

0525874

2 ICT 152 88 SB

PCH-409

ADMINISTRATION		ARREST / NOTICE TO APPEAR Juvenile Referral Report						1 Arrest 3. Request for Warrant 2. N.T.A 4. Request for Capias		1 Juvenile N	
Agency ORI Number FL 0500300		Agency Name BOYNTON BEACH POLICE DEPT.				Agency Report Number 34-21-040684					
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		If Weapon Seized Enter Type		Multiple Clearance Indicator	
Location of Arrest (Including Name of Business) S Congress Ave & W Woolbright Rd, Boynton Beach, FL						Location of Offense (Business Name, Address) S Congress Ave & W Woolbright Rd, Boynton Beach, FL					
Date of Arrest 09/11/2021		Time of Arrest 1935		Booking Date		Booking Time		Jail Date		Jail Time	
Name (Last, First, Middle) Swisher, Cory, Justin						Alias (Name, DOB, Soc. Sec. #, Etc)					
W - White B - Black		I - American Indian O - Oriental / Asian		Race W		Sex M		Date of Birth 02/18/1996		Height 5'10	
Weight 164		Eye Color Brown		Hair Color Blue		Complexion Fair		Build Small		Scars, Marks, Tattoos, Unique Physical Features (Location, Type, Description)	
Marital Status Single		Religion Unk		Indication of: Alcohol Influence Drug Influence		<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> Unk <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		Residence Type 1. City 3. Florida 2. County 4. Out of State		1	
Local Address (Street, Apt. Number) 5520 SW 7th St, Margate		(City) Florida		(State) 33431		(Zip)		Phone (561)350-8700		Address Source FL DL	
Permanent Address (Street, Apt. Number)		(City)		(State)		(Zip)		Phone () -		Occupation Roofer	
Business Address (Street, Apt. Number)		(City)		(State)		(Zip)		Phone () -		Occupation	
D/L Number, State S260110960580 FL		Soc. Sec. Number		INS Number		Place of Birth Margate, FL		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 Name (Last) (First) (Middle)		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 was 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's Office (Phone 561-355-2526) informed of any change of address. <input type="checkbox"/> Yes, By: (Name) <input type="checkbox"/> No: (Reason)						School Attended		Grade			
Property Crime? Yes <input type="checkbox"/> No <input type="checkbox"/>		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. Barbituate C. Cocaine E. Heroin		H. Hallucinogen M. Marijuana O. Opium/Deriv.		P. Paraphernalia/ Equipment S. Synthetic		U. Unknown Z. Other			
Charge Description DUI		Counts 1		Domestic Violence <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Statute Violation Number 316.193.1A		Violation of ORD#			
Drug Activity		Drug Type		Amount/Unit		Offense # 21-040684		Warrant/Capias Number		Bond	
Charge Description		Counts		Domestic Violence <input type="checkbox"/> Yes <input type="checkbox"/> No		Statute Violation Number		Violation of ORD#			
Drug Activity		Drug Type		Amount/Unit		Offense #		Warrant/Capias Number		Bond	
Charge Description		Counts		Domestic Violence <input type="checkbox"/> Yes <input type="checkbox"/> No		Statute Violation Number		Violation of ORD#			
Drug Activity		Drug Type		Amount/Unit		Offense #		Warrant/Capias Number		Bond	
Charge Description		Counts		Domestic Violence <input type="checkbox"/> Yes <input type="checkbox"/> No		Statute Violation Number		Violation of ORD#			
Drug Activity		Drug Type		Amount/Unit		Offense #		Warrant/Capias Number		Bond	
Instruction No. 1 Mandatory Appearance in Court		Instruction No. 2 You need not appear in Court but must Comply with instruction on reverse side.		Location (Court, Room Number, Address) South County Courthouse, 200 West Atlantic Ave, Delray Beach, FL 33444		Court Date and Time Month October Day 18 Year 2021 Time 8:30		<input checked="" type="checkbox"/> A.M. <input type="checkbox"/> P.M.			
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. 09/11/2021											
Signature of Defendant (or Juvenile and Parent/Custodian)						Date Signed					
HOLD for other Agency Name: <input type="checkbox"/> Dangerous <input type="checkbox"/> Suicidal		Resisted Arrest <input type="checkbox"/> Other:		Signature of Arresting Officer L. Nalerio		Name Verification (Printed by Arrestee) (PRINT) BU#		Page 1 OF 1			
Intake Deputy DG (DMM) 8093		Pouch #		Transporting Officer L. Nalerio		I.D. # 982		Agency BBPD		Witness here is subject Signed with an "X"	

NOTICE TO APPEAR
 09/11/2021
 8:30 AM
 SOUTH COUNTY COURTHOUSE
 200 WEST ATLANTIC AVE
 DELRAY BEACH, FL 33444
 407-251-7256

D.U.I. PROBABLE CAUSE AFFIDAVIT

ON THE 9th DAY OF September 2021 AT 1917 A.M P.M.

