

0325705

22CT-327

ASB  
P#1788ARREST / NOTICE TO APPEAR  
Juvenile Referral Report1. Arrest  
2. N.T.A.  
3. Request for Warrant  
4. Request for Capias

1 Juvenile N

OBTS Number		Agency ORI Number <b>FLO 500000</b>		Agency Name <b>PALM BEACH COUNTY SHERIFF'S OFFICE</b>		Agency Report Number (N.T.A.'s only) <b>06-22023324</b>	
Charge Type: Check as many as apply.		1. Felony <input type="checkbox"/> 2. Traffic Felony		3. Misdemeanor <input checked="" type="checkbox"/> 4. Traffic Misdemeanor		5. Ordinance <input type="checkbox"/> 6. Other	
Location of Arrest (Including Name of Business) <b>SW 3rd St and US 441, Boca Raton, FL 33428</b>		Location of Offense (Business Name, Address) <b>SW 3rd Street and US Highway 441, Boca Raton, FL 33428</b>					
Date of Arrest <b>1-8-2022</b>		Time of Arrest <b>0605</b>		Booking Date		Booking Time	
Jail Date		Jail Time		Location of Vehicle <b>SW 3rd St and US 441, Boca Raton, FL 33428</b>			
Name (Last, First, Middle) <b>Camuso, Anthony, Joseph</b>							
Alias (Name, DOB, Soc. Sec. #, Etc.)							
Race W - White I - American Indian B - Black O - Oriental/Asian		Sex W M		Date of Birth <b>3/16/1987</b>		Height <b>6'01</b>	
Weight <b>195 Lbs</b>		Eye Color <b>Hazel</b>		Hair Color <b>Brown</b>		Complexion <b>Light</b>	
Build <b>Large</b>		Scars, Marks, Tattoos, Unique Physical Features (Location, Type, Description) <b>Non Visible</b>		Marital Status <b>Single</b>		Religion <b>CATHOLIC</b>	
Local Address (Street, Apt. Number) <b>9500 Richmond Circle, Boca Raton, FL 33434</b>		(City)		(State)		(Zip)	
Permanent Address (Street, Apt. Number)		(City)		(State)		(Zip)	
Business Address (Name, Street)		(City)		(State)		(Zip)	
D/L Number, State <b>C520010870960, FL</b>		Soc. Sec. Number		INS Number		Place of Birth (City, State) <b>West Islip, NY</b>	
Citizenship <b>USA</b>		Co-Defendant Name (Last, First, Middle)		Race		Sex	
Date of Birth		1. Arrested <input type="checkbox"/> 2. At Large		3. Felony <input type="checkbox"/> 4. Misdemeanor <input type="checkbox"/> 5. Juvenile			
Co-Defendant Name (Last, First, Middle)		Race		Sex		Date of Birth	
1. Arrested <input type="checkbox"/> 2. At Large		3. Felony <input type="checkbox"/> 4. Misdemeanor <input type="checkbox"/> 5. Juvenile					
Parent <input type="checkbox"/> Legal Custodian <input type="checkbox"/> Other:		Name (Last)		(First)		(Middle)	
Address (Street, Apt. Number)		(City)		(State)		(Zip)	
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 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 (Phone 355-2528) informed of any change of address. <input type="checkbox"/> Yes, by: (Name) <input type="checkbox"/> No: (Reason)		School Attended		Grade			
Property Crime? <input type="checkbox"/> Yes <input type="checkbox"/> No		Description of Property		Value of Property			
