

21CF-9231

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 <b>FLO 500000</b>		Agency Name <b>PALM BEACH COUNTY SHERIFF'S OFFICE</b>		Agency Report Number (N.T.A.'s only) <b>06-21-127409</b>									
Charge Type: Check as many as apply <input checked="" 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		Weapon Seized / Type 2 1. Yes 2. No		Multiple Clearance Indicator 1									
Location of Arrest (Including Name of Business) <b>Hypoloxo Rd &amp; Overlook Rd, Hypoloxo, FL 33462</b>				Location of Offense (Business Name, Address) <b>Hypoloxo Rd &amp; Overlook Rd, Hypoloxo, FL 33462</b>									
Date of Arrest <b>11/12/2021</b>		Time of Arrest <b>2317</b>		Booking Date		Booking Time		Jail Date		Jail Time		Location of Vehicle <b>Zuccala Towing</b>	
Name (Last, First, Middle) [REDACTED]				Alias (Name, DOB, Soc. Sec. #, Etc.)									
Race W - White I - American Indian B - Black O - Oriental/Asian		Sex W M		Date of Birth		Height <b>600</b>		Weight <b>200</b>		Eye Color <b>Brown</b>		Hair Color <b>Brown</b>	
Complexion <b>Light</b>		Build <b>Medium</b>		Scars, Marks, Tattoos, Unique Physical Features (Location, Type, Description) <b>NONE</b>		Marital Status <b>Single</b>		Religion <b>NONE</b>		Indication of Alcohol Influence Y N Unk. <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		Indication of Drug Influence Y N Unk. <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
Local Address (Street, Apt. Number) [REDACTED]				(City)		(State)		(Zip)		Phone [REDACTED]		Residence Type: 1. City 2. County 3. Florida 4. Out of State <b>1</b>	
Permanent Address (Street, Apt. Number) [REDACTED]				(City)		(State)		(Zip)		Phone [REDACTED]		Address Source <b>FL DL</b>	
Business Address (Name, Street) [REDACTED]				(City)		(State)		(Zip)		Phone [REDACTED]		Occupation <b>Self Employed</b>	
D/L Number, State <b>W425-118-81-344-0, FL</b>				INS Number [REDACTED]		Place of Birth (City, State) <b>Jacksonville Beach, FL</b>		Citizenship <b>USA</b>					
Co-Defendant Name (Last, First, Middle) [REDACTED]				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) [REDACTED]				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 <input type="checkbox"/> Legal Custodian <input type="checkbox"/> Other				Name (Last)		(First)		(Middle)		Residence Phone ( ) ( ) ( )		Business Phone ( ) ( ) ( )	
Address (Street, Apt. Number) [REDACTED]				(City)		(State)		(Zip)					
Notified by (Name) [REDACTED]				Date		Time		Juvenile Disposition 1. Handed/processed within Dept. and Released. 2. TOT HRS / DYS 3. Incarcerated					
Released To (Name) [REDACTED]				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 355-2526) 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 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. Barbiturate C. Cocaine E. Heroin		H. Hallucinogen M. Marijuana O. Opium/deriv.		P. Paraphernalia/ Equipment S. Synthetics		U. Unknown Z. Other							
Charge Description <b>DUI</b>		Counts <b>1</b>		Domestic Violence <input type="checkbox"/> Y <input checked="" type="checkbox"/> N		Statute Violation Number <b>316.193(1)A</b>		Warrant / Capias Number		Violation of ORD #			
Drug Activity <b>N</b>		Drug Type <b>N</b>		Amount / Unit <b>N/A</b>		Offense # <b>21-127409</b>		Statute Violation Number <b>893.13(6)(a)</b>		Warrant / Capias Number		Violation of ORD #	
Charge Description <b>Possession of Controlled Substance without prescription</b>		Counts <b>1</b>		Domestic Violence <input type="checkbox"/> Y <input checked="" type="checkbox"/> N		Statute Violation Number <b>316.1939(1)</b>		Warrant / Capias Number		Violation of ORD #			
Drug Activity <b>P</b>		Drug Type <b>A</b>		Amount / Unit <b>489grams</b>		Offense # <b>21-127409</b>		Statute Violation Number		Warrant / Capias Number		Violation of ORD #	
Charge Description <b>Refusal to submit to testing</b>		Counts <b>1</b>		Domestic Violence <input type="checkbox"/> Y <input checked="" type="checkbox"/> N		Statute Violation Number		Warrant / Capias Number		Violation of ORD #			
Drug Activity <b>NA</b>		Drug Type <b>NA</b>		Amount / Unit		Offense # <b>21-127409</b>		Statute Violation Number		Warrant / Capias Number		Violation of ORD #	
Charge Description		Counts		Domestic Violence		Statute Violation Number		Warrant / Capias Number		Violation of ORD #			
Drug Activity		Drug Type		Amount / Unit		Offense #		Statute Violation Number		Warrant / Capias Number		Violation of ORD #	
Location (Court, Room Number, Address) <b>3228 GUN CLUB RD WEST PALM BEACH FL 33406</b>													
Court Date and Time Month <b>December</b> Day <b>9</b> Year <b>2021</b> Time <b>0830</b> AM <input checked="" type="checkbox"/> PM													
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) [REDACTED]				Date Signed <b>11/12/2021</b>									
HOLD for other Agency Name <input type="checkbox"/> Dangerous <input type="checkbox"/> Substantial <input type="checkbox"/> Resisted Arrest <input type="checkbox"/> Other				Signature of Arresting Officer <b>D/S Y. Agaoglu</b> Name of Arresting Officer (Print) <b>D/S Y. Agaoglu</b> Transporting Officer <b>D/S Y. Agaoglu</b>				Name Verification (Printed by Arrestee) <b>300.13-48124</b> (PRINT)					
Intake Deputy [REDACTED]				ID # <b>37986</b>				Agency <b>PBSO</b>					
Witness here if subject signed with an X													

