

ARREST / NOTICE TO APPEAR  
Juvenile Referral Report

20CF2630

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

OBTS Number	Agency ORI Number <b>FLO 502600</b>		Agency Name <b>PALM BEACH GARDENS POLICE DEPARTMENT</b>		Agency Report Number (N.T.A.'s only) <b>78-20000951</b>	
Charge Type: Check as many as apply.	<input 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 <b>2</b>	<input type="checkbox"/> 1. Yes <input type="checkbox"/> 2. No	Multiple Clearance Indicator
Location of Arrest (Including Name of Business) <b>INTERSTATE 95 NB SOUTH OF DONALD ROSS RD, PBG, FL</b>			Location of Offense (Business Name, Address) <b>KEW GARDENS AV/PGA BLVD, PBG, FL</b>			
Date of Arrest <b>02/12/2020</b>	Time of Arrest <b>01:31</b>	Booking Date	Booking Time	Jail Date	Jail Time	Location of Vehicle <b>KAUFF'S TOWING &amp; RECOVERY 4301 East Avenue, West Palm Beach, FL 33405</b>

Name (Last, First, Middle) **COLARULLI, CORY-JOEL,** Alias (Name, DOB, Soc. Sec. #, Etc.)

Race **W - White** - American Indian  B - Black  O - Oriental/Asian  Sex **M** Date of Birth **08/22/1979** Height **5'9"** Weight **210** Eye Color **BLU** Hair Color **BALD** Complexion **LIGHT** Build **MEDIUM**

Scars, Marks, Tattoos, Unique Physical Features (Location, Type, Description) **NA** Marital Status **SINGLE** Religion **NONE** Indication of Alcohol Influence  Drug Influence  Y  N  Unk.

Local Address (Street, Apt. Number) (City) (State) (Zip) **24065 SW FIRENZE WAY, PORT ST LUCIE, FL 34986** Phone **(443) 414-8104** Residence Type: 1. City 2. County 3. Florida 4. Out of State **3**

Permanent Address (Street, Apt. Number) (City) (State) (Zip) **24065 SW FIRENZE WAY, PORT ST LUCIE, FL 34986** Phone ( ) Address Source **VERBAL**

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

D/L Number, State **C464100793020 FL** Soc. Sec. Number [REDACTED] INS Number [REDACTED] Place of Birth (City, State) **PROVIDENCE, RI** Citizenship **US**

Co-Defendant Name (Last, First, Middle) [REDACTED] Race Sex Date of Birth  1. Arrested  2. At Large  3. Felony  4. Misdemeanor  5. Juvenile

Co-Defendant Name (Last, First, Middle) [REDACTED] Race Sex Date of Birth  1. Arrested  2. At Large  3. Felony  4. Misdemeanor  5. Juvenile

Parent  Legal Custodian  Other:  Name (Last) (First) (Middle) Residence Phone ( )

Address (Street, Apt. Number) (City) (State) (Zip) Business Phone ( )

Notified by: (Name) Date Time Juvenile Disposition 1. Handled/processed within Dept. and Released. 2. TOT HRS / DYS 3. Incarcerated

Released To: (Name) Relationship Date Time

The above address provided by  defendant and / or  defendant's parents The child and / or parent was told to keep the Juvenile Court Clerk (Phone 365-2528) informed of any change of address.  
 Yes, by: (Name)  No: (Reason)

Property Crime?  Yes  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>DRIVING UNDER THE INFLUENCE OVER .08</b>		Counts <b>1</b>	Domestic Violence <input type="checkbox"/> Y <input checked="" type="checkbox"/> N	Statute Violation Number <b>316.193(1)(B)</b>		Violation of ORD #		Warrant / Capias Number		
Drug Activity <b>N</b>	Drug Type <b>N</b>	Amount / Unit	Offense #	Warrant / Capias Number		Bond		<b>OK</b>		

Location (Court Room Number, Address) **NORTH COUNTY COURTHOUSE, 3188 PGA BOULEVARD, PALM BEACH GARDENS, FL 33410 PH: (561) 662-6700**

Court Date and Time  
Month **MARCH** Day **18** Year **2020** Time **10:00** AM  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) Date Signed **02/12/2020**

