

# 05116710 20CT6872AMB #3306

|  |  |   |  |  |  |  |  |   |          |   |  |       |  |
|--|--|---|--|--|--|--|--|---|----------|---|--|-------|--|
| OBTS Number  |  | ARREST / NOTICE TO APPEAR<br>Juvenile Referral Report   |  | 1. Arrest<br>2. N.T.A.   |  | 3. Request for Warrant<br>4. Request for Capias  |  | 1   | Juvenile | N   |  |       |  |
| Agency ORI Number<br><b>FLO 500000</b>   |  | Agency Name<br><b>PALM BEACH COUNTY SHERIFF'S OFFICE</b>  |  | Agency Report Number (N.T.A.'s only)<br><b>06-20-072870</b>                    |  |  |  |   |          |   |  |       |  |
| Charge Type:<br>Check as many as apply:<br><input type="checkbox"/> 1. Felony<br><input type="checkbox"/> 2. Traffic Felony  |  | <input type="checkbox"/> 3. Misdemeanor<br><input checked="" type="checkbox"/> 4. Traffic Misdemeanor |  | <input type="checkbox"/> 5. Ordinance<br><input type="checkbox"/> 6. Other     |  | Weapon Seized / Type<br><input checked="" type="checkbox"/> 1. Yes<br><input type="checkbox"/> 2. No |  | Multiple Clearance Indicator<br><b>01</b>           |          |   |  |       |  |
| Location of Arrest (Including Name of Business)<br><b>Aspen Rd and Osceola Dr</b>  |  |   |  | Location of Offense (Business Name, Address)<br><b>Aspen Rd and Osceola Dr</b> |  |  |  |   |          |   |  |       |  |
| Date of Arrest<br><b>05/29/2020</b>  |  | Time of Arrest<br><b>03:36</b>  |  | Booking Date   |  | Booking Time   |  | Jail Date   |          | Jail Time   |  |       |  |
| Name (Last, First, Middle)<br><b>Weaver Richard Jay</b>  |  |   |  | Alias (Name, DOB, Soc. Sec. #, Etc.)   |  |  |  | Location of Vehicle<br><b>Gardens Towing</b>        |          |   |  |       |  |
| Race<br>W - White I - American Indian<br>B - Black O - Oriental/Asian  |  | Sex<br>W M  |  | Date of Birth<br><b>08/12/1975</b>   |  | Height<br><b>5'5</b>   |  | Weight<br><b>215</b>                                |          | Eye Color<br><b>Bru</b>   |  |       |  |
|  |  |   |  |  |  |  |  | Hair Color<br><b>Bru</b>                            |          | Complexion<br><b>light</b>  |  |       |  |
|  |  |   |  |  |  |  |  |   |          | Build<br><b>Large</b>   |  |       |  |
| Scars, Marks, Tattoos, Unique Physical Features (Location, Type, Description)<br><b>None</b>   |  |   |  |  |  |  |  |   |          |   |  |       |  |
| Local Address (Street, Apt. Number)<br><b>529 Aspen Rd</b>   |  |   |  | (City)<br><b>West Palm Beach Fl</b>  |  | (State)<br><b>33409</b>  |  | (Zip)   |          | Phone<br><b>(561) 801-2792</b>  |  |       |  |
| Permanent Address (Street, Apt. Number)  |  |   |  | (City)   |  | (State)  |  | (Zip)   |          | Phone   |  |       |  |
| Business Address (Name, Street)  |  |   |  | (City)   |  | (State)  |  | (Zip)   |          | Phone   |  |       |  |
| D/L Number, State<br><b>W160750752920</b>  |  |   |  | Soc. Sec. Number   |  | INS Number   |  | Place of Birth (City, State)<br><b>Pennsylvania</b> |          | Citizenship<br><b>Yes</b>   |  |       |  |
| Co-Defendant Name (Last, First, Middle)  |  |   |  | Race   |  | Sex  |  | Date of Birth                                       |          | <input type="checkbox"/> 1. Arrested<br><input type="checkbox"/> 2. At Large<br><input type="checkbox"/> 3. Felony<br><input type="checkbox"/> 4. Misdemeanor<br><input type="checkbox"/> 5. Juvenile |  |       |  |
| Co-Defendant Name (Last, First, Middle)  |  |   |  | Race   |  | Sex  |  | Date of Birth                                       |          | <input type="checkbox"/> 1. Arrested<br><input type="checkbox"/> 2. At Large<br><input type="checkbox"/> 3. Felony<br><input type="checkbox"/> 4. Misdemeanor<br><input type="checkbox"/> 5. Juvenile |  |       |  |
| <input type="checkbox"/> Parent<br><input type="checkbox"/> Legal Custodian<br><input type="checkbox"/> Other:   |  |   |  | Address (Street, Apt. Number)  |  |  |  | (City)  |          | (State)   |  | (Zip) |  |
