

J-0238388

P-2204



Arrest Report

FLORIDA HIGHWAY PATROL
P.O. BOX 540007, GREENACRES, FL 33454

Report Date / Time 9/26/2020 08:35 PM	Report Number FHP99ARR830741	Case Number/Cad Number FHPL20OFF054065 / LWRC20CAD144458	Reporting Officer Name STILES, MEGAN
Originating Agency ORI	Occur Date Time Range 09/26/2020 16:40:42 -	Jurisdiction	Clearance

Location of Occurrence

County PALM BEACH	Location Type PUBLIC PLACE	Location Description SB I-95/ NOF GATEWAY BLVD			
Street Number	Street	Apt/Lot/Bldg	City BOYNTON BEACH	State FL	Zip Code 33435

Defendant

First Name DANIEL	Middle Name ALEXANDER	Last Name PAPPAS	Suffix	Race WHITE	Sex MALE	Height 601	Weight 300	Hair GRY	Eyes BRO
MNI #	SSN [REDACTED]	Date of Birth 08/01/1970	Age 50	ID Type E	Drivers License or other ID P120161702810	State FL	OCA / Agency ID		
Place of Birth:	TEANECK NJ UNITED STATES								
Address * RESIDENCE / 2704 SW 2ND ST , DELRAY BEACH, FL 33445 / 954-822-4907									

Arrest

Arrest Date/Time 9/26/2020 8:18:24 PM	Arrest Location Type BUSINESS	Arrest Location Description BATHESDA MEMORIAL HOSPITAL				
Street Number 2815	Street S SEACREST BLVD	Apt/Lot/Bldg	County PALM BEACH	City BOYNTON BEACH	State FL	Zip Code 33435

Charge : S

Counts 1	Charge 316.193.3c1	Bond Amount \$0.00	<input type="checkbox"/> No Bond
Charge Degree F	Charge Level MISDEMEANOR	General Offense Code DUI-UNLAW BLD ALCH	
Charge Description DUI AND DAMAGE PROPERTY			
Is Arrestee Juvenile?		No	
Type of Arrest		On-View Arrest (apprehension without a warrant or previous incident report)	

Charge : S

Counts 1	Charge 316.193.1a	Bond Amount \$0.00	<input type="checkbox"/> No Bond
Charge Degree N	Charge Level MISDEMEANOR	General Offense Code DUI-UNLAW BLD ALCH	
Charge Description Spans etc /			

Arrest Report

SCANNED
SEP 27 2020

Report Date / Time 9/26/2020 08:35 PM	Report Number FHP99ARR830741	Case Number/Cad Number FHPL20OFF054065 / LWRC20CAD144458	Reporting Officer Name STILES, MEGAN
Originating Agency ORI	Occur Date Time Range 09/26/2020 16:40:42 -	Jurisdiction	Clearance

DUI ALCOHOL OR DRUGS

Is Arrestee Juvenile?	No
Type of Arrest	On-View Arrest (apprehension without a warrant or previous incident report)

Bond Set by Court

Bond Amount	<input type="checkbox"/> No Bond
-------------	----------------------------------

Bond Type(s)

Probable Cause

On Saturday, September 26, 2020, at approximately 4:40 PM, I was dispatched to a two vehicle collision on Interstate 95 (State Road 9) southbound, north of Gateway Boulevard. See Florida Highway Patrol Crash Report Number 88372000.

When I arrived on scene, I observed red SUV with extensive damage around the entire vehicle facing the wrong way and a white Ford Mustang with extensive front end damage and side damage, both on the left shoulder. The Mustang bearing Florida Tag 'CNET38' had a white male in the driver seat with the seat belt on and with the keys still in the ignition. The keys were later discovered to start the vehicle. The male was later identified by his Florida Driver's License as DANIEL ALEXANDER PAPPAS (FL DL number: P-120-161-70-281-0). I asked PAPPAS if he was injured and he stated he had chest pains but was okay and then spontaneously stated that the red SUV cut him off. As I continued to speak to PAPPAS, I observed his eyes were bloodshot and glossy. PAPPAS eyelids were droopy and it appeared that he was having a hard time keeping his eyes open. PAPPAS speech was slurred, and I smelled a strong odor of an unknown alcoholic beverage emitting from his mouth area when he spoke. PAPPAS was in and out of consciousness while speaking with me. I also observed an open container of Milagro Silver Tequila on the passenger side floor bored. Later, Trooper Anibal Tomas-Antonio (ID:) confirmed the bottle emitted a smell of an unknown alcoholic beverage when doing the vehicle inventory for the white Ford Mustang. I told PAPPAS to stay where he was while I checked on the occupants of the other vehicle.