SCANNED

OBS Number		PROBABLE CAUSE AFFIDAVIT		1 Arrest 2 NTA		3 Request for Warrant 4 Request for Capias		Juvenile	
Agency ORI Number FL0500000		Agency Name Palm Beach County Sheriff's Office		Agency Report Number 06 - 21-127409					
Charge Type Check all that 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 checked="" type="checkbox"/> 6 Other		Special Notes Supplemental PC	
Name (Last, First, Middle)				Alias		Race W		Sex M	
Date of Birth									
Charge Description				Charge Description					
Charge Description				Charge Description					
Victim's Name (Last, First, Middle)				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					
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. The Person taken into custody..									
<input type="checkbox"/> Committed the below acts in my presence. <input type="checkbox"/> Was observed by      Who told      That he/she saw the arrested person commit the below acts. <input type="checkbox"/> Confessed to      Admitting the below facts <input checked="" type="checkbox"/> Was found to have committed the below acts, resulting from my (described) investigation.									
On The      Day Of      2021      At <input type="checkbox"/> A.M. <input type="checkbox"/> P.M.									

On Friday, November 12, 2021 at approximately 2200 hours, I responded to the intersection of Hypoluxo Road and Overlook Road in unincorporated Lake Worth, FL 33462 in reference to an accident. Upon arrival, I observed Palm Beach County Fire Rescue speaking with a white male in the driver's seat of a gray Ford F-150 bearing Florida Tag "CUNJ76". I approached the driver and identified myself as a Palm Beach County Deputy Sheriff. I asked the male if he and [REDACTED] were hurt and he stated they were not harmed.

The male verbally identified himself as [REDACTED] and extended to me his Florida Driver's License. I attempted to engage him in conversation, but he couldn't express what happened. He only stated, "I guess I hit a car". His eyes were glossy and unfocused as he spoke of unrelated subjects. His person and breath emitted an odor of an unknown alcoholic beverage. He was able to tell me [REDACTED] name and birth-date after several attempts. I requested a DUI unit to respond to the scene, to which Investigator E. White #7209 and Y. Agaoglu #37986 arrived o scene assuming investigations.