| Notified by: (Name)  |  |   |  | Date   |  |  |  | Time  |          | Juvenile Disposition<br>1. Handled/ processed within Dept. and Released.<br>2. TOT HRS / DYS<br>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.<br><input type="checkbox"/> Yes, by: (Name) <input type="checkbox"/> No: (Reason) |  |   |  |  |  |  |  |   |          |   |  |       |  |
| Property Crime?<br><input type="checkbox"/> Yes <input type="checkbox"/> No  |  |   |  | Description of Property  |  |  |  | Value of Property                                   |          |   |  |       |  |
| Drug Activity<br>N. N/A<br>P. Possess  |  | S. Sell<br>B. Buy<br>T. Traffic   |  | R. Smuggle<br>D. Deliver<br>E. Use   |  | K. Dispense/<br>Distribute   |  | M. Manufacture/<br>Produce/<br>Cultivate            |          | Z. Other  |  |       |  |
| Drug Type<br>N. N/A<br>A. Amphetamines   |  | B. Barbiturate<br>C. Cocaine<br>E. Heroin   |  | H. Hallucinogen<br>M. Marijuana<br>O. Opium/Derv.                              |  | P. Paraphernalia/<br>Equipment<br>S. Synthetics  |  | U. Unknown<br>Z. Other                              |          |   |  |       |  |
| Charge Description<br><b>DRIVING UNDER THE INFLUENCE</b>   |  |   |  | Counts<br><b>1</b>   |  | Domestic Violence<br><input type="checkbox"/> Y <input checked="" type="checkbox"/> N                |  | Statute Violation Number<br><b>316.193(1)(C)</b>    |          | Violation of ORD #  |  |       |  |
| Drug Activity<br><b>N</b>  |  | Drug Type<br><b>N</b>   |  | Amount / Unit<br><b>.080/.081</b>  |  | Offense #<br><b>20-072870</b>  |  | Warrant / Capias Number                             |          | Bond  |  |       |  |
| Charge Description   |  |   |  | Counts   |  | Domestic Violence  |  | Statute Violation Number                            |          | Violation of ORD #  |  |       |  |
| Drug Activity  |  | Drug Type   |  | Amount / Unit  |  | Offense #  |  | Warrant / Capias Number                             |          | Bond  |  |       |  |
| Charge Description   |  |   |  | Counts   |  | Domestic Violence  |  | Statute Violation Number                            |          | Violation of ORD #  |  |       |  |
| Drug Activity  |  | Drug Type   |  | Amount / Unit  |  | Offense #  |  | Warrant / Capias Number                             |          | Bond  |  |       |  |
| Charge Description   |  |   |  | Counts   |  | Domestic Violence  |  | Statute Violation Number                            |          | Violation of ORD #  |  |       |  |
| Drug Activity  |  | Drug Type   |  | Amount / Unit  |  | Offense #  |  | Warrant / Capias Number                             |          | Bond  |  |       |  |
| Location (Court Room Number, Address)<br><b>CRIMINAL JUSTICE COMPLEX / 3228 GUN CLUB ROAD, WPB, FL 33406</b>   |  |   |  |  |  |  |  |   |          |   |  |       |  |
| Court Date and Time<br>Month <b>July</b> Day <b>16</b> Year <b>2020</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 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<br><b>05/29/2020</b>                    |          |   |  |       |  |
| HOLD for other Agency Name:  |  |   |  | Signature of Arresting Officer<br><b>X [Signature]</b>                         |  |  |  | Name Verification (Printed by Arrestee)             |          |   |  |       |  |
| <input type="checkbox"/> Dangerous<br><input type="checkbox"/> Suicidal  |  | <input type="checkbox"/> Resisted Arrest<br><input type="checkbox"/> Other:                           |  | Name of Arresting Officer (Print)<br><b>INV. M. SMITH</b>                      |  |  |  | I.D. #<br><b>9621</b>                               |          |   |  |       |  |
| Intake Deputy<br><b>[Signature]</b>  |  | J.D. #<br><b>[Number]</b>   |  | Pouch #  |  | Transporting Officer<br><b>Smith</b>   |  | ID #<br><b>9621</b>                                 |          | Agency<br><b>PBSO</b>   |  |       |  |
| Witness here if subject signed with an "X"   |  |   |  |  |  |  |  | PAGE<br><b>1</b>                                    |          | OF<br><b>1</b>  |  |       |  |

