

0280958 21CT-3234747

ARREST / NOTICE TO APPEAR

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

OBTS Number	Agency ORI Number 0500700	Agency Name Riviera Beach Police Department	Agency Report Number (N.T.A.'s only) 814 21-01520
Charge Type: Check as many as apply	If Weapon Seized Enter Type Not Applicable/none		Multiple Clearance Indicator 1
Location of Arrest (Including Name of Business)		Location of Offense (Business Name, Address)	
2000 BROADWAY		2000 BROADWAY, RIVIERA BEACH, FL 33404	

Date of Arrest 02/27/2021	Time of Arrest 23:10	Booking Date 02/27/2021	Booking Time 23:20	Jail Date	Jail Time	Location of Vehicle
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Name (Last, First, Middle) PICKERING, CHARLES D	Alias: 02/16/1966	Alias (Name, DOB, Soc. Sec. #, Etc.)
Race W - White	Sex M	Date of Birth 02/10/1966
Height 5'09	Weight 155	Eye Color BROWN
		Hair Color GRAY
		Complexion MEDIUM
		Build MEDIUM

Local Address (Street, Apt. Number) 4918 N FLAGLER DR A, WEST PALM BEACH, FL 33407	Phone (561) 290-9083
Permanent Address (Street, Apt. Number) 4918 N FLAGLER DR A, WEST PALM BEACH, FL 33407	Phone (561) 290-9083
Business Address (Name, Street)	Phone

DL Number, State P265144660500 / FL	Soc. Sec. Number	INS Number	Place of Birth (City, State) Carroll KY	Citizenship US
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Co-Defendant Name (Last, First, Middle)	Race	Sex	Date of Birth	<input type="checkbox"/> 1 Arrested <input type="checkbox"/> 3 Felony <input type="checkbox"/> 5 Juvenile
Co-Defendant Name (Last, First, Middle)	Race	Sex	Date of Birth	<input type="checkbox"/> 2 At Large <input type="checkbox"/> 4 Misdemeanor

<input type="checkbox"/> Parent <input type="checkbox"/> Other	Name (Last, First, Middle)	Residence Phone
<input type="checkbox"/> Legal Custodian	Address (Street, Apt. Number)	Business Phone
Notified by (Name)	Date	Time
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.

Drug Activity N N/A P Possess	S Sell B Buy T Traffic	R Struggle D Deliver E Use	K Dispenses/ 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/Opium	P Paraphernalia/ Equipment S Synthetic	U Unknown Z Other
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Charge Description DUI - DRIVING WHILE UNDER INFLUENCE (MISDEMEANOR)	Statute Violation Number 316.193(1)	Violation of ORD #
Drug Activity N	Amount / Unit /	Offense # 21-01520 A
Counts 1	Domestic Violence <input type="checkbox"/> Y <input checked="" type="checkbox"/> N	Warrant / Capias Number

Charge Description	Statute Violation Number	Violation of ORD #
Drug Activity	Amount / Unit	Offense #
Counts	Domestic Violence	Warrant / Capias Number

Charge Description	Statute Violation Number	Violation of ORD #
Drug Activity	Amount / Unit	Offense #
Counts	Domestic Violence	Warrant / Capias Number

Health / Apparent Physical Condition of Defendant	Any knowledge of the following <input type="checkbox"/> Mental <input type="checkbox"/> Escape Risk <input type="checkbox"/> Medication <input type="checkbox"/> Deformities <input type="checkbox"/> Injuries
Check which applies <input type="checkbox"/> Released O.R. <input type="checkbox"/> Released to Parent/Guardian <input type="checkbox"/> T.O.T. County Jail	PROPERTY - Received By
<input type="checkbox"/> Posted Bond <input type="checkbox"/> South County Mental Health	Released By
Transported By	Date Transported
	Time Transported

<input type="checkbox"/> INSTRUCTION NO. 1 - Mandatory appearance in court	Location (Court, Room) North County PALM BEACH GARD
<input checked="" type="checkbox"/> INSTRUCTION NO. 2 - You need not appear in Court but must comply with instructions on Page 2.	Court Date and Time 04/01/2021 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 CONTEMPT OF COURT AND A WARRANT FOR MY ARREST SHALL BE ISSUED	
Signature of Defendant (or Juvenile and Parent/Custodian)	Date Signed

