

21CT403

ARREST / NOTICE TO APPEAR
Juvenile Referral Report

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

1 [] Juvenile [] N

OBTS Number		Agency ORI Number FLO 500000		Agency Name PALM BEACH COUNTY SHERIFF'S OFFICE		Agency Report Number (N.T.A.'s only) 06-21-023718				
Charge Type: Check as many as apply		1. Felony <input type="checkbox"/> 2. Traffic Felony <input type="checkbox"/>		3. Misdemeanor <input type="checkbox"/> 4. Traffic Misdemeanor <input checked="" type="checkbox"/>		5. Ordinance <input type="checkbox"/> 6. Other <input type="checkbox"/>				
Location of Arrest (Including Name of Business) 1098 Stardust Way Royal Palm Beach FL		Location of Offense (Business Name, Address) 1098 Stardust Way Royal Palm Beach		Weapon Seized / Type 2. Yes <input type="checkbox"/> 2. No <input checked="" type="checkbox"/>		Multiple Clearance Indicator <input checked="" type="checkbox"/>				
Date of Arrest 01/09/2021	Time of Arrest 0031	Booking Date	Booking Time	Jail Date	Jail Time	Location of Vehicle All Florida Towing				
Name (Last, First, Middle) Scarola Nicholas M				Alias (Name, DOB, Soc. Sec. #, Etc.)						
Race W - White 1 - American Indian B - Black 0 - Oriental/Asian	Sex W	Date of Birth 04/02/1998	Height 6'0	Weight 180	Eye Color Brn	Hair Color Brn	Complexion Light			
Scars, Marks, Tattoos, Unique Physical Features (Location, Type, Description) None				Marital Status Single	Religion CHRISTIAN	Indication of Alcohol Influence Drug Influence Y <input type="checkbox"/> N <input type="checkbox"/> Unk. <input type="checkbox"/>				
Local Address (Street, Apt. Number) 111 Via Via Veracruz		(City) Jupiter	(State) FL	(Zip) 33458	Phone (561) N/A	Residence Type: 1. City <input type="checkbox"/> 2. County <input type="checkbox"/> 3. Florida <input type="checkbox"/> 4. Out of State <input checked="" type="checkbox"/>				
Permanent Address (Street, Apt. Number)		(City)	(State)	(Zip)	Phone	Address Source Florida Drivers License				
Business Address (Name, Street)		(City)	(State)	(Zip)	Phone	Occupation				
D/L Number, State S640-633-98-122-0		Soc. Sec. Number		INS Number		Place of Birth (City, State) West Palm Beach FL	Citizenship Yes			
Co-Defendant Name (Last, First, Middle)		Race	Sex	Date of Birth	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"/>			
Co-Defendant Name (Last, First, Middle)		Race	Sex	Date of Birth	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 <input type="checkbox"/>		Address (Street, Apt. Number)		(City)	(State)	(Zip)	Residence Phone () Business Phone ()			
Notified by: (Name)		Date	Time	Juvenile Disposition 1. Handled/ processed within Dept. and Released. 2. TOT HRS / DYS 3. Incarcerated		1				
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)				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 DRIVING UNDER THE INFLUENCE		Counts 1	Domestic Violence <input type="checkbox"/> Y <input checked="" type="checkbox"/> N	Statute Violation Number 316.193(1)(A)		Violation of ORD #				
Drug Activity N	Drug Type N	Amount / Unit	Offense # 21-023718	Warrant / Capias Number		Bond				
Charge Description License Suspended		Counts 1	Domestic Violence <input type="checkbox"/> Y <input checked="" type="checkbox"/> N	Statute Violation Number 322.34(2)		Violation of ORD #				
Drug Activity	Drug Type	Amount / Unit	Offense #	Warrant / Capias Number		Bond				
Charge Description FAILURE TO SIGN ACCEPT SUMMONS		Counts	Domestic Violence <input type="checkbox"/> Y <input checked="" type="checkbox"/> N	Statute Violation Number 318.14(3)		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) CRIMINAL JUSTICE COMPLEX / 3228 GUN CLUB ROAD, WPB, FL 33406		Court Date and Time Month February Day 4TH Year 2021 Time 8:30 AM <input checked="" type="checkbox"/> PM		I AGREE TO APPEAR AT THE TIME AND PLACE DESIGNATED TO ANSWER THE OFFENSE CHARGED OR TO PAY THE FINE SUBSCRIBED. I UNDERSTAND THAT SHOULD I WILLFULLY FAIL TO APPEAR BEFORE THE COURT AS REQUIRED BY THIS NOTICE TO APPEAR, THAT I MAY BE HELD IN CONTEMPT OF COURT AND A WARRANT FOR MY ARREST SHALL BE ISSUED						
Signature of Defendant (or Juvenile and Parent /Custodian)		Date Signed 01/09/2021		FILED JAN 10 2021 JOSEPH ABRUZZO CLERK PALM BEACH COUNTY, FL 1						
Name <input type="checkbox"/> Dangerous <input type="checkbox"/> Resisted Arrest <input type="checkbox"/> Suicidal <input type="checkbox"/> Other		Name of Arresting Officer (Print) Cpl. M. SMITH		I.D. # 9621		Name Verification (Printed by Arrestee) (PRINT)				
Intake Deputy SCAROLA		Pouch #		Transporting Officer Smith		ID # 9621				
Agency PBSO		Agency PBSO		Witness here if subject signed						

