

0513791

2020 CT0000 83 AMB3932
ARREST / NOTICE TO APPEAR
Juvenile Referral Report

1. Arrest 3. Request for Warrant
2. N.T.A. 4. Request for Capias
1 N
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- 20-022483	
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 NONE		Multiple Clearance Indicator 02
Location of Arrest (Including Name of Business) S MILITARY TRL & MELALEUCA LANE LAKE WORTH, FL 33461			Location of Offense (Business Name, Address) S MILITARY TRL & MELALEUCA LN LAKE WORTH, 33461			
Date of Arrest 01/04/2020	Time of Arrest 22:07	Booking Date	Booking Time	Jail Date	Jail Time	Location of Vehicle GARDENS TOWING

Name (Last, First, Middle) Gonzalez Escobar, OSMIN		Alias (Name, DOB, Soc. Sec. #, Etc.)						
Race W - White I - American Indian B - Black O - Oriental/Asian	Sex W M	Date of Birth 11/16/1991	Height 5'11"	Weight 170	Eye Color BRW	Hair Color BLK	Complexion MED	Build THIN
Scars, Marks, Tattoos, Unique Physical Features (Location, Type, Description)			Marital Status Single	Religion NONE	Indication of: Alcohol Influence <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> Unk. <input type="checkbox"/> Drug Influence <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> Unk. <input type="checkbox"/>			
Local Address (Street, Apt. Number) 4457 EVELYN PLACE #152		(City) Lake Worth, FL	(State) 33463	(Zip)	Phone (561) 574-1618	Residence Type: 1. City 3. Florida 2. County 4. Out of State 2		
Permanent Address (Street, Apt. Number)		(City)	(State)	(Zip)	Phone	Address Source FLORIDA DRIVER LICENSE		
Business Address (Name, Street)		(City)	(State)	(Zip)	Phone	Occupation CONSTRUCTION		
DL Number, State GS24-640-91-416-0, FL		Soc. Sec. Number		INS Number A208289448		Place of Birth (City, State) EL SALVADOR	Citizenship NON	

Co-Defendant Name (Last, First, Middle)	Race	Sex	Date of Birth	<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:	Residence Phone ()
Address (Street, Apt. Number) (City)	(State) (Zip) ()
Business Phone ()	

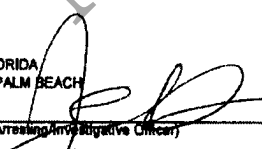
Notified by: (Name)	Date	Time	Juvenile Disposition 1. Handled/processed within Dept. and Released. 2. TOT HRS / DYS 3. Incarcerated
Released To: (Name)	Relationship		Date
The above address provided by <input type="checkbox"/> defendant and / or <input type="checkbox"/> defendant's parents The child and / or parent was told to keep the Juvenile Court Clerk (Phone 355-2528) informed of any change of address. <input type="checkbox"/> Yes, by: (Name) <input type="checkbox"/> No: (Reason)			School Attended
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 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
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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)	Violation of ORD #
Drug Activity Drug Type Amount / Unit N N .142 & .138 BAC	Offense # 20-022483	Warrant / Capias Number		Bond OR
Charge Description NO VALID LICENSE (NEVER ISSUED)	Counts 1	Domestic Violence <input type="checkbox"/> Y <input checked="" type="checkbox"/> N	Statute Violation Number 322.03(1)	Violation of ORD #
Drug Activity Drug Type Amount / Unit N N NONE	Offense # 20-022483	Warrant / Capias Number		Bond OR
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) CRIMINAL JUSTICE COMPLEX / 3228 GUN CLUB ROAD, WPB, FL 33406	
Court Date and Time Month JANUARY Day 30 Year 2020 Time 08:30 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	
X OGE Signature of Defendant (or Juvenile and Parent /Custodian)	01/04/2020 Date Signed

