

0519815

20CT-15197

2141

ADMINISTRATION		ARREST / NOTICE TO APPEAR Juvenile Referral Report				1. Arrest 3. Request for Warrant 2. N.T.A. 4. Request for Capias		1	Juvenile	N	
Agency ORI Number FL 0500300		Agency Name BOYNTON BEACH POLICE DEPT.			Agency Report Number 34-20-058004						
Charge Type: Check as many as Apply. <input type="checkbox"/> 1. Felony <input type="checkbox"/> 2. Traffic Felony <input type="checkbox"/> 3. Misdemeanor <input type="checkbox"/> 4. Traffic Misdemeanor <input type="checkbox"/> 5. Ordinance <input type="checkbox"/> 6. Other		If Weapon Seized Enter Type			Multiple Clearance Indicator						
Location of Arrest (Including Name of Business) 217 N Seacrest Blvd, Boynton Beach, FL 33426, (US Post Office)					Location of Offense (Business Name, Address) 217 N Seacrest Blvd, Boynton Beach, FL 33426, (US Pos						
Date of Arrest 11/23/2020	Time of Arrest 23:38	Booking Date	Booking Time	Jail Date	Jail Time	Location of Vehicle					
Name (Last, First, Middle) Griffith, Philip, Wallace		Alias (Name, DOB, Soc. Sec. #, Etc)									
W - White B - Black	I - American Indian O - Oriental / Asian	Race W	Sex M	Date of Birth 01/20/1989	Height 5'7"	Weight 180	Eye Color Brown	Hair Color Brown	Complexion Light	Build Heavy	
Scars, Marks, Tattoos, Unique Physical Features (Location, Type, Description)						Marital Status Single	Religion Unk	Indication of: Alcohol Influence <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Drug Influence <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>			
Local Address (Street, Apt. Number) 6802 Geminata Oak Ct,		(City) Florida,	(State) 33410	(Zip)	Phone (732)998-9754	Residence Type 1. City 3. Florida 2. County 4. Out of State		2			
Permanent Address (Street, Apt. Number)		(City)	(State)	(Zip)	Phone () -	Address Source FL DL		Occupation Unk			
Business Address (Street, Apt. Number)		(City)	(State)	(Zip)	Phone () -	Occupation Unk					
DL Number, State G613-879-89-020-0 FL		Soc. Sec. Number [REDACTED]		INS Number		Place of Birth Towns River, NJ		Citizenship USA			
Co-Defendant Name (Last, First, Middle)		Race	Sex	Date of Birth		<input type="checkbox"/> 1. Arrested <input type="checkbox"/> 3. Felony <input type="checkbox"/> 5. Juvenile <input type="checkbox"/> 2. At Large <input type="checkbox"/> 4. Misdemeanor					
Co-Defendant Name (Last, First, Middle)		Race	Sex	Date of Birth		<input type="checkbox"/> 1. Arrested <input type="checkbox"/> 3. Felony <input type="checkbox"/> 5. Juvenile <input type="checkbox"/> 2. At Large <input type="checkbox"/> 4. Misdemeanor					
<input type="checkbox"/> Parent Name (Last) (First) (Middle)		<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	Time						
The above address was provided by <input type="checkbox"/> defendant and/or <input type="checkbox"/> defendant's parents. The child and/or parent was told to keep the Juvenile Court Clerk's Office (Phone 561-355-2528) 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		NOV 24 AM 2:32				
Drug Activity M. 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. Barbituate C. Cocaine E. Heroin	H. Hallucinogen M. Marijuana O. Opium/Deriv.	P. Paraphernalia/ Equipment S. Synthetic	U. Unknown Z. Other
Charge Description DUI		Counts 1	Domestic Violence <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Statute Violation Number 316.193.1B		Violation of ORD#					
Drug Activity		Drug Type	Amount/Unit	Offense # 20-058004	Warrant/Capias Number		Bond				
Charge Description		Counts	Domestic Violence <input type="checkbox"/> Yes <input type="checkbox"/> No	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"/> Yes <input type="checkbox"/> No	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"/> Yes <input type="checkbox"/> No	Statute Violation Number		Violation of ORD#					
Drug Activity		Drug Type	Amount/Unit	Offense #	Warrant/Capias Number		Bond				
Instruction No. 1 Mandatory Appearance in Court		Location (Court, Room Number, Address) South County Courthouse, 200 West Atlantic Ave, Delray Beach, FL 33444				Court Date and Time Month December Day 28 Year 2020 Time 8:30		<input checked="" type="checkbox"/> A.M. <input type="checkbox"/> P.M.			
Instruction No. 2 You need not appear in Court but must Comply with instruction on reverse side.		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 11/24/2020									
HOLD for other Agency Name:		Signature of Arresting Officer <i>[Signature]</i>			Name Verification (Printed by Arrestee) (PRINT)						
<input type="checkbox"/> Dangerous <input type="checkbox"/> Resisted Arrest <input type="checkbox"/> Suicidal <input type="checkbox"/> Other		Name of Arresting Officer (Print) L. Nalerio			I.D. # 982		BU# 116014				
Pouch #		Transporting Officer L. Nalerio			I.D. # 982		Agency BBPD		Witness here is subject Signed with an "X".		
<i>[Signature]</i>		Page 1		OF 1							

