

0524186

50-221-CT-010599-ASB 1720

ARREST / NOTICE TO APPEAR																																																																																																																																																																																																																																																																																																																																																								
ADMI NIST RAT ION	<table><tr><td>OBTS Number</td><td colspan="2">Agency ORI Number 0500400</td><td>Agency Name Delray Beach Police Department</td><td>Agency Report Number (N.T.A.'s only) 4, 0 21-007785</td><td>1. Arrest 2. N.T.A.</td><td>3. Request for Warrant 4. Request for Copies</td><td>1</td><td>JUVENILE</td></tr><tr><td colspan="2">Charge Type: Check as many as apply: <input type="checkbox"/> 1. Felony <input type="checkbox"/> 2. Traffic Felony <input type="checkbox"/> 3. Misdemeanor <input type="checkbox"/> 4. Traffic Misdemeanor <input type="checkbox"/> 5. Ordinance <input type="checkbox"/> 6. Other</td><td colspan="2">If Weapon Seized</td><td colspan="2">Enter Type UNARMED</td><td colspan="2">Multiple Charges Indicator 1</td></tr><tr><td colspan="2">Location of Arrest (Including Name of Business) 400 SE 10TH STREET DELRAY BEACH</td><td colspan="6">Location of Offense (Business Name, Address) 400 SE 10TH ST, DELRAY BEACH, FL 33483</td></tr><tr><td>Date of Arrest 06/26/2021</td><td>Time of Arrest 21:07</td><td>Booking Date 06/26/2021</td><td>Booking Time 22:48</td><td>Jail Date //</td><td>Jail Time :</td><td colspan="2">Location of Vehicle WESTWAY TOWING</td></tr><tr><td colspan="2">Name (Last, First, Middle) PALESE, ROBERT</td><td colspan="6">Alias: Alias (Name, DOB, Sex, etc., etc.)</td></tr><tr><td colspan="2">Race W - White B - Black O - Oriental/Asian W</td><td>Sex M</td><td>Date of Birth 06/26/1996</td><td>Height 6'01</td><td>Weight 190</td><td>Eye Color BROWN</td><td>Hair Color BROWN</td><td>Complexion Light</td><td>Build MEDIUM</td></tr><tr><td colspan="2">Scars, Marks, Tattoos, Unique Physical Features (Location, Type, Description)</td><td colspan="2">Marital Status S</td><td colspan="2">Religion NOT INDICA</td><td colspan="2">Indication of: Alcohol Influence Drug Influence Yes <input type="checkbox"/> No <input type="checkbox"/> Unit <input type="checkbox"/></td><td colspan="2">Residence Type: 1. City 2. County 3. Florida 4. Out of State 1 2</td></tr><tr><td colspan="2">Local Address (Street, Apt. Number) 1035 SPANISH RIVER RD 107, BOCA RATON, FL 33432</td><td colspan="2">(City) BOCA RATON</td><td colspan="2">(State) FL</td><td colspan="2">(Zip) 33432</td><td colspan="2">Phone (609) 828-5986</td></tr><tr><td colspan="2">Permanent Address (Street, Apt. Number) 1035 SPANISH RIVER RD 107, BOCA RATON, FL 33432</td><td colspan="2">(City) BOCA RATON</td><td colspan="2">(State) FL</td><td colspan="2">(Zip) 33432</td><td colspan="2">Phone (609) 828-5986</td></tr><tr><td colspan="2">Business Address (Name, Street) 1035 SPANISH RIVER RD 107, BOCA RATON, FL 33432</td><td colspan="2">(City) BOCA RATON</td><td colspan="2">(State) FL</td><td colspan="2">(Zip) 33432</td><td colspan="2">Phone (609) 828-5986</td></tr><tr><td colspan="2">DL Number, State P02726587106962 / NJ</td><td colspan="2">Sex, Sec. Number</td><td colspan="2">INS Number</td><td colspan="2">Place of Birth (City, State) VORHEES, NJ</td><td colspan="2">Citizenship US</td></tr><tr><td colspan="2">Co-Defendant Name (Last, First, Middle)</td><td colspan="2">Race</td><td colspan="2">Sex</td><td colspan="2">Date of Birth</td><td colspan="2"><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</td></tr><tr><td colspan="2">Co-Defendant Name (Last, First, Middle)</td><td colspan="2">Race</td><td colspan="2">Sex</td><td colspan="2">Date of Birth</td><td colspan="2"><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</td></tr><tr><td colspan="2"><input type="checkbox"/> Parent <input type="checkbox"/> Other: _____</td><td colspan="2">Name (Last, First, Middle)</td><td colspan="2">Residence Phone</td><td colspan="4">Business Phone</td></tr><tr><td colspan="2">Address (Street, Apt. Number)</td><td colspan="2">(City)</td><td colspan="2">(State)</td><td colspan="2">(Zip)</td><td colspan="2">Business Phone</td></tr><tr><td colspan="2">Notified by: (Name)</td><td colspan="2">Date</td><td colspan="2">Time</td><td colspan="2">JUVENILE DISPOSITION 1. Handled/Processed within Department and Released 2. TOT JAC 3. Incorporated</td><td colspan="2"></td></tr><tr><td colspan="2">Released To: (Name)</td><td colspan="2">Relationship</td><td colspan="2">Date</td><td colspan="2">Time</td><td colspan="2"></td></tr><tr><td colspan="2">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.</td><td colspan="2">Property Crime? <input type="checkbox"/> Yes <input type="checkbox"/> No</td><td colspan="2">Description of Property</td><td colspan="2">Value of Property</td><td colspan="2">Grade</td></tr><tr><td colspan="2">Drug Activity N. N/A P. Possession</td><td>S. Sell T. Traffic</td><td>R. Struggle D. Deliver R. Use</td><td>K. Disperse/ Distribute</td><td>M. Manufacture/ Produce/ Cultivate</td><td>Z. Other</td><td>Drug Type N. N/A A. Amphetamine</td><td>B. Barbiturate C. Cocaine E. Heroin</td><td>H. Hallucinogen M. Marijuana O. Opiate/deriv.