

**ARREST / NOTICE TO APPEAR**  
Juvenile Referral Report

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

OBTS Number	Agency ORI Number <b>FLO 500000</b>		Agency Name <b>PALM BEACH COUNTY SHERIFF'S OFFICE</b>		Agency Report Number (N.T.A.'s only) <b>06-20-036580</b>	
Charge Type: Check as many as apply	<input type="checkbox"/> 1. Felony	<input type="checkbox"/> 3. Misdemeanor	<input type="checkbox"/> 5. Ordinance	Weapon Seized / Type <b>2</b>	<input type="checkbox"/> 1. Yes	Multiple Clearance Indicator <b>01</b>
	<input checked="" type="checkbox"/> 2. Traffic Felony	<input checked="" type="checkbox"/> 4. Traffic Misdemeanor	<input type="checkbox"/> 6. Other	<input type="checkbox"/> 2. No	NONE	
Location of Arrest (Including Name of Business) <b>FOREST HILL BLVD &amp; SOUTH SHORE BLVD</b>			Location of Offense (Business Name, Address) <b>FOREST HILL BLVD &amp; SOUTH SHORE BLVD WELLINGTON FL 33414</b>			
Date of Arrest <b>02/10/2020</b>	Time of Arrest <b>2339</b>	Booking Date	Booking Time	Jail Date	Jail Time	Location of Vehicle <b>PRIORITY TOWING</b>

Name (Last, First, Middle) <b>David Curran F</b>			Alias (Name, DOB, Soc. Sec. #, Etc.)			
Race <b>W - White I - American Indian</b>	Sex <b>M</b>	Date of Birth <b>04/06/1961</b>	Height <b>5'11</b>	Weight <b>185</b>	Eye Color <b>HZL</b>	Hair Color <b>GRY</b>
Complexion <b>FAIR</b>		Build <b>LARGE</b>		Scars, Marks, Tattoos, Unique Physical Features (Location, Type, Description)		
Local Address (Street, Apt. Number) <b>13884 York Ct B</b>			(City) <b>Wellington, FL 33414</b>	(State)	(Zip)	Phone <b>(561)-225-8035</b>
Permanent Address (Street, Apt. Number)			(City)	(State)	(Zip)	Phone
Business Address (Name, Street)			(City)	(State)	(Zip)	Phone
D/L Number, State <b>C650166611260, FL</b>		Soc. Sec. Number		INS Number		Place of Birth (City, State) <b>YONKERS NY</b>
Citizenship <b>USA</b>		Marital Status <b>SINGLE</b>				
Religion <b>CATHOLIC</b>		Indication of: Alcohol Influence <input type="checkbox"/> Drug Influence <input type="checkbox"/>				
Residence Type: 1. City <input type="checkbox"/> 2. County <input type="checkbox"/> 3. Florida <input type="checkbox"/> 4. Out of State <input checked="" type="checkbox"/>			Address Source <b>FL DL</b>			
Occupation <b>CONSTRUCTION</b>			Citizenship <b>USA</b>			

Co-Defendant Name (Last, First, Middle)	Race	Sex	Date of Birth	<input type="checkbox"/> 1. Arrested	<input type="checkbox"/> 3. Felony
				<input type="checkbox"/> 2. At Large	<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"/> 3. Felony
				<input type="checkbox"/> 2. At Large	<input type="checkbox"/> 4. Misdemeanor
					<input type="checkbox"/> 5. Juvenile
Parent <input type="checkbox"/> Legal Custodian <input type="checkbox"/> Other:		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.	
Released To: (Name)		Relationship	Date	2. TOT HRS / DYS 3. Incarcerated	
The above address 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 (Phone 355-2528) informed of any change of address.			School Attended		Grade
Property Crime? <input type="checkbox"/> Yes <input type="checkbox"/> 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</b>		Counts <b>1</b>	Domestic Violence <input type="checkbox"/> Y <input checked="" type="checkbox"/> N	Statute Violation Number <b>316.193(1)(a)</b>		Violation of ORD #				
Drug Activity <b>N</b>	Drug Type <b>N</b>	Amount / Unit <b>Refused</b>	Offense # <b>20-036580</b>	Warrant / Capias Number		Bond				
Charge Description		Counts	Domestic Violence <input type="checkbox"/> Y <input checked="" type="checkbox"/> N	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"/> Y <input checked="" type="checkbox"/> N	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"/> Y <input checked="" type="checkbox"/> N	Statute Violation Number		Violation of ORD #				
Drug Activity	Drug Type	Amount / Unit	Offense #	Warrant / Capias Number		Bond				