I cited Mr. [REDACTED] for driving with an expired registration (over 6 months).

This concludes my involvement in this case.

The foregoing instrument was sworn to and affirmed before me this 13

day of November 20 21, by:

D/S. Y. Agaoglu 37986  
Name of Notary Public / Clerk of Court / Officer (F.S.S. 117.00)


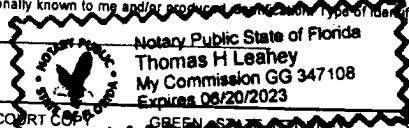
D/S D. Rodriguez #9475  
Name of Arresting/Investigating Officer

Signature of Notary Public / Clerk of Court / Officer (F.S.S. 117.00)

Signature of Arresting/Investigating Officer

SCANNED

NOV 13 2021

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- 21-127409</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:					
CHARGES	Name (Last, First, Middle)		Alias		Race W		Sex M		Date of Birth	
	Charge Description <b>DUI</b>		316.193(1)(A)		Charge Description <b>Possession of Controlled Substance without prescription</b>		893.13(6)(a)			
	Charge Description <b>Refusal to submit to testing</b>		316.1939(1)		Charge Description					
	Victim's Name (Last, First, Middle) <b>State of Florida, ,</b>				Race		Sex		Date of Birth	
VICTIM	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><input type="checkbox"/> The Person taken into custody committed the below acts in my presence.</p> <p><input type="checkbox"/> I confessed to admitting to the below facts.</p> <p><input type="checkbox"/> was observed by _____ who told _____ that he/she saw the arrested person commit the below acts.</p> <p><input checked="" type="checkbox"/> was found to have committed the below acts, resulting from my (described) investigation.</p> <p>On the <u>12</u> day of <u>November</u> 20<u>21</u> at <u>2317</u> <input type="checkbox"/> A.M. <input checked="" type="checkbox"/> P.M. (Specifically include facts constituting cause for arrest.)</p> <p><b>On Friday November 12, 2021 at approximately 2230 hours I responded to Hypoloxo Road and Overlook Road located in unincorporated Palm Beach County FL, in reference to the request of D/S D Rodriguez #9475 being in contact with a motorist who was possibly impaired. Upon my arrival, I observed a white SUV with rear right side damage in the parking lot of a convenience store. I made contact with the driver of the white SUV who stated that she was stopped at a red light facing eastbound on Hypoloxo Rd and Overlook Rd when she was rear ended. She stated that she observed a small child get out of the truck. She later told me she observed white male stumbling around and looking disoriented. This subject was later identified as the driver of the truck that hit her. A witness came forward, who was a communications officer stating the white male was observed in the driver seat of the grey truck during the crash. They both later provided sworn witness statements.</b></p> <p><b>I then made contact with D/S D. Rodriguez who stated the following:</b></p> <p><b>On Friday, November 12, 2021 at approximately 2200 hours, I responded to the intersection of Hypoluxo Road and Overlook Road in unincorporated Lake Worth, FL 33462 in reference to an accident. Upon arrival, I observed Palm Beach County Fire Rescue speaking with a white male in the driver's seat of a gray Ford F-150 bearing Florida Tag "CUNJ76". I approached the driver and identified myself as a Palm Beach County Deputy Sheriff. I asked the male if he and _____ were hurt and he stated they were not harmed.</b></p> <p><b>The male verbally identified himself as _____ and extended to me his Florida Driver's License. I attempted to engage him in conversation, but he couldn't express what happened. He only stated, "I guess I hit a car". His eyes were glossy and unfocused as he spoke of unrelated subjects. His person and breath emitted an odor of an unknown alcoholic beverage. He was able to tell me _____ name and birth-date after several attempts. I requested a DUI unit to respond to the scene, to which Investigator E. White #7209 and Y. Agaoglu #37986 arrived o scene assuming investigations.</b></p> <p><b>I cited Mr. _____ for driving with an expired registration (over 6 months).</b></p> <p><b>This concludes my involvement in this case.:</b></p> <p><b>D/S D Rodriguez provided me with a sworn probable cause affidavit detailing her involvement with this case.</b></p>										
<p>STATE OF FLORIDA COUNTY OF PALM BEACH</p> <p> D/S Y. Agaoglu</p> <p>(Signature of Arresting/Investigative Officer)</p> <p>The foregoing instrument was sworn to or affirmed and subscribed before me this <u>13</u> day of <u>November</u> 20 <u>21</u> by <u>D/S Y. Agaoglu</u></p> <p>(Print name of Arresting/Investigative Officer), who is personally known to me and/or produced _____ type of identification produced <u>KNOWN</u></p> <p> Notary Public State of Florida Thomas H. Leahey My Commission GG 347108 Expires 06/20/2023</p> <p>Notary Public, Clerk of Court, Officer (F.S.S. 117.10)</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- 21-127409</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:					
CHARGES / DEF	<div style="background-color: black; width: 100px; height: 20px; margin-bottom: 5px;"></div> Alias				Race <b>W</b>	Sex <b>M</b>	Date of Birth <div style="background-color: black; width: 100px; height: 20px;"></div>			
	Charge Description <b>DUI</b>				Charge Description <b>Possession of Controlled Substance without prescription</b>			Charge Description <b>893.13(6)(a)</b>		
	Charge Description <b>Refusal to submit to testing</b>				Charge Description <b>316.193(1)A</b>			Charge Description <b>316.1939(1)</b>		