HOLD for other Agency Name:	Signature of Arresting Officer Inv. Schaefer #8777	Name Verification (Printed by Arrestee) (PRINT) X OGE
<input type="checkbox"/> Dangerous <input type="checkbox"/> Suicidal	Name of Arresting Officer (Print) INV. J. SCHAEFER	I.D. # 8777
<input type="checkbox"/> Resisted Arrest <input type="checkbox"/> Other:	Transporting Officer INV. J. SCHAEFER	ID # 8777
I.D. #	Pouch #	Agency PBSO
Witness here if subject signed with		PAGE OF 1

OBTS Number		PROBABLE CAUSE AFFIDAVIT		1. Arrest	3. Request for Warrant	1	Juvenile	N
Agency ORI Number FLO 500000		Agency Name PALM BEACH COUNTY SHERIFF'S OFFICE		Agency Report Number 06- 20-022483				
Charge Type: Check as many as apply.		Special Notes: SUPPLEMENTAL PC						
<input type="checkbox"/> 1. Felony <input type="checkbox"/> 2. Traffic Felony		<input checked="" type="checkbox"/> 3. Misdemeanor <input type="checkbox"/> 4. Traffic Misdemeanor		<input type="checkbox"/> 5. Ordinance <input type="checkbox"/> 6. Other				
Name (Last, First, Middle) Gonzalez Escobar, Osmin,		Aliases		Race W	Sex M	Date of Birth 11/16/1991		
Charge Description DUI		Charge Description						
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	Address Source		
Business Address (Name, Street)		(City)	(State)	(zip)	Phone	Occupation		
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 <input type="checkbox"/> committed the below acts in my presence. <input type="checkbox"/> confessed to _____ admitting to the below facts. <input checked="" type="checkbox"/> was observed by MYSELF who told INV. SCHAFFER that he/she saw the arrested person commit the below acts. <input type="checkbox"/> was found to have committed the below acts, resulting from my (described) investigation. On the 4 day of JANUARY 20 19 at 8:54 <input type="checkbox"/> A.M. <input checked="" type="checkbox"/> P.M. (Specifically include facts constituting cause for arrest.)								
<p>On 1/4/2020 at approximately 2054 hours, I responded to the area of Melaleuca Lane and Military Trail, in unincorporated Lake Worth FL 33463, in reference to a vehicle crash.</p> <p>Upon arrival I made contact with Cristobal De Jesus Rivera Vasquez (W/M DOB 11/16/1969), who advised a blue Chevrolet 4-door bearing FL tag Y29AJZ rear ended him. He then pointed and identified the driver of that vehicle at the time of the crash to be Osmin Gonzalez Escobar (W/M DOB 11/16/1991).</p> <p>I then made contact with Mr. Gonzalez Escobar. I could smell the odor of an unknown alcoholic beverage emanating from his breath and clothes and he also had glossy eyes.</p> <p>Based on my observations of Gonzalez Escobar, I requested a DUI unit to respond. Inv. Schaffer #8777 arrived on scene and the investigation was turned over to him.</p> <p>This report is supplement to the original case.</p>								
STATE OF FLORIDA COUNTY OF PALM BEACH  D/S J. FRANCIS (Signature of Arresting/Investigative Officer)								
The foregoing instrument was sworn to or affirmed and subscribed before me this 4 day of JANUARY 20 19 by D/S J. FRANCIS #20627 (Print name of Arresting/Investigative Officer, who is personally known to me and/or produced identification. Type of identification produced KNOWN LEO) INV. ZEITZ #24970 Notary Public, Clerk of Court, Officer (F.S.S. 117.10)								
								PAGE 1 OF 1

D.U.I. PROBABLE CAUSE AFFIDAVIT

ON THE 4th DAY OF JANUARY 20 20, AT 20:48 AM PM

SUBJECT: Gonzalez Escobar, OSMIN CASE NUMBER: 20-022483

AGENCY: PALM BEACH COUNTY SHERIFF'S OFFICE ARRESTING OFFICER: INV. J. SCHAEFER

PERSONAL CONTACT

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

On 01/04/2020 at approximately 21:06hrs, I was dispatched to the scene of a motor vehicle crash without injuries at the intersection of South Military Trail and Melaleuca Lane, which is located in unincorporated Lake Worth, Palm Beach County, Florida.

