

ARREST / NOTICE TO APPEAR

1. Arrest 2. NTA 3. Request for Warrant 4. Request for Citation

1

JUVENILE

AD M I N I S T R A T I O N	OBTS Number	Agency ORI Number 0502600	Agency Name Palm Beach Gardens Police Department	Agency Report Number (N.T.A.'s only) 718 21-000016
D E F E N D A N T	Change Type: Check as many as apply <input type="checkbox"/> 1. Felony <input type="checkbox"/> 2. Traffic Felony <input type="checkbox"/> 3. Misdemeanor <input type="checkbox"/> 4. Traffic Misdemeanor <input type="checkbox"/> 5. Offense <input type="checkbox"/> 6. Other	If Weapon Seized Enter Type NONE		Multiple Charges Indicator
	Location of Arrest (Including Name of Business) 11000 N MILITARY TRAIL PBG, FL 33410		Location of Offense (Business Name, Address) 11000 N MILITARY TRAIL, PALM BEACH GARDENS, FL 33410	
C O D E D	Date of Arrest 01/02/2021	Time of Arrest 04:39	Booking Date 01/02/2021	Booking Time 04:49
	Name (Last, First, Middle) GAVAGNI, ERIC MICHAEL		Alias:	
J U V E N I L E	Race W - White 1 - American Indian B - Black O - Other/Asian S - Asian T - Other Physical Features (Location, Type, Description)	Sex M	Date of Birth 01/15/1998	Height 5'10
	Weight 140	Eye Color GREEN	Hair Color BLONDE /	Complexion LIGHT
C H A R G E	Local Address (Street, Apt. Number) 4960 82ND ST N, PALM BEACH GARDENS, FL 33418	City PALM BEACH GARDENS, FL	State FL	Zip 33418
	Permanent Address (Street, Apt. Number) 4960 82ND ST N, PALM BEACH GARDENS, FL 33418	City PALM BEACH GARDENS, FL	State FL	Zip 33418
I N T A K E	Business Address (Street, Street) STUDENT,	City PALM BEACH GARDENS, FL	State FL	Zip 33418
	DM Number, State G125213980150 / FL	Sex, Eye Number	IMS Number	Place of Birth (City, State) WEST PALM BEACH,
N O T I C E	Co-Defendant Name (Last, First, Middle)	Race	Sex	Date of Birth
	Co-Defendant Name (Last, First, Middle)	Race	Sex	Date of Birth
T O A P P E A R	Name (Last, First, Middle)		Relationship	
	Address (Street, Apt. Number)		City (State) (Zip)	
A D M I N I S T R A T I O N	Notified by: (Name)	Date	Time	JUVENILE DISPOSITION 1. Held/Placed within Department and Released 2. TOT IAC 3. Incarcerated
	Released To: (Name)	Relationship	Date	Time
H O L D	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 355-2526) informed of any change of address.		School Attended	
	Property Owned? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Description of Property	
P A G E	Drug Activity N: N/A P: Potomac	S: Salt R: Ray T: Traffic	E: Struggle D: Deliver U: Use	K: Disposal/Distribute
	M: Manufacture/Production/Cultivate	Z: Other	Drug Type N: N/A A: Amphetamine	R: Barbiturate C: Cocaine E: Heroin
P A G E	H: Hallucinogen	M: Marijuana	O: Opium/Opiate	S: Synthetic
	F: Phosphorothioate/Equipment	U: Unknown Z: Other	Violation of ORD #	
P A G E	Charge Description DUI - DRIVING UNDER THE INFLUENCE/NORMAL FACULTIES IMPAIRED	Statute Violation Number 316.193(1)(A)	Violation of ORD #	
	Drug Activity	Drug Type	Amount / Unit	Offense #
P A G E	Counts	Domestic Violence	Warrant / Citation Number	Bond
	Counts	Domestic Violence	Warrant / Citation Number	Bond
P A G E	Counts	Domestic Violence	Warrant / Citation Number	Bond
	Counts	Domestic Violence	Warrant / Citation Number	Bond
P A G E	Health / Apparent Physical Condition of Defendant		Any knowledge of the following: <input type="checkbox"/> Mental <input type="checkbox"/> Escape Risk <input type="checkbox"/> Medication <input type="checkbox"/> Delirium <input type="checkbox"/> Injuries	
	Check which apply: <input type="checkbox"/> Released O.R. <input type="checkbox"/> Released to Parent/Guardian <input type="checkbox"/> T.O.T. County Jail		PROPERTY - Received By	
P A G E	Transmitted By		Date Transmitted	Time Transmitted
	Transmitted By		Date Transmitted	Time Transmitted
P A G E	<input checked="" type="checkbox"/> INSTRUCTION NO. 1 - Mandatory appearance in court <input type="checkbox"/> INSTRUCTION NO. 2 - You need not appear in Court but must comply with instructions on Page 2.		Location (Court, Room) North County PALM BEACH GARD	
	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 FULLY 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.		Court Date and Time 02/03/2021 10:00:00	
P A G E	Signature of Defendant (or Juvenile and Parent/Custodian)		Date Signed	
	Signature of Arresting Officer ZUCCARELLI, M.		Name Verification (Printed by Arrestee)	
P A G E	Name of Arresting Officer (Print) ZUCCARELLI, M.		ID # 518	
	Transmitting Officer ZUCCARELLI		Agency PBGPD	
P A G E	Witness here if subject signed with an "X".		PAGE 1 OF 1	

