

21CT2731AMB

ARREST / NOTICE TO APPEAR  
Juvenile Referral Report

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

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>06-21-038001</b>	
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		Weapon Seized / Type 2 <input type="checkbox"/> 1. Yes <input type="checkbox"/> 2. No		Multiple Clearance Indicator 1			
Location of Arrest (Including Name of Business) <b>BLUE HERON BV AND I-95 RIVIERA BCH FL</b>				Location of Offense (Business Name, Address) <b>BLUE HERON BV AND I-95 #N/A, RIVIERA BEACH FL 33404</b>			
Date of Arrest <b>02/22/2021</b>	Time of Arrest <b>0142</b>	Booking Date	Booking Time	Jail Date	Jail Time	Location of Vehicle <b>KAUFF'S TOWING</b>	
Name (Last, First, Middle) <b>BENGOCHEA LAMBOY, GABRIEL, HOMAR</b>				Alias (Name, DOB, Soc. Sec. #, Etc.)			
Race W - White I - American Indian S - Black O - Oriental/Asian <b>W</b>	Sex <b>M</b>	Date of Birth <b>11/30/1981</b>	Height <b>510</b>	Weight <b>165</b>	Eye Color <b>BRO</b>	Hair Color <b>BLK</b>	Complexion <b>MED</b>
Scars, Marks, Tattoos, Unique Physical Features (Location, Type, Description) <b>NONE</b>				Marital Status <b>Married</b>	Religion <b>JEHOVAH</b>	Indication of Alcohol Influence Drug Influence Y <input type="checkbox"/> N <input type="checkbox"/> UN <input type="checkbox"/>	
Local Address (Street, Apt. Number) <b>736 7TH WAY, WEST PALM BEACH FL 33407</b>		(City)	(State)	(Zip)	Phone <b>(561) 685 6990</b>	Residence Type: 1. City 2. County 3. Florida 4. Out of State <b>2</b>	
Permanent Address (Street, Apt. Number)		(City)	(State)	(Zip)	Phone	Address Source <b>DEFENDANT</b>	
Business Address (Name, Street)		(City)	(State)	(Zip)	Phone	Occupation <b>REAL ESTATE</b>	
DL Number, State <b>B52288814300,</b>		Soc. Sec. Number		INS Number		Place of Birth (City, State) <b>HUMACA PUERTO RICO</b>	
Citizenship <b>US</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"/> 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"/> 2. At Large <input type="checkbox"/> 3. Felony <input type="checkbox"/> 4. Misdemeanor <input type="checkbox"/> 5. Juvenile		
Parent Legal Custodian Other: Name (Last) (First) (Middle)		Address (Street, Apt. Number)		(City)	(State)	(Zip)	Residence Phone
Business Phone		Notified by: (Name)		Date	Time	Juvenile Disposition 1. Handled/processed within Dept. and Released. 2. TOT HRS / DYS 3. Incarcerated	
Released To: (Name)		Relationship		Date	Time		
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 365-2526) informed of any change of address. <input type="checkbox"/> Yes, by: (Name) <input type="checkbox"/> No. (Reason)				School Attended		Grade	
Property Crime? <input type="checkbox"/> Yes <input type="checkbox"/> No		Description of Property		Value of Property			
Drug Activity S. Sell N. N/A P. Possess		S. Sell N. N/A P. Possess 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>DUI</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>N/A</b>	Offense # <b>21-038001</b>	Warrant / Capias Number		Bond	
Charge Description		Counts	Domestic Violence <input type="checkbox"/> Y <input 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 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 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>3228 GUN CLUB RD WEST PALM BEACH FL 33406</b>							
Court Date and Time Month <b>MARCH</b> Day <b>11</b> Year <b>2021</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 /Custodian)						Date Signed <b>02/22/2021</b>	
HOLD for other Agency Name:		Signature of Arresting Officer <b>[Signature]</b>		Name Verification (Printed by Arrestee) <b>FEB 22 AM 8:48</b>			
<input type="checkbox"/> Dangerous <input type="checkbox"/> Resisted Arrest <input type="checkbox"/> Suicidal <input type="checkbox"/> Other:		Name of Arresting Officer (Print) <b>INV E. K. WHITE</b>		I.D. # <b>7209</b>		(PRINT)	
Intake Deputy <b>[Signature]</b>		I.D. #		Pouch #		PAGE <b>1</b> OF <b>1</b>	
Transporting Officer <b>INV E. K. WHITE</b>		ID # <b>7209</b>		Agency <b>PBSO</b>		Witness here if subject signed with an "X"	