I arrived at the scene at approximately 21:24hrs. After my independent crash investigation, based on physical evidence, and witness statements, I determined that, at approximately 20:48hrs, the defendant did indeed rear end V2 which was properly stopped for a red traffic signal. (See PBSO crash case #20-022464)

Witness Cristobal Rivera, identified the defendant, to me, as the driver of the blue 2011 Chevrolet Malibu bearing Florida tag Y29-AJZ at the time of the crash. Rivera completed a written sworn statement as to the events which transpired surrounding the crash.

D/S Jessie Frances #20627 relayed to me that the defendant had articulable indicators of impairment, so she called for a DUI Unit to conduct a possible DUI investigation. D/S Francis provided me with a written sworn supplemental Probable Cause Affidavit.

OBSERVATION OF DRIVER:

Upon making contact with the driver who was identified by his Florida Identification Card as "OSMIN GONZALEZ ESCOBAR", I immediately detected an obvious and strong odor of an unknown alcoholic beverage emanating from his person and face area. This odor intensified as I spoke to Gonzalez Escobar. Gonzalez Escobar had glassy, glazed, and blood shot eyes. Gonzalez Escobar's speech was slurred, slow, thick, and at times difficult to understand. Gonzalez Escobar's movements were slow and deliberate. Gonzalez Escobar had difficulty following directions given to by the Spanish interpreter. Gonzalez Escobar was wearing a blue shirt, blue jeans, and black sneakers. All the clothing appeared somewhat.

DRIVER'S STATEMENTS:

Post-Miranda: Gonzalez Escobar stated he had 2 beers at 12pm. Gonzalez Escobar consented to breath.

ODORS:

A strong and obvious odor of an unknown alcoholic beverage was emanating from his person and face area which intensified as I spoke to Gonzalez Escobar.

GENERAL OBSERVATIONS

SPEECH: Gonzalez Escobar's speech was slurred, slow, and thick, and at times difficult to understand.

ATTITUDE: talkative, indifferent, cooperative

CLOTHING: blue shirt, blue jeans, and black sneakers

MEDICAL/OTHER: none stated

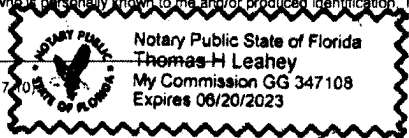
STATE OF FLORIDA
COUNTY OF PALM BEACH

INV. J. SCHAEFER Inv. J. Schaefer #8777
(Signature of Arresting/Investigative Officer)

The foregoing instrument was sworn to or affirmed and subscribed before me this 4th day of JANUARY 20 20 by INV. J. SCHAEFER

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

Thomas H. Leahey
Notary Public, Clerk of Court, Officer (F.S.S. 117.01)



SUBJECT: Gonzalez Escobar, OSMIN

CASE NUMBER

20-022483

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:

Gonzalez Escobar would sway roughly in a side to side front to back pattern throughout the task. Gonzalez Escobar did touch the tip of the pen as directed to positively identify the point to be tracked. Gonzalez Escobar was reminded numerous times to track the pen with his eyes only. Gonzalez Escobar failed to keep his head still while tracking the stimulus. Gonzalez Escobar had VGN.