Drug Activity N. N/A P. Possess		S. Sell T. Traffic		R. Smuggle D. Deliver E. Use		K. Dispense/ Distribute	
M. Manufacture/ Produce/ Cultivate		Z. Other		Drug Type N. N/A A. Amphetamine		B. Barbiturate C. Cocaine E. Heroin	
H. Hallucinogen M. Marijuana O. Opium/deriv.		P. Paraphernalia/ Equipment S. Synthetics		U. Unknown Z. Other			
Charge Description <b>Driving Under The Influence (DUI)</b>		Counts <b>1</b>		Domestic Violence <input type="checkbox"/> Y <input checked="" type="checkbox"/> N		Statute Violation Number <b>316.193(1)</b>	
Drug Activity <b>U</b>		Drug Type <b>U</b>		Amount / Unit <b>a/a</b>		Offense # <b>22023324</b>	
Warrant / Capias Number		Bond		Statute Violation Number		Violation of ORD #	
Charge Description		Counts		Domestic Violence <input type="checkbox"/> Y <input checked="" type="checkbox"/> N		Warrant / Capias Number	
Drug Activity		Drug Type		Amount / Unit		Offense #	
Warrant / Capias Number		Bond		Statute Violation Number		Violation of ORD #	
Charge Description		Counts		Domestic Violence <input type="checkbox"/> Y <input checked="" type="checkbox"/> N		Warrant / Capias Number	
Drug Activity		Drug Type		Amount / Unit		Offense #	
Warrant / Capias Number		Bond		Statute Violation Number		Violation of ORD #	
Charge Description		Counts		Domestic Violence <input type="checkbox"/> Y <input checked="" type="checkbox"/> N		Warrant / Capias Number	
Drug Activity		Drug Type		Amount / Unit		Offense #	
Warrant / Capias Number		Bond		Statute Violation Number		Violation of ORD #	
Location (Court, Room Number, Address) <b>South County Courthouse, Courtroom #1, 200 W. Atlantic Ave., Delray Beach, FL 33444 - Ph: (561) 355-2996</b>							
Court Date and Time Month <b>February</b> Day <b>10</b> Year <b>2022</b> Time <b>0100</b> AM <input checked="" type="checkbox"/> PM							
I AGREE TO APPEAR AT THE TIME AND PLACE DESIGNATED TO ANSWER THE OFFENSE CHARGED OR TO PAY THE FINE SUBSCRIBED. I UNDERSTAND THAT SHOULD I WILLFULLY FAIL TO APPEAR BEFORE THE COURT AS REQUIRED BY THIS NOTICE TO APPEAR, THAT I MAY BE HELD IN CONTEMPT OF COURT AND A WARRANT FOR MY ARREST SHALL BE ISSUED.							
Signature of Defendant (or Juvenile and Parent /Custodian) <b>[Signature]</b>							
Date Signed <b>04/05/2019</b>							
HOLD for other Agency Name:		Signature of Arresting Officer <b>[Signature]</b>		Name Verification (Printed by Arresting Officer)		(PRINT)	
<input type="checkbox"/> Dangerous <input type="checkbox"/> Suicidal <input type="checkbox"/> Other:		Name of Arresting Officer (Print) <b>E. ALVES</b>		I.D. # <b>32404</b>		(PRINT)	
Transporting Officer <b>E. ALVES</b>		ID # <b>32404</b>		Agency <b>PBSO</b>		Witness here if subject signed with an "X"	

