaf/Mute <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Influence of <input type="checkbox"/> Alcohol <input type="checkbox"/> Drugs		Video Documentation? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No					
Vehicle Year: 08	Make: Chrysler	Model:		Color: Red	Tag: 7895PD	VIN #: 2A8HR54P38R768515							
Charge: 316.193		<input type="checkbox"/> Felony <input checked="" type="checkbox"/> Misdemeanor		Citation #: 8322-XFH		Bond Amount: 1,000							
<b>DUI Detection Guide</b> (Check all applicable boxes)													
<input checked="" type="checkbox"/> Turning with wide radius <input checked="" type="checkbox"/> Straddling center or lane marker <input checked="" type="checkbox"/> Appearing to be drunk <input checked="" type="checkbox"/> Almost striking object or vehicle <input checked="" type="checkbox"/> Weaving <input type="checkbox"/> Driving on other than designated roadway <input checked="" type="checkbox"/> Swerving			<input type="checkbox"/> Slow speed (More than 10 mph below limit) <input type="checkbox"/> Stopping (without cause) in traffic lane <input type="checkbox"/> Following too closely <input type="checkbox"/> Drifting <input checked="" type="checkbox"/> Tires on center line or lane marker <input type="checkbox"/> Braking erratically <input type="checkbox"/> Driving into opposing or crossing traffic			<input type="checkbox"/> Signaling inconsistent with driving actions <input type="checkbox"/> Slow response to traffic signals <input type="checkbox"/> Stopping inappropriately (other than in lane) <input checked="" type="checkbox"/> Turning abruptly or illegally <input checked="" type="checkbox"/> Rapid acceleration or deceleration <input type="checkbox"/> Driving with headlights off <input checked="" type="checkbox"/> Other ran stop sign							
<b>Observations</b> (Describe each Area: Type, Color, Appearance, N/A if not Applicable)													
<b>Clothes</b>		<b>Condition of Clothing</b>			<b>Attitude</b>			<b>Speech</b>					
Shoes		<input checked="" type="checkbox"/> Disorderly <input type="checkbox"/> Soiled <input checked="" type="checkbox"/> Mussed <input type="checkbox"/> Orderly			<input type="checkbox"/> Good <input checked="" type="checkbox"/> Fair <input type="checkbox"/> Excited <input type="checkbox"/> Carefree <input checked="" type="checkbox"/> Talkative <input type="checkbox"/> Profanity <input type="checkbox"/> Sleepy <input type="checkbox"/> Cooperative <input type="checkbox"/> Poor <input type="checkbox"/> Combative <input type="checkbox"/> Other			<input checked="" type="checkbox"/> Mumbled <input checked="" type="checkbox"/> Slurred <input checked="" type="checkbox"/> Stuttered <input type="checkbox"/> Thick Tongued <input type="checkbox"/> Fair <input type="checkbox"/> Good <input type="checkbox"/> Not Understandable					
Sneakers		Eyeglasses: <input type="checkbox"/> Yes <input type="checkbox"/> No Contacts: <input type="checkbox"/> Yes <input type="checkbox"/> No			<input checked="" type="checkbox"/> Watery <input checked="" type="checkbox"/> Bloodshot <input type="checkbox"/> Normal <input type="checkbox"/> Color <input type="checkbox"/> Dilated <input type="checkbox"/> Not Equal <input type="checkbox"/> Contracted <input type="checkbox"/> Normal			<input type="checkbox"/> Belching <input type="checkbox"/> Vomiting <input type="checkbox"/> Fighting <input type="checkbox"/> Crying <input type="checkbox"/> Laughing <input type="checkbox"/> Hiccapping <input checked="" type="checkbox"/> Other					
Clothes description		<b>Odor of Alcoholic Beverage</b>			<b>Eyes</b>			<b>Unusual Actions</b>					
blue jeans with black belt		<input checked="" type="checkbox"/> Strong <input type="checkbox"/> Moderate <input type="checkbox"/> Faint <input type="checkbox"/> None			<input type="checkbox"/> Pale <input checked="" type="checkbox"/> Flushed <input type="checkbox"/> Normal <input type="checkbox"/> Other								
Surface Conditions: 01 Dry				DUI Crash: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, Miranda given at am / pm.									
Lighting: 4 Dark-Lighted				Crash Case #				Investigating Agency					
Weather Conditions: 1 Clear				Investigating Officer:				ID #					
Other Comments:				Probable cause to believe crash caused death or serious bodily injury to a human being? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, Blood Drawn at									

