

21CT21209ASB

OBTS Number		ARREST / NOTICE TO APPEAR Juvenile Referral Report		1. Arrest 2. N.T.A.		3. Request for Warrant 4. Request for Capias		1 Juvenile		N	
Agency ORI Number FL 0500300		Agency Name BOYNTON BEACH POLICE DEPT.		Agency Report Number 34-21-044900							
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		If Weapon Seized Enter Type		Multiple Clearance Indicator					
Location of Arrest (Including Name of Business) 900 Renaissance Commons Blvd, Boynton Beach, FL				Location of Offense (Business Name, Address) 900 Renaissance Commons Blvd, Boynton Beach, FL							
Date of Arrest 12/23/2021		Time of Arrest 0125		Booking Date		Booking Time		Jail Date		Jail Time	
Name (Last, First, Middle) Berry, Alexander, Osmyn											
W - White B - Black		I - American Indian O - Oriental / Asian		Race W		Sex M		Date of Birth 11/30/1961		Height 6'4	
Weight 200		Eye Color Blue		Hair Color Gray		Complexion Fair		Build Large			
Scars, Marks, Tattoos, Unique Physical Features (Location, Type, Description)				Marital Status Single		Religion Unk		Indication of: Alcohol Influence <input type="checkbox"/> Drug Influence <input type="checkbox"/>		Y N Unk <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
Local Address (Street, Apt. Number) (City) (State) (Zip) 1356 PIAZZA PITTI, Boynton Beach Florida, 33431				Phone () - ()		Residence Type 1. City 3. Florida 2. County 4. Out of State		Address Source FL DL		1	
Permanent Address (Street, Apt. Number) (City) (State) (Zip)				Phone () - ()		Occupation Health Tech					
Business Address (Street, Apt. Number) (City) (State) (Zip)				Phone () - ()							
D/L Number, State B600014614300 FL				Soc. Sec. Number [REDACTED]		INS Number		Place of Birth Cleveland, Ohio		Citizenship USA	
Co-Defendant Name (Last, First, Middle)				Race		Sex		Date of Birth		<input type="checkbox"/> 1. Arrested <input type="checkbox"/> 2. At Large <input type="checkbox"/> 3. Felony <input type="checkbox"/> 4. Misdemeanor <input type="checkbox"/> 5. Juvenile	
Co-Defendant Name (Last, First, Middle)				Race		Sex		Date of Birth		<input type="checkbox"/> 1. Arrested <input type="checkbox"/> 2. At Large <input type="checkbox"/> 3. Felony <input type="checkbox"/> 4. Misdemeanor <input type="checkbox"/> 5. Juvenile	
<input type="checkbox"/> Parent Name (Last) (First) (Middle) <input type="checkbox"/> Legal Custodian <input type="checkbox"/> Other				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		Time			
The above address was 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's Office (Phone 561-355-2526) informed of any change of address. <input type="checkbox"/> Yes, By: (Name) <input type="checkbox"/> No (Reason)				School Attended				Grade			
Property Crime? Yes <input type="checkbox"/> No <input type="checkbox"/>				Description of Property				Value of Property			
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. Barbituate C. Cocaine E. Heroin		H. Hallucinogen M. Marijuana O. Opium/Deriv.		P. Paraphernalia/ Equipment S. Synthetic		U. Unknown Z. Other			
Charge Description DUI Crash Property Damage		Counts 1		Domestic Violence <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Statute Violation Number 316.193.3		Violation of ORF#			
Drug Activity		Drug Type		Amount/Unit		Offense # 21-044900		Warrant/Capias Number		Bond	
Charge Description Refusal to Sign Criminal Citation		Counts 1		Domestic Violence <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Statute Violation Number 318.14.3		Violation of ORF#			
Drug Activity		Drug Type		Amount/Unit		Offense # 21-044900		Warrant/Capias Number		Bond	
Charge Description		Counts		Domestic Violence <input type="checkbox"/> Yes <input type="checkbox"/> No		Statute Violation Number		Violation of ORF#			
Drug Activity		Drug Type		Amount/Unit		Offense #		Warrant/Capias Number		Bond	
Charge Description		Counts		Domestic Violence <input type="checkbox"/> Yes <input type="checkbox"/> No		Statute Violation Number		Violation of ORF#			
Drug Activity		Drug Type		Amount/Unit		Offense #		Warrant/Capias Number		Bond	
<input type="checkbox"/> Instruction No. 1 <input type="checkbox"/> Instruction No. 2 You need not appear in Court but must Comply with instruction on reverse side.				Location (Court, Room Number, Address) South County Courthouse, 200 West Atlantic Ave, Delray Beach, FL 33444 Court Date and Time Month January Day 24 Year 2022 Time 8:30 <input type="checkbox"/> A.M. <input type="checkbox"/> P.M.							
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 FULLY 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.				Date Signed							
Signature of Defendant (or Juvenile and Parent/Custodian)				Signature of Arresting Officer				Name Verification (Printed by Arrestee) (PRINT)			
HOLD for other Agency Name:				Name of Arresting Officer (Print) L. Nalerio				I.D. # 982			
<input type="checkbox"/> Dangerous <input type="checkbox"/> Suicidal <input type="checkbox"/> Resisted Arrest <input type="checkbox"/> Other				Transporting Officer L. Nalerio				I.D. # 982			
Pouch #				Agency BBPD				Witness here is subject Signed with an "X".			