SCANNED  
JAN 10 2022

PROBABLE CAUSE AFFIDAVIT		1. Arrest 2. N.T.A.		3. Request for Warrant 4. Request for Capias		1	Juvenile N
OBTS Number		Agency ORI Number <b>FLO 500000</b>		Agency Name <b>PALM BEACH COUNTY SHERIFF'S OFFICE</b>		Agency Report Number <b>06- 22023324</b>	
Charge Type: Check as many as apply.		<input type="checkbox"/> 1. Felony <input type="checkbox"/> 2. Traffic Felony <input checked="" type="checkbox"/> 3. Misdemeanor <input type="checkbox"/> 4. Traffic Misdemeanor <input type="checkbox"/> 5. Ordinance <input type="checkbox"/> 6. Other		Special Notes:			
Name (Last, First, Middle) <b>Camuso, Anthony, Joseph</b>		Alias		Race <b>W</b>		Sex <b>M</b>	
				Date of Birth <b>3/16/1987</b>			
Charge Description <b>Driving Under The Influence (DUI)</b>		316.193(1)		Charge Description			
Charge Description				Charge Description			
Victim's Name (Last, First, Middle) <b>State of Florida, ,</b>				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	
				( )			
<p>The undersigned certifies and swears that he/she has just and reasonable grounds to believe, and does believe that the above named Defendant committed the following violation of law.</p> <p>The Person taken into custody</p> <p><input type="checkbox"/> committed the below acts in my presence. <input checked="" type="checkbox"/> was observed by <b>Witnesses</b> who told <b>D/S Alves</b></p> <p><input type="checkbox"/> confessed to _____ that he/she saw the arrested person commit the below acts.</p> <p>admitting to the below facts. <input checked="" type="checkbox"/> was found to have committed the below acts, resulting from my (described) investigation.</p> <p>On the <b>01</b> day of <b>January</b> 20 <b>22</b> at <b>0537</b> <input checked="" type="checkbox"/> A.M. <input type="checkbox"/> P.M. (Specifically include facts constituting cause for arrest.)</p> <p><b>On 01/08/2022, at approximately 0537 hrs I arrived in the area of the intersection of SW 3rd Street and US Highway 441, Boca Raton, in unincorporated Palm Beach County in reference as back-up Officer to crash that just occurred, and I later to conduct a Driving Under The Influence (DUI) investigation.</b></p> <p><b>Upon arrival at the intersection, I was the first officer on the scene. I observed a Tan/Gold Lincoln bearing Florida Tag# HGPV34 facing the opposite lane of travel on northbound on the southbound lane with visible signs of damage from a vehicle crash. Next to the Lincoln, I also observed an AMR Ambulance vehicle parked next to the Lincoln. As I positioned my vehicle in front of the Lincoln to block the southbound right turning lane, the occupants from the AMR Ambulance approached and stated the driver of the Lincoln was walking away from the scene. Simultaneously they pointed the direction of the Lincoln driver who was walking away on the sidewalk. I flashed my flashlight towards the driver, who was stumbling away on the sidewalk. At that moment, I ordered the driver, a white male, later identified as Anthony Joseph Camuso, to return to the scene and stand next to his vehicle. Anthony almost fell to the ground as he walked back to my location because he had difficulty keeping his balance.</b></p> <p><b>Once Anthony approached me, I could smell the odor of an unknown alcoholic beverage coming from his person. The odor of an unknown alcoholic beverage grew stronger as he spoke with me. Anthony appeared to be disoriented and unsure about his whereabouts. I asked him if he was involved in the crash. He did not answer at first, but later, he confirmed he was the sole driver of the Lincoln. I then asked Anthony why he was leaving the area. Anthony denied leaving the scene. Anthony had glassy, bloodshot eyes, and his speech was slow and slurred. I asked Anthony if he had consumed any alcoholic beverage tonight. Anthony Answered no. I asked Anthony to stay next to his vehicle.</b></p> <p><b>Minutes later, Deputy Brandao ID # 37949 arrived on the scene to conduct his vehicle crash investigation, reference PBSO vehicle crash case number 22-023324.</b></p> <p><b>As Deputy Brandao conducted his vehicle crash investigation, I made contact with the witnesses, identified as Taurean Jarret and Titi Toporas, who were the occupants of the AMR Ambulance vehicle. I asked them if they were involved in the crash. They answered no and informed they witnessed the entire incident unfold and identified Anthony as the driver and sole occupant in the vehicle. I separated them to obtain the information about the incident.</b></p> <p><b>I spoke first with Taurean, who stated he saw Anthony's vehicle jumping the curb into oncoming traffic and crash the vehicle at the intersection. Taurean advised stopped his vehicle and saw Anthony exiting the vehicle from the driver's side. Taurean advised Anthony clearly appeared to be intoxicated when he approached him. Taurean advised once Anthony noticed, he was calling 911. Anthony began to walk away from the scene. At that same moment, I arrived on the scene and noticed Anthony walking away on the westbound sidewalk. I asked Tauren if he saw anybody else in the vehicle besides Anthony. Taurean advised he saw Anthony as the driver and sole occupant in the vehicle. Tauren completed a sworn written statement accounting for the incident.</b></p> <p>STATE OF FLORIDA COUNTY OF PALM BEACH</p> <p>(Signature of Arresting/Investigative Officer) <b>E. ALVES</b></p> <p>The foregoing instrument was sworn to or affirmed and subscribed before me this <b>10</b> day of <b>February</b> 20 <b>22</b> by <b>E. ALVES</b></p> <p>(Print name of Arresting/Investigative Officer), who is personally known to me and/or produced identification. Type of identification produced <b>Known</b></p> <p>Notary Public, Clerk of Court, Officer (F.S. 117.10)</p> <p>Notary Public State of Florida Thomas H Leshey My Commission CG 347408 Expires 09/20/2023</p>							

