

21 CT 12207

ARREST / NOTICE TO APPEAR Juvenile Referral Report		1. Arrest 2. N.T.A.	3. Request for Warrant 4. Request for Capias	1	Juvenile	N
Agency ORI Number		Agency Name		Agency Report Number (N.T.A.'s only)		
21-000856		Palm Beach PD		2		
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		Weapon Seized / Type <input checked="" type="checkbox"/> 1. Yes <input type="checkbox"/> 2. No		Multiple Clearance Indicator		
21-000856		14K				
Location of Arrest (Including Name of Business)		Location of Offense (Business Name, Address)				
50 Southern Blvd. Palm Beach FL 33480		50 Southern Blvd. Palm Beach FL				
Date of Arrest	Time of Arrest	Booking Date	Booking Time	Jail Date	Jail Time	Location of Vehicle
7/23/21	2331					Kaufe
Name (Last, First, Middle)		Alias (Name, DOB, Soc. Sec. #, Etc.)				
Fernandez Guillermo						
Race	Sex	Date of Birth	Height	Weight	Eyes Color	Hair Color
W - White 1 - American Indian B - Black 0 - Oriental/Asian	W M	12/27/62	509	238	Brown	Brown
Scars, Marks, Tattoos, Unique Physical Features (Location, Type, Description)		Marital Status		Religion		Indication of: Alcohol Influence Drug Influence
Scar Chest Surgery		Single		NONE		<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> Unk.
Local Address (Street, Apt. Number)		(City)		(State)		(Zip)
Permanent Address (Street, Apt. Number)		(City)		(State)		(Zip)
7921 SW 176 St		Palm Beach FL		33157		(305) 970 0023
Business Address (Name, Street)		(City)		(State)		(Zip)
D/L Number, State		INS Number		Place of Birth (City, State)		Citizenship
E 53280 624670				Ripiedrias		USA
Co-Defendant Name (Last, First, Middle)		Race		Sex		Date of Birth
Co-Defendant Name (Last, First, Middle)		Race		Sex		Date of Birth
Parent Legal Custodian		Name (Last)		(First)		(Middle)
Other						
Address (Street, Apt. Number)		(City)		(State)		(Zip)
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 undersigned hereby certifies that the defendant's parents have been informed of any change of address.		Yes, by (Name)		No (Reason)		Grade
Property Crime?		Description of Property		Value of Property		
<input type="checkbox"/> Yes <input type="checkbox"/> No						
Drug Activity		S. Sell N. N/A P. Possess		Smuggle D. Deliver E. Use		K. Dispense/ Distribute
Charge Description		Counts		Domestic Violence		Statute Violation Number
DUI Refusal		1		<input type="checkbox"/> Y <input checked="" type="checkbox"/> N		316.193(1)(A)
Drug Activity		Drug Type		Amount / Unit		Offense #
						21-000856
Charge Description		Counts		Domestic Violence		Statute Violation Number
Charge Description		Counts		Domestic Violence		Statute Violation Number
Charge Description		Counts		Domestic Violence		Statute Violation Number
Charge Description		Counts		Domestic Violence		Statute Violation Number
Location (Court, Room Number, Address)		Court Date and Time				
3228 GUN CLUB RD WEST PALM BEACH		Month AUGUST Day 26 Year 2021 Time 08:30 AM				
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						
HOLD for other Agency		Name of Arresting Officer		Name Verification (Printed by Arrestee)		
Name:		Thomas March 0059		(PRINT)		
<input type="checkbox"/> Dangerous <input type="checkbox"/> Resisted Arrest <input type="checkbox"/> Suicidal <input type="checkbox"/> Other:		Name of Arresting Officer (Print)		I.D. #		
		Thomas March 0059		PPPD		
Inmate #		Transporting Officer		ID #		
0110121212		Thomas March		0059		
WITNESS here if subject signed with an "X"						
SCANNED						
PAGE 1 OF 1						

0524803

THOMAS MARCH 0059

JUL 24 2021

3104

D.U.I. PROBABLE CAUSE AFFIDAVIT

ON THE 23 DAY OF July 20 21, AT 2331 AM PM

SUBJECT: Guillermo Fernandez CASE NUMBER: 21-000856

AGENCY: PBPD ARRESTING OFFICER: Thomas March

PERSONAL CONTACT

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

Fail to maintain single lane.

OBSERVATION OF DRIVER:

Sitting at drivers seat, keys in ignition, red glassy eyes.

DRIVER'S STATEMENTS:

I had one glass of wine.

ODORS:

Unknown alcoholic beverage emanating from facial area.

GENERAL OBSERVATIONS

SPEECH: Slow, Slurred.

ATTITUDE: Calm.

CLOTHING: Neatly dressed.