VICTIM	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> <input type="checkbox"/> committed the below acts in my presence.           <input type="checkbox"/> was observed by _____ who told _____ that he/she saw the arrested person commit the below acts.         </p> <p> <input type="checkbox"/> confessed to _____ 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 <u>12</u> day of <u>November</u> 20<u>21</u> at <u>2317</u> <input type="checkbox"/> A.M. <input checked="" type="checkbox"/> P.M. (Specifically include facts constituting cause for arrest.)</p> <p> <b>I made contact with the subject who was seen stumbling around and disoriented, sitting on the curb next to a grey Ford truck. He was later identified as [REDACTED] by his Florida driver license. A records check through the DAVID system revealed that he has a prior refusal to submit to testing. I noticed his eyes were red, watery and glossy. His cheeks were flushed, mouth dry and he slurred his speech while speaking. His movements were slow, calculated and lethargic. I could smell a strong odor of an unknown alcoholic beverage emanating from his breath that intensified when he spoke. I advised the subject that I am now conducting a criminal investigation for DUI due to my observations stated above. I read the defendant his Miranda Rights to which he stated he understood. Post Miranda, he stated he had wine earlier. After the interview was conducted and based on my suspicion of his alcoholic beverage consumption, I asked if he would consent to performing Standardized Field Sobriety Evaluations (SFSTs) for the purpose of determining if he was impaired while operating a motor vehicle. He agreed. Prior to his performance I asked if he had any physical problems with his body that would inhibit him from performing light physical exercises. I also asked if he was taking medication. He stated he was a little sore, hit his head, but did not want to go to the hospital. He stated he does not have previous injuries or take medication. I escorted him to a level surface that was smooth and free from obstructions and debris. I placed a yellow strip of masking tape on the surface that formed a line. The defendant identified the tape by giving its color and attempted to place his left foot on it when prompt to do so. The following SFSTs were explained, demonstrated and acknowledged by him prior to his performance: HGN, The Walk and Turn, The One Leg Stand, The Finger to Nose and The Romberg Alphabet Recitation. His deficiencies were recorded on another form in this work sheet. At the conclusion of the SFSTs, coupled with the witness who came forward giving information seeing the defendant as the driver of the pickup truck at the time of the crash, and my observation of personal indicators of impairment exhibited by the defendant, probable cause was established for the previously mentioned charge. I told the defendant he was being placed under lawful arrest for DUI. He was searched and handcuffed (double locked and checked for tightness) prior to being seated into the rear of my patrol car.</b> </p> <p> <b>During the search of his person, I located 2 unlabeled pill bottles in his right pocket that contained an unknown amount of pills. When I asked what was in the bottle, he replied "adderal". He stated that it's not his and he is holding it for a friend.</b> </p> <p> <b>The pills in the two bottles were identified by its marking and shape from the drug database, drugs.com as Amphetamine and Dextroamphetamine.</b> </p> <p> <b>Back up deputies arranged for the defendant's vehicle to be towed by a tow service from PBSO's rotation list. Zuccala Towing responded to the scene.</b> </p> <p> <b>Meanwhile I began transport to the main jail breath analysis facility for further processing. Upon our arrival I escorted the defendant into the facility and began a 20 minute observation period. During this time the defendant did not ingest anything into his body orally or otherwise. Neither did he regurgitate. I escorted him into the testing room and asked him to provide breath samples for the purpose of determining his alcohol content. He agreed.</b> </p> <p> <b>The defendant gave two adequate breath samples, .000 and .000. I then stated that I am now requesting that he submit to a lawful test of his URINE for the purpose of detecting the presence of chemical or controlled substances, he stated that he was not taking a urine test. The defendant was read his implied consent to which stated he stated he wanted a lawyer. The defendant was explained the process of implied consent multiple times. He continued to say he did not understand. Ultimately we deemed it a refusal. The defendant invoked his rights and did not wish to give an interview. Defendant was booked into main jail for DUI and Possession of controlled substance without prescription, and refusal to submit to testing.</b> </p>										
STATE OF FLORIDA COUNTY OF PALM BEACH <div style="text-align: right;">   <b>D/S Y. Agaoglu</b>            (Signature of Arresting/Investigative Officer)         </div>										
The foregoing instrument was sworn to or affirmed and subscribed before me this <u>13</u> day of <u>November</u> 20 <u>21</u> by <u>D/S Y. Agaoglu</u> (Print name of Arresting/Investigative Officer), who is personally known to me and/or produced identification. Type of identification produced <u>KNOWN</u>										
Notary Public, Clerk of Court, Officer (F.S.S. 117.10) <div style="display: flex; align-items: center;"> <div>             Notary Public State of Florida  <b>Thomas H. Leashy</b>              My Commission GG 347108              Expires 06/20/2023           </div> </div>										