FD-900 (Rev. 8-87)

DISTRIBUTION: WHITE - COURT COPY GREEN - STATE ATTORNEY YELLOW - AGENCY PINK - AGENCY GOLD - DEFENDANT (N.T.A.'s ONLY)

J#0402942

SCANNED FEB 22 2021

FILED  
FEB 22 AM 6  
P# 2324  
GUN CLUB RD WEST PALM BEACH FL 33406

OBTS Number		<b>PROBABLE CAUSE AFFIDAVIT</b>			1	Juvenile
Agency ORI Number <b>FLO 5 0 0 0 0 0</b>		Agency Name <b>PALM BEACH COUNTY SHERIFF'S OFFICE</b>		Agency Report Number <b>06 - 21038001</b>		
Charge Type: <input type="checkbox"/> 1. Felony <input checked="" type="checkbox"/> 3. Misdemeanor <input type="checkbox"/> 5. Ordinance Check as many <input type="checkbox"/> 2. Traffic Felony <input type="checkbox"/> 4. Traffic Misdemeanor <input type="checkbox"/> 6. Other as apply.				Special Notes:		
Defendant's Name (Last, First, Middle) <b>BENGOCHEA, GABRIEL H</b>				Race <b>W</b>	Sex <b>M</b>	Date of Birth <b>11/30/1981</b>
Charge Description <b>DUI</b>		Charge Description				
Charge Description		Charge Description				
Victim's Name (Last, First, Middle) <b>State of Florida</b>				Race	Sex	Date of Birth
Victim's Local Address (Street, Apt. Number)		(City)	(State)	(Zip)	Phone	Address Source
Victim's Business Address (Name, Street)		(City)	(State)	(Zip)	Phone	Occupation
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. The Person taken into custody...						
<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.				
<input type="checkbox"/> confessed to _____ admitting to the below facts.		<input type="checkbox"/> was found to have committed the below acts, resulting from my (described) investigation.				
On the 22 day of Feb, 20021 at 0107 <input checked="" type="checkbox"/> A.M. <input type="checkbox"/> P.M. (Specifically include facts constituting cause for arrest).						

**NARRATIVE:**

I was working for the Palm Beach County Sheriff's Office Road Patrol Division driving a marked Sheriff's Office vehicle and wearing a full Sheriff's Uniform and full duty belt. At this time I was responding to back up a Deputy on a traffic stop at Blue Heron Blvd and S/R 9, Riviera Beach Florida.

As I responded on Blue Heron Blvd from US#1 I observed a black sedan traveling west bound in front of me and the vehicle passed a slower moving truck by crossing over the double yellow line into the eastbound lanes of traffic. The black sedan then accelerated, getting back into the westbound lanes of traffic.

As I followed the vehicle I paced the vehicle traveling at over 78 mph in a posted 40 mph speed zone. The pace clock was from Old Dixie Highway to Garden Road which just over 1.5 miles.

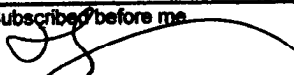
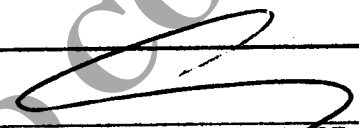
I activated my blue light from a distance and the black sedan slowed down and I was able to observe that it had Florida tag KXIY84 affixed to the rear. The vehicle came to a stop at the on ramp to S/R-9.

I made contact with the male driver who was the only occupant. I asked him for his driver's license and he opened a brown phone case in attempts to hand me a Costco card. The male then stated he was trying to get home. I asked if he had a medical emergency to explain his high rate of speeds and he stated he just needed to get home.

## NARRATIVE CONTINUATION

At this point I had the male step out of the vehicle as he appeared very anxious as if he wanted to leave.

