

50-2020 CT-014154-AMB

ARREST / NOTICE TO APPEAR
Juvenile Referral Report

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

1

Juvenile

N

ADMINISTRATIVE	OBTS Number		Agency ORI Number FLO 500000		Agency Name PALM BEACH COUNTY SHERIFF'S OFFICE		Agency Report Number (N.T.A.'s only) 06-20-123405	
	Charge Type: Check as many as apply.		1. Felony <input type="checkbox"/> 2. Traffic Felony <input type="checkbox"/>		3. Misdemeanor <input type="checkbox"/> 4. Traffic Misdemeanor <input checked="" type="checkbox"/>		5. Ordinance <input type="checkbox"/> 6. Other <input type="checkbox"/>	
	Location of Arrest (Including Name of Business) Greenview Shores/Wellington Trace, Wellington FL				Location of Offense (Business Name, Address) Greenview Shores/Wellington Trace, Wellington FL			
	Date of Arrest 11/03/2020	Time of Arrest 2105	Booking Date	Booking Time	Jail Date	Jail Time	Location of Vehicle Priority Tow	
Name (Last, First, Middle) Verde Romero, Guillermo, Antonio								Alias (Name, DOB, Soc. Sec. #, Etc.)
Race W - White I - American Indian B - Black O - Oriental/Asian		Sex W M	Date of Birth 7/25/1962	Height 5'11	Weight 230	Eye Color br	Hair Color br	Complexion med
Scars, Marks, Tattoos, Unique Physical Features (Location, Type, Description) none								Build lg
Local Address (Street, Apt. Number) 1628 Hawthorne Pl, West Palm Beach, FL 33414				(City)	(State)	(Zip)	Phone (202) 378 6510	Indication of: Alcohol Influence <input type="checkbox"/> Drug Influence <input type="checkbox"/>
Permanent Address (Street, Apt. Number)				(City)	(State)	(Zip)	Phone	Residence Type: 1. City 2. County 3. Florida 4. Out of State
Business Address (Name, Street)				(City)	(State)	(Zip)	Phone	Address Source DEF
D/L Number, State V636281622650, FL				Soc. Sec. Number	INS Number	Place of Birth (City, State) Honduras	Citizenship Hond	Occupation Owner cargo company
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		<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		<input type="checkbox"/> 3. Felony <input type="checkbox"/> 4. Misdemeanor <input type="checkbox"/> 5. Juvenile	
Parent Legal Custodian Other:		Name (Last)	(First)	(Middle)	Residence Phone		Business Phone	
Address (Street, Apt. Number)		(City)	(State)	(Zip)	Business 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 355-2526) informed of any change of address.					School Attended		Grade	
Property Crime? <input type="checkbox"/> Yes <input type="checkbox"/> No		Description of Property			Value of Property			
Drug Activity S. Sell N. N/A P. Possess		S. Sell B. Buy T. Traffic	R. Smuggle D. Deliver E. Use	K. Dispense/ Distribute	M. Manufacture/ Produce/ Cultivate	Z. Other	Drug Type N. N/A A. Amphetamine	B. Barbiturate C. Cocaine E. Heroin
H. Hallucinogen M. Marijuana O. Opium/Deriv.		P. Paraphernalia/ Equipment S. Synthetics		U. Unknown Z. Other				
Charge Description Driving Under the Influence		Counts 1	Domestic Violence <input type="checkbox"/> Y <input checked="" type="checkbox"/> N	Statute Violation Number 316.193(1)b		Violation of ORD #		
Drug Activity N	Drug Type N	Amount / Unit	Offense # 20-123405	Warrant / Capias Number		Bond		
Charge Description Refusal to accept/sign summons		Counts 1	Domestic Violence <input type="checkbox"/> Y <input checked="" type="checkbox"/> N	Statute Violation Number 318.14(3)		Violation of ORD #		
Drug Activity a	Drug Type	Amount / Unit	Offense # 20-123405	Warrant / Capias Number		Bond		
Charge Description		Counts	Domestic Violence <input type="checkbox"/> Y <input checked="" type="checkbox"/> N	Statute Violation Number		Violation of ORD #		
Drug Activity	Drug Type	Amount / Unit	Offense #	Warrant / Capias Number		Bond		
Charge Description		Counts	Domestic Violence <input type="checkbox"/> Y <input checked="" type="checkbox"/> N	Statute Violation Number		Violation of ORD #		
Drug Activity	Drug Type	Amount / Unit	Offense #	Warrant / Capias Number		Bond		
Location (Court, Room Number, Address) Criminal Justice Complex, 3228 Gun Club Road, West Palm Beach, FL 33406 - Ph: (561) 688-4600								
Court Date and Time Month 12 Day 3 Year 20 Time 8:30 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) <i>Refused</i>						Date Signed 11/03/2020		
HOLD for other Agency Name:		Signature of Arresting Officer <i>[Signature]</i>		Name Verification (Printed by Arrestee)				
<input type="checkbox"/> Dangerous <input type="checkbox"/> Suicidal <input type="checkbox"/> Resisted Arrest <input type="checkbox"/> Other:		Name of Arresting Officer (Print) A. Soloway 8586		I.D. # 8586		(PRINT)		
Intake Deputy <i>[Signature]</i>		I.D. #	Pouch #	Transporting Officer A. Soloway		ID # 8586	Agency PBSO	
DISTRIBUTION: WHITE - COURT COPY GREEN - STATE ATTORNEY YELLOW - AGENCY PINK - AGENCY SOLD - DEFENDANT (N.T.A.'S ONLY)						PAGE 1 OF 1		