I spoke to the occupants of the red SUV and made sure they were okay. In summary, they advised they saw the Mustang coming towards them at a high rate

Report Date / Time 9/26/2020 08:35 PM	Report Number FHP99ARR830741	Case Number/Cad Number FHPL20OFF054065 / LWRC20CAD144458	Reporting Officer Name STILES, MEGAN
Originating Agency ORI	Occur Date Time Range 09/26/2020 16:40:42 -	Jurisdiction	Clearance

of speed and the Mustang collided with their front. Multiple witness statements were obtained. In summary, the witness statements stated he was driving at high rates of speed and almost caused multiple collisions.

Shortly after talking to the witnesses, Boynton Beach Fire Rescue arrived to check on all involved parties. EMS personnel, when looking for his driver's license, found a prescription bottle with PAPPAS name on the label. The label stated the prescription is for 60 Alprazolam 2 MG tablets, prescribed to PAPPAS on September 14, 2020. At the time the prescription bottle was handed to me, there were three full rectangular pills and seven half rectangular pills left in the bottle. The prescription and pills will be placed inside Florida Highway Patrol evidence. While on the gurney by the EMS Truck, I was asking for PAPPAS contact information and license. I continued to smell a strong odor of an unknown alcoholic beverage emitting from his mouth area along with the bloodshot, glossy eyes, droopy eyelids, and he was still in and out of consciousness. PAPPAS was transported by Boynton Beach Fire Rescue (Run number: 20010119) to Bethesda Memorial Hospital East where he was treated for the injuries sustained from the collision.

I arrived at Bethesda Memorial Hospital at approximately 6:05 PM. I gave PAPPAS his paperwork from the collision. I then told PAPPAS I was finished with my crash investigation and was beginning a DUI investigation. I read PAPPAS his Miranda Rights at approximately 6:20 PM. PAPPAS refused to answer any questions. PAPPAS refused to perform Standardized Field Sobriety Tasks. I attempted to explain the exercises but PAPPAS still refused. I advised PAPPAS that by refusing to do the voluntary field sobriety tasks, I would have to base my decision to arrest off of the observations I made thus far in the investigation. PAPPAS still refused to do the voluntary standardized field sobriety tasks. I asked PAPPAS to provide a blood sample. PAPPAS refused to provide a blood sample as well. I read PAPPAS the Florida implied consent for blood at approximately 6:23 PM, and PAPPAS refused again.

While speaking with the nurse in care of PAPPAS, she spontaneously stated PAPPAS had a BAC of 0.127 and also had Xanax in his system.

Report Date / Time 9/26/2020 08:35 PM	Report Number FHP99ARR830741	Case Number/Cad Number FHPL20OFF054065 / LWRC20CAD144458	Reporting Officer Name STILES, MEGAN
Originating Agency ORI	Occur Date Time Range 09/26/2020 16:40:42 -	Jurisdiction	Clearance

I waited for PAPPAS to be discharged from the hospital. After being discharged, based on my training and experience and the totality of the circumstances, I believed PAPPAS was impaired at the time of the collision. I placed PAPPAS under arrest for DUI (Florida Statute 316.193.1), and DUI property damage (Florida Statute 316.193.3.C.1) at approximately 8:18 PM.

I transported PAPPAS to Palm Beach County Jail where he was booked and left in the custody of Palm Beach County Sheriff's Office Deputies.

