

JK# CS25456 21CT-14215 P-1639

<b>ARREST / NOTICE TO APPEAR</b>		<b>Juvenile Referral Report</b>	
OBTS Number		1. Arrest 2. N.T.A. 3. Request for Warrant 4. Request for Capias <span style="float: right;">1</span> Juvenile <span style="float: right;">1</span>	
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-</b>		<b>21-099513</b>	
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		Weapon Seized / Type 1. Yes 2. No <span style="float: right;">Multiple Clearance Indicator <span style="float: right;">1</span></span>	
Location of Arrest (Including Name of Business) <b>11937 Okeechobee Blvd, Royal Palm Beach FL 33411</b>		Location of Offense (Business Name, Address) <b>11937 Okeechobee Blvd, Royal Palm Beach FL 33411</b>	
Date of Arrest <b>08/24/2021</b>	Time of Arrest <b>22:18</b>	Booking Date	Booking Time
Jail Date	Jail Time	Location of Vehicle <b>TOT to Alberto</b>	
Name (Last, First, Middle) <b>Ochoa, Jose Antonio</b>		Alias (Name, DOB, Soc. Sec. #, Etc.)	
Race W - White 1 - American Indian B - Black 0 - Oriental/Asian <b>W</b>	Sex <b>M</b>	Date of Birth <b>05/05/1966</b>	Height <b>5'9</b>
Weight <b>207</b>	Eye Color <b>hazel</b>	Hair Color <b>gray</b>	Complexion <b>medium</b>
Build <b>medium</b>	Scars, Marks, Tattoos, Unique Physical Features (Location, Type, Description) <b>Tat right arm</b>		
Local Address (Street, Apt. Number) <b>412 SW 23 rd Miami, FL 33129</b>	(City)	(State)	(Zip)
Phone <b>(786) 953-3243</b>	Residence Type: 1. City 2. County 3. Florida 4. Out of State <span style="float: right;">3</span>		
Permanent Address (Street, Apt. Number)	(City)	(State)	(Zip)
Phone	Address Source <b>FLDL</b>		
Business Address (Name, Street)	(City)	(State)	(Zip)
Phone	Occupation <b>Realtor</b>		
DL Number, State <b>(FL)O200421661650</b>	Soc. Sec. Number	INS Number	Place of Birth (City, State) <b>MIAMI, FL</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 Name (Last, First, Middle)	
Legal Custodian	Address (Street, Apt. Number)		
Other	(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 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)			
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. Synthetic	U. Unknown Z. Other	
Charge Description <b>DUI</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>
Drug Activity <b>N</b>	Drug Type <b>N</b>	Amount / Unit <b>N/A</b>	Offense # <b>21-099513</b>
Charge Description	Counts	Domestic Violence <input type="checkbox"/> Y <input checked="" type="checkbox"/> N	Statute Violation Number
Drug Activity	Drug Type	Amount / Unit	Offense #
Charge Description	Counts	Domestic Violence <input type="checkbox"/> Y <input checked="" type="checkbox"/> N	Statute Violation Number
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Charge Description	Counts	Domestic Violence <input type="checkbox"/> Y <input checked="" type="checkbox"/> N	Statute Violation Number
Drug Activity	Drug Type	Amount / Unit	Offense #
Charge Description	Counts	Domestic Violence <input type="checkbox"/> Y <input checked="" type="checkbox"/> N	Statute Violation Number
Drug Activity	Drug Type	Amount / Unit	Offense #
Location (Court, Room Number, Address) <b>3228 GUN CLUB RD WEST PALM BEACH FL 33406</b>			
Court Date and Time Month <b>SEPTEMBER</b> Day <b>23</b> Year <b>2021</b> Time <b>0830</b> AM <input checked="" type="checkbox"/> PM <input type="checkbox"/>			
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:		Signature of Arresting Officer <i>Carolina Boye</i>	
<input type="checkbox"/> Dangerous <input type="checkbox"/> Releated Arrest <input type="checkbox"/> Suicidal <input type="checkbox"/> Other:		Name of Arresting Officer (Print) <b>CAROLINA BOYE</b>	
Intake Deputy <i>J. Ins...</i>		ID # <b>37161</b>	
Transporting Officer <b>D/S C. BOYE</b>		Agency <b>PBSO</b>	
Name Verification (Printed by Arrestee) <b>AUG 25 AM 2:30</b>		PAGE <b>1</b> OF <b>1</b>	
Witness here if subject signed with an "X"		SCANNED <b>AUG 25 2021</b>	