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

0484183

1061

PROBABLE CAUSE AFFIDAVIT		1. Arrest 2. N.T.A.	3. Request for Warrant 4. Request for Capias	1	Juvenile <input type="checkbox"/>
OBTS Number		Agency ORI Number FLO 500000		Agency Name PALM BEACH COUNTY SHERIFF'S OFFICE	
Agency Report Number 06- 21023718		Special Notes:			
Charge Type: Check as many as apply.		1. Felony <input type="checkbox"/> 2. Traffic Felony <input type="checkbox"/>		3. Misdemeanor <input type="checkbox"/> 4. Traffic Misdemeanor <input checked="" type="checkbox"/>	
		5. Ordinance <input type="checkbox"/> 6. Other <input type="checkbox"/>			
Name (Last, First, Middle) SCAROLA		Alias NICHOLAS M		Race W	Sex M
		Date of Birth 04/02/1998			
Charge Description D.U.I.		316.193(1)			
Charge Description		Charge Description			
Victim's Name (Last, First, Middle) STATE OF FLORIDA		Race		Sex	Date of Birth
Local Address (Street, Apt. Number)		(City)	(State)	(zip)	Phone
Business Address (Name, Street)		(City)	(State)	(zip)	Phone
		Address Source		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 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 checked="" type="checkbox"/> was found to have committed the below acts, resulting from my (described) investigation.</p> <p>On the 09 day of JANUARY 2021 at 0022 <input checked="" type="checkbox"/> A. M. <input type="checkbox"/> P. M. (Specifically include facts constituting cause for arrest.)</p> <p>On Saturday, January 09, 2021 at approximately 0022 hours I responded to Stardust Way and Summertime Ln, Royal Palm Beach, FL 33411 in reference to a traffic crash.</p> <p>Upon arrival I met with the complainant, Swanson, William J., who advised he heard a loud crash bang outside his house. He stated he came outside and observed a dark color SUV with fresh heavy front end damage attempting to drive away. He stated the SUV had smoke coming from the hood and was right next to a freshly damaged black pick up truck which was parked right in front of 1102 Stardust Way.</p> <p>I approached the dark color SUV which was bearing a FL license plate of NWIZ63. As I came close to the vehicle, a white male wearing a light blue shirt exited the vehicle from the driver side. The male identified himself as Nicholas M. Scarola with a Florida license. I could smell a strong odor of an unknown alcoholic beverage emanating on his breath. Mr Scarola also had red blood shot eyes. He advised he was not the one driving and was just trying to fix the vehicle.</p> <p>DUI investigator M. Smith responded the the scene and conducted a DUI investigation.</p> <p>This is a supplemental Probable Cause.</p>					
<p>STATE OF FLORIDA COUNTY OF PALM BEACH</p> <p style="text-align: center;">D/S J. LANDA (ID #) 2028</p> <p>(Signature of Arresting/Investigative Officer)</p> <p>The foregoing instrument was sworn to or affirmed and subscribed before me this 09 day of JANUARY 2021 by D/S J. LANDA 2028</p> <p>(Print name of Arresting/Investigative Officer, who is personally known to me and/or produced identification. Type of identification produced KNOWN)</p> <p>Notary Public, Clerk of Court, Officer (F.S.S. 117.10)</p>					

ADMINSTRATIVE PROBABLE CAUSE STATEMENT

NOT A COURT DOCUMENT

D.U.I. PROBABLE CAUSE AFFIDAVIT

ON THE 8TH DAY OF January 20 21, AT 2342 AM PM

SUBJECT: Scarola Nicholas M CASE NUMBER: 21-023718

AGENCY: PALM BEACH COUNTY SHERIFF'S OFFICE ARRESTING OFFICER: Cpl. M. SMITH

PERSONAL CONTACT

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

On 01/08/2021 at approximately 23:56hrs, I was dispatched to the scene of a motor vehicle crash without injuries at 1098 Stardust Way, which is located in Village of Royal Palm Beach, Florida.