</td><td>F. Paraphernalia/ Equipment S. Synthetic</td><td>U. Unknown Z. Other</td></tr><tr><td colspan="2">Charge Description DRIVING WHILE UNDER INFLUENCE</td><td colspan="2">Statute Violation Number 316.193(1)A</td><td colspan="2">Violation of ORD #</td><td colspan="4"></td></tr><tr><td colspan="2">Drug Activity</td><td>Drug Type N</td><td>Amount / Unit /</td><td>Offense # 21-007785</td><td>Counts 1</td><td>Domestic Violence <input type="checkbox"/> Y <input checked="" type="checkbox"/> N</td><td>Warrant / Copies Number</td><td colspan="2">Bond</td></tr><tr><td colspan="2">Charge Description</td><td colspan="2">Statute Violation Number</td><td colspan="2">Violation of ORD #</td><td colspan="4"></td></tr><tr><td colspan="2">Drug Activity</td><td>Drug Type</td><td>Amount / Unit</td><td>Offense #</td><td>Counts</td><td>Domestic Violence <input type="checkbox"/> Y <input checked="" type="checkbox"/> N</td><td>Warrant / Copies Number</td><td colspan="2">Bond</td></tr><tr><td colspan="2">Charge Description</td><td colspan="2">Statute Violation Number</td><td colspan="2">Violation of ORD #</td><td colspan="4"></td></tr><tr><td colspan="2">Drug Activity</td><td>Drug Type</td><td>Amount / Unit</td><td>Offense #</td><td>Counts</td><td>Domestic Violence <input type="checkbox"/> Y <input checked="" type="checkbox"/> N</td><td>Warrant / Copies Number</td><td colspan="2">Bond</td></tr><tr><td colspan="2">Health / Apparent Physical Condition of Defendant</td><td colspan="2">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</td><td colspan="6">Explain:</td></tr><tr><td colspan="2">Check which applies: <input type="checkbox"/> Released O.R. <input type="checkbox"/> Released to Parent/Guardian <input type="checkbox"/> T.O.T. County Jail <input type="checkbox"/> Pooled Bond <input type="checkbox"/> South County Mental Health</td><td colspan="2">PROPERTY - Received By</td><td colspan="2">Released By</td><td colspan="2">Released To</td><td colspan="2"></td></tr><tr><td colspan="2">Transported By</td><td colspan="2">Date Transported //</td><td colspan="2">Time Transported</td><td colspan="2">Other</td><td colspan="2"></td></tr><tr><td colspan="2"><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.</td><td colspan="2">Location (Court, Room) South County 200 W Atlantic Ave Delray Beach, FL 33444</td><td colspan="2">Court Date and Time 07/20/2021 08:30:00</td><td colspan="4"></td></tr><tr><td colspan="2">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.</td><td colspan="2">Signature of Defendant (or Juvenile and Parent/Custodian)</td><td colspan="2">Date Signed</td><td colspan="4">No Photo Available</td></tr><tr><td colspan="2">HOLD for Other Agency</td><td colspan="2">Signature of Arresting Officer PAGE, KAYLEE J</td><td colspan="2">Name Verification (Printed by Arrestee) PAGE, KAYLEE J</td><td colspan="4"></td></tr><tr><td colspan="2"><input type="checkbox"/> Dangerous <input type="checkbox"/> Suspected <input type="checkbox"/> Released Arrest <input type="checkbox"/> Other</td><td colspan="2">Name of Arresting Officer (Print) PAGE, KAYLEE J</td><td colspan="2">ID # 1109</td><td colspan="4"></td></tr><tr><td colspan="2">Inmate Deputy PAGE, KAYLEE J</td><td colspan="2">ID # 1109</td><td colspan="2">Agency DBPD</td><td colspan="4"></td></tr><tr><td colspan="2">Finger #</td><td colspan="2">Finger #</td><td colspan="2">Finger #</td><td colspan="4"></td></tr><tr><td colspan="2">Witness here if subject signed with an "X".</td><td colspan="8"></td></tr></table>	OBTS Number	Agency ORI Number 0500400		Agency Name Delray Beach Police Department	Agency Report Number (N.T.A.'s only) 4, 0 21-007785	1. Arrest 2. N.T.A.	3. Request for Warrant 4. Request for Copies	1	JUVENILE	Charge Type: Check as many as apply: <input type="checkbox"/> 1. Felony <input type="checkbox"/> 2. Traffic Felony <input type="checkbox"/> 3. Misdemeanor <input type="checkbox"/> 4. Traffic Misdemeanor <input type="checkbox"/> 5. Ordinance <input type="checkbox"/> 6. Other		If Weapon Seized		Enter Type UNARMED		Multiple Charges Indicator 1		Location of Arrest (Including Name of Business) 400 SE 10TH STREET DELRAY BEACH		Location of Offense (Business Name, Address) 400 SE 10TH ST, DELRAY BEACH, FL 33483						Date of Arrest 06/26/2021	Time of Arrest 21:07	Booking Date 06/26/2021	Booking Time 22:48	Jail Date //	Jail Time :	Location of Vehicle WESTWAY TOWING		Name (Last, First, Middle) PALESE, ROBERT		Alias: Alias (Name, DOB, Sex, etc., etc.)						Race W - White B - Black O - Oriental/Asian W		Sex M	Date of Birth 06/26/1996	Height 6'01	Weight 190	Eye Color BROWN	Hair Color BROWN	Complexion Light	Build MEDIUM	Scars, Marks, Tattoos, Unique Physical Features (Location, Type, Description)		Marital Status S		Religion NOT INDICA		Indication of: Alcohol Influence Drug Influence Yes <input type="checkbox"/> No <input type="checkbox"/> Unit <input type="checkbox"/>		Residence Type: 1. City 2. County 3. Florida 4. Out of State 1 2		Local Address (Street, Apt. Number) 1035 SPANISH RIVER RD 107, BOCA RATON, FL 33432		(City) BOCA RATON		(State) FL		(Zip) 33432		Phone (609) 828-5986		Permanent Address (Street, Apt. Number) 1035 SPANISH RIVER RD 107, BOCA RATON, FL 33432		(City) BOCA RATON		(State) FL		(Zip) 33432		Phone (609) 828-5986		Business Address (Name, Street) 1035 SPANISH RIVER RD 107, BOCA RATON, FL 33432		(City) BOCA RATON		(State) FL		(Zip) 33432		Phone (609) 828-5986		DL Number, State P02726587106962 / NJ		Sex, Sec. Number		INS Number		Place of Birth (City, State) VORHEES, NJ		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		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"/> Other: _____		Name (Last, First, Middle)		Residence Phone		Business Phone				Address (Street, Apt. Number)		(City)		(State)		(Zip)		Business Phone		Notified by: (Name)		Date		Time		JUVENILE DISPOSITION 1. Handled/Processed within Department and Released 2. TOT JAC 3. Incorporated				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.		Property Crime? <input type="checkbox"/> Yes <input type="checkbox"/> No		Description of Property		Value of Property		Grade		Drug Activity N. N/A P. Possession		S. Sell T. Traffic	R. Struggle D. Deliver R. Use	K. Disperse/ 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. Opiate/deriv.	