Location (Court Room Number, Address) <b>CRIMINAL JUSTICE COMPLEX / 3228 GUN CLUB ROAD, WPB, FL 33406</b>					
Court Date and Time Month <b>03</b> Day <b>12</b> Year <b>2020</b> Time <b>0830</b> AM <input checked="" type="checkbox"/> 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/Guardian) <i>[Signature]</i>				Date Signed <b>02/10/2020</b>	

HOLD for other Agency Name:		Signature of Arresting Officer <i>[Signature]</i>		Name Verification (Printed by Arrestee) <b>SCANNED</b>	
<input type="checkbox"/> Dangerous	<input type="checkbox"/> Resisted Arrest	Name of Arresting Officer (Print) <b>INV. SCHNEIDER 8723</b>		I.D. # <b>8723</b>	
<input type="checkbox"/> Suicidal	<input type="checkbox"/> Other:	Transporting Officer <b>INV. SCHNEIDER</b>		I.D. # <b>8723</b>	
Inmate Deputy <i>[Signature]</i>	I.D. #	Pouch #	Agency <b>PBSO</b>	Witness here if subject signed with an "X"	

# D.U.I. PROBABLE CAUSE AFFIDAVIT

ON THE 10 DAY OF Feb, 20 20, AT 2316 AM  PM

SUBJECT: Curran David F CASE NUMBER: 20-036580

AGENCY: PALM BEACH COUNTY SHERIFF'S OFFICE ARRESTING OFFICER: INV. SCHNEIDER 8723

## PERSONAL CONTACT

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

On 02/10/2020 at approximately 2316hrs, I was traveling east bound on Forest Hill Blvd in the Village of Wellington, Palm Beach County, Florida when I observed a white pick up truck traveling east bound. The driver of the pickup truck failed to maintain his lane by weaving over the right fog line before entering the turn lane to turn onto South Shore Blvd. As the driver made the turn, he failed to turn into his lane and partially entered the left most lane as he turned. After the turn, the driver failed to maintain his lane of travel and weaved over the center dashed line, then making an abrupt lane change into the right turn lane. Once in the turn lane the vehicles left tires traveled partly in the bike lane as it approached the turn into a parking lot before coming to a stop in a parking lot. The driver did not properly park the vehicle, and stopped in two spots.

### OBSERVATION OF DRIVER:

As I walked up to the drivers door I observed the driver with a bottle of blue liquid to his mouth that he later stated was a mouth wash. As I spoke with the driver the mouth wash was dripping down his chin and his mouth was still full. I opened his car door and requested he spit out the mouth was. I later identified the driver by his Florida driver license as David F. Curran. I immediately detected an obvious and really strong odor of an unknown alcoholic beverage emitting from his person and face area even though he had just put mouth wash into his mouth. I requested Curran step out of the vehicle into the fresh air. This odor intensified as I spoke to Curran outside of the vehicle. Curran had glassy and glazed eyes. Curran's speech was slurred, slow and at times difficult to understand. Curran's movements were slow and deliberate, and lethargic with poor coordination. Curran had an unsteady gait while walking to my patrol vehicle and had difficulty following directions given to him. Curran was wearing a blue shirt, jeans, and work boots. All the clothing appeared neat.

