





**7th Judicial Circuit
Flagler County Sheriff's Office 767**

Court Case #:
Agency ORI: FL180000
Agency Report # 2024-00003086

Date of Arrest: 01/11/2024	Day:	Time of Arrest: 21:09	UCR:	Arresting Deputy: Barrett Joshua	ID# 1099
Arrest #:	OBTS #	100067547 BK# 24-0091		FCIC/NCIC Check? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
Defendant	Name	Last: KING	First: JOSHUA	Middle: SETH	SS#: [REDACTED]
	Address: 2986 ROSSELLE ST	City: JACKSONVILLE	St: Florida	Zip: 32205	
	Place of Birth:	Home Phone:	Cell Phone:		
	DL#: K520437962710	St: Florida	US Citizen: <input checked="" type="checkbox"/> Y <input type="checkbox"/> N If no, list Country:		
	Date of Birth 07/31/1996	Age 27	Height 5 08	Weight 125	Race WHITE
				Sex Male	Hair Color BLAC
	Scars, Marks, Tattoos		Eye Color BROWN	Complexion	Teeth
	Occupation and work address:				Work Phone #
	Probation <input checked="" type="checkbox"/> Yes <input 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 type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Vehicle	Year 2014	Make Subaru	Model	Color Blue	Tag AT47PL
					VIN # JF2SJGMCXE495417
Charge: 316.193.2.B.3	<input checked="" type="checkbox"/> Felony <input type="checkbox"/> Misdemeanor		Citation #	Bond Amount: NONE	
DUI Detection Guide (Check all applicable boxes)					
<input type="checkbox"/> Turning with wide radius <input type="checkbox"/> Straddling center or lane marker <input type="checkbox"/> Appearing to be drunk <input type="checkbox"/> Almost striking object or vehicle <input type="checkbox"/> Weaving <input type="checkbox"/> Driving on other than designated roadway <input 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 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 type="checkbox"/> Turning abruptly or illegally <input type="checkbox"/> Rapid acceleration or deceleration <input type="checkbox"/> Driving with headlights off <input type="checkbox"/> Other	
Observations (Describe each Area: Type, Color, Appearance; N/A if not Applicable)					
Shoes	Clothes	Condition of Clothing		Attitude	Speech
Flats	Clothes description	<input type="checkbox"/> Disorderly <input type="checkbox"/> Soiled <input type="checkbox"/> Mussed <input checked="" type="checkbox"/> Orderly		<input checked="" type="checkbox"/> Good <input type="checkbox"/> Fair <input type="checkbox"/> Excited <input type="checkbox"/> Carefree <input 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 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
		Eyeglasses: <input type="checkbox"/> Yes <input type="checkbox"/> No Contacts: <input type="checkbox"/> Yes <input type="checkbox"/> No		Eyes	Unusual Actions
		Odor of Alcoholic Beverage: <input checked="" type="checkbox"/> Strong <input type="checkbox"/> Moderate <input type="checkbox"/> Faint <input type="checkbox"/> None		<input checked="" type="checkbox"/> Watery <input checked="" type="checkbox"/> Bloodshot <input type="checkbox"/> Normal Color BROWN <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 checked="" type="checkbox"/> Laughing <input type="checkbox"/> Hiccupping <input type="checkbox"/> Other
		Color of Face <input checked="" type="checkbox"/> Pale <input type="checkbox"/> Flushed <input type="checkbox"/> Normal <input type="checkbox"/> Other			
Surface Conditions: 01 Dry	Lighting: 4 Dark-Lighted	DUI Crash: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		If yes, Miranda given at _____ am / pm.	
Weather Conditions: 1 Clear	Other Comments:	Crash Case #	Investigating Agency		
		Investigating Officer:	ID #		
		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			