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D.U.I. PROBABLE CAUSE AFFIDAVIT

ON THE 23rd DAY OF December 2021 AT 0054 ☒ A.M. ☐ P.M.

CASE #: 21-044900

DEFENDANT: Berry, Alexander, Osmyn

PERSONAL CONTACT/DRIVING PATTERN/OBSERVATION OF DRIVER:

On 12/23/21 at approximately 0054 hours, BBPD officers responded to the area of 900 Renaissance Commons Blvd in reference to a single motor vehicle accident. The witness Stephan Dorsan advised that a White Lincoln MKZ bearing FL tag HATM61 struck a tree. Upon arrival, I observed the said vehicle disabled on the road with the front right tire missing. I observed the driver of the vehicle, Berry Alexander standing outside of the vehicle. Ofc. Doninno conducted the crash investigation. I spoke to the witness on scene who advised of the following; Dorsan stated that he was traveling behind the White Lincoln and observed the Lincoln in the right lane and then swerving to the left lane as it was traveling north on Renaissance Commons Blvd. Dorsan then observed the Lincoln swerving back to the right lane and driving over the bicycle lane several times. Dorsan then stated that the Lincoln drove over the curb and struck the tree. Dorsan exited the vehicle he was in and checked on the driver of the Lincoln, Berry. Dorsan advised he observed Berry to be operating the vehicle as he was in physical control of the vehicle.

I then made contact with Berry. I observed Berry to be unsteady on his feet and swaying heavily. I asked Berry where he was coming from and he told me a bar in Boca Raton. When Berry spoke to me, I detected a strong odor of an unknown alcoholic beverage coming from his mouth. Berry's eyes were also glassy. I asked Berry if he was injured and he told me that he was not. Berry told me that he knew he was involved in a motor vehicle accident. I advised Berry that Ofc. Donnino concluded the crash investigation. I then told Berry that I was conducting a DUI investigation. Berry understood. I read Berry his Miranda Rights which he advised that he understood. I asked Berry if he consumed any alcoholic beverages tonight which he told me that he had a couple. I could still smell the strong odor of an unknown alcoholic beverage coming from Berry's mouth. Berry's eyes were still glassy and he was unsteady on his feet. I asked Berry if he would submit to Standardized Field Sobriety Exercises; which he stated that he would. I asked Berry if he was injured or disabled and he said no. I asked Berry if he had any issues with his eyes and he told me no.