WALK & TURN:

I explained and demonstrated the instructions for the "Walk & Turn" to Gonzalez Escobar through Spanish interpreter D/S Joel Dory #7784. Gonzalez Escobar stated the understood. During the task, I observed Gonzalez Escobar to sway roughly in a side to side, front to back pattern throughout the demonstration phase. Gonzalez Escobar could not maintain his balance while listening to instructions. Gonzalez Escobar stepped out of the instructional stance during the demonstration to catch his balance. Gonzalez Escobar started the task before being instructed to do so. Gonzalez Escobar missed heel-to-toe steps. Gonzalez Escobar used his arms for balance by raising them more than six inches. Gonzalez Escobar performed the turn other than which was demonstrated. Additionally, Gonzalez Escobar performed the incorrect number of steps. Gonzalez Escobar could not complete the task.

ONE LEG STAND:

I explained and demonstrated the instructions for the "One Leg Stand" to Gonzalez Escobar through Spanish interpreter D/S Dory. Gonzalez Escobar stated the understood. During the task, I observed Gonzalez Escobar to sway roughly in a side to side, front to back pattern throughout the demonstration phase. Gonzalez Escobar continued to sway while balancing on one leg and did not raise his foot 6 inches as demonstrated.

FINGER TO NOSE:

I explained and demonstrated the instructions for the "Finger to Nose" task to Gonzalez Escobar through Spanish interpreter D/S Dory. Gonzalez Escobar stated the understood. During the task, I observed Gonzalez Escobar to sway roughly in a side to side, front to back pattern throughout the demonstration phase. Gonzalez Escobar failed to return his arms down to his sides as instructed after touching his nose. Gonzalez Escobar's index finger did not touch the tip of the nose on 6 of 6 attempts. The sequence used for this task was L, R, L, R, R, L.

ROMBERG ALPHABET:

I explained and demonstrated the instructions for the "Modified Rhomberg" task to Gonzalez Escobar through Spanish interpreter D/S Dory because Gonzalez Escobar stated he forgot the alphabet. Gonzalez Escobar stated the understood. During the task, I observed Gonzalez Escobar to sway roughly in a side to side, front to back pattern throughout the demonstration phase. Gonzalez Escobar correctly recited numbers 26-52.

BREATH TEST RESULTS: .142 .138

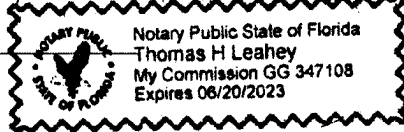
STATE OF FLORIDA
COUNTY OF PALM BEACH

INV. J. SCHAEFER *Inv. J. Schaefer #8777*
(Signature of Arresting/Investigative Officer)

The foregoing instrument was sworn to or affirmed and subscribed before me this 4th day of JANUARY 2020 by INV. J. SCHAEFER

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

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



FLORIDA DEPARTMENT OF LAW ENFORCEMENT
ALCOHOL TESTING PROGRAM
BREATH ALCOHOL TEST AFFIDAVIT

Instrument Type: Intoxilyzer 8000
Instrument Registered To: PALM BEACH CO SO
Instrument Serial Number: 80-006029 Software: 8100.27
Date of Test: 01/04/2020

Date of Last Agency Inspection: 12/06/2019

Observation Period Began: 22:30

Subject's Name: OSMIN GONZALEZ ESCOBAR

DOB: 11/16/1991 Sex: M

The subject was observed for at least twenty-minutes prior to the administration of the breath test to ensure that the subject did not take anything orally and did not regurgitate.

Results:

Test	g/210L	Time
Diagnostics Check	OK	22:55
Air Blank	0.000	22:56
Control Test	0.081	22:56
Air Blank	0.000	22:57
Subject Sample #1	0.142	22:57
Air Blank	0.000	22:58
Air Blank	0.000	23:00
Subject Sample #2	0.138	23:00
Air Blank	0.000	23:01
Control Test	0.080	23:02
Air Blank	0.000	23:02
Diagnostics Check	OK	23:02

Cylinder Lot: 17919080A1
Exp: 08/05/2021

State of Florida, County of Palm Beach.