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NOV 04 2020

OBTS Number		PROBABLE CAUSE AFFIDAVIT			1 Arrest 2 NTA	3 Request For Warrant 4 Request For Citrus	<input checked="" type="checkbox"/> 1	Juvenile <input type="checkbox"/>
Agency ORI Number FLO 500000		Agency Name PALM BEACH COUNTY SHERIFF'S OFFICE			Agency Report Number 06 20-123405			
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 type="checkbox"/> 4 Traffic Misdemeanor <input type="checkbox"/> 5 Ordinance <input type="checkbox"/> 6 Other		Special Notes						
Defendant Name (Last, First, Middle) GUILLERMO ANTONIO VERDE ROMERO				Race O	Sex M	Date of Birth 07/25/1962		
Charge DUI		Charge						
Charge		Charge						
Victim Name (Last, First, Middle) STATE OF FLORIDA				Race	Sex	Date of Birth		
Local Address (Street, Apt. Number)		City	State	Zip	Phone	Address Source		
Business Address (Street, Apt. Number)		City	State	Zip	Phone	Occupation		
<p>The undersign 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</p> <p><input type="checkbox"/> committed the below acts in my presence</p> <p><input type="checkbox"/> confessed to admitting to the below facts</p> <p><input type="checkbox"/> was observed by _____ who told _____ that he/she saw the arrested person commit the below acts</p> <p><input checked="" type="checkbox"/> was found to have committed the below acts, resulting from (described) investigation.</p> <p>On the 3 day of NOVEMBER, 20 20 at 1920 <input type="checkbox"/> AM <input checked="" type="checkbox"/> PM</p>								

On the above date and approximate time I was approached by a Palm Beach County Firefighter in the Market Place Plaza, 13880 Wellington Trace, who advised they observed a older male in a white Mercedes SUV driving past them while actively drinking alcohol and having difficulty maneuvering his vehicle. I observed the said vehicle pull into a handicap parking space, slightly crooked, on the south side of the Chase Bank, 1480 Greenview Shores Blvd, in same plaza.

I then proceeded towards the vehicle to conduct a welfare check in case the driver was having a medical episode or intoxicated. Upon approaching the vehicle bearing tag #JRWK92, coming back registered to Guillermo Verde Romero, in plain view of the center console were 5 open containers of wine, Woodbridge Cabernet Sauvignon, at 187 ml each. I then knocked on the side of his vehicle to gain the drivers attention and observed his foot with sock only still on the break, shoes on the floor board next to his feet, and vehicle in drive. I quickly asked the driver to place the vehicle in park, and turn the vehicle off for safety, which he struggled to do while fumbling with the gear shift. Guillermo Verde Romero's had slurred speech, he was struggling to place a face mask on, which was covering half of his left eye and one strap was slightly inside of his mouth. When asked for identification he was unable to locate his wallet and Identification for a few moments that were visibly in his center console next to his bottles of alcohol. Upon him handing me his wallet I was able to verify he was the registered owner of this Mercedes. Guillermo Verde Romero was asked if he had any medical issues to which he advised he had none, and did not understand what was the problem. He also claimed to have been an officer in his country, as well as a US Ambassador, but did not wish to advise any further information related to his claim. While typing my report Deputy's standing by with him to make sure he remained safely in his vehicle advised he broke out in song at one point while they were talking with him. From the time I stopped out with him towards the end of my contact with Mr. Verde Romero he was unable to recall his home address other then the numerical of 1628, although his license shows this address since July, 2018.

Guillermo Verde Romero was asked to remain seated and DUI unit was requested.

