

0524151 21CT 10593 SB 706

ADJUTANT GENERAL		ARREST / NOTICE TO APPEAR		1. Arrest 2. N.T.A.		3. Request for Warrant 4. Request for Copies		1		JUVENILE			
Agency ORI Number 0500400		Agency Name Delray Beach Police Department		Agency Report Number (N.T.A.'s only) 410 21-007701									
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: UNARMED		Multiple Clearance Indicator 2									
Location of Arrest (Including Name of Business) 400 S SWINTON AVE DELRAY BEACH FL 33444		Location of Offense (Business Name, Address) 400 S SWINTON AVE, DELRAY BEACH, FL 33444											
Date of Arrest 06/25/2021		Time of Arrest 02:40		Booking Date 06/25/2021		Booking Time 02:50		Jail Date //		Jail Time //			
Name (Last, First, Middle) CHUN MATUL, EVELIO BALDEMAR		Alias: Alias (Name, DOB, Soc. Sec. #, Etc.)											
Race W - White I - American Indian B - Black O - Oriental/Asian W		Sex M		Date of Birth 01/11/1989		Height 5'02		Weight 165		Eye Color BLACK			
										Hair Color BLACK			
										Complexion MEDIUM			
										Build MEDIUM			
Local Address (Street, Apt. Number) 3017 PARKER AVE, WEST PALM BEACH, FL 33405		(City) (City)		(State) (State)		(Zip) (Zip)		Phone (561) 891-5964		Residence Type: 1. City 2. County 3. Florida 4. Out of State 2			
Permanent Address (Street, Apt. Number) 3017 PARKER AVE, WEST PALM BEACH, FL 33405		(City) (City)		(State) (State)		(Zip) (Zip)		Phone (561) 891-5964		Address Source VERBAL			
Business Address (Name, Street) (City)		(State) (State)		(Zip) (Zip)				Phone (561) 891-5964		Occupation VERBAL			
DL Number, State C534202890110 / FL		Sec. Sec. Number (City)		INS Number (State)		Place of Birth (City, State) GUATEMALA,		Citizenship GT					
Co-Defendant Name (Last, First, Middle) (City)		Race (State)		Sex (Zip)		Date of Birth (City)		<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		<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) (City)		Race (State)		Sex (Zip)		Date of Birth (City)		<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		<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			
<input type="checkbox"/> Permit <input type="checkbox"/> Other (City)		Name (Last, First, Middle) (State)		(Zip) (Zip)		Business Phone (City)		Residence Phone (State)		Business Phone (Zip)			
Notified by: (Name) (City)		Date (State)		Time (Zip)		JUVENILE DISPOSITION 1. Handled/Processed within Department and Released 2. TOT JAC 3. Incarcerated							
Released To: (Name) (City)		Relationship (State)		Date (Zip)		Time (City)							
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.		<input type="checkbox"/> Yes, by: <input type="checkbox"/> No		School Attended (City)		Grade (State)		Property Owned? <input type="checkbox"/> Yes <input type="checkbox"/> No		Description of Property (Zip)			