HOLD for other Agency Name: Signature of Arresting Officer **514** Name Verification (Printed by Arrestee) (PRINT) **FEB 12 2020**

Dangerous  Resisted Arrest  Suicidal  Other: Name of Arresting Officer (Print) **Ofc. ANDREW FLINK** I.D. # **514**

Transporting Officer **ANDREW FLINK** ID # **514** Agency **PBPGPD** Witness (Name, Title) Signed with an "X" **1** OF **1**

DISTRIBUTION WHITE - COURT COPY GREEN - STATE ATTORNEY YELLOW - AGENCY PINK - AGENCY GOLD - DEFENDANT (N.T.A.'s ONLY)

0514728

FEB 12 2020 1853

# D.U.I. PROBABLE CAUSE AFFIDAVIT

ON THE 12TH DAY OF FEBRUARY 20 20, AT 0119  AM  PM

SUBJECT: COLARULLI, CORY-JOEL, CASE NUMBER: 20000951

AGENCY: PALM BEACH GARDENS POLICE DEPT. ARRESTING OFFICER: Ofc. ANDREW FLINK 514

## PERSONAL CONTACT

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

On 02/12/2020, at approximately 0115 hours, this Officer was traveling East bound on PGA Blvd in the area of Kew Gardens Av, in the City of Palm Beach Gardens, FL, marked unit #16474. This Officer observed a vehicle traveling West bound at an increased rate of speed, with my initial visual estimation being approximately 65 MPH in a posted 45 MPH zone. Using my forward RADAR unit (#16474 S/N #KC086606), this Officer received a steady Doppler tone and reading of 63 MPH. This Officer conducted a legal U-turn and entered the lane behind the vehicle. This Officer observed the vehicle continued to accelerate, with the highest steady RADAR reading at 70 MPH prior to entering Interstate 95 North bound. This Officer was able to catch up to and identify the vehicle as a Kia Soul (JHKR08/FL). This Officer initiated a traffic stop on the vehicle on North bound Interstate 95, approximately one mile south of Donald Ross Rd. This Officer made contact with the driver and sole occupant, identified via Florida Driver License photo, Cory-Joel Colarulli.

### OBSERVATION OF DRIVER:

Colarulli was sweating, had a flushed red face, watery eyes, slurred speech and the obvious odor of an unknown alcoholic beverage emanating from his breath at conversational distance. The odor would increase in intensity as Colarulli spoke with this Officer. When asked for his documents, Colarulli fumbled through his wallet, eventually locating his driver license.

### DRIVER'S STATEMENTS:

Colarulli stated he was coming from his place of employment, "Carmine's". Colarulli said he had not consumed any alcoholic beverages on this night. Colarulli would later admit, Post-Miranda to consuming four alcoholic beverages at "The Snuggery", after he got off work.

### ODORS:

Unknown alcoholic beverage

## GENERAL OBSERVATIONS

SPEECH: Slurred

ATTITUDE: Compliant, upset

CLOTHING: White long sleeve shirt, black long pants, black shoes, black tie.

MEDICAL/OTHER: None stated.

STATE OF FLORIDA  
COUNTY OF PALM BEACH

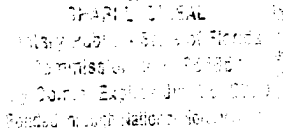
(Signature of Arresting/Investigative Officer)

The foregoing instrument was sworn to or affirmed and subscribed before me this 12th day of February 2020 by Ofc. ANDREW FLINK

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

Personally Known

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



SCANNED  
FEB 12 2020

**ROADSIDE TASKS**

**HORIZONTAL GAZE NYSTAGMUS:**

- |   |   |
|---|---|
| <input checked="" type="checkbox"/> LT EYE-LACK OF SMOOTH PURSUIT                           | <input checked="" type="checkbox"/> RT EYE-LACK OF SMOOTH PURSUIT                           |
| <input checked="" type="checkbox"/> LT EYE-DISTINCT & SUSTAINED NYSTAGMUS AT MAX. DEVIATION | <input checked="" type="checkbox"/> RT EYE-DISTINCT & SUSTAINED NYSTAGMUS AT MAX. DEVIATION |
| <input checked="" type="checkbox"/> LT- EYE-ONSET OF NYSTAGMUS PRIOR TO 45 DEGREES          | <input type="checkbox"/> RT- EYE-ONSET OF NYSTAGMUS PRIOR TO 45 DEGREES                     |

**Other Observations:**

Orbital swaying while balancing.

