

J-0516612

2016676

P-709

ARREST / NOTICE TO APPEAR

1. Arrest 2. N.T.A. 3. Request for Warrant 4. Request for Capias 5. Juvenile Referral 1 JUVENILE

OBTS Number	Agency ORI Number 0500200		Agency Name Boca Raton Police Department		Agency Report Number (N.T.A.'s only) 3, 2 2020-006003	
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	If Weapon Seized Enter Type: None/not Applicable		Multiple Clearance Indicator
Location of Arrest (Including Name of Business) 2871 N OCEAN BLVD			Location of Offense (Business Name, Address) 2871 N OCEAN BLVD, BOCA RATON, FL 33431			
Date of Arrest 05/23/2020	Time of Arrest 19:41	Booking Date 05/23/2020	Booking Time 20:56	Jail Date 05/23/2020	Jail Time 20:56	Location of Vehicle 3RD PARTY

Name (Last, First, Middle) NARDOLILLO, ROBERT A		Alias:		Also (Name, DOB, Soc. Sec. #, Etc.)					
Race W - White B - Black	I - American Indian O - Oriental/Asian	Sex M	Date of Birth 01/25/1954	Height 5'08	Weight 230	Eye Color BLUE	Hair Color GRAY	Complexion LIGHT	Build Large
Scars, Marks, Tattoos, Unique Physical Features (Location, Type, Description) TATTUR ARM/ROSE			Marital Status M	Religion CATHOLIC	Indication of: Alcohol Influence <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unk. <input type="checkbox"/> Drug Influence <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unk. <input type="checkbox"/>				
Local Address (Street, Apt. Number) 101 CASWELL ST, NARRAGANSETT, RI 02882			(City)	(State)	(Zip)	Phone (401) 499-1278		Residence Type: 1. City 3. Florida 2. County 4. Out of State 4	
Permanent Address (Street, Apt. Number) 101 CASWELL ST, NARRAGANSETT, RI 02882			(City)	(State)	(Zip)	Phone (401) 499-1278		Address Source DEFENDANT	
Business Address (Name, Street) NARDOLILLO FUNERAL HOMES, RHODE ISLAND			(City)	(State)	(Zip)	Phone		Occupation Director	
DL Number, State 7004677 / RI		Sex, Soc. Number		INS Number		Place of Birth (City, State) PROVIDENCE, RI		Citizenship US	

Co-Defendant Name (Last, First, Middle)	Race	Sex	Date of Birth	<input type="checkbox"/> 1. Arrested <input type="checkbox"/> 3. Felony <input type="checkbox"/> 5. Juvenile
Co-Defendant Name (Last, First, Middle)	Race	Sex	Date of Birth	<input type="checkbox"/> 2. At Large <input type="checkbox"/> 4. Misdemeanor <input type="checkbox"/> 1. Arrested <input type="checkbox"/> 3. Felony <input type="checkbox"/> 5. Juvenile
<input type="checkbox"/> Present <input type="checkbox"/> Other: _____	Name (Last, First, Middle)			Residence Phone
<input type="checkbox"/> Legal Custodian	Address (Street, Apt. Number)			Business Phone

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	
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.				
<input type="checkbox"/> Yes, by: _____		<input type="checkbox"/> No: _____		Property Crime? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Description of Property		Value of Property		

Drug Activity S. Sell N. N/A P. Possess	S. Sell B. Buy T. Traffic	R. Snaggle D. Deliver E. Use	K. Dispense/ Distribute	M. Manufacture/ Produce/ Cultivate	Z. Other	Drug Type N. N/A A. Amphetamine	B. Barbiturate C. Cocaine E. Heroin	H. Hallucinogen M. Marijuana O. Opium/Deriv.	P. Paraphernalia/ Equipment S. Synthetic	U. Unknown Z. Other
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Charge Description DUI			Statute Violation Number 316.193(1)A			Violation of ORD #
Drug Activity	Drug Type	Amount / Unit	Offense #	Counts	Domestic Violence	Warrant / Capias Number
	N			1	<input type="checkbox"/> Y <input checked="" type="checkbox"/> N	

