

J-0514274

20CT1482 MB P. 256

ARREST / NOTICE TO APPEAR
Juvenile Referral Report

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

OBTS Number	Agency ORI Number FLO 500000		Agency Name PALM BEACH COUNTY SHERIFF'S OFFICE		Agency Report Number (N.T.A.'s only) 06-20-030509	
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 N/A	Multiple Clearance Indicator 02	
Location of Arrest (Including Name of Business) FOREST HILL BLVD / OFF RAMP 195 SOUTH LAKE WORTH, FL 33460			Location of Offense (Business Name, Address) 2845 MILITARY TRAIL, WEST PALM/ FL/ 33417			
Date of Arrest 01/26/2020	Time of Arrest 01:45	Booking Date	Booking Time	Jail Date	Jail Time	Location of Vehicle

Name (Last, First, Middle) CANIZARES FRANCISCO, REIDEL,						Alias (Name, DOB, Soc. Sec. #, Etc.)					
Race W - White I - American Indian B - Black O - Oriental/Asian	Sex M	Date of Birth 1/31/1986	Height 509	Weight 175	Eye Color BRN	Hair Color BLK	Complexion MED	Build MED			
Scars, Marks, Tattoos, Unique Physical Features (Location, Type, Description) MULTIPLE TATTOOS						Marital Status Single	Religion NONE	Indication of Alcohol Influence Drug Intoxication Y N Unk. <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>			
Local Address (Street, Apt. Number) 401 N J ST APT. 8, LAKE WORTH, FL, 33460			(City)	(State)	(Zip)	Phone (561) 386-8131	Residence Type: 1. City 2. County 3. Florida 4. Out of State 2				
Permanent Address (Street, Apt. Number)			(City)	(State)	(Zip)	Phone	Address Source FL DL CARD				
Business Address (Name, Street)			(City)	(State)	(Zip)	Phone	Occupation SEWER DEPT				
D/L Number, State C-500-720-95-168-0, FL		Soc. Sec. Number		INS Number		Place of Birth (City, State) HAVANA, CUBA		Citizenship YES			

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
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	Name (Last)	(First)	(Middle)	Residence Phone	
Address (Street, Apt. Number)			(City)	(State)	(Zip)
Business Address (Street, Apt. Number)			(City)	(State)	(Zip)

Notified by: (Name)	Date	Time	Juvenile Disposition 1. Handed/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 355-2528) informed of any change of address.			School Attended
Yes, by: (Name) <input type="checkbox"/> No, (Reason) <input type="checkbox"/>			Grade
Property Crime? <input type="checkbox"/> Yes <input checked="" 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/Derv.	P. Paraphernalia/ Equipment S. Synthetics	U. Unknown Z. Other
Charge Description DUI		Counts 1	Domestic Violence <input type="checkbox"/> Y <input checked="" type="checkbox"/> N	Statute Violation Number 316.193(1) & P		Violation of ORD #				
Drug Activity N	Drug Type N	Amount / Unit	Offense # 20-030509	Warrant / Capias Number		Bond				
Charge Description FAILURE TO MAINTAIN LAND		Counts 10	Domestic Violence <input type="checkbox"/> Y <input checked="" type="checkbox"/> N	Statute Violation Number 316.089(1) P		Violation of ORD #				
Drug Activity N	Drug Type N	Amount / Unit	Offense # 20-030509	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				
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) 3228 GUN CLUB RD WEST PALM BEACH FL 33406					
Court Date and Time Month 2 Day 20 Year 2020 Time 0830 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 01/26/2020	

HOLD for other Agency Name:	Signature of Arresting Officer	Name Verification (Printed by Arrestee)
<input type="checkbox"/> Dangerous <input type="checkbox"/> Suicidal	<input type="checkbox"/> Resisted Arrest <input type="checkbox"/> Other	(PRINT)
Initials Deputy Dunne GSC	I.D.# 696	Pouch #
Name of Arresting Officer (Print) CPL. J. VILLAR	I.D.# 24746	Agency PBSO
Name of Transporting Officer CPL. J. VILLAR	ID # 24746	Agency PBSO
Witness here if subject signed with an "X"		Page 1 of 1

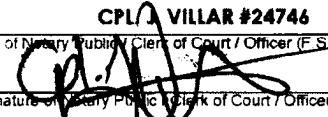
SCANNED
JAN 27 2020
FILED
JAN 27 2020
CIRCUIT & COUNTY COURTS
(CRIMINAL DIV.)