**WALK & TURN:**

During the instructions, Colarulli stepped out of the starting position multiple times. Colarulli also started the exercise prior to being told to do so. During the exercise, Colarulli missed the line and heel-to-toe on the third step. Colarulli missed heel-to-toe four additional times. Colarulli took 11 steps rather than nine as instructed. Colarulli then conducted an improper turnaround, not by taking a series of small steps to turnaround. On the return set of steps, Colarulli missed heel-to-toe on each of the steps and again took 11 steps rather than nine as instructed.

**ONE LEG STAND:**

During the exercise, Colarulli swaying for a majority of the exercise. Colarulli also placed his foot down five times, prior to being told to do so.

**FINGER TO NOSE:**

During the exercise, the first command of Left and Right, Colarulli touched under his nose on each attempt respectively. The following command of Left, he touched with the pad of his finger. On right, he touched under his nose. On the next commands of right and left, he touched with the pad of his finger. For the duration of the exercise, Colarulli had an orbital sway and eyelid tremors.

**ROMBERG ALPHABET:**

Not conducted.

**BREATH TEST RESULTS:** 1) .146    2) .143    3) -    4) -

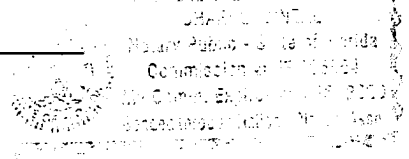
STATE OF FLORIDA  
COUNTY OF PALM BEACH

(Signature of Arresting/Investigative Officer)

The foregoing instrument was sworn to or affirmed and subscribed before me this 12th day of February 2020 by Ofc. ANDREW FLINK

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

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



SCANNED  
FEB 12 2020

FLORIDA DEPARTMENT OF LAW ENFORCEMENT  
ALCOHOL TESTING PROGRAM  
BREATH ALCOHOL TEST AFFIDAVIT

Instrument Type: Intoxilyzer 8000  
Instrument Registered To: PALM BEACH CO SO  
Instrument Serial Number: 80-006239 Software: 8100.27  
Date of Test: 02/12/2020

Date of Last Agency Inspection: 01/17/2020  
Observation Period Began: 01:53  
Subject's Name: CORY-JOEL COLARULLI

DOB: 08/22/1979 Sex: M

The subject was observed for at least twenty-minutes prior to the administration of the breath test to ensure that the subject did not take anything orally and did not regurgitate.

Results:	Test	g/210L	Time
	Diagnostics Check	OK	02:29
	Air Blank	0.000	02:30
	Control Test	0.080	02:30
	Air Blank	0.000	02:31
	Subject Sample #1	0.146	02:31
	Air Blank	0.000	02:32
	Air Blank	0.000	02:34
	Subject Sample #2	0.143	02:34
	Air Blank	0.000	02:35
	Control Test	0.080	02:35
	Air Blank	0.000	02:35
	Diagnostics Check	OK	02:36

Cylinder Lot: 17919080A1  
Exp: 08/05/2021

State of Florida, County of Palm Beach.

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

I SHARI L O'NEAL, hold a valid Breath Test Operator permit issued by the Florida Department of Law Enforcement, I administered the above breath test to the subject named above in accordance with Chapter 11D-8, Florida Administrative Code, and this form is a true and accurate report of that breath test.

Breath Test Operator: \_\_\_\_\_ Date: 02-11-20  
Signature

Sworn to (or affirmed) before me this 11 day of February, 2020

Signature of Notary Public-State of Florida Off. Flink #514  
Printed Name of Notary Public-State of Florida

Note: Pursuant to section 117.10, Florida Statutes, law enforcement officers, correctional officers, traffic accident investigation officers and traffic infraction enforcement officers are notaries public when engaged in the performance of official duties. In accordance with section 316.1934(5), F.S., this completed form is admissible without further authentication and is presumptive proof of the results herein. To be used in accordance with Section 316.1934(5), F.S., and in administrative proceedings pursuant to 322.2615, F.S.