### DRIVER'S STATEMENTS:

Pre-Miranda: Curran told me he was coming from Backstreet Grill in Wellington FL. Curran stated he was drink Rum and Coke. When asked how many he drank he stated, "two many"  
Curran refused after Implied Consent, which he stated he understood. Curran stated he was using mouth wash when I walked up but it was to cover his cigarette breath. Curran refused Q&A at that point.

### ODORS:

A really strong and obvious odor of an unknown alcoholic beverage was emitting from his person and face area which intensified as I spoke to Curran.

## GENERAL OBSERVATIONS

**SPEECH:** Curran's speech was slurred, slow and at times difficult to understand.

**ATTITUDE:** talkative, polite, friendly, cooperative

**CLOTHING:** Blue shirt, jeans and work books

**MEDICAL/OTHER:** None

STATE OF FLORIDA  
COUNTY OF PALM BEACH

INV. SCHNEIDER 8723

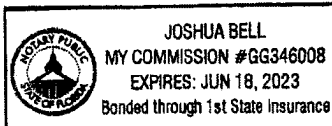
(Signature of Arresting/Investigative Officer)

The foregoing instrument was sworn to or affirmed and subscribed before me this 10 day of Feb, 20 20 by INV. SCHNEIDER 8723

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

Bell 8656

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



SCANNED  
FEB 11 2020

SUBJECT Curran

David

CASE NUMBER 20-036580

**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:**

Curran would sway roughly in a side to side front to back pattern throughout the task. Curran did touch the tip of the pen as directed to positively identify the point to be tracked. Curran was reminded numerous times to track the pen with his eyes only and failed to keep his head still. Curran was unable to follow the instructions to use only his eyes. Curran interrupted the task and stated he had to vomit. I instructed him to walk over to the drainage grate but then stated he would be fine. Curran was unable to track the stimulus and the task was not completed.

**WALK & TURN:**

I attempted to explained and demonstrated the instructions for the "Walk & Turn" to Curran who was unable to maintain the instructional stance. Curran attempted multiple times but he kept loosing his balance and stepping off the line. Curran stated he no longer wanted to participate in the field sobriety tasks and he was given his Taylor Warnings. After stated he understood the warnings he elected not to complete the tasks.

**ONE LEG STAND:**

Declined to perform

**FINGER TO NOSE:**

Declined to perform

**ROMBERG ALPHABET:**

Declined to perform

**BREATH TEST RESULTS:**      Refused              Refused

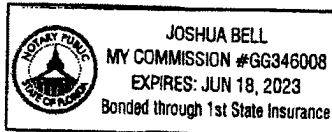
STATE OF FLORIDA  
COUNTY OF PALM BEACH

**INV. SCHNEIDER 8723**  
(Signature of Arresting/Investigative Officer)

I, the foregoing instrument was sworn to or affirmed and subscribed before me this 10 day of Feb 2020 by INV. SCHNEIDER 8723

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

**Bell 8656**



**SCANNED**  
**FEB 11 2020**

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

# WITNESS LIST

CASE NUMBER: 20-036580

ARRESTING OFFICER: INV. SCHNEIDER 8723

ADDRESS: 3228 GUN CLUB ROAD WEST PALM BEACH, FL 33406

PHONE NUMBERS (HOME): \_\_\_\_\_ (WORK) (561) 688-4001

CAN TESTIFY TO: SEE DUI PROBABLE CAUSE AFFIDAVIT & OFFENSE REPORT & IN CAR VIDEO & DRIVING PATTERN

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

PHONE NUMBERS (HOME) \_\_\_\_\_ (WORK) \_\_\_\_\_

CAN TESTIFY TO: \_\_\_\_\_

NAME: \_\_\_\_\_

ADDRESS \_\_\_\_\_

PHONE NUMBERS (HOME) \_\_\_\_\_ (WORK) \_\_\_\_\_

CAN TESTIFY TO: \_\_\_\_\_

NAME: \_\_\_\_\_

ADDRESS \_\_\_\_\_

PHONE NUMBERS (HOME) 0 (WORK) 0

CAN TESTIFY TO: \_\_\_\_\_

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ADDRESS \_\_\_\_\_

PHONE NUMBERS (HOME) \_\_\_\_\_ (WORK) \_\_\_\_\_

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PHONE NUMBERS (HOME) \_\_\_\_\_ (WORK) \_\_\_\_\_

