

J# 0514020 21CT13554 1795

OBTS Number		<b>ARREST / NOTICE TO APPEAR</b> Juvenile Referral Report		1. Arrest 2. N.T.A.		3. Request for Warrant 4. Request for Capias		1		Juvenile N												
Agency ORI Number <b>FLO 500000</b>		Agency Name <b>PALM BEACH COUNTY SHERIFF'S OFFICE</b>				Agency Report Number (N.T.A.'s only) <b>06- 21-095852</b>																
Charge Type: Check as many as apply: <input type="checkbox"/> 1. Felony <input type="checkbox"/> 2. Traffic Felony <input type="checkbox"/> 3. Misdemeanor <input checked="" type="checkbox"/> 4. Traffic Misdemeanor <input type="checkbox"/> 5. Ordinance <input type="checkbox"/> 6. Other		Weapon Seized / Type 2 1. Yes 2. No		Multiple Clearance Indicator 1																		
Location of Arrest (Including Name of Business) <b>Jog Road/Lantana Road</b>						Location of Offense (Business Name, Address) <b>Jog Road/Lantana Road, Lake Worth, FL 33463</b>																
Date of Arrest <b>08/13/2021</b>		Time of Arrest <b>9:26 PM</b>		Booking Date <b>08/13/2021</b>		Booking Time		Jail Date		Jail Time												
Name (Last, First, Middle) <b>Calomiris, Petros,</b>																						
Alias (Name, DOB, Soc. Sec. #, Etc.)																						
Race W - White I - American Indian B - Black O - Oriental/Asian <b>W</b>		Sex <b>M</b>		Date of Birth <b>7/28/1987</b>		Height <b>5'07</b>		Weight <b>215</b>		Eye Color <b>Blue</b>												
						Hair Color <b>Bald</b>		Complexion <b>Fair</b>		Build <b>Medium</b>												
Scars, Marks, Tattoos, Unique Physical Features (Location, Type, Description) <b>NONE</b>						Marital Status <b>Married</b>		Religion <b>N/A</b>		Indication of Alcohol Influence Y <input type="checkbox"/> N <input type="checkbox"/> Unk. <input type="checkbox"/>												
Local Address (Street, Apt. Number) (City) (State) (Zip) <b>7855 Great Oak Dr, Lake Worth, FL 33467</b>						Phone <b>(561-) 699-3532</b>		Residence Type: 1. City 2. County 3. Florida 4. Out of State <b>2</b>														
Permanent Address (Street, Apt. Number) (City) (State) (Zip)						Phone		Address Source <b>Verbal</b>														
Business Address (Name, Street) (City) (State) (Zip)						Phone		Occupation <b>Business Owner</b>														
D/L Number, State <b>C-456-660-87-268-0 FL,</b>						INS Number		Place of Birth (City, State) <b>West Palm Beach, FL</b>		Citizenship <b>US</b>												
Co-Defendant Name (Last, First, Middle)						Race		Sex		Date of Birth												
Co-Defendant Name (Last, First, Middle)						Race		Sex		Date of Birth												
Parent Legal Custodian <input type="checkbox"/> Other: Name (Last) (First) (Middle)						Residence Phone																
Address (Street, Apt. Number) (City) (State) (Zip)						Business Phone																
Notified by: (Name)						Date		Time		Juvenile Disposition 1. Handled/processed within Dept. and Released. 2. TOT HRS / DYS 3. Incarcerated												
Released To: (Name)						Relationship		Date		Time												
The above address provided by <input type="checkbox"/> defendant and / or <input type="checkbox"/> defendant's parents The child and / or parent was told to keep the Juvenile Court Clerk (Phone 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														
<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td>Drug Activity N. N/A P. Possess</td> <td>S. Sell B. Buy T. Traffic</td> <td>R. Smuggle D. Deliver E. Use</td> <td>K. Dispense/ Distribute</td> <td>M. Manufacture/ Produce/ Cultivate</td> <td>Z. Other</td> <td>Drug Type N. N/A A. Amphetamine</td> <td>B. Barbiturate C. Cocaine E. Heroin</td> <td>H. Hallucinogen M. Marijuana O. Opium/Deriv.</td> <td>P. Paraphernalia/ Equipment S. Synthetics</td> <td>U. Unknown 2. Other</td> </tr> </table>												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 2. Other
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Charge Description <b>DUI Property Damage</b>						Counts <b>1</b>		Domestic Violence <input type="checkbox"/> Y <input checked="" type="checkbox"/> N		Statute Violation Number <b>316.193.3C1</b>												
Drug Activity <b>N</b>						Drug Type <b>N</b>		Amount / Unit <b>N/A</b>		Offense # <b>21-095852</b>												
Charge Description						Counts		Domestic Violence <input type="checkbox"/> Y <input checked="" type="checkbox"/> N		Statute Violation Number												
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Drug Activity						Drug Type		Amount / Unit		Offense #												
Location (Court, Room Number, Address) <b>200 W. ATLANTIC AVE. DELRAY BEACH, FL 33444</b>																						
Court Date and Time Month <b>September</b> Day <b>23</b> Year <b>2021</b> Time <b>08:30</b> 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 WILL 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. <b>08/13/2021</b>																						
Signature of Defendant (or Juvenile and Parent /Custodian)																						
Date Signed																						
HOLD for other Agency Name:						Signature of Arresting Officer <b>D/S D.Holligan</b>																
Name Verification (Printed by Arrestee) (PRINT)						Name of Arresting Officer (Print) <b>D/S D.Holligan</b>																
ID #						I.D. # <b>37274</b>																
Transporting Officer <b>D/S D.Holligan</b>						ID # <b>37274</b>																
Agency <b>PBSO</b>						Agency <b>PBSO</b>																
Witness here if subject signed with an "X"																						