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

PBSO CASE # 20-036995 PBSO ZONE 3-13

AGENCY CASE # 20000951 CRASH CASE # \_\_\_\_\_

TIME OF STOP/CRASH 0119 DATE 02/12/2020 DAY WEDNESDAY

SUBJECT'S NAME COLARULLI CORY-JOEL RACE W SEX M  
LAST FIRST MID

HGT 5'9 WGT 210 DOB 08/22/1979

LOCATION INTERSTATE 95 NB SOUTH OF DONALD ROSS RD, PBG, FL

ARRESTING OFFICER'S NAME & ID Ofc. ANDREW FLINK 514 AGENCY PBGPD

DIVISION: TRAFFIC UNIT

NOTIFIED BY COMMO /

ARRIVAL AT FACILITY 0153

ARREST TIME 01:31

**BREATH RESULTS:**

- 1) .146
- 2) .143
- 3) \_\_\_\_\_
- 4) \_\_\_\_\_

NOT A CERTIFIED COPY

BREATH TEST OPERATOR: 6212

SCANNED  
FEB 12 2020

# TESTING FACILITY TASK REPORT

AGENCY P.B.C. ofc. El...

CASE NUMBER 20-936

VIDEO TAPE NUMBER 1

ENDING TIME 07:07

TESTS RESULTS 1. 100 TIME 07:31 AM 2. 100

3. 100 TIME AM/PM 4. 100

DRIVER OPERATOR S. O'Neal # 6212

MAINTENANCE TECHNICIAN J. V. ... # 6467

TESTING OFFICER'S OBSERVATIONS

Driver

Cooperative, Polite, Emotional

Build: White, Build: Black, Tie: Navy Blue

Hair: Brown

Medical

Eye: Blue

Odor of unknown alcoholic beverage

COMMENTS: 20 min observation done by A/D Flink

A/D requested the breath test

D submitted to the breath request

D completed the breath request

Officer read and advised

A/D concluded

Colacelli, Cory - Joel

CASE NUMBER: \_\_\_\_\_

### QUESTIONS AND ANSWERS

I AM NOW ASKING YOU SOME QUESTIONS. WITH THESE RIGHTS IN MIND, YOU MAY ANSWER OR REFUSE TO ANSWER THE FOLLOWING QUESTIONS AS YOU LIKE.

WERE YOU OPERATING A MOTOR VEHICLE AT THE TIME OF THE STOP/ACCIDENT? Yes

WHERE WERE YOU GOING? Home

WHAT STREET OR HIGHWAY WERE YOU ON? 95

DIRECTION OF TRAVEL? N WHERE DID YOU START? PGA Blvd

WHAT TIME DID YOU START? 11:30 WHAT TIME IS IT NOW? Unknown

WHAT IS TODAY'S DATE? 10/7/00 WHAT DAY OF THE WEEK IS IT? Tuesday

WHAT COUNTY AND CITY ARE YOU IN NOW? PDC, PDC

WHAT DID YOU EAT? Nothing WHAT DID YOU EAT? Left over food

WHAT HAVE YOU BEEN DOING FOR THE LAST THREE HOURS? MR & FRANK'S bar/budenz

HOW MUCH DO YOU DRINK? 2/0 HAVE YOU BEEN DRINKING? Yes WHAT? Liquor

WHERE DID YOU EAT YOUR LAST MEAL? Home WHERE? Spigot WITH WHOM? Walter KOC (uncle)