OBTS Number		PROBABLE CAUSE AFFIDAVIT		1. Arrest <input type="checkbox"/>	3. Request For Warrant <input type="checkbox"/>	Juvenile <input type="checkbox"/>
Agency ORI Number FLO 5 0 0 0 0		Agency Name PALM BEACH COUNTY SHERIFF'S OFFICE		Agency Report Number 06		
Charge Type Check one, mutli as applicable: <input type="checkbox"/> 1. Felony <input type="checkbox"/> 2. Traffic Misdemeanor <input checked="" type="checkbox"/> 3. Misdemeanor <input type="checkbox"/> 4. Traffic Misdemeanor <input type="checkbox"/> 5. Ordinance <input type="checkbox"/> 6. Other		Special Notes				
Defendant Name (Last, First, Middle) Canizares Francisco, Reidel				Race W	Sex M	Date of Birth 1/31/86
Charge		Charge				
Charge		Charge				
Victim Name (Last, First, Middle) State of FL				Race	Sex	Date of Birth
Local Address (Street, Apt. Number)		City	State	Zip	Phone	Address Source
Business Address (Street, Apt. Number)		City	State	Zip	Phone	Occupation
The undersign 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"/> was observed by _____ who told _____ that he/she saw the arrested person commit the below acts.				
<input type="checkbox"/> confessed to admitting to the below facts.		<input type="checkbox"/> was found to have committed the below acts, resulting from (described) investigation.				
On the 26 day of january 20 20 at 0146 <input checked="" type="checkbox"/> AM <input type="checkbox"/> PM						

On January 26 at approximately 0115 hours I was driving east on Southern Blvd from Military Trail. As I was approaching Kirk Road I noticed a dark gray SUV run through the red light of Kirk Road. As the light turned green I proceeded to follow the SUV and observed it moving from the number four lane over to the number one lane hitting the curb. The SUV then drove back over to the number four lane almost hitting the curb to the south side of Southern Blvd.. As I attempted to catch up to the SUV I notified District one of a possible drunk driver and asked for deputies to respond. The SUV then drove towards the South bound on ramp to Interstate 95 hitting the curb to the East and jerking back over hitting the curb to West. As the dark gray SUV continued to drive South bound on 95, the SUV exited off at Forest Hill Blvd.. and responding deputies initiated their overhead lights to make a traffic stop. The driver of the SUV was later identified as Reidel, Canizares Francisco DOB: 1/31/1986. Reidel was asked by a fellow deputy to perform a road side sobriety test. This concludes my involvement at this time with this traffic stop.

NOT A CERTIFICATE

SCANNED
JAN 27 2020

The foregoing instrument was sworn to and affirmed before me this <u>26</u> day of <u>JAN</u> 20 <u>20</u> , by:	
<u>CPL J VILLAR #24746</u>	<u>D/S SDAVIS 31812</u>
Name of Notary Public / Clerk of Court / Officer (F.S.S. 117.00)	Name of Arresting/Investigating Officer
	<u>D/S SDAVIS 31812</u>
Signature of Notary Public / Clerk of Court / Officer (F.S.S. 117.00)	Signature of Arresting/Investigating Officer
Page <u>1</u> of <u>1</u>	

PROBABLE CAUSE AFFIDAVIT

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

1

Juvenile

OBTS Number	Agency ORI Number FLO 500000		Agency Name PALM BEACH COUNTY SHERIFF'S OFFICE	Agency Report Number 06- 20-030509
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:

Name (Last, First, Middle) CANIZARES FRANCISCO, REIDEL,	Alias	Race W	Sex M	Date of Birth 1/31/1986
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Charge Description DUI	316.193(1)	Charge Description FALURE TO MAINTAIN LANE	316.089(1)
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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

committed the below acts in my presence. was observed by _____ who told _____ that he/she saw the arrested person commit the below acts.

confessed to _____ admitting to the below facts. was found to have committed the below acts, resulting from my (described) investigation.