F. Paraphernalia/ Equipment S. Synthetic	U. Unknown Z. Other	Charge Description DRIVING WHILE UNDER INFLUENCE		Statute Violation Number 316.193(1)A		Violation of ORD #						Drug Activity		Drug Type N	Amount / Unit /	Offense # 21-007785	Counts 1	Domestic Violence <input type="checkbox"/> Y <input checked="" type="checkbox"/> N	Warrant / Copies Number	Bond		Charge Description		Statute Violation Number		Violation of ORD #						Drug Activity		Drug Type	Amount / Unit	Offense #	Counts	Domestic Violence <input type="checkbox"/> Y <input checked="" type="checkbox"/> N	Warrant / Copies Number	Bond		Charge Description		Statute Violation Number		Violation of ORD #						Drug Activity		Drug Type	Amount / Unit	Offense #	Counts	Domestic Violence <input type="checkbox"/> Y <input checked="" type="checkbox"/> N	Warrant / Copies Number	Bond		Health / Apparent Physical Condition of Defendant		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		Explain:						Check which applies: <input type="checkbox"/> Released O.R. <input type="checkbox"/> Released to Parent/Guardian <input type="checkbox"/> T.O.T. County Jail <input type="checkbox"/> Pooled Bond <input type="checkbox"/> South County Mental Health		PROPERTY - Received By		Released By		Released To				Transported By		Date Transported //		Time Transported		Other				<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) South County 200 W Atlantic Ave Delray Beach, FL 33444		Court Date and Time 07/20/2021 08:30:00						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		No Photo Available				HOLD for Other Agency		Signature of Arresting Officer PAGE, KAYLEE J		Name Verification (Printed by Arrestee) PAGE, KAYLEE J						<input type="checkbox"/> Dangerous <input type="checkbox"/> Suspected <input type="checkbox"/> Released Arrest <input type="checkbox"/> Other		Name of Arresting Officer (Print) PAGE, KAYLEE J		ID # 1109						Inmate Deputy PAGE, KAYLEE J		ID # 1109		Agency DBPD						Finger #		Finger #		Finger #						Witness here if subject signed with an "X".									
OBTS Number	Agency ORI Number 0500400		Agency Name Delray Beach Police Department	Agency Report Number (N.T.A.'s only) 4, 0 21-007785	1. Arrest 2. N.T.A.	3. Request for Warrant 4. Request for Copies	1	JUVENILE																																																																																																																																																																																																																																																																																																																																																
Charge Type: Check as many as apply: <input type="checkbox"/> 1. Felony <input type="checkbox"/> 2. Traffic Felony <input type="checkbox"/> 3. Misdemeanor <input type="checkbox"/> 4. Traffic Misdemeanor <input type="checkbox"/> 5. Ordinance <input type="checkbox"/> 6. Other		If Weapon Seized		Enter Type UNARMED		Multiple Charges Indicator 1																																																																																																																																																																																																																																																																																																																																																		
Location of Arrest (Including Name of Business) 400 SE 10TH STREET DELRAY BEACH		Location of Offense (Business Name, Address) 400 SE 10TH ST, DELRAY BEACH, FL 33483																																																																																																																																																																																																																																																																																																																																																						
Date of Arrest 06/26/2021	Time of Arrest 21:07	Booking Date 06/26/2021	Booking Time 22:48	Jail Date //	Jail Time :	Location of Vehicle WESTWAY TOWING																																																																																																																																																																																																																																																																																																																																																		
Name (Last, First, Middle) PALESE, ROBERT		Alias: Alias (Name, DOB, Sex, etc., etc.)																																																																																																																																																																																																																																																																																																																																																						
Race W - White B - Black O - Oriental/Asian W		Sex M	Date of Birth 06/26/1996	Height 6'01	Weight 190	Eye Color BROWN	Hair Color BROWN	Complexion Light	Build MEDIUM																																																																																																																																																																																																																																																																																																																																															
Scars, Marks, Tattoos, Unique Physical Features (Location, Type, Description)		Marital Status S		Religion NOT INDICA		Indication of: Alcohol Influence Drug Influence Yes <input type="checkbox"/> No <input type="checkbox"/> Unit <input type="checkbox"/>		Residence Type: 1. City 2. County 3. Florida 4. Out of State 1 2																																																																																																																																																																																																																																																																																																																																																