J# 0520556

SUBJECT: Eric M. Gavagni

CASE NUMBER 21-000016

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:

WALK & TURN:

During the walk and turn, Eric failed to maintain balance during the task, not keeping his hands to his side as instructed. Eric struggled to stay in the ready position. Eric stumbled on step three, lost balance on seven, did not leave left foot planted during turn. On the way back (9 steps), Eric stumbled on three, then advised he had an equilibrium issue. I stopped the task being that Eric was risk of falling and injuring him self.

ONE LEG STAND:

During the task, Eric did not look down at his foot. Eric counted very fast in what appeared to be an attme to rush through the task. Eric also did not keep his hands to his side during the task. Eric's foot started approximately 6 inches height but decreased in elevation as he continued. Eric put his foot down on 1017 and appeared to struggle continuing. Eric continued the task and completed.

FINGER TO NOSE:

During the task, Eric did not close his eyes. Eric was repeatedly told the instructions. Durig the task Eric touched the bridge of nose with his left finger before being told to do so. Eric then began the task once instructed, first left was the bridge of his nose first right was the bridge of his nose, second left was on the bridge of his nose, third left was on the tip of his nose, third right w on the tip of his nose, the fourth time, fourth right was tip of nose, fourth left was tip of his nose.

ROMBERG ALPHABET:

Eric was instructed to resight the alphabet in non-rythmic manner. Eric sang his alphabet.

BREATH TEST RESULTS: [1] refusal [2] [3] [4]

STATE OF FLORIDA
COUNTY OF PALM BEACH

[Signature]
(Signature of Arresting/Investigative Officer)

The foregoing instrument was sworn to or affirmed and subscribed before me this 2nd day of January 2021 by

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

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



D.U.I. PROBABLE CAUSE AFFIDAVIT

ON THE 02 DAY OF January 20 21 AT 0418 AM PM

SUBJECT: Eric M. Gavagni

CASE NUMBER: 21-000016

AGENCY: PBGPD

ARRESTING OFFICER: Zuccarelli

PERSONAL CONTACT

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

Driver was backing in and out of a parking spot abruptly and at a quick speed when I arrived while on routine patrol. Vehicle was appearing to be backing into a parking spot, continuously moving forward and backward. Driver stopped and parked the vehicle partially in a parking space obstructing the roadway then got out and proceeded to walking into the CVS pharmacy.

