

ARREST / NOTICE TO APPEAR
Juvenile Referral Report

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

OBTS Number		Agency ORI Number FLO 500000		Agency Name PALM BEACH COUNTY SHERIFF'S OFFICE		Agency Report Number (N.T.A.'s only) 06-20-055718		20 OCT 5278 HB	
Charge Type: Check as many as apply		1. Felony <input type="checkbox"/> 2. Traffic Felony <input type="checkbox"/>		3. Misdemeanor <input type="checkbox"/> 4. Traffic Misdemeanor <input checked="" type="checkbox"/>		5. Ordinance <input type="checkbox"/> 6. Other <input type="checkbox"/>		Weapon Seized / Type 1. Yes <input type="checkbox"/> 2. No <input type="checkbox"/>	
Location of Arrest (Including Name of Business) 1480 S MILITARY TRAIL WEST PALM BEACH, FL 33415		Location of Offense (Business Name, Address) 1480 S MILITARY TRAIL WEST PALM BEACH, FL 33415							
Date of Arrest 04/04/2020	Time of Arrest 0823	Booking Date	Booking Time	Jail Date	Jail Time	Location of Vehicle BABBS CO TOWING			

Name (Last, First, Middle) CASTELLANOS CARLOS ENRIQUE		Alias (Name, DOB, Soc. Sec. #, Etc.)							
Race W - White I - American Indian B - Black O - Oriental/Asian	Sex M	Date of Birth 07/02/1973	Height 5-05	Weight 180	Eye Color BROWN	Hair Color GRAY	Complexion LIGHT	Build MEDIUM	
Scars, Marks, Tattoos, Unique Physical Features (Location, Type, Description) FISH HOOKS AROUND LEFT ARM, FISH TATTOO ON RIGHT ARM				Marital Status Divorced	Religion CHRISTIAN	Indication of: Alcohol Influence <input type="checkbox"/> Drug Influence <input type="checkbox"/>			
Local Address (Street, Apt. Number) 1675 JULIE TONIA DR		(City) WEST PALM BEACH, FL	(State) FL	(Zip) 33415	Phone (561) 667-2149	Residence Type: 1. City <input type="checkbox"/> 2. County <input type="checkbox"/> 3. Florida <input type="checkbox"/> 4. Out of State <input type="checkbox"/>			
Permanent Address (Street, Apt. Number)		(City)	(State)	(Zip)	Phone	Address Source VERBAL			
Business Address (Name, Street) 1713 N DIXIE HWY, WEST PALM BEACH, FL 33407		(City)	(State)	(Zip)	Phone	Occupation EMPLOYED			
D/L Number, State C-234-105-73-242-0		Soc. Sec. Number		INS Number N/A	Place of Birth (City, State) HAVANA, CUBA		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		

Parent Legal Custodian		Address (Street, Apt. Number)		(City)	(State)	(Zip)	Residence Phone		
Other:		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 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 355-2628) informed of any change of address.					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 B. Buy T. Traffic	R. Smuggle D. Deliver E. Use	K. Dispense/ Distribute	M. Manufacture/ Production/ 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 DRIVING UNDER THE INFLUENCE		Counts 01	Domestic Violence <input type="checkbox"/> Y <input checked="" type="checkbox"/> N	Statute Violation Number 316.193(1)(a)		Violation of ORD #				
Drug Activity N	Drug Type N	Amount / Unit N/A	Offense # 20-055718	Warrant / Capias Number		Bond				
Charge Description		Counts	Domestic Violence <input type="checkbox"/> Y <input checked="" type="checkbox"/> N	Statute Violation Number		Violation of ORD #				
Drug Activity	Drug Type	Amount / Unit	Offense # 19-	Warrant / Capias Number		Bond				
Charge Description		Counts	Domestic Violence <input type="checkbox"/> Y <input checked="" type="checkbox"/> N	Statute Violation Number		Violation of ORD #				
Drug Activity	Drug Type	Amount / Unit	Offense # 19-	Warrant / Capias Number		Bond				
Charge Description		Counts	Domestic Violence <input type="checkbox"/> Y <input checked="" type="checkbox"/> N	Statute Violation Number		Violation of ORD #				
Drug Activity	Drug Type	Amount / Unit	Offense # 19-	Warrant / Capias Number		Bond				

Location (Court Room Number, Address) PALM BEACH COUNTY COURTHOUSE CRIMINAL JUSTICE COMPLEX, 3228 GUN CLUB RD, WEST PALM BEACH, FL 33406 - BR		Phone (561) 355-2996	
Court Date and Time Month 05 Day 07 Year 2020 Time 8:30 AM <input checked="" type="checkbox"/> PM <input type="checkbox"/>			
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)		Date Signed 04/04/2020	