Drug Activity N. N/A P. Possession S. Sell B. Buy T. Traffic R. Struggle D. Deliver E. Use K. Disperse/ 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/Opium P. Paraphernalia/ Equipment S. Synthetic U. Unknown Z. Other		Drug Type N. N/A A. Amphetamine B. Barbiturate C. Cocaine E. Heroin H. Hallucinogen M. Marijuana O. Opium/Opium P. Paraphernalia/ Equipment S. Synthetic U. Unknown Z. Other		Drug Type N. N/A A. Amphetamine B. Barbiturate C. Cocaine E. Heroin H. Hallucinogen M. Marijuana O. Opium/Opium P. Paraphernalia/ Equipment S. Synthetic U. Unknown Z. Other		Drug Type N. N/A A. Amphetamine B. Barbiturate C. Cocaine E. Heroin H. Hallucinogen M. Marijuana O. Opium/Opium P. Paraphernalia/ Equipment S. Synthetic U. Unknown Z. Other		Drug Type N. N/A A. Amphetamine B. Barbiturate C. Cocaine E. Heroin H. Hallucinogen M. Marijuana O. Opium/Opium P. Paraphernalia/ Equipment S. Synthetic U. Unknown Z. Other		Drug Type N. N/A A. Amphetamine B. Barbiturate C. Cocaine E. Heroin H. Hallucinogen M. Marijuana O. Opium/Opium P. Paraphernalia/ Equipment S. Synthetic U. Unknown Z. Other	
Charge Description DRIVING WHILE UNDER INFLUENCE		Statute Violation Number 316.193(1A)		Violation of ORD # (City)									
Drug Activity N		Drug Type N		Amount / Unit /		Offense # 21-007701		Counts 1		Domestic Violence <input type="checkbox"/> Y <input checked="" type="checkbox"/> N			
Charge Description NO DRIVERS LICENSE - NEVER HAD ONE ISSUED		Statute Violation Number 322.03(1)		Violation of ORD # (City)									
Drug Activity N		Drug Type N		Amount / Unit /		Offense # 21-007701		Counts 1		Domestic Violence <input type="checkbox"/> Y <input checked="" type="checkbox"/> N			
Charge Description (City)		Statute Violation Number (State)		Violation of ORD # (Zip)									
Drug Activity (City)		Drug Type (State)		Amount / Unit (Zip)		Offense # (City)		Counts (State)		Domestic Violence <input type="checkbox"/> Y <input checked="" type="checkbox"/> N			
Health / Apparent Physical Condition of Defendant (City)		Any knowledge of the following: <input type="checkbox"/> Mental <input type="checkbox"/> Escape Risk <input type="checkbox"/> Medication <input type="checkbox"/> Deformities <input type="checkbox"/> Injuries Explain: (State)		Check which applies: <input type="checkbox"/> Released O.R. <input type="checkbox"/> Released to Parent/Guardian <input type="checkbox"/> T.O.T. County Jail <input type="checkbox"/> Posted Bond <input type="checkbox"/> South County Mental Health		PROPERTY - Received By (City)		Released By (State)		Released To (Zip)			
Transported By (City)		Date Transported (State)		Time Transported (Zip)		Other (City)							
<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) South County 200 W Atlantic Ave Delray Beach, FL 33444		Court Date and Time 07/22/2021 08:30:00									
I AGREE TO APPEAR AT THE TIME AND PLACE DESIGNATED TO ANSWER THE OFFENSE CHARGED OR TO PAY THE FINE SUBSCRIBED. I UNDERSTAND THAT IF 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/Custodian) (City)		Date Signed (State)									
HOLD for Other Agency <input type="checkbox"/> Dangerous <input type="checkbox"/> Resisted Arrest <input type="checkbox"/> Resisted <input type="checkbox"/> Other (City)		Signature of Arresting Officer (Print) PENAGOS, CARLOS		ID # 1190		Name Verification (Printed by Arrestee) (City)		Date Signed (State)		Page 1 of 1			
Intake Deputy Sptm 6101		Transporting Officer PENAGOS		ID # 1190		Agency DBPD		Whom here if subject signed with an "X". (City)					