CASE #: 21-040684

DEFENDANT: Swisher, Cory, Justin

PERSONAL CONTACT/DRIVING PATTERN/OBSERVATION OF DRIVER: On 9/11/21 at approximately 1917 hours, I was travelling northbound on S Congress Ave just south of the intersection of W Woolbright Rd. At the intersection, on the left turning lane of S Congress Ave facing northbound, I observed a black Nissan Altima bearing FL tag QFNM79, stopped at the red traffic signal waiting to turn left and either travel west on W Woolbright Rd, or make a U – Turn and travel south on S Congress Ave. As I approached the intersection, the Nissan’s traffic light was still red and I observed the vehicle make the U-Turn . I turned around and got behind a vehicle to conduct a traffic stop for the illegal U-Turn. As I turned on my emergency equipment and conducted the traffic stop, the vehicle pulled into the parking lot of 1701 S Congress Ave. As it attempted to turn into the parking spot, the vehicle struck the curb, then the driver put the vehicle in reverse. As it was reversing it almost struck my vehicle, the driver then put the vehicle in drive mode and corrected itself into the parking spot, which it struck the curb once again.

I made contact with the driver Cory Swisher who was currently sitting in the driver seat of the previously mentioned vehicle. He was later identified a by his Florida driver license. I asked him for his license, registration and proof of insurance. As he retrieved these items, I noticed his eyes were glassy. His speech was slurred while speaking and slow. Swisher told me he had a speech impairment but didn’t state further. I then explained the reason for the stop to Swisher, Swisher told me that he was just trying to get some food. When Swisher spoke to me, I could smell an odor of an unknown alcoholic beverage emanating from his mouth. I asked the driver if he had been drinking alcoholic beverages. Swisher told me no. In the backseat and sticking out of a cooler, I observed a bottle. I asked Swisher if it was a bottle of an alcoholic beverage and he advised yes.

I then asked Swisher to step out of the vehicle. Once out of the vehicle, Swisher was swaying back and forth and I could still smell the odor of an unknown alcoholic beverage coming from his mouth. I asked Swisher once again if he consumed any alcoholic beverage or used narcotics and he told me no. It should also be noted that I could smell the odor of marijuana coming from the vehicle. I asked Swisher if he had been smoking marijuana today and he told me no.

Based on my suspicion, 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. Swisher told me that he would not submit to SFST’s. I explained Taylor Warning informing Swisher that the SFST’s were voluntary and that he did not have to perform them; however, in the absence of his performance, I would be only left with the physical evidence of impairment before me which could be strong basis for being placed under arrest for suspicion of DUI. I asked if he understood the warnings. Swisher stated yes. I asked Swisher if he would submit to SFST’s once again and he advised no. I told Swisher he was being placed under lawful arrest for suspicion of DUI pursuant to FSS 316.193(1). Swisher was searched and handcuffed (double locked and checked for tightness) prior to being seated into the rear of my patrol car (Vehicle 4031). Inventory of the vehicle, revealed the following; in the center console,

a green leafy substance apparent to marijuana (based on my training and experience). Also, paraphernalia (grinder), in the backseat, a cold to the touch 750 ML bottle of Fireball alcohol. The bottle was about 3/4 empty.

HORIZONTAL GAZE NYSTAGMUS:

- | | |
|--|---|
| <input type="checkbox"/> Left eye does not follow smoothly | <input type="checkbox"/> Right eye does not follow smoothly |
| <input type="checkbox"/> Left eye prior to 45 degrees | <input type="checkbox"/> Right eye prior to 45 degrees |
| <input type="checkbox"/> Distinct jerking in left eye at maximum deviation | <input type="checkbox"/> Distinct jerking in right eye at maximum deviation |
| <input type="checkbox"/> Vertical Nystagmus in left eye | <input type="checkbox"/> Vertical Nystagmus in right eye |

WALK AND TURN:

Refused

ONE LEG STAND:

Refused

FINGER TO NOSE:

Refused

ROMBERG/ALPHABET:

Refused

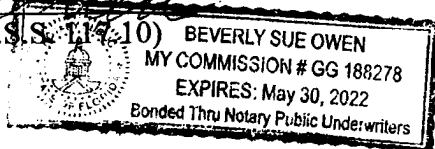
I then transported Swisher to Palm Beach County Breathalyzer. Upon my arrival at 2025 I completed the required 20-minute observation. I then requested Swisher provide a sample of his/her breath for the purpose of determining the alcohol content. Swisher refused my request, at which time I read him Implied Consent, which he stated he understood. A second request was made to the Swisher to provide a sample of his breath, which was again refused.