Health / Apparent Physical Condition of Defendant GOOD			Any knowledge of the following: <input type="checkbox"/> Mental <input type="checkbox"/> Escape Risk <input type="checkbox"/> Medication <input type="checkbox"/> Deformities <input type="checkbox"/> Injuries		
Check which applies: <input type="checkbox"/> Released O.R. <input type="checkbox"/> Released to Parent/Guardian <input checked="" type="checkbox"/> T.O.T. County Jail			PROPERTY - Received By CASAS J 818		Released By CASAS J 818
<input type="checkbox"/> Posted Bond <input type="checkbox"/> South County Mental Health			Date Transported		Time Transported
Transported By			Other		Released To TOT CJ

<input checked="" type="checkbox"/> INSTRUCTION NO. 1 - Mandatory appearance in court		Location (Court, Room) South County 200 W Atlantic Ave Delray Beach, FL 33444		No Photo Available
<input type="checkbox"/> INSTRUCTION NO. 2 - You need not appear in Court but must comply with instructions on Page 2.		Court Date and Time 7-13-20 0830		
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.				24
Signature of Defendant (or Juvenile and Parent/Custodian) <i>Robert A. Nardolillo Jr</i>			Date Signed 5-23-20	

HOLD for Other Agency		Signature of Arresting Officer <i>[Signature]</i> 818		Name Verification (Printed by Arrestee) ROBERT A NARDOLILLO JR	
<input type="checkbox"/> Dangerous <input type="checkbox"/> Resisted Arrest	<input type="checkbox"/> Suicidal <input type="checkbox"/> Other	Name of Arresting Officer (Print) CASAS, J.		ID # 818	
Inmate Deputy <i>[Signature]</i>	ID # 696	Pouch #	Transporting Officer CASAS J	ID # 818	Agency BRPD
Witness here if subject signed with an "X"					

ST. ANNE'S
MAY 24 2020

PROBABLE CAUSE AFFIDAVIT

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

1 JUVENILE

OBTS Number	Agency ORI Number FL 0500200		Agency Name BOCA RATON POLICE DEPARTMENT	Agency Report Number 3 2 2020-006003
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Charge Type: Check as many as apply.	<input type="checkbox"/> 1. Felony	<input type="checkbox"/> 3. Misdemeanor	<input type="checkbox"/> 5. Ordinance	Special Notes:
	<input type="checkbox"/> 2. Traffic Felony	<input checked="" type="checkbox"/> 4. Traffic Misdemeanor	<input type="checkbox"/> 6. Other	

Name (Last, First, Middle) NARDOLILLO, ROBERT A	Alias	Race W	Sex M	Date of Birth 01/25/1954
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Charge Description 316.193(1) DUI	Charge Description
Charge Description	Charge Description

Victim's Name (Last, First, Middle) STATE OF FLORIDA,	Race	Sex	Date of Birth
Local Address (Street, Apt. Number) 100 NW 2ND AVE, BOCA RATON, FL 33432	(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 **23** day of **May**, **2020** at **19:41** (Specifically include facts constituting cause for arrest.)

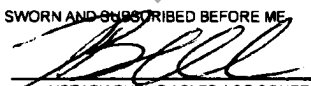

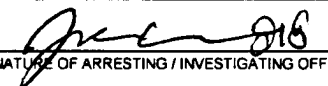
Captured on Avail.

On 5/23/20, at approximately 1900 hours, BRPD units were dispatched to a possible drunk driver in the area of NE Spanish River Blvd and N Federal Highway. The vehicle was described as a "red Lincoln SUV" bearing a tag from an unknown state. The caller claimed the vehicle had been driving on the wrong side of the road. The caller last saw the vehicle eastbound on NE Spanish River Blvd.

I located the vehicle (red 2019 Lincoln MKC bearing Rhode Island tag KAN) a short time after as it made a right turn from NE Spanish River Blvd and began to head southbound on N Ocean Blvd. I observed the vehicle fail to maintain its lane a minimum of three times from approximately 3800 N Ocean Blvd to approximately 3000 N ocean Blvd. I initiated a traffic stop on the vehicle at 1908 hours. The vehicle turned into the main driveway of 2871 N Ocean Blvd and came to a final stop.