On the 26 day of JAN 2020 at 0145 A.M. P.M. (Specifically include facts constituting cause for arrest.)

I responded to a traffic stop, initiated by D/S S. Davis #31812 and Sgt. M. Mendiesburg #9157. Upon arrival I made contact with the driver who was currently sitting in the driver seat of a 2004 Grey Chevy SUV bearing Florida registration (IYKV29). He was later identified by his Florida driver license. I introduced myself and the reason for my presence as I would be conducting a DUI investigation. While speaking with him I noticed his eyes were red, watery and glossy. He slurred his speech while speaking with me. His movements were slow and lethargic. I could smell an odor of an unknown alcoholic beverage emanating from the inside of his vehicle. I told the driver I had a suspicion that he had been drinking an unspecified amount of alcoholic beverages. Which he stated, he had only a few and lived around the corner.

Based on my suspicion I asked if he would consent to performing Standardized Field Sobriety Evaluations (SFSTs) for the purpose of determining if he was impaired while operating a motor vehicle. I asked him if he would be willing to step out of the vehicle and perform standard field sobriety tasks. He did so and stumbled as he exited over his feet. He had to brace on his vehicle to stand himself up twice. I escorted them to a level surface that was smooth and free from obstructions and debris. Prior to his performance I asked if he had any physical problems with his body that would inhibit him from performing light physical exercises. I also asked if he was taking any medications. All of which was answered with no problems and no medication.

Standing within view of my patrol car in car camera, I could now smell a strong odor of an unknown alcoholic beverage emanating from his breath that intensified when he spoke. I placed a yellow strip of masking tape on the surface that formed a line. The defendant identified the tape by giving its color and placing their left foot on it when prompt to do so. The following SFSTs were explained, demonstrated and acknowledged by him prior to his performance: HGN, The Walk and Turn, The One Leg Stand, The Finger to Nose.

STATE OF FLORIDA
COUNTY OF PALM BEACH

[Signature] **CPL. J. VILLAR**

(Signature of Arresting/Investigative Officer)

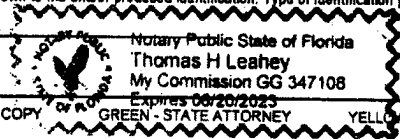
The foregoing instrument was sworn to or affirmed and subscribed before me this 26 day of JAN 2020 by CPL. J. VILLAR

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

Leahey #19183

[Signature]

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



SCANNED
JAN 27 2020

PAGE
OF

PROBABLE CAUSE AFFIDAVIT

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

1

Juvenile

Agency ORI Number FLO 50000	Agency Name PALM BEACH COUNTY SHERIFF'S OFFICE	Agency Report Number 06- 20-030509
Charge Type: Check as many as apply.		Special Notes:
<input type="checkbox"/> 1. Felony	<input type="checkbox"/> 3. Misdemeanor	<input type="checkbox"/> 5. Ordinance
<input type="checkbox"/> 2. Traffic Felony	<input checked="" type="checkbox"/> 4. Traffic Misdemeanor	<input type="checkbox"/> 6. Other

Name (Last, First, Middle) CANIZARES FRANCISCO, REIDEL,	Alias	Race W	Sex M	Date of Birth 1/31/1986
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Charge Description DUI	316.193(1)	Charge Description FALURE TO MAINTAIN LANE	316.009(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)
Business Address (Name, Street)	(City)	(State)	(zip)

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
 committed the below acts in my presence. was observed by _____ who told _____ that he/she saw the arrested person commit the below acts.
 confessed to _____ admitting to the below facts. was found to have committed the below acts, resulting from my (described) investigation.
 On the 26 day of JAN 2020 at 0145 A.M. P.M. (Specifically include facts constituting cause for arrest.)