<b>Field Sobriety Evaluations</b>		Performed: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Refused Date 05/07/2018 Time 00:22	
Subject's ability to understand instructions: <input type="checkbox"/> Good <input checked="" type="checkbox"/> Fair <input type="checkbox"/> Poor <input type="checkbox"/> Unable			
<b>Horizontal Gaze Nystagmus</b>	<b>Walk and Turn</b>	<b>One Leg Stand</b>	<b>Finger to Nose</b>
<input checked="" type="checkbox"/> Lack of smooth pursuit; L eye <input checked="" type="checkbox"/> Lack of smooth pursuit; R eye <input checked="" type="checkbox"/> Distinct/sustained Nystagmus at maximum deviation; left eye <input checked="" type="checkbox"/> Distinct/sustained Nystagmus at maximum deviation, right eye <input type="checkbox"/> L eye onset before 45 degrees <input checked="" type="checkbox"/> R eye onset before 45 degrees Total score (Decision Point 4)  <input type="checkbox"/> Vertical Gaze Nystagmus	<input checked="" type="checkbox"/> Can't keep balance while listening to instructions <input checked="" type="checkbox"/> Starts before instructions are finished <input checked="" type="checkbox"/> Stops walking to steady self <input checked="" type="checkbox"/> Does not touch heel-to-toe <input checked="" type="checkbox"/> Steps off the line <input checked="" type="checkbox"/> Uses arms for balance (raising over 6 inches) <input checked="" type="checkbox"/> incorrect number of steps <input checked="" type="checkbox"/> Improper turn <input type="checkbox"/> Cannot perform Danger of falling <input type="checkbox"/> Cannot do test (steps off the line 3 or more times) Total score (Decision Point 2)	<input checked="" type="checkbox"/> Sways while balancing <input checked="" type="checkbox"/> Uses arms to balance; Raises arms over 6 inches <input type="checkbox"/> Hops <input checked="" type="checkbox"/> Puts foot down over 3 times <input type="checkbox"/> Cannot do evaluation (puts foot down 3 times) <input type="checkbox"/> Cannot perform evaluation (danger of falling) Total score (Decision Point 2)	<input type="checkbox"/> Does not keep eyes closed. <input checked="" type="checkbox"/> Brings head forward to finger <input checked="" type="checkbox"/> Misses tip of nose with tip of index finger <input type="checkbox"/> Uses wrong hand for evaluation <input checked="" type="checkbox"/> Sways <input type="checkbox"/> Unable to perform evaluation  Use the chart in the middle to plot the location of the hits
<b>Modified Romberg Balance</b>	0 = Tip of Right Index Finger      Δ = Tip of Left Index Finger Draw lines to spots touched  Wearing glasses <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No      Wearing contacts <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Previous eye problems <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<b>Lack of Convergence Evaluation</b>  Only use if you are certified to perform the exercise. Draw arrows in the direction that the eye moves.
<b>Test Data</b>			
Implied Consent read on _____ (date) at _____ (time) by _____			
Specimen <input type="checkbox"/> Blood <input type="checkbox"/> Breath <input type="checkbox"/> Urine <input type="checkbox"/> None <input type="checkbox"/> Refused <input type="checkbox"/> Unable			
Breath	Instrument: Breathalyzer 8000      Operator: Vinci, Rosanna		ID # BE22      Agency Flagler Beach
	Refused <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Results: #1 0.141 #2 0.144 Other
<b>Interview (Quote all answers)</b>			
Miranda Read: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		By: Deputy Carter at 02:26 (time) on 05/07/2018 (date).	
Interviewer to fill in actual Date: 05/07/2018		Time: 02:26	Interviewer name: Deputy Carter
Were you operating a vehicle? yes		Where were you going? home	
What street/highway were you on? 100 and I-95		Direction of travel? East	
Where did you start from? Racetrac on 100		Where are you going? home	What is the date? 6th or 5th
What time is it now? 0300		What day of the week is it? Monday	What city/county are we in? Palm Coast/ Flagler
Have you been drinking? yes		What? bud light	How much? (2) 16 ounce beers/Where? home
What time did you start? 9:30		What time did you stop? 11:30	With whom? alone
Can you feel the effects of the alcoholic beverage? no just irritated		Are you under the influence? no/ maybe	
Did you experience any mechanical problems? no			
When did you last eat? 9:00		What did you eat? Chicken, rice,	Where? home
What were you doing during the last three hours? sitting at home			
<b>Medical Questions</b>			
Do you have any physical defects? no      If yes, please explain.			
Are you sick or injured? no      If so, please explain.			
When did you last sleep? 9:30 pm		How much sleep did you have? 10 hours 2 minutes	
Did you get a bump on the head? no		Were you involved in an accident today? no	
Have you had any alcoholic beverage since the accident? no			
How much?		What time did you start? 9:30	Where? at home
Are you under the care of a Doctor or Dentist? no      If so, who and when?			
If so, what are you being treated for?			
Are you taking tranquilizers, pills or medicines of any kind?			
If so, what kind?(Get sample) no			
Last dose?		Do you have epilepsy? no	
Diabetes? no		Take insulin? no	If so, last dose?
<b>Medical Questions Continued</b>			
Have you used any drugs recently? no		If so, what for?	