OBSERVATION OF DRIVER:

The driver stumbled as he exit the vehicle and having to lean on the vehicle for balance as he walked from the driver side to the trunk. While speaking with the driver, his eyes were glassy and bloodshot as he was uneasy on his feet, swaying from left to right. Drivers speech was slurred as he was trying to explain what was going on, making inconsistent and random statements.

DRIVER'S STATEMENTS:

Driver advised he is coming from his sisters house on Lilac Rd. Eric advised he is trying to rush into CVS and that his tints are dark. Eric denied consuming any alcohol but advised he is on medication.

ODORS:

Unknown alcoholic beverage.

GENERAL OBSERVATIONS

SPEECH: Slurred

ATTITUDE: Cooperative.

CLOTHING: Green shirt, black shorts, grey shoes.

MEDICAL/OTHER: Equilibrium, mood stabilizers.

STATE OF FLORIDA
COUNTY OF DEER BEACH

(Signature of Arresting/Investigative Officer)

The foregoing instrument was sworn to or affirmed and subscribed before me this

2nd day of January 20 21 by

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

T Lealey
Notary Public, Clerk of Court, Officer (F.S.S 117.1)



Evans

TESTING FACILITY TASK REPORT

AGENCY: PBG
SUBJECT: Gavagni, Eric M
CASE NUMBER: 21-021436
DATE: Jan 2, 2021
VIDEO DVD NUMBER: N/A
BEGINNING TIME: 0607
ENDING TIME: 0616

BREATH TESTS RESULTS: 1) R TIME 0608 A.M. P.M. 2) n/a TIME 0 A.M. P.M.
3) n/a TIME 0 A.M. P.M. 4) n/a TIME 0 A.M. P.M.

BREATH OPERATOR: Thomas H Leahey #19183

MAINTENANCE TECHNICIAN: Jason Karlecke #6467

TESTING OFFICER'S OBSERVATIONS

SPEECH: slurred, thick

ATTITUDE: talkative, fidgety, sleeping

CLOTHING: gray shorts, lt green t-shirt, gray sneakers

MEDICAL CONDITIONS: equilibrium, mood stabilizers

MEDICATIONS: Adderall, Seroquel, Limictal, Buprofin

OTHER:

eyes are glassy and bloodshot
odor of unknown alcoholic beverage on breath

REFUSED

COMMENTS:

arrived at center A/O conducted 20 minute observation period 0545 hrs
subject refused to perform breath test
A/O read I/C & subject understood I/C
subject refused to perform breath test
A/O read rights & subject understood rights
A/O conducted Q&A
subject answered questions