OBTS Number		<b>PROBABLE CAUSE AFFIDAVIT</b>		1. Arrest 2. N.T.A.		3. Request for Warrant 4. Request for Copies		1	Juvenile
ADMIN	Agency ORI Number <b>FLO 500000</b>		Agency Name <b>PALM BEACH COUNTY SHERIFF'S OFFICE</b>		Agency Report Number <b>06- 21-099513</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 type="checkbox"/> 4. Traffic Misdemeanor <input type="checkbox"/> 5. Ordinance <input type="checkbox"/> 6. Other				Special Notes:				
DEF	Name (Last, First, Middle) <b>Ochoa, Jose Antonio</b>				Alias		Race <b>W</b>	Sex <b>M</b>	Date of Birth <b>05/05/1966</b>
	Charge Description <b>DUI</b>		<b>316.193(1)</b>		Charge Description				
CHARGES	Charge Description				Charge Description				
VICTIM	Victim's Name (Last, First, Middle)						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.</p> <p>The Person taken into custody</p> <div style="display: flex; justify-content: space-between;"> <div> <input type="checkbox"/> committed the below acts in my presence.  <input type="checkbox"/> confessed to _____              admitting to the below facts.           </div> <div> <input type="checkbox"/> was observed by _____ who told              that he/she saw the arrested person commit the below acts.  <input type="checkbox"/> was found to have committed the below acts, resulting from my (described) investigation.           </div> </div> <p>On the <u>24</u> day of <u>AUGUST</u> 20<u>21</u> at <u>21:23</u> <input type="checkbox"/> A.M. <input checked="" type="checkbox"/> P.M. (Specifically include facts constituting cause for arrest.)</p>									
<p><b>On Tuesday, August 24, 2021 at approximately 21:23 hours, I was dispatched to 11437 Okeechobee Blvd in Royal Palm Beach (Palm Beach County) to assist in a possible drunk driver. Upon my arrival I saw a gray Jeep parked facing north in the parking lot with Agent [redacted] parked behind him in his unmarked black vehicle with his light on. I made contact with Agent [redacted] who told me the following: While stationary in the 11,000 Block of Okeechobee Blvd, located within the Village of Royal Palm Beach, Florida, 33411, I observed a Silver Utility vehicle in the #2 lane driving East from Royal Palm Beach Blvd. This vehicle was operating without its headlights on. A violation of F.S.S 316.217(1a). I observed the parking lights on and activated as this vehicle approached. These lights were observed to be beneath the headlights and were dim. As this vehicle pass me, I noticed this vehicle's taillights were not lit or on as well. As I made a U turn to conduct a traffic stop, I observed this vehicle changed lanes from the #2 lane into the #1 lane without signaling. The vehicle that occupied this lane, sounded it's horn to possibly alert the driver of the Jeep that he just crossed over into its lane of travel.</b></p> <p><b>As this vehicle approached the intersection of Ponce De Leon and Okeechobee, it crossed into the left turn lane without signaling. While directly behind this vehicle it made a U turn and I initiated a traffic stop for the violations. The vehicle pulled into the parking lot of 11347 Okeechobee Blvd where it came to a stop. Upon my approach to the vehicle, I observed the driver looking straight through the windshield holding his wallet, registration and other papers in his hand. I approached closer in which the driver made eye contact with me. Upon his making eye contact, I immediately noticed his eyes to be extremely glossy as if he were creating tears.</b></p> <p><b>I identified myself and informed the driver, who was identified as Jose A. Ochoa the reason for the stop. I asked Jose was he ok and he told me yes. He was unaware that he was driving without his vehicle's lights on and informed me that he just left his daughter's residence from Loxahatchee. While talking to me I noticed that his speech was slurred. Jose did not pronounce Loxahatchee as if someone who lived or had been there. I asked Jose where again and repeated Loxahatchee the same. I assisted Jose and informed him the pronunciation and told him that I knew where that was and what he was trying to say. Jose proceeded to explain to me that he was taking his front seat passenger, later identified as Alberto Medina Fundora to "Rays" but only knew it was somewhere within the area. At this time confirming his slurred speech as well as his glossy eyes, I then requested a DUI unit to respond to the scene. DUI investigator White #7209 and D/s Bose #37161 responded to the scene and continued a DUI investigation: The Agent wrote a sworn witness statement on a probable cause affidavit detailing his involvement with this case.</b></p>									
ADMINISTRATIVE	STATE OF FLORIDA COUNTY OF PALM BEACH <b>D/S C. BOVE</b> (Signature of Arresting/Investigative Officer)								
	The foregoing instrument was sworn to or affirmed and subscribed before me this <u>24</u> day of <u>August</u> 20 <u>21</u> by <u>D/S C. BOVE</u> (Print name of Arresting/Investigative Officer) who is personally known to me and/or produced identification. Type of identification produced <u>known</u>								
	Notary Public, Clerk of Court, Officer (F.S.S. 47.00)								