What kind of drug? none	Last dose?	
Are you wearing an artificial limb? no	Do you have false teeth? no	Do you have a glass eye? no
Other comments:		

Property Sheet Attached  Yes  No Tow Sheet Attached  Yes  No Towed By picked up by mother

**Probable Cause Statement**

That on the 7th day of May, 2018, at 00:38  a.m.  p.m., the defendant, at within Flagler County, Florida, violated the law and did then and there:

05-06-2018 at 0000 hours, Commander Neat was parked in the RaceTrac gas station on SR 100. Cmdr. Neat observed a Chrysler town and country Mini Van, after stopping in the parking lot to speak with a group of people, leave recklessly by squealing the tires and ran the stop sign onto SR 100 without stopping. Cmdr. Neat stated the van again broke the tires free from the traction of the roadway swaying in a reckless manner on SR 100 traveling east. While attempting to catch up to the van, Cmdr. Neat observed the van swerve to the inside lane and almost strike the median before correcting back into the lane. Cmdr. Neat and Sergeant Goncalves initiated a traffic stop on the vehicle at SR 100 in the turning lane approaching I-95 North bound. The vehicle came to a stop in the outside turning lane. Cmdr. Neat advised, upon initial contact with the driver Ryan Cornwell, a strong smell of alcoholic beverage was detected exiting his mouth as he spoke. Cmdr. Neat also had to ask Ryan several times for him to retrieve his driver's license. Cmdr. Neat stood by until I arrived on scene and then turned over the Driver's license and registration over to me.


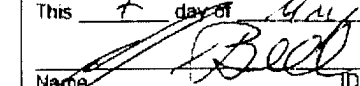
I Deputy Bryan Carter, arrived on scenen and made contact with Cmdr. Neat who advised me of the stated traffic violations. I then made contact with Ryan Cornwell who was sitting in the driver seat of the Red Chrysler, bearing FL. tag 7895PD. I observed his wife Cheyanne Babaracco in the front passenger seat and 3 young children in cars seats in the rear. The children's names are Kailey Babaracco age 1, Ryan Cornwell age 2, and Kristina Cornwell age 4. I asked Ryan for his vehicle documentation and could smell a strong odor of an alcoholic beverage emitting from the vehicle. I observed Ryan sweating, and fumbling around with papers until he presented me with his vehicle insurance. I asked Ryan where he was coming from, and he stated they just left the RaceTrac on SR 100. Ryan stated that he apologizes for running the stop sign. There was a strong presence of an alcoholic beverage on Ryan's breath whenever he spoke and he had slurred speech. I asked Ryan to step out and move to the rear of the vehicle. I observed Ryan pull against the door and B pillar to exit the vehicle, and brace himself against the rear of the vehicle to maintain balance. Ryan admitted he consumed 2 beers just before he left home. I asked Ryan to perform Field Sobriety Exercises (FSE's) and he consented.

I gave instruction on the starting position for Horizontal Gaze Nystagmus. Ryan stated he understood. I observed the following during the exercise.