DISTRIBUTION: WHITE - COURT COPY GREEN - STATE ATTORNEY YELLOW - AGENCY PINK - AGENCY GOLD - DEFENDANT IN AGENCY

SCANNED  
AUG 14 2021

PROBABLE CAUSE AFFIDAVIT		1. Arrest 2. N.T.A.	3. Request for Warrant 4. Request for Capias	1	Juvenile N
OBTS Number					
ADMIN	Agency ORI Number	Agency Name		Agency Report Number	
	<b>FLO 500000</b>	<b>PALM BEACH COUNTY SHERIFF'S OFFICE</b>		<b>06- 21-095852</b>	
CHARGES	Charge Type: Check as many as apply.		Special Notes:		
	<input type="checkbox"/> 1. Felony <input type="checkbox"/> 2. Traffic Felony <input checked="" type="checkbox"/> 3. Misdemeanor <input checked="" type="checkbox"/> 4. Traffic Misdemeanor <input type="checkbox"/> 5. Ordinance <input type="checkbox"/> 6. Other				
DEF	Name (Last, First, Middle)		Alias	Race	Sex
	<b>Calomiris, Petros,</b>			<b>W</b>	<b>M</b>
CHARGES	Charge Description		Date of Birth		
	<b>DUI Property Damage</b>		<b>7/28/1987</b>		
CHARGES	Charge Description		Charge Description		
	<b>316.193.3C1</b>				
VICTIM	Victim's Name (Last, First, Middle)		Race	Sex	Date of Birth
	<b>State of Florida,</b>				
VICTIM	Local Address (Street, Apt. Number)		(City)	(State)	(zip)
VICTIM	Business Address (Name, Street)		(City)	(State)	(zip)
<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.</p> <p>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 <b>13</b> day of <b>August</b> 20<b>21</b> at <b>20:27</b> <input type="checkbox"/> A.M. <input checked="" type="checkbox"/> P.M. (Specifically include facts constituting cause for arrest.)</p> <p><b>On Friday August 13th, 2021 at approximately 8:27 pm, while performing the duties of a Palm Beach County Sheriff Deputy, I was dispatched to a two vehicle crash. The crash was on Jog Road, near Lantana Road. Upon my arrival both vehicles had relocated to 6195 South Jog Road. I observed a white BMW bearing a Florida tag of 06AJZC with minor front end damage. I also observed a red Corvette parked in a handicap space bearing a Florida tag of EUY38. That vehicle had front end damage and damage to the rear right tire. The driver/owner was sitting in the driver seat. It should be noted that prior to this crash, a BOLO (Be on the Lookout) was put out for a red Corvette driving recklessly in the area of Lantana Road and Jog Road.</b></p> <p><b>I began investigating the crash by speaking with the driver of the BMW and was able to identify her by her FL DL as Isabella Dean. Isabella stated that she was in the left turn lane on Jog RD, just south of Lantana RD facing north. She then stated that the red Corvette seemed to lose control before coming into her lane and striking her vehicle head on. Isabella then followed the vehicle into a nearby parking lot and observed the driver exiting the vehicle to come check on her. She provided a sworn written statement recalling the incident.</b></p> <p><b>I then approached the driver of the Corvette and began speaking with him regarding the crash. During this time, I noticed the driver's eyes to be bloodshot/watery. He also had slurred speech, strong odor of an unknown alcoholic beverage coming from facial area, and he quite often swayed or used the vehicle for balance. I was able to identify the driver by his FL DL as Petros Calomiris (C456660872680). I asked did he have any injuries and he stated no. At approximately 9:07 pm, I advised Petros that I was done with the crash investigation and that I was changing hats to conduct a criminal investigation. At approximately 9:08 pm, I advised him of his Miranda rights and he declined to speak with me. Based on my suspicion that he had been drinking, I asked Petros would he consent to performing Standardized Field Sobriety Evaluations (SFSTs) for the purpose of determining if he was impaired while operating a motor vehicle. He initially stated he didn't do anything wrong. Petros then admitted to driving without me asking. I advised him of Taylor Warning informing him that the SFSTs were voluntary and he did not have to perform them. I then explained in the absence of his performance I would be only left with the physical evidence of impairment before me which could be strong basis for being placed under arrest for DUI. He then consented to perform the exercises. Prior to the start of the exercises I asked if he had any medical issues, injuries and/or used drugs and he stated his legs and neck hurt.</b></p> <p><b>The first field sobriety exercise I conducted was the Horizontal Gaze Nystagmus. Before beginning the exercise, I explained the instructions to Petros and he stated he understood. During this exercise he had Lack of Smooth Pursuit in both eyes, Distinct &amp; Sustained Nystagmus at maximum deviation in both eyes, and Onset of Nystagmus prior to 45-degrees in both eyes. He also swayed while performing the exercise, had to be reminded several times to not move his head, and to follow the pen.</b></p>					
<p>STATE OF FLORIDA COUNTY OF PALM BEACH</p> <p><i>[Signature]</i> <b>37274 D/S D.Holligan</b> (Signature of Arresting/Investigative Officer)</p> <p>The foregoing instrument was sworn to or affirmed and subscribed before me this _____ day of _____ 20 <b>21</b> by <b>D/S D.Holligan</b> KNOWN</p> <p>(Print name of Arresting/Investigative Officer), who is personally known to me and/or produced credible evidence of identity.</p> <p><b>Shari O'Neal (#6212)</b> Notary Public, Clerk of Court, Officer (F.S.S. 117.10)</p> <p><b>SHARI L. O'NEAL</b> Notary Public - State of Florida Commission # GG 972080 My Comm. Expires Jun 25, 2024</p> <p>PAGE <b>1</b> OF <b>2</b></p>					