Upon completion of the booking process, Swisher was turned over to Palm Beach County Jail.

The following instrument was sworn to before me this 11 day of September 2021

By: L.Nalerio

[Signature]
Notary/Police Officer (F.S.S. 117.10)



[Signature]
Signature of Arresting Officer

TESTING FACILITY TASK REPORT

AGENCY: BOYNTON BEACH P.D.

SUBJECT: SWISHER, CORY JUSTIN

CASE NUMBER: 21105688

DATE: 09/11/2021

VIDEO DVD NUMBER: N/A

BEGINNING TIME: 2057

ENDING TIME: 2100

BREATH TESTS RESULTS: 1) Refused TIME 2059 A.M. P.M. 2) TIME A.M. P.M.
3) TIME A.M. P.M. 4) TIME A.M. P.M.

BREATH OPERATOR: S. Owen #3184

MAINTENANCE TECHNICIAN: J. Karlecke #6467

TESTING OFFICER'S OBSERVATIONS

SPEECH:

ATTITUDE: TALKATIVE

CLOTHING: BLACK SHOES, GREY SWEATS, BLACK TOP

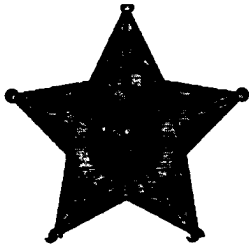
MEDICAL CONDITIONS: ANXIETY, ADHD, DEPRESSION

MEDICATIONS: BURPION, EXFFORXR, CLONZAPIN

OTHER:

COMMENTS:

A/O AND DEFENDANT ARRIVED AT 2025 HOURS. A/O OBSERVED 20 MINUTES. A/O REQUEST BREATH DEFENDANT REFUSED. A/O READ I/C, DEFENDANT UNDERSTOOD, STILL REFUSED. A/O READ C/W, DEFENDANT UNDERSTOOD RIGHTS AND REFUSED Q & A.



