

21CT1089

ARREST / NOTICE TO APPEAR  
Juvenile Referral Report

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

OBTS Number		Agency ORI Number <b>FLO 500000</b>		Agency Name <b>PALM BEACH COUNTY SHERIFF'S OFFICE</b>		Agency Report Number (N.T.A.'s only) <b>06-21-027874</b>	
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 2. No NONE	
Location of Arrest (Including Name of Business) <b>WATERWAY VILLAGE CT/RIVER BRIDGE BLVD</b>				Location of Offense (Business Name, Address) <b>WATERWAY VILLAGE CT/RIVER BRIDGE BLVD, GREENACRES / FL / 33413</b>			
Date of Arrest <b>01/22/2021</b>	Time of Arrest <b>0244</b>	Booking Date	Booking Time	Jail Date	Jail Time	Location of Vehicle <b>PRIORITY TOWING</b>	
Name (Last, First, Middle) <b>Santana, Jonathan, Dario</b>				Alias (Name, DOB, Soc. Sec. #, Etc.)			
Race W - White I - American Indian B - Black O - Oriental/Asian	Sex <b>M</b>	Date of Birth <b>3/25/1976</b>	Height <b>5'08</b>	Weight <b>172</b>	Eye Color <b>BRO</b>	Hair Color <b>BRO</b>	Complexion <b>MED</b>
Scars, Marks, Tattoos, Unique Physical Features (Location, Type, Description) <b>NONE</b>				Marital Status <b>SINGLE</b>		Religion <b>NONE</b>	
Local Address (Street, Apt. Number) <b>221 Waterway Village Ct, Greenacres, FL 33413</b>				Phone <b>(561) 602 4088</b>		Residence Type 1. City 2. County 3. Florida 4. Out of State <b>2</b>	
Permanent Address (Street, Apt. Number)				Phone		Address Source <b>FL DL</b>	
Business Address (Name, Street)				Phone		Occupation <b>PROPERTY MANAGEMENT</b>	
D/L Number, State <b>S535424761050, FL</b>		INS Number		Place of Birth (City, State) <b>Best of COLUMBIA</b>		Citizenship <b>US</b>	
Co-Defendant Name (Last, First, Middle)		Race	Sex	Date of Birth	<input type="checkbox"/> 1. Arrested <input type="checkbox"/> 3. Felony <input type="checkbox"/> 2. At Large <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"/> 3. Felony <input type="checkbox"/> 2. At Large <input type="checkbox"/> 4. Misdemeanor <input type="checkbox"/> 5. Juvenile		
Parent / Legal Custodian / Other:		Name (Last)	(First)	(Middle)	Residence Phone		
Address (Street, Apt. Number)		(City)	(State)	(Zip)	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 355-2528) 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 <b>DRIVING UNDER THE INFLUENCE</b>		Counts <b>1</b>	Domestic Violence <input type="checkbox"/> Y <input checked="" type="checkbox"/> N	Statute Violation Number <b>316.193(1)(a)</b>		Violation of ORD #	
Drug Activity <b>N</b>	Drug Type <b>N</b>	Amount / Unit	Offense # <b>21-027874</b>	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	
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) <b>Criminal Justice Complex, 3228 Gun Club Road, West Palm Beach, FL 33406 - Ph: (561) 688-4600</b>							
Court Date and Time Month <b>FEB</b> Day <b>18</b> Year <b>2021</b> Time <b>08:30</b> 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. <b>X [Signature]</b> Signature of Defendant (or Juvenile and Parent (Custodian)) Date Signed <b>01/22/2021</b>							
HOLD for other Agency Name:		Signature of Arresting Officer <b>Inv W Amadon #9440</b>		Name Verification (Printed by Arrestee) <b>JAN 22 AM 01:00</b>			
<input type="checkbox"/> Dangerous <input type="checkbox"/> Resisted Arrest <input type="checkbox"/> Suicidal <input type="checkbox"/> Other		Name of Arresting Officer (Print) <b>INV. W. AMADON</b>		I.D. # <b>9440</b>		(PRINT)	
Intake Deputy <b>Diana 2016</b>		I.D. #		Pouch #		PAGE <b>1 OF 1</b>	
Transporting Officer <b>INV. W. AMADON</b>		I.D. # <b>9440</b>		Agency <b>PBSO</b>		Witness here if subject signed with an "X"	