NOV 25 2020
NOV 24 AM 2:32

walk nine steps back like instructed. Instead Griffith walked thirty steps forward while he had his hands in his pockets. Griffith did not count the steps out loud. Griffith could not finish the exercise.

ONE LEG STAND:

The third exercise was the One Leg Stand. The task was demonstrated and explained and Griffith and he advised that he understood it. Griffith Swayed heavily side to side during the exercise. Griffith was unable to raise his feet up six inches and kept crossing his foot over his left leg multiple times. Griffith put his foot down multiple times and failed to count like instructed to do so. Griffith had his hands behind his back.

FINGER TO NOSE:

The fourth exercise was the Finger To Nose. The task was demonstrated and explained to Griffith and Griffith advised that he understood it. Griffith was swaying front and back. Griffith used the wrong hand on every single turn. When asked to use his left index he used his right and vice versa. Griffith did not close his eyes.

ROMBERG/ALPHABET:

The fifth exercise was the alphabet; Griffith was demonstrated and explained the exercise. Griffith repeated WXYZ during the exercise.

Based on the initial indicators that I observed on scene during the encounter and the indicators that I observed during the SFST exercises, I placed Griffith under arrest for DUI with property damage (316.193(1)(B)).

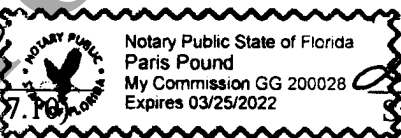
I then transported Griffith to PBCJ BAT. I arrived at the facility at 2345 hours and I started my 20 minutes observation at 2348 . Upon completion I requested Griffith to provide a sample of his breath to determine the alcohol content, which he complied. Griffith blew a .200 at 0017 and a .195 at 0020. I advised Griffith of his Miranda Rights for the QUESTIONS AND ANSWERS which he refused to answer any questions.


The following instrument was sworn to before me this 23 day of November 2020

By: Ofc.Nalerio



Notary/Police Officer (F.S.S. 117.10)





Signature of Arresting Officer

NOTARY CERTIFIED COPY

NOV 25 2020

D.U.I. PROBABLE CAUSE AFFIDAVIT

ON THE 23rd DAY OF November 2020 AT 2348 A.M P.M.

CASE #: 20-058004 DEFENDANT: Griffith, Philip, Wallace

PERSONAL CONTACT/DRIVING PATTERN/OBSERVATION OF DRIVER:

On 11/23/20 at approximately 2255 hours I responded to 217 N Seacrest Blvd (Post Office) in reference to a welfare check on a subject that was in a vehicle with a tire hanging from the median of the parking lot. The caller first thought it was a single vehicle motor vehicle accident. Upon my arrival I observed W/M Phillip Griffith who was in the driver seat of a Silver Hyundai Sonata bearing FL tag EVFK06. The vehicles ignition was turned on and it was not properly parked as the front end of the vehicle was over the median of the parking lot. Griffith advised that he was not involved in an accident and that he was just parked waiting for someone to pick him up. I began conducting a DUI investigation;

While Griffith was sitting inside the vehicle, he told me that he was coming from West Palm Beach. Griffith then stated that he was still in Palm Beach. Every time Griffith spoke, I could smell a strong odor of an unknown alcoholic beverage coming from his mouth. Every time Griffith spoke, the smell intensified. Griffith had slurred speech and his eyes were glossy. Griffith's eyes were bloodshot. I asked Griffith to step out of the vehicle. While outside of the vehicle, Griffith had trouble balancing himself and was swaying side to side. Griffith was very slow to walk and to make movements. I asked Griffith if he had any alcoholic beverages and he stated that he only had one beer.

Griffith was asked if he would submit to a series of Standard Field Sobriety Tasks (SFST's) which he stated that he would. Griffith was asked if he had any disabilities or injuries that would impede him from conducting the task's; which he replied that he didn't.