I also observed that he had glassy, bloodshot eyes and his speech was mumbled, slow and deliberate. Based on my observation and beliefs that he was impaired I summoned for a DUI investigator to respond.

Sworn and Subscribed before me	
	
Signature Notary Public / Clerk of Court / Officer (F.S.S 117.10)	Signature of Arresting / Investigating Officer
<b>D/S McDonald #30986</b>	
Name of Notary Public / Clerk of Court / Officer (F.S.S 117.10)	Name of Officer (Please Print)
<b>02/21/21</b>	<b>02/21/21</b>
Date	Date

NOT A CERTIFIED COPY

PROBABLE CAUSE AFFIDAVIT

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

1 Juvenile N

Agency ORI Number: FLO 500000 Agency Name: PALM BEACH COUNTY SHERIFF'S OFFICE Agency Report Number: 06-21-038001

Charge Type: 1. Felony 2. Traffic Felony 3. Misdemeanor 4. Traffic Misdemeanor 5. Ordinance 6. Other

Name (Last, First, Middle): BENGOCHEA LAMBOY, GABRIEL, HOMAR Alias: Race: W Sex: M Date of Birth: 11/30/1961

Charge Description: DUI 316.198(1)A

Charge Description: (Empty)

Victim's Name (Last, First, Middle): (Empty) Race: Sex: Date of Birth: (Empty)

Local Address (Street, Apt. Number): (Empty) (City): (State): (zip): Phone: (Empty) Address Source: (Empty)

Business Address (Name, Street): (Empty) (City): (State): (zip): Phone: (Empty) Occupation: (Empty)

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.
The Person taken into custody
[ ] committed the below acts in my presence. [ ] was observed by \_\_\_\_\_ who told \_\_\_\_\_ that he/she saw the arrested person commit the below acts.
[ ] confessed to \_\_\_\_\_ admitting to the below facts. [x] was found to have committed the below acts, resulting from my (described) investigation.
On the 22 day of FEBRUARY 20 21 at 0107 [ ] A.M. [x] P.M. (Specifically include facts constituting cause for arrest.)

On Monday, February 22, 2021 at approximately 0107 hours, I responded to Blue Heron Boulevard and I-95, in the City of Riviera Beach (Palm Beach County) Florida to assist Deputy [redacted] with a traffic stop that involved a possible drunk driver. Upon my arrival I saw D/S [redacted] patrol car stopped behind a black Mercedes Benz, bearing current Florida license plates "KXTY84", with his emergency lights activated. Both vehicles were in the inside through lane that accessed I-95. I also saw a Hispanic male sitting on the concrete curb of the center median next to the black vehicle. Other units were on scene as back up officers. I made contact with D/S [redacted] who told me he conducted a traffic stop on the vehicle after he watched it improperly pass another vehicle. While overtaking it the vehicle accelerated to a speed well above the posted speed limit. He activated his emergency lights in an effort to stop the vehicle for the previously mentioned violations. During the traffic stop he suspected the driver to possibly be impaired. He asked that a DUI unit respond to his location to access the driver for DUI. D/S [redacted] wrote a sworn witness statement on a probable cause affidavit detailing his involvement with this case.

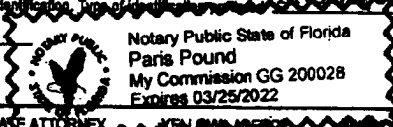
I made contact with the driver who was currently sitting the previously mentioned location. He was later identified as Gabriel Homar Bengochea Lamboy by his Florida driver license. I noticed his eyes were red, watery and glossy. His cheeks were flushed, mouth dry and he slurred his speech while speaking. His movements were slow, calculated and lethargic. I could smell a strong odor of an unknown alcoholic beverage emanating from his breath that intensified when he spoke. He was wearing a green shirt, blue jeans and brown loafer shoes. I told the driver he was stopped for improper passing and speeding. Moreover, I explained I had a suspicion that he had been drinking an unspecified amount of alcoholic beverages. He initially said he was not drinking, but later said he drank earlier. He explained he was simply trying to drive home and was close to his house. Based on my suspicion I asked if he would consent to performing Standardized Field Sobriety Evaluations (SFSTs) for the purpose of determining if he was impaired while operating a motor vehicle. He obliged. Prior to his performance I asked if he had any physical problems with his body that would inhibit him from performing light physical exercises. I also asked if he was taking medication.

