

415

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

**Juvenile**

PB80 #0148 REV. 02/13 DISTRIBUTION: WHITE - COURT COPY ~~GREEN - STATE ATTORNEY~~ ~~YELLOW - AGENCY~~ ~~PINK - AGENCY~~ GOLD - DEFENDANT (N.T.A.'s ONLY)

GREEN STATE ATTORNEY YELLOW AGENCY PINK AGENT  
M. CASTINETTAS 0102

## D.U.I. PROBABLE CAUSE AFFIDAVIT

ON THE 7 DAY OF JUNE 20 DOB AT 0153 AM PM  
SUBJECT: JOAN E HOSFELD CASE NUMBER: 201-000692  
AGENCY: PBPD ARRESTING OFFICER: CASTINEIRAS 0183

### PERSONAL CONTACT

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

VEHICLE WAS FOUND REVERSING OUT OF A MARIAN, DAMAGE TO  
TOWN POLE AND SUBJECT'S VEHICLE, SKID MARKS SHOWING  
VEHICLE LOSING CONTROL WHILE ATTEMPTING TO TURN RIGHT  
IN THE INTERSECTION.

### OBSERVATION OF DRIVER:

DRIVER HAD GLASSY EYES, SLURRED SPEECH, ODOOR OF ALCOHOL EMITTING  
FROM HIS BREATH. DRIVER COULD NOT RECALL THE CRASH OR EXPLAIN  
HIS DIRECTION OF TRAVEL.

SWEATY, SWAYING BACK & FORTH

DRIVER'S STATEMENTS: DRIVER STATED HE HAD 2 BEERS AT CHEATNAH'S  
GENTLEMAN'S CLUB. SAID HE JUST WANTED TO GO HOME BUT HE WAS  
LOOKING FOR FRIENDS.

### ODORS:

ALCOHOL FROM BREATH

### GENERAL OBSERVATIONS

SPEECH: SLURRED SPEECH

ATTITUDE: CONFUSED ON SCENE, AGGRESSIVE AFTER

CLOTHING: BLUE SHIRT BLUE JEANS WHITE SNEAKERS

### MEDICAL/OTHER:

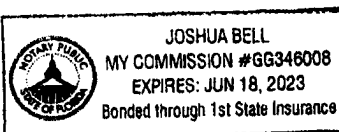
STATE OF FLORIDA  
COUNTY OF PALM BEACH

(Signature of Arresting/Investigative Officer)

The foregoing instrument was sworn to or affirmed and subscribed before me this 07 day of JUNE 20 21 by OFF. Castineiras

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

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



SUBJECT: JOHN R. HOSFELD CASE NUMBER: 2021-000692

## 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 checked="" 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: SWAYING, FOLLOWING STIMULUS WITH HEAD, FAILED TO KEEP HEAD STILL

### WALK & TURN:

ATTEMPTED TO STAND SEVERAL TIMES  
SWAYING

STATED CHEMICAL IMBALANCE BUT STAPPED ON LINE AND SAID "LATS GO"

FAILED TO STAND ON LINE / FELL OFF LINE

### ONE LEG STAND:

### FINGER TO NOSE:

### ROMBERG/ALPHABET:

COUNT 41-68, COUNTED TO 69, COUNTED 64 + 65 TWICE.

SWAYING

REFUSED TO DO ~~ANY~~ ALPHABET AND OTHER TEST

### BREATH TEST RESULTS:

.183 / .184

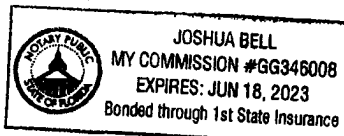
STATE OF FLORIDA  
COUNTY OF PALM BEACH

[Signature]  
(Signature of Arresting/Investigative Officer)

The foregoing instrument was notarized or sworn before me this 07 day of JUNE, 2021 by OFF. Castineiras

who is personally known to me and/or produced identification. Type of identification produced POLICE ID

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





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

PBSO CASE # 21-073402 PBSO ZONE 1-11  
AGENCY CASE # 2021-000692 CRASH CASE # \_\_\_\_\_  
TIME OF STOP/CRASH 0153 DATE 06/07/21 DAY MONDAY  
SUBJECT'S NAME HOSFELD, JOHN ERIC RACE W SEX M  
HGT 5'9 WGT 170 DOB 07/14/1976  
LOCATION ROYAL PALM WAY / S COUNTY RD PALM BEACH FLORIDA 33470  
ARRESTING OFFICER'S NAME & ID MICHAEL CASTINEIRAS #0183 AGENCY PBPD  
DIVISION: PATROL NOTIFIED BY COMMO YES  
ARRIVAL AT FACILITY 0311  
BREATH RESULTS: Arrest Time 0234  
1. .183  
2. .184  
3. N/A  
4. N/A  
TESTING OFFICER'S ID BELL 8656

