AM 22CT729856 AM

ARREST / NOTICE TO APPEAR

1. Arrest (No Warrant) 3. Request for Warrant
6. Arrest (Warrant) 4. Request for Capias
2. N.T.A. 5. Juvenile Referral

1 JUVENILE ☐

ADMINISTRATION

OBTS Number

Agency ORI Number	Agency Name	Agency Report Number (N.T.A.'s only)
0500200	Boca Raton Police Department	3 2 2022-005949

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: UNARMED

Multiple Clearance Indicator

Location of Arrest (Including Name of Business)	Location of Offense (Business Name, Address)
1800 N FEDERAL HWY, BOCA RATON, FL 33432, 1800 N	1800 N FEDERAL HWY, BOCA RATON, FL 33432

Date of Arrest	Time of Arrest	Booking Date	Booking Time	Jail Date	Jail Time	Location of Vehicle
05/06/2022	01:32	05/06/2022	01:42	05/06/2022	01:42	EMERALD TOWING

DEFENDANT

Name (Last, First, Middle): ARBOLEDA, ANGELO DAVID — Alias: — Alias (Name, DOB, Soc. Sec. #, Etc.)

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	08/31/1991	5'08	180	BROWN	BLACK	LIGHT	Medium

Scars, Marks, Tatoos, Unique Physical Features (Location, Type, Description)

Marital Status	Religion	Indication of: Alcohol Influence / Drug Influence
S	MORMON	Yes ☒ No ☐ Unk. ☐

Local Address (Street, Apt. Number) (City) (State) (Zip)	Phone	Residence Type: 1. City 2. County 3. Florida 4. Out of State
3400 PERIWINKLE COURT 211, PALM BEACH GARDENS, FL 33410	(561) 389-1906	2

Permanent Address (Street, Apt. Number) (City) (State) (Zip)	Phone	Address Source
3400 PERIWINKLE COURT 211, PALM BEACH GARDENS, FL 33410	(561) 389-1906	FL DL

Business Address (Name, Street) (City) (State) (Zip)	Phone	Occupation
CALABERAS CANTINAS, 409 PLAZA REAL	(561) 576-2132	Manager

DL Number, State	Soc. Sec. Number	INS Number	Place of Birth (City, State)	Citizenship
A614004913110 / FL	[redacted]		LA DORADA, Columbia	

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, R. Smuggle, D. Deliver, E. Use, K. Disperses/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 #
DRIVE UNDER INFLUENCE ALC	316.193(1A)	

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:

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
BUGALLO 847	BUGALLO 847	TOT CJ

Transported By	Date Transported	Time Transported	Other
BUGALLO 847	/ / : :		MAY 6 AM 4:07

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: 06/06/2022 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: 5/6/2022

No Photo Available

SCANNED MAY 06 2022

ADMIN

HOLD for Other Agency
☐ Dangerous ☐ Resisted Arrest ☐ Suicidal ☐ Other
Intake Deputy: Off. McNeal 7206 — I.D. # — Pouch #

Signature of Arresting Officer: [signature] 818

Name of Arresting Officer (Print): CASAS, J. — I.D. #: 818

Transporting Officer: BUGALLO — I.D. #: 847 — Agency: BRPD

Name Verification (Printed by Arrestee) (PRINT): Angelo Arboleda

Witness here if subject signed with an X

PAGE 1 OF 1

[redacted]

MAY 6 AM 4:07

0355484

2925

PROBABLE CAUSE AFFIDAVIT

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

ADMIN

OBTS Number:

Agency ORI Number: FL FL0500200 | Agency Name: BOCA RATON POLICE DEPARTMENT | Agency Report Number: 3 | 2 | 2022-005949

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): ARBOLEDA, ANGELO DAVID | Alias | Race: W | Sex: M | Date of Birth: 08/31/1991

CHARGES

Charge Description: 316.193(1A) DUI

Charge Description:

Charge Description:

Charge Description:

VICTIM

Victim's Name (Last, First, Middle): State Of Florida | Race | Sex | Date of Birth

Local Address (Street, Apt. Number) (City) (State) (Zip) | Phone | Address Source

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

PROBABLE CAUSE STATEMENT

The undersigned certifies and swears that he/she has just and resonable 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 6 day of May, 2022 at 01:32 (Specifically include facts constituting cause for arrest.)