HOLD for Other Agency	Signature of Arresting Officer (702) 6821	Name Verification (Printed by Arrestee)
<input type="checkbox"/> Dangerous <input type="checkbox"/> Resisted Arrest	Name of Arresting Officer (Print) BONANO, M. A.	ID # 6821
<input type="checkbox"/> Suicidal <input type="checkbox"/> Other	Transporting Officer BONANO	Agency RBPB
Inmate Deputy Quang 69N	Pouch #	Warrants here if subject signed with an

D.U.I. PROBABLE CAUSE AFFIDAVIT

ON THE 27th DAY OF February 20 21 AT 2255 hrs AM PM
SUBJECT: Pickering Charles Dale CASE NUMBER: 21-01520

AGENCY: Riviera Beach ARRESTING OFFICER: M. Bonano

PERSONAL CONTACT

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

Officer Bonano observed a black Chevy bearing Florida Tag EMPX14 on the intersection of Broadway and E. Blue Heron Blvd, when the vehicle entered the intersection the driver of the vehicle later identified as Charles D. Pickering DOB 02/10/1966, began to improperly use the horn of his vehicle. Officer Bonano conducted a Traffic Stop for Improper use of a Horn.

OBSERVATION OF DRIVER:

As Officer Bonano approached the vehicle observed that Pickering 's eyes looked glassy and smelled a strong odor of alcohol protruding from Pickering 's breath.

DRIVER'S STATEMENTS:

Post Miranda Pickering refused to answer any questions.

ODORS:

Strong odor of alcohol protruding from Pickering 's breath.

GENERAL OBSERVATIONS

SPEECH: Slurred, mumbled

ATTITUDE: impatient, slow, rambling

CLOTHING: Bluish gray flower shirt, tan shorts and brown shoes.

MEDICAL/OTHER: NA

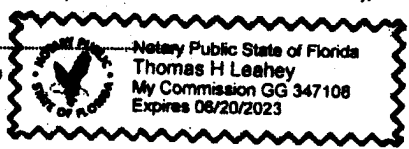
STATE OF FLORIDA
COUNTY OF PALM BEACH

M. Bonano #6821
(Signature of Arresting Investigative Officer)

The foregoing statement was sworn to or affirmed and subscribed before me this 27th day of February 20 21 by M. Bonano #6821

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

T. Leahy
Notary Public, Clerk of Court, Officer (F.S. 117.06)



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MAR , 2 2021

SUBJECT: Pickering Charles Dale

CASE NUMBER 21-01520

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:

WALK & TURN:
REFUSED

ONE LEG STAND:
REFUSED

FINGER TO NOSE:
REFUSED

ROMBERG ALPHABET:
REFUSED

BREATH TEST RESULTS:

1) na	2) na	3) na	4) na
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STATE OF FLORIDA
COUNTY OF PALM BEACH

M. Bonano
(Signature of Arresting/Investigative Officer)

The foregoing instrument was sworn to or affirmed and subscribed before me this 27th day of February, 2021 by M. Bonano ID# 6821

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



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

PBSO CASE # 21-04009P PBSO ZONE 3-13

AGENCY CASE # 21-01520 CRASH CASE # _____

TIME OF STOP/CRASH 2255 DATE 02/27/2021 DAY Saturday

SUBJECT'S NAME Pickering Charles D RACE W SEX M

HGT 5'09 WGT 185 DOB 02/10/1966

LOCATION 2006 Broadway

ARRESTING OFFICER'S NAME & ID M. Bonano 6021 AGENCY RBPD

DIVISION: _____

NOTIFIED BY COMMO Yes

ARRIVAL AT FACILITY 2344

Arrest Time 2310

BREATH RESULTS:

1. **REFUSED**
2. _____
3. _____
4. _____

TESTING OFFICER'S ID 19183

NOT A CERTIFIED

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 MAR , 2 2021

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

I, M. Bonano, a duly certified Law Enforcement Officer or Correctional Officer,
(Name of Officer reading Implied Consent Warning)

am a member of Riviera Beach Police Dept., and I do swear
(Name of law enforcement agency)

or affirm that on or about the 27th day of February, 2021, at 2344 P.M. A.M.

DRIVER Charles Dale Pickering
(Type or Print) FIRST NAME MIDDLE OR MAIDEN NAME LAST NAME

DL# P265-144-66-050-0, state of Florida, was placed under lawful arrest for

the offense of DUI by M. Bonano and
(Name of Arresting Officer)

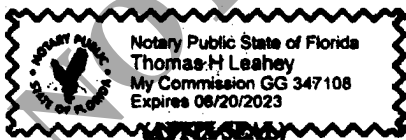
issued Citation # AE1PGPE

That on or about the 27th day of February, 2021, at 2344 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.