Local Address (Street, Apt. Number) 1035 SPANISH RIVER RD 107, BOCA RATON, FL 33432		(City) BOCA RATON		(State) FL		(Zip) 33432		Phone (609) 828-5986																																																																																																																																																																																																																																																																																																																																																
Permanent Address (Street, Apt. Number) 1035 SPANISH RIVER RD 107, BOCA RATON, FL 33432		(City) BOCA RATON		(State) FL		(Zip) 33432		Phone (609) 828-5986																																																																																																																																																																																																																																																																																																																																																
Business Address (Name, Street) 1035 SPANISH RIVER RD 107, BOCA RATON, FL 33432		(City) BOCA RATON		(State) FL		(Zip) 33432		Phone (609) 828-5986																																																																																																																																																																																																																																																																																																																																																
DL Number, State P02726587106962 / NJ		Sex, Sec. Number		INS Number		Place of Birth (City, State) VORHEES, NJ		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																																																																																																																																																																																																																																																																																																																																																
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"/> Other: _____		Name (Last, First, Middle)		Residence Phone		Business Phone																																																																																																																																																																																																																																																																																																																																																		
Address (Street, Apt. Number)		(City)		(State)		(Zip)		Business Phone																																																																																																																																																																																																																																																																																																																																																
Notified by: (Name)		Date		Time		JUVENILE DISPOSITION 1. Handled/Processed within Department and Released 2. TOT JAC 3. Incorporated																																																																																																																																																																																																																																																																																																																																																		
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.		Property Crime? <input type="checkbox"/> Yes <input type="checkbox"/> No		Description of Property		Value of Property		Grade																																																																																																																																																																																																																																																																																																																																																
Drug Activity N. N/A P. Possession		S. Sell T. Traffic	R. Struggle D. Deliver R. Use	K. Disperse/ 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. Opiate/deriv.	F. Paraphernalia/ Equipment S. Synthetic	U. Unknown Z. Other																																																																																																																																																																																																																																																																																																																																													
Charge Description DRIVING WHILE UNDER INFLUENCE		Statute Violation Number 316.193(1)A		Violation of ORD #																																																																																																																																																																																																																																																																																																																																																				
Drug Activity		Drug Type N	Amount / Unit /	Offense # 21-007785	Counts 1	Domestic Violence <input type="checkbox"/> Y <input checked="" type="checkbox"/> N	Warrant / Copies Number	Bond																																																																																																																																																																																																																																																																																																																																																
Charge Description		Statute Violation Number		Violation of ORD #																																																																																																																																																																																																																																																																																																																																																				
