

0529427 22CT2421 NB #77

ARREST / NOTICE TO APPEAR

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

Agency ORI Number 0501700 Agency Name Jupiter Police Department Agency Report Number (N.T.A.'s only) 5 4 22-000599

Charge Type: Check as many 1. Felony 2. Traffic Felony 3. Misdemeanor 4. Traffic Misdemeanor 5. Ordinance 6. Other

If Weapon Seized Enter Type UNARMED Multiple Clearance Indicator

Location of Arrest (Including Name of Business) 2399 S ALT AIA/ADMIRALS COVE BLVD JUP Location of Offense (Business Name, Address) 2399 S ALT AIA/ADMIRALS COVE BLVD, JUPITER, FL 33477

Date of Arrest 02/12/2022 Time of Arrest 01:23 Booking Date Booking Time Jail Date Jail Time Location of Vehicle

Name (Last, First, Middle) PAPA, MICHAEL Alias: Alias (Name, DOB, Soc. Sec. #, Etc.)

Race W - White 1 - American Indian W M Sex M Date of Birth 03/14/1963 Height 5'11 Weight 210 Eye Color BROWN Hair Color BROWN Complexion MEDIUM Build Medium

Scars, Marks, Tattoos, Unique Physical Features (Location, Type, Description) Marital Status Religion OTHER Indication of: Alcohol Influence Yes No Unk. Drug Influence Yes No Unk.

Local Address (Street, Apt. Number) (City) (State) (Zip) Phone 1124 SAN MICHELE WAY, PALM BCH GDNS, FL 33418 (561) 346-0031

Permanent Address (Street, Apt. Number) (City) (State) (Zip) Phone 1124 SAN MICHELE WAY, PALM BCH GDNS, FL 33418 (561) 346-0031 Address Source FL DL

Business Address (Name, Street) (City) (State) (Zip) Phone PAPA MEDICAL, Occupation Doctor

DL Number, State P100540630940 / FL Soc. Sec. Number QNS Number Place of Birth (City, State) STATEN ISLAND, NY Citizenship US

Co-Defendant Name (Last, First, Middle) Race Sex Date of Birth 1. Arrested 2. At Large 3. Felony 4. Misdemeanor 5. Juvenile

Co-Defendant Name (Last, First, Middle) Race Sex Date of Birth 1. Arrested 2. At Large 3. Felony 4. Misdemeanor 5. Juvenile

Parent Other Name (Last, First, Middle) Residence Phone

Legal Custodian Address (Street, Apt. Number) (City) (State) (Zip) Business Phone

Notified by: (Name) Date Time JUVENILE DISPOSITION 1. Handled/Processed within Department and Released 2. TOT IAC 3. Incorporated

Released To: (Name) Relationship Date Time

The above address was provided by defendant and/or 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? Yes No Description of Property Value of Property

Drug Activity S. Sell R. Smuggle K. Dispense/ Distribute M. Manufacture/ Produce/ Cultivate Z. Other Drug Type B. Barbiturate H. Hallucinogen P. Paraphernalia/ Equipment U. Unknown N. N/A B. Buy D. Deliver B. Use N. N/A A. Amphetamine C. Cocaine M. Marijuana O. Opium/Deriv. S. Synthetic P. Possess T. Traffic E. Heroin S. Synthetic

Charge Description Charge Description Charge Description

DUI - NORMAL FACULTIES IMPAIRED Statute Violation Number 316.193(1)(A) Violation of ORD #

Drug Activity Drug Type Amount / Unit Offense # Counts Domestic Violence Warrant / Capias Number Bond

Charge Description Charge Description Charge Description

Drug Activity Drug Type Amount / Unit Offense # Counts Domestic Violence Warrant / Capias Number Bond

Health / Apparent Physical Condition of Defendant Any knowledge of the following: Mental Escape Risk Medication Deformities Injuries Explain:

Check which applies: Released O.R. Released to Parent/Custodian T.O.T. County Jail PROPERTY - Received By Released By Released To

Transported By Date Transported Time Transported Other

INSTRUCTION NO. 1 - Mandatory appearance in court INSTRUCTION NO. 2 - You need not appear in Court but must comply with instructions on Page 2.

