



2107, 2244 2685

☐ COURT ☐ STATE ATTORNEY ☐ AGENCY ☐ CENTRAL RECORDS ☐ JAIL ☐ CRIME ANALYSIS ☐ PROBATION ☐ DEFENDANT

OBT Number		PROBABLE CAUSE AFFIDAVIT		1. Arrest 2. N.T.A.		3. Request for Warrant 4. Request for Capias		1	JUVENILE		
Agency ORI Number FL 0501700		Agency Name JUPITER POLICE DEPARTMENT		Agency Report Number 5 4 21-002551							
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:							
Name (Last, First, Middle) SHOLAR, DARYL JAMES		Alias		Race W		Sex M		Date of Birth 12/26/1971			
Charge Description 316.193(4) DUI - BAC/BRAC OVER .15 -OR- MINOR IN VEHICLE		Charge Description									
Charge Description		Charge Description									
Victim's Name (Last, First, Middle) State Of Florida		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>The Person taken into custody . . .</p> <p><input checked="" 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>24</u> day of <u>July</u>, <u>2021</u> at <u>04:04</u> (Specifically include facts constituting cause for arrest.)</p> <p>On Saturday July 24th, 2021 at approximately 0107 hours, I was dispatched to the area of Indiantown road and Center Street in reference to a male sleeping behind the wheel.</p> <p>Jaden Barnett (W/M 08/12/2003) and William Weissler (W/M 09/10/2001) called to report that they witnessed and took a video of a W/M sleeping behind the wheel of a silver Honda Van (Bearing FL Tag#552REI) at the intersection of Indiantown Rd. and Center Street. Both males followed the vehicle to the area of Tuscaloosa Street and Cornelia Ave where they advised the Van drove onto the sidewalk and they lost visual.</p> <p>I arrived on scene at approximately 0111 hours and located the Silver Honda Van a short time later driving on the sidewalk in the preserve/nature walkway area just south of Tuscaloosa Street and Cornelia Ave around 0115 hours. I activated my overhead emergency lights and siren to conduct a traffic stop on the vehicle and alert the driver to stop driving on the sidewalk.</p> <p>I approached the vehicle on the sidewalk and made contact with the driver and registered owner of the vehicle, Daryl Sholar (W/M 12/12/1971). Upon my initial contact with Sholar, I could immediately detect the smell of an unknown alcoholic beverage emanating from his breath that amplified as he spoke. When I asked Sholar if he knew that he was driving on the sidewalk he stated that he "messed up" and shouldn't be driving. I asked Sholar if he could hand me his driver's license to which he attempted to hand me his cell-phone. I also observed Sholar had slurred speech and blood-shot/glassy eyes as I continued to speak with him. Based on witness statements, video of him sleeping behind the wheel, my observations on scene, and the fact that he was driving on the sidewalk, I believed Sholar was under the influence and asked if he would submit to Field Sobriety Exercises, to which he consented.</p> <p>During the SFST's and multiple different times throughout the investigation, Sholar</p>											
SWORN AND SUBSCRIBED BEFORE ME		 JOSHUA BELL MY COMMISSION #GG346008 (10) EXPIRES: JUN 18, 2023 Bonded through 1st State Insurance		 SIGNATURE OF ARRESTING / INVESTIGATING OFFICER NOBLE RILEY (1226) NAME OF OFFICER (PLEASE PRINT)		07/24/2021 DATE					
NOTARY PUBLIC / CLERK OF COURT / OFFICE 7/24/21 DATE											