STATE OF FLORIDA COUNTY OF PALM BEACH INV E. K. WHITE (Signature of Arresting Investigative Officer)

The foregoing instrument was sworn to or affirmed and subscribed before me this 22 day of FEBRUARY 20 21 by INV E. K. WHITE

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

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



PAGE 1 OF 2

PROBABLE CAUSE AFFIDAVIT

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

1 JUVENILE N

Agency ORI Number: FLO 500000 Agency Name: PALM BEACH COUNTY SHERIFF'S OFFICE Agency Report Number: 06-21-038001

Charge Type: 1. Felony 2. Traffic Felony 3. Misdemeanor 4. Traffic Misdemeanor 5. Ordinance 6. Other

Name (Last, First, Middle): BENGOCHEA LAMBOY, GABRIEL, HOMAR Race: W Sex: M Date of Birth: 11/30/1981

Charge Description: DUI 316.193(1)A

Victim's Name (Last, First, Middle): Local Address (Street, Apt. Number): Business Address (Name, Street):

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. [ ] committed the below acts in my presence. [ ] confessed to admitting to the below facts. [ ] was observed by who told that he/she saw the arrested person commit the below acts. [X] was found to have committed the below acts, resulting from my (described) investigation. On the 22 day of FEBRUARY 20 21 at 0107 [ ] A.M. [X] P.M. (Specifically include facts constituting cause for arrest.)

He reported he neither had anything wrong with him physically, nor was he taking medication. Back up units placed their vehicles in the roadway to divert eastbound traffic around us. This tactic created a safe environment on the roadway to administer the SFSTs. I escorted him to a level surface that was smooth and free from obstructions and debris. I placed a yellow strip of masking tape on the surface that formed a line. The defendant identified the tape by placing his left foot on it when prompt to do so. The following SFSTs were explained, demonstrated and acknowledged by him prior to his performance: HGN, The Walk and Turn, The One Leg Stand and The Finger to Nose. His deficiencies were recorded on another form in this work sheet. At the conclusion of the SFSTs, coupled with the Deputy's observation of the defendant's vehicle in motion and my observation of personal indicators of impairment exhibited by the defendant, probable cause was established for DUI. I told the defendant he was being placed under lawful arrest for DUI. He was searched and handcuffed (double locked and checked for tightness) prior to being seated into the rear of my patrol car. Back up deputies arranged for the defendant's vehicle to be towed by a tow service from PBSO's rotation list. Kauff's Towing responded and impounded his vehicle to their lot. Meanwhile I began transport to the main jail breath analysis facility for further processing. Upon our arrival I escorted the defendant into the facility and began a 20 minute observation period. During this time the defendant did not ingest anything into his body orally or otherwise. Neither did he regurgitate. I escorted him into the testing room and asked him to provide breath samples for the purpose of determining his alcohol content. He responded by asking for his lawyer. I read him implied consent and asked if he understood it. He told me he did not understand the consent. I allowed him to read the consent in the English and Spanish text. He told me he understood it but again asked for his lawyer. Since he acknowledged the consent but failed to provide an answer to giving breath samples, I deemed him a "refusal". Additionally Q&A was not performed due to him asking for a lawyer. Thus the defendant was cited for the violation committed and booked into the main jail for DUI.

STATE OF FLORIDA COUNTY OF PALM BEACH INV E. K. WHITE (Signature of Arresting/Investigative Officer)

The foregoing instrument was sworn to, affirmed and subscribed before me this 22 day of FEBRUARY 20 21 by INV E. K. WHITE (Print name of Arresting/Investigative Officer), whom personally known to me and/or produced identification.