OBTS Number		<b>PROBABLE CAUSE AFFIDAVIT</b>		1. Arrest 2. N.T.A.		3. Request for Warrant 4. Request for Capias		1	Juvenile
ADMIN	Agency ORI Number <b>FLO 500000</b>		Agency Name <b>PALM BEACH COUNTY SHERIFF'S OFFICE</b>		Agency Report Number <b>06- 21-099513</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 type="checkbox"/> 4. Traffic Misdemeanor <input type="checkbox"/> 5. Ordinance <input type="checkbox"/> 6. Other				Special Notes:				
DEF	Name (Last, First, Middle) <b>Ochoa, Jose Antonio</b>				Alias		Race <b>W</b>	Sex <b>M</b>	Date of Birth <b>05/05/1966</b>
	Charge Description <b>DUI</b>		<b>316.193(1)</b>		Charge Description				
CHARGES	Charge Description				Charge Description				
VICTIM	Victim's Name (Last, First, Middle)						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.</p> <p>The Person taken into custody</p> <p><input 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 _____ admitting to the below facts. <input type="checkbox"/> was found to have committed the below acts, resulting from my (described) investigation.</p> <p>On the <u>24</u> day of <u>AUGUST</u> 20<u>21</u> at <u>21:23</u> <input type="checkbox"/> A.M. <input checked="" type="checkbox"/> P.M. (Specifically include facts constituting cause for arrest.)</p>									
<p><b>I approached the vehicle where I made contact with a Hispanic male driver who was sitting in the driver seat while the engine was on. There was also a Hispanic male sitting in the passenger seat. Both of whom appeared to have been drinking. Focusing my attention back to the driver I noticed his eyes were red, watery and glossy. His mouth was dry and I could hear him smacking and inside his mouth the dry spit appeared as cotton mouth. His speech was slow and repetitive. I told the driver Agent [redacted] stopped him for driving without headlights and other violations he committed while driving his vehicle. Moreover the Agent explained that he was suspicious that the driver being him had been drinking. I also had a suspicion that he has been drinking an unspecified amount of alcoholic beverages. During my encounter with him he admitted to drinking a few drinks earlier that day. Based on my suspicion I asked him if he would be willing to perform Standardize Field Sobriety Task (SFSTs). He agreed. Prior to exiting the vehicle I asked if he had any medical conditions and if he took any medications. He advised that he was Diabetic and took Metamucil. I asked him to exit the vehicle. Once outside his vehicle he immediately began leaning against his car. I escorted him to a level surface that was well lit by street lighting and the were no obstructions on the road. During this escort he was unable to keep his balance and staggered while walking. I could now smell a strong odor of an unknown alcoholic beverage coming from his breath that got stronger as he spoke. The following SFSTs were explained, demonstrated and acknowledged by him prior to his performance: HGN, The Walk and Turn, The One Leg Stand, The Finger To Nose and The Rhomberg alphabet recitation. His deficiencies were recorded on another form on this worksheet. At the conclusion of his SFSTs, coupled with the Agent's observation of his vehicle in motion and my observations of personal indicators of impairment that he was exhibiting, probable cause was established for DUI. I told the defendant that he was being placed under arrest for DUI. He was searched and handcuffed (double locked and checked for proper fit) prior to being seated into the rear of my patrol car. I began transport to the main jail breath analysis facility for further processing. Upon our arrival I escorted him into the facility and began a 20 minute observation period. During this time he did not ingest anything into his body orally or otherwise. Neither did he regurgitate. I escorted him into the testing room and asked him to provide breath samples to determining his alcohol content. He refused. I read him implied consent and he advised he did not understand the consent. I offered to let him read it himself and he refused and stated that he has a condition of Down Syndrome. Based on his unwillingness to cooperate and participate further he was deemed a "refusal". He also asked for a lawyer, thus Miranda was not read and no Q&amp;A were performed.</b></p>									
ADMINISTRATIVE	<p>STATE OF FLORIDA COUNTY OF PALM BEACH <b>D/S C. BOVE</b> (Signature of Arresting/Investigative Officer)</p> <p>The foregoing instrument was sworn to, affirmed and subscribed before me this <u>24</u> day of <u>August</u> 20<u>21</u> by <u>D/S C. Bove</u></p> <p>(Print name of Arresting/Investigative Officer, who is personally known to me and/or produced identification. Type of identification produced <u>known</u>)</p> <p>Notary Public, Clerk of Court, Officer (F.S. 117.10)</p>								
	<p style="text-align: right;">PAGE <u>2</u> OF <u>2</u></p>								
	<p style="text-align: center;"><b>SCANNED</b></p> <p style="text-align: center;"><b>AUG 25 2021</b></p>								