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NAME: \_\_\_\_\_

ADDRESS \_\_\_\_\_

PHONE NUMBERS (HOME) \_\_\_\_\_ (WORK) \_\_\_\_\_

CAN TESTIFY TO: \_\_\_\_\_

NAME: \_\_\_\_\_

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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: \_\_\_\_\_

**SCANNED**  
FEB 11 2020

# TESTING FACILITY TASK REPORT

AGENCY: PBSO

SUBJECT: CURRAN, DAVID F

CASE NUMBER: 20-036580

DATE: 02/11/20

VIDEO TAPE NUMBER: N/A

BEGINNING TIME: 0026

ENDING TIME: 0030

BREATH TESTS RESULTS: 1) R TIME 0028 A.M./P.M. 2) N/A TIME XX A.M./P.M.  
3) N/A TIME XX A.M./P.M. 4) N/A TIME XX A.M./P.M.

BREATH OPERATOR: J. BELL #8656

MAINTENANCE TECHNICIAN: J. KARLECKE #6467

**REFUSED**

## TESTING OFFICER'S OBSERVATIONS

SPEECH: SLURRED

ATTITUDE: QUIET, COOPERATIVE, POLITE

CLOTHING: BLUE POLO SHIRT, BLUE JEANS BROWN BOOTS

MEDICAL CONDITIONS: Viking disease

MEDICATIONS: NONE

OTHER: EYES: BLOODSHOT, GLASSY

ODOR OF AN UNKNOWN ALCOHOLIC BEVERAGE COMING FROM BREATH

COMMENTS: ARRIVED AT CENTER A/O BEGAN 20 MIN OBSERVATION AT 0004 HRS

WHEN ASKED TO PROVIDE A BREATH SAMPLE, SUBJECT ASKED WHAT HIS RIGHTS WERE

A/O READ I.C

SUBJECT STATED HE UNDERSTOOD I.C. AND REFUSED TO TAKE BREATH TEST

A/O READ RIGHTS

SUBJECT STATED HE UNDERSTOOD HIS RIGHTS

SUBJECT DECLINED TO ANSWER ANY QUESTIONS

**REFUSED**

SUBJECT: Curran, David

CASE NUMBER: 20-036580

### 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: D/S Schneider #8723

**SCANNED**

SUBJECT: Curran, David

CASE NUMBER: 20-036580

## 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) \_\_\_\_\_

Read on camera

## 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

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

I, INV. SCHNEIDER 8723, a duly certified Law Enforcement Officer or Correctional Officer,  
(Name of Officer reading Implied Consent Warning)

am a member of PBSO, and I do swear  
(Name of law enforcement agency)

or affirm that on or about the \_\_\_\_\_ day of \_\_\_\_\_, 20 18, at 1139  P.M.  A.M.

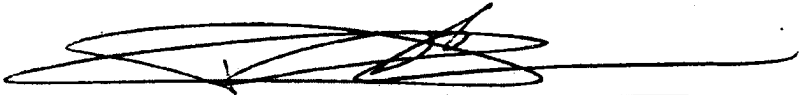
DRIVER David F Curran,  
(Type or Print) FIRST NAME MIDDLE OR MAIDEN NAME LAST NAME

DL# C650166611260, FL, state of FLORIDA, was placed under lawful arrest for  
the offense of DRIVING UNDER THE INFLUENCE by INV. SCHNEIDER 8723 and  
(Name of Arresting Officer)

issued Citation # A2GD4MP

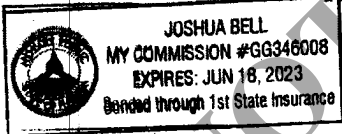
That on or about the 11 day of FEB, 20 20, at 1228  P.M.  A.M.  
in PALM BEACH County,