[Signature]
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 27th day of February, 2021,

by Off M Bonano #6821,

who is personally known to me or who has produced

Known as identification

Notary Public T. Leahy

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.

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MAR 2 2021

SUBJECT: Patency, Charles D CASE NUMBER: _____

IMPLIED CONSENT FOR DUI IN A MOTOR VEHICLE

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

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

-OR-

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

-OR-

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

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

I am _____ of the _____

If you fail to submit to the test I have requested of you, your privilege to operate a motor vehicle will be suspended for a period of one (1) year for a first refusal, or eighteen (18) months if your privilege has been previously suspended as a result of a refusal to submit to a lawful test of your breath, urine or blood. Additionally, if you refuse to submit to the test I have requested of you and if your driving privilege has been previously suspended for a prior refusal to submit to a lawful test of your breath, urine or blood, you will be committing a misdemeanor. Refusal to submit to the test I have requested of you is admissible into evidence in any criminal proceeding.

SUBJECT'S SIGNATURE: (X) Charles D Patency

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.

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MAR , 2 2021

SUSPECT'S SIGNATURE: (X) Charles D Patency

SUBJECT: Parkway, Charles D 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: U.S. DEPT. OF JUSTICE REPA #10821

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MAR , 2 2021

WITNESS LIST

CASE NUMBER: 21-01520

ARRESTING OFFICER: M. Bonano ID# 6821

ADDRESS: 600 W Blue Heron Blvd

PHONE NUMBERS (HOME): 561-315-0084 (WORK) _____

CAN TESTIFY TO: PC

NAME: J. Jones #6680

ADDRESS: 600 W Blue Heron Blvd

PHONE NUMBERS (HOME): 561-358-9196 (WORK) _____

CAN TESTIFY TO: Traffic Stop

NAME: _____

ADDRESS _____

PHONE NUMBERS (HOME) _____ (WORK) _____

CAN TESTIFY TO: _____

NAME: _____

ADDRESS _____

PHONE NUMBERS (HOME) _____ (WORK) _____

CAN TESTIFY TO: _____

NAME: _____

ADDRESS _____

PHONE NUMBERS (HOME) _____ (WORK) _____

CAN TESTIFY TO: _____

NAME: _____

ADDRESS _____

PHONE NUMBERS (HOME) _____ (WORK) _____

CAN TESTIFY TO: _____

NAME: _____

ADDRESS _____

PHONE NUMBERS (HOME) _____ (WORK) _____

CAN TESTIFY TO: _____

NAME: _____

ADDRESS _____

PHONE NUMBERS (HOME) _____ (WORK) _____

CAN TESTIFY TO: _____

NAME: _____

ADDRESS _____

PHONE NUMBERS (HOME) _____ (WORK) _____

CAN TESTIFY TO: _____

NAME: _____

ADDRESS _____

PHONE NUMBERS (HOME) _____ (WORK) _____

CAN TESTIFY TO: _____

NAME: _____

ADDRESS _____

PHONE NUMBERS (HOME) _____ (WORK) _____

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MAR , 2 2021

TESTING FACILITY TASK REPORT

AGENCY:

SUBJECT:

DATE:

BEGINNING TIME:

CASE NUMBER:

VIDEO DVD NUMBER:

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.

BREATH OPERATOR:

MAINTENANCE TECHNICIAN:

TESTING OFFICER'S OBSERVATIONS

SPEECH:

ATTITUDE:

CLOTHING:

MEDICAL CONDITIONS:

MEDICATIONS:

OTHER:
eyes are glassy & bloodshot
odor of unknown alcoholic beverage on breath

COMMENTS:

arrived at center A/O conducted 20 minute observation period at 2244 hrs
subject refused to perform breath test
A/O read I/C & subject would not answer if he understood I/C
subject refused to perform breath test
A/O read rights & subject understood rights
A/O attempted Q&A
subject answered only a few questions - thought the questions were stupid

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MAR 2 2021



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 checked="" 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"/>			
Other	<input type="checkbox"/>		Other:	
	<input type="checkbox"/>		Other:	

REVIEW COMPLETED BY

Booking Number: 2021005011	Date: 02/28/2021
	Specialist Name/ID: C. Denzel/8691

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MAR , 2 2021