

20CT13979 NB

ARREST / NOTICE TO APPEAR

ADMI NIST RATI ON	OBTS Number	Agency ORI Number 0501700		Agency Name Jupiter Police Department		Agency Report Number (N.T.A.'s only) 5 4 20-003679		1. Arrest 2. N.T.A. 3. Request for Warrant 4. Request for Capias	1	JUVENILE		
DEF END ANT	Charge Type: Check as many as apply		Location of Arrest (Including Name of Business) W INDIANTOWN RD/ISLAND WAY, JUPITER FL		Location of Offense (Business Name, Address) 6799 W INDIANTOWN RD/ISLAND WAY, JUPITER, FL 33458		If Weapon Seized Enter Type NONE		Multiple Clearance Indicator			
	Date of Arrest 10/31/2020		Time of Arrest 01:03		Booking Date		Booking Time		Jail Date			
C O D E F	Name (Last, First, Middle) ROBERTS, ROBERT DAVID J		Alias:		Alias (Name, DOB, Soc. Sec. #, Etc.)							
	Race W - White B - Black O - Oriental/Asian		Sex M		Date of Birth 05/16/1978		Height 6'00		Weight 195		Eye Color HAZEL	
	Hair Color BROWN		Complexion FAIR		Build Medium		Marital Status M		Religion		Indication of Alcohol Influence Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unk. <input type="checkbox"/>	
	Local Address (Street, Apt. Number) 709 KITTYHAWK WAY, NORTH PALM BEACH, FL 33408		Permanent Address (Street, Apt. Number) 709 KITTYHAWK WAY, NORTH PALM BEACH, FL 33408		Business Address (Name, Street)		Phone (561) 714-1700		Phone (561) 714-1700		Residence Phone	
J U V E N I L E	D/L Number, State R163764781760 / FL		Soc. Sec. Number		INS Number		Place of Birth (City, State) ABERDEEN, MS,		Citizenship US			
	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			
C H A R G E	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)		Address (Street, Apt. Number)		(City)		(State)			
C H A R G E	Notified by: (Name)		Date		Time		JUVENILE DISPOSITION 1. Handled/Processed within Department and Released 2. TOT JAC 3. Incarcerated					
	Released To: (Name)		Relationship		Date		Time					
C H A R G E	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 355-2526) informed of any change of address.		School Attended		Grade		Property Crime? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Description of Property			
	<input type="checkbox"/> Yes, by: _____ <input type="checkbox"/> No: _____		Value of Property		Drug Activity		Drug Type		B. Barbiturate C. Cocaine E. Heroin H. Hallucinogen M. Marijuana O. Opium/Deriv. P. Pamphlet/Equipment S. Synthetic U. Unknown Z. Other			
C H A R G E	Charge Description DUI - DRIVING UNDER THE INFLUENCE/NORMAL FACILITIES IMPAIRED		Statute Violation Number 316.193(1)(A)		Violation of ORD #		Drug Activity		Drug Type			
	Amount / Unit		Offense #		Counts		Domestic Violence		Warrant / Capias Number			
C H A R G E	Charge Description		Statute Violation Number		Violation of ORD #		Drug Activity		Drug Type			
	Amount / Unit		Offense #		Counts		Domestic Violence		Warrant / Capias Number			
C H A R G E	Charge Description		Statute Violation Number		Violation of ORD #		Drug Activity		Drug Type			
	Amount / Unit		Offense #		Counts		Domestic Violence		Warrant / Capias Number			
I N T A K E	Health / Apparent Physical Condition of Defendant		Any knowledge of the following: Explain.		<input type="checkbox"/> Mental <input type="checkbox"/> Escape Risk <input type="checkbox"/> Medication <input type="checkbox"/> Deformities <input type="checkbox"/> Injuries		<input type="checkbox"/> Released O.R. <input type="checkbox"/> Released to Parent/Guardian <input type="checkbox"/> T.O.T. County Jail <input type="checkbox"/> Posted Bond <input type="checkbox"/> South County Mental Health		PROPERTY - Received By			
	Transported By		Date Transported		Time Transported		Other		Released By			
M O T I C E T O A P P E A R	<input checked="" type="checkbox"/> INSTRUCTION NO. 1 - Mandatory appearance in court <input type="checkbox"/> INSTRUCTION NO. 2 - You need not appear in Court but must comply with instructions on Page 2.		Location (Court, Room) North County PALM BEACH GARD		Court Date and Time 11/18/2020 08:30:00		No Photo Available					
	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							
A D M I N	HOLD for Other Agency		Signature of Arresting Officer [Signature]		Name Verification (Printed by Arrestee)		<input type="checkbox"/> Dangerous <input type="checkbox"/> Resisted Arrest <input type="checkbox"/> Suicidal <input type="checkbox"/> Other		Name of Arresting Officer (Print) ROCHA, LUIS			
	Intake Agency		ID #		Pouch #		Transporting Officer L. Rocha		ID # 327/1177			