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 of Law Enforcement Officer or Correctional Officer

THE AFFIDAVIT MUST BE NOTARIZED OR ATTESTED TO (F.S. 117.10)



(AFFIX SEAL)

The foregoing instrument was sworn and subscribed before

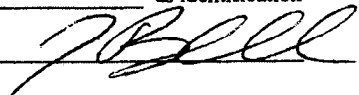
me this 10 day of Feb, 20 20,

by INV. SCHNEIDER 8723,

who is personally known to me or who has produced

PERSONALLY KNOWN LEO as identification

Notary Public Bell 8656



HSMV-BAR1001 (REV. 10/2016)

The foregoing instrument was sworn and subscribed before me:

Signature of Attesting Officer

Title \_\_\_\_\_

Date 02 / 11 / 2020

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.



**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)(t)	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"/>	782.04 (FS)	Other: Witness	
	<input type="checkbox"/>	415.107 (1)	Other: In order to protect the rights of the individual or other persons responsible for the welfare of a vulnerable adult, all records concerning reports of abuse, neglect, or exploitation of the vulnerable adult.	

REVIEW COMPLETED BY

Booking Number: 2020004609	Date: 2/11/2020
	Specialist Name/ID: M. Tooks #8557

**SCANNED**  
FEB 11 2020



# FLORIDA DUI UNIFORM TRAFFIC CITATION A2GD4MP

COUNTY OF Palm Beach  (1) F.H.P.  (2) P.B.  (3) S.O.  (4) OTHER

CITY OF APPLICANT Wellington AGENCY NAME FB30

AGENCY # \_\_\_\_\_

IN THE COURT DESIGNATED BELOW THE UNDERSIGNED CERTIFIES THAT HE/SHE HAS JUST AND REASONABLE GROUNDS TO BELIEVE AND DOES BELIEVE THAT ON

COMPLAINT (RETAINED BY COURT)

DAY OF WEEK Mon MONTH Feb DAY 10 YEAR 2020 TIME 1139  A.M.  P.M.

NAME (PRINT) FIRST David MIDDLE E LAST Curran

STREET 13854 York Ct IF DIFFERENT THAN ONE ON DRIVER LICENSE 7' HERE

CITY Wellington STATE FL ZIP CODE 33414

TELEPHONE NUMBER 561-255-2025 DATE OF BIRTH 4/6/61 SEX M HGT 5'11"

DRIVER LICENSE NUMBER C10501666 CLASS 11260

VEHICLE TYPE OP MAKE Ford STYLE F150 COLOR WHT COMMERCIAL VEHICLE  YES  NO

VEHICLE LICENSE NO. 6YWK13 TRAILER TAG NO. \_\_\_\_\_ STATE FL YEAR TAG EXPIRES 2/21 PLACARDED HAZARDOUS MATERIAL  YES  NO

UPON A PUBLIC STREET OR HIGHWAY, OR OTHER LOCATION, NAMEDLY Share Blvd Wellington FL MOTORCYCLE  YES  NO

OTHER VIOLATION CITATIONS None

DID UNLAWFULLY COMMIT THE OFFENSE OF DRIVING UNDER THE INFLUENCE OF ALCOHOLIC BEVERAGES, CHEMICAL OR CONTROLLED SUBSTANCES; OR DRIVE, OR WAS IN ACTUAL PHYSICAL CONTROL OF A VEHICLE WHILE UNDER THE INFLUENCE OF AN ALCOHOLIC BEVERAGE/CHEMICAL SUBSTANCE/CONTROLLED SUBSTANCE TO THE EXTENT THAT PHYSICAL FACILITIES WERE IMPAIRED, OR WITH A BLOOD OR BREATH ALCOHOL LEVEL OF .08 OR ABOVE OF

COMMENTS PERTAINING TO OFFENSE: (Only one offense each class) DUI

AGGRESSIVE DRIVER  PASSENGER < 18 YEARS  YES  NO STATE STATUTE SECTION 316.193(1)(A)

CRASH  YES  NO DAMAGE TO OTHER PROPERTY  YES  NO INJURY TO ANOTHER  YES  NO SERIOUS BODILY INJURY TO ANOTHER  YES  NO FATAL  YES  NO

THIS IS A CRIMINAL VIOLATION, COURT APPEARANCE REQUIRED, AS INDICATED BELOW.