COURT

STATE ATTORNEY

CENTRAL RECORDS

JAIL

CRIME ANALYSIS

2021 JUL 25 AM 6:32
 FILED
 P.I.O.
 1 OF 3

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Name (Last, First, Middle) SHOLAR, DARYL JAMES				Race W	Sex M	Date of Birth 12/26/1971	
<p>spontaneously uttered that he had been drinking and should have gotten a ride from a friend instead of driving drunk.</p> <p>The following are a summation of the SFSTs.</p> <p>HORIZONTAL GAZE NYSTAGMUS</p> <ul style="list-style-type: none"> -No resting nystagmus in either eye -Both eyes tracked together equally -Lack of smooth pursuit in both eyes -Distinct and sustained nystagmus at maximum deviation in both eyes -Onset of nystagmus prior to 45 degrees in both eyes -No vertical nystagmus in either eye <p>6 of 6 clues</p> <p>WALK&TURN</p> <ul style="list-style-type: none"> -Started task early -Failed to maintain balance -Used arms for balance -Missed heel to toe -Stopped while walking -Improper turn -Stepped off the line <p>7 of 8 clues</p> <p>ONE-LEG STAND</p> <ul style="list-style-type: none"> -Put foot down -Used arms for balance -Swaying <p>3 of 4 clues</p> <p>FINGER TO NOSE</p> <ul style="list-style-type: none"> 1L -Pad to side nose 2R -Pad right-side nose 3L -Pad to left-side nose 4R -Pad right-side nose started with left and corrected 5R- Pad right-side nose 6L -Pad left-side nose <p>ROMBERG ALPHABET</p> <ul style="list-style-type: none"> -Incorrectly Reciting -Does not keep eyes closed -swaying 							
SWORN AND SUBSCRIBED BEFORE ME NOTARY PUBLIC / CLERK OF COURT / OFFICER 7/24/21 DATE		 JOHUA BELL MY COMMISSION #GG346008 EXPIRES: JUN 18, 2023 Bonded through 1st State Insurance		 SIGNATURE OF ARRESTING / INVESTIGATING OFFICER NOBLE, RILEY (1226) NAME OF OFFICER (PLEASE PRINT) 07/24/2021 DATE			

COURT

STATE ATTORNEY

CENTRAL RECORDS

JAIL

CRIME ANALYSIS

P.I.O.

2021 JUL 25 AM 6:32
 FILED
 JAMES A. HARRIS, CLERK
 JAIL & COURT CLERK
 P.I.O.

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Name (Last, First, Middle) SHOLAR, DARYL JAMES						Race W	Sex M	Date of Birth 12/26/1971

Based on my investigation, observations, and totality of circumstances, I have probable cause to believe that Daryl Sholar was in actual physical control of a vehicle while under the influence of an alcoholic beverage, chemical, or controlled substance, to the point where his normal faculties were impaired, contrary to F.S 316.193. I placed him into handcuffs which were double-locked and checked for proper spacing per department policy at 0140 hours. I then transported Sholar to the Palm Beach County Breath Alcohol Testing center, arriving at 0217 hours. I placed Sholar under a 20 minute observation period, during which he neither consumed nor regurgitated anything.

We then went on video with BAT technician Bell #8656. I requested that Sholar provide a breath sample. He agreed and provided two breath samples of .187 and .192. Post Miranda, he stated that he had been drinking at Square Grouper (Local Bar) with friends and could not state how many drinks he had consumed and that he should not have driven. I then placed Sholar in holding while all necessary paperwork was completed. I then booked him into the Palm Beach County Jail. He was given a criminal court date of 08/25/2021, 0830 hours. BWC used.

The above incident was captured on BWC. This narrative is a summary of the events and not purported to be verbatim.

SWORN AND SUBSCRIBED BEFORE ME NOTARY PUBLIC / CLERK OF COURT / OFFICER (P.O. # 117, 16) 7/24/21 DATE		SIGNATURE OF ARRESTING / INVESTIGATING OFFICER NOBLE, RILEY (1226) NAME OF OFFICER (PLEASE PRINT) 07/24/2021 DATE
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COURT

STATE ATTORNEY

CENTRAL RECORDS

JAIL

CRIME ANALYSIS

P. I. O.



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

PBSO CASE # 21-088859 PBSO ZONE 3-14
AGENCY CASE # 21-002551 CRASH CASE # N/A
TIME OF STOP/CRASH 0115 DATE 07/24/221 DAY SAT
SUBJECT'S NAME SHOLAR, DARYL JAMES RACE W SEX M
HGT 5'6 WGT 180 DOB 12/26/1971
LOCATION TUSCALOOSA ST / CORNELIA AVE
ARRESTING OFFICER'S NAME & ID NOBLE #349 AGENCY JUPITER PD
DIVISION: PATROL NOTIFIED BY COMMO YES
ARRIVAL AT FACILITY 0217
BREATH RESULTS: Arrest Time 0140
1. .187
2. .192
3. N/A
4. N/A
TESTING OFFICER'S ID BELL 8656