# D.U.I. PROBABLE CAUSE AFFIDAVIT

ON THE 24 DAY OF AUGUST 20 21, AT 21:23 AM ☒ PM

SUBJECT: Ochoa, Jose Antonio CASE NUMBER: 21-099513

AGENCY: PALM BEACH COUNTY SHERIFF'S OFFICE ARRESTING OFFICER: D/S C. BOVE

## PERSONAL CONTACT

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

OBSERVATION OF DRIVER:  
SEE PC AFFIDAVIT

DRIVER'S STATEMENTS:  
I DRANK EARLIER

ODORS:  
STRONG ODOR OF AN UNKNOWN ALCOHOLIC BEVERAGE

## GENERAL OBSERVATIONS

SPEECH: REPETATIVE AND SLURRED

ATTITUDE: IRRITATED AND AGITATED

CLOTHING: NORMAL

MEDICAL/OTHER: DIABETIC

STATE OF FLORIDA  
COUNTY OF PALM BEACH

D/S C. BOVE

(Signature of Arresting/Investigative Officer)

The foregoing instrument was sworn to or affirmed and subscribed before me this 24 day of August 20 21 by D/S C. Bove

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

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

SCANNED  
AUG 25 2021

SUBJECT: Ochoa, Jose Antonio

CASE NUMBER 21-099513

**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:**

Subject was asked to stand with their feet together and place their hands by their side. They were asked to focus on the stimulus and follow it with their eyes. Lastly they were told not to move their head to assist in following the stimulus with their eyes. Subject showed equal pupil size that tracked equally. Both eyes lacked a smooth pursuit. I saw distinct and sustained Nystagmus at maximum deviation. Subject also turned his head to assist in following the light.