- Unequal tracking in both eyes
- Lack of smooth pursuit in both eyes
- Both eyes were jumping, and bouncing during Maximum Deviation

The next exercise I instructed was the Walk and Turn. I asked Ryan if he understood the instructions and he

Supervisor Approved:

I swear or affirm the above statements are true and correct.	Sworn to and subscribed before me, the undersigned
<p>Det. Carter B. </p> <p>Deputy Sheriff</p> <p>ID # 818 Print Last Name Carter</p>	<p>This 7 day of May 20 18</p> <p> ID # 464</p>

# Witness/Victim/Evidence Form 707-A

Arrest  
 Affidavit  
 Notice to Appear
 
 Adult  
 Juvenile

Court Case Number:

Pg # 5 of 7

Defendant Name: <b>CORNWELL, RYAN DAVID</b>		Agency Case Number: <b>2018-00042229</b>	
Name (L,F,M): <b>BADARACCO, CHEYANNE ELIZABETH</b>	Vic <input type="checkbox"/> Wit <input type="checkbox"/>	Race: <b>White</b>	Sex: <b>M</b> <input type="checkbox"/> <b>F</b> <input checked="" type="checkbox"/>
Address: <b>20 COLD SPRING CT</b> (#, Street, City, State)	Zip: <b>32137</b>	Home Phone: <b>(386)585-5046</b>	DOB: <b>07/12/1996</b>
Bus/School Address:	Relative/Contact Name:	Relative/Contact Address:	SSN: <b>[REDACTED]</b>
Statement Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		Bus Phone:	
Bus Phone:		Phone:	
Name (L,F,M): <b>Badaracco, Kailey</b>	Vic <input type="checkbox"/> Wit <input type="checkbox"/>	Race: <b>White</b>	Sex: <b>M</b> <input type="checkbox"/> <b>F</b> <input checked="" type="checkbox"/>
Address: <b>242 Boulderock DR</b> (#, Street, City, State)	Zip: <b>32164-</b>	Home Phone:	DOB: <b>08/28/2016</b>
Bus/School Address:	Relative/Contact Name:	Relative/Contact Address:	SSN: <b>-</b>
Statement Yes <input type="checkbox"/> No <input type="checkbox"/>		Bus Phone:	
Bus Phone:		Phone:	
Name (L,F,M): <b>Cornwell, Ryan</b>	Vic <input type="checkbox"/> Wit <input type="checkbox"/>	Race: <b>White</b>	Sex: <b>M</b> <input checked="" type="checkbox"/> <b>F</b> <input type="checkbox"/>
Address: <b>242 Boulderock DR</b> (#, Street, City, State)	Zip: <b>32164-</b>	Home Phone:	DOB: <b>05/14/2016</b>
Bus/School Address:	Relative/Contact Name:	Relative/Contact Address:	SSN: <b>-</b>
Statement Yes <input type="checkbox"/> No <input type="checkbox"/>		Bus Phone:	
Bus Phone:		Phone:	
Name (L,F,M): <b>Cornwell, Kristina</b>	Vic <input type="checkbox"/> Wit <input type="checkbox"/>	Race: <b>White</b>	Sex: <b>M</b> <input type="checkbox"/> <b>F</b> <input checked="" type="checkbox"/>
Address: <b>242 Boulderock DR</b> (#, Street, City, State)	Zip: <b>32164-</b>	Home Phone:	DOB: <b>11/07/2013</b>
Bus/School Address:	Relative/Contact Name:	Relative/Contact Address:	SSN: <b>-</b>
Statement Yes <input type="checkbox"/> No <input type="checkbox"/>		Bus Phone:	
Bus Phone:		Phone:	
Name (L,F,M):	Vic <input type="checkbox"/> Wit <input type="checkbox"/>	Race:	Sex: <b>M</b> <input type="checkbox"/> <b>F</b> <input type="checkbox"/>
Address (#, Street, City, State):	Zip:	Home Phone:	DOB:
Bus/School Address:	Relative/Contact Name:	Relative/Contact Address:	SSN:
Statement Yes <input type="checkbox"/> No <input type="checkbox"/>		Bus Phone:	
Bus Phone:		Phone:	
Name (L,F,M):	Vic <input type="checkbox"/> Wit <input type="checkbox"/>	Race:	Sex: <b>M</b> <input type="checkbox"/> <b>F</b> <input type="checkbox"/>
Address (#, Street, City, State):	Zip:	Home Phone:	DOB:
Bus/School Address:	Relative/Contact Name:	Relative/Contact Address:	SSN:
Statement Yes <input type="checkbox"/> No <input type="checkbox"/>		Bus Phone:	
Bus Phone:		Phone:	

