

ARREST / NOTICE TO APPEAR

20 CT 3685 MRB

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

1

JUVENILE

OBTS Number	Agency Name Lantana Police Department		Agency Report Number (N.T.A.'s only) 6 4 20-000448
Agency ORI Number 0502000	Charge Type: Check as many <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 <input type="checkbox"/>		If Weapon Seized Base Type None/not Applicable
Location of Arrest (Including Name of Business) 200 W LANTANA RD		Location of Offense (Business Name, Address) 200 W LANTANA RD BLK, LANTANA, FL 33462	
Date of Arrest 02/29/2020	Time of Arrest 02:02	Booking Date	Booking Time
Name (Last, First, Middle) HODGE, MARK DAVID			
Alias:			
Race W - White	Sex M	Date of Birth 11/05/1955	Height 6'03
Weight 243	Eye Color GREEN	Hair Color GRAY	Complexion LIGHT
Marital Status		Religion Catholic	Indication of: Alcohol Influence <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Drug Influence <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/>
Local Address (Street, Apt. Number) 12748 LAKESHORE DR, CLERMONT, FL 34711		Phone	Residence Type: 1. City 3. Florida 2. County 4. Out of State
Permanent Address (Street, Apt. Number) 12748 LAKESHORE DR, CLERMONT, FL 34711		Phone	Address Source
Business Address (Name, Street)		Phone	Occupation
D/L Number, State H320544554050 / FL	Sec. Sec. Number	INS Number	Place of Birth (City, State) Connecticut
Citizenship US		<input type="checkbox"/> 1. Arrested <input type="checkbox"/> 3. Felony <input type="checkbox"/> <input type="checkbox"/> 2. At Large <input type="checkbox"/> 4. Misdemeanor <input type="checkbox"/> <input type="checkbox"/> 1. Arrested <input type="checkbox"/> 3. Felony <input type="checkbox"/> <input type="checkbox"/> 2. At Large <input type="checkbox"/> 4. Misdemeanor <input type="checkbox"/>	
Co-Defendant Name (Last, First, Middle)		Race	Sex
Co-Defendant Name (Last, First, Middle)		Race	Sex
Name (Last, First, Middle)		Residence Phone	Business Phone
<input type="checkbox"/> Parent <input type="checkbox"/> Other <input type="checkbox"/> Legal Custodian		(City)	(State) (Zip)
Address (Street, Apt. Number)			
Notified by: (Name)	Date	Time	JUVENILE DISPOSITION 1. Handled/Processed within Department and Released 2. TOT JAC 3. Incarcerated
Released To: (Name)	Relationship	Date	Time
The above address was 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's Office (Phone 355-2526) informed of any change of address.		Property Crime? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Description of Property
<input type="checkbox"/> Yes, by: <input type="checkbox"/> No:		Drug Type N. N/A A. Amphetamines	B. Barbiturate C. Cocaine E. Heroin H. Hallucinogen M. Marijuana O. Opium/Deriv. P. Paraphernalia/ Equipment S. Synthetic U. Unknown Z. Other
Charge Description DUI-DRIVING UNDER THE INFLUENCE		Statute Violation Number 316.193(1) A	Violation of ORD #
Drug Activity N	Drug Type N	Amount / Unit	Offense #
Counts		Domestic Violence <input type="checkbox"/> Y <input checked="" type="checkbox"/> N	Warrant / Capias Number
Statute Violation Number		Violation of ORD #	
Charge Description		Counts	Domestic Violence <input type="checkbox"/> Y <input checked="" type="checkbox"/> N
Drug Activity		Drug Type	Amount / Unit
Offense #		Warrant / Capias Number	
Statute Violation Number		Violation of ORD #	
Charge Description		Counts	Domestic Violence <input type="checkbox"/> Y <input checked="" type="checkbox"/> N
Drug Activity		Drug Type	Amount / Unit
Offense #		Warrant / Capias Number	
Statute Violation Number		Violation of ORD #	
Health / Apparent Physical Condition of Defendant		Any knowledge of the following: <input type="checkbox"/> Mental <input type="checkbox"/> Escape Risk <input type="checkbox"/> Medication <input type="checkbox"/> Deformities	
Explain:		Released By	
Released To		Released By	
<input type="checkbox"/> Released O.R. <input type="checkbox"/> Released to Parent/Guardian <input type="checkbox"/> T.O.T. County Jail <input type="checkbox"/> Posted Bond <input type="checkbox"/> South County Mental Health		PROPERTY - Received By	
Transported By		Date Transported	Time Transported
<input type="checkbox"/> INSTRUCTION NO. 1 - Mandatory appearance in court <input checked="" type="checkbox"/> INSTRUCTION NO. 2 - You need not appear in Court but must comply with instructions on Page 2.		Location (Court, Room) 3126/2020 C'030am	
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.		Court Date and Time Gunclub	
Signature of Defendant (or Juvenile and Parent/Custodian)		Date Signed	
HOLD for Other Agency		Name Verification (Printed by Arrestee)	
<input type="checkbox"/> Dangerous <input type="checkbox"/> Resisted Arrest <input type="checkbox"/> Suicidal <input type="checkbox"/> Other		(PRINT)	
Intake Deputy SPANN 8101		ID. # 900	
Pouch #		Agency SANTANA, DELVIS	
Transporting Officer SANTANA, D		ID. # 900	
Witness here if subject signed with an "X"			