The first exercise was the Horizontal Gaze Nystagmus. The task was demonstrated and explained to Griffith and he advised that he understood it. Griffith was placed in the starting position of standing up straight with feet together and arms by his side and to keep his head still. Griffith was having a difficult time balancing himself. Griffiths eyes did not have a smooth pursuit on both eyes and were jerking on all exercises. Griffith followed the pen with his head every single time.

HORIZONTAL GAZE NYSTAGMUS:

- | | |
|---|--|
| <input checked="" type="checkbox"/> Left eye does not follow smoothly | <input checked="" type="checkbox"/> Right eye does not follow smoothly |
| <input type="checkbox"/> Left eye prior to 45 degrees | <input checked="" type="checkbox"/> Right eye prior to 45 degrees |
| <input checked="" type="checkbox"/> Distinct jerking in left eye at maximum deviation | <input checked="" type="checkbox"/> Distinct jerking in right eye at maximum deviation |
| <input type="checkbox"/> Vertical Nystagmus in left eye | <input type="checkbox"/> Vertical Nystagmus in right eye |

WALK AND TURN:

The second exercise was the Walk and Turn. The task was demonstrated and explained to Griffith and Griffith advised that he understood it. Griffith failed to stay in the ready position during the period of instruction and struggled to maintain balance while in the ready position. Griffith stepped off the line on the first, second, third and completed ten steps instead of nine like instructed while walking forwards. Griffith did not turn around to

SOA 11/23/20
NOV 25 2020

TESTING FACILITY TASK REPORT

AGENCY:
SUBJECT:
CASE NUMBER:
DATE:
VIDEO DVD NUMBER:
BEGINNING TIME:
ENDING TIME:

BREATH TESTS RESULTS: 1) TIME A.M. P.M.
2) TIME A.M. P.M.
3) TIME A.M. P.M.
4) TIME A.M. P.M.

BREATH OPERATOR:

MAINTENANCE TECHNICIAN:

TESTING OFFICER'S OBSERVATIONS

SPEECH:

ATTITUDE:

CLOTHING:

MEDICAL CONDITIONS:

MEDICATIONS:

OTHER:

EYES: GALSSY AND BLOODSHOT

COMMENTS:

ARRIVED AT CENTER A/O BEGAN THE 20 MINUTE OBSERVATION PERIOD AT 23:48 HRS.

SUBJECT: AGREED TO TAKE TEST

A/O: READ RIGHTS

SUBJECT: STATED HE UNDERSTOOD RIGHTS

TECH: READ TEST RESULTS

SUBJECT: STATED HE UNDERSTOOD TEST RESULTS

A/O: ATTEMPTED Q&A

SUBJECT: REFUSED QUESTIONS

NOV 25 2020

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: 11/24/2020

Date of Last Agency Inspection: 11/13/2020

Observation Period Began: 23:48

Subject's Name: PHILIP W GRIFFITH

DOB: 01/20/1989 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		00:13
Air Blank	0.000	00:14
Control Test	0.080	00:14
Air Blank	0.000	00:15
Subject Sample #1	0.200	00:17
Air Blank	0.000	00:17
Air Blank	0.000	00:19
Subject Sample #2	0.195	00:20
Air Blank	0.000	00:21
Control Test	0.077	00:21
Air Blank	0.000	00:22
Diagnostics Check OK		00:22

Cylinder Lot: 14020080A1
Exp: 07/05/2022

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 PARIS D POUND, 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: 11/24/20

Sworn to (or affirmed) before me this 24th day of November, 2020

Signature of Notary Public-State of Florida

DR. L. NALERIO
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.

NOV 25



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

PBSO CASE # 20-129925 PBSO ZONE 6-12

AGENCY CASE # 20-058004 CRASH CASE # _____

TIME OF STOP/CRASH 2320 DATE 11-23-20 DAY Monday

SUBJECT'S NAME Phillie Griffith RACE W SEX M

HGT 5'6 WGT 180 DOB 1/20/1989

LOCATION 217 N Seacrest Blvd, Boynton Beach, FL

ARRESTING OFFICER'S NAME & ID Valerio 982 AGENCY BBPD

DIVISION: Patrol

NOTIFIED BY COMMO _____

ARRIVAL AT FACILITY 2348

Arrest Time 2328

BREATH RESULTS:

- 1. .200
- 2. .195
- 3. N/A
- 4. N/A

TESTING OFFICER'S ID 24639

NOT A CERTIFIED COPY

2021
11/23/20

SUBJECT: _____ CASE NUMBER: _____

IMPLIED CONSENT FOR DUI IN A MOTOR VEHICLE

NOTE: READ ONLY THE PARAGRAPH APPLICABLE TO THE TYPE OF TEST YOU ARE REQUESTING.