Their deficiencies were recorded on another form in this work sheet. At the conclusion of the SFSTs, coupled with the Deputy's observation of the defendant's vehicle in motion and my observation of personal indicators of impairment exhibited by the defendant, probable cause was established for DUI. I told the defendant he was being placed under lawful arrest for DUI. They were searched and handcuffed (double locked and checked for tightness) prior to being seated into the rear of my patrol car. Sgt. Mendeleburg arranged for the defendant's vehicle to be towed by a tow service from PBSO's rotation list.

I began transport to the main jail breath analysis facility for further processing. Upon our arrival I escorted the defendant into the facility and began a 20 minute observation period. During this time the defendant did not ingest anything into their body orally or otherwise. Neither did they regurgitate. I escorted him into the testing room and asked him to provide breath samples for the purpose of determining his alcohol content. He refused to provide a sample even after reading him the implied consent law.

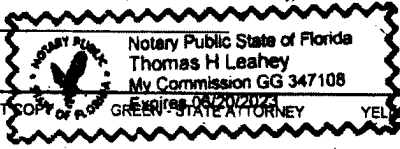
NOT A CERTIFICATE

STATE OF FLORIDA
 COUNTY OF PALM BEACH
 (Signature of Arresting/Investigative Officer) CPL. J. VILLAR

SCANNED
 JAN 27 2020

The foregoing instrument was sworn to on affirmed and subscribed before me this 26 day of JAN 2020 by CPL. J. VILLAR
 (Print name of Arresting/Investigative Officer), who is personally known to me and/or produced identification. Type of identification produced KNOWN

Leahey #19183
 Notary Public, Clerk of Court, Officer (F.S.S. 117.14)



PAGE
 OF

D.U.I. PROBABLE CAUSE AFFIDAVIT

ON THE 26 DAY OF JAN 20 20 AT 0145 PM

SUBJECT: CANIZARES FRANCISCO, REIDEL, CASE NUMBER: 20-030509

AGENCY: PALM BEACH COUNTY SHERIFF'S OFFICE ARRESTING OFFICER: CPL. J. VILLAR

PERSONAL CONTACT

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

On January 26 at approximately 0115 hours I was driving east on Southern Blvd from Military Trail. As I was approaching Kirk Road I noticed a dark gray SUV run through the red light of Kirk Road. As the light turned green I proceeded to follow the SUV and observed it moving from the number four lane over to the number one lane hitting the curb. The SUV then drove back over to the number four lane almost hitting the curb to the south side of Southern Blvd.. As I attempted to catch up to the SUV I notified District one of a possible drunk driver and asked for deputies to respond. The SUV then drove towards the South bound on ramp to interstate 95 hitting the curb to the East and jerking back over hitting the curb to West. As the dark gray SUV continued to drive South bound on 95, the SUV exited off at Forest Hill Blvd.. and responding deputies initiated their overhead lights to make a traffic stop. The driver of the SUV was later identified as Reidel, Canizares Francisco DOB: 1/31/1986. Reidel was asked by a fellow deputy to perform a road side sobriety test. This concludes my involvement at this time with this traffic stop.

OBSERVATION OF DRIVER:

The driver, later identified as Reidel Canizares Francisco was seated behind the wheel of the vehicle and was the only occupant. I immediately observed Canizares Francisco eyes to be bloodshot and glassy. While speaking with Canizares Francisco I detected an odor of an unknown alcoholic beverage coming from his breath, which got stronger when he spoke. While standing still Canizares Francisco exhibited a slight sway. Canizares Francisco advised that he was fine and that I was ruining his life. Canizares Francisco further advised that he was around the corner from his home and that he worked for the city. Based on my observations, I asked him to perform standard field sobriety tasks.