On 5/6/22, at approximately 0107 hours, I conducted a traffic stop on a speeding motorist in the area of 1800 N Federal Hwy. At approximately 0111 hours I concluded the traffic stop and began to walk back to my Police vehicle. While walking back to my Police vehicle, I observed a black Ram 1500 Big Horn stopped in the roadway directly behind my Police vehicle which had its emergency lights activated. The vehicle was completely stopped, and it did not appear that the driver had any intentions to switch lanes in an attempt to drive around my vehicle. Specifically, the vehicle did not have its turn signal activated and the driver was looking straight ahead instead of over into the available lane to his right. It should be noted that traffic was light, and the vehicle had several opportunities and ample time to go around my stopped Police Vehicle.

Due to the vehicle being stopped in the roadway directly behind my patrol vehicle, I walked over to the vehicle to check on the driver. I approached the vehicle from the driver side and made contact with the driver who was later identified via FL DL as Angelo Arboleda. Arboleda gave me a blank stare upon making contact. I also immediately observed that his eyes were red, his speech was slurred, his movements were slowed and thought out, and he had an overwhelmingly strong odor of an unknown alcoholic beverage emanating from his breath when he spoke. Because Arboleda`s vehicle was stopped behind my vehicle and there was no protection from the rear, I instructed him to pull into a nearby parking lot (1830 N Federal Hwy) for further investigation.

Once Arboleda parked in the parking lot, I asked him how much alcohol he consumed this evening and he confessed to consuming two Modelo beers. Arboleda advised he was not sick or injured and did not have any physical defect or injuries. Arboleda also stated he did not limp and felt comfortable walking in the flip-flops he was wearing. According to Arboleda he is not diabetic or epileptic. Lastly, Arboleda claimed he suffers from giant papillary conjunctivitis but otherwise has no problems with his eyes this isn`t corrected by glasses or contacts. I then asked Arboleda to submit to Standardized Field

ADMINISTRATIVE

SWORN AND SUBSCRIBED BEFORE ME

CARUSO, MARK RICHARD
NOTARY PUBLIC / CLERK OF COURT / OFFICER (F.S.S. 117.10)

05/06/2022
DATE

SIGNATURE OF ARRESTING / INVESTIGATING OFFICER

CASAS, JAVIER (818)
NAME OF OFFICER (PLEASE PRINT)

05/06/2022
DATE

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

OBTS Number	PROBABLE CAUSE AFFIDAVIT SUPPLEMENT	1. Arrest 2. N.T.A. 3. Request for Warrant 4. Request for Capias	1	JUVENILE

ADMIN

Agency ORI Number	Agency Name	Agency Report Number	Special Notes:
FL FL0500200	BOCA RATON POLICE DEPARTMENT	3 | 2 | 2022-005949	

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

DEF

Name (Last, First, Middle)	Alias	Race	Sex	Date of Birth
ARBOLEDA, ANGELO DAVID		W	M	08/31/1991

PROBABLE CAUSE STATEMENT

Sobriety Exercises and he agreed to participate.

The first exercise was Horizontal Gaze Nystagmus. I administered the instructions and Arboleda stated that he understood. I first ensured that Arboleda`s eyes had equal pupil sizes and tracked equally. I then continued with the exercise. Arboleda displayed lack of smooth pursuit, distinct and sustained nystagmus at maximum deviation, and onset of nystagmus prior to 45 degrees in both eyes. He also displayed vertical gaze nystagmus and lack of convergence. Lastly, Arboleda swayed during the exercise, and I could smell and overwhelmingly strong odor of alcohol emanating from his face.