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

-OR-

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

-OR-

I am now requesting that you submit to a lawful test of your BLOOD for the purpose of detecting its alcohol content and the presence of chemical or controlled substances.

NOTE: READ ONLY IF THE SUBJECT DOES NOT COMPLY WITH YOUR REQUEST.

I am _____ of the _____.

If you fail to submit to the test I have requested of you, your privilege to operate a motor vehicle will be suspended for a period of one (1) year for a first refusal, or eighteen (18) months if your privilege has been previously suspended as a result of a refusal to submit to a lawful test of your breath, urine or blood. Additionally, if you refuse to submit to the test I have requested of you and if your driving privilege has been previously suspended for a prior refusal to submit to a lawful test of your breath, urine or blood, you will be committing a misdemeanor. Refusal to submit to the test I have requested of you is admissible into evidence in any criminal proceeding.

SUBJECT'S SIGNATURE: (X) _____

CONSTITUTIONAL WARNINGS

I AM REQUIRED TO WARN YOU BEFORE YOU MAKE ANY STATEMENTS THAT YOU HAVE THE FOLLOWING RIGHTS:

1. You have the right to remain silent and not answer any questions.
2. Any statement must be freely and voluntarily given.
3. You have the right to the presence of a lawyer of your choice before you make any statement and during any questioning.
4. If you cannot afford a lawyer, you are entitled to the presence of a court appointed lawyer before you make any statements and during any questioning.
5. If at any time during the interview you do not wish to answer any questions, you are privileged to remain silent.
6. I can make no threats or promises to induce you to make a statement. This must be of your own free will.
7. Any statement can and will be used against you in a court of law.

SUSPECT'S SIGNATURE: (X) _____



PALM BEACH COUNTY SHERIFF'S OFFICE

Florida State Statute Exemption Sheet

Palm Beach County Sheriff's Office – Arrests Only

	X	Florida State Statute	Description	Page Number(s)
L/E Exemptions	<input type="checkbox"/>	119.071(2)(d)	Surveillance techniques, procedures and personnel; inventory of law enforcement resources, policies or plans pertaining to mobilization deployment or tactical operations.	
	<input type="checkbox"/>	943.053, 943.0525	NCIC/FCIC/FBI and in-state FDLE/DOC.	
	<input type="checkbox"/>	119.071(4)(c)	Undercover personnel.	
	<input type="checkbox"/>	119.071(2)(f)	Confidential informants (CIs).	
	<input type="checkbox"/>	119.071(2)(e)	Confession.	
Public Info. Exemptions	<input type="checkbox"/>	985.04(1)	Juvenile offender records.	
	<input type="checkbox"/>	119.071(h)(i)	Assets of a crime victim.	
	<input type="checkbox"/>	395.3025(7)(a), 456.057(7)(a)	Medical information.	
	<input type="checkbox"/>	394.4615(7)	Mental health information.	
	<input type="checkbox"/>	119.071(4)(d)(2)(a)	Home address, telephone, Social Security number, date of birth, or photos of active/former LE personnel, spouses, and children.	
Florida Rules of Judicial Administration 2.420 (Rule of 23)	<input checked="" type="checkbox"/>	(iii) 119.0714(1)(i)-(j), (2)(a)-(e)	Social Security, bank account, charge, debit, and credit card numbers.	2
	<input type="checkbox"/>	(viii) 394.4615(7)	Clinical records under the Baker Act.	
	<input type="checkbox"/>	(xii) 741.30(3)(b)	The victim's address in a domestic violence action on petitioner's request.	
	<input type="checkbox"/>	(xiii) 119.071(2)(h), 119.0714(1)(h)	Protected information regarding victims of child abuse or sexual offenses.	
	<input type="checkbox"/>			
	<input type="checkbox"/>			
	<input type="checkbox"/>			
	<input type="checkbox"/>			
	<input type="checkbox"/>			
Other	<input type="checkbox"/>	415.107(1)	Other: Elderly Abuse	
	<input type="checkbox"/>	119.071(2)(j)	Other: MARSY'S LAW PROTECTED INFORMATION REGARDING VICTIM(S).	

REVIEW COMPLETED BY

Booking Number: 2020027609	Date: 11/24/2020
	Specialist Name/ID: M. Tooks #8557

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