

21CT 1046AMB

ARREST / NOTICE TO APPEAR  
Juvenile Referral Report

1. Arrest 3. Request for Warrant  
2. N.T.A. 4. Request for Capias  
1 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>06-21027864</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 N/A	Multiple Clearance Indicator 01	
Location of Arrest (Including Name of Business) <b>PARK AVE/ 8TH ST LAKE PARK, FL, 33406</b>			Location of Offense (Business Name, Address) <b>PARK AVE/ 8TH ST, LAKE PARK, FL, 33403</b>			
Date of Arrest <b>01/22/2021</b>	Time of Arrest <b>00:58</b>	Booking Date	Booking Time	Jail Date	Jail Time	Location of Vehicle

Name (Last, First, Middle) <b>Frangione, Mark, Anthony</b>							Aliases (Name, DOB, Soc. Sec. #, Etc.)		
Race W - White I - American Indian B - Black O - Oriental/Asian	Sex W M	Date of Birth <b>10/3/1961</b>	Height <b>5'09</b>	Weight <b>189</b>	Eye Color <b>BRN</b>	Hair Color <b>BLK</b>	Complexion <b>MED</b>	Built <b>MED</b>	
Scars, Marks, Tattoos, Unique Physical Features (Location, Type, Description)				Marital Status <b>Married</b>	Religion	Indication of Alcohol Influence Y N Unk Drug Influence Y N Unk			
Local Address (Street, Apt. Number) <b>4731 Square Lake Drive, Palm Bch Gardens, FL 33418</b>			(City)	(State)	(Zip)	Phone <b>(917) 442-2323</b>	Residence Type: 1. City 2. County 3. Florida 4. Out of State <b>2</b>		
Permanent Address (Street, Apt. Number)			(City)	(State)	(Zip)	Phone	Address Source <b>FL DL</b>		
Business Address (Name, Street)			(City)	(State)	(Zip)	Phone	Occupation <b>RESTURANT OWNER</b>		
DL Number, State <b>F652541613630, FL</b>		Sec. Sec. Number		INS Number		Place of Birth (City, State) <b>STANFORD, CT</b>		Citizenship <b>YES</b>	

Co-Defendant Name (Last, First, Middle)	Race	Sex	Date of Birth	<input type="checkbox"/> 1. Arrested <input type="checkbox"/> 2. At Large	<input type="checkbox"/> 3. Felony <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"/> 2. At Large	<input type="checkbox"/> 3. Felony <input type="checkbox"/> 4. Misdemeanor <input type="checkbox"/> 5. Juvenile

<input type="checkbox"/> Parent <input type="checkbox"/> Legal Custodian <input type="checkbox"/> Other	Name (Last)	(First)	(Middle)	Residence Phone
Address (Street, Apt. Number)				(City) (State) (Zip) Business Phone
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 385-2528) 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>DUI</b>		Counts <b>1</b>	Domestic Violence <input type="checkbox"/> Y <input checked="" type="checkbox"/> N	Statute Violation Number <b>316.193(1A)</b>		Violation of ORD #				
Drug Activity <b>N</b>	Drug Type <b>N</b>	Amount / Unit	Offense # <b>21027864</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>3228 GUN CLUB RD WEST PALM BEACH FL 33406</b>			
Court Date and Time <b>Month 2 Day 18 Year 2021 Time 0830 AM X</b>			
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 <b>01/22/2021</b>

HOLD for other Agency Name:	Signature of Arresting Officer <b>X</b>	Name Verification (Printed by Arrestee) <b>JAN 22 AM 8:12</b>
<input type="checkbox"/> Dangerous <input type="checkbox"/> Suicidal	<input type="checkbox"/> Resisted Arrest <input type="checkbox"/> Other	(PRINT)
Intake Deputy <b>JUAN G</b>	IP # <b>64</b>	Pouch #
Name of Arresting Officer (Print) <b>INV G. LYNCH 8568</b>	ID # <b>8568</b>	Agency <b>PBSO</b>
Transporting Officer <b>INV G. LYNCH 8568</b>	ID # <b>8568</b>	Agency <b>PBSO</b>
Witness here if subject signed with an "X"		PAGE <b>1 of 1</b>