The second exercise was the Walk and Turn. I administered the instructions and demonstrated how the exercise should be completed. Arboleda stated that he understood. Arboleda missed heel to toe on every step, used his arms for balance, relied on his truck for support, stepped off the line, and made an improper turn.

The third exercise was the One-Leg Stand. I administered the instructions and demonstrated how the exercise should be completed. Arboleda stated that he understood. Arboleda swayed, used his arms for balance, and put his foot down several times during the exercise.

The fourth exercise was the Finger to Nose. I confirmed that Arboleda knew his left from his right by asking him to show me his left hand and then his right hand. I then administered the instructions and Arboleda stated he understood. The pattern was L-R-L-R-R-L.
L - Missed the tip of his nose.
Arboleda then continued touching his nose, alternating between his left and right hand, without being instructed to do so. After touching his nose several times, he was told to stop and reminded that I would tell him when to use which hand. I then continued with the exercise.
R - Missed the tip of his nose.
L - No obvious issues.
R - Did not use the tip of his finger.
R - Did not use the tip of his finger.
L - Did not use the tip of his finger.

The final exercise was the modified Romberg balance test. I administered the instructions and conducted the exercise. Arboleda estimated the passage of 30 seconds in 33 seconds.

Based on my investigation, and the totality of the circumstances, I found probable cause to believe that Arboleda was operating a vehicle within the state while impaired by alcohol and/or chemical or controlled substances. Arboleda was placed under arrest for DUI per F.S.S. 316.193(1a).

ADMINISTRATIVE

SWORN AND SUBSCRIBED BEFORE ME

CARUSO, MARK RICHARD
NOTARY PUBLIC / CLERK OF COURT / OFFICER (F.S.S. 117.10)

05/06/2022
DATE

SIGNATURE OF ARRESTING / INVESTIGATING OFFICER

CASAS, JAVIER (818)
NAME OF OFFICER (PLEASE PRINT)

05/06/2022
DATE

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

OBTS Number

PROBABLE CAUSE AFFIDAVIT
SUPPLEMENT

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

ADMIN

Agency ORI Number: FL FL0500200
Agency Name: BOCA RATON POLICE DEPARTMENT
Agency Report Number: 3 | 2 | 2022-005949
Special Notes:

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

DEF

Name (Last, First, Middle): ARBOLEDA, ANGELO DAVID
Alias
Race: W | Sex: M | Date of Birth: 08/31/1991

PROBABLE CAUSE STATEMENT

A tow inventory of Arboleda`s vehicle revealed a prescription pill bottle containing three one-half alprazolam pills. The pills were prescribed to Arboleda and confirmed to be Alprazolam through poison control.

Arboleda was transported to BRPD booking by Officer Bugallo for post arrest processing and the administration of a breath test. Officer Ricciardi (ID817) (Breath Test Operator) responded to BRPD booking and assisted with the BAT room procedures. Arboleda was asked to provide a sample of his breath for the purpose of determining the alcohol content. Arboleda refused to submit to a breath test. Arboleda was then informed of implied consent, and he advised he understood. Arboleda continued to refuse to submit to a breath test. Arboleda was then informed of his constitutional warnings (Miranda), and he stated he understood. Arboleda refused to answer any further questions. See DUI Influence Report for further.

ADMINISTRATIVE

SWORN AND SUBSCRIBED BEFORE ME

CARUSO, MARK RICHARD
NOTARY PUBLIC / CLERK OF COURT / OFFICER (F.S.S. 117.10)

05/06/2022
DATE

SIGNATURE OF ARRESTING / INVESTIGATING OFFICER

CASAS, JAVIER (818)
NAME OF OFFICER (PLEASE PRINT)

05/06/2022
DATE

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

Observation 0145
10-15 : 0132
case # 22-5949

DUI INFLUENCE REPORT

BOCA RATON POLICE SERVICES DEPARTMENT
100 NW 2nd Avenue
Boca Raton, FL 33432

Revised: July 9, 2018

BOCA RATON POLICE SERVICES DEPARTMENT

DUI INFLUENCE REPORT – PART I

On the 6 day of May, at 0142 AM/PM:

Subject: Angelo Aldoleda Case Number: 2022

PERSONAL CONTACT

Driving Pattern: _____

Observation of Driver: see PC

Driver's Statement: _____

Odors: _____

GENERAL OBSERVATIONS

Speech: _____

Attitude: _____

Clothing: _____

Medical Problems: _____

Medications: _____

Other: _____

Horizontal Gaze Nystagmus:

☐ Left eye does not follow smoothly
☐ Left eye jerks at 45 degrees angle or less
☐ Distinct jerking left eye maximum deviation
☐ Right eye does not follow smoothly
☐ Right eye jerks at 45 degrees angle or less
☐ Distinct jerking right eye maximum deviation

Can not do, Why? _____

Walk and turn: _____

Can not do, Why? SEE PC

One leg stand: _____

Can not do, Why? _____

Finger to nose: _____

Can not do, Why? _____

Alphabet (speech pattern): _____

Can not do, Why? _____

Breath/Blood test results: _____

State of Florida, County of Palm Beach,
Sworn and subscribed before me this 5/6/22 (date) by A. Ricciardi.

Notary/Clerk of Court/ Officer (FSS 117.10) — Date 5/6/22

Signature of Arresting Officer — Name of Officer (print) J. Casas

ARRESTING OFFICER: J. Casas

Name: Bugailo Phone # / Work # 5613381234
Address: 100 NW 2nd Ave, Boca Raton, FL 33432
Can testify to: Traffic Stop.

Name: Ricciardi Phone # / Work # 5613381234
Address: 100 NW 2nd Ave, Boca Raton FL 33432
Can testify to: Breath Test

Name: Maranger Phone # / Work # 5613381234
Address: 100 NW 2nd Ave, Boca Raton FL 33432
Can testify to: Traffic Stop

Name: Sgt. Carusa Phone # / Work # 5613381234
Address: 100 NW 2nd Ave; Boca Raton FL 33432
Can testify to: Traffic Stop

Name: _____ Phone # _____ Work # _____
Address: _____
Can testify to: _____

Name: _____ Phone # _____ Work # _____
Address: _____
Can testify to: _____

Name: _____ Phone # _____ Work # _____
Address: _____
Can testify to: _____

-END OF PART ONE-

BOCA RATON POLICE SERVICES DEPARTMENT

DUI INFLUENCE REPORT – PART II

To be filled out at testing facility

Agency Case # 2022-005949

I. INTRODUCTION (Instrument Operator faces video camera)

A. The day is Friday (day), May (month), 6 (date), 2022 (year)

B. The time is now approximately 0207 (AM)/PM.

C. The following is in reference to case number 2022-005949.

D. Present at this time is ofc. J casas of the Boca Raton Police Department. (Officer's Name)

E. Officer casas, have you arrested Angelo Arbolda (Defendant's name) in violation of Florida State Statute 316.193?

F. Did this violation occur within the City of Boca Raton, Palm Beach County, Florida? yes

G. (Mr.)/Mrs./Ms. Arbolda, I am required to inform you these proceedings are being video recorded.

Operator Note: *Video record breath request, breath sample, and interview.*

II. AT THIS TIME THE ARRESTING OFFICER WILL REQUEST A BREATH SAMPLE.

Note: Read only the paragraph applicable to the type of test you are requesting.

A. I am now requesting that you submit to a lawful test of your **BREATH** for the purpose of determining its alcohol content.

B. I am now requesting that you submit to a lawful test of your **URINE** for the purpose of determining the presence of chemical or controlled substances.

C. I am now requesting that you submit to a lawful test of your **BLOOD** for the purpose of determining its alcohol content and the presence of chemical or controlled substances.

IMPLIED CONSENT WARNINGS

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 Signature: _____

Note: Also read for CDL holders:

IN ADDITION, your refusal to submit will result in the loss of your commercial privileges for one year from today. If this is your SECOND REFUSAL, you will be permanently disqualified from operating a commercial motor vehicle.