DRIVER'S STATEMENTS:

Canizares Francisco stated that he was fine and that he worked for the city.

ODORS:

STRONG ODOR OF AN UNKNOWN ALCOHOLIC BEVERAGE COMING FROM SUBJECT'S BREATH.

GENERAL OBSERVATIONS

SPEECH: Slurred

ATTITUDE: Sad

CLOTHING: Gray jacket/ White tee-shirt / blue jean shorts / blue sneakers

MEDICAL/OTHER: NONE

STATE OF FLORIDA
COUNTY OF PALM BEACH

CPL. J. VILLAR

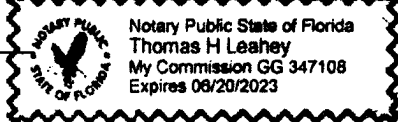
(Signature of Arresting/Investigative Officer)

The foregoing instrument was sworn to or affirmed and subscribed before me this 26 day of JAN 20 20 by CPL. J. VILLAR

(Print name of Arresting/Investigative Officer), who is personally known to me and/or personal identification from a list of known persons and is KNOWN

Leahey #19183

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



SCANNED
JAN 27 2020

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:

Chunnu was asked to stand with his feet together and place his hands by his sides. Chunnu was asked to focus on the stimulus and follow it with his eyes. Chunnu was told not to move his head to assist in following the stimulus. I observed a lack of smooth pursuit in both of Chunnu's eyes and distinct and sustained nystagmus at maximum deviation. I observed onset of nystagmus prior to 45 degrees. I did not observed vertical nystagmus in either of Chunnu's eyes. Chunnu had to be reminded not to move his head.

WALK & TURN:

I utilized a yellow lane line, which was level and free of debris, that Canizares Francisco advised he could see. Prior to receiving any instruction Canizares Francisco began to walk the line, without being advised to do so. I advised Canizares Francisco that I would explain and demonstrate the task prior to him beginning. During the task Canizares Francisco was unable to stand heel-to-toe, stepping out of the position several times. After completing the instructions Canizares Francisco advised he understood and had no questions. During the task Canizares Francisco missed heel-to-toe steps and stepped off the line multiple times. Canizares Francisco used his arms for balance and paused to steady himself. Canizares Francisco took extra steps on the turn coming back to his place of origin and did not count out the steps as he took them.

ONE LEG STAND:

Prior to beginning I had Canizares Francisco select a spot that he felt was level for the task. I explained and demonstrated the task to Canizares Francisco. After completing the instructions Canizares Francisco advised he understood and had no questions. During the task Canizares Francisco used his arms for balance and exhibited a sway. Canizares Francisco put his foot down multiple times prior to 30 seconds elapsing. Canizares Francisco had to be reminded to look down at his foot. Canizares Francisco never counted out loud.

FINGER TO NOSE:

I explained and demonstrated the task to Canizares Francisco. After completing the instructions Canizares Francisco advised he understood and had no questions. During the task Canizares Francisco made a right facing movement with his whole body. Canizares Francisco failed to move his hands at all when instructed. At no time did Canizares Francisco ever lift his hand to his nose.

BREATH TEST RESULTS:

STATE OF FLORIDA
COUNTY OF PALM BEACH

CPL. J. VILLAR

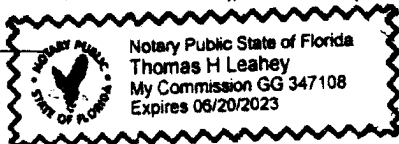
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(Print name of Arresting/Investigative Officer), who is personally known to me and/or produced identification. Type of identification produced KNOWN

Leahey #19183

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



SCANNED
JAN 27 2020



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

PBSO CASE # 20-030509 PBSO ZONE 1-12

AGENCY CASE # _____ CRASH CASE # _____

TIME OF STOP/CRASH 0113 DATE 01/26/2020 DAY Sunday

SUBJECT'S NAME CANIZARES FRANCISCO, REIDEL, RACE W SEX M

HGT 509 WGT 175 DOB 1/31/1986

LOCATION FOREST HILL BLVD / OFF RAMP I95 SOUTH, LAKE WORTH, FL 33460

ARRESTING OFFICER'S NAME & ID D/S J. Villar #24746 AGENCY Palm Beach County Sheriff's Office