OBT Number		<b>PROBABLE CAUSE AFFIDAVIT</b>		1. Arrest 2. N.T.A.	3. Request for Warrant 4. Request for Copies	1	Juvenile	N
ADMIN	Agency ORI Number <b>FLO 500000</b>	Agency Name <b>PALM BEACH COUNTY SHERIFF'S OFFICE</b>	Agency Report Number <b>06- 21-027864</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	Special Notes: <b>Supplemental PC</b>			
CHARGES	Name (Last, First, Middle) <b>Frangione, Mark, Anthony</b>		Alias		Race <b>W</b>	Sex <b>M</b>	Date of Birth <b>10/3/1961</b>	
	Charge Description <b>Driving Under the Influence</b>		316.193(1)		Charge Description			
VICTIM	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 <b>Government</b>
	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 _____ 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 <b>22nd</b> day of <b>January</b> 20<b>21</b> at <b>12:30</b> <input checked="" type="checkbox"/> A.M. <input type="checkbox"/> P.M. (Specifically include facts constituting cause for arrest.)</p> <p><b>On January 22nd, 2021 at approximately 0013 hours, I was conducting stationary speed enforcement utilizing my vehicle mounted Stalker DSR2X (Serial#: DP010381) Moving Directional Radar (MDR) in the 500 block of Park Avenue which is a 30 miles per hour (MPH) posted speed zone. This area is part of the Town of Lake Park, Florida (FL) 33403.</b></p> <p><b>My vehicle was facing westbound, and I was operating the mounted radar targeting traffic traveling westbound and eastbound on Park Avenue. I observed a pair of headlights traveling westbound from Federal Highway in the left lane and the headlights appeared to be traveling at a high rate of speed. The vehicle was the only vehicle traveling in either direction of Park Avenue. I then estimated the vehicle to be traveling at approximately 50 MPH. I then heard a loud pitch coming from my radar's audio doppler and observed a confirmation speed of 50 MPH in the target window. As the vehicle passed my location, I observed the vehicle to be a white BMW convertible. I then proceeded after the vehicle never losing sight of it.</b></p> <p><b>As we approached 7th Street, I observed the vehicle to be an white BMW 325ci convertible bearing Florida tag RKK339. I activated my red/blue overhead emergency lights to initiate a traffic stop. The vehicle pulled the right and came to a stop in the 700 black of block of Park Avenue. After I made my approach, I made contact with the white male driver and sole occupant of the vehicle later identified by Florida Driver's License (DL) as Mark Frangione. Upon making contact with Frangione, he immediately informed me that his name is Mark and he owns the Pelican Cafe. Frangione told me that he was coming back from his business because of an alarm call at his business. I explained to Frangione the reason for the stop, and he again repeated himself and told me that he was coming back from an alarm call at his business.</b></p> <p><b>I observed Frangione to be wearing a dark blue button down shirt with a pattern, blue pants, brown belt, and brown dress shoes. Upon speaking with Frangione, I observed him to have bloodshot and watery eyes. Frangione was slurring his speech and stuttering on some words while speaking with him. I asked Frangione for his driver's license, registration, and insurance. Frangione handed me the requested documents and continued to repeat himself about the alarm going off at his business.</b></p> <p><b>Based on my observations, it appeared Frangione showed signs of possible impairment so I requested a DUI Unit to respond and conduct an assessment. Investigator Lynch #8568 responded to the scene and took over the investigation. This affidavit is for supplemental purposes only and concludes my involvement in this case.</b></p>								
ADMINISTRATIVE	STATE OF FLORIDA COUNTY OF PALM BEACH		<b>D/S Joshua Gonzalez</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 Joshua Gonzalez #18414</b>							
	(Print name of Arresting/Investigative Officer, who is personally known to me and/or produced identification. Type of identification produced)		<b>Known LEO</b>					
<b>Inv. G. Lynch #8568</b>								
Notary Public, Clerk of Court, Officer (F.S.S. 117.10)								
		PAGE						
		1		OF 1				

# D.U.I. PROBABLE CAUSE AFFIDAVIT

ON THE 22 DAY OF JAN 20 21, AT 00:14 X AM PM

SUBJECT: Frangione, Mark, Anthony CASE NUMBER: 21027864

AGENCY: PALM BEACH COUNTY SHERIFF'S OFFICE ARRESTING OFFICER: INV G. LYNCH 8568

## PERSONAL CONTACT

DRIVING PATTERN: Actual physical control (physical evidence or statements putting def. behind wheel of vehicle)

On 1/22/2021 I responded to Park Ave/ 8th St, Lake Park, in Palm Beach County, in reference to a traffic stop, with a possibly impaired driver. Upon my arrival I met with D/S Gonzalez, id 18414, who advised the following.