Note: After reading the implied consent warning, the arresting officer must request a breath sample again.

(IF REFUSAL THEN)

At this time (Mr./Mrs./Ms.) Arboleda has refused to submit to a breath test.

The date is May (month), 04 (day), 2022 (year) and the time is 208 (AM/PM).

A refusal form will be completed by the arresting officer.

BOCA RATON POLICE SERVICES DEPARTMENT

JUVENILE CONSTITUTIONAL WARNINGS

Rights of suspects prior to custodial questioning.
Identify yourself and state:

I am required to warn you before you make any statement that you have the following Constitutional rights:

(1) You have the right to remain silent and not answer any questions. *Tell me in your own words what you think this means.*
(You do not have to talk to me or answer any questions about this offense. You can be quiet if you want.)

(2) Any statement you make must be freely and voluntarily given. *Tell me in your own words what you think this means.*
(If you do talk to me it has to be because you want to and not because anyone is forcing you to speak.)

(3) You have a right to the presence and representation of a lawyer of your choice before you make any statement and during any questioning. *Tell me in your own words what you think this means.*
(You can talk to a lawyer before we ask you any questions and you can have him/her with you now, during our questioning.)

(4) If you cannot afford a lawyer, you are entitled to the presence and representation of a court appointed lawyer before you make any statement and during any questioning. *Tell me in your own words what you think this means*
(If you do not have money for a lawyer and you want one, a lawyer will be given to you for free.)

(5) If at any time during the interview you do not wish to answer any questions, you are privileged to remain silent. *Tell me in your own words what you think this means.*
(If you decide to talk to me then change your mind, you can stop answering my questions at any time.)

(6) I can make no threats or promises to induce you to make a statement. This must be of your own free will. *Tell me in your own words what you think this means*
(I am not allowed to threaten you or make you any promises to get you to talk to me. If you decide to talk, it must be because you want to.)

(7) Any statement can be and will be used against you in a court of law. *Tell me in your own words what you think this means*
(Anything you say to me can and will be told to the judge or a jury in court. A judge is a person who decides if you have done something wrong. Sometimes a group of people called a jury decide this, but the Judge is the person who decides what punishment you get.)

(8) Do you understand these rights as I have read them to you, and do you wish to speak to me?

Signed: _____ Date: _____ Time: _____

BOCA RATON POLICE SERVICES DEPARTMENT

TESTING FACILITY TASK REPORT

SUBJECT: Angelo Arboleda

CASE #: 2022-005949 DATE: 5/6/22

BREATH TEST RESULTS

1) TIME Refusal AM/PM 2) TIME _____ AM/PM

3) TIME _____ AM/PM 4) TIME _____ AM/PM

BREATH OPERATOR: Ricciardi

MAINTENANCE TECHNICIAN: Van Camp

TESTING OFFICER'S OBSERVATIONS

SPEECH: slowed; slurred

ATTITUDE: compliant

CLOTHING: Black T-shirt, jeans, Flip Flops

MEDICAL CONDITION: Anxiety

OTHER: Medications: Xanax 2mg as needed.

COMMENTS: Distal bicep tear (surgery 9 months ago), odor of alcohol emitting from person.

Identify yourself and state:

I am required to warn you before you make any statement that you have the following Constitutional rights:

(1) You have the right to remain silent and not answer any questions.
(2) Any statement you make must be freely and voluntarily given.
(3) You have a right to the presence and representation 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 and representation of a court appointed lawyer before you make any statement 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 be and will be used against you in a court of law.
(8) Do you understand these rights as I have read them to you, and do you wish to speak to me?