DISTRIBUTION: WHITE - COURT COPY GREEN - STATE ATTORNEY YELLOW - AGENCY PINK - AGENCY GOLD - DEFENDANT (N.T.A.'s ONLY)

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JAN 23 2021

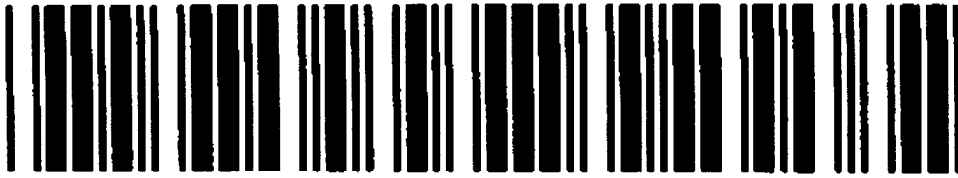
2021 JAN 23 AM 12:12  
MILITARY DIVISION  
GUN CLUB

OBT Number		<b>PROBABLE CAUSE AFFIDAVIT</b>		1. Arrest	3. Request for Warrant	1	Juvenile	N
Agency ORI Number <b>FLO 500000</b>		Agency Name <b>PALM BEACH COUNTY SHERIFF'S OFFICE</b>		Agency Report Number <b>06-21027879</b>				
Charge Type: Check as many as apply.		Special Notes:						
<input type="checkbox"/> 1. Felony		<input type="checkbox"/> 3. Misdemeanor		<input type="checkbox"/> 5. Ordinance				
<input checked="" type="checkbox"/> 2. Traffic Felony		<input checked="" type="checkbox"/> 4. Traffic Misdemeanor		<input type="checkbox"/> 6. Other				
Name (Last, First, Middle) <b>Santana, Jonathan, Dario</b>		Alias		Race W	Sex M	Date of Birth 03/25/1976		
Charge Description DUI		316.13		Charge Description				
Charge Description				Charge Description				
Victim's Name (Last, First, Middle) <b>STATE OF FLORIDA, ,</b>		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	
<p>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</p> <p><input checked="" type="checkbox"/> committed the below acts in my presence.      <input type="checkbox"/> was observed by _____ who told _____ that he/she saw the arrested person commit the below acts.</p> <p><input type="checkbox"/> confessed to _____      <input type="checkbox"/> was found to have committed the below acts, resulting from my (described) investigation.</p> <p>admitting to the below facts.</p> <p>On the <b>22ND</b> day of <b>JANUARY</b> 20<b>21</b> at <b>0150</b> <input checked="" type="checkbox"/> A.M. <input type="checkbox"/> P.M. (Specifically include facts constituting cause for arrest.)</p> <p><b>On 1/22/2021 at approximately 0146 hrs I observed a blue in color Toyota FJ 4runner bearing Florida Tag "122NZG" run the red light to turn right to go northbound on S Jog Rd from 10th Ave N. I activated my in car camera to capture the incident on camera and based on the aforementioned traffic infraction I activated my overhead emergency red and blue lights on my marked PBSO patrol vehicle to conduct a traffic stop on the vehicle. The vehicle came to a stop at the entrance to Waterway Village court.</b></p> <p><b>I made my approach on the driver side of the vehicle and came in contact with the driver and sole occupant of the vehicle who was identified by his Florida drivers license as Jonathan Dario Santana. While speaking with Jonathan I could smell the overwhelming odor of an unknown alcoholic beverage emitting from his breath. While speaking with Jonathan he was moving very slowly and had forgotten to provide me with his registration when I asked him to provide it. I then had to ask him a third time for his insurance which he then provided me on his phone. While looking at Jonathan his eyes were watery and had a glassy look to them. Based on my observations I contacted DUI Unit Inv. W. Amadon 9440 and had him respond to the scene to assess the level on impairment of Jonathan.</b></p> <p><b>Inv. Amadon arrived on scene and the investigation was turned over to him.</b></p> <p><b>This is a supplement to the original report see Inv. W. Amadon 9440 report for further details.</b></p>								
STATE OF FLORIDA COUNTY OF PALM BEACH		<b>D/S E. COWART</b>						
(Signature of Arresting/Investigative Officer)								
The foregoing instrument was sworn to or affirmed and subscribed before me this <b>22ND</b> day of <b>JANUARY</b> 20 <b>21</b> by <b>D/S E. COWART</b>								
(Print name of Arresting/Investigative Officer), who is personally known to me and/or produced identification. Type of identification produced		<b>LEO</b>						
<b>D/S L. BAYNHAN 36838</b>								
Notary Public, Clerk of Court, Officer (F.S.S. 117.10)								