**WALK & TURN:**

THE DEFENDANT WAS PLACED IN THE INSTRUCTIONAL STANCE FOR THE WALK AND TURN. THIS TASK WAS EXPLAINED AND DEMONSTRATED TO THE DEFENDANT. THE DEFENDANT ACKNOWLEDGED THE INSTRUCTIONS PRIOR TO PERFORMING THIS TASK: Subject was unable to maintain his balance while placed in the instructional position. He swayed and abandoned the position altogether. Subject started before he was told to start. During his performance Subject counted the incorrect number of steps, could not touch heel to toe, stepped off the line and did not keep hands down at his sides. Subject turned improperly and asked for additional instructions.

**ONE LEG STAND:**

THE DEFENDANT WAS PLACED IN THE INSTRUCTIONAL STANCE FOR THE ONE LEG STAND. THIS TASK WAS EXPLAINED AND DEMONSTRATED TO THE DEFENDANT. THE DEFENDANT ACKNOWLEDGED THE INSTRUCTIONS PRIOR TO PERFORMING THIS TASK: Subject failed to maintain initial stance. He did not look down at his foot or keep his foot parallel to the ground. Subject put his foot down and swayed trying to regain balance.

**FINGER TO NOSE:**

THE DEFENDANT WAS PLACED IN THE INSTRUCTIONAL STANCE FOR THE FINGER TO NOSE. THIS TASK WAS EXPLAINED AND DEMONSTRATED TO THE DEFENDANT. THE DEFENDANT ACKNOWLEDGED THE INSTRUCTIONS PRIOR TO PERFORMING THIS TASK: Subject did not tilt head back the entire time. Subject was swaying and in all 6 occasions failed to touch the tip of his finger to the tip of his nose. Rather he used the pad of his finger to touch each side of his nostrils and the bridge of his nose.

**ROMBERG ALPHABET:**

THE DEFENDANT WAS PLACED IN THE INSTRUCTIONAL STANCE FOR THE ROMBERG ALPHABET TASK. THIS TASK WAS EXPLAINED AND DEMONSTRATED TO THE DEFENDANT. THE DEFENDANT ACKNOWLEDGED THE INSTRUCTIONS PRIOR TO PERFORMING THIS TASK: Subject swayed during this task, he failed to perform this task as instructed by singing it and rhyming citing that "this is how I do it with my kids" and he failed to recite the 26 letter alphabet correctly.

BREATH TEST RESULTS: 1) REFUSED 2) REFUSED 3) 4)

STATE OF FLORIDA  
COUNTY OF PALM BEACH

D/S C. BOVE

(Signature of Arresting/Investigative Officer)

The foregoing instrument was sworn to or affirmed and subscribed before me this 24 day of August 2021 by D/S C. Bove

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

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

SCANNED  
AUG 25 2021

## WITNESS LIST

CASE NUMBER: **21-099513**

ARRESTING OFFICER: **D/S C. BOVE**

ADDRESS: **DUI/Traffic**

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

CAN TESTIFY TO: **DUI Investigation**

NAME: **Agent [REDACTED]**

ADDRESS: **District 9**

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

CAN TESTIFY TO: **OBSERVED DEFENDANT DRIVING VEHICLE WITHOUT HEADLIGHTS**

NAME: **INV. E.K WHITE**

ADDRESS **VCD**

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

CAN TESTIFY TO: **TRAINER**

NAME: **INV. A. TEJEDA**

ADDRESS **VCD**

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

CAN TESTIFY TO: **TRAINER**

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: \_\_\_\_\_

**SCANNED**  
**AUG 25 2021**

SUBJECT: Jose Antonio Caceres CASE NUMBER: 21-CF7513

## 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) Jose Antonio Caceres

## 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) Jose Antonio Caceres (NOT READ)

SCANNED



SUBJECT: Joe Antonio Colon

CASE NUMBER: 21-01155

## 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: \_\_\_\_\_

WHITE - STATE ATTY.