# WITNESS LIST

CASE NUMBER: 2021-000692

ARRESTING OFFICER MICHAEL CASTINEIRAS

ADDRESS 345 S COUNTY RD PALM BEACH FL 33470

PHONE NUMBERS (HOME) 561 838 5454 (WORK) \_\_\_\_\_

CAN TESTIFY TO: ARREST

NAME: OL LAMONT LAR

ADDRESS 345 S COUNTY RD PALM BEACH FL 33470

PHONE NUMBERS (HOME) 561 838 5454 (WORK) \_\_\_\_\_

CAN TESTIFY TO: ON SCENE INVESTIGATION / 561 838 5454

NAME: \_\_\_\_\_

ADDRESS \_\_\_\_\_

PHONE NUMBERS (HOME) \_\_\_\_\_ (WORK) \_\_\_\_\_

CAN TESTIFY TO: \_\_\_\_\_

NAME: \_\_\_\_\_

ADDRESS \_\_\_\_\_

PHONE NUMBERS (HOME) \_\_\_\_\_ (WORK) \_\_\_\_\_

CAN TESTIFY TO: \_\_\_\_\_

NAME: \_\_\_\_\_

ADDRESS \_\_\_\_\_

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ADDRESS \_\_\_\_\_

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CAN TESTIFY TO: \_\_\_\_\_

NAME: \_\_\_\_\_

ADDRESS \_\_\_\_\_

PHONE NUMBERS (HOME) \_\_\_\_\_ (WORK) \_\_\_\_\_

CAN TESTIFY TO: \_\_\_\_\_

# TESTING FACILITY TASK REPORT

AGENCY: PBPD

SUBJECT: HOSFELD, JOHN ERIC

CASE NUMBER: 21-073402

DATE: Jun 7, 2021

VIDEO DVD NUMBER: N/A

BEGINNING TIME: 0340

ENDING TIME: 0354

BREATH TESTS RESULTS: 1) .183 TIME 0347 A.M. ☒ P.M. ☐ 2) .184 TIME 0350 A.M. ☒ P.M. ☐  
3) N/A TIME XX A.M. ☐ P.M. ☐ 4) N/A TIME XX A.M. ☐ P.M. ☐

BREATH OPERATOR: JOSHUA J BELL #8656

MAINTENANCE TECHNICAN: J. KARLECKE #6467

## TESTING OFFICER'S OBSERVATIONS

SPEECH: SLURRED

ATTITUDE: TALKATIVE, RUDE, ARGUMENTATIVE, REPETITIVE

CLOTHING: BLUE TEE SHIRT, BLUE JEANS, WHITE SHOES

MEDICAL CONDITIONS: NONE

MEDICATIONS: NONE

## OTHER:

EYES: BLOODSHOT, GLASSY

## COMMENTS:

ARRIVED AT DUI TESTING FACILITY AND BEGAN THE 20 MINUTE OBSERVATION AT 0311 HOURS

SUBJECT STATED HE WOULD TAKE BREATH TEST

TECH READ BREATH TEST RESULTS AND EXPLAINED  
SUBJECT STATED THAT HE WAS FINE

A/O READ RIGHTS

SUBJECT STATED HE DID NOT UNDERSTAND HIS RIGHTS AND HE DID NOT WANT THE A/O TO READ THEM  
AGAIN

Q AND A NOT CONDUCTED

SUBJECT: Hosfeld, John Eric

CASE NUMBER: 2021-000692

## 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: Hosfeld, John Eric CASE NUMBER: 271 00 692

## 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: Ofc. M. Castineiras #0183



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: 06/07/2021

Date of Last Agency Inspection: 05/14/2021

Observation Period Began: 03:11

Subject's Name: JOHN ERIC HOSFELD

DOB: 07/14/1976 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	03:43
	Air Blank	0.000	03:44
	Control Test	0.079	03:44
	Air Blank	0.000	03:45
	Subject Sample #1	0.183	03:47
	Air Blank	0.000	03:48
	Air Blank	0.000	03:49
	Subject Sample #2	0.184	03:50
	Air Blank	0.000	03:51
	Control Test	0.079	03:51
	Air Blank	0.000	03:52
	Diagnostics Check	OK	03:52

Cylinder Lot: 22620080A2  
Exp: 10/05/2022

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 JOSHUA J BELL, 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: 06/07/21

Sworn to (or affirmed) before me this 07 day of JUNE, 2021

Signature of Notary Public-State of Florida

Ofc. M. Castineiras #0183

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.



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

**REVIEW COMPLETED BY**

Booking Number: 2021013831	Date: 06/07/2021
	Specialist Name/ID: C. Denzel/8691