Signed: Refused on camera Date: _____ Time: _____

QUESTIONS AND ANSWERS

Were you operating a motor vehicle at the time of the accident/stop? _____

Where were you going? _____

What street or highway were you on? _____

Direction of travel? _____

Where did you start driving from? _____

What city (county) were you stopped in? _____

What time did you start? _____ AM/PM What time is it now? _____

What is today's date? _____ What day of the week is it? _____

When did you last eat? _____ What did you eat? _____

What have you been doing the past three hours prior to this stop/accident? _____

How much do you weigh? _____ Have you been drinking? _____ What were you drinking? _____

How much? _____ Where? _____ With whom were you drinking? _____

When did you have your first drink? _____ AM/PM When did you stop drinking? _____AM/PM

How did you consume your last two drinks? _____

Are you under the influence of alcohol now? ☐ Yes ☐ No

Can you feel the effects of alcohol? ☐ Yes ☐ No

Have you consumed alcohol since the accident? ☐ Yes ☐ No

Can you feel the effects of alcohol? ☐ Yes ☐ No

Have you consumed alcohol since the accident? ☐ Yes ☐ No How much? _____

What? _____ Where? _____

What line of work are you in? _____

When did you last work? _____

Do you have any physical defects or injuries? ☐ Yes ☐ No If yes, explain:

_____

Are you sick or injured? ☐ Yes ☐ No If yes, explain:

_____

Do you limp? ☐ Yes ☐ No Did you get a bump on the head? ☐ Yes ☐ No

Were you in an accident today? _____

Have you taken any drugs or smoked marijuana today? _____

What? _____ When? _____

Have you seen a doctor or dentist today? ☐ Yes ☐ No Who? _____

Are you taking any prescription medications? ☐ Yes ☐ No What? _____ When? _____

Do you have: Epilepsy? ☐ Yes ☐ No Inner ear trouble? ☐ Yes ☐ No

Glass eye? ☐ Yes ☐ No Ear infection? ☐ Yes ☐ No

False teeth? ☐ Yes ☐ No Diabetes? ☐ Yes ☐ No

Any problems not correctable by glasses or contact lenses? _____

Do you take insulin? ☐ Yes ☐ No If yes, when was your last injection? _____

Have you ever had a driver's license in any other state? _____

I am now ending this video recording. The time is now approximately 0210 (AM)/PM.

The date is May (month), 10 (day), 2022. (year)

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: 05/06/2022

Date of Last Agency Inspection: 04/29/2022
Observation Period Began: 01:45
Subject's Name: ANGELO D ARBOLEDA DOB: 08/31/1991 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	02:13
Air Blank	0.000	02:13
Control Test	0.080	02:13
Air Blank	0.000	02:14
Subject Sample #1	REF*	02:14
Air Blank	0.000	02:14
Control Test	RFI**	02:15
Air Blank	RFI**	02:15

*Subject Test Refused
**RFI Detect

Cylinder Lot: 05421080A1
Exp: 08/05/2023

State of Florida, County of palm beach

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

I AMANDA J RICCIARDI, 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: _____ Signature Date: 5/6/22

Sworn to (or affirmed) before me this 6 day of MAY, 2022

_____ Signature of Notary Public-State of Florida

J. CASAS 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

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

I, OFC. JAVIER CASAS, a duly certified Law Enforcement Officer or Correctional Officer,
(Name of Officer reading Implied Consent Warning)

am a member of BOCA RATON POLICE SERVICES DEPARTMENT, and I do swear
(Name of law enforcement agency)

or affirm that on or about the 6TH day of MAY, 20 22, at 0132 ☐ P.M ☐ A.M.

DRIVER (Type or Print) ANGELO (FIRST NAME) DAVID (MIDDLE OR MAIDEN NAME) ARBOLEDA (LAST NAME),

DL# A614004913110, state of FLORIDA, was placed under lawful arrest for

the offense of DUI by OFC. JAVIER CASAS and
(Name of Arresting Officer)

issued Citation # A6LQHGE.

That on or about the 6TH day of MAY, 20 22, at 0208 ☐ 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.

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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:

Signature of Attesting Officer

Title OFC. AMANDA RICCIARDI

Date 05/06/2022

(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)

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:	

REVIEW COMPLETED BY

Booking Number: 2022011854	**Date:** 5/6/2022
	Specialist Name/ID: Chantel Daniels/30347