AUG 14 2021

OBTS Number		<b>PROBABLE CAUSE AFFIDAVIT</b>		1. Arrest 2. N.T.A.		3. Request for Warrant 4. Request for Capias		1	Juvenile	N
<b>ADMIN</b>	Agency ORI Number <b>FLO 500000</b>		Agency Name <b>PALM BEACH COUNTY SHERIFF'S OFFICE</b>		Agency Report Number <b>06- 21-095852</b>					
	Charge Type: Check as many as apply.		<input type="checkbox"/> 1. Felony <input type="checkbox"/> 2. Traffic Felony <input checked="" type="checkbox"/> 3. Misdemeanor <input checked="" type="checkbox"/> 4. Traffic Misdemeanor <input type="checkbox"/> 5. Ordinance <input type="checkbox"/> 6. Other		Special Notes:					
<b>DEF</b>	Name (Last, First, Middle) <b>Calomiris, Petros,</b>				Alias		Race <b>W</b>	Sex <b>M</b>	Date of Birth <b>7/28/1987</b>	
	Charge Description <b>DUI Property Damage</b>		<b>316.193.3C1</b>		Charge Description					
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	Local Address (Street, Apt. Number)				(City)	(State)	(zip)	Phone		Address Source
	Business Address (Name, Street)				(City)	(State)	(zip)	Phone		Occupation
<b>PROBABLE CAUSE STATEMENT</b>	<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.</p> <p>The Person taken into custody</p> <div style="display: flex; justify-content: space-between;"> <div> <input type="checkbox"/> committed the below acts in my presence.  <input type="checkbox"/> confessed to _____            admitting to the below facts.         </div> <div> <input type="checkbox"/> was observed by _____ who told _____            that he/she saw the arrested person commit the below acts.  <input checked="" type="checkbox"/> was found to have committed the below acts, resulting from my (described) investigation.         </div> </div> <p>On the <u>13</u> day of <u>August</u> 20<u>21</u> at <u>20:27</u> <input type="checkbox"/> A.M. <input checked="" type="checkbox"/> P.M. (Specifically include facts constituting cause for arrest.)</p>									
	<p>The next exercise I had him perform was the walk and turn. I again explained the instructions and demonstrated this, and he stated that he understood. For this exercise I had him walk on a white parking space line on clear of debris. While explaining the instructions, Petros could not keep his balance. While performing the exercise; he stepped off of the line, missed heel to toe, stopped to steady, used arms for balance, and did an improper turn. During this exercise, Petros stumbled over his own feet.</p>									
	<p>The following exercise performed was the One Leg Stand. I again explained the instructions for this exercise, and he stated that he understood. During the exercise; Petros placed his foot down and used arms for balance. He then stopped the exercise and was reminded to keep going.</p>									
	<p>The next exercise performed was the finger to nose. I again explained the instructions for this exercise, and he stated that he understood. During this exercise; Petros missed tip of his nose, was reminded to close his eyes, and was reminded to bring his hand back down.</p>									
	<p>The final exercise performed was the Romberg Alphabet. I again explained the instructions for this exercise, and he stated that he understood. During this exercise; Petros paused at H and P.</p>									