TESTING FACILITY TASK REPORT

AGENCY: JPD

SUBJECT: SHOLAR, DARYL JAMES

DATE: Jul 24, 2021

BEGINNING TIME: 0242

CASE NUMBER: 21-088859

VIDEO DVD NUMBER: N/A

ENDING TIME: 0300

BREATH TESTS RESULTS: 1) .187 TIME 0247 A.M. ☒ P.M. ☐ 2) .192 TIME 0251 A.M. ☒ P.M. ☐
3) N/A TIME XX A.M. ☐ P.M. ☐ 4) N/A TIME XX A.M. ☐ P.M. ☐

BREATH OPERATOR: JOSHUA J BELL #8656

MAINTENANCE TECHNICIAN: J. KARLECKE #6467

TESTING OFFICER'S OBSERVATIONS

SPEECH: SLURRED

ATTITUDE: TALKATIVE, APOLOGETIC, COOPERATIVE, POLITE

CLOTHING: BLACK POLO SHIRT, BLUE JEANS, GREY SHOES

MEDICAL CONDITIONS: HIGH BLOOD PRESSURE, CHOLESTEROL, ASTHMA

MEDICATIONS: 3 UNKNOWN

OTHER:

EYES: BLOODSHOT, GLASSY

COMMENTS:

ARRIVED AT DUI TESTING FACILITY AND BEGAN THE 20 MINUTE OBSERVATION AT 0217 HOURS

SUBJECT STATED HE WOULD TAKE BREATH TEST

BREATH TEST COMPLETED

A/O READ RIGHTS

SUBJECT STATED HE UNDERSTOOD HIS RIGHTS

TECH READ BREATH TEST RESULTS

SUBJECT STATED HE UNDERSTOOD BREATH TEST RESULTS

A/O CONDUCTED Q AND A

SUBJECT ANSWERED Q AND A

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: 80-006238 Software: 8100.27
Date of Test: 07/24/2021

Date of Last Agency Inspection: 07/16/2021

Observation Period Began: 02:17

Subject's Name: DARYL J SHOLAR

DOB: 12/26/1971 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	02:44
Air Blank	0.000	02:45
Control Test	0.080	02:45
Air Blank	0.000	02:46
Subject Sample #1	0.187	02:47
Air Blank	0.000	02:48
Air Blank	0.000	02:49
Subject Sample #2	0.192	02:51
Air Blank	0.000	02:51
Control Test	0.078	02:52
Air Blank	0.000	02:52
Diagnostics Check	OK	02:52

Cylinder Lot: 22620080A2
Exp: 10/05/2022

State of Florida, County of Palm Beach

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

I, _____, 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: _____

Signature

Date: 07/24/21

Sworn to (or affirmed) before me this 24 day of July, 2021

Signature of Notary Public-State of Florida

OFC. R. Noble #349
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 312.2615, F.S.

WITNESS LIST

CASE NUMBER: 21-002551

ARRESTING OFFICER: OFC. Noble

ADDRESS: 210 Military Trl. Jupiter, FL 33458

PHONE NUMBERS (HOME): _____ (WORK) (561) 746-6201

CAN TESTIFY TO: PC

NAME: OFC. Tappin

ADDRESS: 196 Military Trl. Jupiter, FL 33458

PHONE NUMBERS (HOME) _____ (WORK) 561-746-6201

CAN TESTIFY TO: BACK-UP OFFICER

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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CAN TESTIFY TO: _____

NAME: _____

ADDRESS _____

PHONE NUMBERS (HOME) _____ (WORK) _____

CAN TESTIFY TO: _____

NAME: _____

ADDRESS _____

PHONE NUMBERS (HOME) _____ (WORK) _____

CAN TESTIFY TO: _____

SUBJECT: Sholar, Daryl James

CASE NUMBER: 1-00-01

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) _____

Read on Camera

WHITE - STATE ATTY.

YELLOW - DHSMV

PINK - CENTRAL RECORDS

GOLD - JAIL

SUBJECT: Shelar, Vayl James

CASE NUMBER: 21-007531

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: Off. Noble #419

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: 2021018350	Date: 7/24/2021
	Specialist Name/ID: M. Took #8557