OBTS Number		<b>PROBABLE CAUSE AFFIDAVIT</b>		1. Arrest 2. N.T.A.		3. Request for Warrant 4. Request for Capias		1	Juvenile	N	
ADMIN	Agency ORI Number <b>FLO 500000</b>		Agency Name <b>PALM BEACH COUNTY SHERIFF'S OFFICE</b>		Agency Report Number <b>06- 22023324</b>						
	Charge Type: Check as many as apply.		<input type="checkbox"/> 1. Felony <input type="checkbox"/> 2. Traffic Felony <input checked="" type="checkbox"/> 3. Misdemeanor <input checked="" type="checkbox"/> 4. Traffic Misdemeanor <input type="checkbox"/> 5. Ordinance <input type="checkbox"/> 6. Other		Special Notes:						
DEF	Name (Last, First, Middle) <b>Camuso, Anthony, Joseph</b>				Alias		Race <b>W</b>	Sex <b>M</b>	Date of Birth <b>3/16/1987</b>		
	Charge Description <b>Driving Under The Influence (DUI)</b>				316.193(1)		Charge Description				
CHARGES	Charge Description				Charge Description						
	Charge Description				Charge Description						
	Victim's Name (Last, First, Middle) <b>State of Florida, ,</b>				Race		Sex	Date of Birth			
	Local Address (Street, Apt. Number)				(City)	(State)	(zip)	Phone		Address Source	
VICTIM	Business Address (Name, Street)				(City)	(State)	(zip)	Phone		Occupation	
	<p>The undersigned certifies and swears that he/she has just and reasonable grounds to believe, and does believe that the above named Defendant committed the following violation of law.</p> <p>The Person taken into custody</p> <div style="display: flex; justify-content: space-between;"> <div> <input type="checkbox"/> committed the below acts in my presence.  <input type="checkbox"/> confessed to _____              admitting to the below facts.           </div> <div> <input checked="" type="checkbox"/> was observed by <b>Witnesses</b> who told <b>D/S Alves</b>              that he/she saw the arrested person commit the below acts.  <input checked="" type="checkbox"/> was found to have committed the below acts, resulting from my (described) investigation.           </div> </div> <p>On the <b>01</b> day of <b>January</b>, 20<b>22</b> at <b>0537</b> <input checked="" type="checkbox"/> A.M. <input type="checkbox"/> P.M. (Specifically include facts constituting cause for arrest.)</p>										
<p><b>I then spoke with Titi Toporas, whose statement matched with Taurean's statement accounting the how the incident transpired. Titi also completed a sworn written statement accounting for the incident.</b></p> <p><b>After gathering the information, Deputy Brandao informed me that he had completed his vehicle crash investigation. I made contact back with Anthony and informed him that Deputy Brandao had completed the crash investigation, and now I was initiating a DUI investigation based on my observation, smell, and witnesses statements.</b></p> <p><b>I then asked Anthony if he would voluntarily agree to conduct a sobriety task, also known as a DUI task. Anthony sounded confused and refused to conduct the Task. Anthony kept asking for his Attorney. I explained to Anthony that if he refused to conduct the DUI task, I would complete my DUI investigation based on solo and witnesses my observations.</b></p> <p><b>Anthony refused the DUI Task consistent with Horizontal Gaze Nystagmus (HGN), Finger to Nose, Walk and Turn, One Leg Stand, and the Romberg Alphabet.</b></p> <p><b>Based on my investigation, I found Anthony Camuso had violated F.S.S. 316.193(1) Driving Under the Influence (DUI). He was placed into handcuffs (checked for proper fit and double-locked) and was placed in the back seat of my marked patrol vehicle.</b></p> <p><b>Anthony was transported to the Breath Alcohol Testing Center (BAT) at the Criminal Justice Complex.</b></p> <p><b>At the BAT, I conducted a 20 minute observation. Anthony did not ingest or expel anything from his mouth.</b></p> <p><b>I requested a sample of Anthony's breath. He refused. I read to him the implied consent, Anthony acknowledged he understood. He refused to provide a sample of urine as well.</b></p> <p><b>I read to Anthony his constitutional rights. He refused to answer the questions. He kept stating he wanted a lawyer.</b></p> <p><b>Anthony was issued a DUI criminal citation.</b></p> <p><b>Anthony was transported to the Criminal Justice Intake.</b></p> <p><b>This report is cleared by arrest.</b></p> <div style="display: flex; justify-content: space-between; align-items: flex-end;"> <div>             STATE OF FLORIDA              COUNTY OF PALM BEACH                (Signature of Arresting/Investigative Officer)           </div> <div style="text-align: center;">   <b>E. ALVES</b> </div> </div>											
ADMINISTRATIVE	<p>The foregoing instrument was sworn to or affirmed and subscribed before me this <b>10</b> day of <b>February</b>, 20<b>22</b> by <b>E. ALVES</b></p> <p>(Print name of Arresting/Investigative Officer), who is personally known to me and/or produced identification. Type of identification produced <b>Known</b></p>										
	<p>Notary Public, Clerk of Court, Officer (F.S.S. 117.10)</p> <div style="display: flex; justify-content: space-between; align-items: center;"> <div>               Notary Public, Clerk of Court, Officer (F.S.S. 117.10)           </div> <div style="text-align: center;">               Notary Public State of Florida              Thomas H. Leahy              Commission # 347108              Expires 06/20/2023           </div> </div>										