	<p>At approximately 9:36 pm, Petros was placed under arrest for driving under the influence. His cuffs were double locked and checked for proper fit. He was then taken to Delray Medical Center for medical clearance. I then transported him to the Palm Beach County Sheriff Office BAT center without incident. At approximately 10:40 pm, we arrived at the BAT center and the 20-minute observation period began under my supervision. At approximately 11:02 pm, Petros was asked if he would provide a breathe sample and he stated yes. He then asked to use the bathroom and was allowed to. During that time he did not place anything in his mouth. Upon returning to the room, Petros did not want to give a breathe sample anymore. At approximately 11:10 pm, implied consent was read and he stated he understood. He then agreed to give breathe sample. During this time Petros did not blow into the instrument correctly on the first 2 attempts. Petros was then advised if he doesn't do it correctly then it would be considered a refusal. At approximately 11:28 pm, the first breath sample was provided. That sample was a .153. The second sample was provided at approximately 11:33 pm and that sample was .148.</p>									
	<p>Petros was then read his Miranda rights and he chose not to speak. His vehicle was left on the scene in the parking lot. His belongings were picked up by Petros Penais. He was then booked into the county jail.</p>									
	<p>STATE OF FLORIDA COUNTY OF PALM BEACH</p> <p><i>[Signature]</i> 39274 D/S D.Holligan (Signature of Arresting/Investigative Officer)</p>									
	<p>The foregoing instrument was sworn to or affirmed and subscribed before me this _____ day of _____ 20<u>21</u> by <u>D/S D.Holligan</u></p> <p>(Print name of Arresting/Investigative Officer), who is personally known to me and/or produced identification. Type of identification produced <b>KNOWN</b></p>									
	<p><b>Shari O'Neal (#6212)</b> <i>[Signature]</i> Notary Public, Clerk of Court, Officer (F.S.S. 117.10)</p>									



SCANNED

PAGE 2 OF 2

SUBJECT: Calomiris, Petros,

CASE NUMBER 21-095852

### 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:

SEE PC AFFIDAVIT

#### WALK & TURN:

SEE PC AFFIDAVIT

#### ONE LEG STAND:

SEE PC AFFIDAVIT

#### FINGER TO NOSE:

SEE PC AFFIDAVIT

#### ROMBERG ALPHABET:

SEE PC AFFIDAVIT

BREATH TEST RESULTS: 1)  2)  3) .153 4) .148

STATE OF FLORIDA  
COUNTY OF PALM BEACH

D/S D.Holligan

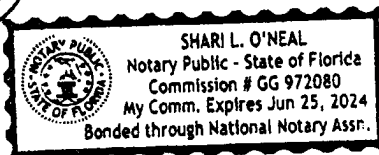
(Signature of Arresting/Investigative Officer)

The foregoing instrument was sworn to or affirmed and subscribed before me this 20 day of 21 by D/S D.Holligan

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

Shari O'Neal (#6212)

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



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AUG 14 2021

# D.U.I. PROBABLE CAUSE AFFIDAVIT

ON THE 13 DAY OF August 20 21, AT 20:27 AM ☒ PM

SUBJECT: Calomiris, Petros, CASE NUMBER: 21-095852

AGENCY: PALM BEACH COUNTY SHERIFF'S OFFICE ARRESTING OFFICER: D/S D.Holligan

## PERSONAL CONTACT

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

SEE PC AFFIDAVIT

OBSERVATION OF DRIVER:

SEE PC AFFIDAVIT

DRIVER'S STATEMENTS:

SEE PC AFFIDAVIT

ODORS:

STRONG ODOR OF AN UNKNOWN ALCOHOLIC BEVERAGE EMANATING FROM SUBJECT'S BREATH  
GENERAL OBSERVATIONS

SPEECH: Slurred

ATTITUDE: Laughing

CLOTHING: Orderly

MEDICAL/OTHER: None

STATE OF FLORIDA  
COUNTY OF PALM BEACH

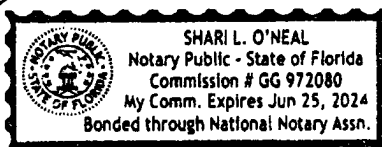
D/S D.Holligan  
(Signature of Arresting/Investigative Officer)

The foregoing instrument was sworn to or affirmed and subscribed before me this \_\_\_\_\_ day of \_\_\_\_\_, 20 21, by D/S D.Holligan

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

Shari O'Neal (#6212)

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



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AUG 14 2021



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

PBSO CASE # 21-095852 PBSO ZONE 6-22  
AGENCY CASE # 21-095852 CRASH CASE # 21-095834  
TIME OF STOP/CRASH 20:27 DATE 08/13/2021 DAY Friday  
SUBJECT'S NAME Calomiris, Petros, RACE W SEX M  
HGT 5'07 WGT 215 DOB 7/28/1987  
LOCATION Jog Road/Lantana Road  
ARRESTING OFFICER'S NAME & ID D/S D.Holligan (37274) AGENCY Palm Beach County Sheriff's Office  
DIVISION: District 6  
NOTIFIED BY COMMO YES  
ARRIVAL AT FACILITY 10:40 PM  
ARREST TIME 9:26 PM

BREATH RESULTS:

1) .154 \*vNm  
2) .132 \*\*vNm  
3) .153  
4) .148

TESTING OFFICER'S ID 6212 PBSO VIDEOTAPE # /

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AUG 14 2021

SUBJECT: SAINT JOHN PAROCH CASE NUMBER: 44-0458-2

## 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 DR. William H. 7274 of the U.S. Army

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) David Lee Smith 93-1111

SUBJECT: Col. J. Edgar Hoover CASE NUMBER: 44-38861

## 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? RESEARCHER WHEN DID YOU LAST WORK? 1998

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?

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: \_\_\_\_\_

PBSO #0129C REV. 9/93

WHITE - STATE ATTY.

YELLOW - DHSMV

PINK - CENTRAL RECORDS

**GOLD · JAIL**

SCANNED  
AUG 14 2021



I

**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: 80-006239 Software: 8100.27  
Date of Test: 08/13/2021

Date of Last Agency Inspection: 08/13/2021

Observation Period Began: 22:40

Subject's Name: PETROS CALOMIRIS

DOB: 07/28/1987 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	23:11
	Air Blank	0.000	23:12
	Control Test	0.080	23:12
	Air Blank	0.000	23:13
	Subject Sample #1 VNM*		23:16
	Air Blank	0.000	23:16
	Air Blank	0.000	23:18
	Subject Sample #2 VNM**		23:21
	Air Blank	0.000	23:22
	Control Test	0.078	23:22
	Air Blank	0.000	23:23
	Diagnostics Check	OK	23:23

\*Volume Not Met (0.154 - Breath Sample Not  
Reliable to Determine Breath Alcohol Level)  
\*\*Volume Not Met (0.132 - Breath Sample Not  
Reliable to Determine Breath Alcohol Level)

Cylinder Lot: 02021080A1  
Exp: 03/05/2023

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 SHARI L O'NEAL, 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: 08-13-21

Sworn to (or affirmed) before me this 13 day of August, 2021

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.

II

**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: 80-006239 Software: 8100.27  
Date of Test: 08/13/2021

Date of Last Agency Inspection: 08/13/2021  
Observation Period Began: 22:40  
Subject's Name: PETROS CALOMIRIS

DOB: 07/28/1987 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	23:25
	Air Blank	0.000	23:25
	Control Test	0.078	23:26
	Air Blank	0.000	23:26
	Subject Sample #1	0.153	23:28
	Air Blank	0.000	23:28
	Air Blank	0.000	23:30
	Subject Sample #2	0.148	23:33
	Air Blank	0.000	23:33
	Control Test	0.077	23:34
	Air Blank	0.000	23:34
	Diagnostics Check	OK	23:34

Cylinder Lot: 02021080A1  
Exp: 03/05/2023

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 SHARI L O'NEAL, 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: *S. O'Neal* Date: 08-13-21  
Signature

Sworn to (or affirmed) before me this 13 day of August, 2021  
*[Signature]* 37274 DIS Holligan # 37274  
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.