The foregoing instrument was sworn to and affirmed before me this 3 day of NOVEMBER, 2020, by DEPUTY J. BAKER 7829

Name of Notary Public / Clerk of Court / Officer (F S S 117 00) _____ Name of Arresting/Investigating Officer DWS 7829

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D.U.I. PROBABLE CAUSE AFFIDAVIT

ON THE 3 DAY OF November 20 20, AT 1920 AM PM

SUBJECT: Verde Romero, Guillermo, Antonio CASE NUMBER: 20-123405

AGENCY: PALM BEACH COUNTY SHERIFF'S OFFICE ARRESTING OFFICER: A. Soloway 8586

PERSONAL CONTACT

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

I responded to assist DS J Baker #7829 with a possible impaired driver. Upon my arrival she advised me:

On the above date and approximate time I was approached by a Palm Beach County Firefighter in the Market Place Plaza, 13880 Wellington Trace, who advised they observed a older male in a white Mercedes SUV driving past them while actively drinking alcohol and having difficulty maneuvering his vehicle. I observed the said vehicle pull into a handicap parking space, slightly crooked, on the south side of the Chase Bank, 1480 Greenview Shores Blvd, in same plaza.

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OBSERVATION OF DRIVER:

Upon my arrival the defendant was sitting in the driver's seat of his vehicle. His eyes were red and glassy. There was a strong odor of an unknown alcoholic beverage coming from his breath. This odor increased as he spoke. His speech was slurred. I could see at least 4 empty minature wine bottles in the center cup holder as well as full ones on the passenger seat. Post- arrest, these bottles were empty or partially empty bottles of red Woodbridge wine. His right shoe was off and his left was partially off. When he exited his vehicle, he was unsteady on his feet and was swaying.

DRIVER'S STATEMENTS:

He stated he spoke English but preferred to speak in Spanish. DS Carmenate #35059 responded for Spanish translation. The defendant stated he drank 5 cups of red wine between 7-9 pm.(the current time was approximately 8:30p) He did not know the name of the street he was on. He denied having any significant medical conditions or physical abnormalities. He told me he was an ex- Diplomat to the US from Honduras.

ODORS:

There was a strong odor of an unknown alcoholic beverage coming from his breath. This odor increased as he spoke.

GENERAL OBSERVATIONS

SPEECH: slurred

ATTITUDE: mood swings

CLOTHING: short sleeve shirt, pants, shoes

MEDICAL/OTHER: stated none

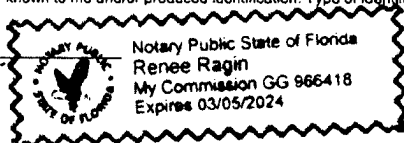
STATE OF FLORIDA
COUNTY OF PALM BEACH

A. Soloway 8586
Signature of Arresting/Investigative Officer)

The foregoing instrument was sworn to or affirmed and subscribed before me this 3 day of November 20 20 by A. Soloway 8586

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

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



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NOV 04 2020

SUBJECT: Verde Romero, Guillermo, Antonio CASE NUMBER 20-123405

ROADSIDE TASKS

HORIZONTAL GAZE NYSTAGMUS:

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

Other Observations:

The defendant was unable to follow the stimulus or keep his head still to perform this task. I gave him numerous opportunities but his was unable to follow the instructions. He was swaying during this task.

WALK & TURN:

The defendant was unable to maintain his balance during the instructions. He was swaying while standing. The defendant began this task before being instructed to. He took 12 step on both passes. He did not count out-loud as instructed. He incorrectly turned after the first pass. During this task, the defendant stated he did not want to continue. I advised him that if he failed to perform the tasks it could be used against him in court and I would be forced to conclude my investigation and base my decision as to his impairment solely on the facts at hand. He elected to continue the tasks.

ONE LEG STAND:

The defendant began this task before being instructed to. He did not correct by 1,000's as instructed. He put his foot down several times before 30 seconds elapsed. He raised his arms for balance during the task. He asked if he should count like when jumping out of an airplane.

FINGER TO NOSE:

Not attempted

The defendant began talking and would not continue the tasks. I gave him several opportunities to continue but he continued to speak over me.

ROMBERG ALPHABET:

Not attempted

BREATH TEST RESULTS: 1) .221 2) .230 3) 4)

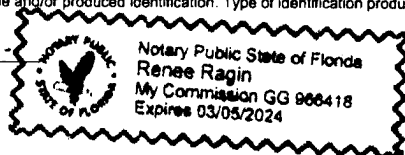
STATE OF FLORIDA
COUNTY OF PALM BEACH

A. Soloway 8586
Signature of Arresting/Investigative Officer

The foregoing instrument was sworn to or affirmed and subscribed before me this 3 day of November 2020 by A. Soloway 8586

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

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



SCANNED
NOV 04 2020

SUBJECT: Verde Romero, Guillermo A. CASE NUMBER: 20-123405

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) Verde Romero, Guillermo A.