Drug Activity		Drug Type	Amount / Unit	Offense #	Counts	Domestic Violence <input type="checkbox"/> Y <input checked="" type="checkbox"/> N	Warrant / Copies Number	Bond																																																																																																																																																																																																																																																																																																																																																
Charge Description		Statute Violation Number		Violation of ORD #																																																																																																																																																																																																																																																																																																																																																				
Drug Activity		Drug Type	Amount / Unit	Offense #	Counts	Domestic Violence <input type="checkbox"/> Y <input checked="" type="checkbox"/> N	Warrant / Copies Number	Bond																																																																																																																																																																																																																																																																																																																																																
Health / Apparent Physical Condition of Defendant		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		Explain:																																																																																																																																																																																																																																																																																																																																																				
Check which applies: <input type="checkbox"/> Released O.R. <input type="checkbox"/> Released to Parent/Guardian <input type="checkbox"/> T.O.T. County Jail <input type="checkbox"/> Pooled Bond <input type="checkbox"/> South County Mental Health		PROPERTY - Received By		Released By		Released To																																																																																																																																																																																																																																																																																																																																																		
Transported By		Date Transported //		Time Transported		Other																																																																																																																																																																																																																																																																																																																																																		
<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) South County 200 W Atlantic Ave Delray Beach, FL 33444		Court Date and Time 07/20/2021 08:30:00																																																																																																																																																																																																																																																																																																																																																				
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		No Photo Available																																																																																																																																																																																																																																																																																																																																																		
HOLD for Other Agency		Signature of Arresting Officer PAGE, KAYLEE J		Name Verification (Printed by Arrestee) PAGE, KAYLEE J																																																																																																																																																																																																																																																																																																																																																				
<input type="checkbox"/> Dangerous <input type="checkbox"/> Suspected <input type="checkbox"/> Released Arrest <input type="checkbox"/> Other		Name of Arresting Officer (Print) PAGE, KAYLEE J		ID # 1109																																																																																																																																																																																																																																																																																																																																																				
Inmate Deputy PAGE, KAYLEE J		ID # 1109		Agency DBPD																																																																																																																																																																																																																																																																																																																																																				
Finger #		Finger #		Finger #																																																																																																																																																																																																																																																																																																																																																				
Witness here if subject signed with an "X".																																																																																																																																																																																																																																																																																																																																																								