WHAT WAS YOUR LAST MEAL? Nothing AND YOUR LAST DRINK? Beer

HOW DO YOU FEEL THE EFFECTS OF THE ALCOHOL? No ARE YOU UNDER THE INFLUENCE OF ANY DRUGS? No

HAVE YOU CONSUMED ANY ALCOHOL SINCE THE ACCIDENT? No HOW MUCH? None

WERE YOU OPERATING A MOTOR VEHICLE AT THE TIME OF THE ACCIDENT? Yes WHEN DID YOU START? 11:30

DO YOU HAVE ANY PHYSICAL DEFECTS OR INJURIES? Yes WHAT? Right Leg

ARE YOU SICK OR INJURED? No WHAT'S WRONG? Nothing

DO YOU LIMP? Little DID YOU RECEIVE A BUMP ON THE HEAD RECENTLY? No

HAVE YOU BEEN IN AN ACCIDENT TODAY? No

HAVE YOU TAKEN ANY DRUGS OR SIGNIFICANT MARIJUANA TODAY? Yes WHAT? Wash

HAVE YOU BEEN A DOCTOR OR DENTIST TODAY? No WHO? None

HAVE YOU TAKEN ANY MEDICATION SINCE THE ACCIDENT? No WHAT? None

HAVE YOU BEEN TAKEN TO THE HOSPITAL SINCE THE ACCIDENT? No WHAT? None

HAVE YOU BEEN TAKEN TO THE HOSPITAL SINCE THE ACCIDENT? No WHAT? None

HAVE YOU BEEN TAKEN TO THE HOSPITAL SINCE THE ACCIDENT? No WHAT? None

HAVE YOU BEEN TAKEN TO THE HOSPITAL SINCE THE ACCIDENT? No WHAT? None

HAVE YOU BEEN TAKEN TO THE HOSPITAL SINCE THE ACCIDENT? No WHAT? None

HAVE YOU BEEN TAKEN TO THE HOSPITAL SINCE THE ACCIDENT? No WHAT? None

DO YOU WEAR GLASSES WITH YOUR EYES THAT ARE NOT CORRECTED BY GLASSES? No

DO YOU TAKE ANY MEDICATION? No IF SO WHEN WAS YOUR LAST INJECTION? None

HAVE YOU BEEN TAKEN TO THE HOSPITAL SINCE THE ACCIDENT? No WHAT? None

INTERVIEWED BY: Mr. FLINK SM

SUBJECT John Kelly, Jr.

CASE NUMBER \_\_\_\_\_

# INFORMED CONSENT FOR DUI IN A MOTOR VEHICLE

PLEASE READ THE INFORMATION APPLICABLE TO THE TYPE OF TEST YOU ARE REQUESTING

I am now requesting that you submit to a breath test of your **BREATH** for the purpose of detecting the presence of alcohol or controlled substances.

OR

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

OR

I am now requesting that you submit to a bodily test of your BLOOD for the purpose of detecting the presence of alcohol or controlled substances.

## PLEASE READ IF THE SUBJECT DOES NOT COMPLY WITH YOUR REQUEST

I am \_\_\_\_\_ of the \_\_\_\_\_

If you fail to comply with the request of you, your privilege to operate a motor vehicle will be suspended for a period of 90 days if you have never been previously suspended for a period of 90 days or more for a violation of this law. If you have been previously suspended for a period of 90 days or more for a violation of this law, your privilege to operate a motor vehicle will be suspended for 180 months if your privilege has been previously suspended as a result of a violation of this law. If you have been previously suspended for a period of 90 days or more for a violation of this law, your privilege to operate a motor vehicle will be suspended for 180 months if your privilege has been previously suspended as a result of a violation of this law.

## CONSTITUTIONAL WARNINGS

1. I AM NOT REQUIRED TO ANSWER ANY QUESTIONS THAT YOU ASK ME.

2. Anything you say can be used against you in court.

3. You have the right to stop answering questions at any time.

4. You have the right to stop answering questions at any time.

5. If you cannot afford a lawyer, one will be appointed for you before any questioning if you cannot afford a lawyer.

6. If you are stopped during the time that you do not wish to answer any questions, you will still be arrested.

7. If you refuse to answer questions, you will be arrested and you will be taken to a police station.

8. If you refuse to answer questions, you will be arrested and you will be taken to a police station.

9. Any statements you make will be taken down and you in a court of law.

*John Kelly, Jr.*

SCANNED  
FEB 17 2020



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

REVIEW COMPLETED BY

Booking Number: 2020004769	Date: 2/12/2020
	Specialist Name/ID: T. howard/7185

SCANNED  
 FEB 12 2020