Location (Court, Room) North County PALM BEACH GARD Court Date and Time 03/16/2022 08:30:00

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 2/12/22

HOLD for Other Agency Signature of Arresting Officer #316 Name Verification (Printed by Arrestee) (PRINT) M PAPA

Dangerous Resisted Arrest Suicidal Other Name of Arresting Officer (Print) ID # 1237 DASILVA, GABRIEL

Intake Deputy G. Silva ID # 316 Agency JPD Witness here if subject signed with an "X"

COURT STATE ATTORNEY AGENCY CENTRAL RECORDS JAIL CRIME ANALYSIS P.T.O. DEFENDANT

D.U.I. PROBABLE CAUSE AFFIDAVIT

ON THE 12 DAY OF February 20 22, AT 01:23 ☒ AM ☐ PM
SUBJECT: Papa Michael CASE NUMBER: 22000599
AGENCY: Jupiter Police Department ARRESTING OFFICER: DaSilva 316

PERSONAL CONTACT

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

While observing westbound traffic on W Indiantown Rd, Papa was seen traveling 71mph in a 45mph zone. He then proceeded Southbound on S Alt A1A, where he was observed straddling the lane. When I initiated the traffic stop, Papa nearly hit a reflective sign on the shoulder of the road.

OBSERVATION OF DRIVER:

Upon initial contact, Papa had red glossy eyes and slurred speech. The odor of an unknown alcoholic beverage was emitting from his facial area. His hands were shaking and he had trouble retrieving his documents from his wallet. Once he exited the vehicle, he was uneven on his feet and swayed back and forth.

DRIVER'S STATEMENTS:

Papa stated that he was on his way home from "Topside Restaurant", where he consumed "One Tequila".

ODORS:

Unknown alcoholic beverage emanating from his breath.

GENERAL OBSERVATIONS

SPEECH: Slurred

ATTITUDE: Cooperative but irritated throughout the process

CLOTHING: Long sleeve t-shirt, blue jeans and brown shoes

MEDICAL/OTHER: None stated

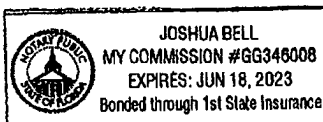
STATE OF FLORIDA
COUNTY OF PALM BEACH

(Signature of Arresting/Investigative Officer)

The foregoing instrument was sworn to or affirmed and subscribed before me this 12 day of February 20 22 by Officer DaSilva 316

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

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



SUBJECT: Papa Michael CASE NUMBER 22000599

ROADSIDE TASKS

HORIZONTAL GAZE NYSTAGMUS:

- | | |
|---|---|
| <input checked="" type="checkbox"/> LT EYE-LACK OF SMOOTH PURSUIT | <input checked="" type="checkbox"/> RT EYE-LACK OF SMOOTH PURSUIT |
| <input checked="" type="checkbox"/> LT EYE-DISTINCT & SUSTAINED NYSTAGMUS AT MAX. DEVIATION | <input checked="" type="checkbox"/> RT EYE-DISTINCT & SUSTAINED NYSTAGMUS AT MAX. DEVIATION |
| <input checked="" type="checkbox"/> LT- EYE-ONSET OF NYSTAGMUS PRIOR TO 45 DEGREES | <input checked="" type="checkbox"/> RT- EYE-ONSET OF NYSTAGMUS PRIOR TO 45 DEGREES |

Other Observations:

Swaying while standing still.

WALK & TURN:

Papa failed to maintain his starting position and was unable to keep his balance. Papa stated he understood the instructions and did not have any questions. Papa started counting on three. Papa missed heel to toe every single step. Papa stepped off the line several times. Papa turned around improperly (Turned to the right and did not keep front foot planted). Papa missed heel to toe on his second nine steps several times. Papa used his arms for balance.

ONE LEG STAND:

Papa stated he understood the instructions and did not have any questions. Papa did not lift his foot at least six inches (kept it close to the ground). Papa placed his foot down several times and used his arms for balance. Papa did not count as instructed.

FINGER TO NOSE:

Papa stated he understood the instructions and did not have any questions. On 1L, he used the pad of his finger. On 1R, he used the pad of his finger and touched above the tip of his nose. On 2L, He used the pad of his finger. On 2R, he used the pad of his finger. On 3R, he used the pad of his finger and touched the side of his nose. On 3L, he used the pad of his finger.

