

20 CT - 16802

OBTS Number		ARREST / NOTICE TO APPEAR Juvenile Referral Report		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 (N.T.A.'s only) 06-20-140730						
Charge Type: Check as many as apply		1. Felony 2. Traffic Felony		3. Misdemeanor 4. Traffic Misdemeanor		5. Ordinance 6. Other		Weapon Seized / Type 1. Yes 2. No		Multiple Clearance Indicate
Location of Arrest (Including Name of Business) 9825 Spanish Isles Dr, Boca Raton, FL 33496		Location of Offense (Business Name, Address) 9825 Spanish Isles Dr, Boca Raton, FL 33496								
Date of Arrest 12/27/2020	Time of Arrest 08:47	Booking Date 12/27/2020	Booking Time	Jail Date	Jail Time	Location of Vehicle 9842 Spanish Isles Dr,				
Name (Last, First, Middle) Calderon, Gabriel, Moises		Alias (Name, DOB, Soc. Sec. #, Etc.)								
Sex W - White I - American Indian B - Black O - Oriental/Asian W		Sex M	Date of Birth 6/28/1991	Height 5'09	Weight 160	Eye Color brown	Hair Color brown	Complexion Light	Build Medium	
Scars, Marks, Tattoos, Unique Physical Features (Location, Type, Description)		Marital Status Married		Religion CATHOLIC		Indication of Alcohol/Influence Drug Influence Y <input type="checkbox"/> N <input type="checkbox"/> I <input type="checkbox"/>				
Local Address (Street, Apt. Number) 1469 Stonehaven Estates Dr, West Palm Beach, FL 33411		City (State) (Zip)		Phone (201) 978 9211		Residence Type: 1. City 2. County 3. Florida 4. Out of State 2				
Permanent Address (Street, Apt. Number)		City (State) (Zip)		Phone		Address Source DL				
Business Address (Name, Street)		City (State) (Zip)		Phone		Occupation Engineer				
DL Number, State C436293912286, FL		INS Number		Place of Birth (City, State)		Citizenship US				
Co-Defendant Name (Last, First, Middle)		Race	Sex	Date of Birth	1. Arrested 2. At Large		3. Felony 4. Misdemeanor 5. Juvenile			
Co-Defendant Name (Last, First, Middle)		Race	Sex	Date of Birth	1. Arrested 2. At Large		3. Felony 4. Misdemeanor 5. Juvenile			
Name (Last)		Address (Street, Apt. Number)		City (State) (Zip)		Business Phone				
Notified by: (Name)		Date	Time	Juvenile Disposition: 1. Released/processed within Day and Released. 2. TOT HRS / DYS 3. Incarcerated						
Released To: (Name)		Relationship		Date	Time					
The above address provided by defendant and / or 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. <input type="checkbox"/> Yes, by: (Name) <input type="checkbox"/> No: (Reason)		School Attended		Grade						
Property Claims? <input type="checkbox"/> Yes <input type="checkbox"/> No		Description of Property		Value of Property						
Drug Activity		Drug Type		Amount / Unit		Offense #		Warrant / Capias Number		
Charge Description Driving Under the Influence with property damage		Counts 1		Domestic Violence <input type="checkbox"/> Y <input type="checkbox"/> N		Statute Violation Number 316.193(3c1)		Violation of ORD #		
Drug Activity		Drug Type		Amount / Unit		Offense #		Warrant / Capias Number		
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		
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		
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		
Location (Court, Room Number, Address) South County Courthouse, Courtroom #1, 200 W. Atlantic Ave., Delray Beach, FL 33444 - Ph: (561) 355-2996										
Court Date and Time Month January Day 28 Year 2021 Time 08:30 AM X 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 12/27/2020										
Signature of Defendant (or Juvenile and Parent / Custodian)		Signature of Arresting Officer		Name Verification (Printed by Arrestee)						
Name:		Name of Arresting Officer (Print) D/S POINTU P.		I.D. # 16032		(PRINT)				
<input type="checkbox"/> Dangerous <input type="checkbox"/> Sublethal <input type="checkbox"/> Other:		Name of Arresting Officer (Print) D/S POINTU P.		I.D. # 16032		Agency PRSO		PAGE 1 of 1		

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

0520450

3644

SCANNED
DEC 27 2020

D.U.I. PROBABLE CAUSE AFFIDAVIT

ON THE 26th DAY OF December 20 20 AT 23:30 PM
SUBJECT: Calderon, Gabriel, Moises CASE NUMBER: 20-140730
AGENCY: PALM BEACH COUNTY SHERIFF'S OFFICE ARRESTING OFFICER: D/S POINTU P.

PERSONAL CONTACT

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

Was seen by witness driving a BMW 350i bearing NJ tag J97JTZ backing out of the driveway of 9842 Spanish Isles Blvd, in unincorporated Boca Raton, Palm Beach County, Florida and hitting an unoccupied Toyota Camry bearing FL tag APQI09 that was parked in front of 9825 Spanish Isles Blvd. The driver then left the scene of the crash and returned a few minutes later and offered to pay for the damage. The driver was identified by his Florida driver's license.