0519377

1379

PROBABLE CAUSE AFFIDAVIT

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

1 JUVENILE

Agency ORI Number FL 0501700	Agency Name JUPITER POLICE DEPARTMENT	Agency Report Number 5 4 20-003679
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		Special Notes:
Name (Last, First, Middle) ROBERTS, ROBERT DAVID J		Alias
Race W	Sex M	Date of Birth 05/16/1978
Charge Description 316.193(1)(A) DUI - DRIVING UNDER THE INFLUENCE/NORMAL	Charge Description	Charge Description
Victim's Name (Last, First, Middle) State Of Florida	Race	Sex
Date of Birth	Local Address (Street, Apt. Number)	(City) (State) (Zip)
Phone	Address Source	Business Address (Name, Street)
(City) (State) (Zip)	Phone	Occupation

The undersigned certifies and swears that he/she has just and reasonable grounds to believe, and does believe that the above named Defendant committed the following violation of law.
The Person taken into custody . . .

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 **31** day of **October**, **2020** at **00:41** (Specifically include facts constituting cause for arrest.)

I utilized my Body Worn Camera during the below incident:

On 10/31/2020 at approximately 0041 hours I was requested to respond to the intersection of W Indiantown Rd and Island Way in Jupiter, FL by OFC Lopez ID325.

Upon arrival, OFC Lopez explained that he observed a gray 2014 Land Rover (FL VPP58) stopped in the left turn lane of eastbound West Indiantown Road, stopped at the red light to turn north on to Island Way. OFC Lopez said the light turned green and the vehicle did not move. OFC Lopez stated there was a vehicle behind the Land Rover, who honked their horn multiple times. The Land Rover still did not move and the light cycled back to red. OFC Lopez stated he got behind the Land Rover and honked his horn once the light turned green again. OFC Lopez said he activated his emergency lights and conducted a traffic stop. OFC Lopez told me he approached the vehicle's driver window and observed the driver asleep behind the wheel.

We began to knock on the windows of the vehicle to wake the driver up. After several minutes of loud knocks on the window, the driver began to wake up. The driver appeared to be disoriented and had a hard time focusing on us as we stood outside of his vehicle. It took the driver a while to understand to put the vehicle in park, and it took the driver a long time to unlock his door as well. The driver would repeatedly try to unlock the doors but kept pushing the wrong buttons. The driver eventually was able to unlock the doors and I opened the driver door.

As the driver was stepping out of the vehicle, I could see that he was very unsteady on his feet and would sway from left to right. As I proceeded to speak with the driver, I detected a strong odor of an unknown alcoholic substance. Roberts told me that he was okay and appeared to be confused as to why I was speaking to him. The driver was identified via his Florida Driver License as Robert D Roberts (W/M 05/16/1978). Roberts

SWORN AND SUBSCRIBED BEFORE ME	JOSHUA BELL MY COMMISSION #GG346008 EXPIRES: JUN 18, 2023 Bonded through 1st State Insurance	SIGNATURE OF ARRESTING / INVESTIGATING OFFICER <i>[Signature]</i> 327/1177
<i>[Signature]</i> NOTARY PUBLIC / CLERK OF COURT / OFFICER (F.S.S. 117.10)	ROCHA, LUIS (1177) NAME OF OFFICER (PLEASE PRINT)	NOV 01 2020
10/31/20 DATE	10/31/2020 DATE	PAGE 1 OF 2