YELLOW - DHSMV

PINK - CENTRAL RECORDS

GOLD - JAIL

SCANNED

AUG 25 2021


STATE OF FLORIDA  
DEPARTMENT OF HIGHWAY SAFETY & MOTOR VEHICLES

AFFIDAVIT OF REFUSAL TO SUBMIT TO  
**BREATH AND/OR URINE TEST**

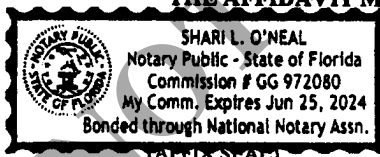
I, Deputy Sheriff CAROLINA BOVE, a duly certified Law Enforcement Officer or Correctional Officer,  
(Person reading Implied Consent Warning)  
am a member of Palm Beach County Sheriffs Office, and I do swear  
(Name of enforcement agency)  
or affirm that on or about the TWENTY-FOURTH day of August, 2021, at 10:18 PM  
DRIVER JOSE ANTONIO OCHOA  
(Type or Print) FIRST MIDDLE OR MAIDEN LAST  
DL # O200421661650, state of FL, was placed under lawful arrest for  
the offense of DUI by Deputy Sheriff LE CAROLINA BOVE and  
(Name of Arresting Officer)  
issued Citation # AEA7OTE.

That on or about the TWENTY-FOURTH day of August, 2021, at 11:46 PM  
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.

  
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 this 25 day of August, 20 21  
by \_\_\_\_\_  
who is personally known to me or who has produced  
\_\_\_\_\_ as identification.  
Notary Public S. O'Neal

HSMV-BAR1001 (REV. 10/2018)

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  
AUG 25 2021



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

PBSO CASE # 21-099513 PBSO ZONE 9-31  
AGENCY CASE # \_\_\_\_\_ CRASH CASE # FTO  
TIME OF STOP/CRASH 21:23 DATE 08/24/2021 DAY Tuesday  
SUBJECT'S NAME Ochoa, Jose Antonio RACE W SEX M  
HGT 5'9 WGT 207 DOB 05/05/1966  
LOCATION 11937 Okeechobee Blvd, Royal Palm Beach Fl  
ARRESTING OFFICER'S NAME & ID D/S C. BOVE AGENCY PBSO  
DIVISION: FTO  
NOTIFIED BY COMMO YES  
ARRIVAL AT FACILITY 23:12  
ARREST TIME 22:18

BREATH RESULTS:

1)	
2)	
3)	
4)	

TESTING OFFICER'S ID 6212 PBSO VIDEOTAPE # /

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AUG 25 2021  
SCANNED  
AUG 25 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)
<b>L/E Exemptions</b>	<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 checked="" type="checkbox"/>	119.071(4)(c)	Undercover personnel.	3-5, 8, 14-15
	<input type="checkbox"/>	119.071(2)(f)	Confidential informants (CIs).	
	<input type="checkbox"/>	119.071(2)(e)	Confession.	
<b>Public Info. Exemptions</b>	<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.	
<b>Florida Rules of Judicial Administration 2.420 (Rule of 23)</b>	<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"/>			
<b>Other</b>	<input type="checkbox"/>		Other:	
	<input type="checkbox"/>		Other:	

**REVIEW COMPLETED BY**

Booking Number: 2021021129	Date: 8/25/2021
	Specialist Name/ID: T Howard/7185

**SCANNED**  
**AUG 25 2021**