HOLD for other Agency Name:		Signature of Arresting Officer D/S D'ANDREA		Name Verification (Printed by Arrestee) (PRINT)	
<input type="checkbox"/> Dangerous <input type="checkbox"/> Resisted Arrest <input type="checkbox"/> Suicidal <input type="checkbox"/> Other:		Name of Arresting Officer (Print) D/S D'ANDREA		I.D. # 29528	
Strike Deputy <input checked="" type="checkbox"/> I.D. #		Pouch #		Transporting Officer D/S D'ANDREA	
		I.D. # 29528		Agency PBSO	
		Witness here if subject signed with an "X"		PAGE	

PROBABLE CAUSE AFFIDAVIT

1 Arrest 3 Request for Warrant
2 NTA 4 Request for Citias

1

Juvenile

ADMIN	OSTS Number	Agency ORI Number FL 5 0 0 0 0 0 0		Agency Name PALM BEACH COUNTY SHERIFF'S OFFICE	Agency Report Number 2005718
	Charge Type Check as many as apply	<input type="checkbox"/> 1 Felony <input type="checkbox"/> 2 Traffic Felony	<input type="checkbox"/> 3 Misdemeanor <input type="checkbox"/> 4 Traffic Misdemeanor	<input type="checkbox"/> 5 Ordinance <input type="checkbox"/> 6 Other	Special Notes supplemental PC
DEF	Name (Last, First, Middle) Castellanos, Carlos Enrique	Alias	Race W	Sex M	Date of Birth 7/2/73
CHARGES	Charge Description 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
	Business Address (Name, Street)	(City)	(State)	(Zip)	Phone
<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 checked="" type="checkbox"/> committed the below acts in my presence. <input type="checkbox"/> was observed by _____ who told _____</p> <p><input type="checkbox"/> confessed to _____ <input type="checkbox"/> that he/she saw the arrested person commit the below acts.</p> <p>_____ was found to have committed the below acts, resulting from my (described) investigation.</p> <p>On the <u>4th</u> day of <u>April</u> 20<u>20</u> at <u>0749</u> <input type="checkbox"/> A.M <input checked="" type="checkbox"/> P.M (Specifically include facts constituting cause for arrest.)</p> <p>On 4/4/20 around 0749 hours, I observed the below series of events which was partially captured by my in car video and audio recording system and will be uploaded to the PBSO web server as evidence:</p> <p>I observed a White Ford E250 Work Van bearing Florida City tag XC0699 stopped in the crosswalk at a red light in Southbound Lanes of Travel on S State Road 809 (S Military Trail) north of Summit Blvd. When the light turned green, the Van traveled Southbound in the #1 lane of travel and failed to drive with a single lane by drifting into the #2 travel lane. There was a vehicle traveling in the #2 lane next to the van, that was forced to move to the right to avoid a collision, and the Van then swerved back into the #1 lane. The work van pulled into the next three left turn lanes (median turn lanes) and briefly stopped before continuing back southbound in the #1 lane. Each time the van stopped in a turn lane, the right tires and portion of the van were obstructing the #1 travel lane.</p> <p>I activated my overhead red and blue emergency lights and initiated a traffic stop with the final resting place being the median in front of 1480 S Military Trail. I approached the driver's side of the vehicle and eventually identified the driver via his Florida Commercial Driver's License as Carlos Castellanos. I also could smell the strong and obvious odor of an unknown alcoholic beverage emanating from Castellanos' breath. Castellanos' speech was slurred and his eyes were bloodshot and glassy.</p> <p>I ordered Castellanos out of the vehicle during which time he stumbled east nearly into opposing lanes of travel. I ordered Castellanos to sit in the median, and as he did so, he fell backwards nearly hitting his head. I asked Castellanos if he had any medical issues and he stated he was diabetic. I then called for Palm Beach County Fire Rescue to respond to the scene (PBCFR run # 20038274), during which time Castellanos was assessed and cleared. I was informed Castellanos was not suffering from a diabetic issue.</p> <p>With Castellanos showing signs of possible impairment, I called for a traffic unit to respond and take over the investigation.</p>					
ADMINISTRATIVE	STATE OF FLORIDA COUNTY OF PALM BEACH	(Signature of Arresting/Investigative Officer)			
The foregoing instrument was sworn to or affirmed and subscribed before me this <u>4th</u> day of <u>April</u> 20 <u>20</u> by <u>Cpl. J. Derby #1661</u>					
(Print name of Arresting/Investigative Officer), who is personally known to me and/or produced identification. Type of identification produced <u>known D/S</u>					
Notary Public, Clerk of Court, Officer (F.S. 112.10) <u>#29528</u>					
					PAGE 1 OF 1

SCANNED
Apr 05 2020

D.U.I. PROBABLE CAUSE AFFIDAVIT

ON THE 04 DAY OF APRIL 20 20, AT 0823 AM PM

SUBJECT: CASTELLANOS CARLOS ENRIQUE CASE NUMBER: 20-055718

AGENCY: PALM BEACH COUNTY SHERIFF'S OFFICE ARRESTING OFFICER: D/S D'ANDREA

PERSONAL CONTACT

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

CPL. DERBY OBSERVED THE WHITE FORD VAN TRAVELLING SOUTHBOUND ON S MILITARY TRAIL. HE OBSERVED THE VEHICLE UNABLE TO MAINTAIN A SINGLE LANE, BY WATCHING IT DRIFT FROM THE INSIDE LANE INTO THE MIDDLE LANE. ANOTHER VEHICLE HAD TO AVOID A COLLISION WITH THE WHITE VAN, BECAUSE HE WAS DRIFTING INTO THE OTHER LANE. THE WHITE FORD VAN WOULD ALSO STOP MULTIPLE TIMES IN THE MEDIAN TURN LANES AND PAUSE FOR A MOMENT BEFORE PROCEEDING SOUTH BOUND. WHEN THE WHITE VAN MADE ANOTHER STOP IN THE MEDIAN, CPL. DERBY ACTIVATED HIS EMERGENCY LIGHTS AND SIRENS TO CONDUCT A TRAFFIC STOP. THE WHITE VAN STOPPED IN THE TURN LANE WITH THE PASSENGER SIDE TIRES OBSTRUCTING THE INSIDE LANE OF SOUTH BOUND MILITARY TRAIL. CPL. DERBY MADE CONTACT WITH THE HISPANIC MALE DRIVING AND IDENTIFIED HIM AS CARLOS ENRIQUE CASTELLANOS.

OBSERVATION OF DRIVER:

I observed that Mr. Castellanos was wearing tan pants and black shirt. While questioning Mr. Castellanos, I observed, I observed Mr. Castellanos eyes appeared red and glassy. I observed that he was slurring his words. Mr. Castellanos was asked to stand up, which while he was getting up he lost his balance and stumbled to the ground. While standing up, Mr. Castellanos appeared to be shaky on his feet. Mr. Castellanos had difficulty walking.

DRIVER'S STATEMENTS:

I asked if the driver had been drinking, which he stated that he only had 4 beers. I asked Mr. Castellanos if he has any medical problems, which he stated that he is a diabetic.

ODORS:

Obvious odor of an unknown alcoholic beverage

GENERAL OBSERVATIONS

SPEECH: slurred, thick, slow, unclear

ATTITUDE: calm and compliant

CLOTHING: wearing tan pants and black shirt

MEDICAL/OTHER: Diabetic

STATE OF FLORIDA
COUNTY OF PALM BEACH

D/S D'ANDREA

Signature of Arresting/Investigative Officer)

This foregoing instrument was sworn to or affirmed and subscribed before me this 04 day of APRIL 20 20 by D/S D'ANDREA

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

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



JOSHUA BELL
MY COMMISSION #GG346008
EXPIRES: JUN 18, 2023
Bonded through 1st State Insurance

SCANNED
APR 05 2020

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:

WOULD MOVE HIS ENTIRE HEAD INSTEAD OF JUST HIS EYES, UNSTEADY ON FEET WHILE STANDING STILL, SWAY SIDE TO SIDE.

WALK & TURN:

I positioned Mr. Castellanos on a bright orange line which was on a smooth and level surface, free of any debris and well lit by the hot Florida sun. I instructed the Mr. Castellanos to place his left foot on the line and his right foot in front of the left touching heel to toe. I instructed his that he was to keep his hands at his side and stay in this position until I instructed him to do otherwise. I instructed him to walk nine heel to toe steps counting out loud, while watching his feet. On the ninth step he was to keep his front foot on the line and use his back foot, in a series of small steps, to turn around before walking nine heel to toe steps the opposite direction counting out loud and watching his feet. I demonstrated the task while I was verbally instructing him in the proper way to complete the task. During the task, I observed the Mr. Castellanos swayed while balancing, started too soon, stops walking to steady self, did not touch heel to toe, stepped off the line multiple times. Used arms to maintain balance (+6"), did not turn properly(loses balance while turning(staggers or stumbles, turns other way than I explained.) Incorrect number of steps, completely stopped the task and walked towards me even when I explained to him to keep going. Could not perform task.

ONE LEG STAND:

I placed Mr. Castellanos with his feet together and arms at his side. I demonstrated the task as I verbally instructed him to raise one of his feet approximately six inches off of the ground, point his toe towards my patrol car, look at the raised foot, and count out loud 1001, 1002, 1003 and so on until told to stop. I asked him if he understood the instructions and demonstration I provided. After Mr. Castellano stated he understood my instructions, the task was performed. While Mr. Castellanos stood in the instructional position, I observed he started too soon AND swayed while standing stationary. While raising his foot, he swayed while balancing, put foot down (within 30 seconds), could not do task (put foot down three times).

FINGER TO NOSE:

I placed Mr. Castellanos with his feet together and arms at his side with his index fingers pointed. I then instructed and demonstrated to Mr. Castellanos to tilt his head back and close his eyes during the exercise. I explained to Mr. Castellanos that when I tell him to bring the hand directly upward, touching the tip of his nose with the tip of his index finger and immediately bring his hand back down to his side. I then started the exercise with the following sequence - Right, Left, Right, Left, Left, Right. I observed Mr. Castellanos to sway while standing stationary, missed the tip of his nose twice.

ROMBERG ALPHABET:

DID NOT PERFORM

BREATH TEST RESULTS: REFUSED REFUSED REFUSED REFUSED

STATE OF FLORIDA
COUNTY OF PALM BEACH

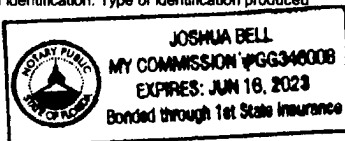
D/S D'ANDREA

Signature of Arresting/Investigative Officer)

The foregoing instrument was sworn to or affirmed and subscribed before me this 04 day of APRIL 2020 by D/S D'ANDREA

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

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



SCANNED
APR 05 2020

TESTING FACILITY TASK REPORT

AGENCY:

SUBJECT:

CASE NUMBER:

DATE:

VIDEO DVD NUMBER:

BEGINNING TIME:

ENDING TIME:

BREATH TESTS RESULTS: 1) TIME A.M. P.M. 2) TIME A.M. P.M.
3) TIME A.M. P.M. 4) TIME A.M. P.M.

REFUSED

BREATH OPERATOR:

MAINTENANCE TECHNICIAN:

TESTING OFFICER'S OBSERVATIONS

SPEECH:

ATTITUDE:

CLOTHING:

MEDICAL CONDITIONS:

MEDICATIONS:

OTHER:

EYES: BLOODSHOT
ODOR OF UNKNOWN ALCOHOLIC BEVERAGE COMING FROM BREATH

COMMENTS:

ARRIVED AT DUI TESTING FACILITY AND BEGAN THE 20 MINUTE OBSERVATION AT 0840 HOURS

SUBJECT STATED HE WOULD TAKE BREATH TEST

TECH GAVE BREATH TEST INSTRUCTIONS

SUBJECT STATED DURING INSTRUCTIONS THAT HE WOULD NOT TAKE BREATH TEST

A/O READ I.C

SUBJECT STATED HE UNDERSTOOD THAT HIS CDL LICENSE WOULD BE SUSPENDED FOR 1 YEAR FOR A FIRST REFUSAL OR PERMANENTLY IF HE HAD A PRIOR REFUSAL.

A/O READ RIGHTS

SUBJECT STATED HE UNDERSTOOD HIS RIGHTS

A/O ASKED SOME QUESTIONS

SUBJECT ANSWERED QUESTIONS

SCANNED
APR 05 2020

REFUSED

SUBJECT: Castellanos, Carlos E

CASE NUMBER: 20-055718

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: D/S D'Andrea #29528

SCANNED
APR 05 2020

SUBJECT: Castellanos, Carlos E CASE NUMBER: 20-055718

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) _____

Read on camera

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) _____

Read on camera

SCANNED
APR 05 2020

WITNESS LIST

CASE NUMBER: 20-055718

ARRESTING OFFICER: D/S D'ANDREA

ADDRESS: 3228 GUN CLUB RD WEST PALM BEACH, FL 33406

PHONE NUMBERS (HOME): _____ (WORK) (561)688-3000

CAN TESTIFY TO: FACTS OF CASE AND INVESTIGATING SUCH CASE

NAME: D/S DERBY #16611

ADDRESS: 3228 GUN CLUB RD WEST PALM BEACH, FL 33406

PHONE NUMBERS (HOME) (561)688-3000 (WORK) (561)688-3000

CAN TESTIFY TO: TRAFFIC STOP AND FACTS OF THE CASE

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 _____

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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

APR 05 2020



**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 checked="" type="checkbox"/>	395.3025(7)(a), 456.057(7)(a)	Medical information.	3,4,7
	<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"/>			
Other	<input type="checkbox"/>		Other:	
	<input type="checkbox"/>		Other:	

REVIEW COMPLETED BY

Booking Number: 2020009932	Date: 04/05/2020
	Specialist Name/ID: AM/31562

**SCANNED
APR 05 2020**