SCANNED

NOV 13 2021

PAGE 2 OF 2

# D.U.I. PROBABLE CAUSE AFFIDAVIT

ON THE 12 DAY OF November 20 21 AT 2317 AM PM  
SUBJECT: [REDACTED] CASE NUMBER: 21-127409

AGENCY: PALM BEACH COUNTY SHERIFF'S OFFICE ARRESTING OFFICER: D/S Y. Agaoglu

## PERSONAL CONTACT

DRIVING PATTERN: Actual physical control (physical evidence or statements putting def. behind wheel of vehicle)

SEE PC AFFIDAVIT

OBSERVATION OF DRIVER:

SEE PC AFFIDAVIT

DRIVER'S STATEMENTS:

I had wine earlier in the day.

ODORS:

STRONG ODOR OF AN UNKNOWN ALCOHOLIC BEVERAGE EMANATING FROM SUBJECT'S BREATH

## GENERAL OBSERVATIONS

SPEECH: Slurred, slow

ATTITUDE: Sporadic, hostility, cooperative, angry, argumentative

CLOTHING: Loose, untidy

MEDICAL/OTHER: None

STATE OF FLORIDA  
COUNTY OF PALM BEACH

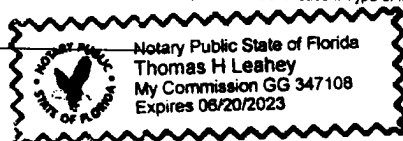
D/S Y. Agaoglu

(Signature of Arresting/Investigative Officer)