REFUSED



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

PBSO CASE # 20-021436 PBSO ZONE 3-13

AGENCY CASE # 21-000016 CRASH CASE # _____

TIME OF STOP/CRASH 0418 DATE 1/2/21 DAY Saturday

SUBJECT'S NAME Eric M. Bavagni RACE White SEX Male

HGT 5'10 WGT 155 DOB 1/15/98

LOCATION 11000 N. Military Trail., P.B., FL 33410

ARRESTING OFFICER'S NAME & ID Zuccarelli #518 AGENCY PBB

DIVISION: Patrol

NOTIFIED BY COMMO Yes

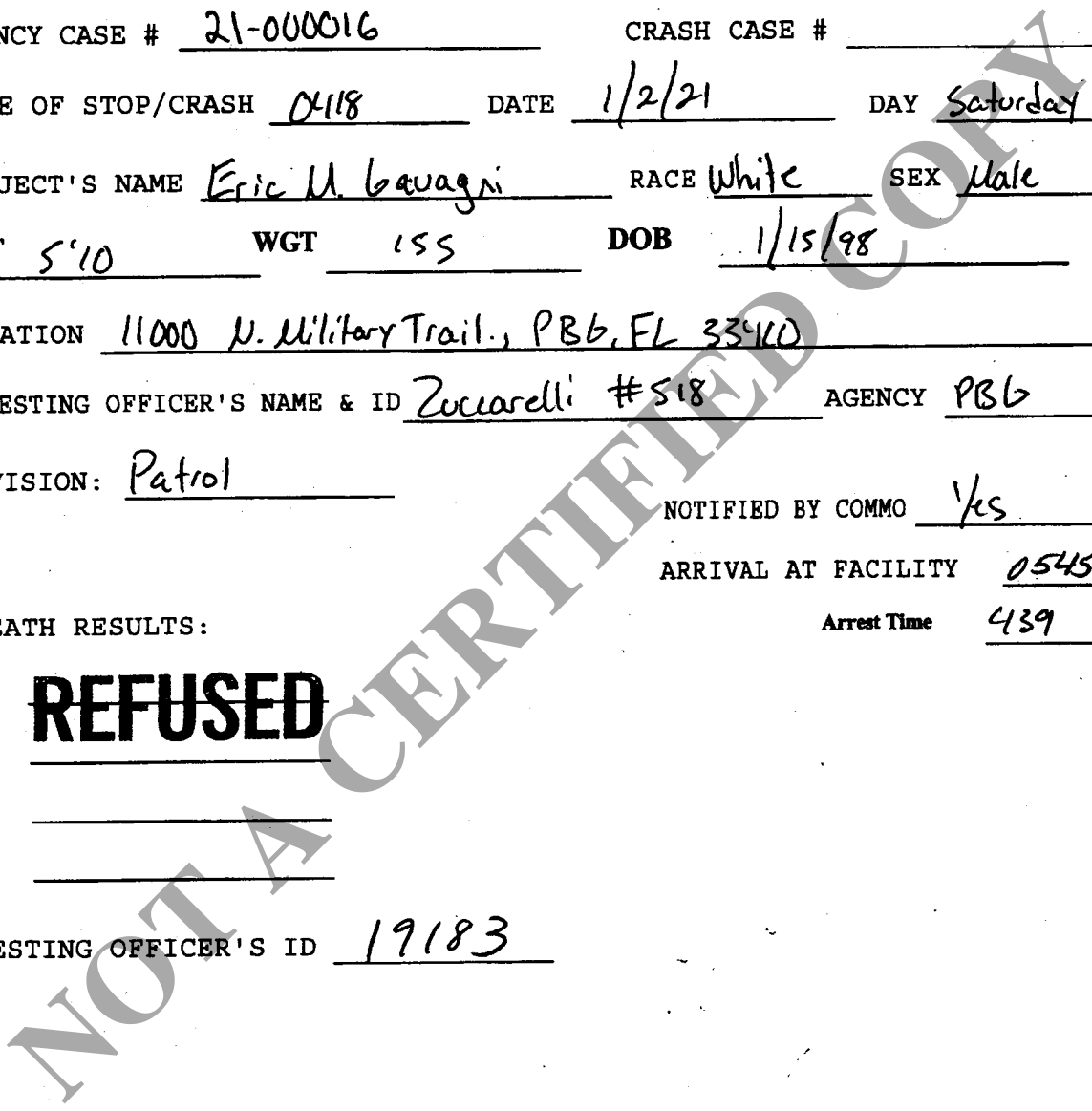
ARRIVAL AT FACILITY 0545

Arrest Time 439

BREATH RESULTS:

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

TESTING OFFICER'S ID 19183



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

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

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

or affirm that on or about the 2 day of January, 20 21, at 0439 P.M. A.M.

DRIVER Eric Michael Gavagni
(Type or Print) FIRST NAME MIDDLE OR MAIDEN NAME LAST NAME

DL# G125213980150, state of Florida, was placed under lawful arrest for

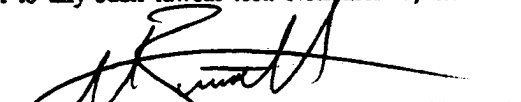
the offense of 316.193(1)(a) (DUI) by Michael Zuccarelli and
(Name of Arresting Officer)

issued Citation # A56HG0E

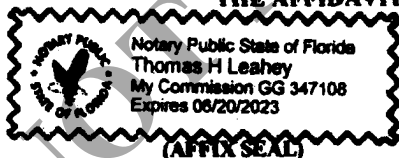
That on or about the 2 day of January, 20 21, at 0608 P.M. A.M.