CLERK
JUL 26 AM 7:56
CLUB
Photo Available

D.U.I. PROBABLE CAUSE AFFIDAVIT

ON THE 25 DAY OF June, 2021 AT 0131 HRS,

IN THE CITY OF Delray Beach, COUNTY OF PALM BEACH, STATE OF FLORIDA,

SUBJECT: Evelio Baldemar Chun Matul CASE NUMBER: 21-007701

AGENCY: Delray Beach Police ARRESTING OFFICER: Carlos Penagos

PERSONAL CONTACT

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

On June 25, 2021, I responded to 400 S Swinton Ave to conduct a DUI investigation.

Upon arrival I made contact with Hispanic male Evelio Baldemar Chun Matul (DOB 01/11/1989) who was involved in a motor vehicle accident. I read Chun Matul his Miranda Warning from my preprinted Miranda Card which he verbally advised he understood. Chun Matul post Miranda stated that he was driving his vehicle a black Mazda FL tag# QQZT93 from some where in the city of West Palm Beach. Chun Matul stated that he at restaurant and drank three Corona Beers. I asked Chun Matul how long ago he had his last beer and he stated, "just now". Chun Matul was the sole occupant of the vehicle. See Crash report for further.

OBSERVATION OF DRIVER:

The defendant appeared impaired, had glossy, reddened eyes, slow dexterity, flush face, slow comprehension, and had the odor of an unknown alcoholic beverage about their breath. The defendant appeared unstable while walking to an area for roadside tasks.

DRIVERS STATEMENTS:

The defendant stated that he had 3-5 Coronas at the time of dinner.

ODORS:

Unknown odor of alcohol substance.

GENERAL OBSERVATIONS

SPEECH: Slow, slurred, mumbled

ATTITUDE: Polite, talkative, calm

CLOTHING: White T-shirt, black pants, black sneakers

MEDICAL/OTHER: _____

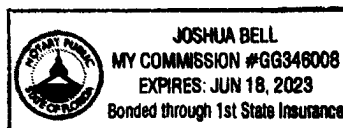
STATE OF FLORIDA
COUNTY OF PALM BEACH

(SIGNATURE OF ARRESTING OFFICER)

THE FORGOING INSTRUMENT WAS SWORN TO OR AFFIRMED AND SUBSCRIBED BEFORE ME THIS 25 DAY OF June, 2021 BY Carlos Penagos

WHO IS PERSONALLY KNOWN TO ME AND/OR PRODUCED IDENTIFICATION. TYPE OF IDENTIFICATION PRODUCED _____

NOTARY PUBLIC, CLERK OF COURT, OFFICER (FS-117.10)





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

PBSO CASE # 21-079345 PBSO ZONE 4-11
AGENCY CASE # 21-007701 CRASH CASE # 21-007701
TIME OF STOP/CRASH 0131 DATE 06/25/21 DAY FRIDAY
SUBJECT'S NAME CHUN MATUL, EVILIO BALDEMAR RACE W SEX M
HGT 5'5 WGT 165 DOB 01/11/1989
LOCATION 400 S SWINTON AVE
ARRESTING OFFICER'S NAME & ID C. PENAGOS #1190 AGENCY DBPD
DIVISION: _____ NOTIFIED BY COMMO YES
ARRIVAL AT FACILITY 0234
BREATH RESULTS: Arrest Time 0206
1. .295
2. .299
3. N/A
4. N/A
TESTING OFFICER'S ID BELL 8656

SUBJECT: Evelio Baldemar Chun Matul

CASE #: 21-007701

ROADSIDE TASKS

HORIZONTAL GAZE NYSTAGMUS: OF 6

☒ 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:

Defendant had trouble following directions

Defendant did not follow the stimulus and turned his head in multiple occasions.

Defendant swayed while I was giving him the instructions.

WALK & TURN: OF 8

The defendant failed to maintain balance while the instructions were given

The defendant did not touch heel to toe and walked without counting out loud.

He raised his arms over six inches for balance. The defendant was reminded of the instructions multiple times.

The defendant as he was walking forward he lost his balance and stepped off the line multiple times.

ONE LEG STAND: OF 4

The defendant swayed while balancing

Used arms for balance (raised arms over six inches)

The defendant did not count at loud and was reminded of the instructions

The defendant hopped and switched from his right leg to the left without counting.

Could not keep balance to the point that he almost fall. I had to assist the defendant as he was falling while trying to raise one of his legs.

FINGER TO NOSE: OF 4

The defendant failed to tilt head back and kept his eyes open. The defendant was reminded to place his hand down once he touched his nose. The defendant was swaying while standing.

ROMBERG ALPHABET: OF 4

The defendant was asked to count from the number "46" to "66". He failed to close his eyes and tilt his head back.

Swayed while standing

Used arms for balance (raised arms over six inches)

stopped counting prior to the number that he was instructed to count. He stopped at number "56".