ROMBERG ALPHABET:

Papa stated he understood the instructions and did not have any questions. When questioned on his level of education, he stated that he was a doctor. Papa incorrectly recited the English alphabet.

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

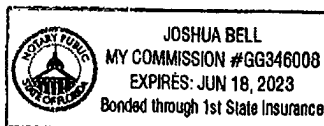
STATE OF FLORIDA
COUNTY OF PALM BEACH

(Signature of Arresting/Investigative Officer)

The foregoing instrument was sworn to or affirmed and subscribed before me this 12 day of February, 2022 by Officer DaSilva 316

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

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



SUBJECT: _____ 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) _____

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) _____

SUBJECT: _____ 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? _____

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: OFF. G. DAVIS # 314

TESTING FACILITY TASK REPORT

AGENCY: JPD

SUBJECT: PAPA, MICHAEL

CASE NUMBER: 22-035279

DATE: Feb 12, 2022

VIDEO DVD NUMBER: N/A

BEGINNING TIME: 0227

ENDING TIME: 0230

BREATH TESTS RESULTS: 1) R TIME 0229 A.M. ☒ P.M. ☐ 2) XX TIME XX A.M. ☐ P.M. ☐
3) XX TIME XX A.M. ☐ P.M. ☐ 4) XX TIME XX A.M. ☐ P.M. ☐

REFUSED

BREATH OPERATOR: JOSHUA J BELL #8656

MAINTENANCE TECHNICIAN: J. KARLECKE #6467

TESTING OFFICER'S OBSERVATIONS

SPEECH: SLURRED

ATTITUDE: QUIET, COOPERATIVE

CLOTHING: GREY LONG SLEEVE SHIRT, BLUE JEANS, BROWN BOOTS

MEDICAL CONDITIONS: NONE

MEDICATIONS: NONE

OTHER:

EYES: BLOODSHOT, GLASSY

COMMENTS:

ARRIVED AT DUI TESTING FACILITY AND BEGAN THE 20 MINUTE OBSERVATION AT 0157 HOURS

SUBJECT STATED HE WOULD NOT TAKE BREATH TEST

A/O READ I.C

SUBJECT STATED HE UNDERSTOOD I.C

SUBJECT AGAIN STATED HE WOULD NOT TAKE BREATH TEST

REFUSAL TIME 0229 HOURS

A/O READ RIGHTS

SUBJECT STATED HE UNDERSTOOD HIS RIGHTS

SUBJECT DECLINED TO ANSWER Q AND A

REFUSED



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

PBSO CASE # 22-035279 PBSO ZONE 3-14
AGENCY CASE # 22-000599 CRASH CASE # _____
TIME OF STOP/CRASH 0059 DATE 02/12/22 DAY SATURDAY
SUBJECT'S NAME PAPA, MICHAEL RACE W SEX M
HGT 5'11 WGT 210 DOB 03/14/1963
LOCATION 2141 S ALT A1A, JUPITER FLORIDA 33458
ARRESTING OFFICER'S NAME & ID G. DASILVA #316 AGENCY JUPITER
DIVISION: _____ NOTIFIED BY COMMO YES
ARRIVAL AT FACILITY 0157
BREATH RESULTS: Arrest Time 0123
1. REFUSED
2. REFUSED
3. REFUSED
4. REFUSED
TESTING OFFICER'S ID BELL 8656

**STATE OF FLORIDA
AFFIDAVIT OF REFUSAL TO SUBMIT TO
BREATH TEST**

I, Officer DaSilva, a duly certified Law Enforcement or Correctional Officer, am a
(Name of Officer reading Implied Consent Warning)
member of Jupiter Police Department, and I do swear
(Name of Law Enforcement Agency)
or affirm that on or about the 12 day of February, 20 22, at 0123 ☐ P.M. ☒ A.M.
DRIVER Michael Papa
FIRST NAME MIDDLE OR MAIDEN NAME LAST NAME
DL # P100540630940, state of Florida, was placed under lawful arrest for
the offense of DUI by Officer DaSilva and
(Name of Arresting Officer)
issued citation # ADB9CWE.