PROBABLE CAUSE AFFIDAVIT
SUPPLEMENT

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

1 JUVENILE



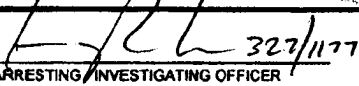
Agency ORI Number FL 0501700	Agency Name JUPITER POLICE DEPARTMENT	Agency Report Number 514 20-003679
Charge Type: Check as many as apply. <input type="checkbox"/> 1. Felony <input type="checkbox"/> 2. Traffic Felony <input type="checkbox"/> 3. Misdemeanor <input checked="" type="checkbox"/> 4. Traffic Misdemeanor <input type="checkbox"/> 5. Ordinance <input type="checkbox"/> 6. Other	Special Notes:	
Name (Last, First, Middle) ROBERTS, ROBERT DAVID J	Alias	Race Sex Date of Birth W M 05/16/1978

stated that he was coming from his friends home and he was now going home. Roberts stated that his friend lived in North Palm Beach, which is also where he lives. Roberts could not explain what he was doing in Jupiter. Roberts stated that he did drink this evening. While speaking with Roberts he looked confused and on the verge of falling asleep. I observed Roberts eyes to be droopy, glassy, and blood shot. At this time, I requested Roberts to perform road sobriety tasks. Roberts refused. I explained the Taylor Warnings to Roberts, and he refused again. I then placed Roberts in handcuffs and explained that he was under arrest for driving under the influence. Roberts was placed in the backseat of my patrol car, and ultimately transported to the Breath Alcohol Testing facility.

Once at the Palm Beach County Breath Alcohol Testing Facility, I conducted a 20-minute observation period to ensure that Roberts did not take anything by mouth or regurgitate. I then requested Roberts provide a sample of his breath. Roberts would not answer the question and after explaining implied consent he still would not provide an answer. I re-explained everything a couple more times, but eventually I took his unwillingness to give an answer as a refusal. I read Roberts his Miranda Rights from a prepared text. Roberts invoked his rights. I secured Roberts in a holding cell and completed my paperwork.

I subsequently booked Robert D Roberts in the Palm Beach County Jail where I charged him for DUI FSS 316.193(1) (a).

NOT A CERTIFIED COPY

SWORN AND SUBSCRIBED BEFORE ME  NOTARY PUBLIC / CLERK OF COURT / OFFICER F.S.S. 117.10 Bonded through 1st State Insurance 10/31/20 DATE	 JOSHUA BELL MY COMMISSION #GG346008 EXPIRES: JUN 18, 2023	 SIGNATURE OF ARRESTING / INVESTIGATING OFFICER ROCHA, LUIS (1177) NAME OF OFFICER (PLEASE PRINT) 10/31/2020 DATE	NOV 01 2020 327/1177
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STATE OF FLORIDA
DEPARTMENT OF HIGHWAY SAFETY & MOTOR VEHICLES
AFFIDAVIT OF REFUSAL TO SUBMIT TO
BREATH AND/OR URINE TEST

I, Luis Rocha ID327, a duly certified Law Enforcement Officer or Correctional Officer,
(Name of Officer reading Implied Consent Warning)

am a member of Jupiter PD, and I do swear
(Name of law enforcement agency)

or affirm that on or about the 31 day of October, 20 20, at 0103 P.M. A.M.

DRIVER Robert D Roberts
(Type or Print) FIRST NAME MIDDLE OR MAIDEN NAME LAST NAME

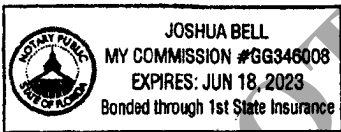
DL# R163764781760, state of Florida, was placed under lawful arrest for
the offense of Driving Under the Influence by Luis Rocha ID327 and
issued Citation # ADB9ADE
(Name of Arresting Officer)

That on or about the 31 day of October, 20 20, at 0208 P.M. A.M.

in PALM BEACH County,

I requested that the driver submit to a Xbreath 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 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:

Signature of Attesting Officer

Title

Date

(AFFIX SEAL)

The foregoing instrument was sworn and subscribed before

me this 31st day of October, 20 20,

by Luis Rocha ID327,

who is personally known to me or who has produced

known as identification

Notary Public

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.