SCANNED  
JAN 10 2022

# D.U.I. PROBABLE CAUSE AFFIDAVIT

ON THE 01 DAY OF January 20 22, AT 0537 ✓ AM PM

SUBJECT: Camuso, Anthony, Joseph CASE NUMBER: 22023324

AGENCY: PALM BEACH COUNTY SHERIFF'S OFFICE ARRESTING OFFICER: E. ALVES

## PERSONAL CONTACT

DRIVING PATTERN: ACTUAL PHYSICAL CONTROL (PHYSICAL EVIDENCE OR STATEMENTS PUTTING DEF. BEHIND WHEEL OF VEHICLE)

On 01/08/2022, at approximately 0537 hrs I arrived in the area of the intersection of SW 3rd Street and US Highway 441, Boca Raton, in unincorporated Palm Beach County in reference as back-up Officer to crash that just occurred, and I later to conduct a Driving Under The Influence (DUI) investigation.

Upon arrival at the intersection, I was the first officer on the scene. I observed a Tan/Gold Lincoln bearing Florida Tag# HGPV34 facing the opposite lane of travel on northbound on the southbound lane with visible signs of damage from a vehicle crash. Next to the Lincoln, I also observed an AMR Ambulance vehicle parked next to the Lincoln. As I positioned my vehicle in front of the Lincoln to block the southbound right turning lane, the occupants from the AMR Ambulance approached and stated the driver of the Lincoln was walking away from the scene. Simultaneously they pointed the direction of the Lincoln driver who was walking away on the sidewalk. I flashed my flashlight towards the driver, who was stumbling away on the sidewalk. At that moment, I ordered the driver, a white male, later identified as Anthony Joseph Camuso, to return to the scene and stand next to his vehicle. Anthony almost fell to the ground as he walked back to my location because he had difficulty keeping his balance.

## OBSERVATION OF DRIVER:

Anthony was disoriented and stumble as he walked. The witnesses advised he was clearly appeared to be under the influence. I noticed Anthony's eyes to be red and glossy watery eyes. Anthony's speech was slurred.

## DRIVER'S STATEMENTS:

I want my attorney.

## ODORS:

The odor of an unknown alcoholic beverage coming from his breath as I came closed to him outside the vehicle.