Notary Public, Clerk of Court, Officer (F.S.S. 117.10) Notary Public State of Florida Paris Pound My Commission GG 200028 Expires 03/25/2022

**D.U.I. PROBABLE CAUSE AFFIDAVIT**

ON THE 22 DAY OF FEBRUARY 20 21 AT 0107 AM PM

SUBJECT: BENGOCHEA LAMBOY, GABRIEL, HOMAR CASE NUMBER: 21-038001

AGENCY: PALM BEACH COUNTY SHERIFF'S OFFICE ARRESTING OFFICER: INV E. K. WHITE

**PERSONAL CONTACT**

DRIVING PATTERN: Actual physical control (physical evidence or statements putting def. behind wheel of vehicle)

**SEE PC AFFIDAVIT**

**OBSERVATION OF DRIVER:**

**SEE PC AFFIDAVIT**

**DRIVER'S STATEMENTS:**

**I DRANK EARLIER. I WAS JUST TRYING TO DRIVE HOME. I LIVE CLOSE TO HERE.**

**ODORS:**

**STRONG ODOR OF AN UNKNOWN ALCOHOLIC BEVERAGE EMANATING FROM SUBJECT'S BREATH**

**GENERAL OBSERVATIONS**

**SPEECH: SLURRED**

**ATTITUDE: LETHARGIC, INATTENTIVE, AND COOPERATIVE**

**CLOTHING: NORMAL**

**MEDICAL/OTHER: NONE**

STATE OF FLORIDA  
COUNTY OF PALM BEACH

INV E. K. WHITE  
(Signature of Arresting/Investigative Officer)

The foregoing instrument was sworn to or affirmed and subscribed before me this 22 day of FEBRUARY 20 21 by INV E. K. WHITE

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

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



**ROADSIDE TASKS**

**HORIZONTAL GAZE NYSTAGMUS:**

- |                                                                                             |                                                                                             |
|---------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------|
| <input checked="" type="checkbox"/> LT EYE-LACK OF SMOOTH PURSUIT                           | <input checked="" type="checkbox"/> RT EYE-LACK OF SMOOTH PURSUIT                           |
| <input checked="" type="checkbox"/> LT EYE-DISTINCT & SUSTAINED NYSTAGMUS AT MAX. DEVIATION | <input checked="" type="checkbox"/> RT EYE-DISTINCT & SUSTAINED NYSTAGMUS AT MAX. DEVIATION |
| <input checked="" type="checkbox"/> LT- EYE-ONSET OF NYSTAGMUS PRIOR TO 45 DEGREES          | <input checked="" type="checkbox"/> RT- EYE-ONSET OF NYSTAGMUS PRIOR TO 45 DEGREES          |

**Other Observations:**

Subject was asked to stand with their feet together and place their hands by their side. They were asked to focus on the stimulus and follow it with their eyes. Lastly they were told not to move their head to assist in following the stimulus with their eyes. Subject showed equal pupil size that tracked equally. Both eyes lacked a smooth pursuit. I saw distinct and sustained Nystagmus at maximum deviation. I also saw an onset of Nystagmus prior to 45 degrees in both eyes. Subject swayed while performing this task. he then turn is head to assist his eyes in tracking the blue light

**WALK & TURN:**

**THE DEFENDANT WAS PLACED IN THE INSTRUCTIONAL STANCE FOR THE WALK AND TURN. THIS TASK WAS EXPLAINED AND DEMONSTRATED TO THE DEFENDANT. THE DEFENDANT ACKNOWLEDGED THE INSTRUCTIONS PRIOR TO PERFORMING THIS TASK:** Subject was unable to maintain his balance while placed in the instructional position. He abandoned the position and complained of the wind and cold. During the task he failed to touch heel to toe, he stepped off the line, he raised his arms away from his side, he took an incorrect number of steps, he turned improperly

**ONE LEG STAND:**

**THE DEFENDANT WAS PLACED IN THE INSTRUCTIONAL STANCE FOR THE ONE LEG STAND. THIS TASK WAS EXPLAINED AND DEMONSTRATED TO THE DEFENDANT. THE DEFENDANT ACKNOWLEDGED THE INSTRUCTIONS PRIOR TO PERFORMING THIS TASK:** Subject was unable to maintain his balance while his leg/foot was elevated. He failed to look down at his foot while performing this task, he dropped his foot on the roadway three times. I ceased in continuing this task for safety reasons

**FINGER TO NOSE:**

**THE DEFENDANT WAS PLACED IN THE INSTRUCTIONAL STANCE FOR THE FINGER TO NOSE. THIS TASK WAS EXPLAINED AND DEMONSTRATED TO THE DEFENDANT. THE DEFENDANT ACKNOWLEDGED THE INSTRUCTIONS PRIOR TO PERFORMING THIS TASK:** Subject swayed while performing this task, failed to perform this task as instructed (this was after two demonstration where he said he understood the instructions). Rather he turned his head to the side of the requested hand.