Personally appeared before me the undersigned authority, who () is personally known to me or () produced _____ as identification, and who after being placed under oath, states:

I THOMAS H LEAHEY, hold a valid Breath Test Operator permit issued by the Florida Department of Law Enforcement, I administered the above breath test to the subject named above in accordance with Chapter 11D-8, Florida Administrative Code, and this form is a true and accurate report of that breath test.

Breath Test Operator: _____

Signature

Date: 01/04/20

Sworn to (or affirmed) before me this 04th day of January, 2020

Inv. J Schaefer #8777

Inv J Schaefer #8777

Signature of Notary Public-State of Florida

Printed Name of Notary Public-State of Florida

Note: Pursuant to section 117.10, Florida Statutes, law enforcement officers, correctional officers, traffic accident investigation officers and traffic infraction enforcement officers are notaries public when engaged in the performance of official duties. In accordance with section 316.1934(5), F.S., this completed form is admissible without further authentication and is presumptive proof of the results herein. To be used in accordance with Section 316.1934(5), F.S., and in administrative proceedings pursuant to 322.2615, F.S.

TESTING FACILITY TASK REPORT

AGENCY: PBSO

SUBJECT: Gonzales Escobar, Osmin CASE NUMBER: 20-022483

DATE: 01/04/20 VIDEO TAPE NUMBER: N/A

BEGINNING TIME: 22:52 ENDING TIME: 23:04

BREATH TESTS RESULTS: 1) .142 TIME 22:57 A.M./P.M. 2) .138 TIME 23:00 A.M./P.M.
3) N/A TIME — A.M./P.M. 4) N/A TIME — A.M./P.M.

BREATH OPERATOR: T. Levey #19183

MAINTENANCE TECHNICIAN: J Karielke #6467

TESTING OFFICER'S OBSERVATIONS

SPEECH: Spanish Speaking

ATTITUDE: talkative, flighty

CLOTHING: blue jeans, blue polo shirt, black sneakers

MEDICAL CONDITIONS: none

MEDICATIONS: none

OTHER: eyes glassy + bloodshot
odor of unknown alcoholic beverage on breath

COMMENTS: arrived at center A/D conducted 20 minute
observation period at 22:30 hrs

Agreed to perform breath test

Tech read breath test result, + A stated he
understood breath test results
A/D read rights on scene

A/D did not attempt O+A

SUBJECT: Gonzalez Escobar, Jemin CASE NUMBER: 20-022483

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) Road on camera on scene

SUBJECT: Gonzalez Escobar, Daniel CASE NUMBER: 20-020483

QUESTIONS AND ANSWERS

I AM NOW GOING TO ASK YOU SOME QUESTIONS. WITH THESE RIGHTS IN MIND, YOU MAY ANSWER SOME OF, ALL OF, OR NONE OF THE FOLLOWING QUESTIONS AS YOU LIKE.