SCANNED MAR 02 2020

0515187 / 557

1 AM 8:00
SOUTH COUNTY JAIL
BRANCH

D.U.I. PROBABLE CAUSE AFFIDAVIT

ON THE 28st DAY OF February 20 20, AT 0028 AM / PM
SUBJECT: Mark D. Hodge CASE NUMBER: 20-000448
AGENCY: Lantana ARRESTING OFFICER: Santana, Delvis

PERSONAL CONTACT

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

Ofc. observed Mr. Hodge sleeping in the driver side seat and decided to do a welfare check. Upon approaching the vehicle Mr. Hodge was stumbling and had slurred speech. Ofc. conducted HGN on Mr. Hodge which he was not able to stand still or follow directions. Mr. Hodge refused to complete the standardized field sobriety test.

OBSERVATION OF DRIVER:

Slurred speech blood shot glassy eyes

DRIVER'S STATEMENTS:

I have had 1 glass of wine.

ODORS:

GENERAL OBSERVATIONS

SPEECH: slurred

ATTITUDE: mad

CLOTHING: BLK long sleeve shirt, Green shirt pants.

MEDICAL / OTHER:

STATE OF FLORIDA
COUNTY OF PALM BEACH

[Signature]
(Signature of Arresting / Investigative Officer)

The foregoing instrument was sworn to or affirmed and subscribed before me this 28 day of February 20 20 by _____

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

SCANNED

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

MAR 02 2020

SUBJECT: Mark D. Hodge CASE NUMBER: 20-000448

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:

swaying back and forth not following the pen light with eyes as instructed.

WALK & TURN:

Would not follow directions correctly when instructed.

ONE LEG STAND:

Refused

FINGER TO NOSE :

Refused

ROMBERG / ALPHABET :

n/a

BREATH TEST RESULTS :

Refused

STATE OF FLORIDA
COUNTY OF PALM BEACH


(Signature of Arresting / Investigative Officer)

The foregoing instrument was notarized or sworn before me this 29 day of February 20 20 by _____
who is personally known to me and/or produced identification. Type of identification produced _____

Notary Public, Clerk of Court, Officer F.S.S. 117-10)

SCANNED

MAR 02 2020

TESTING FACILITY TASK REPORT

AGENCY: LPD

SUBJECT: HODGE, MARK D CASE NUMBER: 20-043772

DATE: 02/29/20 VIDEO TAPE NUMBER: N/A

BEGINNING TIME: 01:14 ENDING TIME: 01:35

BREATH TESTS RESULTS: 1) R TIME 01:19 (A.M.) P.M. 2) N/A TIME — A.M./P.M.
3) N/A TIME — A.M./P.M. 4) N/A TIME — A.M./P.M.