That on or about the 12 day of February, 20 22, at 0229 ☐ P.M. ☒ A.M.
in Palm Beach County,

I requested that the driver submit to a **BREATH** test for the purpose of determining its alcohol content. I informed the driver that the refusal to submit to such 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, or if he or she had been previously fined under s. 327.35215, F.S., 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, or if he or she has been previously fined under s. 327.35215, F.S., for refusal to submit to a lawful test of his or her breath, urine, or blood. Nonetheless, the driver refused to submit to the test requested.

Signature of Law Enforcement Officer or Correctional Officer

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



(AFFIX SEAL)

The foregoing instrument was sworn and subscribed before me this 12 day of February, 20 22,
by Officer DaSilva 316,
who is personally known to me or who has produced
Personally Known as identification.
Notary Public Bell #8656

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.

WITNESS LIST

CASE NUMBER: 22000599

ARRESTING OFFICER: DaSilva

ADDRESS: 196 Military Trl. Jupiter, FL 33458

PHONE NUMBERS (HOME): _____ (WORK) (561) 746-6201

CAN TESTIFY TO: PC

NAME: Officer Fandrey

ADDRESS: 196 Military Trl. Jupiter, FL 33458

PHONE NUMBERS (HOME) _____ (WORK) (561) 746-6201

CAN TESTIFY TO: Training and SFSTs

NAME: _____

ADDRESS _____

PHONE NUMBERS (HOME) _____ (WORK) _____

CAN TESTIFY TO: _____

NAME: _____

ADDRESS _____

PHONE NUMBERS (HOME) _____ (WORK) _____

CAN TESTIFY TO: _____

NAME: _____

ADDRESS _____

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ADDRESS _____

PHONE NUMBERS (HOME) _____ (WORK) _____

CAN TESTIFY TO: _____

NAME: _____

ADDRESS _____

PHONE NUMBERS (HOME) _____ (WORK) _____

CAN TESTIFY TO: _____



**PALM BEACH COUNTY
SHERIFF'S OFFICE**
Florida State Statute Exemption Sheet

Palm Beach County Sheriff's Office – Arrests Only

	X	Florida State Statute	Description	Page Number(s)
L/E Exemptions	<input type="checkbox"/>	119.071(2)(d)	Surveillance techniques, procedures and personnel; inventory of law enforcement resources, policies or plans pertaining to mobilization deployment or tactical operations.	
	<input type="checkbox"/>	943.053, 943.0525	NCIC/FCIC/FBI and in-state FDLE/DOC.	
	<input type="checkbox"/>	119.071(4)(c)	Undercover personnel.	
	<input type="checkbox"/>	119.071(2)(f)	Confidential informants (CIs).	
	<input type="checkbox"/>	119.071(2)(e)	Confession.	
Public Info. Exemptions	<input type="checkbox"/>	985.04(1)	Juvenile offender records.	
	<input type="checkbox"/>	119.071(h)(i)	Assets of a crime victim.	
	<input type="checkbox"/>	395.3025(7)(a), 456.057(7)(a)	Medical information.	
	<input type="checkbox"/>	394.4615(7)	Mental health information.	
	<input type="checkbox"/>	119.071(4)(d)(2)(a)	Home address, telephone, Social Security number, date of birth, or photos of active/former LE personnel, spouses, and children.	
Florida Rules of Judicial Administration 2.420 (Rule of 23)	<input checked="" type="checkbox"/>	(iii) 119.0714(1)(i)-(j), (2)(a)-(e)	Social Security, bank account, charge, debit, and credit card numbers.	2
	<input type="checkbox"/>	(viii) 394.4615(7)	Clinical records under the Baker Act.	
	<input type="checkbox"/>	(xii) 741.30(3)(b)	The victim's address in a domestic violence action on petitioner's request.	
	<input type="checkbox"/>	(xiii) 119.071(2)(h), 119.0714(1)(h)	Protected information regarding victims of child abuse or sexual offenses.	
	<input type="checkbox"/>			
	<input type="checkbox"/>			
	<input type="checkbox"/>			
	<input type="checkbox"/>			
	<input type="checkbox"/>			
	<input type="checkbox"/>			
Other	<input type="checkbox"/>		Other:	
	<input type="checkbox"/>		Other:	

REVIEW COMPLETED BY

Booking Number: 2022004039	Date: 2/12/2022
	Specialist Name/ID: Pinkneya/7796