MEDICAL/OTHER: Heart surgery

STATE OF FLORIDA
COUNTY OF PALM BEACH

Thomas March
(Signature of Arresting/Investigative Officer)

The foregoing instrument was sworn to or affirmed and subscribed before me this 24 day of July 20 21 by OFC. March

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

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



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JUL 24 2021

SUBJECT: Guillermo Fernandez

CASE NUMBER 21-000856

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 head entire time during task. Instructed multiple times to use his eyes only

WALK & TURN

Did not walk heel to toe on any steps. Took eight steps on first 9 step portion. Asked for instructions during the turn portion.

ONE LEG STAND: Off balance. Used this vehicle for support.

FINGER TO NOSE: Not

ROMBERG ALPHABET: Not

BREATH TEST RESULTS:

STATE OF FLORIDA
COUNTY OF PALM BEACH

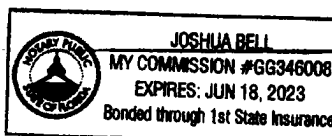
[Signature]

(Signature of Arresting/Investigative Officer)

The foregoing instrument was sworn to or affirmed and subscribed before me this 24 day of July, 2021 by OFC. March

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

[Signature]
Notary Public, Clerk of Court, Officer (F.B.G. 447-10)



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JUL 24 2021



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

PBSO CASE # 21-088836 PBSO ZONE 1-11

AGENCY CASE # 21-000856 CRASH CASE # _____

TIME OF STOP/CRASH 2313 DATE 7/23/21 DAY Friday

SUBJECT'S NAME Guillermo Fernandez RACE White SEX Male

HGT 509 WGT 238 DOB 12/27/62

LOCATION 50 Southern Blvd.

ARRESTING OFFICER'S NAME & ID Thomas March #0059 AGENCY PBPD

DIVISION: Patrol

NOTIFIED BY COMMO YES

ARRIVAL AT FACILITY 2346

ARREST TIME 2721

BREATH RESULTS:

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

TESTING OFFICER'S ID 8656 PBSO VIDEOTAPE # N/A

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JUL 24 2021

Ruandez, Guillermo

CASE NUMBER: 21-000856

IMPLIED CONSENT FOR DUI IN A MOTOR VEHICLE

READ ONLY THE PARAGRAPH APPLICABLE TO THE TYPE OF TEST YOU ARE REQUESTING.

Requesting that you submit to a lawful test of your BREATH for the purpose of determining its alcohol

-OR-

Requesting that you submit to a lawful test of your URINE for the purpose of detecting the presence of controlled substances.

-OR-

Requesting that you submit to a lawful test of your BLOOD for the purpose of detecting its alcohol content or the presence of chemical or controlled substances.

NOTE: READ ONLY IF THE SUBJECT DOES NOT COMPLY WITH YOUR REQUEST.

_____ of the _____

submit to the test I have requested of you, your privilege to operate a motor vehicle will be suspended for a (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 will be introduced into evidence in any criminal proceeding.

SIGNATURE: (X) _____

Read on camera

CONSTITUTIONAL WARNINGS

BEFORE I WARN YOU BEFORE YOU MAKE ANY STATEMENTS THAT YOU HAVE THE FOLLOWING RIGHTS:

You have the right to remain silent and not answer any questions.

Any statement must be freely and voluntarily given.

You have the right to the presence of a lawyer of your choice before you make any statement and during any questioning.

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.

At any time during the interview you do not wish to answer any questions, you are privileged to remain silent.

You will not be threatened or promised to induce you to make a statement. This must be of your own free will.

Any statement you make can and will be used against you in a court of law.

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JUL 24 2021

SIGNATURE: (X) _____

Read on camera

SUBJECT: Fernandez, Guillermo

CASE NUMBER: 21-600856

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? Fit Hotel

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? No 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? No ARE YOU UNDER THE INFLUENCE? No

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? No WHAT'S WRONG? _____

DO YOU LIMP? No 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?	<u>No</u>
GLASS EYE?	<u>No</u>
FALSE TEETH?	<u>No</u>
EAR INFECTION?	<u>No</u>
INNER EAR TROUBLE?	<u>No</u>
DIABETES?	<u>No</u>

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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: Off. T. March #0059

WHITE - STATE ATTY.