I arrived at the scene at approximately 00:11hrs. After my independent crash investigation, based on physical evidence, and witness statements, I determined that, at approximately 11:31hrs, the defendant, did indeed crash into a vehicle which was parked in the grass (See FRSO crash case #21-023787)

Witness William Swanson, identified the defendant, to me as the driver of the vehicle at the time of the crash. Swanson completed a written sworn statement as to the events which transpired surrounding the crash.

D/S Landa # 28328 relayed to me that Scarola had articulable indicators of impairment, so he called for a DUI Unit to conduct a possible DUI investigation. D/S Landa provided me with a written sworn supplemental Probable Cause Affidavit stating the following "On Saturday, January 09, 2021 at approximately 0022 hours I responded to Stardust Way and Summerline in, Royal Palm Beach, FL 33411 in reference to a traffic crash.

Upon arrival I met with the complainant, Swanson, William J., who advised he heard a loud crash bang outside his house. He stated he came outside and observed a dark color SUV with fresh heavy front end damage attempting to drive away. He stated the SUV had smoke coming from the hood and was right next to a freshly damaged black pick up truck which was parked right in front of 1102 Stardust Way.

I approached the dark color SUV which was bearing a FL license plate of NW1263. As I came close to the vehicle, a white male wearing a light blue shirt exited the vehicle from the driver side. The male identified himself as Nicholas M. Scarola with a Florida license. I could smell a strong odor of an unknown alcoholic beverage emanating on his breath. Mr Scarola also had red blood shot eyes. He advised he was not the one driving and was just trying to fix the vehicle."

OBSERVATION OF DRIVER:

Upon making contact with the driver who was identified by his Florida Driver License as Nicholas Michael Scarola, I immediately detected an obvious and strong odor of an unknown alcoholic beverage emitting from his person and face area. This odor intensified as I spoke to Scarola. Scarola had glassy, glazed, and blood shot eyes. Scarola's speech was slurred, slow, thick, and at times difficult to understand. Scarola's movements were slow and deliberate. Scarola was lethargic in his movements with poor coordination. Scarola had an unsteady gait while walking to my patrol vehicle and had difficulty following directions given to him. Scarola was wearing a blue shirt, gray pants, and gray shoes.

DRIVER'S STATEMENTS:

Pre Miranda Scarola stated that he was attempting to fix his vehicle and that he was not driving. Post Miranda when asked how much alcohol he had to drink he stated he drank several beverages

ODORS:

obvious and strong odor of an unknown alcoholic beverage emitting from his person and face area.

GENERAL OBSERVATIONS

SPEECH: slurred, slow, thick, and at times difficult to understand.

ATTITUDE: Argumentative, Belligerent, Cocky

CLOTHING: blue shirt, gray pants, and gray shoes.

MEDICAL/OTHER: See BAT report

STATE OF FLORIDA
COUNTY OF PALM BEACH

Cpl. M. SMITH

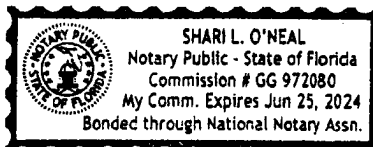
(Signature of Arresting/Investigative Officer)

The foregoing instrument was sworn to or affirmed and subscribed before me this 9TH day of January 2021 by Cpl. M. SMITH

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

Shari O'Neal (#6212)

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



ROADSIDE TASKS

HORIZONTAL GAZE NYSTAGMUS:

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

Other Observations:

WALK & TURN:
REFUSED

ONE LEG STAND:
REFUSED

FINGER TO NOSE:
REFUSED

ROMBERG ALPHABET:
REFUSED

BREATH TEST RESULTS:

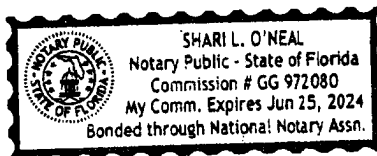
STATE OF FLORIDA
COUNTY OF PALM BEACH

Cpl. M. SMITH
(Signature of Arresting/Investigative Officer)

The foregoing instrument was sworn to or affirmed and subscribed before me this 9TH day of January 2021 by Cpl. M. SMITH

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

Shari O'Neal (#6212)
Notary Public, Clerk of Court, Officer (F.S.S 117.10)