Field Sobriety Evaluations		Performed: <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Refused Date: 01/11/2024 Time: 22:15	
Subject's ability to understand instructions: <input type="checkbox"/> Good <input type="checkbox"/> Fair <input checked="" type="checkbox"/> Poor <input type="checkbox"/> Unable			
Horizontal Gaze Nystagmus	Walk and Turn	One Leg Stand	Finger to Nose
<input type="checkbox"/> Lack of smooth pursuit; L eye <input type="checkbox"/> Lack of smooth pursuit; R eye <input type="checkbox"/> Distinct/sustained Nystagmus at maximum deviation; left eye <input type="checkbox"/> Distinct/sustained Nystagmus at maximum deviation; right eye <input type="checkbox"/> L eye onset before 45 degrees <input type="checkbox"/> R eye onset before 45 degrees Total score (Decision Point 4) <input type="checkbox"/> Vertical Gaze Nystagmus	<input type="checkbox"/> Can't keep balance while listening to instructions <input type="checkbox"/> Starts before instructions are finished <input type="checkbox"/> Stops walking to steady self <input type="checkbox"/> Does not touch heel-to-toe <input type="checkbox"/> Steps off the line <input type="checkbox"/> Uses arms for balance (raising over 6 inches) <input type="checkbox"/> Incorrect number of steps <input 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 type="checkbox"/> Sways while balancing <input type="checkbox"/> Uses arms to balance; Raises arms over 6 inches <input type="checkbox"/> Hops <input type="checkbox"/> Puts foot down <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 type="checkbox"/> Brings head forward to finger <input type="checkbox"/> Misses tip of nose with tip of index finger. <input type="checkbox"/> Uses wrong hand for evaluation <input type="checkbox"/> Sways <input type="checkbox"/> Unable to perform evaluation Use the chart in the middle to plot the location of the hits
Modified Romberg Balance	0 = Tip of Right Index Finger Δ = Tip of Left Index Finger Draw lines to spots touched  Wearing glasses <input type="checkbox"/> Yes <input type="checkbox"/> No Wearing contacts <input type="checkbox"/> Yes <input type="checkbox"/> No Previous eye problems <input type="checkbox"/> Yes <input type="checkbox"/> No		Lack of Convergence Evaluation  Only use if you are certified to perform the exercise. Draw arrows in the direction that the eye moves.
<input type="checkbox"/> Uses arms for balance (raises over 6 inches) <input type="checkbox"/> Sways forward-backward more than 2" /30 sec. <input type="checkbox"/> Eyes do not remain closed <input type="checkbox"/> Body tremors <input type="checkbox"/> Cannot perform evaluation or loses balance			
Test Data			
Implied Consent read on 01/11/2024 (date) at 23:15 (time) by DEPUTY LONG			
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: INTOXILIZER 8000	Operator: DEPUTY LONG	ID # 826 Agency: FCSO
	Refused: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Results: #1 #2 Other	
Interview (Quote all answers)			
Miranda Read: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	By: DEPUTY BARRETT at 23:23 (time) on 01/11/2024 (date)		
Interviewer to fill in actual	Date: 01/11/2024	Time: 23:24	Interviewer name: DEPUTY BARRETT
Were you operating a vehicle? YES	Where were you going? HOME		
What street/highway were you on? INTERSTATE 95	Direction of travel? SOUTH		
Where did you start from? NO CONTEST	Where are you going? HOME	What is the date? 01/11/2024	
What time is it now? AROUND 11	What day of the week is it? MONDAY	What city/county are we in? PALM COAST	
Have you been drinking? NO	What?	How much?	Where?
What time did you start?	What time did you stop?	With whom?	
Can you feel the effects of the alcoholic beverage?	Are you under the influence? NO		
Did you experience any mechanical problems? NO			
When did you last eat? 2-3 HOURS	What did you eat? BURRITO 5 LAYER	Where? TACO BELL	
What were you doing during the last three hours? DRIVING			
Medical Questions			
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? THIS MORNING	How much sleep did you have? 5 HOURS		
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?	If so, what?		
How much?	What time did you start?	Where?	
Are you under the care of a Doctor or Dentist?	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) MEDICINES MEDICAL MARIJUANA			
Last dose? 5 HOURS AGO	Do you have epilepsy? NO		
Diabetes? NO	Take insulin?	If so, last dose?	
Medical Questions Continued			
Have you used any drugs recently?		If so, what for?	

What kind of drug?	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 <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Tow Sheet Attached <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Towed By JOHNS TOWING		

Probable Cause Statement

That on the 11th day of January, 2024, at 22:00 a.m. p.m., the defendant, at within Flagler County, Florida, violated the law and did then and there:

On January 11, 2024, at approximately 2146 hours, I, Deputy Barrett responded to the northbound off ramp of Interstate 95 Mile Marker 293, Palm Coast, Florida, 32137 in reference to back up on a traffic stop that was being conducted. (See Deputy Towns supplement for further information).