COURT DATE 3/12/2020 0830

COURT AND LOCATION 2002 Gu Club Rd West Palm Beach FL 33414

APPEARANCE REQUIRED TO PBE Jail DATE \_\_\_\_\_

I AGREE AND PROMISE TO COMPLY WITH THE CHARGES AND INSTRUCTIONS SPECIFIED IN THIS CITATION. WILLFUL REFUSAL TO ACCEPT AND SIGN THIS CITATION MAY RESULT IN ARREST. I UNDERSTAND BY SIGNATURE I AM NOT AN ADMISSION OF GUILT OR WAIVER OF RIGHTS. IF YOU NEED REASONABLE FACILITY ACCOMMODATIONS TO COMPLETE THIS CITATION, CONTACT THE CLERK OF THE COURT.

X SIGNATURE OF VIOLATOR [Signature]

EFFECTIVE IMMEDIATELY, YOUR DRIVING PRIVILEGE IS SUSPENDED/DISQUALIFIED FOR:

DRIVING WITH AN UNLAWFUL BLOOD OR BREATH ALCOHOL LEVEL. THIS SUSPENSION IS FOR A PERIOD OF SIX MONTHS IF THIS IS THE FIRST VIOLATION OR ONE YEAR IF PREVIOUSLY SUSPENDED FOR DRIVING WITH AN UNLAWFUL BLOOD OR BREATH ALCOHOL LEVEL. IF YOU HOLD A CDL OR YOU ARE OPERATING A CMV, YOUR COMMERCIAL DRIVER LICENSE/PRIVILEGE WILL ALSO BE DISQUALIFIED FOR ONE YEAR FOR THE FIRST OFFENSE OR PERMANENTLY DISQUALIFIED FOR A SUBSEQUENT OFFENSE.

REFUSAL TO SUBMIT TO LAWFUL BREATH, BLOOD OR URINE TEST SECTION 322.2615, F. S. THIS SUSPENSION IS FOR A PERIOD OF ONE YEAR IF THIS IS A FIRST REFUSAL OR 18 MONTHS IF PREVIOUSLY SUSPENDED FOR THIS OFFENSE. IF YOU HOLD A CDL OR YOU ARE OPERATING A CMV, YOUR COMMERCIAL DRIVER LICENSE/PRIVILEGE WILL ALSO BE DISQUALIFIED FOR A PERIOD OF ONE YEAR FOR A FIRST REFUSAL OR PERMANENTLY DISQUALIFIED FOR A SUBSEQUENT REFUSAL.

LICENSE SURRENDERED?  YES  NO REASON \_\_\_\_\_

ELIGIBLE FOR PERMIT?  YES  NO REASON \_\_\_\_\_

UNLESS INELIGIBLE, THIS CITATION SHALL SERVE AS A TEMPORARY DRIVER LICENSE AND WILL EXPIRE AT MIDNIGHT ON THE 10TH DAY FOLLOWING THE DATE OF SUSPENSION.

AT THE Leewardale Lakes BUREAU OF ADMINISTRATIVE REVIEWS OFFICE, YOU MAY REQUEST, WITHIN 10 DAYS AFTER THE DATE OF SUSPENSION, A REVIEW OF SUSPENSION BY THE DEPARTMENT OF HIGHWAY SAFETY AND MOTOR VEHICLES OR A REVIEW TO DETERMINE ELIGIBILITY FOR A RESTRICTED LICENSE IF THIS IS YOUR FIRST DUI RELATED OFFENSE. SEE REVERSE SIDE.

RANK: SIGNATURE OF OFFICER David Schnitzer 8783 DUI

NOT A CE