

0519010

20CT 12827

1954

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) 06-20-115215	
	Charge Type: Check as many as apply		Location of Arrest (Including Name of Business) SUMMIT BLVD & MONTEGO DRIVE WPB, FL 33415		Location of Offense (Business Name, Address) SUMMIT BLVD & MONTEGO DRIVE WPB, FL 33415		Weapon Seized / Type 2 1. Yes NONE 2. No	
	Date of Arrest 10/10/2020		Time of Arrest 02:30		Booking Date		Booking Time	
DEFENDANT	Name (Last, First, Middle) Quintanar Resendiz, Ivan		Race W - White 1 - American Indian B - Black 0 - Oriental/Asian W		Sex M		Date of Birth 11/25/1992	
	Local Address (Street, Apt. Number) 1356 Parterre Dr.		(City) West Palm Beach, FL 33417		(State) FL		(Zip)	
	Permanent Address (Street, Apt. Number)		(City)		(State)		(Zip)	
	Business Address (Name, Street)		(City)		(State)		(Zip)	
CO-DEF	D/L Number, State Q535400924250, FL		Social Security Number		INS Number		Place of Birth (City, State) MEXICO	
	Co-Defendant Name (Last, First, Middle)		Race		Sex		Date of Birth	
	Co-Defendant Name (Last, First, Middle)		Race		Sex		Date of Birth	
JUVENILE	Parent Legal Custodian		Address (Street, Apt. Number)		(City)		(State)	
	Notified by: (Name)		Date		Time		Juvenile Disposition	
	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.		School Attended		Grade		Property Crime?	
CHARGE	Charge Description DUI w/PROPERTY DAMAGE		Counts 1		Domestic Violence <input type="checkbox"/> Y <input checked="" type="checkbox"/> N		Statute Violation Number 316.193(3)(C)(1)	
	Drug Activity N		Drug Type N		Amount / Unit .248 & .245 B.A.C.		Offense # 20-115215	
	Charge Description LEAVING SCENE w/PROPERTY DAMAGE		Counts 1		Domestic Violence <input type="checkbox"/> Y <input checked="" type="checkbox"/> N		Statute Violation Number 316.061(1)	
	Drug Activity N		Drug Type N		Amount / Unit \$500.00		Offense # 20-115215	
	Charge Description		Counts		Domestic Violence		Statute Violation Number	
NOTICE TO APPEAR	Location (Court Room Number, Address) CRIMINAL JUSTICE COMPLEX / 3228 GUN CLUB ROAD, WPB, FL 33406							
	Court Date and Time Month NOVEMBER Day 5th Year 2020 Time 08:30 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					
ADMIN	Signature of Defendant (or Juvenile and Parent /Custodian) <i>Ivan Quintanar</i>		Date Signed 10/10/2020		Name Verification (Printed by Arrestee) Ivan Quintanar		PAGE 1 OF 1	
	HOLD for other Agency		Signature of Arresting Officer <i>J. Schaefer # 8777</i>		Name of Arresting Officer (Print) INV. J. SCHAEFER		I.D. # 8777	
	Intake Deputy <i>Spann</i>		I.D. #		Pouch #		Transferring Officer INV. J. SCHAEFER	

D.U.I. PROBABLE CAUSE AFFIDAVIT

ON THE 10th DAY OF OCTOBER 20 20, AT 01:35 AM PM ✓

SUBJECT: Quintanar Resendiz, Ivan CASE NUMBER: 20-115215

AGENCY: PALM BEACH COUNTY SHERIFF'S OFFICE ARRESTING OFFICER: INV. J. SCHAEFER

PERSONAL CONTACT

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

On the above date at approximately 01:48hrs, I was dispatched and responded to the scene of a motor vehicle crash without injuries near the intersection of Summit Blvd and Montego Drive, which is located in unincorporated West Palm Beach Palm Beach County, Florida. I arrived at the scene at approximately 01:54hrs. After my independent crash investigation, based on physical evidence, and witness statements, I determined that, at approximately 01:30hrs, the defendant did indeed strike the curb and street sign, flattening the 2 left side tires on his truck. (See PBSO crash case #20-115215) Witness, Allyn M. Stackpoole, identified the defendant, to me, as the driver and sole occupant, of the black 1991 Chevy C1500 bearing Florida tag ICI-B06 at the time of the crash. Stackpoole completed a written sworn statement as to the events and wheel witness. D/S Austin Foster #12413 relayed to me that the defendant had articulable indicators of impairment, so he called for a DUI Unit to conduct a possible DUI investigation.

OBSERVATION OF DRIVER:

Upon making contact with the driver who was identified by their Florida Driver License as Ivan Quintanar Resendiz, I immediately detected an obvious and strong odor of an unknown alcoholic beverage emitting from his person and face area prior to donning my PPE. This odor intensified as I spoke to Quintanar Resendiz. Quintanar Resendiz had glassy, glazed, and extremely blood shot eyes. Quintanar Resendiz's speech was slurred, slow, thick, and at times difficult to understand with a Spanish accent. Quintanar Resendiz's movements were slow, deliberate with poor coordination. Quintanar Resendiz had an unsteady gait while walking to my patrol vehicle and had difficulty following directions given to him. Quintanar Resendiz was wearing a gray t-shirt, black shorts, and black sandals. All the clothing appeared unkept.

DRIVER'S STATEMENTS:

Pre-Miranda: Quintanar Resendiz stated he only had 3 beers. Quintanar Resendiz consented to breath and the Q&A was not performed due to the language barrier.

ODORS:

A strong and obvious odor of an unknown alcoholic beverage was emitting from his person and face area which intensified as I spoke to Quintanar Resendiz.

GENERAL OBSERVATIONS

SPEECH: Quintanar Resendiz's speech was slurred, slow, and thick, and at times difficult to understand.

ATTITUDE: Quintanar Resendiz's speech was slurred, slow, and thick, and at times difficult to understand.

CLOTHING: gray t-shirt, black shorts, and black sandals

MEDICAL/OTHER: SEE BAT REPORT

STATE OF FLORIDA
COUNTY OF PALM BEACH

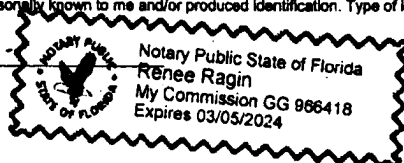
INV. J. SCHAEFER
Signature of Arresting/Investigative Officer

Inv. J. Schaefer #8777

The foregoing instrument was sworn to or affirmed and subscribed before me this 10th day of OCTOBER 20 20 by INV. J. SCHAEFER

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

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



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:

Quintanar Resendiz would sway roughly in a side to side front to back pattern throughout the task. Quintanar Resendiz did not touch the tip of the pen as directed to positively identify the point to be tracked. Quintanar Resendiz was reminded numerous times to track the pen with his eyes only. Quintanar Resendiz failed to keep HIS head still while tracking the stimulus. Quintanar Resendiz had VGN.

WALK & TURN:

I explained and demonstrated the instructions for the "Walk & Turn" to Quintanar Resendiz through Spanish interpreter D/S J. Falcon #28371 who stated that Quintanar Resendiz understood. During the task, I observed Quintanar Resendiz to sway roughly in a side to side, front to back pattern throughout the demonstration phase. Quintanar Resendiz could not maintain his balance while listening to instructions. Quintanar Resendiz stepped out of the instructional stance during the demonstration to catch his balance. Quintanar Resendiz would stop walking to steady himself with pauses to regain balance. Quintanar Resendiz missed heel-to-toe steps and stepped off the line. Quintanar Resendiz used his arms for balance by raising them more than six inches. Quintanar Resendiz performed an improper turn by staggering and turning other than which was demonstrated. Additionally, Quintanar Resendiz performed the incorrect number of steps.

ONE LEG STAND:

I explained and demonstrated the instructions for the "One Leg Stand" to Quintanar Resendiz through Spanish interpreter D/S J. Falcon who stated that Quintanar Resendiz understood. During the task, I observed Quintanar Resendiz to sway roughly in a side to side, front to back pattern throughout the demonstration phase. Quintanar Resendiz continued to sway while balancing on one leg. Quintanar Resendiz used his arms to balance raising them more than 6 inches from his sides. Quintanar Resendiz failed to count out loud as instructed. Quintanar Resendiz put his foot down to regain balance numerous times before the 30 seconds had elapsed. Quintanar Resendiz put his foot down three times all before counting to 30 seconds, thusly not being able to complete the task.

FINGER TO NOSE:

I explained and demonstrated the instructions for the "Finger to Nose" task to Quintanar Resendiz through Spanish interpreter D/S J. Falcon who stated that Quintanar Resendiz understood. During the task, I observed Quintanar Resendiz to sway roughly in a side to side, front to back pattern throughout the demonstration phase. Quintanar Resendiz index finger did not touch the nose on 6 of 6 attempts. Quintanar Resendiz was unable to perform the task. The sequence used for this task was L, R, L, R, R, and L.

ROMBERG ALPHABET:

I explained and demonstrated the instructions for the "Rhomberg Alphabet" task to Quintanar Resendiz through Spanish interpreter D/S J. Falcon who stated that Quintanar Resendiz understood. During the task, I observed Quintanar Resendiz to sway roughly in a side to side, front to back pattern throughout the demonstration phase. Quintanar Resendiz would sway more than 2 inches. Quintanar Resendiz incorrectly recited the alphabet in Spanish.

BREATH TEST RESULTS: .248 .245 N/A N/A

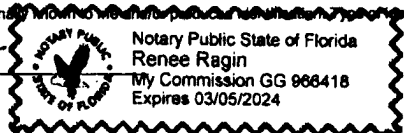
STATE OF FLORIDA
COUNTY OF PALM BEACH

INV. J. SCHAEFER *Inv. J. Schaefer #8777*
Signature of Arresting/Investigative Officer

The foregoing instrument was sworn to or affirmed and subscribed before me this 10th day of OCTOBER, 2020 by INV. J. SCHAEFER

Print name of Arresting/Investigative Officer, who is personally known to the Notary Public, or whose identification produced PERSONALLY KNOWN LEO

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



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 bloodshot
Odor of unknown alcoholic beverage on breath.
VMN .221 03:19

COMMENTS:

Arrived at center A/O started 20 minute observation period at 02:44 hrs.

Subject asked what if he did not take test.

A/O showed him I/C and subject stated he understood I/C.

Subject agreed to take test.

Tech read breath test results.
Subject stated understood test results.

NO Q&A conducted

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: 10/10/2020

Date of Last Agency Inspection: 09/18/2020
Observation Period Began: 02:44
Subject's Name: IVAN QUINTANAR RESENDIZ DOB: 11/25/1992 Sex: M

The subject was observed for at least twenty-minutes prior to the administration of the breath test to ensure that the subject did not take anything orally and did not regurgitate.

Results:	Test	g/210L	Time
	Diagnostics Check	OK	03:15
	Air Blank	0.000	03:15
	Control Test	0.079	03:16
	Air Blank	0.000	03:16
	Subject Sample #1	VNM*	03:19
	Air Blank	0.000	03:20
	Air Blank	0.000	03:22
	Subject Sample #2	0.248	03:22
	Air Blank	0.000	03:23
	Air Blank	0.000	03:25
	Subject Sample #3	0.245	03:26
	Air Blank	0.000	03:26
	Control Test	0.077	03:27
	Air Blank	0.000	03:27
	Diagnostics Check	OK	03:27

*Volume Not Met (0.221 - Breath Sample Not Reliable to Determine Breath Alcohol Level)

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 RENEE 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: _____ Date: 10/10/20
Signature

Sworn to (or affirmed) before me this 10 day of Oct., 2020

Inv. J. Schaefer # 8777 Signature of Notary Public-State of Florida
Inv. J. Schaefer # 8777 Printed Name of Notary Public-State of Florida

Note: Pursuant to section 117.10, Florida Statutes, law enforcement officers, correctional officers, traffic accident investigation officers and traffic infraction enforcement officers are notaries public when engaged in the performance of official duties. In accordance with section 316.1934(5), F.S., this completed form is admissible without further authentication and is presumptive proof of the results herein. To be used in accordance with Section 316.1934(5), F.S., and in administrative proceedings pursuant to 322.2615, F.S.

SUBJECT: Quintana Hernandez, Ivan CASE NUMBER: 20-115215

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: _____

SUBJECT: Quintanilla, Ivan CASE NUMBER: 20-115215

IMPLIED CONSENT FOR DUI IN A MOTOR VEHICLE

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

I am now requesting that you submit to a lawful test of your BREATH for the purpose of determining its alcohol content.

-OR-

I am now requesting that you submit to a lawful test of your URINE for the purpose of detecting the presence of chemical or controlled substances.

-OR-

I am now requesting that you submit to a lawful test of your BLOOD for the purpose of detecting its alcohol content and the presence of chemical or controlled substances.

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

I am _____ of the _____

If you fail to submit to the test I have requested of you, your privilege to operate a motor vehicle will be suspended for a period of one (1) year for a first refusal, or eighteen (18) months if your privilege has been previously suspended as a result of a refusal to submit to a lawful test of your breath, urine or blood. Additionally, if you refuse to submit to the test I have requested of you and if your driving privilege has been previously suspended for a prior refusal to submit to a lawful test of your breath, urine or blood, you will be committing a misdemeanor. Refusal to submit to the test I have requested of you is admissible into evidence in any criminal proceeding.

SUBJECT'S SIGNATURE: (X) _____

CONSTITUTIONAL WARNINGS

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

1. You have the right to remain silent and not answer any questions.
2. Any statement must be freely and voluntarily given.
3. You have the right to the presence of a lawyer of your choice before you make any statement and during any questioning.
4. If you cannot afford a lawyer, you are entitled to the presence of a court appointed lawyer before you make any statements and during any questioning.
5. If at any time during the interview you do not wish to answer any questions, you are privileged to remain silent.
6. I can make no threats or promises to induce you to make a statement. This must be of your own free will.
7. Any statement can and will be used against you in a court of law.

SUSPECT'S SIGNATURE: (X) Raul on Camera



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

REVIEW COMPLETED BY

Booking Number: 2020023954	Date: 10/11/2020
	Specialist Name/ID: AM/31562