Upon arrival, I observed that the driver of the vehicle, Robert Nardolillo, had a strong odor of alcohol emanating from his breath. Nardolillo also had red and glossy eyes. Additionally, I observed that Nardolillo's lips had a dark red tint and he had what appeared to be wine stains on his white shirt. I asked Nardolillo where he was coming from and he informed me he was coming from a restaurant. He did not recall the name of the restaurant. I asked him if he had any wine at the restaurant and he confessed to consuming approximately 3 or 4 glasses of wine. Based on my observations, I suspected that Nardolillo may be driving while intoxicated. I requested that Nardolillo step out of the vehicle for further investigation.

I asked Nardolillo if he had any medical conditions that would affect his ability to perform Standardized Field Sobriety Exercises and she advised he did not. Nardolillo informed me he was diabetic; however, he checks his sugar levels on a yearly basis, is

SWORN AND SUBSCRIBED BEFORE ME  NOTARY PUBLIC / CLERK OF COURT / OFFICE OF THE CLERK OF THE SUPREME COURT	 JOSHUA BELL MY COMMISSION #GG346008 EXPIRES: JUN 18, 2023 Bonded through 1st State Insurance	 SIGNATURE OF ARRESTING / INVESTIGATING OFFICER CASAS, JAVIER (818) NAME OF OFFICER (PLEASE PRINT)
05/23/2020 DATE	05/23/2020 DATE	PAGE 1 OF 3

COURT STATE ATTORNEY CENTRAL RECORDS JAIL CRIME ANALYSIS P. I. O.

NEED
4 2020
30 APR 2020
11:24 2020

Agency ORI Number FL 0500200	Agency Name BOCA RATON POLICE DEPARTMENT	Agency Report Number 3 2 2020-006003
Charge Type: Check as many as apply.		Special Notes:
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<input type="checkbox"/> 2. Traffic Felony	<input checked="" type="checkbox"/> 4. Traffic Misdemeanor	<input type="checkbox"/> 6. Other

Name (Last, First, Middle) NARDOLILLO, ROBERT A	Race W	Sex M	Date of Birth 01/25/1954
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not insulin dependent, and has never had a diabetic episode. Nardolillo also informed me he regularly takes various prescription medications but stated they do not affect his ability to operate a motor vehicle. Nardolillo advised he did not see a doctor or a dentist today. He also did not have any head injuries. Nardolillo agreed to participate in the Standardized Field Sobriety Exercises. I located a flat, dry, level surface and began the exercises.

The first exercise was Horizontal Gaze Nystagmus. I administered the instructions and Nardolillo stated that he understood. Nardolillo moved his head side to side despite being instructed to follow the stimulus with his eyes and her eyes only. He also swayed in a circular motion while the exercise was being done.

The second exercise was the Walk and Turn. I administered the instructions and demonstrated how the exercise should be completed. While doing the exercise, Nardolillo took 9 steps, asked if he was done, and then continued to walk the end of the line (masking tape) that was on the floor; he then advised he was done. Nardolillo continually stepped off the line and missed heel to toe on nearly every step. Nardolillo did not complete a turn or take 9 steps back down the line.




The third exercise was the One-Leg Stand. I administered the instructions and demonstrated how it should be completed. Nardolillo stated he understood. Nardolillo attempted to do the exercise but was only able to keep his foot in the air for approximately 1-3 seconds at a time. Nardolillo swayed, used his arms for balance, and broke the position multiple times throughout.

The fourth exercise was the Finger to Nose. I confirmed that Nardolillo knew his left from his right by asking him to show me his left hand and then his right hand. I then administered the instructions. The pattern was L-R-L-R-R-L.

Left - Nardolillo missed the tip of his nose and held his finger in place.
Right - Nardolillo held his finger in place.
Left - Nardolillo missed the tip of his nose and held his finger in place.
Right - Nardolillo missed the tip of his nose and held his finger in place.
Right - Nardolillo missed the tip of his nose and held his finger in place.
Left - Nardolillo held his finger in place.