NOT A COURT DOCUMENT

ADMINISTRATIVE

SCANNED



21027847

FLORIDA DUI UNIFORM TRAFFIC CITATION

AEA7ATE

COUNTY OF PALM BEACH		<input type="checkbox"/> (1) F.H.P		<input type="checkbox"/> (2) P.D		<input checked="" type="checkbox"/> (3) S.O		<input type="checkbox"/> (4) OTHER		
CITY (IF APPLICABLE) BOCA RATON		AGENCY NAME PALM BEACH COUNTY SHERIFFS OFFICE								
		AGENCY #								
IN THE COURT DESIGNATED BELOW THE UNDERSIGNED CERTIFIES THAT HE/SHE HAS JUST AND REASONABLE GROUNDS TO BELIEVE AND DOES BELIEVE THAT ON						DHS/RY RECORD FORWARD TO DESIGNATED HEARING OFFICE				
DAY OF WEEK FRI	MONTH 1	DAY 22	YEAR 2021	TIME 03:44:00						
NAME (PRINT) FIRST JONATHAN		MIDDLE DARIO			LAST SANTANA					
STREET 221 WATERWAY VILLAGE CT									<input type="checkbox"/>	
IF DIFFERENT THAN ONE ON DRIVER LICENSE "X" HERE										
CITY GREENACRES			STATE FL		ZIP CODE 33413					
TELEPHONE NUMBER	DATE OF BIRTH	MO 3	DAY 25	YR 1976	RACE H	SEX M	HGT 5' 08"			
DRIVER LICENSE NUMBER	S 5 3 5 4 2 4 7 6 1 0 5 0									
	STATE FL	CLASS E	CDL LICENSE <input type="checkbox"/> Y <input checked="" type="checkbox"/> N		YR LICENSE EXP 2021		COMMERCIAL VEHICLE <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO			
YR VEHICLE 2007	MAKE TOYT	STYLE UT		COLOR BLU		PLACARDED HAZARDOUS MATERIAL <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO				
VEHICLE LICENSE NO 1 2 2 N Z G		TRAILER TAG NO		STATE FL	YEAR TAG EXP 2021		PASSENGERS <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO			
UPON A PUBLIC STREET OR HIGHWAY, OR OTHER LOCATION, NAMELY										

NOT A

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JAN 23 2021



# Palm Beach County Sheriff's Office

Date 01/22/2021 Time: 0244 Defendant: SANTANA, JONATHAN DARIO Case #: 21-027847  
 Location of Stop: WATERWAY VILLAGE CT/RIVER BRIDGE BLVD Defendant D.O.B.: 03/25/1976 Defendant Race / Sex: W M  
 Location of Roadsides: WATERWAY VILLAGE CT/RIVER BRIDGE BLVD Crash Case # N/A

### VEHICLE IN MOTION

Vehicle Description: Year: 2007 Make: TOYT Model: FJ Color: BLUE Tag #: 122NZG State: FL  
 Violations Observed: SEE SUPP PC  
 Citation #(s): \_\_\_\_\_