## GENERAL OBSERVATIONS

SPEECH: Slurred, slow

ATTITUDE: quiet, cooperative,

CLOTHING: black shirt, Red shorts, black shoes

MEDICAL/OTHER: none

STATE OF FLORIDA  
COUNTY OF PALM BEACH

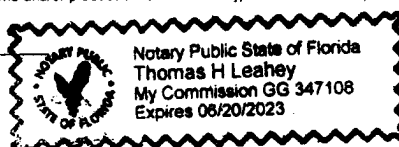
E. ALVES

(Signature of Arresting/Investigative Officer)

The foregoing instrument was sworn to or affirmed and subscribed before me this 10 day of February 20 22 by E. ALVES

(Print name of Arresting/Investigative Officer), who is personally known to me and/or produced identification. Type of identification produced Known

Notary Public, Clerk of Court, Officer (F.S.S. 117.10)



SCANNED  
JAN 10 2022

SUBJECT: Camuso, Anthony, Joseph

CASE NUMBER 22023324

**ROADSIDE TASKS**

**HORIZONTAL GAZE NYSTAGMUS:**

☒ LT EYE-LACK OF SMOOTH PURSUIT

☒ RT EYE-LACK OF SMOOTH PURSUIT

☒ LT EYE-DISTINCT & SUSTAINED NYSTAGMUS AT MAX. DEVIATION

☒ RT EYE-DISTINCT & SUSTAINED NYSTAGMUS AT MAX. DEVIATION

☒ LT- EYE-ONSET OF NYSTAGMUS PRIOR TO 45 DEGREES

☒ RT- EYE-ONSET OF NYSTAGMUS PRIOR TO 45 DEGREES

**Other Observations:**

**He swayed while standing in the front of my vehicle.**

**WALK & TURN:**  
**refused**

**ONE LEG STAND:**  
**refused**

**FINGER TO NOSE:**  
**refused**

**ROMBERG ALPHABET:**  
**refused**

**BREATH TEST RESULTS:** 1) refusal 2) refusal 3) 4)

STATE OF FLORIDA  
COUNTY OF PALM BEACH

E. ALVES

(Signature of Arresting/Investigative Officer)

The foregoing instrument was sworn to or affirmed and subscribed before me this 10 day of February, 2022 by E. ALVES

(Print name of Arresting/Investigative Officer), who is personally known to me and/or produced identification. Type of identification produced Known

J. Long  
Notary Public, Clerk of Court, Officer (F.S.S. 117.10)

SCANNED  
JAN 10 2022



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

PBSO CASE # 22023324

PBSO ZONE 7-43

AGENCY CASE # 19055974

CRASH CASE # 22023324

TIME OF STOP/CRASH 0537

DATE 01/08/2022

DAY Saturday

SUBJECT'S NAME Camuso, Anthony, Joseph

RACE W

SEX M

HGT 6'01

WGT 195 Lbs

DOB 3/16/1987

LOCATION SW 3rd St and US 441, Boca Raton, FL 33428

ARRESTING OFFICER'S NAME & ID E. ALVES (32404)

AGENCY Palm Beach County Sheriff's Office

DIVISION: DUI

NOTIFIED BY COMMO Yes

ARRIVAL AT FACILITY 0643

ARREST TIME 0605

BREATH RESULTS

**REFUSED**

2)

3)

4)