The final exercise was the modified romberg balance test. I asked Nardolillo if he felt comfortable estimating the passage of 30 seconds and he stated yes. I demonstrated the passage of 30 seconds using a stop watch. The instructions were administered, and the exercise was conducted. Nardolillo estimated the passage of 30 seconds in 17 seconds. Nardolillo swayed in a circular motion throughout the exercise.

Based on the totality of the circumstances, I found probable cause to believe that Nardolillo was operating a motor vehicle while under the influence of drugs or alcohol.

SWORN AND SUBSCRIBED BEFORE ME  NOTARY PUBLIC / CLERK OF COURT / OFFICER 05/23/2020 DATE	 JOSHUA BELL MY COMMISSION #GG346008 EXPIRES: JUN 18, 2023 Bonded through 1st State Insurance	 SIGNATURE OF ARRESTING / INVESTIGATING OFFICER CASAS, JAVIER (818) NAME OF OFFICER (PLEASE PRINT) 05/23/2020 DATE
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PROBABLE CAUSE AFFIDAVIT
SUPPLEMENT

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

1

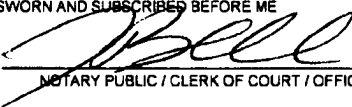


JUVENILE

Agency ORI Number FL 0500200	Agency Name BOCA RATON POLICE DEPARTMENT	Agency Report Number 3 2 2020-006003
Charge Type: Check as many as apply.		Special Notes:
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Name (Last, First, Middle) NARDOLILLO, ROBERT A	Alias	Race W	Sex M	Date of Birth 01/25/1954
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He was placed under arrest for DUI per F.S.S 316.193(1). He was transported to the Palm Beach County Sheriff's Office DUI Testing Facility where Breath Operator J Bell (#8656) completed the BAT room procedures. Nardolillo refused to provide a breath sample. I informed Nardolillo of implied consent and he once again refused to provide a breath sample. He was advised of his constitutional warnings, advised he understood, and answered all my questions. His answers were documented on the DUI influence report. Scarpa was later turned over to Palm beach County Jail.

NOT A CERTIFIED COPY

SWORN AND SUBSCRIBED BEFORE ME  NOTARY PUBLIC / CLERK OF COURT / OFFICER (F.S.S. 117.06) 05/23/2020 DATE	 JOSHUA BELL MY COMMISSION #GG346008 EXPIRES: JUN 18, 2023 600000 through 1st State Insurance	 SIGNATURE OF ARRESTING / INVESTIGATING OFFICER CASAS, JAVIER (818) NAME OF OFFICER (PLEASE PRINT) 05/23/2020 DATE	PAGE 3 OF 3
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TESTING FACILITY TASK REPORT

AGENCY: BRPD

SUBJECT: NARDOLILLO JR, ROBERT

CASE NUMBER: 20-071330

DATE: May 23, 2020

VIDEO DVD NUMBER: N/A

BEGINNING TIME: 2125

ENDING TIME: 2139

BREATH TESTS RESULTS: 1) R TIME 2130 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 TECHNICAN: J. KARLECKE #6467

TESTING OFFICER'S OBSERVATIONS

SPEECH:

ATTITUDE: INQUISITIVE, COOPERATIVE, TALKATIVE

CLOTHING: WHITE TEE SHIRT, GREY CARGO SHORTS, BROWN SHOES

MEDICAL CONDITIONS: DIABETES, SLEEP APNEA, HIGH BLOOD PRESSURE

MEDICATIONS: A LOT, METFORMIN

OTHER:

EYES: BLOODSHOT, GLASSY

SUBJECT STATED HE DRANK 3 GLASSES OF WINE (Q AND A)

COMMENTS:

ARRIVED AT DUI TESTING FACILITY AND BEGAN THE 20 MINUTE OBSERVATION AT 2056 HOURS

SUBJECT ASKED IF HE COULD SPEAK TO A LAWYER BEFORE TAKING BREATH TEST
SUBJECT STATED HE WOULD NOT TAKE BREATH TEST

A/O READ I.C

SUBJECT STATED HE UNDERSTOOD I.C AND AGAIN STATED HE WOULD NOT TAKE BREATH TEST

A/O READ RIGHTS

SUBJECT STATED HE UNDERSTOOD HIS RIGHTS

A/O CONDUCTED Q AND A

SUBJECT ANSWERED QUESTIONS

OFFICER WALTER BRPD (WITNESS)