DIVISION: DISTRICT 1/ ROAD PATROL

NOTIFIED BY COMMO YES

ARRIVAL AT FACILITY 02:10

ARREST TIME 01:45

BREATH RESULTS:

- 1)
- 2)
- 3)
- 4)

REFUSED

TESTING OFFICER'S ID 19183 PBSO VIDEOTAPE # N/A

NOT A CERTIFIED COPY

SCANNED
JAN 27 2020

TESTING FACILITY TASK REPORT

AGENCY: PBSO
SUBJECT: Canizares Francisco, Reidel CASE NUMBER: 20-030509
DATE: 01/26/20 VIDEO TAPE NUMBER: N/A
BEGINNING TIME: 02:35 ENDING TIME: 02:51
BREATH TESTS RESULTS: 1) R TIME 02:40 A.M./P.M. 2) N/A TIME — A.M./P.M.
3) N/A TIME — A.M./P.M. 4) N/A TIME — A.M./P.M.
BREATH OPERATOR: T. Leakey #19183
MAINTENANCE TECHNICIAN: J Karlecke #6467

TESTING OFFICER'S OBSERVATIONS

SPEECH: Spanish speaking - ALO translated D/S J Villar #24746
ATTITUDE: Calm, cooperative.
CLOTHING: blue jean shorts, white t-shirt, gray zip up, green sneakers
MEDICAL CONDITIONS: none
MEDICATIONS: none
OTHER: eyes glassy & bloodshot

REFUSED

Δ stated he drank 3-4 beers Q+A
COMMENTS: arrived at center ALO conducted 20 minute observation period at 02:10 hrs

Δ refused to perform breath test

ALO read ILC + Δ acknowledged he understood.

Δ refused to perform breath test

ALO read rights + Δ acknowledged he understood rights

ALO conducted Q+A

REFUSED

Δ answered questions

SCANNED
IAN 27 2020

SUBJECT: Canizares Francisco, Reidel CASE NUMBER: 20-030509

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 D/S J Villar 24746 of the PBSO

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) Read on camera

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.