On 1/22/21 while conducting stationary speed enforcement in the 500 block of Park Avenue which is a 30 miles per hour (MPH) posted speed zone. D/S Gonzalez observed a pair of headlights traveling westbound from Federal Highway in the left lane and the headlights appeared to be traveling at a high rate of speed. The vehicle was the only vehicle traveling in either direction of Park Avenue. D/S Gonzalez estimated the vehicle to be traveling at approximately 50 MPH. D/S Gonzalez got a speed reading of 50 MPH with his radar. D/S Gonzalez conducted a traffic stop for the infraction on a white BMW 325ci convertible bearing Florida tag RKK339. D/S Gonzalez made contact with the driver, Mark Frangione, the sole occupant of the vehicle. D/S Gonzalez observed Mark to have bloodshot and watery eyes. Mark was slurring his speech and stuttering on some words while speaking with him. Mark continually repeated himself about the alarm going off at his business.

## OBSERVATION OF DRIVER:

I met with Mark, who was seated the driver seat of the car. I immediately observed Mark's eyes were bloodshot and glassy. Mark's speech was slurred. I could smell the odor of an unknown alcoholic beverage coming from Mark's breath, which got stronger when he spoke. While speaking with Mark he stated "I don't want to get arrested for having too much alcohol in me". Mark then stated that he had 4 beers approximately 2 hours prior. I had Mark exit his car and stand in front of my patrol car. While standing still Mark exhibited a sway. Based on my observations and Mark's admission to drinking I asked him to perform standard field sobriety tasks.

## DRIVER'S STATEMENTS:

"I don't want to get arrested for having too much alcohol in me" Mark then stated that he had 4 beers approximately 2 hours prior.

## ODORS:

ODOR OF AN UNKNOWN ALCOHOLIC BEVERAGE COMING FROM SUBJECT'S BREATH.

## GENERAL OBSERVATIONS

SPEECH: Slurred

ATTITUDE: Calm/ Cooperative

CLOTHING: \_\_\_\_\_

MEDICAL/OTHER: NONE

STATE OF FLORIDA  
COUNTY OF PALM BEACH

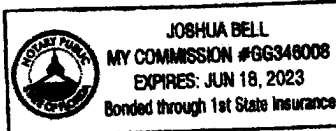
INV G. LYNCH 8568

(Signature of Arresting/Investigative Officer)

The foregoing instrument was sworn to or affirmed and subscribed before me this 22 day of JAN 20 21 by INV G. LYNCH 8568

(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)



SUBJECT: Frangione, Mark, Anthony

CASE NUMBER 21027864

**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:**

Mark was asked to stand with his feet together and place his hands by his sides. Mark was asked to focus on the stimulus and follow it with his eyes. Mark was told not to move his head to assist in following the stimulus. I observed a lack of smooth pursuit in both of Mark's eyes and distinct and sustained nystagmus at maximum deviation. I observed onset of nystagmus prior to 45 degrees. I did not observe vertical nystagmus in either of Mark's eyes. Mark had to be reminded multiple times not to move his head.

**WALK & TURN:**

I utilized yellow duct tape to make a straight and level, free of debris, that Mark advised he could see. I explained and demonstrated the task to Mark. During the instructions Mark was unable to maintain the instructional stance, stepping out of the position. After completing the instructions Mark advised he understood and had no questions. During the task Mark did not walk heel-to-toe and stepped off the line. Mark paused to regain his balance and used his arms for balance. Mark did not turn as instructed and had to be instructed to continue.

**ONE LEG STAND:**

I explained and demonstrated the task to Mark. During the instructions Mark separated his feet for balance. After completing the instructions Mark advised he understood and had no questions. During the task Mark used his arms for balance and exhibited a sway. Mark put his foot down multiple times prior to 30 seconds elapsing. After completing the task Mark began the task again, without being instructed to do so. I advised Mark that he could stop the task several times, but he continued.

**FINGER TO NOSE:**

I explained and demonstrated the task to Mark. After completing the instructions Mark advised he understood. During the task on the first left Mark failed to return his hand to his side after touching his nose. Mark then advised that he did not remember the instructions. I re-explained and demonstrated the task, and Mark advised he understood. I began the task again and during the task Mark missed touching the tip of his nose, and used the pad of his finger to touch his nose. Mark exhibited a sway throughout the task. While his eyes were closed I observed eyelid tremors.

**ROMBERG ALPHABET:**

Prior to beginning Mark advised he knew the entire alphabet, without issue. I explained and demonstrated the task to Mark. After completing the instructions Mark advised he understood. During the task Mark exhibited a sway. I again observed eyelid tremors. Mark recited the alphabet correctly.