Previous to this incident, at approximately 4:20 PM, there was a collision where a white Ford Mustang left the scene on Interstate 95, southbound, at Northlake Boulevard. The vehicle that left matched the description of the White Ford Mustang at this incident. I spoke with Trooper Alexandro Costales-Freytes (ID: 3943) who confirmed the description of the vehicle. The White Ford Mustang PAPPAS was driving had blue paint transfer that matched the victim vehicle and the damage matched the collision he was investigating. Tpr. Costales-Freytes will be filing his own charges. See FHP Crash Report Number 88308408.

All events occurred in Palm Beach County, Florida.

Jail Booking Facility

Booking Date/Time	Booking County PALM BEACH	Booking Facility PALM BEACH COUNTY CORRECTIONS	Booking Facility Phone (561) 688-4400
Booking Facility Location 3228 GUN CLUB ROAD WEST PALM BEACH, FLORIDA 33406		Booking Number	
Booking Comments			

Court

Court County PALM BEACH	Court Location 205 NORTH DIXIE HIGHWAY WEST PALM BEACH, FL 33401		
Court MAIN COURTHOUSE	Court Phone 561-355-2996	Court Appearance Date / Time 10/21/2020 8:30AM	Court Fine
Comments			

Officer Name
Rank / ID #

Involvement On Report /
Reporting Role

Officer Agency
Org/Unit

Arrest Report

Page 4 of 5

SCANNED
SEP 27 2020

**STATE OF FLORIDA
DEPARTMENT OF HIGHWAY SAFETY & MOTOR VEHICLES
AFFIDAVIT OF REFUSAL TO SUBMIT TO
BLOOD TEST**

I, TROOPER MEGAN STILES (4748), a duly certified Law Enforcement Officer or Correctional Officer,
(Name of Officer reading Implied Consent Warning)

am a member of FLORIDA HIGHWAY PATROL, and I do swear
(Name of law enforcement agency)

or affirm that on or about the 26TH day of SEPTEMBER, 20 20, at 1823 P.M. A.M.

DRIVER DANIEL ALEXANDER PAPPAS,
(Type or Print) FIRST NAME MIDDLE OR MAIDEN NAME LAST NAME

DL# P120-167-70-281-0, state of FLORIDA, appeared for treatment at a hospital,
clinic, or other medical facility pursuant to s. 316.1932(1)(c), Florida Statutes, and a breath or urine test was impossible or impractical.

That on or about the 26TH day of SEPTEMBER, 20 20, at 1823 P.M. A.M.
in PALM BEACH County,

I requested that the driver submit to a **blood test** to determine his or her blood alcohol level and/or the presence of chemical or controlled substances in his or her blood. I informed the driver that refusal to submit to a blood test 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 if he or she holds a CDL, or was operating a CMV, refusal would 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 had been previously disqualified as a result of a refusal to submit to a breath, urine or blood test. The driver nonetheless refused to submit to a blood test.

Tpr. Megan Stiles (4748)
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]
Signature of Attesting Officer

Title D/S

Date 9/27/20

(AFFIX SEAL)
The foregoing instrument was sworn and subscribed before
me this _____ day of _____, 20 _____,
by _____,
who is personally known to me or who has produced
_____ as identification

Notary Public _____

HSMV-BAR1002 (REV. 10/16)

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.