REFUSED



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

PBSO CASE # 20-071330 PBSO ZONE 7-

AGENCY CASE # 20-6003 CRASH CASE # _____

TIME OF (STOP) CRASH 1908 DATE 5-23-20 DAY Saturday

SUBJECT'S NAME Nardalillo, Robert RACE W SEX M

HGT 508 WGT 230 DOB 1-25-54

LOCATION 2871 N Ocean Blvd, Boca Raton FL 33431

ARRESTING OFFICER'S NAME & ID CASAS, J E18 AGENCY Boca Raton

DIVISION: Field Services

NOTIFIED BY COMMO yes

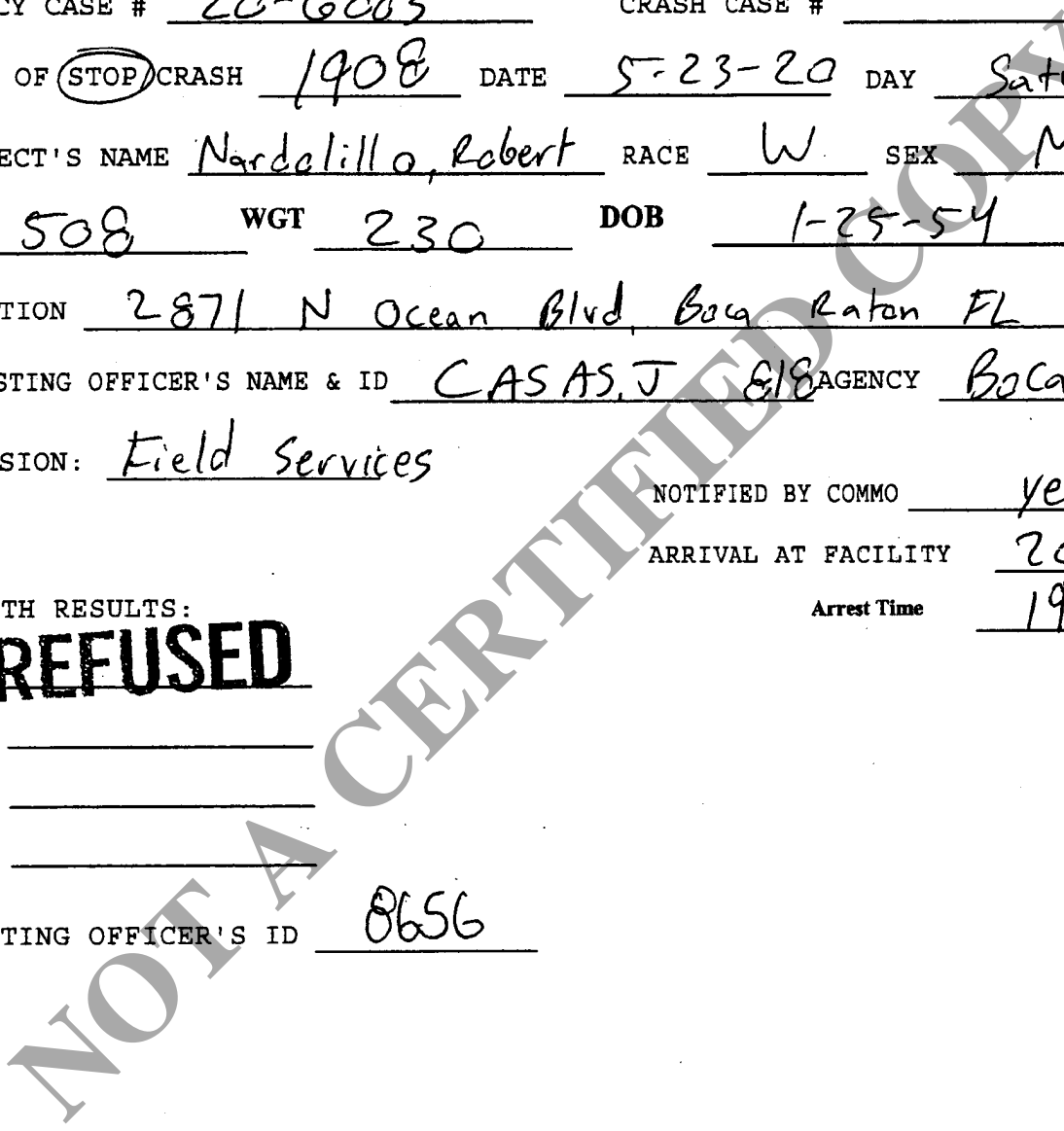
ARRIVAL AT FACILITY 2056

Arrest Time 1941

BREATH RESULTS:

1. **REFUSED**
2. _____
3. _____
4. _____

TESTING OFFICER'S ID 0656



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

ofc Javier Casas, a duly certified Law Enforcement Officer or Correctional Officer,
(Name of Officer reading Implied Consent Warning)

am a member of Boca Raton Police Services Dept., and I do swear
(Name of law enforcement agency)

or affirm that on or about the 23rd day of May, 20 20, at 930 P.M. A.M.

DRIVER Robert A Nardalillo,
(Type or Print) FIRST NAME MIDDLE OR MAIDEN NAME LAST NAME

DL# 7004677, state of Rhode Island was placed under lawful arrest for

the offense of DUI by ofc Javier Casas and
(Name of Arresting Officer)

issued Citation # A6LQAJE

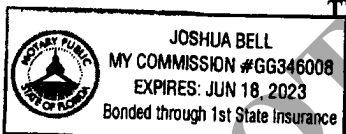
That on or about the 23 day of May, 20 20, at 930 P.M. A.M.

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] 818
Signature of Law Enforcement Officer or
Correctional Officer

THE AFFIDAVIT MUST BE NOTARIZED OR ATTESTED TO (F.S. 117.10)



(AFFIX SEAL)

The foregoing instrument was sworn and subscribed before

me this 23 day of May, 20 20,

by ofc. Casas,

who is personally known to me or who has produced