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

PBSO CASE # 21-105688 PBSO ZONE 6-51

AGENCY CASE # 21-040684 CRASH CASE # _____

TIME OF STOP/CRASH 1935 DATE 9-11-21 DAY Saturday

SUBJECT'S NAME Swisher, Cory, Justin RACE W SEX M

HGT 5'11 WGT 170 DOB 2-18-96

LOCATION S Congress Ave & W Woolbright Rd, Boynton Beach, FL

ARRESTING OFFICER'S NAME & ID Nalerio 982 AGENCY BBPD

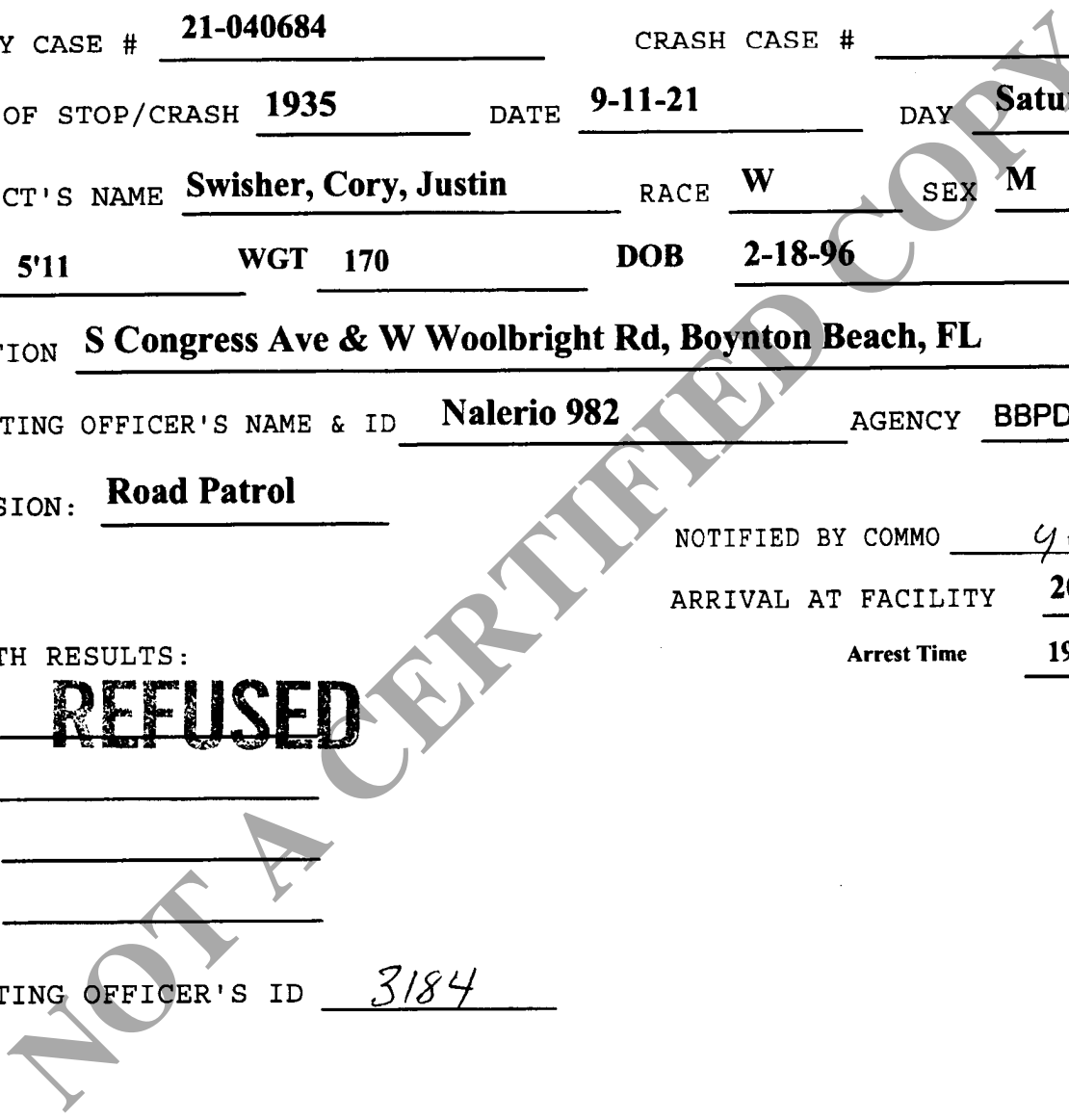
DIVISION: Road Patrol NOTIFIED BY COMMO yes

ARRIVAL AT FACILITY 2025

BREATH RESULTS: Arrest Time 1935

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

TESTING OFFICER'S ID 3184



BREATH AND/OR URINE TEST

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

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

or affirm that on or about the 9th day of September, 20 21, at 1935 P.M A.M.

DRIVER Cory Justin Swisher,
(Type or Print) FIRST NAME MIDDLE OR MAIDEN NAME LAST NAME

DL# S260110960580, state of Florida, was placed under lawful arrest for
the offense of DUI by Nalerio and
(Name of Arresting Officer)
issued Citation # AE1541E.

That on or about the 9th day of September, 20 21, at 2059 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:

Signature of Attesting Officer

(AFFIX SEAL)

The foregoing instrument was sworn and subscribed before
me this 11 day of September, 20 21,
by Nalerio, who is personally known to me or who has
produced

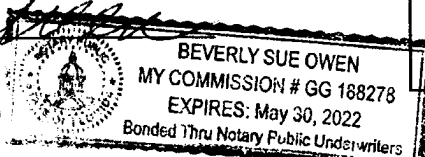
Title _____
Date _____

LEO as identification _____

Notary Public [Signature]

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.

HSMV-BAR1001 (REV. 10/2016)



SUBJECT: _____ 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) _____

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) _____

SUBJECT: _____ CASE NUMBER: _____

QUESTIONS AND ANSWERS

I AM NOW GOING TO ASK YOU SOME QUESTIONS. WITH THESE RIGHTS IN MIND, YOU MAY ANSWER SOME OF, ALL OF, OR NONE OF THE FOLLOWING QUESTIONS AS YOU LIKE.