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

PBSO CASE # 20-122116 PBSO ZONE 3-14

AGENCY CASE # 20-003679 CRASH CASE # _____

TIME OF STOP/CRASH 0041 DATE 10/31/2020 DAY Saturday

SUBJECT'S NAME Roberts Robert D RACE W SEX M
LAST FIRST MID

HGT 6'00" WGT 195 DOB 05/16/1978

LOCATION W Indiantown Rd/Island Way, Jupiter FL

ARRESTING OFFICER'S NAME & ID Luis Rocha ID327 327/1177 AGENCY Jupiter PD

DIVISION: _____

NOTIFIED BY COMMO Yes

ARRIVAL AT FACILITY 0133

ARREST TIME 0103

BREATH RESULTS:

1) <u>0.08</u>
2) _____
3) _____
4) _____

TESTING OFFICER'S ID 8656 PBSO VIDEOTAPE # N/A

NOV 01 2020

TESTING FACILITY TASK REPORT

AGENCY: JPD

SUBJECT: ROBERTS JR, ROBERT DAVID

CASE NUMBER: 20-122116

DATE: Oct 31, 2020

VIDEO DVD NUMBER: N/A

BEGINNING TIME: 0158

ENDING TIME: 0211

BREATH TESTS RESULTS: 1) R TIME 0208 A.M. P.M. 2) N/A TIME XX A.M. P.M.

REFUSED

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 TECHNICIAN: J. KARLECKE #6467

TESTING OFFICER'S OBSERVATIONS

SPEECH: SLURRED

ATTITUDE: QUIET, INQUISITIVE, REPEATATIVE, INDECISIVE

CLOTHING: PURPLE TEE SHIRT, BLACK SHORTS, BLACK SHOES

MEDICAL CONDITIONS: NONE

MEDICATIONS: SINUS MEDICATION

OTHER:

EYES: GLASSY

COMMENTS:

ARRIVED AT DUI TESTING FACILITY AND BEGAN THE 20 MINUTE OBSERVATION AT 0133 HOURS

SUBJECT ASKED IF HE HAD A CHOICE WHEN ASKED TO PROVIDE A BREATH SAMPLE

A/O READ I.C 3 TIME AND EXPLAINED

SUBJECT ACKNOWLEDGED HE UNDERSTOOD I.C AND WOULD NOT ANSWER WHEATHER OR NOT HE WOULD PROVIDE A BREATH SAMPLE

A/O CALLED A REFUSAL DUE TO THE SUBJECT NOT MAKING A DECISION ON WHEATHER OR NOT HE WOULD PROVIDE A BREATH SAMPLE

A/O READ RIGHTS

SUBJECT ACKNOWLEDGED HE UNDERSTOOD HIS RIGHTS

SUBJECT ASKED FOR A LAWYER BEFORE QUESTIONING

NOV 01 2020

REFUSED

TESTING FACILITY TASK REPORT

AGENCY: JPD

SUBJECT: ROBERTS JR, ROBERT DAVID

CASE NUMBER: 20-122116

DATE: Oct 31, 2020

VIDEO DVD NUMBER: N/A

BEGINNING TIME: 0158

ENDING TIME: 0211

BREATH TESTS RESULTS: 1) R TIME 0208 A.M. P.M. 2) N/A TIME XX A.M. P.M.
3) N/A TIME XX A.M. P.M. 4) N/A TIME XX A.M. P.M.

REFUSED

BREATH OPERATOR: JOSHUA J BELL #8656

MAINTENANCE TECHNICIAN: J. KARLECKE #6467

TESTING OFFICER'S OBSERVATIONS

SPEECH: SLURRED

ATTITUDE: QUIET, INQUISITIVE, REPEATATIVE, INDECISIVE

CLOTHING: PURPLE TEE SHIRT, BLACK SHORTS, BLACK SHOES

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NOV 01 2020

REFUSED



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"/>		Other:	
	<input type="checkbox"/>		Other:	

REVIEW COMPLETED BY

Booking Number: 2020025713	Date: 10/31/20
	Specialist Name/ID: J. Beck/9007

NOV 8 2020