BREATH TEST RESULTS:

1)  2)  3)  4)

STATE OF FLORIDA  
COUNTY OF PALM BEACH

INV G. LYNCH 8568

(Signature of Arresting/Investigative Officer)

The foregoing instrument was sworn to or affirmed and subscribed before me this 22 day of JAN 20 21 by INV G. LYNCH 8568

(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)



# WITNESS LIST

CASE NUMBER: 21027864

ARRESTING OFFICER: INV G. LYNCH 8568

ADDRESS: HQ

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

CAN TESTIFY TO: FACTS OF CASE

NAME: D/S GONZALEZ 18414

ADDRESS: DIST 10

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

CAN TESTIFY TO: TRAFFIC STOP

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) \_\_\_\_\_

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

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

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

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

ADDRESS \_\_\_\_\_

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

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

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

ADDRESS \_\_\_\_\_

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

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

ADDRESS \_\_\_\_\_

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

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

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

ADDRESS \_\_\_\_\_

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

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

NOT A CERTIFIED COPY

SUBJECT: Fray, one, Mark A CASE NUMBER: 21-077864

### 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: Inv. G. Lynch # 2568

# IMPLIED CONSENT WARNING

## STATE OF FLORIDA

Defendant: <b>MARK ANTHONY FRANGIONE</b>	Agency Case Number: <b>21027864</b>
---------------------------------------------	----------------------------------------

Select a Test Type <b>Blood Test</b>
-----------------------------------------



I AM NOW REQUESTING THAT YOU SUBMIT TO AN APPROVED TEST OF YOUR BLOOD FOR THE PURPOSE OF DETERMINING THE ALCOHOLIC CONTENT AND/OR THE PRESENCE OF ANY CHEMICAL OR CONTROLLED SUBSTANCE.

Will Defendant Take the Test? <b>No</b>
--------------------------------------------



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. Refusal to submit to the test I have requested is admissible into evidence in any criminal proceeding.

(CDL HOLDER ONLY): Additionally, as a holder of a Commercial Driver's License or were operating a commercial motor vehicle, a refusal to submit to a lawful test of your breath, urine, or blood, will result in disqualification of your commercial driver's license privilege for a period of one(1) year in the case of first refusal or permanently if your priveleges have been previously disqualified as a result of a refusal to submit to a lawful test of your breath, urine, or blood?

Do you still refuse to submit to this test, knowing that your driving privilege will be suspended for a period of at least one (1) year.

Enter Defendant's Response <b>Yes</b>	Date <b>01/22/2021</b>	Time <b>01:54 AM</b>	<b>X</b>
Arresting Officer <b>G.</b>	<b>LYNCH</b>		<b>8568</b>
BTO/Technician Collecting Sample <b>N/A</b>	<b>N/A</b>		<b>N/A</b>

NOT A CERTIFIED COPY

STATE OF FLORIDA  
DEPARTMENT OF HIGHWAY SAFETY & MOTOR VEHICLES

AFFIDAVIT OF REFUSAL TO SUBMIT TO  
**BLOOD TEST**

I, Investigator LE GREGORY LYNCH, a duly certified Law Enforcement Officer or Correctional Officer,  
(Person reading Implied Consent Warning)  
am a member of Palm Beach County Sheriff's Office, and I do swear  
(Name of enforcement agency)

or affirm that on or about the TWENTY-SECOND day of January, 2021, at 12:58 AM

DRIVER MARK ANTHONY FRANGIONE  
(Type or Print) FIRST MIDDLE OR MAIDEN LAST

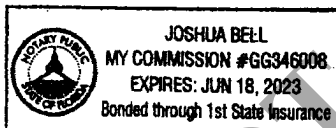
DL # F652541613630, state of FL, appeared for treatment at a hospital,  
clinic, or other medical facility pursuant to s. 316.1932(1)(c), Florida Statutes, and a breath or urine test was impossible or impractical.

That on or about the TWENTY-SECOND day of January, 2021, at 1:53 AM  
in Palm Beach County,

I requested that the driver submit to a blood test to determine his or her blood alcohol level and/or the presence of chemical or controlled substances in his or her blood. I informed the driver that refusal to submit to a blood test would result in the suspension of his or her driving privilege for a period of one (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 if he or she holds a CDL, or was operating a CMV, refusal would 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 had been previously been disqualified as a result of a refusal to submit to a breath, urine, or blood test. The driver nonetheless refused to submit to a blood test.

  
\_\_\_\_\_  
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. G. Lynch

who is personally known to me or who has produced  
known as identification.

Notary Public J Bell

HSMV-BAR1002 (REV. 10/16)

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.



**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: 2021001798	Date: 01/22/2021
	Specialist Name/ID: T Howard/7185