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

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SUBJECT: Yerde Romero, Guillermo, A. CASE NUMBER: 20-123405

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: _____

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NOV 04 2020

WITNESS LIST

CASE NUMBER: 20-123405

ARRESTING OFFICER: A. Soloway 8586

ADDRESS: PBSO

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

CAN TESTIFY TO: DUI INVESTIGATION

NAME: DS Carmanate #35059

ADDRESS: PBSO

PHONE NUMBERS (HOME) _____ (WORK) _____

CAN TESTIFY TO: Spanish Translation

NAME: DS J Baker #7829

ADDRESS PBSO

PHONE NUMBERS (HOME) _____ (WORK) _____

CAN TESTIFY TO: Stopping deputy

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: _____

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NOV 04 2020

TESTING FACILITY TASK REPORT

AGENCY: PBSO

SUBJECT: Verde Romero, Guillermo, Antonio

DATE: Nov 3, 2020

BEGINNING TIME: 22:45

CASE NUMBER: 20-123405

VIDEO DVD NUMBER: N/A

ENDING TIME: 22:59

BREATH TESTS RESULTS: 1) .221 TIME 22:52 A.M. P.M. 2) .230 TIME 22:55 A.M. P.M.
3) N/A TIME ----- A.M. P.M. 4) N/A TIME ----- A.M. P.M.

BREATH OPERATOR: R. Ragin #16877

MAINTENANCE TECHNICIAN: Jason Karlecke #6467

TESTING OFFICER'S OBSERVATIONS

SPEECH: Spanish speaking

ATTITUDE: Calm, cooperative

CLOTHING: Blue pants, light green shirt, no shoes

MEDICAL CONDITIONS: None

MEDICATIONS: None

OTHER:

Eyes bloodshot
Odor of unknown alcoholic beverage on
Translated by D/S Carmenat # 35059

COMMENTS:

Arrived at center A/O started 20 minute observation period at 22:18 hrs.

Subject refused to take breath test.

A/O read I/C and subject acknowledged he understood I/C.

Subject agreed to take test.

A/O read rights.
Subject acknowledged he understood rights.

Tech read breath test results.
Subject acknowledged he understood test results.

A/O no conducted Q&A.

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COMMENTS CONTINUED:

NOT A CERTIFIED COPY

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NOV 04 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: 80-006477 Software: 8100.27
Date of Test: 11/03/2020

Date of Last Agency Inspection: 10/16/2020

Observation Period Began: 22:18

Subject's Name: GUILLERMO A VERDE ROMERO

DOB: 07/25/1962 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	22:50
	Air Blank	0.000	22:50
	Control Test	0.080	22:50
	Air Blank	0.000	22:51
	Subject Sample #1	0.221	22:52
	Air Blank	0.000	22:52
	Air Blank	0.000	22:54
	Subject Sample #2	0.230	22:55
	Air Blank	0.000	22:56
	Control Test	0.079	22:56
	Air Blank	0.000	22:57
	Diagnostics Check	OK	22:57

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 RENÉE M RAGIN, 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: 11/03/20
Signature

Sworn to (or affirmed) before me this 03 day of Nov., 2020

Signature of Notary Public-State of Florida [Signature] Printed Name of Notary Public-State of Florida Inv. A. Soloway # 8586

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.



**PALM BEACH COUNTY
SHERIFF'S OFFICE**
Florida State Statute Exemption Sheet

Palm Beach County Sheriff's Office – Arrests Only

	X	Florida State Statute	Description	Page Number(s)
L/E Exemptions	<input type="checkbox"/>	119.071(2)(d)	Surveillance techniques, procedures and personnel; inventory of law enforcement resources, policies or plans pertaining to mobilization deployment or tactical operations.	
	<input type="checkbox"/>	943.053, 943.0525	NCIC/FCIC/FBI and in-state FDLE/DOC.	
	<input type="checkbox"/>	119.071(4)(c)	Undercover personnel.	
	<input type="checkbox"/>	119.071(2)(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"/>			
Other	<input type="checkbox"/>	415.107 (1)	Other: Elderly Abuse	
	<input type="checkbox"/>	119.071(2)(j)	Other: MARSY'S LAW PROTECTED INFORMATION REGARDING VICTIM(S).	

REVIEW COMPLETED BY

Booking Number: 2020025988	Date: 11/4/2020
	Specialist Name/ID: M. Tooks #8557

**SCANNED
NOV 04 2020**