OBSERVATION OF DRIVER:

Upon my arrival, the suspect was standing outside the Toyota and was arguing with its owner. He had an unsteady gait and was extremely talkative. When I asked him to provide his insurance document he had to retrieve it from his cellphone but could not locate the insurance card. I asked him to provide me the registration for the time being so I could start my report and to continue to look for his insurance card. A few minutes later when I asked him if he found his insurance card he told me that he already showed it to me. I reminded him that he was supposed to look for it but he argued with me that I have already seen it. His eyes were glassy and bloodshot. He would continue to argue with the owner of the other vehicle repeating the same story over and over again.

DRIVER'S STATEMENTS:

Post Miranda he would admit being the driver of the car at the time of the crash. He would admit having been drinking one beer earlier.

ODORS:

Slight odor of unknown alcohol beverage that became stronger when he talked.

GENERAL OBSERVATIONS

SPEECH: slightly slurred

ATTITUDE: Jovial, Talkative, Argumentative

CLOTHING: blue top with white lines, camo pants, black shoes

MEDICAL/OTHER: Adderall, broken right wrist 5 months ago.

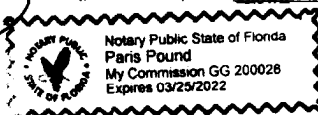
STATE OF FLORIDA
COUNTY OF PALM BEACH

D/S POINTU P.
(Signature of Arresting/Investigative Officer)

The foregoing instrument was sworn to or affirmed and subscribed before me this 22 day of December 2020 by D/S POINTU P.

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

Paris Pound (#24639)
Notary Public, Clerk of Court, Officer (F.S.S. 117.10)



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DEC 27 2020

SUBJECT: Calderon, Gabriel, Moises

CASE NUMBER 20-140730

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:

Moved his head. Had difficulty following my stimulus, was anticipating my moves. No resting nystagmus. Pupils round and equal. onset around 35 degrees. no VGN. LOC. Slight front and back sway.

WALK & TURN:

Unable to maintain the instructional stance. Started before being told. Used his arms to balance. Did not walk heel to toe. Perform a turn not as instructed and stopped the task asking for instructions.

ONE LEG STAND:

Would ask which leg to use. Raised his right leg. Used his arms to balance. Lost his balance at 1009 and stopped the task.

FINGER TO NOSE:

Used the pad of his fingers instead of the tip. Would touch the bridge of his nose on step 1 and 6, his septum on step 2.

ROMBERG ALPHABET:

Would sing the alphabet.
Modified Romberg balance, would stop the 30s task at 27s.

BREATH TEST RESULTS: 0.123 0.127

STATE OF FLORIDA
COUNTY OF PALM BEACH

D/S POINTU P.

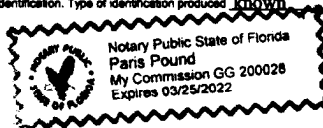
(Signature of Arresting/Investigative Officer)

The foregoing instrument was sworn to or affirmed and subscribed before me this 27 day of December 2020 by D/S POINTU P.

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

Paris Pound (#24639)

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



**SCANNED
DEC 27 2020**

WITNESS LIST

CASE NUMBER: 20-140730

ARRESTING OFFICER: D/S POINTU P.

ADDRESS: Palm Beach County Sheriff's Office - 3228 Gan Club Rd - West Palm Beach, FL 33406

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

CAN TESTIFY TO: see report

NAME: Prieto, Gisela,

ADDRESS: 9825 Spanish Isles Dr, Boca Raton, FL 33496

PHONE NUMBERS (HOME) (561) 866 7365 (WORK) 0

CAN TESTIFY TO: wheel witness

NAME:

ADDRESS

PHONE NUMBERS (HOME) (WORK)

CAN TESTIFY TO:

NAME:

ADDRESS

PHONE NUMBERS (HOME) 0 (WORK) 0

CAN TESTIFY TO:

NAME:

ADDRESS

PHONE NUMBERS (HOME) (WORK)

CAN TESTIFY TO:

NAME:

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PHONE NUMBERS (HOME) (WORK)

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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:

NOT A CERTIFIED COPY

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DEC 27 2020

TESTING FACILITY TASK REPORT

AGENCY:

SUBJECT: CASE NUMBER:

DATE: VIDEO DVD NUMBER:

BEGINNING TIME: ENDING TIME:

BREATH TESTS RESULTS: 1) TIME A.M. P.M. 2) TIME A.M. P.M.

3) TIME A.M. P.M. 4) TIME A.M. P.M.