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MAY 29 2020

|   |  |   |   |                 |   |                                    |          |                |
|---|--|---|---|-----------------|---|------------------------------------|----------|----------------|
| OBTS Number   |  | <b>PROBABLE CAUSE AFFIDAVIT</b>   |   |                 |   | 1                                  | Juvenile | N              |
| Agency ORI Number<br><b>FLO 5 0 0 0 0 0</b>   |  | Agency Name<br><b>PALM BEACH COUNTY SHERIFF'S OFFICE</b>  |   |                 | Agency Report Number<br><b>06 - 20-072870</b> |                                    |          |                |
| Charge Type: <input type="checkbox"/> 1. Felony <input type="checkbox"/> 3. Misdemeanor <input type="checkbox"/> 5. Ordinance   |  | Check as many <input type="checkbox"/> 2. Traffic Felony <input checked="" type="checkbox"/> 4. Traffic Misdemeanor <input type="checkbox"/> 6. Other |   | Special Notes:  |   |                                    |          |                |
| Defendant's Name (Last, First, Middle)<br><b>WEAVER, RICHARD</b>  |  | Race<br><b>W</b>  |   | Sex<br><b>M</b> |   | Date of Birth<br><b>08/12/1975</b> |          |                |
| Charge Description<br><b>DUI - 316.193(1)(A)</b>  |  | Charge Description  |   |                 |   |                                    |          |                |
| Charge Description  |  | Charge Description  |   |                 |   |                                    |          |                |
| Victim's Name (Last, First, Middle)<br><b>STATE OF FLORIDA</b>  |  | Race  |   | Sex             |   | Date of Birth                      |          |                |
| Victim's Local Address (Street, Apt. Number)  |  | (City)  |   | (State)         |   | (Zip)                              |          | Phone          |
| Victim's Business Address (Name, Street)  |  | (City)  |   | (State)         |   | (Zip)                              |          | Phone          |
|   |  |   |   |                 |   |                                    |          | Address Source |
|   |  |   |   |                 |   |                                    |          | 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 checked="" type="checkbox"/> committed the below acts in my presence.  |  |   | <input type="checkbox"/> was observed by _____ who told _____   |                 |   |                                    |          |                |
| <input type="checkbox"/> confessed to _____   |  |   | that he/she saw the arrested person commit the below acts.  |                 |   |                                    |          |                |
| admitting to the below facts.   |  |   | <input type="checkbox"/> was found to have committed the below acts, resulting from my (described) investigation. |                 |   |                                    |          |                |
| On the 28TH day of MAY, 2012020 at 03:09 <input checked="" type="checkbox"/> A.M. <input type="checkbox"/> P.M. (Specifically include facts constituting cause for arrest).   |  |   |   |                 |   |                                    |          |                |