NOT A CERTIFIED COPY

WITNESS LIST

CASE NUMBER: 21-023718

ARRESTING OFFICER: Cpl. M. SMITH

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

PHONE NUMBERS (HOME): _____ (WORK) (561) 688-3000

CAN TESTIFY TO: SEE DUI PROBABLE CAUSE AFFIDAVIT, OFFENSE REPORT, & IN-CAR VIDEO

NAME: William Swanson

ADDRESS: 1098 Stardust Way Royal Palm Beach FL 33411

PHONE NUMBERS (HOME) _____ (WORK) 561-795-0830

CAN TESTIFY TO: Wheel Witness, Sworn Witness Statement

NAME: D/S Landa 20328

ADDRESS 3228 Gun Club Rd WPB FL 33406

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

CAN TESTIFY TO: Supplemental PC, Wheel Witness

NAME: _____

ADDRESS _____

PHONE NUMBERS (HOME) 0 (WORK) 0

CAN TESTIFY TO: _____

NAME: _____

ADDRESS _____

PHONE NUMBERS (HOME) _____ (WORK) _____

CAN TESTIFY TO: _____

NAME: _____

ADDRESS _____

PHONE NUMBERS (HOME) _____ (WORK) _____

CAN TESTIFY TO: _____

NAME: _____

ADDRESS _____

PHONE NUMBERS (HOME) _____ (WORK) _____

CAN TESTIFY TO: _____

NAME: _____

ADDRESS _____

PHONE NUMBERS (HOME) _____ (WORK) _____

CAN TESTIFY TO: _____

NAME: _____

ADDRESS _____

PHONE NUMBERS (HOME) _____ (WORK) _____

CAN TESTIFY TO: _____

NAME: _____

ADDRESS _____

PHONE NUMBERS (HOME) _____ (WORK) _____

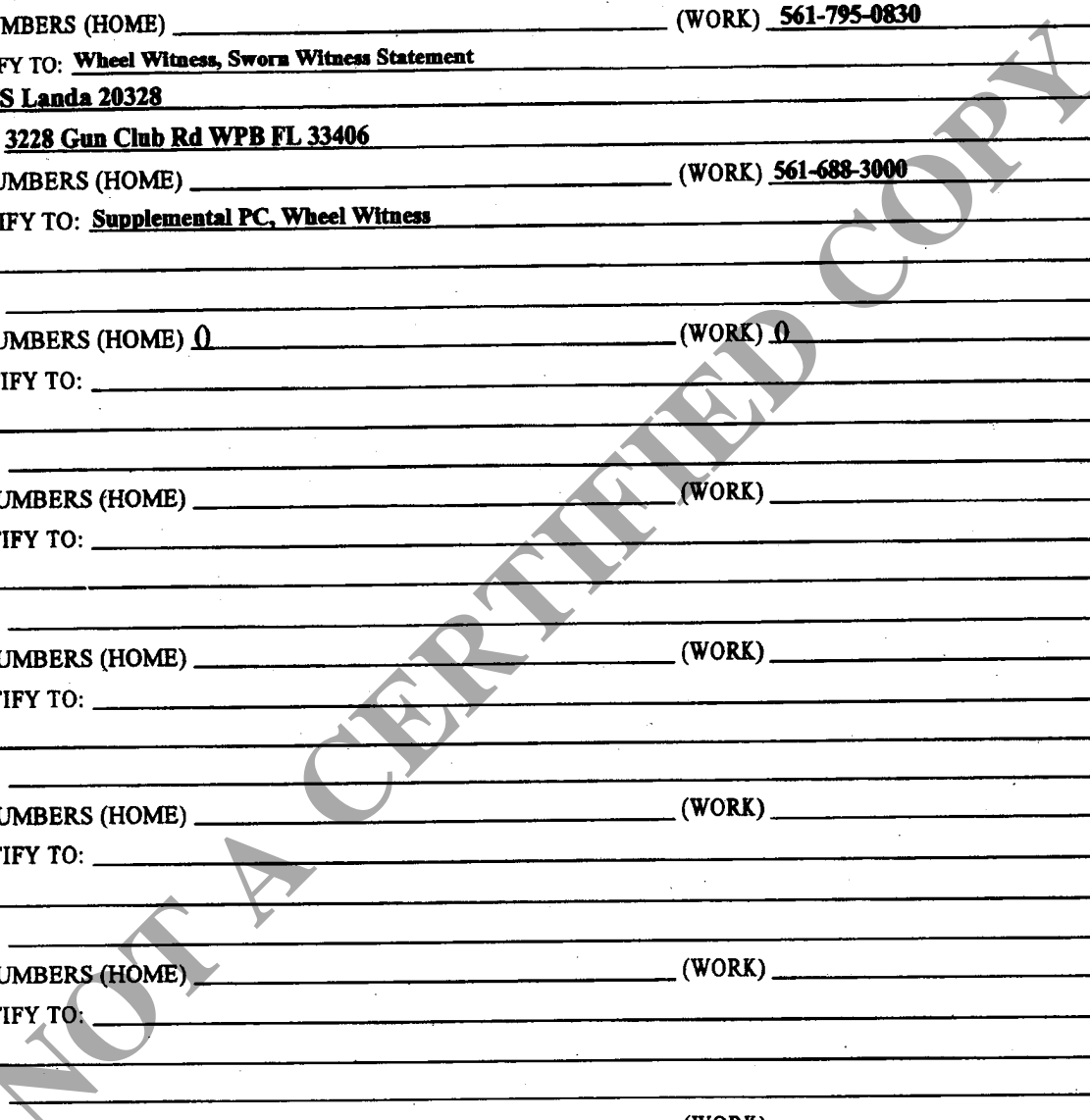
CAN TESTIFY TO: _____

NAME: _____

ADDRESS _____

PHONE NUMBERS (HOME) _____ (WORK) _____

CAN TESTIFY TO: _____



PALM BEACH COUNTY SHERIFF'S OFFICE – SWORN STATEMENT

Per FL statute 837.012, whoever knowingly makes a false statement under oath shall be guilty of a misdemeanor of the first degree punishable by imprisonment up to 1 year.



WITNESS VICTIM OTHER

CASE #: 21-023718	ZONE: 9-11	SUSPECT: Nicholas Scerola	DATE & TIME OF ORIGINAL EVENT/OFFENSE: 11:45 PM 1-8-09