## EVIDENCE COLLECTED

Description of Evidence	Date Recovered	Model Serial/I D. Number	Drug Amount
Owner(Name) (Address)	(Phone)	Value	
Description of Evidence	Date Recovered	Model Serial/I D. Number	Drug Amount
Owner(Name) (Address)	(Phone)	Value	
Description of Evidence	Date Recovered	Model Serial/I D. Number	Drug Amount
Description of Evidence	Date Recovered	Model Serial/I D. Number	Drug Amount
Description of Evidence	Date Recovered	Model Serial/I D. Number	Drug Amount
Description of Evidence	Date Recovered	Model Serial/I D. Number	Drug Amount
Description of Evidence	Date Recovered	Model Serial/I D. Number	Drug Amount
Description of Evidence	Date Recovered	Model Serial/I D. Number	Drug Amount
Description of Evidence	Date Recovered	Model Serial/I D. Number	Drug Amount

I certify that the foregoing is a complete list of witnesses/victims & evidence known to me

818
FCSO

Investigating Officer ID Number Agency

# Narrative 707-B Supplement

Arrest  
 Affidavit  
 Notice to Appear
 
 Adult  
 Juvenile

Court Case Number:

Defendant Name: <b>CORNWELL, RYAN DAVID</b>		Agency Case Number: <b>2018-00042229</b>	
<b>CHARGES</b>		DOMESTIC VIOLENCE? YES <input type="checkbox"/> Attachments: Affidavit(s) <input type="checkbox"/> Statement(s) <input type="checkbox"/> NTA Schedule <input type="checkbox"/> Report <input checked="" type="checkbox"/> Traffic Infraction(s) <input type="checkbox"/>	Total Charges: <b>3</b>
#	Charge: <b>Child Abuse</b>	FEL <input checked="" type="checkbox"/> MISD <input type="checkbox"/> ORD <input type="checkbox"/>	FS/ORD: <b>827.03.1</b> Citation No: Bond: <b>none</b>
#	Charge: <b>Child Abuse</b>	FEL <input checked="" type="checkbox"/> MISD <input type="checkbox"/> ORD <input type="checkbox"/>	FS/ORD: <b>827.03.1</b> Citation No: Bond: <b>None</b>
#	Charge: <b>Child Abuse</b>	FEL <input checked="" type="checkbox"/> MISD <input type="checkbox"/> ORD <input type="checkbox"/>	FS/ORD: <b>827.03.1</b> Citation No: Bond: <b>none</b>

Sworn to and subscribed before me, the undersigned this <u>7th</u> day of <u>May</u> , 2018.	I swear/affirm the above statements are correct and true.	Right Thumb
Name: <u>Det. Carter</u>	OFFICER'S/COMPLAINANT'S SIGNATURE 	
Notary Public <input type="checkbox"/> Law Enforcement Officer <input checked="" type="checkbox"/> Personally Known <input type="checkbox"/> Produced Identification <input type="checkbox"/>	NAME (PRINTED) Bryan Carter	ID NUMBER 818
Type of Identification: <u>464</u>		

# Narrative 707-B Supplement

Arrest  
 Affidavit  
 Notice to Appear

Adult  
 Juvenile

Court Case Number:

Defendant Name: <b>CORNWELL, RYAN DAVID</b>		Agency Case Number: <b>2018-00042229</b>	
<b>CHARGES</b>		DOMESTIC VIOLENCE? YES <input type="checkbox"/>	Attachments: Affidavit(s) <input type="checkbox"/> Statement(s) <input type="checkbox"/> NTA Schedule <input type="checkbox"/> Report <input checked="" type="checkbox"/> Traffic Infraction(s) <input type="checkbox"/>
#	Charge:	FEL <input type="checkbox"/> MISD <input type="checkbox"/> ORD <input type="checkbox"/>	FS/ORD: Citation No: Bond:
#	Charge:	FEL <input type="checkbox"/> MISD <input type="checkbox"/> ORD <input type="checkbox"/>	FS/ORD: Citation No: Bond:
#	Charge:	FEL <input type="checkbox"/> MISD <input type="checkbox"/> ORD <input type="checkbox"/>	FS/ORD: Citation No: Bond:

stated "yes". I observed the following.