known as identification

Notary Public [Signature]

HSMV-BAR1001 (REV. 10/2016)

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.

SUBJECT: Nardolillo JR, Robert CASE NUMBER: 20-6003

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? A1A

DIRECTION OF TRAVEL? S WHERE DID YOU START? Spanish River Blvd

WHAT TIME DID YOU START? 1800 WHAT TIME IS IT NOW? 1930

WHAT IS TODAY'S DATE? 5-23-20 WHAT DAY OF THE WEEK IS IT? Thursday

WHAT COUNTY AND CITY ARE YOU IN NOW? palm beach county - Boca Raton

WHEN DID YOU LAST EAT? 1700 WHAT DID YOU EAT? Salmon w/ Broccoli

WHAT HAVE YOU BEEN DOING FOR THE LAST THREE HOURS? Home and then Dinner

HOW MUCH DO YOU WEIGH? 230 HAVE YOU BEEN DRINKING? yes WHAT? Wine

HOW MUCH? 3 glasses WHERE? outback WITH WHOM? self

WHEN DID YOU HAVE YOUR FIRST DRINK? 1730 AND YOUR LAST DRINK? 1830

HOW DID YOU CONSUME YOUR LAST TWO DRINKS? sipped

CAN YOU FEEL THE EFFECTS OF THE ALCOHOL? NO ARE YOU UNDER THE INFLUENCE? NO

HAVE YOU CONSUMED ANY ALCOHOL SINCE THE ACCIDENT? NO HOW MUCH? Stop

WHAT? _____ WHERE? _____ WHEN? _____

WHAT LINE OF WORK ARE YOU IN? Funeral director WHEN DID YOU LAST WORK? 2-2-20

DO YOU HAVE ANY PHYSICAL DEFECTS OR INJURIES? NO WHAT? _____

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? yes WHAT? Various WHEN? Morning

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>yes</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? only RI

INTERVIEWER: OFC. Casas #818

SUBJECT: Nardolino JR, Robert CASE NUMBER: 20-6003

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



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: 2020013372	Date: 05/24/2020
	Specialist Name/ID: AM/31562