TESTING OFFICER'S ID

19183

PBSO VIDEOTAPE #

nlz

SCANNED  
JAN 10 2022

## WITNESS LIST

CASE NUMBER: 22023324

ARRESTING OFFICER: E. ALVES

ADDRESS: 3228 Gun Club Rd, WPB

PHONE NUMBERS (HOME): \_\_\_\_\_ (WORK) 561-688-3000

CAN TESTIFY TO: Personal contact, physical control at scene and at the BAT

NAME: Jarrett, Taurean, Andre

ADDRESS: 10146 Stonehenge Cir, Boynton Beach, FL 33437

PHONE NUMBERS (HOME) 0 (WORK) 954-670-9534

CAN TESTIFY TO: Driving pattern, physical control

NAME: Toporas, Titi, Julian

ADDRESS 619 Sw 2nd Ave, Pompano Beach, FL 33060

PHONE NUMBERS (HOME) 0 (WORK) 954-980-5282

CAN TESTIFY TO: Driving pattern, physical control

NAME: \_\_\_\_\_

ADDRESS \_\_\_\_\_

PHONE NUMBERS (HOME) \_\_\_\_\_ (WORK) 0

CAN TESTIFY TO: \_\_\_\_\_

NAME: \_\_\_\_\_

ADDRESS \_\_\_\_\_

PHONE NUMBERS (HOME) \_\_\_\_\_ (WORK) \_\_\_\_\_

CAN TESTIFY TO: \_\_\_\_\_

NAME: \_\_\_\_\_

ADDRESS \_\_\_\_\_

PHONE NUMBERS (HOME) \_\_\_\_\_ (WORK) \_\_\_\_\_

CAN TESTIFY TO: \_\_\_\_\_

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CAN TESTIFY TO: \_\_\_\_\_

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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: \_\_\_\_\_

SCANNED  
JAN 10 2022

# TESTING FACILITY TASK REPORT

AGENCY: PBSO

SUBJECT: Camuso, Anthony J CASE NUMBER: 22-023324

DATE: Jan 8, 2022 VIDEO DVD NUMBER: n/a

BEGINNING TIME: 0707 ENDING TIME: 0714

BREATH TESTS RESULTS: 1) R TIME 0712 A.M. ☒ P.M. ☐ 2) n/a TIME 0 A.M. ☐ P.M. ☐

3) n/a TIME 0 A.M. ☐ P.M. ☐ 4) n/a TIME 0 A.M. ☐ P.M. ☐

BREATH OPERATOR: Thomas H Leahey #19183

MAINTENANCE TECHNICIAN: Jason Karlecke #6467

## TESTING OFFICER'S OBSERVATIONS

SPEECH: slurred, thick

ATTITUDE: cooperative, talkative

CLOTHING: red shorts, black t-shirt, black/red sneakers

MEDICAL CONDITIONS: none

MEDICATIONS: none

## OTHER:

eyes are glassy and bloodshot  
odor of unknown alcoholic beverage on breath

**REFUSED**

## COMMENTS:

arrived at center A/O conducted 20 minute observation period at 0643 hrs

subject refused to perform breath test

A/O read I/C 2X & subject understand I/C

subject refused to provide breath test

A/O called refusal 0712

A/O read rights & subject understood rights

A/O attempted Q&A

subject invoked right to counsel & remain silent

**REFUSED**

SCANNED  
JAN 10 2022




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

I, Deputy Sheriff EDUARDO ALVES, a duly certified Law Enforcement Officer or Correctional Officer,  
(Person reading Implied Consent Warning)  
am a member of Palm Beach County Sheriffs Office, and I do swear  
(Name of enforcement agency)  
or affirm that on or about the EIGHTH day of January, 2022, at 8:20 AM  
DRIVER ANTHONY JOSEPH CAMUSO,  
(Type or Print) FIRST MIDDLE OR MAIDEN LAST  
DL # C520010870960, state of FL, was placed under lawful arrest for  
the offense of DUI by Deputy Sheriff LE EDUARDO ALVES and  
(Name of Arresting Officer)  
issued Citation # AEA7ZJE.

That on or about the EIGHTH day of January, 2022, at 8:23 AM  
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 (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.

  
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 this 08 day of January, 2022  
by DIS E Alves  
who is personally known to me or who has produced  
known as identification.  
Notary Public T Leahey

The foregoing instrument was sworn and subscribed before me:

\_\_\_\_\_  
Signature of Attesting Officer

Title \_\_\_\_\_

Date \_\_\_\_\_

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.

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

**CASE NUMBER:**

**NOTE: READ ONLY THE PARAGRAPH APPLICABLE TO THE TYPE OF TEST YOU ARE REQUESTING.**

**-OR-**

**-OR-**

**NOTE: READ ONLY IF THE SUBJECT DOES NOT COMPLY WITH YOUR REQUEST.**

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)**

**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)**

SCANNED  
JAN 10 1971



**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: 2022000609

Date: 01/09/2022

Specialist Name/ID: T Howard/7185

SCANNED  
JAN 19 2022