YELLOW - DHSMV

PINK - CENTRAL RECORDS

GOLD - JAIL

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

I, Thomas March, a duly certified Law Enforcement Officer or Correctional
(Person reading Implied Consent Warning)

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

or affirm that on or about the 23 day of July, 2021, at 2331 P.M. A.M.
(Type or Print) FIRST MIDDLE OR MAIDEN LAST (Circle One)

NAME Guillermo Fernandez
(Type or Print) FIRST MIDDLE OR MAIDEN LAST

DL # F655 280 62 467 0, state of FLORIDA, was placed under lawful arrest for

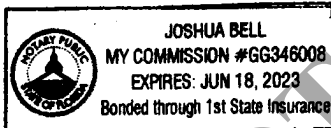
the offense of DUI by Thomas March and
(Name of Arresting Officer)

issued Citation # 3280-XPV

That on or about the 24 day of July, 2021, at 0011 P.M. A.M.
(Circle One)

in, PALM BEACH COUNTY, [PLEASE CHECK THE BOX OR BOXES THAT APPLY] I did request said
person to submit to a ☒ breath, ☐ urine, or ☐ blood test to determine the content of alcohol in his or her blood or breath or the presence of
chemical or controlled substances therein. I did inform said person that any refusal to submit to such test or tests would result in the suspension of his or
her privilege to operate a motor vehicle for a period of one (1) year for a first refusal, or for a period of eighteen (18) months if the driving privilege of
such person had been suspended previously for refusing to submit to such test or tests. I did inform said person that he or she commits a misdemeanor, if
said person refuses to submit to a lawful test as requested above, and his/her driving privilege has been previously suspended for a prior refusal to submit to
submit to a lawful test of his or her breath, urine, or blood. In cases involving a Commercial Motor Vehicle, I did inform the driver that this refusal will
result in the disqualification of the driver's Commercial Driver's License/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 such test.
Said person did at that time and place refuse to submit to such test or tests.

T. March
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:

Signature of Attesting Officer

Title

Date

The foregoing instrument was sworn and subscribed before

me this 24 day of July, 2021

by OFC. March

who is personally known to me or who has produced

known as identification.

Notary Public

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. If no DUI arrest is made, attach HSMV 72005 (Notice of
Commercial Driver's License/Privilege Disqualification).

HSMV 78054 (REV. 08/08) S

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JUL 24 2021

TESTING FACILITY TASK REPORT

AGENCY: PBDP

SUBJECT: FERNANDEZ, GUILLERMO

CASE NUMBER: 21-088836

DATE: Jul 24, 2021

VIDEO DVD NUMBER: N/A

BEGINNING TIME: 0009

ENDING TIME: 0014

BREATH TESTS RESULTS: 1) R TIME 0011 A.M. ☒ P.M. ☐ 2) N/A TIME XX A.M. ☐ P.M. ☐
3) N/A TIME XX A.M. ☐ P.M. ☐ 4) N/A TIME XX A.M. ☐ P.M. ☐

REFUSED

BREATH OPERATOR: JOSHUA J BELL #8656

MAINTENANCE TECHNICIAN: J. KARLECKE #6467

TESTING OFFICER'S OBSERVATIONS

SPEECH: SLURRED

ATTITUDE: INQUISITIVE, COOPERATIVE

CLOTHING: BLUE LONG SLEEVE BUTTON UP SHIRT, BLUE JEANS, BLACK LOAFERS

MEDICAL CONDITIONS: HEART SURGERY

MEDICATIONS: YES: UNKNOWN NAME

OTHER:

EYES: GLASSY

COMMENTS:

ARRIVED AT DUI TESTING FACILITY AND BEGAN THE 20 MINUTE OBSERVATION AT 2346 HOURS

SUBJECT STATED HE WOULD NOT TAKE BREATH TEST

A/O READ I.C

SUBJECT STATED HE UNDERSTOOD I.C

SUBJECT AGAIN STATED HE WOULD NOT TAKE BREATH TEST

REFUSAL TIME 0011 HOURS

A/O READ RIGHTS

SUBJECT STATED HE UNDERSTOOD HIS RIGHTS

A/O CONDUCTED SOME Q AND A

SUBJECT ANSWERED Q AND A

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REFUSED

WITNESS LIST

CASE NUMBER: 21-000856

ARRESTING OFFICER: Thomas March

ADDRESS: 345 South County Road

PHONE NUMBERS (HOME): 561-838-5454 (WORK) _____

CAN TESTIFY TO: Arrest

NAME: Officer Max Kelly

ADDRESS: 345 South County Road

PHONE NUMBERS (HOME): 561-838-5454 (WORK) _____

CAN TESTIFY TO: SEST'S

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: _____

NAME: _____

ADDRESS _____

PHONE NUMBERS (HOME) _____ (WORK) _____

CAN TESTIFY TO: _____

NAME: _____

ADDRESS _____

PHONE NUMBERS (HOME) _____ (WORK) _____

CAN TESTIFY TO: _____

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JUL 24 2021



**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"/>			
	<input type="checkbox"/>			
	<input type="checkbox"/>			
	<input type="checkbox"/>			
Other	<input type="checkbox"/>		Other:	
	<input type="checkbox"/>		Other:	

REVIEW COMPLETED BY

Booking Number: 2021018338	Date: 7/24/2021
	Specialist Name/ID: T Howard/7185

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JUL 24 2021