EVENT TYPE: Out w/prop	DEPUTY: Smith	ID#: 9624	

COMPLETE EVERYTHING BELOW – PRINT LEGIBLY

LAST NAME: SWANSON	FIRST NAME: William	MIDDLE INITIAL: S	RACE: WT	SEX: M
DATE OF BIRTH: (MM/DD/YYYY) 1-12-51	YOUR HEIGHT: 5' 11"	YOUR WEIGHT: 235	YOUR HAIR COLOR: SHAVED	YOUR EYE COLOR: BLUE
YOUR HOME ADDRESS: 1098 STARDUST WAY	<input type="checkbox"/> CHECK IF HOMELESS	CITY: R PB	STATE: FL	ZIP: 33411
YOUR WORK NAME & ADDRESS: N/A	<input type="checkbox"/> CHECK IF UNEMPLOYED OR RETIRED	CITY:	STATE:	ZIP:
WORK PHONE: <input type="checkbox"/> CHECK IF NONE ()	CELL PHONE: <input type="checkbox"/> CHECK IF NONE (968) 795 0830	HOME PHONE: <input type="checkbox"/> CHECK IF NONE ()	EMAIL:	<input type="checkbox"/> CHECK IF NONE

WRITE WHAT HAPPENED IN YOUR WORDS IN FULL DETAIL – PRINT LEGIBLY

YOUR NAME: William Swanson	DO HEREBY VOLUNTARILY MAKE THE FOLLOWING STATEMENT WITHOUT THREAT, COERCION, OFFER OF BENEFIT, OR FAVOR BY ANY PERSONS WHOMSOEVER...
<p>AT APPROXAMATLY 11:45 I HEARD A LOUD BANG I WENT OUTSIDE AND WITNESSED A BLACK RAM PICKUP SIDEWAYS IN THE ROAD WITH A VEHICLE BEHIND IT SMOKING. IT APPEARED THE PICKUP TRUCK WAS REAR ENDED. THE VEHICLE THAT HIT THE PICKUP BACKED UP AND TRIED TO GO AROUND AND LEAVE. THE VEHICLE THAT HIT THE PICKUP ONLY MADE IT 20' APPROX. THE DRIVER STARTED IT AGAIN AND THE ENGINE STOP. THIS HAPPENED TWO MORE TIMES. I WAS STANDING IN MY FRONT YARD WHILE ON THE PHONE WITH P.B.S.O. THE DRIVER EXITED THE VEHICLE WEARING A BLUE T-SHIRT CALLING FOR HELP</p>	
PAGE 1 OF 1	

READ AND SIGN

I SWEAR AND AFFIRM THIS AND/OR THE ATTACHED STATEMENTS ARE CORRECT AND TRUE:

YOUR SIGNATURE: **X [Signature]**

DEPUTY SHERIFF NOTARY PUBLIC FSS: 117.10

SWORN TO AND SUBSCRIBED BEFORE ME TODAY:

DATE: **1-9-21**

TIME: **12:20 PM**

SIGNATURE: **[Signature]**

ID: **20928**

IF YOU DO NOT WISH TO PROSECUTE, COMPLETE THE ABOVE STATEMENT, READ THIS DISCLAIMER AND INITIAL BELOW: I AM OF LEGAL AGE AND I AM THE REPORTED VICTIM OF A CRIME UNDER FLORIDA LAW. I HEREBY STATE THAT I WILL NOT COOPERATE ANY FURTHER WITH THE INVESTIGATION OF THE ALLEGED CRIME. I FURTHER RELEASE THE PALM BEACH COUNTY SHERIFF'S OFFICE OF ANY PRESENT OR FUTURE RESPONSIBILITY AS TO MY CASE. I ACKNOWLEDGE THAT I UNDERSTAND MY RIGHTS AS A CRIME VICTIM, PARTICULARLY REGARDING VICTIM COMPENSATION ELIGIBILITY, WHICH INCLUDES SUCH BENEFITS AS REIMBURSEMENT FOR: DISABILITY; LOST WAGES; LOSS OF SUPPORT; MEDICAL, DENTAL, MENTAL HEALTH COUNSELING AND FUNERAL EXPENSES. I AM AWARE I MAY BE GIVING UP THESE RIGHTS FOR MY FAMILY AND MYSELF BY INITIALING BELOW. I AM TAKING THIS POSITION OF MY OWN FREE WILL KNOWING THAT THE CASE CAN ONLY BE FURTHER INVESTIGATED AND PROSECUTED WITH MY COOPERATION. DO NOT WISH TO PROSECUTE (INITIAL _____)

(PROSECUTION WAIVER NOT TO BE USED FOR CASES INVOLVING DOMESTIC OR DATING VIOLENCE PER G.O. 508.00)

WHITE - RECORDS COPY CANARY - STATE ATTORNEY COPY PINK - OFFICER'S COPY GOLD - WITNESS / VICTIM COPY

REPORT

Sergeant Nicholas TD

CASE NUMBER

21-000

INFORMED CONSENT FOR DUI IN A MOTOR VEHICLE

NOTE: READ ONLY THE INFORMATION APPLICABLE TO THE TYPE OF TEST YOU ARE BEING ADMINISTERED.

I am requesting that you submit to a lawful test of your **BREATH** for the purpose of determining the alcohol content of your blood.

OR

I am requesting that you submit to a lawful test of your **URINE** for the purpose of detecting the presence of alcohol or controlled substances.

OR

I am requesting that you submit to a lawful test of your **BLOOD** for the purpose of detecting the alcohol content of your blood.

NOTE: READ ONLY IF THE SIGNATURES ARE COMPLETELY BLANK.

Cpl. Smith at 9621 of the PCSD

You are not required to submit to the test I have requested if you have a lawyer present with you. If you cannot afford a lawyer, one will be appointed for you before any questioning if you cannot afford one. (18) You have the right to stop answering questions at any time. You will not be punished for not answering questions. You are not required to answer questions until you talk to a lawyer for advice before we question you and from that time on you will need to answer only those questions which are relevant to the case you are involved in. Anything you say can be used against you in court. You have the right to stop answering questions at any time. You will not be punished for not answering questions.

Read on

CONSTITUTIONAL WARNINGS

REQUIRED TO WARN YOU BEFORE YOU MAKE ANY STATEMENT THAT MAY BE USED AGAINST YOU IN COURT.

- 1. You have the right to remain silent and not answer any questions.
- 2. Anything you say can be used against you in court.
- 3. You have the right to stop answering questions at any time.
- 4. If you cannot afford a lawyer, one will be appointed to you before any questioning if you cannot afford one.
- 5. If at any time during the questioning you do not wish to answer any questions, you will not be punished for not answering and you will not be held responsible for not answering any questions.
- 6. You have the right to stop answering questions at any time.
- 7. You will not be punished for not answering questions.
- 8. Anything you say can be used against you in court.

REPORT NUMBER

REPORT DATE

QUESTIONS AND ANSWERS

PLEASE PRINT OR TYPE YOUR NAME AND ADDRESS WITH THESE RIGHTS IN MIND: YOU MAY ANSWER SOME OR ALL OF THESE QUESTIONS IF YOU LIKE.

WERE YOU OPERATING A MOTOR VEHICLE AT THE TIME OF THE STOP/ACCIDENT? _____
WHAT TYPE OF VEHICLE?