The foregoing instrument was sworn to or affirmed and subscribed before me this 13 day of November 20 21 by D/S Y. Agaoglu

(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  
NOV 13 2021

SUBJECT

CASE NUMBER 21-127409

## ROADSIDE TASKS

HORIZONTAL GAZE NYSTAGMUS:

LT EYE-LACK OF SMOOTH PURSUIT



RT EYE-LACK OF SMOOTH PURSUIT



LT EYE-DISTINCT &amp; SUSTAINED NYSTAGMUS AT MAX. DEVIATION



RT EYE-DISTINCT &amp; 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:

Subject was asked to stand with their feet together and place their hands by their side. They were asked to focus on the stimulus and follow it with their eyes. Lastly they were told not to move their head to assist in following the stimulus with their eyes. Subject showed equal pupil size that tracked equally. Both eyes lacked a smooth pursuit. I saw distinct and sustained Nystagmus at maximum deviation. I also saw an onset of Nystagmus prior to 45 degrees in both eyes. Subject swayed while performing this task. Subject also turned his head to assist in following the light

## WALK &amp; TURN:

THE DEFENDANT WAS PLACED IN THE INSTRUCTIONAL STANCE FOR THE WALK AND TURN. THIS TASK WAS EXPLAINED AND DEMONSTRATED TO THE DEFENDANT. THE DEFENDANT ACKNOWLEDGED THE INSTRUCTIONS PRIOR TO PERFORMING THIS TASK: The subject was unable to maintain his balance while placed in the instructional position, swaying and stumbling ultimately abandoning the position. During the task, the subject used his arms for balance, stepped off the line, did not touch heel to toe, and did not maintain his balance.

## ONE LEG STAND:

THE DEFENDANT WAS PLACED IN THE INSTRUCTIONAL STANCE FOR THE ONE LEG STAND. THIS TASK WAS EXPLAINED AND DEMONSTRATED TO THE DEFENDANT. THE DEFENDANT ACKNOWLEDGED THE INSTRUCTIONS PRIOR TO PERFORMING THIS TASK: The subject swayed, hopped, raised his arms, put his foot down multiple times. The subject did not complete the task.

## FINGER TO NOSE:

THE DEFENDANT WAS PLACED IN THE INSTRUCTIONAL STANCE FOR THE FINGER TO NOSE. THIS TASK WAS EXPLAINED AND DEMONSTRATED TO THE DEFENDANT. THE DEFENDANT ACKNOWLEDGED THE INSTRUCTIONS PRIOR TO PERFORMING THIS TASK: The subject swayed, failed to touch the tip of his finger to the tip of his nose on all occasions, subject was searching.

## ROMBERG ALPHABET:

THE DEFENDANT WAS PLACED IN THE INSTRUCTIONAL STANCE FOR THE ROMBERG ALPHABET TASK. THIS TASK WAS EXPLAINED AND DEMONSTRATED TO THE DEFENDANT. THE DEFENDANT ACKNOWLEDGED THE INSTRUCTIONS PRIOR TO PERFORMING THIS TASK: The subject recited the alphabet successfully but swayed in the process.

BREATH TEST RESULTS: .000 .000

STATE OF FLORIDA  
COUNTY OF PALM BEACH

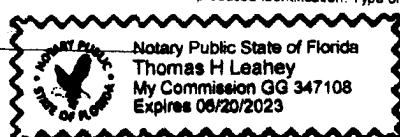
D/S Y. Agaoglu

(Signature of Arresting/Investigative Officer)

The foregoing instrument was sworn to or affirmed and subscribed before me this 13 day of November 20 21 by D/S Y. Agaoglu

(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  
NOV 13 2021



**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 checked="" type="checkbox"/>	(xiii) 119.071(2)(h), 119.0714(1)(h)	Protected information regarding victims of child abuse or sexual offenses.	1-6
	<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: 2021028515	Date: 11/13/2021
	Specialist Name/ID: T Howard/7185

**SCANNED**  
NOV 13 2021