SCANNED
SEP 27 2020

WITNESS LIST

Name <u>STEVE LOLESKI</u>	On Scene <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Statement <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Home Address <u>5301 SW 14TH ST, PLANTATION, FL 33317</u>		
Place of Employment <u>FORT LAUDERDALE FIRE RESCUE</u>		
Employment Address _____		
Phone Numbers: Primary <u>954-809-5321</u>	Mobile _____	Secondary _____ Mobile _____
Can Testify To: <u>WHEEL WITNESS, DRIVING PATTERN BEFORE COLLISION, COLLISION</u>		
Name <u>BRIAN LINDSLEY</u>	On Scene <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Statement <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Home Address <u>1217 NE 12TH AVE, FORT LAUDERDALE, FL 33304</u>		
Place of Employment <u>SELF-EMPLOYED/ AMAZON</u>		
Employment Address _____		
Phone Numbers: Primary <u>715-764-0770</u>	Mobile _____	Secondary _____ Work _____
Can Testify To: <u>WHEEL WITNESS, DRIVING PATTERN BEFORE COLLISION, COLLISION</u>		
Name <u>JAMES GARETH GABRIONE</u>	On Scene <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Statement <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Home Address <u>521 NE 4TH LN, BOCA RATON, FL 33432</u>		
Place of Employment _____		
Employment Address _____		
Phone Numbers: Primary <u>954-658-9902</u>	Mobile _____	Secondary _____ Mobile _____
Can Testify To: <u>WHEEL WITNESS, DRIVING PATTERN BEFORE COLLISION, COLLISION</u>		
Name _____	On Scene <input type="checkbox"/> Yes <input type="checkbox"/> No	Statement <input type="checkbox"/> Yes <input type="checkbox"/> No
Home Address _____		
Place of Employment _____		
Employment Address _____		
Phone Numbers: Primary _____	Select One _____	Secondary _____ Select One _____
Can Testify To: _____		

Case Number: FHPL20OFF054065

THI Case Number: N/A

Page 1

**Florida Highway Patrol
ALCOHOL AND DRUG INFLUENCE REPORT**

Case Number: FHPL 200FFDS4065
 Offense Location: SB I-95 / N OF GATEWAY BLVD
 Arresting Trooper / ID#: TPR. MEGAN STILES 4748
 Defendant: DANIEL ALEXANDER PAPPAS 02/01/1976
 (Name / DOB)

Offense Date: 09/26/2020 Time: 4:40 AM PM
 Arrest Date: 09/26/2020 Time: 8:18 AM PM
 Crash: Yes No

DUI DETECTION PRE-STOP DRIVING CUES

- Weaving Weaving Across Lane Lines Drifting Straddling a Lane Line Swerving Almost Striking Object or Vehicle
- Striking Object or Vehicle Turning With Wide Radius
- Braking Erratically (too far/short/jerky) Accelerating/Decelerating Rapidly Varying Speed
- Driving 10mph or More Below Speed Limit
- Driving Without Headlights Failure to Signal/Signal Inconsistent With Actions Driving in Opposing Lanes or the Wrong Way on a One-Way
- Slow Response to Traffic Signals Slow or Failure to Respond to Officer's Signals / Flee Stopping in Lane for No Apparent Reason
- Failure to Obey Traffic Control Device (sign, signal)
- Following Too Closely (Tailgating) Improper/Unsafe Lane Change Turning Abruptly or Illegally
- Driving on Other Than Designated Roadway Stopping Inappropriately in Response to Officer Inappropriate/Unusual Behavior
- Appearing to be Impaired

POST-STOP CUES

- Difficulty With Motor Vehicle Controls Fumbling With DL/Registration Difficulty Exiting the Vehicle
- Repeating Questions/Comments Swaying, Unsteady, or Balance Problems Leaning on the Vehicle or Other Object
- Thick Tongued/Mumbled/Slurred Speech Slow to Respond to Officer/Officer Must Repeat Provides Incorrect Information or Changes Answers
- Odor of Alcoholic Beverage/Other Odors From the Driver Open/Unopened Alcoholic Containers Drugs/Drug Paraphernalia