- Before being told to start, Ryan stepped off line and used arms for balance
- Stepped of line 3 times on first 9 steps
- Improper turn
- Stepped off line 2 times on second 9 steps
- Stopped and stated he didn't know where he is at
- Didn't count out loud on second 9 steps

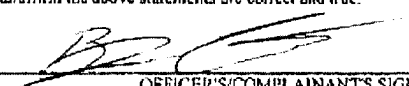
I had Ryan get into position for the One Leg Stand, and instructed how to do the exercise. I asked Ryan if he understood the directions and he stated "yes". I had Ryan start the exercise and observed the following.

- He swayed while counting
- I had to instruct him to put his arms down
- At count 9 he out his foot down
- He restarted count and lifted his arms
- At count 3 he put his foot down

I had Ryan get into the starting position for Finger to Nose and read him the instructions. I asked Ryan if he understood my instructions and he stated "yes". I observed the following.

- He missed the tip of his nose on the first right
- He swayed multiple times
- He brought his head forward
- He did not bring arm out to the side on first left

Supervisor Approved:

Sworn to and subscribed before me, the undersigned this <u>7th</u> day of <u>May</u> , 2018	I swear/affirm the above statements are correct and true.	Right thumb
Name: <u>Bell 464</u>		
Notary Public <input type="checkbox"/> Law Enforcement Officer <input checked="" type="checkbox"/> Personally Known <input type="checkbox"/> Produced Identification <input type="checkbox"/>	OFFICER'S/COMPLAINANT'S SIGNATURE	
Type of Identification:	NAME (PRINTED) Bryan Carter	ID NUMBER 818

# Narrative 707-B Supplement

Arrest  
 Affidavit  
 Notice to Appear

Adult  
 Juvenile

Court Case Number:

Defendant Name: <b>CORNWELL, RYAN DAVID</b>		Agency Case Number: <b>2018-00042229</b>	
<b>CHARGES</b>		DOMESTIC VIOLENCE? YES <input type="checkbox"/> Attachments: Affidavit(s) <input type="checkbox"/> Statement(s) <input type="checkbox"/> NTA Schedule <input type="checkbox"/> Report <input checked="" type="checkbox"/> Traffic Infraction(s) <input type="checkbox"/>	Total Charges: <b>3</b>
#	Charge:	FEL <input type="checkbox"/> MISD <input type="checkbox"/> ORD <input type="checkbox"/>	FS/ORD: Citation No: Bond:
#	Charge:	FEL <input type="checkbox"/> MISD <input type="checkbox"/> ORD <input type="checkbox"/>	FS/ORD: Citation No: Bond:
#	Charge:	FEL <input type="checkbox"/> MISD <input type="checkbox"/> ORD <input type="checkbox"/>	FS/ORD: Citation No: Bond:

Due to the stated evidence, I informed Ryan he was being charged with DUI and secured him.

Cheyenne requested that we call her mother and have her drive herself and the kid's home. Cmdr. Neat and Sgt. Goncalves remained at the scene until Cheyenne's mother arrived to take the vehicle and kids home. I transported Ryan to the Flagler County Inmate Facility (FCIF) without incident.

Flagler Beach Officer Vinci, Rosanna arrived at FCIF to administer the Breathalyzer 8000. Ryan consented to provide breath samples. The first sample registered 0.141 at 0151 hours. The second sample registered 0.144 at 0154 hours.

I issued Ryan a DUI citation number 8322-XFH, a written warning for running a stop sign, and a verbal warning for careless driving. Ryan was charged with 3 counts of child neglect for willfully and intentionally driving carelessly while intoxicated, with his three juvenile children inside the vehicle. By doing so he placed all three children's safety in jeopardy. Doing so reasonably could have caused great bodily harm or injuries.

I read Miranda and asked Ryan questions pertaining to the 767. I contacted the Department of Children and Family Service's (DCF) and advised them of the incident.

Axon Video will be uploaded to evidence.com.

Supervisor Approved:

Sworn to and subscribed before me, the undersigned this <u>7th</u> day of <u>May</u> , 2018. Name: <u>Bill 464</u> Notary Public <input type="checkbox"/> Law Enforcement Officer <input checked="" type="checkbox"/> Personally Known <input type="checkbox"/> Produced Identification <input type="checkbox"/> Type of Identification:	I swear/affirm the above statements are correct and true. OFFICER'S/COMPLAINANT'S SIGNATURE NAME (PRINTED) <u>Bryan Carter</u> ID NUMBER <u>878</u>	Right thumb
--	---	-------------