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

WHERE WERE YOU GOING? _____

WHAT STREET OR HIGHWAY WERE YOU ON? _____

DIRECTION OF TRAVEL? _____ WHERE DID YOU START? _____

WHAT TIME DID YOU START? _____ WHAT TIME IS IT NOW? _____

WHAT IS TODAY'S DATE? _____ WHAT DAY OF THE WEEK IS IT? _____

WHAT COUNTY AND CITY ARE YOU IN NOW? _____

WHEN DID YOU LAST EAT? _____ WHAT DID YOU EAT? _____

WHAT HAVE YOU BEEN DOING FOR THE LAST THREE HOURS? _____

HOW MUCH DO YOU WEIGH? _____ HAVE YOU BEEN DRINKING? _____ WHAT? _____

HOW MUCH? _____ WHERE? _____ WITH WHOM? _____

WHEN DID YOU HAVE YOUR FIRST DRINK? _____ AND YOUR LAST DRINK? _____

HOW DID YOU CONSUME YOUR LAST TWO DRINKS? _____

CAN YOU FEEL THE EFFECTS OF THE ALCOHOL? _____ ARE YOU UNDER THE INFLUENCE? _____

HAVE YOU CONSUMED ANY ALCOHOL SINCE THE ACCIDENT? _____ HOW MUCH? _____

WHAT? _____ WHERE? _____ WHEN? _____

WHAT LINE OF WORK ARE YOU IN? _____ WHEN DID YOU LAST WORK? _____

DO YOU HAVE ANY PHYSICAL DEFECTS OR INJURIES? _____ WHAT? _____

ARE YOU SICK OR INJURED? _____ WHAT'S WRONG? _____

DO YOU LIMP? _____ DID YOU RECEIVE A BUMP ON THE HEAD RECENTLY? _____

WERE YOU IN AN ACCIDENT TODAY? _____

HAVE YOU TAKEN ANY DRUGS OR SMOKED ANY MARIJUANA TODAY? _____ WHEN? _____

HAVE YOU SEEN A DOCTOR OR DENTIST TODAY? _____ WHO? _____ WHY? _____

ARE YOU TAKING ANY PRESCRIPTION MEDICINES? _____ WHAT? _____ WHEN? _____

DO YOU HAVE:

- EPILEPSY? _____
- GLASS EYE? _____
- FALSE TEETH? _____
- EAR INFECTION? _____
- INNER EAR TROUBLE? _____
- DIABETES? _____

DO YOU HAVE ANY PROBLEMS WITH YOUR EYES THAT ARE NOT CORRECTED BY GLASSES? _____

DO YOU TAKE INSULIN? _____ IF SO, WHEN WAS YOUR LAST INJECTION? _____

HAVE YOU EVER HAD A DRIVER'S LICENSE IN ANY OTHER STATE? _____ WHERE? _____

INTERVIEWER: _____

WHITE - STATE ATTY. YELLOW - DHSMV PINK - CENTRAL RECORDS GOLD - JAIL



PALM BEACH COUNTY SHERIFF'S OFFICE

Florida State Statute Exemption Sheet

Palm Beach County Sheriff's Office – Arrests Only

	X	Florida State Statute	Description	Page Number(s)
L/E Exemptions	<input type="checkbox"/>	119.071(2)(d)	Surveillance techniques, procedures and personnel; inventory of law enforcement resources, policies or plans pertaining to mobilization deployment or tactical operations.	
	<input type="checkbox"/>	943.053, 943.0525	NCIC/FCIC/FBI and in-state FDLE/DOC.	
	<input type="checkbox"/>	119.071(4)(c)	Undercover personnel.	
	<input type="checkbox"/>	119.071(2)(f)	Confidential informants (CIs).	
	<input type="checkbox"/>	119.071(2)(e)	Confession.	
Public Info. Exemptions	<input type="checkbox"/>	985.04(1)	Juvenile offender records.	
	<input type="checkbox"/>	119.071(h)(i)	Assets of a crime victim.	
	<input type="checkbox"/>	395.3025(7)(a), 456.057(7)(a)	Medical information.	
	<input type="checkbox"/>	394.4615(7)	Mental health information.	
	<input type="checkbox"/>	119.071(4)(d)(2)(a)	Home address, telephone, Social Security number, date of birth, or photos of active/former LE personnel, spouses, and children.	
Florida Rules of Judicial Administration 2.420 (Rule of 23)	<input checked="" type="checkbox"/>	(iii) 119.0714(1)(i)-(j), (2)(a)-(e)	Social Security, bank account, charge, debit, and credit card numbers.	2
	<input type="checkbox"/>	(viii) 394.4615(7)	Clinical records under the Baker Act.	
	<input type="checkbox"/>	(xii) 741.30(3)(b)	The victim's address in a domestic violence action on petitioner's request.	
	<input type="checkbox"/>	(xiii) 119.071(2)(h), 119.0714(1)(h)	Protected information regarding victims of child abuse or sexual offenses.	
	<input type="checkbox"/>			
	<input type="checkbox"/>			
	<input type="checkbox"/>			
	<input type="checkbox"/>			
Other	<input type="checkbox"/>		Other:	
	<input type="checkbox"/>		Other:	

REVIEW COMPLETED BY

Booking Number: 2021022737	Date: 9/12/2021
	Specialist Name/ID: M. Meek / 33849