### PERSONAL CONTACT

Driver Identification: FLORIDA DRIVER LICENSE Did driver exit vehicle?  Yes  No  
 1. Manner -  Falling  Unsteady  Leans on Vehicle  Swaying  Other: \_\_\_\_\_  
 2. Odor of breath alcohol/other -  Strong  Moderate  Slight  None  
 3. Eyes -  N/A  Glassy  Red  Bloodshot  Watery  Dilated  Constricted  
 4. Speech -  N/A  Slurred  Slow  Thick Tongued  Incoherent  Rambling  Accent  
 5. Walking -  N/A  Staggering  Stumbling  Weaving  Falling  
 6. Standing -  N/A  Swaying  Needs Support  Leaning  Falling  
 7. Clothing -  N/A  Disheveled  Soiled  Missing  Neat Explain: \_\_\_\_\_  
 8. Attitude -  N/A  Hostile  Aggressive  Profane  Other: COMPLIANT  
 9. Medications -  N/A  Yes  No Names \_\_\_\_\_  
 Time of Consumption: \_\_\_\_\_

### HEALTH

Are you sick?  Yes  No Are you injured?  Yes  No  
 Do you wear contacts?  Yes  No If yes, what type?  Rigid  Soft Do you wear glasses?  Yes  No  
 Do you have any physical defects?  Yes  No If yes, specify: \_\_\_\_\_  
 Do you take any medication?  Yes  No If yes, specify: \_\_\_\_\_  
 Diabetic?  Yes  No Are you taking insulin?  Yes  No Epileptic?  Yes  No Glass eye?  Yes  No  
 Are you presently under the care of a doctor of dentist:  Yes  No If yes, which? \_\_\_\_\_  
 What are you being treated for? \_\_\_\_\_

### ENVIRONMENTAL FACTORS

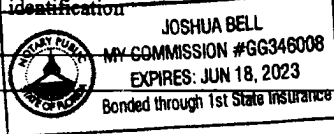
1. Area/Conditions -  Day  Night Wind -  Calm  Windy  Rain  
 2. Traffic -  Heavy  Moderate  Light  
 3. Area -  Parking Lot  Roadside  Other: \_\_\_\_\_  
 4. Surface -  Paved  Level  Hard  Dry  Other: \_\_\_\_\_  
 5. Lighting -  Street Light  Car Lights  Other: \_\_\_\_\_

F.S.T. -  Yes  No  Refused (If refused, was person advised they could be arrested and their refusal used in court?)  Yes  No  
 Witness to F.S.T.: INV. A. SOLOWAY #8586  
 Arrested?  Yes  No  
 Additional Charges:  DWLS  No DL  Warrant  Resisting  Possession  Other: \_\_\_\_\_

Sworn and subscribed before me, this 22 day of JANUARY, 2021

- Notary Public  Law Enforcement Officer
- Personally known  Produced identification

Name and Signature of Notary



Signature Inv W Amadon #9440

Print Name & Officer ID#: INV. W. AMADON #9440

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JAN 23 2021



Date: 01/22/2021 Time: 0244 Defendant: SANTANA, JONATHAN DARIO Case #: 21-027847

ADDITIONAL PROBABLE CAUSE ALTERNATE TASKS

Walk and Turn : The defendant missed heel to toe on multiple steps. The defendant stepped off the line on multiple steps.

One Leg Stand: put his foot down multiple times prior to 30 seconds elapsing. The defendant swayed during this task.

Finger to Nose: The defendant missed touching the tip of his nose on all attempts.

Romberg: the defendant stated he could not recite the English alphabet and was given the option to count from one to twenty-six. The defendant stated he understood the instructions. The defendant hesitated and asked at twenty-ONE how high he was supposed to count and then counted to twenty-seven.