## NARRATIVE:

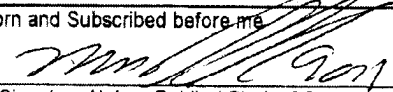
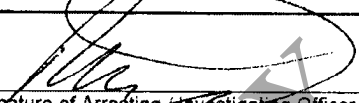
On 5/29/2020 at approximately 0309 hours I was conducting selective traffic enforcement in the area of Belvedere Road and North Florida Mango Road, West Palm Beach, FL, 33409. As I was traveling westbound in the number one lane I noticed a black in color truck turning eastbound onto Belvedere Road from N Florida Mango Road. I visually estimated this vehicle to be traveling approximately 85 MPH in a posted 45 MPH hour zone. I activated the front antenna of my dash mounted radar and received a reading of 85 miles per hour, this reading was accompanied by a loud Doppler tone consistent with high speeds. I quickly got into the turning lane of Belvedere Road by N Florida Mango road at which time I activated my rear radar antenna and received a digital reading of 95 MPH. This vehicle continued north bound on North Congress Ave from Belvedere Road. As I was turning northbound on N Congress Ave I noticed this same vehicle going westbound on Cherry Road from N Congress Ave. I was able to get behind this vehicle in the area of Osceola Dr and Aspen Rd and noticed it was bearing Florida license plate number INO-8HF. I activated my emergency lights to signal the vehicle to pull over. As the vehicle pulled to the north side of the roadway it went partially onto the dirt shoulder and stopped. I approached the vehicle on the driver's side to make contact with the driver, who was the sole occupant of the vehicle. immediately upon making contact with the driver I noticed the strong odor of an unknown alcoholic beverage emitting from his breath area, this odor intensified as he spoke to me. His eyes were blood shot and glassy and his speech was slurred. I asked him how much he had to drink this evening and he advised "a few". I asked for his license registration and insurance however he was only able to

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MAY 29 2020

### NARRATIVE CONTINUATION

produce his registration. I requested that a DUI unit respond and conduct a criminal DUI investigation. Investigator Smith responded and took over this case.

|   |   |
|---|---|
| Sworn and Subscribed before me<br> |  |
| Signature Notary Public / Clerk of Court / Officer (F.S.S 117.10)<br><b>Inv. Smith 9621</b>                         | Signature of Arresting / Investigating Officer<br><b>D/S P. Scartozzi 21289</b>     |
| Name of Notary Public / Clerk of Court / Officer (F.S.S 117.10)<br><b>5/29/2020</b>                                 | Name of Officer (Please Print)<br><b>5/29/2020</b>                                  |
| Date<br><b>5/29/2020</b>  | Date<br><b>5/29/2020</b>  |

NOT A CERTIFIED COPY

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MAY 29 2020

# D.U.I. PROBABLE CAUSE AFFIDAVIT

ON THE 29 DAY OF May 2020, AT 03:09  AM  PM

SUBJECT: Weaver Richard Jay CASE NUMBER: 20-072870

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

## PERSONAL CONTACT

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

On 05/29/2020 at approximately 03:11hrs, I was called to the scene of a traffic stop near Aspen Rd and Osceola Dr, which is located in unincorporated Palm Beach County, Florida. I arrived at the scene at approximately 0319hrs. D/S Scartozzi #21289 relayed to me, and completed a written signed sworn supplemental Probable Cause Affidavit stating the following "On 5/29/2020 at approximately 0309 hours I was conducting selective traffic enforcement in the area of Belvedere Road and North Florida Mango Road, West Palm Beach, FL, 33409. As I was traveling westbound in the number one lane I noticed a black in color truck turning eastbound onto Belvedere Road from N Florida Mango Road. I visually estimated this vehicle to be travelling approximately 85 MPH in a posted 45 MPH hour zone. I activated the front antenna of my dash mounted radar and received a reading of 85 miles per hour, this reading was accompanied by a loud Doppler tone consistent with high speeds. I quickly got into the turning lane of Belvedere Road by N Florida Mango road at which time I activated my rear radar antenna and received a digital reading of 95 MPH. This vehicle continued north bound on North Congress Ave from Belvedere Road. As I was turning northbound on N Congress Ave I noticed this same vehicle going westbound on Cherry Road from N Congress Ave. I was able to get behind this vehicle in the area of Osceola Dr and Aspen Rd and noticed it was bearing Florida license plate number INO-8HF. I activated my emergency lights to signal the vehicle to pull over. As the vehicle pulled to the north side of the roadway it went partially onto the dirt shoulder and stopped. I approached the vehicle on the driver's side to make contact with the driver, who was the sole occupant of the vehicle. Immediately upon making contact with the driver I noticed the strong odor of an unknown alcoholic beverage emitting from his breath area, this odor intensified as he spoke to me. His eyes were blood shot and glassy and his speech was slurred. I asked him how much he had to drink this evening and he advised "a few". I asked for his license registration and insurance however he was only able to produce his registration". D/S Scartozzi noticed that the defendant had articulable indicators of impairment, so he called for a DUI unit to conduct a possible DUI investigation. D/S Scartozzi identified the defendant, to me, as the driver and sole occupant of the vehicle, at the time of the stop.