BREATH OPERATOR: P. POUND #24639

MAINTENANCE TECHNICIAN: J. KARLECKE #6467

TESTING OFFICER'S OBSERVATIONS

SPEECH: THICK

ATTITUDE: TALKATIVE, LOUD, PROFANITY,

CLOTHING: GREEN SHORT PANTS, BLACK JACKET, BLACK/WHITE SNEAKERS.

MEDICAL CONDITIONS: HEART

MEDICATIONS: NONE

OTHER: EYES GLASSY + BLOODSHOT

COMMENTS: A. STATED HE HAD "1 GLASS OF WINE" IN Q+A.
ARRIVED AT CENTER A/O BEGAN THE 20
MINUTE OBSERVATION PERIOD AT 00:48 HRS

A. REFUSED TO TAKE TEST.

A/O. READ I/C

A. REFUSED TO ANSWER IF HE
UNDERSTOOD I/C AT FIRST, #

A/O. ASKED A. DOES HE UNDERSTAND
I/C ^{AGAIN} A. THEN STATED HE UNDERSTOOD I/C
AND WOULDN'T TAKE TEST.

REFUSED

SCANNED

MAR 02 2020

A/O. READ RIGHTS. A. REFUSED TO ANSWER IF HE
UNDERSTOOD RIGHTS.

A/O. CONDUCTED Q+A. A. ANSWER QUESTIONS.

WHITE - STATE ATTY. YELLOW - DHSMV PINK - CENTRAL RECORDS GOLD - JAIL

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

I, Officer Delvis Santana #900, a duly certified Law Enforcement Officer or Correctional Officer,
(Name of Officer reading Implied Consent Warning)

am a member of Lantana Police Department, and I do swear
(Name of law enforcement agency)

or affirm that on or about the 28th day of February, 2020, at 0028 P.M. A.M.

DRIVER Mark D Hodge
(Type or Print) FIRST NAME MIDDLE OR MAIDEN NAME LAST NAME

DL# H320544554050, state of Florida, was placed under lawful arrest for

the offense of DUI by Ofc. Delvis Santana #900 and
(Name of Arresting Officer)

issued Citation # _____

That on or about the 28th day of February, 2020, at 0028 P.M. A.M.

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 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 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 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]
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:

[Signature]
Signature of Attesting Officer

Title _____

Date _____

(AFFIX SEAL)

The foregoing instrument was sworn and subscribed before

me this _____ day of _____, 20____,

by _____,

who is personally known to me or who has produced

_____ as identification

Notary Public _____

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 HSMV BAR1001 (REV. 10/2016)

MAR 02 2020



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

PBSO CASE # 20-043772 PBSO ZONE 6-12

AGENCY CASE # 2000448 CRASH CASE # _____

TIME OF STOP/CRASH 2347 DATE 02/28/2020 DAY Friday

SUBJECT'S NAME Mark D. Hodge RACE White SEX Male

HGT 603 WGT 206 DOB 11/05/1955

LOCATION 200 W Lantana Rd

ARRESTING OFFICER'S NAME & ID Delvis Santana 900 AGENCY 33462

DIVISION: C1 NOTIFIED BY COMMO Y

ARRIVAL AT FACILITY 0048

BREATH RESULTS:

Arrest Time ~~0048-2347~~
0028

1. _____
2. **REFUSED**
3. _____
4. _____

TESTING OFFICER'S ID 24639

SCANNED
MAR 02 2020

SUBJECT: HODGE, MARK D CASE NUMBER: _____

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? NO

WHERE WERE YOU GOING? Trying to change a tire

WHAT STREET OR HIGHWAY WERE YOU ON? Dixie Hwy

DIRECTION OF TRAVEL? W WHERE DID YOU START? Boming from the Beach

WHAT TIME DID YOU START? 10:30 PM WHAT TIME IS IT NOW? _____

WHAT IS TODAY'S DATE? 02/28/2020 WHAT DAY OF THE WEEK IS IT? Saturday

WHAT COUNTY AND CITY ARE YOU IN NOW? Palm Beach County, ~~The~~ Lake worth

WHEN DID YOU LAST EAT? None edible WHAT DID YOU EAT? Grill Cheese Sandwich

WHAT HAVE YOU BEEN DOING FOR THE LAST THREE HOURS? Travelling to see his mom

HOW MUCH DO YOU WEIGH? 243 HAVE YOU BEEN DRINKING? ~~NO~~ YES WHAT? Wine

HOW MUCH? 1 glass WHERE? Orlando WITH WHOM? N/A

WHEN DID YOU HAVE YOUR FIRST DRINK? 3:00 PM AND YOUR LAST DRINK? N/A

HOW DID YOU CONSUME YOUR LAST TWO DRINKS? N/A

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

HAVE YOU CONSUMED ANY ALCOHOL SINCE THE ACCIDENT? _____ HOW MUCH? _____

WHAT? _____ WHERE? _____ WHEN? _____

WHAT LINE OF WORK ARE YOU IN? Retired WHEN DID YOU LAST WORK? N/A

DO YOU HAVE ANY PHYSICAL DEFECTS OR INJURIES? yes WHAT? Bad hip, replaced knees

ARE YOU SICK OR INJURED? N/A WHAT'S WRONG? _____

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

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? yes WHO? Cardiologist WHY? _____

ARE YOU TAKING ANY PRESCRIPTION MEDICINES? yes WHAT? _____ WHEN? _____

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

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

DO YOU TAKE INSULIN? NO IF SO, WHEN WAS YOUR LAST INJECTION? _____

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

INTERVIEWER: Ofc. Santana, Delvis 900
WHITE - STATE ATTY. YELLOW - DHSMV PINK - CENTRAL RECORDS GOLD - JAIL

SUBJECT: HODGE, MARK D

CASE NUMBER: _____

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.

SCANNED

MAR 05 2020 SUBJECT'S SIGNATURE: (X) _____

READ ON CAMERA

WITNESS LIST

CASE NUMBER: 20-000448

ARRESTING OFFICER _____ Santana 900

ADDRESS _____ 901 N 8th St

PHONE NUMBERS (HOME) _____ 561-540-5701 (WORK) _____

CAN TESTIFY TO: _____ pc

NAME: _____ Tuang 839

ADDRESS _____ 901 N 8th St

PHONE NUMBERS (HOME) _____ 561-540-5701 (WORK) _____

CAN TESTIFY TO: _____ witness

NAME: _____

ADDRESS _____ (WORK) _____

PHONE NUMBERS (HOME) _____ (WORK) _____

CAN TESTIFY TO: _____

NAME: _____

ADDRESS _____ (WORK) _____

PHONE NUMBERS (HOME) _____ (WORK) _____

CAN TESTIFY TO: _____

NAME: _____

ADDRESS _____ (WORK) _____

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NAME: _____

ADDRESS _____ (WORK) _____

PHONE NUMBERS (HOME) _____ (WORK) _____

CAN TESTIFY TO: _____

NAME: _____

ADDRESS _____ (WORK) _____

PHONE NUMBERS (HOME) _____ (WORK) _____

CAN TESTIFY TO: _____

NOT A CERTIFIED COPY

SCANNED
MAR 09 2025

FB90 #01230 REV. 09/93

WHITE - STATE ATTY. YELLOW - DHSMV PINK - CENTRAL RECORDS GOLD - JAIL



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)-(l), 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: 2020006853	Date: 03/01/2020
	Specialist Name/ID: AM/31562

SCANNED
MAR 02 2020