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Sworn and subscribed before me, this 22 day of JANUARY, 20 21

Notary Public  Law Enforcement Officer

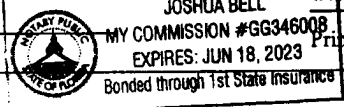
Personally known  Produced identification

*[Signature]*  
Name and signature of Notary

*[Signature]* #9440  
Signature

INV. W. AMADON #9440

Print Name & Officer ID#:



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JAN 23 2021

# WITNESS LIST

CASE NUMBER: 21-027874

ARRESTING OFFICER: INV. W. AMADON

ADDRESS: 3228 Gun Club Road, West Palm Beach, FL, 33406

PHONE NUMBERS (HOME): \_\_\_\_\_ (WORK) (561) 688-3400

CAN TESTIFY TO: DUI INVESTIGATION

NAME: INV. A. SOLOWAY #8586

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

PHONE NUMBERS (HOME) \_\_\_\_\_ (WORK) (561) 688-3000

CAN TESTIFY TO: DUI INVESTIGATION

NAME: D/S E. COWART #30556

ADDRESS 3228 GUN CLUB ROAD WEST PALM BEACH, FL 33406

PHONE NUMBERS (HOME) \_\_\_\_\_ (WORK) 561 688 3000

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) \_\_\_\_\_

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

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

ADDRESS \_\_\_\_\_

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

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

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JAN 23 2021

# 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 TECHNICIAN:

## TESTING OFFICER'S OBSERVATIONS

SPEECH:

ATTITUDE:

CLOTHING:

MEDICAL CONDITIONS:

MEDICATIONS:

## OTHER:

EYES: GLASSY

## COMMENTS:

ARRIVED AT DUI TESTING FACILITY AND BEGAN THE 20 MINUTE OBSERVATION AT 0257 HOURS

SUBJECT STATED HE WOULD NOT TAKE BREATH TEST

A/O READ I.C

SUBJECT STATED HE UNDERSTOOD I.C AND REFUSED TO TAKE BREATH TEST AT 0325 HOURS

A/O READ RIGHTS

SUBJECT STATED HE UNDERSTOOD HIS RIGHTS

A/O CONDUCTED Q AND A

SUBJECT ANSWERED Q AND A

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REFUSED

SUBJECT: Santana, Jonathan Dar.C CASE NUMBER: 21-027874

**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) Read on camera

**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.

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SUSPECT'S SIGNATURE: (X) Read on camera

SUBJECT: Santana, Jonathan David CASE NUMBER: 21-027874

### 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? Y

WHERE WERE YOU GOING? W

WHAT STREET OR HIGHWAY WERE YOU ON? W

DIRECTION OF TRAVEL? W WHERE DID YOU START? W

WHAT TIME DID YOU START? 5 WHAT TIME IS IT NOW? 3

WHAT IS TODAY'S DATE? 5 WHAT DAY OF THE WEEK IS IT? 5

WHAT COUNTY AND CITY ARE YOU IN NOW? 9013

WHEN DID YOU LAST EAT? W WHAT DID YOU EAT? W

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

HOW MUCH DO YOU WEIGH? 170 HAVE YOU BEEN DRINKING? N WHAT? W

HOW MUCH? W WHERE? W WITH WHOM? W

WHEN DID YOU HAVE YOUR FIRST DRINK? W AND YOUR LAST DRINK? W

HOW DID YOU CONSUME YOUR LAST TWO DRINKS? W

CAN YOU FEEL THE EFFECTS OF THE ALCOHOL? W ARE YOU UNDER THE INFLUENCE? N

HAVE YOU CONSUMED ANY ALCOHOL SINCE THE ACCIDENT? N HOW MUCH? W

WHAT? W WHERE? W WHEN? W

WHAT LINE OF WORK ARE YOU IN? W WHEN DID YOU LAST WORK? W

DO YOU HAVE ANY PHYSICAL DEFECTS OR INJURIES? N WHAT? W

ARE YOU SICK OR INJURED? N WHAT'S WRONG? W

DO YOU LIMP? N DID YOU RECEIVE A BUMP ON THE HEAD RECENTLY? N

WERE YOU IN AN ACCIDENT TODAY? N

HAVE YOU TAKEN ANY DRUGS OR SMOKED ANY MARIJUANA TODAY? N WHEN? W

HAVE YOU SEEN A DOCTOR OR DENTIST TODAY? N WHO? W WHY? W

ARE YOU TAKING ANY PRESCRIPTION MEDICINES? W WHAT? M... WHEN? W

DO YOU HAVE:

- EPILEPSY? W
- GLASS EYE? W
- FALSE TEETH? W
- EAR INFECTION? W
- INNER EAR TROUBLE? W
- DIABETES? W

DO YOU HAVE ANY PROBLEMS WITH YOUR EYES THAT ARE NOT CORRECTED BY GLASSES? W

DO YOU TAKE INSULIN? N IF SO, WHEN WAS YOUR LAST INJECTION? W

HAVE YOU EVER HAD A DRIVER'S LICENSE IN ANY OTHER STATE? N WHERE? W

INTERVIEWER: INV. W. Amador # 9440

SCANNED  
JAN 23 2021

STATE OF FLORIDA  
DEPARTMENT OF HIGHWAY SAFETY & MOTOR VEHICLES  
AFFIDAVIT OF REFUSAL TO SUBMIT TO  
**BREATH AND/OR URINE TEST**

I, INVESTIGATOR W AMADON, a duly certified Law Enforcement Officer or Correctional Officer,  
(Person reading Implied Consent Warning)  
am a member of Palm Beach County Sheriffs Office, and I do swear  
(Name of enforcement agency)

or affirm that on or about the TWENTY-SECOND day of January, 2021, at 03:44

DRIVER JONATHAN DARIO SANTANA  
(Type or Print) FIRST MIDDLE OR MAIDEN LAST

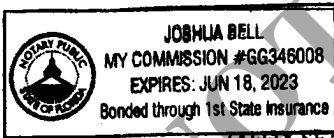
DL # SS53424761050, state of FL, was placed under lawful arrest for  
the offense of DUI by Inv WILL AMADON and  
(Name of Arresting Officer)  
issued Citation # AEA7ATE

That on or about the TWENTY-SECOND day of January, 2021, at 03:24  
in Palm Beach County,

I requested that the driver submit to a  breath and/or  urine test to determine his or her blood alcohol level and/or the presence of chemical or controlled substances. I informed the driver that the refusal to submit to such test(s) would result in the suspension of his or her driving privilege for a period of (1) year for a first refusal, or for a period of eighteen (18) months if his or her driving privilege had been previously suspended for refusing to submit to a breath, urine, or blood test. I also informed the driver that he or she commits a misdemeanor by refusing to submit to a lawful test as requested above if his or her driving privilege has been previously suspended for refusal to submit to a lawful test of his or her breath, urine, or blood. Additionally, I informed the driver that if he or she holds a CDL, or was operating a CMV, refusal will result in the disqualification of the Commercial Driver's License/driving 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 any such lawful test. Nonetheless, the driver refused to submit to the test(s) requested.

INV W. Amadon #99410  
Signature of Law Enforcement Officer or  
Correctional Officer

**THE AFFIDAVIT MUST BE NOTARIZED OR ATTESTED TO (F.S. 117.10)**



(AFFIX SEAL)

The foregoing instrument was sworn and subscribed before  
me this 22 day of January, 2021  
by INV. W. Amadon  
who is personally known to me or who has produced

Known as identification.  
Notary Public Bell

HSMV-BAR1001 (REV. 10/2016)

The foregoing instrument was sworn and subscribed before me:

\_\_\_\_\_  
Signature of Attesting Officer

\_\_\_\_\_  
Title

\_\_\_\_\_  
Date

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.

SCANNED  
JAN 23 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"/>			
Other	<input type="checkbox"/>		Other:	
	<input type="checkbox"/>		Other:	

REVIEW COMPLETED BY

Booking Number: 2021001801	Date: 01/23/2021
	Specialist Name/ID: T Howard/7185

SCANNED  
JAN 23 2021