## OBSERVATION OF DRIVER:

Upon making contact with the driver who was identified by their vehicle registration and DAVID as [REDACTED], I immediately detected an obvious and strong odor of an unknown alcoholic beverage emitting from his person and face area. This odor intensified as I spoke to Weaver. Weaver had glassy, glazed, and blood shot eyes. Weaver's speech was slurred, slow, thick, and at times difficult to understand. Weavers's movements were slow and deliberate. Weaver had an unsteady gait while walking to my patrol vehicle and had difficulty following directions given to him. Weaver was wearing a black t-shirt, blue shorts, and brown flip flops. All the clothing appeared neat.

## DRIVER'S STATEMENTS:

Pre Miranda Weaver stated that he was driving home from a friends house and that he had been drinking mixed drinks

## ODORS:

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

## GENERAL OBSERVATIONS

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

ATTITUDE: Calm, Cooperative

CLOTHING: black t-shirt, blue shorts, and brown flip flops

MEDICAL/OTHER: See BAT report

STATE OF FLORIDA  
COUNTY OF PALM BEACH

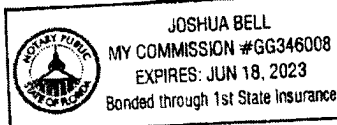
INV. M. SMITH

(Signature of Arresting/Investigative Officer)

The foregoing instrument was sworn to or affirmed and subscribed before me this 29 day of May 2020 by INV. M. SMITH

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

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



SCANNED  
MAY 29 2020

SUBJECT: Weaver

Richard

CASE NUMBER

20-072870

**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:**

Weaver would sway roughly in a side to side front to back pattern throughout the task. Weaver did positively identify the point to be tracked. Weaver was reminded numerous times to track the pen with his eyes only. Weaver failed to keep his head still while tracking the stimulus.

**WALK & TURN:**

I explained and demonstrated the instructions for the "Walk & Turn" to Weaver who stated he understood. During the task, I observed Weaver to sway roughly in a side to side, front to back pattern throughout the demonstration phase. Weaver could not maintain his balance while listening to instructions. Weaver stepped out of the instructional stance during the demonstration to catch his balance. Weaver used his arms for balance by raising them more than six inches.

**ONE LEG STAND:**

I explained and demonstrated the instructions for the "One Leg Stand" to Weaver who stated that he understood. During the task, I observed Weaver to sway roughly in a side to side, front to back pattern throughout the demonstration phase. Weaver continued to sway while balancing on one leg. Weaver used his arms to balance raising them more than 6 inches from hi sides. Weaver started hopping in an attempt to maintain balance.

**FINGER TO NOSE:**

I explained and demonstrated the instructions for the "Finger to Nose" task to Weaver who stated that he understood. During the task, I observed Weaver to sway roughly in a side to side, front to back pattern throughout the demonstration phase. Weaver's index finger did not touch the nose on 6 of 6 attempts. Weaver used the pad of his finger instead of the tip as instructed. The sequence used for this task was L, R, L, R, R, L.