BREATH OPERATOR:

MAINTENANCE TECHNICAN:

TESTING OFFICER'S OBSERVATIONS

SPEECH:

ATTITUDE:

CLOTHING:

MEDICAL CONDITIONS:

MEDICATIONS:

OTHER:

EYES: GLASSY AND BLOODSHOT
SUBJECT: STATED HAD HE HAD 1 BEER IN Q&A

COMMENTS:

ARRIVED AT CENTER A/O BEGAN THE 20 MINUTE OBSERVATION PERIOD AT 01:28 HRS.

SUBJECT: REFUSED TO TAKE TEST

A/O: READ I/C

SUBJECT: STATED HE UNDERSTOOD I/C AND AGREED TO TAKE TEST

A/O: READ RIGHTS

SUBJECT: STATED HE UNDERSTOOD RIGHTS

TECH: READ TEST RESULTS

SUBJECT: STATED HE UNDERSTOOD TEST RESULTS

A/O: CONDUCTED Q&A

SUBJECT: ANSWER QUESTIONS

SUBJECT: CALDERON, GABRIEL M CASE NUMBER: 20-140730

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

PS80 011288 REV. 08/11 WHITE - STATE ATTY. YELLOW - DHSMV PINK - CENTRAL RECORDS GOLD - JAIL

SCANNED
DEC 27 2020

SUBJECT: CALDERON, GABRIEL M CASE NUMBER: 20-140730

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: _____

WHITE - STATE ATTY. YELLOW - DHSMV PINK - CENTRAL RECORDS GOLD - JAIL

PBSO #0120C REV. 9/83

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DEC 27 2020

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: 80-006240 Software: 8100.27
Date of Test: 12/27/2020

Date of Last Agency Inspection: 12/11/2020
Observation Period Began: 01:28
Subject's Name: GABRIEL M CALDERON

DOB: 06/20/1991 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	01:56
	Air Blank	0.000	01:56
	Control Test	0.081	01:57
	Air Blank	0.000	01:57
	Subject Sample #1	0.123	01:58
	Air Blank	0.000	01:59
	Air Blank	0.000	02:00
	Subject Sample #2	0.127	02:02
	Air Blank	0.000	02:03
	Control Test	0.081	02:03
	Air Blank	0.000	02:04
	Diagnostics Check	OK	02:04

Cylinder Lot: 14020080A1
Exp: 07/05/2022

State of Florida, County of Palm Beach.

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

I PARIS D FORD, 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: 12/27/20

Sworn to (or affirmed) before me this 27th day of December, 2020

Signature of Notary Public-State of Florida _____ Printed Name of Notary Public-State of Florida D/S. P. POINTU

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.

FDLE/ATP FORM 38 - MARCH 2004, Ref. 11D-8.007

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DEC 27 2020



Palm Beach County Sheriff's Office – Arrests Only

	X	Florida State Statute	Description	Page Number(s)
I/E Exemptions	<input type="checkbox"/>	119.071(2)(d)	Surveillance techniques, procedures and personnel; inventory of law enforcement resources, policies or plans pertaining to mobilization deployment or tactical operations.	
	<input type="checkbox"/>	943.053, 943.0525	NCIC/FCIC/FBI and in-state FDLE/DOC.	
	<input type="checkbox"/>	119.071(4)(c)	Undercover personnel.	
	<input type="checkbox"/>	119.071(2)(f)	Confidential informants (CIs).	
	<input type="checkbox"/>	119.071(2)(e)	Confession.	
Public Info. Exemptions	<input type="checkbox"/>	985.04(1)	Juvenile offender records.	
	<input type="checkbox"/>	119.071(h)(i)	Assets of a crime victim.	
	<input type="checkbox"/>	395.3025(7)(a), 456.057(7)(a)	Medical information.	
	<input type="checkbox"/>	394.4615(7)	Mental health information.	
	<input type="checkbox"/>	119.071(4)(d)(2)(a)	Home address, telephone, Social Security number, date of birth, or photos of active/former LE personnel, spouses, and children.	
Florida Rules of Judicial Administration 2.420 (Rule of 23)	<input checked="" type="checkbox"/>	(iii) 119.0714(1)(i)-(j), (2)(a)-(e)	Social Security, bank account, charge, debit, and credit card numbers.	2
	<input type="checkbox"/>	(viii) 394.4615(7)	Clinical records under the Baker Act.	
	<input type="checkbox"/>	(xii) 741.30(3)(b)	The victim's address in a domestic violence action on petitioner's request.	
	<input type="checkbox"/>	(xiii) 119.071(2)(h), 119.0714(1)(h)	Protected information regarding victims of child abuse or sexual offenses.	
	<input type="checkbox"/>			
	<input type="checkbox"/>			
	<input type="checkbox"/>			
	<input type="checkbox"/>			
	<input type="checkbox"/>			
Other	<input type="checkbox"/>		Other:	
	<input type="checkbox"/>		Other:	

REVIEW COMPLETED BY

Booking Number: 2020030261	Date: 12/27/2020
	Specialist Name/ID: C. Anastasi/#21908

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DEC 27 2020**