OBSERVATIONS

CLOTHING & FOOTWEAR DESCRIPTION	<u>BLACK SHIRT, KHAKI SHORTS (FALLING OFF), WHITE SNEAKERS (UNTIED)</u>
CLOTHING CONDITION	<input type="checkbox"/> Orderly <input checked="" type="checkbox"/> Disorderly <input type="checkbox"/> Unzipped Pants <input type="checkbox"/> Inside Out <input type="checkbox"/> Torn <input checked="" type="checkbox"/> Naked <input type="checkbox"/> Urine <input type="checkbox"/> Feces <input type="checkbox"/> Vomit <input type="checkbox"/> Blood <input checked="" type="checkbox"/> Other: <u>PANTS FALLING</u>
BREATH	Odor of Alcoholic Beverage <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Other Odors: _____
ATTITUDE	<input type="checkbox"/> Excited <input type="checkbox"/> Polite <input type="checkbox"/> Cooperative <input type="checkbox"/> Silent <input checked="" type="checkbox"/> Sleepy <input type="checkbox"/> Lethargic <input checked="" type="checkbox"/> Confused <input type="checkbox"/> Talkative <input type="checkbox"/> Carefree <input type="checkbox"/> Profanity <input type="checkbox"/> Mood Swings <input type="checkbox"/> Arrogant <input type="checkbox"/> Insulting <input type="checkbox"/> Remorseful <input type="checkbox"/> Combative <input type="checkbox"/> Sarcastic <input type="checkbox"/> Angry <input type="checkbox"/> Argumentative <input type="checkbox"/> Threatening <input type="checkbox"/> Depressed <input type="checkbox"/> Other: _____
COLOR OF FACE	<input type="checkbox"/> Pale <input checked="" type="checkbox"/> Flushed <input type="checkbox"/> Normal <input type="checkbox"/> Other: _____
EYES	<input checked="" type="checkbox"/> Bloodshot <input checked="" type="checkbox"/> Watery <input checked="" type="checkbox"/> Glassy <input type="checkbox"/> Normal <input type="checkbox"/> Other: _____ <input type="checkbox"/> Reddening Around the Rim of the Eyes
UNUSUAL ACTIONS	<input type="checkbox"/> Hiccapping <input type="checkbox"/> Belching <input type="checkbox"/> Vomiting <input checked="" type="checkbox"/> Sleeping <input type="checkbox"/> Crying <input type="checkbox"/> Laughing <input type="checkbox"/> None <input type="checkbox"/> Other: _____
SPEECH	<input type="checkbox"/> Incoherent <input type="checkbox"/> Mumbling <input checked="" type="checkbox"/> Slurred <input type="checkbox"/> Thick Tongued <input type="checkbox"/> Stuttering <input type="checkbox"/> Accent <input type="checkbox"/> Apparently Normal

MEDICAL QUESTIONS

Do you have any physical defects? Yes No If yes, please explain. _____

Are you sick or injured? Yes No If yes, please explain. CHEST PAIN

When did you last sleep? _____ How much sleep did you have? _____

Have you ever had a head injury? Yes No When? _____

Are you under the care of a Doctor or Dentist? Yes No What for? _____

Are you taking any medications? Yes No If yes, what kind? _____

Last dose? _____ Do you have epilepsy? Yes No Diabetes? Yes No Do you take insulin? Yes No

Are you wearing an artificial limb? _____ Do you have any medical alert ID? _____

SCANNED
SEP 27 2020

Notification of Driver License Hearing

Florida Highway Patrol

To whom it may concern:

I, TRODDER MEGAN STILES (4748) placed DANIEL ALEXANDER PAPPAS
under arrest for the charge of D.U.I., on SEPTEMBER 26, 2020 I am requesting to be notified in the event
that a Driver License Hearing is scheduled and I am not subpoenaed for this incident. I am also requesting
to be notified in the event that the Driver License Hearing is rescheduled or cancelled.
Thank you for your consideration in this matter.

Florida Highway Patrol Case Number: FHPL200FFD54065

Defendant's Driver License Number: P120-1W1-70-281-0

Signature: Megan Stiles

Fax notification to: _____ at _____

*** Hearing Information: (To be filled out if hearing is requested)**

Date of Hearing: _____ Time of Hearing: _____ AM PM

Location: _____

*** Rescheduled Hearing Information: (To be filled out if hearing is rescheduled)**

Date of Hearing: _____ Time of Hearing: _____ AM PM

Location: _____

Hearing Cancelled

(* Member is not entitled to Court Overtime Pay, but may offset time with supervisor approval.)

SCANNED
SEP 27 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"/>			
Other	<input type="checkbox"/>	415.107(1)	Other: Vulnerable Adults	
	<input type="checkbox"/>		Other:	

REVIEW COMPLETED BY

Booking Number: 2020022835	Date: 9/27/2020
	Specialist Name/ID: Gammage/5660

SCANNED
SEP 27 2020