AUG 14 2021

## WITNESS LIST

CASE NUMBER: 21-095852

ARRESTING OFFICER: D/S D.Holligan

ADDRESS: 7894 S. Jog Road

PHONE NUMBERS (HOME): \_\_\_\_\_ (WORK) 561-688-4860

CAN TESTIFY TO: FACTS

NAME: ISABELLA DEAN

ADDRESS: 8180 GRAND PRIX LN BOYNTON BEACH FL 33472

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

CAN TESTIFY TO: Wheel witness

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

ADDRESS \_\_\_\_\_

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

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

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

ADDRESS \_\_\_\_\_

PHONE NUMBERS (HOME) \_\_\_\_\_ (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: \_\_\_\_\_

SCANNED  
AUG 14 2021

# TESTING FACILITY TASK REPORT

AGENCY: PBSO D/S HOLLIGAN #37274

SUBJECT: CALOMIRIS, PETROS

CASE NUMBER: 21-095852

DATE: 08-13-21

VIDEO DVD NUMBER: N/A

BEGINNING TIME: 23:01 HRS

ENDING TIME: 23:37 HRS

BREATH TESTS RESULTS: 1) .154 V\* TIME 23:16 A.M. ☐ P.M. ☒ 2) .132 V\*\* TIME 23:21 A.M. ☐ P.M. ☒  
3) .153 TIME 23:28 A.M. ☐ P.M. ☒ 4) .148 TIME 23:33 A.M. ☐ P.M. ☒

BREATH OPERATOR: S.O'NEAL #6212

MAINTENANCE TECHNICAN: J. KARLECKE #6467

## TESTING OFFICER'S OBSERVATIONS

SPEECH: SLURRED, MUMBLED

ATTITUDE: CALM, COOPERATIVE, RAMBLING, MOODSWINGS, SARCASTIC

CLOTHING: SHIRT- NAVY BLUE/ PRINT PANTS- DRK BLUE JEANS

MEDICAL CONDITIONS: NONE

MEDICATIONS: NONE

## OTHER:

EYES: VERY RED, GLASSY & SLEEPY  
DEXTERITY: UNSTEADY, STUMBLING  
ODOR OF UNKNOWN ALCOHOLIC BEVERAGE.

## COMMENTS:

20 MIN. OBSERVATION CONDUCTED BY A/O HOLLIGAN #37274  
A/O REQUESTED THE BREATH TEST MORE THEN ONCE.  
D SUBMITTED TO THE BREATH REQUEST.  
D KEPT ASKING TO USE THE RESTROOM.  
A/O TOOK THE D TO THE RESTROOM BEFORE THE TEST WAS STARTED.  
D CAME BACK IN THE ROOM, ASKED HIM IF HE STILL WANTED TO SUBMIT TO THE TEST HE SAID NO.  
A/O READ THE IMPLIED CONSENT ON CAMERA. D DECIDED TO SUBMIT AGAIN AFTER THE I/C WAS READ TO HIM. D WAS NOT BLOWING CORRECTLY, EXPALINED TO HIM NUMEROUS TIMES HOW TO BLOW. IMPLIED CONSENT WAS EXPALINED TO HIM AGAIN. GAVE THE D ANOTHER CHANCE TO BLOW.  
D EVENTUALLY BLEW CORRECTLY AND COMPLETED THE TEST.  
EXPLAINED THE BREATH TEST TO THE D.  
A/O READ THE C/W ON CAMERA TO THE D.  
D REFUSED THE Q&A.

SCANNED  
AUG 14 2021



**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)
<b>L/E Exemptions</b>	<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.	
<b>Public Info. Exemptions</b>	<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.	
<b>Florida Rules of Judicial Administration 2.420 (Rule of 23)</b>	<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"/>			
<b>Other</b>	<input type="checkbox"/>		Other:	
	<input type="checkbox"/>		Other:	

**REVIEW COMPLETED BY**

<b>Booking Number:</b> 2021020168	<b>Date:</b> 8/14/2021
	<b>Specialist Name/ID:</b> T Howard/7185

SCANNED  
AUG 14 2021