**ROMBERG ALPHABET:**

I explained and demonstrated the instructions for the "Rhomberg Alphabet" task to Weaver who stated that he understood. During the task, I observed Weaver to sway roughly in a side to side, front to back pattern throughout the demonstration phase. Weaver correctly recited the alphabet.

**BREATH TEST RESULTS:**      .080                      .081

STATE OF FLORIDA  
COUNTY OF PALM BEACH

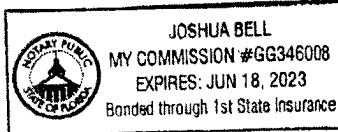
**INV. M. SMITH**

(Signature of Arresting/Investigative Officer)

The foregoing instrument was sworn to or affirmed and subscribed before me this 29 day of May, 2020 by INV. M. SMITH

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

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



**SCANNED**  
MAY 29 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: 80-006240 Software: 8100.27  
Date of Test: 05/29/2020

Date of Last Agency Inspection: 05/15/2020  
Observation Period Began: 03:52  
Subject's Name: RICHARD J WEAVER

DOB: 08/12/1975 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     | 04:17 |
| Air Blank         | 0.000  | 04:17 |
| Control Test      | 0.080  | 04:17 |
| Air Blank         | 0.000  | 04:18 |
| Subject Sample #1 | 0.080  | 04:19 |
| Air Blank         | 0.000  | 04:19 |
| Air Blank         | 0.000  | 04:21 |
| Subject Sample #2 | 0.081  | 04:22 |
| Air Blank         | 0.000  | 04:22 |
| Control Test      | 0.081  | 04:22 |
| Air Blank         | 0.000  | 04:23 |
| Diagnostics Check | OK     | 04:23 |

Cylinder Lot: 28719080A1  
Exp: 12/05/2021


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 JOSHUA J BELL, 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:  Date: 5/29/20  
Signature

Sworn to (or affirmed) before me this 29 day of May, 2020

 INV. Smith #9621  
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.

# WITNESS LIST

CASE NUMBER: 20-072870

ARRESTING OFFICER: INV. M. SMITH

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

PHONE NUMBERS (HOME): \_\_\_\_\_ (WORK) (561) 688-3000

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

NAME: D/S P. Scartozzi #21289

ADDRESS: 3228 Gun Club Rd West Palm Beach Fl 33406

PHONE NUMBERS (HOME) \_\_\_\_\_ (WORK) 561-688-3000

CAN TESTIFY TO: Supplemental PC, Stopping Deputy

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

ADDRESS \_\_\_\_\_

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

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

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

ADDRESS \_\_\_\_\_

PHONE NUMBERS (HOME) 0 (WORK) 0

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

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

ADDRESS \_\_\_\_\_

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

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

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

ADDRESS \_\_\_\_\_

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

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

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

ADDRESS \_\_\_\_\_

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

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

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

ADDRESS \_\_\_\_\_

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

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

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

ADDRESS \_\_\_\_\_

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

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

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

ADDRESS \_\_\_\_\_

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

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

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

ADDRESS \_\_\_\_\_

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

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

NOT A CERTIFIED COPY

SCANNED

MAY 29 2020

# TESTING FACILITY TASK REPORT

AGENCY: PBSO  
SUBJECT: WEAVER, RICHARD  
CASE NUMBER: 20-072870  
DATE: May 29, 2020  
VIDEO DVD NUMBER: N/A  
BEGINNING TIME: 0414  
ENDING TIME: 0430

BREATH TESTS RESULTS: 1) .080 TIME 0419 A.M.  P.M.  2) .081 TIME 0422 A.M.  P.M.   
3) N/A TIME XX A.M.  P.M.  4) N/A TIME XX A.M.  P.M.