SCANNED
JAN 27 2020

SUSPECT'S SIGNATURE: (X) Read on camera

SUBJECT: Canizaves Francisco, Reidel CASE NUMBER: 20-030509

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? Yes

WHERE WERE YOU GOING? Home

WHAT STREET OR HIGHWAY WERE YOU ON? I 95 & Forest Hill

DIRECTION OF TRAVEL? E WHERE DID YOU START? i brs Club

WHAT TIME DID YOU START? 12:00 AM WHAT TIME IS IT NOW? Don't know

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

WHAT COUNTY AND CITY ARE YOU IN NOW? Cuen Club

WHEN DID YOU LAST EAT? 6:00pm WHAT DID YOU EAT? yellow Rice

WHAT HAVE YOU BEEN DOING FOR THE LAST THREE HOURS? Waiting for a call

HOW MUCH DO YOU WEIGH? 190 lbs. HAVE YOU BEEN DRINKING? yes WHAT? Beer Corona

HOW MUCH? 3-4 WHERE? Club WITH WHOM? Alone

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

HOW DID YOU CONSUME YOUR LAST TWO DRINKS? unknown

CAN YOU FEEL THE EFFECTS OF THE ALCOHOL? no ARE YOU UNDER THE INFLUENCE? I dont think so

HAVE YOU CONSUMED ANY ALCOHOL SINCE THE ACCIDENT? N/A HOW MUCH? N/A

WHAT? N/A WHERE? N/A WHEN? N/A

WHAT LINE OF WORK ARE YOU IN? Sewer Dept. WHEN DID YOU LAST WORK? Friday

DO YOU HAVE ANY PHYSICAL DEFECTS OR INJURIES? no WHAT? N/A

ARE YOU SICK OR INJURED? NO WHAT'S WRONG? N/A

DO YOU LIMP? no DID YOU RECEIVE A BUMP ON THE HEAD RECENTLY? no

WERE YOU IN AN ACCIDENT TODAY? no

HAVE YOU TAKEN ANY DRUGS OR SMOKED ANY MARIJUANA TODAY? no WHEN? _____

HAVE YOU SEEN A DOCTOR OR DENTIST TODAY? no WHO? _____ WHY? _____

ARE YOU TAKING ANY PRESCRIPTION MEDICINES? no WHAT? _____ WHEN? _____

DO YOU HAVE:

EPILEPSY?	<u>no</u>
GLASS EYE?	<u>no</u>
FALSE TEETH?	<u>no</u>
EAR INFECTION?	<u>no</u>
INNER EAR TROUBLE?	<u>no</u>
DIABETES?	<u>no</u>

DO YOU HAVE ANY PROBLEMS WITH YOUR EYES THAT ARE NOT CORRECTED BY GLASSES? no

DO YOU TAKE INSULIN? no IF SO, WHEN WAS YOUR LAST INJECTION? N/A

HAVE YOU EVER HAD A DRIVER'S LICENSE IN ANY OTHER STATE? no WHERE? _____

INTERVIEWER: Cpt. J. Villar #24716

SCANNED
JAN 27 2020

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

20-030509

I, CPL. J. VILLAR, a duly certified Law Enforcement Officer or Correctional Officer,
(Name of Officer reading Implied Consent Warning)

am a member of Palm Beach County Sheriff's Office, and I do swear
(Name of law enforcement agency)

or affirm that on or about the 26 day of January, 20 20, at 01:45 P.M. A.M.

DRIVER REIDEL CANIZARES FRANCISCO
(Type or Print) FIRST NAME MIDDLE OR MAIDEN NAME LAST NAME

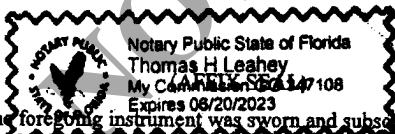
DL# C-500-720-95-168-0, state of Florida, was placed under lawful arrest for
the offense of DUI by CPL. J. VILLAR and
issued Citation # _____
(Name of Arresting Officer)

That on or about the _____ day of _____, 20 _____, at _____ P.M. A.M.
in Palm Beach County,

I requested that the driver submit to a breath 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 this 26 day of JAN, 20 20,

by CPL. J. VILLAR,

who is personally known to me or who has produced

KNOWN as identification

Notary Public Leahey #19183 [Signature]

The foregoing instrument was sworn and subscribed before me:

Signature of Attesting Officer

Title _____

Date _____

Note: Mail or hand deliver to the designated Bureau of Administrative Reviews office, Department of Highway Safety and Motor Vehicles, with the driver's license, the appropriate copy of the UTC, and the probable cause affidavit.

WITNESS LIST

CASE NUMBER: 20-030509

ARRESTING OFFICER: CPL. J. VILLAR

ADDRESS: HQ

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

CAN TESTIFY TO: FACTS OF CASE

NAME: D/S S. Davis # 31812

ADDRESS: HQ

PHONE NUMBERS (HOME) _____ (WORK) _____

CAN TESTIFY TO: Traffic Stop

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: _____

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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: _____

NOT A CERTIFIED COPY

SCANNED
JAN 27 2020



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"/>	782.04 (FS)	Other: Witness	
	<input type="checkbox"/>	415.107 (1)	Other: In order to protect the rights of the individual or other persons responsible for the welfare of a vulnerable adult, all records concerning reports of abuse, neglect, or exploitation of the vulnerable adult.	

REVIEW COMPLETED BY

Booking Number: 2020002835	Date: 1/27/2020
	Specialist Name/ID: M. Tooks #8557

SCANNED
JAN 27 2020