BREATH TEST RESULTS: 1) .295 2) .299 3) 4)

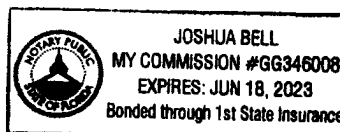
STATE OF FLORIDA
COUNTY OF PALM BEACH

(SIGNATURE OF ARRESTING OFFICER)

THE FORGOING INSTRUMENT WAS SWORN TO OR AFFIRMED AND SUBSCRIBED BEFORE ME THIS 25 DAY OF June, 2021 BY Carlos Penagos

WHO IS PERSONALLY KNOWN TO ME AND/OR PRODUCED IDENTIFICATION. TYPE OF IDENTIFICATION PRODUCED

NOTARY PUBLIC, CLERK OF COURT, OFFICER (FSS 117.10)



TESTING FACILITY TASK REPORT

AGENCY: DBPD

SUBJECT: CHUN MATUL, EVELIO BALDEMAR

CASE NUMBER: 21-079345

DATE: Jun 25, 2021

VIDEO DVD NUMBER: N/A

BEGINNING TIME: 0256

ENDING TIME: 0317

BREATH TESTS RESULTS: 1) .295 TIME 0303 A.M. ☒ P.M. ☐ 2) .299 TIME 0306 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: SPANISH SPEAKING, SLURRED

ATTITUDE: REPETITIVE

CLOTHING: WHITE TEE SHIRT, BLACK PANTS, BLACK SHOES

MEDICAL CONDITIONS: NONE

MEDICATIONS: NONE

OTHER:

EYES: BLOODSHOT, GLASSY

SUBJECT STATED HE DRANK 5 BEERS Q AND A

COMMENTS:

ARRIVED AT DUI TESTING FACILITY AND BEGAN THE 20 MINUTE OBSERVATION AT 0234 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

SUBJECT: Chun Matul, Evelio

CASE NUMBER: 21-007701

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

**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: 06/25/2021

Date of Last Agency Inspection: 06/11/2021

Observation Period Began: 02:34

Subject's Name: EVELIO BALDEMAR CHUN MATUL

DOB: 01/11/1989 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		03:01
	Air Blank	0.000	03:01
	Control Test	0.080	03:01
	Air Blank	0.000	03:02
	Subject Sample #1	0.295	03:03
	Air Blank	0.000	03:03
	Air Blank	0.000	03:05
	Subject Sample #2	0.299	03:06
	Air Blank	0.000	03:06
	Control Test	0.079	03:07
	Air Blank	0.000	03:07
	Diagnostics Check OK		03:07

Cylinder Lot: 02021080A1

Exp: 03/05/2023

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 JOSHUA J BELL, 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: 06/25/21

Sworn to (or affirmed) before me this 25 day of June, 2021

Signature of Notary Public-State of Florida

OFC. C. Penagos #1190
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 322.2615, F.S.

SUBJECT: Chun Matul, Evelio CASE NUMBER: 21-007701

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: OFC. Penagos #1190

D.U.I. WITNESS LIST

CASE #: 21-007701

ARRESTING OFFICER: Carlos Penagos

ADDRESS: 300 W Atlantic Ave, Delray Beach, FL 33444

PHONE NUMBERS (HOME): 561-243-7800 (WORK):

CAN TESTIFY TO: Refer to PC

NAME: Ofc. Morales

ADDRESS: 300 W Atlantic Ave, Delray Beach, FL 33444

PHONE NUMBERS (HOME): 561-243-7800 (WORK):

CAN TESTIFY TO:

NAME: Ofc. Privitera

ADDRESS: 300 W Atlantic Ave, Delray Beach, FL 33444

PHONE NUMBERS (HOME): 561-243-7800 (WORK):

CAN TESTIFY TO: Car crash.

NAME:

ADDRESS:

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:

NAME:

ADDRESS:

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:

NAME:

ADDRESS:

PHONE NUMBERS (HOME): (WORK):

CAN TESTIFY TO: