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3110

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 FLO 500000		Agency Name PALM BEACH COUNTY SHERIFF'S OFFICE		Agency Report Number (N.T.A.'s only) 06-20-084623	
Charge Type: Check as many as apply: <input type="checkbox"/> 1. Felony <input type="checkbox"/> 2. Traffic Felony		<input 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 1. Yes NONE 2. No	
Location of Arrest (Including Name of Business) 10TH Ave N and S. Congress Ave				Location of Offense (Business Name, Address) 10TH Ave N and S. Congress Ave			
Date of Arrest 07/05/2020	Time of Arrest 0334	Booking Date	Booking Time	Jail Date	Jail Time	Location of Vehicle Gardens Towing	
Name (Last, First, Middle) Portillo Molina Javier				Alias (Name, DOB, Soc. Sec. #, Etc.)			
Race W - White I - American Indian B - Black O - Oriental/Asian	Sex W M	Date of Birth 11/17/1973	Height 5'2	Weight 160	Eye Color Brn	Hair Color Brn	Complexion Light
Scars, Marks, Tattoos, Unique Physical Features (Location, Type, Description) None				Marital Status Single		Religion NONE	
Local Address (Street, Apt. Number) 3432 Rudolph Rd				(City) (State) (Zip) Lake Worth FL 33461		Phone (561) 932-7359	
Permanent Address (Street, Apt. Number)				(City) (State) (Zip)		Residence Type: 1. City 2. County 3. Florida 4. Out of State 2	
Business Address (Name, Street)				(City) (State) (Zip)		Address Source Honduras Id	
D/L Number, State NO DL				Soc. Sec. Number N/A		INS Number	
Co-Defendant Name (Last, First, Middle)				Race Sex Date of Birth		Place of Birth (City, State) El progreso, Honduras	
Co-Defendant Name (Last, First, Middle)				Race Sex Date of Birth		Citizenship Non	
Parent Legal Custodian Other				Arrested / At Large		Felony / Misdemeanor / Juvenile	
Address (Street, Apt. Number)				(City) (State) (Zip)		Residence Phone Business Phone	
Notified by: (Name)				Date Time		Juvenile Disposition 1. Handed/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. <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 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)(c)				Violation of ORD #		Warrant / Capias Number	
Drug Activity N		Drug Type N		Amount / Unit NONE		Offense # 20-084623	
Charge Description NO DL				Counts 1		Domestic Violence <input type="checkbox"/> Y <input checked="" type="checkbox"/> N	
Statute Violation Number 322.03(1)				Violation of ORD #		Warrant / Capias Number	
Drug Activity		Drug Type		Amount / Unit		Offense #	
Charge Description				Counts		Domestic Violence	
Statute Violation Number				Violation of ORD #		Warrant / Capias Number	
Drug Activity		Drug Type		Amount / Unit		Offense #	
Charge Description				Counts		Domestic Violence	
Statute Violation Number				Violation of ORD #		Warrant / Capias Number	
Location (Court Room Number Address) CRIMINAL JUSTICE COMPLEX / 3228 GUN CLUB ROAD, WPB, FL 33406							
Court Date and Time Month July Day 30th 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							
Signature of Defendant (or Juvenile and Parent /Custodian)				Date Signed 07/05/2020			
HOLD for other Agency Name:		Signature of Arresting Officer		Name Verification (Printed by Arrestee) JUL 5 AM 6:13			
<input type="checkbox"/> Dangerous <input type="checkbox"/> Suicidal		<input type="checkbox"/> Resisted Arrest <input type="checkbox"/> Other:		Name of Arresting Officer (Print) INV. M. SMITH		I.D. # 9621	
Inmate Deposit		Inmate #		Transporting Officer SMITH		ID # Agency PBSO	
Witness here if subject signed with an "X"							

(1) OR
C/OA

SEARCHED INDEXED SERIALIZED FILED
JUL 05 2020

D.U.I. PROBABLE CAUSE AFFIDAVIT

ON THE 5th DAY OF July 20 20, AT 0255 AM PM

SUBJECT: Portillo Molina Javier CASE NUMBER: 20-084623

AGENCY: PALM BEACH COUNTY SHERIFF'S OFFICE ARRESTING OFFICER: INV. M. SMITH

PERSONAL CONTACT

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

On 07/05/2020 at approximately 03:00hrs, I was called to the scene of a traffic stop at the intersection of 10th Ave N and S. Congress Ave, which is located in the City of Palm Springs, Florida. I arrived at the scene at approximately 0318hrs. Sgt. Mendelsberg #9157 relayed to me, and completed a written signed sworn supplemental Probable Cause Affidavit stating that he stopped a red ford mustang for a welfare check after the the vehicle drifted from side to side crossing the lane markers. (SEE SUPPLEMENTAL PC). Sgt. Mendelsberg noticed that the defendant had articulable indicators of impairment, so he called for a DUI unit to conduct a possible DUI investigation. Sgt. Mendelsberg identified the defendant, to me, as the driver and sole occupant of the vehicle, at the time of the stop.

OBSERVATION OF DRIVER:

Upon making contact with the driver who was identified by their Honduras passport as Javier Portillo Molina, I immediately detected an obvious and strong odor of an unknown alcoholic beverage emitting from his person and face area. This odor intensified as I spoke to Portillo Molina. Portillo Molina had glassy, glazed, and blood shot eyes. Portillo Molina's speech was slurred, slow, thick, and at times difficult to understand. Portillo Molina's movements were slow and deliberate. Portillo Molina was lethargic in his movements with poor coordination. Portillo Molina had an unsteady gait while walking to my patrol vehicle and had difficulty following directions given to him. Portillo Molina was wearing a black t-shirt, red shorts, and black shoes. All the clothing appeared neat.

DRIVER'S STATEMENTS:

Pre Miranda Portillo Molina stated that he had been drinking and that he was drunk. During the instructions for the Roadside Sobriety Tasks Portillo Molina said that he was drunk and could not finish.

ODORS:

obvious and strong odor of an unknown alcoholic beverage emitting from his person and face area.

GENERAL OBSERVATIONS

SPEECH: speech was slurred, slow, thick, and at times difficult to understand.

ATTITUDE: Calm, Cooperative

CLOTHING: black t-shirt, red shorts, and black shoes.

MEDICAL/OTHER: See BAT report

STATE OF FLORIDA
COUNTY OF PALM BEACH

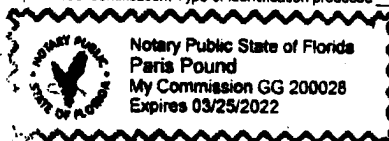
INV. M. SMITH

(Signature of Arresting/Investigative Officer)

The foregoing instrument was sworn to or affirmed and subscribed before me this 5th day of July 20 20 by INV. M. SMITH

(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. 17.16)



OBTS Number	Agency ORI Number ELO 50000	Agency Name PALM BEACH COUNTY SHERIFF'S OFFICE	Agency Report Number 06-20-084623
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Charge Type: Check as many as apply.

<input type="checkbox"/> 1. Felony	<input type="checkbox"/> 3. Misdemeanor	<input type="checkbox"/> 5. Ordinance
<input type="checkbox"/> 2. Traffic Felony	<input checked="" type="checkbox"/> 4. Traffic Misdemeanor	<input type="checkbox"/> 6. Other

Special Notes:

Name (Last, First, Middle) Portillo, Javier Molina	Alias	Race H	Sex M	Date of Birth 11-17-73
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Charge Description DUI	Charge Description
Charge Description	Charge Description

Victim's Name (Last, First, Middle) State of Fl	Race	Sex	Date of Birth
Local Address (Street, Apt. Number) (City) (State) (zip)	Phone () ()	Address Source	
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

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. was found to have committed the below acts, resulting from my (described) investigation.

On the **5th** day of **July** 20 **20** at **2:55** A. M. P. M. (Specifically include facts constituting cause for arrest.)

Supplemental Probable Cause

I was in uniform in a marked PBSO vehicle on patrol northbound on Congress Ave in Palm Springs when I observed a red 2004 Ford Mustang 2dr bearing Fl tag Y32-SYZ traveling in the same direction in the outside lane. As I followed the Ford I observed the following driving pattern- the Ford drifted from side to side crossing the lane markers on both sides almost hitting the curb. Based on the above driving pattern, I activated my overhead blue lights to conduct a traffic stop for the safety of driver in case their was a medical emergency and for the traffic violation of failure to maintain a single lane. The Ford stopped at the Circle K convenience store located at 10th Ave North & Congress Ave. I exited my car and approached the Ford. I made contact with a H/M driver who was the sole occupant. I introduced myself and explained the reason for the stop as I asked for his DL. Upon making contact with the driver I observed, via a sense of smell, an odor of alcoholic beverage, emanating from his person. The H/M who was identified as Javier Portillo Molina DOB 11-17-73 via his passport, also had eyes that were also red & glassy. Based on the above driving pattern and my visual observations I suspected Portillo might be DUI. DUI Investigator M. Smith ID 9621 arrived on scene and conducted a DUI investigation which led to Portillo being arrested. A DHSMV check revealed Portillo did not have a Driver's License.

STATE OF FLORIDA
 COUNTY OF PALM BEACH
 _____ **Sgt. Mendelsberg**
(Signature of Arresting/Investigative Officer)

The foregoing instrument was sworn to or affirmed and subscribed before me this **5th** day of **July** 20 **20** by **Sgt. Mendelsberg 9157**

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

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

SCANNED
 JUL 05 2020

SUBJECT Portillo Molina Javier

CASE NUMBER 20-084623

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 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:

Portillo Molina would sway roughly in a side to side front to back pattern throughout the task. Portillo Molina did positively identify the point to be tracked. Portillo Molina was reminded numerous times to track the pen with his eyes only. Portillo Molina failed to keep his head still while tracking the stimulus.

WALK & TURN:

I explained and demonstrated the instructions for the "Walk & Turn" through Spanish interpreter D/S J. Jurado #20332 to Portillo Molina who stated he understood. During the task, I observed Portillo Molina to sway roughly in a side to side, front to back pattern throughout the demonstration phase. Portillo Molina could not maintain his balance while listening to instructions. Portillo Molina stepped out of the instructional stance during the demonstration to catch his balance. Portillo Molina, missed heel-to-toe steps and stepped off the line. Portillo Molina used his arms for balance by raising them more than six inches. Portillo Molina performed an improper turn .

ONE LEG STAND:

I explained and demonstrated the instructions for the "One Leg Stand" through Spanish interpreter D/S J. Jurado #20332 to Portillo Molina who stated that he understood. During the task, I observed Portillo Molina to sway roughly in a side to side, front to back pattern throughout the demonstration phase. Portillo Molina continued to sway while balancing on one leg. Portillo Molina used his arms to balance raising them more than 6 inches from his sides. Portillo Molina started hopping in an attempt to maintain balance. Portillo Molina failed to count out loud by thousands as instructed. Portillo Molina put his foot down to regain balance numerous times before the 30 seconds had elapsed. thusly not being able to complete the task.

FINGER TO NOSE:

I explained and demonstrated the instructions for the "Finger to Nose" task through Spanish interpreter D/S J. Jurado #20332 to Portillo Molina who stated that he understood. During the task, I observed Portillo Molina to sway roughly in a side to side, front to back pattern throughout the demonstration phase. Portillo Molina did not keep his eyes closed and had to be reminded numerous times. Portillo Molina did not raise his index finger to the tip of his nose as directed. Portillo Molina then stated that he was finished with the task.

ROMBERG ALPHABET:

Did not perform

BREATH TEST RESULTS: .244 .241

STATE OF FLORIDA
COUNTY OF PALM BEACH

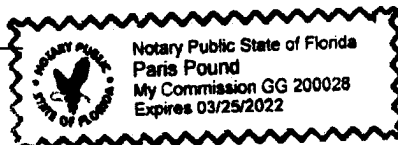
INV. M. SMITH

(Signature of Arresting/Investigative Officer)

The foregoing instrument was sworn to or affirmed and subscribed before me this 5th day of July 2020 by INV. M. SMITH

(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)



TESTING FACILITY TASK REPORT

AGENCY:

SUBJECT:

DATE:

BEGINNING TIME:

CASE NUMBER:

VIDEO DVD NUMBER:

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 TECHNICIAN:

TESTING OFFICER'S OBSERVATIONS

SPEECH:

ATTITUDE:

CLOTHING:

MEDICAL CONDITIONS:

MEDICATIONS:

OTHER:

EYES; GLASSY AND BLOODSHOT

COMMENTS:

ARRIVED AT CENTER A/O BEGAN THE 20 MINUTE OBSERVATION PERIOD AT 03:49 HRS.

SUBJECT: AGREED TO TAKE TEST

TECH: READ TEST RESULTS

SUBJECT: STATED HE UNDERSTOOD TEST RESULTS

A/O: READ RIGHTS

SUBJECT: STATED HE UNDERSTOOD RIGHTS

A/O: CONDUCTED Q&A

SUBJECT: ANSWERED QUESTIONS

SUBJECT: PORTILLO MOLINA, JAVIER CASE NUMBER: 20-084623

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) READ ON CAMERA

SUBJECT PORTILLO Medina, JAVIER CASE NUMBER: 20-084623

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? YES

WHERE WERE YOU GOING? Home

WHAT STREET OR HIGHWAY WERE YOU ON? 6th Street

DIRECTION OF TRAVEL? South WHERE DID YOU START? 1st Street

WHAT TIME DID YOU START? 7:00 WHAT TIME IS IT NOW? 7:30

WHAT IS TODAY'S DATE? 7/1/20 WHAT DAY OF THE WEEK IS IT? Monday

WHAT COUNTY AND CITY ARE YOU IN NOW? De Witt County, Iowa

WHEN DID YOU LAST EAT? 6:30 WHAT DID YOU EAT? Breakfast

WHAT HAVE YOU BEEN DOING FOR THE LAST THREE HOURS? Working

HOW MUCH DO YOU WEIGH? 150 HAVE YOU BEEN DRINKING? Yes WHAT? Alcohol

HOW MUCH? 2 WHERE? Home WITH WHOM? Family

WHEN DID YOU HAVE YOUR FIRST DRINK? 7:00 AND YOUR LAST DRINK? 7:30

HOW DID YOU CONSUME YOUR LAST TWO DRINKS? Beer

CAN YOU FEEL THE EFFECTS OF THE ALCOHOL? Yes ARE YOU UNDER THE INFLUENCE? Yes

HAVE YOU CONSUMED ANY ALCOHOL SINCE THE ACCIDENT? Yes HOW MUCH? 2

WHAT? Beer WHERE? Home WHEN? 7:30

WHAT LINE OF WORK ARE YOU IN? Construction WHEN DID YOU LAST WORK? 6/30

DO YOU HAVE ANY PHYSICAL DEFECTS OR INJURIES? No WHAT? None

ARE YOU SICK OR INJURED? No WHAT'S WRONG? None

DO YOU LIMP? No DID YOU RECEIVE A BUMP ON THE HEAD RECENTLY? No

WERE YOU IN AN ACCIDENT TODAY? No

HAVE YOU TAKEN ANY DRUGS OR SMOKED ANY MARIJUANA TODAY? No WHEN? None

HAVE YOU SEEN A DOCTOR OR DENTIST TODAY? No WHO? None WHY? None

ARE YOU TAKING ANY PRESCRIPTION MEDICINES? No WHAT? None WHEN? None

DO YOU HAVE:
EPILEPSY? No
GLASS EYE? No
FALSE TEETH? No
EAR INFECTION? No
INNER EAR TROUBLE? No
DIABETES? No

DO YOU HAVE ANY PROBLEMS WITH YOUR EYES THAT ARE NOT CORRECTED BY GLASSES? No

DO YOU TAKE INSULIN? No IF SO, WHEN WAS YOUR LAST INJECTION? None

HAVE YOU EVER HAD A DRIVER'S LICENSE IN ANY OTHER STATE? No WHERE? None

INTERVIEWER: [Signature]

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: 80-006476 Software: 8100.27
Date of Test: 07/05/2020

Date of Last Agency Inspection: 06/26/2020

Observation Period Began: 03:49

Subject's Name: JAVIER PORTILLO MOLINA

DOB: 11/17/1973 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	04:19
	Air Blank	0.000	04:20
	Control Test	0.078	04:20
	Air Blank	0.000	04:20
	Subject Sample #1	0.244	04:21
	Air Blank	0.000	04:22
	Air Blank	0.000	04:24
	Subject Sample #2	0.241	04:24
	Air Blank	0.000	04:25
	Control Test	0.078	04:25
	Air Blank	0.000	04:26
	Diagnostics Check	OK	04:26

Cylinder Lot: 28719080A1
Exp: 12/05/2021

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 POUND, 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: 07/05/20

Sworn to (or affirmed) before me this 5th day of JULY, 2020

Signature of Notary Public-State of Florida

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.

WITNESS LIST

CASE NUMBER: 20-084623

ARRESTING OFFICER: INV. M. SMITH

ADDRESS: 3228 GUN CLUB ROAD WEST PALM BEACH, FL 33406

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

CAN TESTIFY TO: SEE DUI PROBABLE CAUSE AFFIDAVIT, OFFENSE REPORT, & IN-CAR VIDEO

NAME: Sgt. Mendelsberg 9157

ADDRESS: 3228 Gun Club West Palm Beach Fl 33406

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

CAN TESTIFY TO: Stopping Deputy, Supplemental PC

NAME: D/S J. Jurado 20332

ADDRESS 3228 Gun Club RD West Palm Beach Fl 33406

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

CAN TESTIFY TO: Spanish Interpretation

NAME: _____

ADDRESS _____

PHONE NUMBERS (HOME) 0 (WORK) 0

CAN TESTIFY TO: _____

NAME: _____

ADDRESS _____

PHONE NUMBERS (HOME) _____ (WORK) _____

CAN TESTIFY TO: _____

NAME: _____

ADDRESS _____

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NAME: _____

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CAN TESTIFY TO: _____

NAME: _____

ADDRESS _____

PHONE NUMBERS (HOME) _____ (WORK) _____

CAN TESTIFY TO: _____

NOT A CERTIFIED COPY