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

WHERE WERE YOU GOING? _____

WHAT STREET OR HIGHWAY WERE YOU ON? _____

DIRECTION OF TRAVEL? _____ WHERE DID YOU START? _____

WHAT TIME DID YOU START? _____ WHAT TIME IS IT NOW? _____

WHAT IS TODAY'S DATE? _____ WHAT DAY OF THE WEEK IS IT? _____

WHAT COUNTY AND CITY ARE YOU IN NOW? _____

WHEN DID YOU LAST EAT? _____ WHAT DID YOU EAT? _____

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

HOW MUCH DO YOU WEIGH? _____ HAVE YOU BEEN DRINKING? _____ WHAT? _____

HOW MUCH? _____ WHERE? _____ WITH WHOM? _____

WHEN DID YOU HAVE YOUR FIRST DRINK? _____ AND YOUR LAST DRINK? _____

HOW DID YOU CONSUME YOUR LAST TWO DRINKS? _____

CAN YOU FEEL THE EFFECTS OF THE ALCOHOL? _____ ARE YOU UNDER THE INFLUENCE? _____

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

WHAT? _____ WHERE? _____ WHEN? _____

WHAT LINE OF WORK ARE YOU IN? _____ WHEN DID YOU LAST WORK? _____

DO YOU HAVE ANY PHYSICAL DEFECTS OR INJURIES? _____ WHAT? _____

ARE YOU SICK OR INJURED? _____ WHAT'S WRONG? _____

DO YOU LIMP? _____ DID YOU RECEIVE A BUMP ON THE HEAD RECENTLY? _____

WERE YOU IN AN ACCIDENT TODAY? _____

HAVE YOU TAKEN ANY DRUGS OR SMOKED ANY MARIJUANA TODAY? _____ WHEN? _____

HAVE YOU SEEN A DOCTOR OR DENTIST TODAY? _____ WHO? _____ WHY? _____

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

DO YOU HAVE:

EPILEPSY?	_____
GLASS EYE?	_____
FALSE TEETH?	_____
EAR INFECTION?	_____
INNER EAR TROUBLE?	_____
DIABETES?	_____

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

DO YOU TAKE INSULIN? _____ IF SO, WHEN WAS YOUR LAST INJECTION? _____

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

INTERVIEWER: _____

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



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"/>			
Other	<input type="checkbox"/>	119.071(2)(j)1	Other: Addresses, telephone numbers and personal assets of domestic vio. and other specified crime victims	
	<input type="checkbox"/>		Other:	

REVIEW COMPLETED BY

Booking Number: 2020000400

Date: 1/5/2020

Specialist Name/ID: Mat Meek 33849



FLORIDA DUI UNIFORM TRAFFIC CITATION **A2GD1WP**

COUNTY OF PALM BEACH	<input type="checkbox"/> (1) F.H.P. <input type="checkbox"/> (2) P.D. <input checked="" type="checkbox"/> (3) S.O. <input type="checkbox"/> (4) OTHER
CITY (IF APPLICABLE)	AGENCY NAME PBSO
	AGENCY #

IN THE COURT DESIGNATED BELOW THE UNDERSIGNED CERTIFIES THAT HE/SHE HAS JUST AND REASONABLE GROUNDS TO BELIEVE AND DOES BELIEVE THAT ON

COMPLAINT (RETAINED BY COURT)				
DAY OF WEEK SAT	MONTH JAN	DAY 4th	YEAR 2020	TIME 10:07 <input type="checkbox"/> A.M. <input checked="" type="checkbox"/> P.M.

NAME (FIRST, MIDDLE, LAST) **OSMIN GONZALEZ ESCOBAR**

STREET **4457 EVELYN PLACE #152**

CITY **LAKE WORTH** STATE **FL** ZIP CODE **33463**

TELEPHONE NUMBER DATE OF BIRTH **11** DAY **16** YEAR **91** RACE **WM** SEX **M** HT **5'11"**

DRIVER LICENSE NUMBER **G524640914160**

YR. VEHICLE **2011** MAKE **CHEVY** STYLE **4dr** COLOR **BLUE** PLACARDED HAZARDOUS MATERIAL YES NO

VEHICLE LICENSE NO. **Y29-AJZ** TRAILER TAG NO. STATE **FL** YEAR TAG EXPIRES **20** 5 TO PASSENGERS YES NO

UPON A PUBLIC STREET OR HIGHWAY, OR OTHER LOCATION, NAMELY **S MILITARY TRL + NEALEVA LN** MOTORCYCLE YES NO

COMPANION CITATION(S) YES NO

DID UNLAWFULLY COMMIT THE OFFENSE OF DRIVING UNDER THE INFLUENCE OF ALCOHOLIC BEVERAGES, CHEMICAL OR CONTROLLED SUBSTANCES; DID DRIVE, OR WAS IN ACTUAL PHYSICAL CONTROL OF A VEHICLE, WHILE UNDER THE INFLUENCE OF AN ALCOHOLIC BEVERAGE/CHEMICAL SUBSTANCE/CONTROLLED SUBSTANCE TO THE EXTENT NORMAL FACILITIES WERE IMPAIRED, OR WITH A BLOOD OR BREATH ALCOHOL LEVEL OF .08 OR ABOVE OF **.12/.13**