On 01-11-2024 at approximately 2123 hours, I Deputy R. Towns responded to the area of I-95 northbound 284 mile marker in reference to a reckless driver.

Flagler County Dispatch advised that they received numerous complaints from motorists advising that a blue Subaru was driving recklessly southbound on I-95 (296 mile marker). I observed a blue Subaru pass me at a high rate of speed traveling northbound on I-95 just passed the weight station. The vehicle was aggressively changing lanes weaving in and out of traffic at a high rate of speed (my patrol speed to catch up to the vehicle was 108 mph). Upon catching up to the vehicle, I paced the vehicle (blue Subaru bearing FL. Tag# AT47PL) from the center lane (target vehicle in the far-right lane) for approximately a half mile at 81 mph. Due to the erratic driving pattern and the high rate of speed, I initiated a traffic stop on the vehicle on I-95 northbound near the 293 off ramp.

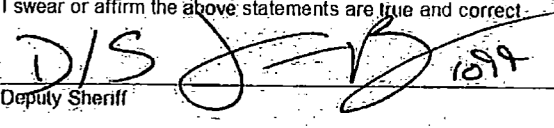
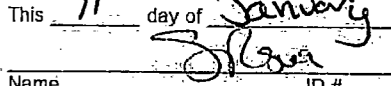
Upon contact with the driver, I advised him of the reason for the stop. I asked the driver for his driver license and vehicle registration. The driver provided me with the vehicle registration and told me that he did not have a driver license. I confirmed with the driver that his license status was suspended/revoked. The driver provided me with his name and date of birth: (Joshua S. King DOB: 07-31-1996).

As Joshua spoke, I detected a strong odor commonly associated with alcoholic beverage emanating from his person. I ordered Joshua out of the vehicle and had him stand near the passenger side of my patrol vehicle. As Joshua began walking, I noticed that he was unsteady on his feet and used the hood of my patrol vehicle for balance.

Upon arrival, I observed Joshua S. King (W/M, 07/31/1996) leaning forward on the front of Deputy Towns vehicle. Without any instructions to do so Joshua began reaching into his pockets and pulled out a 3.5oz alcoholic beverage of "Fireball". After Joshua was repeatedly told to stop reaching into his pockets he continued to do so. Joshua was then placed in handcuffs and advised he was being detained.

While speaking to Joshua, I detected a strong odor of an alcoholic beverage emitting from his breath as he spoke. When Joshua spoke, he was slurring his words. Joshua was extremely unsteady on his feet as he had to post on the vehicle for balance. I observed Joshua eyes were watery and bloodshot. Joshua stated that he was attempting to go home and believed to be heading southbound at this time. Joshua also thought he was in between either St

Supervisor Approved: Parthemore, Danlei 01/12/2024

I swear or affirm the above statements are true and correct.  Deputy Sheriff ID # 1099 Print Last Name Barrett	Sworn to and subscribed before me, the undersigned This 11 day of January 2024  Name ID #
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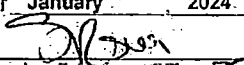
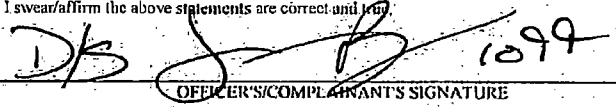
Narrative 707-B Supplement

Arrest
 Affidavit
 Notice to Appear
 Adult
 Juvenile

Court Case Number:

Page # 4 of 6

Defendant Name: KING, JOSHUA SETH		Agency Case Number: 2024-00003086	
CHARGES	DOMESTIC VIOLENCE? YES <input type="checkbox"/>	Attachments: Affidavit(s) <input checked="" type="checkbox"/> Statement(s) <input type="checkbox"/> NTA Schedule <input type="checkbox"/> Report <input type="checkbox"/> Traffic Infraction(s) <input type="checkbox"/>	Total Charges: 2
#	Charge: DWLS HABITUAL	FEL <input checked="" type="checkbox"/> MISD <input type="checkbox"/> ORD <input type="checkbox"/>	FS/ORD: 322.34.5
#	Charge:	FEL <input type="checkbox"/> MISD <input type="checkbox"/> ORD <input type="checkbox"/>	FS/ORD:
#	Charge:	FEL <input type="checkbox"/> MISD <input type="checkbox"/> ORD <input type="checkbox"/>	FS/ORD:
			Citation No: ATE HUE
			Bond: NONE