WHERE WERE YOU TRAVELING? _____

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? _____

WHAT DID YOU DO? _____

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

HAVE YOU BEEN DRINKING? _____

WHERE? _____

WITH WHOM? _____

WHAT DID YOU DRINK YOUR FIRST DRINK? _____

HOW DID YOU OBTAIN 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? _____

WHAT LIVES WERE AFFECTED? _____

WHEN DID YOU LAST DRINK? _____

DO YOU HAVE ANY PHYSICAL DEFICIENCIES? _____

WHAT? _____

ARE YOU OR INJURED? _____

WHAT'S WRONG? _____

DO YOU HAVE A BUMP ON THE HEAD RECENTLY? _____

WHAT? _____

DO YOU HAVE ANY OTHER INJURIES? _____

WHAT? _____

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

DO YOU TAKE INSULIN? _____

WHEN WAS YOUR LAST INJECTION? _____

HAVE YOU EVER HAD A SEIZURE? _____

INTERVIEWER: _____

TESTING FACILITY TASK REPORT

AGENCY: PBSO CPL. SMITH #9621

SUBJECT: SCAROLA, NICHOLAS M. CASE NUMBER: 21-023718

DATE: 01-09-21 VIDEO DVD NUMBER: N/A

BEGINNING TIME: 0118 HRS ENDING TIME: 0121 HRS

BREATH TESTS RESULT: **REFUSED** TIME 0120 A.M. P.M. 2) TIME A.M. P.M.

3) TIME A.M. P.M. 4) TIME A.M. P.M.

BREATH OPERATOR: S.O'NEAL #6212

MAINTENANCE TECHNICIAN: J. KARLECKE #6467

TESTING OFFICER'S OBSERVATIONS

SPEECH: LOUD AT TIMES

ATTITUDE: AGITATED, DISRESPECTFUL, PROFANE, OBNOXIOUS, UNCOOPERATIVE, DEMANDING

CLOTHING: SHIRT- TURQUOISE BLUE SHORTS- LIGHT BLUE

MEDICAL CONDITIONS: NONE

MEDICATIONS: NONE

OTHER:
EYES: RED, GLASSY

COMMENTS:

20 MIN. OBSERVATION DONE BY A/O SMITH #9621
D ARRIVED AT THE TESTING FACILITY BEING VERY DISRESPECTFUL AND OBNOXIOUS.
A/O REQUESTED THE BREATH TEST.
D REFUSED THE BREATH TEST.
A/O READ THE IMPLIED CONSENT ON CAMERA TO THE D.
D UNDERSTOOD THE I/C.
D STILL REFUSED THE BREATH REQUEST AFTER THE I/C WAS READ TO HIM.
C/W READ ON CAMERA TO THE D.
Q&A NOT CONDUCTED.
D WAS BANGING AND KICKING THE HOLDING CELL DOOR.