**ROMBERG ALPHABET:**

N/A

**BREATH TEST RESULTS:** 1) REFUSED 2) REFUSED 3) 4)

STATE OF FLORIDA  
COUNTY OF PALM BEACH

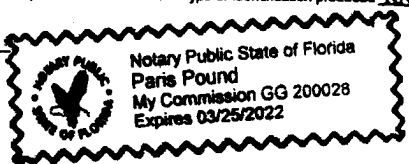
INV E. K. WHITE

(Signature of Arresting/Investigative Officer)

The foregoing instrument was sworn to or affirmed and subscribed before me this 22 day of FEBRUARY 20 21 by INV E. K. WHITE

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

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



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

I, Investigator LE EDWARD WHITE, a duly certified Law Enforcement Officer or Correctional Officer,  
(Person reading Implied Consent Warning)  
am a member of Palm Beach County Sheriff's Office, and I do swear  
(Name of enforcement agency)

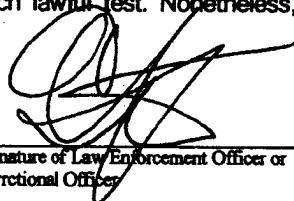
or affirm that on or about the TWENTY-SECOND day of February, 2021, at 1:42 AM

DRIVER GABRIEL HOMAR BENGOCHEA LAMBOY  
(Type or Print) FIRST MIDDLE OR MAIDEN LAST

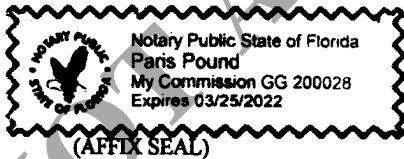
DL # B-522-288-81-430-0, state of FL, was placed under lawful arrest for  
the offense of DUI by Investigator LE EDWARD WHITE and  
(Name of Arresting Officer)  
issued Citation # AEA7C6E

That on or about the TWENTY-SECOND day of February, 2021, at 2:10 AM  
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 (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:

The foregoing instrument was sworn and subscribed before  
me this 22 day of FEBRUARY, 2021  
by \_\_\_\_\_  
who is personally known to me or who has produced  
\_\_\_\_\_ as identification.  
Notary Public \_\_\_\_\_

\_\_\_\_\_  
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.

# WITNESS LIST

CASE NUMBER: 21-038001

ARRESTING OFFICER: INV E. K. WHITE

ADDRESS: HQ

PHONE NUMBERS (HOME): \_\_\_\_\_ (WORK) 561 688 3000

CAN TESTIFY TO: FACTS

NAME: D/S ALFREDO ARAUJO

ADDRESS: DIST 10

PHONE NUMBERS (HOME): \_\_\_\_\_ (WORK) 561 688 3000

CAN TESTIFY TO: FACTS

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

ADDRESS \_\_\_\_\_

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

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

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

ADDRESS \_\_\_\_\_

PHONE NUMBERS (HOME) \_\_\_\_\_ (WORK) 0

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: \_\_\_\_\_

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

ADDRESS \_\_\_\_\_

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

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

NOT A CERTIFIED COPY

SUBJECT: BENGOCHA LAMBOY GABRIEL CASE NUMBER: 21-038001

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

*NOT READ ON CAMERA*

SUBJECT: BENGOETHEM LAMBDOY, FABRIEL CASE NUMBER: 21-038001

## 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: \_\_\_\_\_



**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 checked="" type="checkbox"/>	119.071(4)(c)	Undercover personnel.	4-5,9
	<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: 2021004419	Date: 2/22/21
	Specialist Name/ID: A. Pinkney/7796