Sworn to and subscribed before me, the undersigned, this 11th day of January , 2024.	I swear/affirm the above statements are correct and true.	Right thumb
Name: 	 1099	
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) Joshua Barrett	ID NUMBER 1897

Narrative 707-B Supplement

Arrest
 Affidavit
 Notice to Appear
 Adult
 Juvenile

Court Case Number:

Defendant Name: KING, JOSHUA SETH		Agency Case Number: 2024-00003086	
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#	Charge:	FEL <input type="checkbox"/> MISD <input type="checkbox"/> ORD <input type="checkbox"/>	FS/ORD:
#	Charge:	FEL <input type="checkbox"/> MISD <input type="checkbox"/> ORD <input type="checkbox"/>	FS/ORD:
#	Charge:	FEL <input type="checkbox"/> MISD <input type="checkbox"/> ORD <input type="checkbox"/>	FS/ORD:

Total Charges: **2**

Augustine, FL or Jacksonville, FL area.

Based on the indicators, I believed Joshua normal facilities were impaired. I then asked Joshua if he would conduct FSE's (Field Sobriety Exercises) to determine if he was under the influence of alcohol. Joshua stated, "No". I told Joshua that refusal to conduct FSE's could result in an arrest decision being made based off my observable indicators, Joshua still refused.

Joshua advised that he did not have his wallet or license with him at the time. Joshua provided his name and date of birth to Deputies. A NCIC/FCIC query was conducted and found that Joshua was on probation reference: Felony DUI 3rd Conviction. His special conditions are as follows; Curfew 0100-0800, No Driving (DL Revoked/Suspended), No Alcohol or illegal drugs. Additionally, it was found that Joshua's license was suspended/revoked numerous times (See Deputy Towns supplement report for further). Joshua was then advised that he was being placed under arrest. A search incident to arrest was conducted and found in the center console of the vehicle a large plastic bag containing 18 bottles of 3.5oz alcoholic beverage of "Fireball".

While transporting Joshua to Flagler County Inmate Facility he advised he only drank 2 alcoholic beverages approximately 3 hours prior to the stop.

While at the Flagler County Inmate Facility, Deputy Long, conducted a 20-minute observation period. Joshua was read implied consent at 2315 hours and refused to conduct a breath sample. Miranda was read at 2323 hours and Joshua answered interview and medical questions. He was then turned over to the Flagler County Inmate facility for booking.

A criminal history check was conducted and found the following:

- 10/18/2017 Driving Under the Influence
- 09/14/2020 Driving Under the Influence
- 01/30/2020 Driving Under the Influence (Tennessee)
- 09/19/2023 Driving Under the Influence (Georgia)
- 06/12/2016 Driving Under the Influence (Tennessee)

Supervisor Approved: Parthemore, Daniel 01/12/2024

Sworn to and subscribed before me, the undersigned this <u>11th</u> day of <u>January</u> 2024	I swear/affirm the above statements are correct and true.	Right thumb
Name: <u>[Signature]</u>	<u>[Signature]</u> 1099	
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) Joshua Barrett	ID NUMBER 1011

Narrative 707-B Supplement

Arrest
 Affidavit
 Notice to Appear

Adult
 Juvenile

Court Case Number:

Defendant Name: KING, JOSHUA SETH	Agency Case Number: 2024-00003086
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#	Charge:	FEL <input type="checkbox"/> MISD <input type="checkbox"/> ORD <input type="checkbox"/>	FS/ORD:	Citation No:	Bond:

Attachments: Affidavit(s) Statement(s) NTA Schedule Report Traffic Infraction(s)

Total Charges: **2**

- 09/14/2020 Habitual traffic Offender Case # (016851) Length: 5 years.

Joshua was issued DUI Citation #(AIHURE) and knowingly driving while license suspended/revoked (Habitual Traffic Offender) Citation #(AIHUQE).

Additionally, Joshua was also charged for violation of probation.

Photos of the bottles will be uploaded to AXON capture.

The vehicle was removed by John's Towing

The incident was recorded on my AXON body worn camera and will be uploaded to Evidence.com in a timely manner.

Supervisor Approved: Parthemore, Daniel 01/12/2024

Sworn to and subscribed before me, the undersigned, this <u>11th</u> day of <u>January</u> , 2024.	I swear/affirm the above statements are correct and true.	Right thumb
Name: <u>[Signature]</u>	<u>[Signature]</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) Joshua Barrett	ID NUMBER 1091