BREATH OPERATOR: JOSHUA J BELL #8656

MAINTENANCE TECHNICAN: J. KARLECKE #6467

## TESTING OFFICER'S OBSERVATIONS

SPEECH:

ATTITUDE: COOPERATIVE, POLITE

CLOTHING: BLACK TEE SHIRT, BLUE SHORTS, BROWN FLIP FLOPS

MEDICAL CONDITIONS: NONE

MEDICATIONS: NONE

## OTHER:

EYES: GLASSY  
ODOR OF UNKNOWN ALCOHOLIC BEVERAGE COMING FROM BREATH  
SUBJECT STATED HE DRANK 2-3 MIXED DRINKS (Q AND A)

## COMMENTS:

ARRIVED AT DUI TESTING FACILITY AND BEGAN THE 20 MINUTE OBSERVATION AT 0352 HOURS

SUBJECT STATED HE WOULD TAKE BREATH TEST  
SUBJECT ASKED OUT OF CURIOSITY WHAT IF HE REFUSED TO TAKE BREATH TEST

A/O READ I.C.  
SUBJECT STATED HE UNDERSTOOD I.C AND AGREED TO TAKE BREATH TEST

A/O READ RIGHTS  
SUBJECT STATED HE UNDERSTOOD HIS RIGHTS

TECH READ BREATH TEST RESULTS  
SUBJECT AKNOWLEDGED HE UNDERSTOOD BREATH TEST RESULTS

A/O CONDUCTED Q AND A  
SUBJECT ANSWERED QUESTIONS

SCANNED

MAY 29 2020

SUBJECT: Weaver, Richard

CASE NUMBER: 20-072870

**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) 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.

SUSPECT'S SIGNATURE: (X) Read on camera

SCANNED  
MAY 29 2020

SUBJECT: Weaver, Richard CASE NUMBER: 20-072870

### 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? Arden Rd

DIRECTION OF TRAVEL? W WHERE DID YOU START? Payson Dr

WHAT TIME DID YOU START? \_\_\_\_\_ WHAT TIME IS IT NOW? \_\_\_\_\_

WHAT IS TODAY'S DATE? 5/19/20 WHAT DAY OF THE WEEK IS IT? Friday

WHAT COUNTY AND CITY ARE YOU IN NOW? Valley County, Prineville, OR

WHEN DID YOU LAST EAT? 7:30 AM WHAT DID YOU EAT? Breakfast

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

HOW MUCH DO YOU WEIGH? 200 HAVE YOU BEEN DRINKING? Yes WHAT? more than

HOW MUCH? 2-3 WHERE? at home WITH WHOM? alone

WHEN DID YOU HAVE YOUR FIRST DRINK? 7:30 AND YOUR LAST DRINK? 08:00

HOW DID YOU CONSUME YOUR LAST TWO DRINKS? at home

CAN YOU FEEL THE EFFECTS OF THE ALCOHOL? No ARE YOU UNDER THE INFLUENCE? Yes

HAVE YOU CONSUMED ANY ALCOHOL SINCE THE ACCIDENT? No HOW MUCH? \_\_\_\_\_

WHAT? \_\_\_\_\_ WHERE? \_\_\_\_\_ WHEN? \_\_\_\_\_

WHAT LINE OF WORK ARE YOU IN? Insurance WHEN DID YOU LAST WORK? 5/17/20

DO YOU HAVE ANY PHYSICAL DEFECTS OR INJURIES? No WHAT? Bump on forehead (L&R)

ARE YOU SICK OR INJURED? No WHAT'S WRONG? \_\_\_\_\_

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? \_\_\_\_\_

HAVE YOU EVER HAD A DRIVER'S LICENSE IN ANY OTHER STATE? No WHERE? \_\_\_\_\_

INTERVIEWER: INV. Smith #9621

SCANNED  
MAY 29 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 checked="" type="checkbox"/> | 943.053, 943.0525                       | NCIC/FCIC/FBI and in-state FDLE/DOC.   | 5              |
|   | <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),<br>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),<br>(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),<br>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"/>            |   | Other:   |                |
|   | <input type="checkbox"/>            |   | Other:   |                |

REVIEW COMPLETED BY

|                            |                                  |
|----------------------------|----------------------------------|
| Booking Number: 2020013765 | Date: 5/29/2020                  |
|                            | Specialist Name/ID: Gammage/5660 |

SCANNED  
MAY 29 2020