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

PBSO CASE # 21-023718 PBSO ZONE 9-41

AGENCY CASE # _____ CRASH CASE # 21-023707

TIME OF STOP/CRASH 2342 DATE 01/08/2021 DAY Friday

SUBJECT'S NAME Scarola Nicholas M RACE W SEX M
LAST FIRST MID

HGT 6'0 WGT 180 DOB 04/02/1998

LOCATION 1098 Stardust Way

ARRESTING OFFICER'S NAME & ID Cpl. M. Smith 9621 AGENCY PBSO

DIVISION: VCD/DUI

NOTIFIED BY COMMO YES

ARRIVAL AT FACILITY 12:55

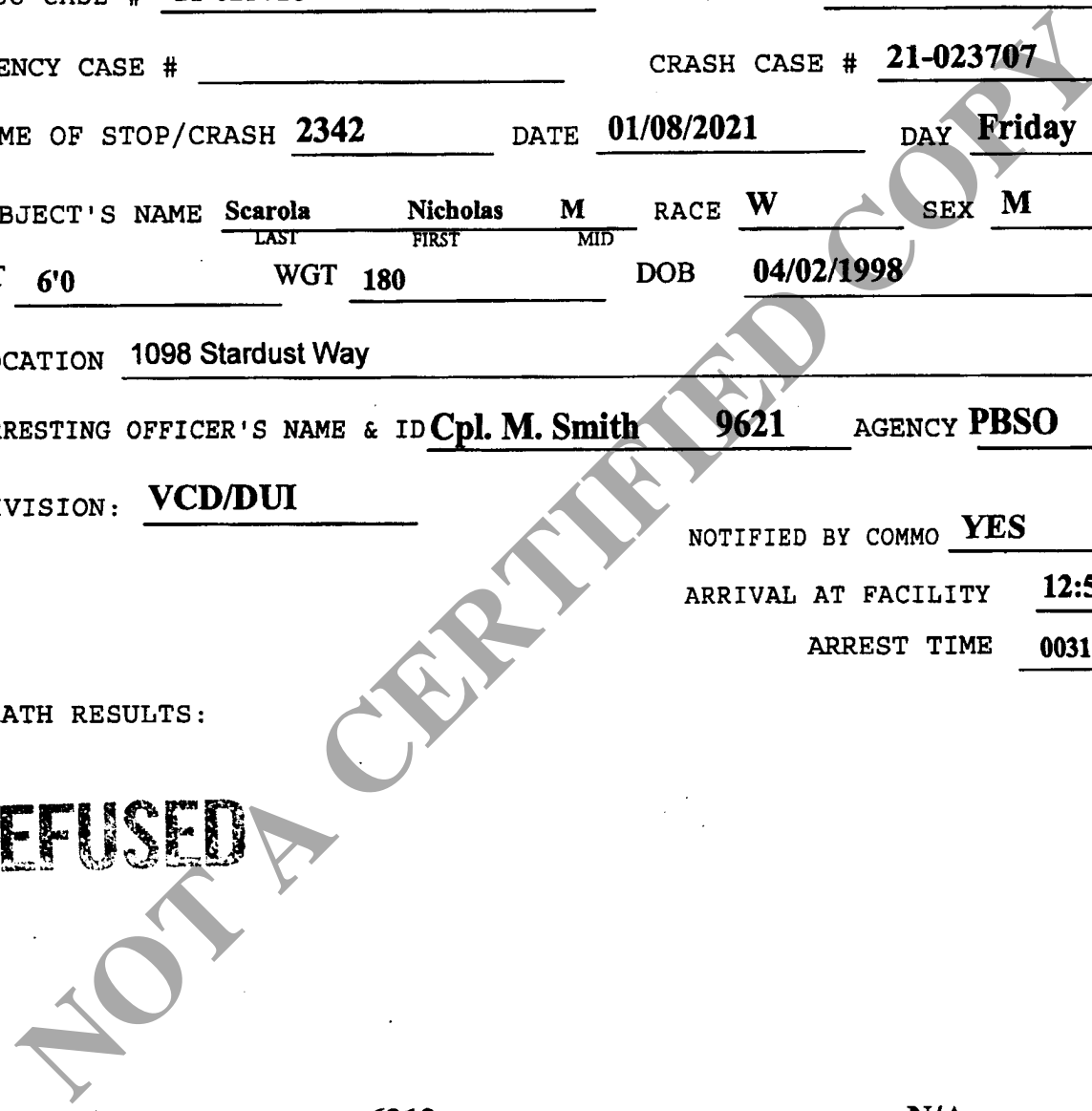
ARREST TIME 0031

BREATH RESULTS:

REFUSED

TESTING OFFICER'S ID 6212

PBSO VIDEOTAPE # N/A



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

I, Cpl. M. SMITH, a duly certified Law Enforcement Officer or Correctional Officer,
(Name of Officer reading Implied Consent Warning)

am a member of PBSO, and I do swear
(Name of law enforcement agency)

or affirm that on or about the 9th day of January, 20 21, at 0031 P.M. A.M.

DRIVER Nicholas M Scarola
(Type or Print) FIRST NAME MIDDLE OR MAIDEN NAME LAST NAME

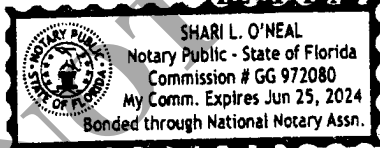
DL# S640-633-98-122-0, state of FLORIDA, was placed under lawful arrest for
the offense of DRIVING UNDER THE INFLUENCE by Cpl. M. SMITH and
(Name of Arresting Officer)
issued Citation # A2GCUCP

That on or about the 9th day of January, 20 21, at 0120 P.M. A.M.
in PALM BEACH County,

I requested that the driver submit to a Xbreath 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'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]
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:

The foregoing instrument was sworn and subscribed before

me this 9TH day of January, 20 21,

by Cpl. M. SMITH,

who is personally known to me or who has produced

PERSONALLY KNOWN LEO as identification

Notary Public Shari O'Neal (#6212) [Signature]

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"/>		** (viii) Clinical records under the Baker Act. §394.4615(7), Fla. Stat.	
	<input type="checkbox"/>			
	<input type="checkbox"/>			
	<input type="checkbox"/>			
Other	<input type="checkbox"/>	119.0712(2)	Other: Personal information contained in a motor vehicle record	
	<input type="checkbox"/>	119.071(2)(j)	Other: MARSY'S LAW PROTECTED INFORMATION REGARDING VICTIM(S).	

REVIEW COMPLETED BY

Booking Number: 2021000707	Date: 1/10/2021
	Specialist Name/ID: M. Tooks #8557