Pen Task: Berry was explained of the instructions and he advised that he understood. Berry moved his head several times and had a hard time following the stimulus. Berry kept moving his arms and was swaying heavily.

HORIZONTAL GAZE NYSTAGMUS:

- ☒ Left eye does not follow smoothly
- ☒ Left eye prior to 45 degrees
- ☒ Distinct jerking in left eye at maximum deviation
- ☐ Vertical Nystagmus in left eye

- ☒ Right eye does not follow smoothly
- ☒ Right eye prior to 45 degrees
- ☒ Distinct jerking in right eye at maximum deviation
- ☐ Vertical Nystagmus in right eye

WALK AND TURN: Berry was explained of the instructions and he advised that he understood. I attempted to attempt this exercise with Berry but he was unable to start the exercise. Berry was unsteady on his feet and

unbalance. Berry stepped off the white line several times. Berry was unable to stand on the line and get on the instructional phase. I gave Berry several times to attempt the exercise and he was unable to due to his poor balance.

ONE LEG STAND: Berry was explained of the instructions and he advised that he understood. Berry was swaying. Berry put his foot down several times. Berry counted incorrectly. Berry lost balance several times.

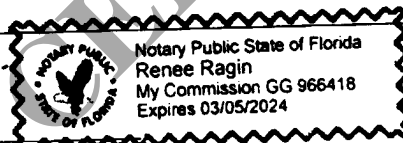
FINGER TO NOSE: Berry was explained of the instructions and he advised that he understood. Berry was swaying heavily.

ROMBERG/ALPHABET: Berry was explained of the instructions and he advised that he understood. Berry was swaying.

Based on my investigation, I found Probable Cause to charge Berry with DUI. Berry was transported to the BAT where I then started my 20 minute observations. After my 20 minute observation, I asked Berry if he would submit to a breath test. Berry agreed and blew a .245 and a .249. I then read Berry his Miranda Rights where he asked for his attorney. Q' & A's were not conducted. Based on Berry being involved in an accident, he was medically cleared at the hospital. Berry was then TOT PBCJ. Berry's vehicle was towed by Becks.

The following instrument was sworn to before me this 23rd day of December 2021

By: Nalerio



[Signature]
Notary/Police Officer (F.S.S. 117.10)

[Signature] 982
Signature of Arresting Officer

**STATE OF FLORIDA
DEPARTMENT OF HIGHWAY SAFETY & MOTOR VEHICLES
AFFIDAVIT OF REFUSAL TO SUBMIT TO**

CASE #: 21-044900

DEFENDANT: Berry, Alexander, Osmyn

Arresting Officer: Nalerio
Address: 2100 High Ridge Rd, Boynton Beach, FL
Phone Numbers: **Home:** _____ **Work:** (561) 742-6100

Name: Ofc. Donnino
Address: 2100 High Ridge Rd, BB, FL
Phone Numbers: **Home:** _____ **Work:** _____
Can testify to: Crash Investigation

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: _____

TESTING FACILITY TASK REPORT

AGENCY: BBPD

SUBJECT: Berry, Alexander O.

CASE NUMBER: 21-141015

DATE: Dec 23, 2021

VIDEO DVD NUMBER: N/A

BEGINNING TIME: 02:08

ENDING TIME: 02:20

BREATH TESTS RESULTS: 1) .245 TIME 02:13 A.M. ☒ P.M. ☐ 2) .249 TIME 02:16 A.M. ☒ P.M. ☐
3) N/A TIME _____ A.M. ☐ P.M. ☐ 4) N/A TIME _____ A.M. ☐ P.M. ☐

BREATH OPERATOR: R. Ragin #16877

MAINTENANCE TECHNICIAN: Jason Karlecke #6467

TESTING OFFICER'S OBSERVATIONS

SPEECH: Slurred,

ATTITUDE: Talkative, cooperative

CLOTHING: Light tan pants, light purple shirt, blue jacket, blue shoes

MEDICAL CONDITIONS: High blood pressure, cholesterol

MEDICATIONS: yes for both

OTHER:

Eyes are glassy & bloodshot
Odor of unknown alcoholic beverage on breath

COMMENTS:

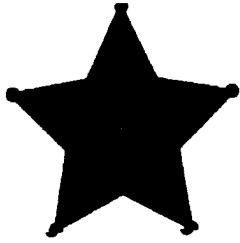
Arrived at center A/O started 20 minute observation period at 01:42 hrs.

Subject agreed to perform breath test.

Tech read breath test results.
Subject stated he understood breath test results.

Subject invoked the right to counsel.

No rights and Q&A conducted.



PALM BEACH COUNTY SHERIFF'S OFFICE
DUI TESTING FACILITY
INFORMATION SHEET

PBSO CASE # 21-141015 PBSO ZONE 6-32
AGENCY CASE # _____ CRASH CASE # 21-044900
TIME OF STOP/CRASH 0054 DATE 12/23/21 DAY Thursday
SUBJECT'S NAME Berry, Alexander, Osmyn RACE W SEX M
HGT 6'5 WGT 165 DOB 11/30/1961
LOCATION 900 Renaissance Commons Blvd, Boynton Beach, FL
ARRESTING OFFICER'S NAME & ID Nalerio 982 AGENCY BBPD
DIVISION: Patrol NOTIFIED BY COMMO Y
ARRIVAL AT FACILITY 01:42
Breath Test Results:
1. .245
2. .249
3. N/A
4. N/A
TESTING OFFICER'S ID 16877
Arrest Time 0125

SUBJECT: Lucy Allen 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) _____

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: _____

WHITE - STATE ATTY.

YELLOW - DHSMV

PINK - CENTRAL RECORDS

GOLD - JAIL



**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	<input type="checkbox"/>	119.071(2)(d)	Surveillance techniques, procedures and personnel; inventory of law enforcement resources, policies or plans pertaining to mobilization deployment or tactical operations.	
	<input type="checkbox"/>	943.053, 943.0525	NCIC/FCIC/FBI and in-state FDLE/DOC.	
	<input type="checkbox"/>	119.071(4)(c)	Undercover personnel.	
	<input type="checkbox"/>	119.071(2)(f)	Confidential informants (CIs).	
	<input type="checkbox"/>	119.071(2)(e)	Confession.	
Public Info. Exemptions	<input type="checkbox"/>	985.04(1)	Juvenile offender records.	
	<input type="checkbox"/>	119.071(h)(i)	Assets of a crime victim.	
	<input type="checkbox"/>	395.3025(7)(a), 456.057(7)(a)	Medical information.	
	<input type="checkbox"/>	394.4615(7)	Mental health information.	
	<input type="checkbox"/>	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)	<input checked="" type="checkbox"/>	(iii) 119.0714(1)(i)-(j), (2)(a)-(e)	Social Security, bank account, charge, debit, and credit card numbers.	2
	<input type="checkbox"/>	(viii) 394.4615(7)	Clinical records under the Baker Act.	
	<input type="checkbox"/>	(xii) 741.30(3)(b)	The victim's address in a domestic violence action on petitioner's request.	
	<input type="checkbox"/>	(xiii) 119.071(2)(h), 119.0714(1)(h)	Protected information regarding victims of child abuse or sexual offenses.	
	<input type="checkbox"/>			
	<input type="checkbox"/>			
	<input type="checkbox"/>			
	<input type="checkbox"/>			
	<input type="checkbox"/>			
	<input type="checkbox"/>			
Other	<input type="checkbox"/>		Other:	
	<input type="checkbox"/>		Other:	

REVIEW COMPLETED BY

Booking Number: 2021032377	Date: 12/23/2021
	Specialist Name/ID: J. Beck/9007