COMMENTS PERTAINING TO OFFENSE OR OTHER MATTER **DUI W/ PROPERTY DAMAGE**

AGGRESSIVE DRIVER YES NO STATE STATUTE SECTION **316.193(3)(c)** RE-EXAM YES NO

DAMAGE TO OTHER PROPERTY YES NO INJURY TO ANOTHER YES NO SERIOUS BODILY INJURY TO ANOTHER YES NO FATAL YES NO

THIS IS A CRIMINAL VIOLATION, COURT APPEARANCE REQUIRED, AS INDICATED BELOW.

JANUARY 30, 2020 @ 0830

COURT DATE **CRIMINAL JUSTICE COMPLEX** CITATION NO. **A2GD1WP**

COURT ADDRESS **3228 GUN CLUB RD WPT, FL 33406**

ARREST DELIVERED TO **COUNTY JAIL** ON **01/04/2020**

OFFICER SIGNATURE **DOGE**

EFFECTIVE IMMEDIATELY, YOUR DRIVING PRIVILEGE IS SUSPENDED/DISQUALIFIED FOR:

DRIVING WITH AN UNLAWFUL BLOOD OR BREATH ALCOHOL LEVEL. THIS SUSPENSION IS FOR A PERIOD OF SIX MONTHS IF THIS IS THE FIRST VIOLATION OR ONE YEAR IF PREVIOUSLY SUSPENDED FOR DRIVING WITH AN UNLAWFUL BLOOD OR BREATH ALCOHOL LEVEL. IF YOU HOLD A CDL OR YOU ARE OPERATING A CMV, YOUR COMMERCIAL DRIVER LICENSE/PRIVILEGE WILL ALSO BE DISQUALIFIED FOR ONE YEAR FOR THE FIRST OFFENSE OR PERMANENTLY DISQUALIFIED FOR A SUBSEQUENT OFFENSE.

REFUSAL TO SUBMIT TO LAWFUL BREATH, BLOOD OR URINE TEST SECTION 322.2815, F. S. THIS SUSPENSION IS FOR A PERIOD OF ONE YEAR IF THIS IS A FIRST REFUSAL OR 18 MONTHS IF PREVIOUSLY SUSPENDED FOR THIS OFFENSE. IF YOU HOLD A CDL OR YOU ARE OPERATING A CMV, YOUR COMMERCIAL DRIVER LICENSE/PRIVILEGE WILL ALSO BE DISQUALIFIED FOR A PERIOD OF ONE YEAR FOR A FIRST REFUSAL OR PERMANENTLY DISQUALIFIED FOR A SUBSEQUENT REFUSAL.

LICENSE SURRENDERED? YES NO REASON **NO DL**

ELIGIBLE FOR PERMIT? YES NO REASON **NO DL**

UNLESS INELIGIBLE, THIS CITATION SHALL SERVE AS A TEMPORARY DRIVER LICENSE AND WILL EXPIRE AT MIDNIGHT ON THE 10TH DAY FOLLOWING THE DATE OF SUSPENSION.

AT THE **LAUDERDALE LAKES DHSMV** BUREAU OF ADMINISTRATIVE REVIEWS OFFICE.

YOU MAY REQUEST, WITHIN 10 DAYS AFTER THE DATE OF SUSPENSION, A REVIEW OF SUSPENSION BY THE DEPARTMENT OF HIGHWAY SAFETY AND MOTOR VEHICLES OR A REVIEW TO DETERMINE ELIGIBILITY FOR A RESTRICTED LICENSE IF THIS IS YOUR FIRST DU RELATED OFFENSE. SEE REVERSE SIDE.

OFFICER SIGNATURE **DOGE** BADGE NO. **#8777** TROOP UNIT **DUI**

NOT A CRIMINAL RECORD