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)



The foregoing instrument was sworn and subscribed before

me this 2nd day of January, 20 21,

by Michael Zuccarelli,

who is personally known to me or who has produced

known as identification

Notary Public T. Leahy

The foregoing instrument was sworn and subscribed before me:

Signature of Attesting Officer

Title

Date

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.

QUESTIONS AND ANSWERS

I AM NOW GOING TO ASK YOU QUESTIONS. WITH THESE QUESTIONS IN MIND, YOU MAY HAVE SOME OF THE FOLLOWING QUESTIONS:

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?

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 ACCIDENT? ARE YOU UNDER THE INFLUENCE?

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

WHAT? WHERE? WHEN?

WHAT KIND OF WORK ARE YOU DOING? WHEN DID YOU START?

DO YOU HAVE ANY PHYSICAL DEFECTS OR INJURIES? WHAT?

ARE YOU TAKING ANY MEDICINE? WHAT'S WRONG?

DO YOU HAVE ANY HEAD INJURY OR BUMP ON THE HEAD RECENTLY?

WHERE DID YOU GET THE INJURY?

HAVE YOU BEEN TO ANY PHYSICIAN'S OFFICE OR HOSPITAL TODAY?

HOW DID YOU GET TO THE OFFICE OR HOSPITAL? WHO?

DO YOU HAVE ANY OTHER QUESTIONS? WHAT?

NAME: _____
ADDRESS: _____
CITY: _____
STATE: _____
ZIP: _____

DO YOU HAVE ANY OTHER QUESTIONS THAT ARE NOT COVERED BY THESE QUESTIONS?

DO YOU HAVE ANY OTHER QUESTIONS THAT ARE NOT COVERED BY THESE QUESTIONS?

DO YOU HAVE ANY OTHER QUESTIONS THAT ARE NOT COVERED BY THESE QUESTIONS?

File 117

CASE NUMBER

INVESTIGATION FOR THE IN A MOTOR

NOTE: I HAVE ONLY ONE PENNACIL AVAILABLE TO THE TYPE OF TEST

OR

OR

OR

THE SUBJECT DOES NOT CONVEY

at the cell #518 of the PISC

I have requested above your privilege to contact a relative or friend for a period of 15 minutes if your privilege has been suspended for 15 days or more for the purpose of testing your breath, urine or blood. Additionally, if you are a member of your club or your religious organization and have previously suspended for 15 days or more for the purpose of testing your breath, urine or blood, you will be given a 15-minute grace period in addition to the 15 minutes from suspension of any other suspension.

SUBJECT'S SIGNATURE: *Lead on camera*

CONSTITUTIONAL WARNINGS

I AM BEING INTERVIEWED BY THE POLICE AND I MAKE ANY STATEMENTS THAT I

- 1. I understand my rights and I know what I am doing.
- 2. I am aware of my rights and I know what I am doing.
- 3. I am aware of my rights and I know what I am doing.
- 4. I am aware of my rights and I know what I am doing.
- 5. I am aware of my rights and I know what I am doing.
- 6. I am aware of my rights and I know what I am doing.
- 7. I am aware of my rights and I know what I am doing.
- 8. I am aware of my rights and I know what I am doing.
- 9. I am aware of my rights and I know what I am doing.
- 10. I am aware of my rights and I know what I am doing.

SUBJECT'S SIGNATURE: *[Signature]*



Palm Beach County Sheriff's Office – Arrests Only

	X	Florida State Statute	Description	Page Number(s)
L/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"/>			
	<input type="checkbox"/>			
Other	<input type="checkbox"/>		Other:	
	<input type="checkbox"/>		Other:	

REVIEW COMPLETED BY

Booking Number: 2021000102	Date: 01/03/2020
	Specialist Name/ID: AM/31562