FILED
2021 JUN 29 8:36
JOSEPH A. JACOB
PALM BEACH COUNTY, FL

D.U.I. PROBABLE CAUSE AFFIDAVIT

ON THE 26 DAY OF June 20 21 AT 0820 ☐ AM ☒ PM

SUBJECT: Palese, Robert

CASE NUMBER: DBPD 21-007785

AGENCY: DBPD

ARRESTING OFFICER: Page #1109

PERSONAL CONTACT

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

On 06/26/2021 at 2017 hours I responded to 400 SE 10th Street in reference to a single vehicle crashed. Upon arrival, I observed a white challenger (FL TAG: QQMY46) with heavy front end damage that appeared to have struck a city of Delray Beach sign. I made contact with the registered owner of the vehicle, Robert Palese III (identified by NJ Drivers License), who was standing on the side of the roadway near the vehicle. I made contact with a wheel witness, Gary Malone, who provided Ofc. Kitzerow with a sworn statement advising that he was standing in-front of his residence at 613 SE 4th Ave. when he saw the Palese's white Challenger drive past him going South on SE 4th Ave. He advised the vehicle was driving at a high rate of speed, "100 mph," when it drove past him. Shortly after passing him he lost visual but heard a loud crash. Believing it was the same vehicle he got on his bicycle and rode to the intersection of SE 4th Ave./SE 10th St. When he arrived, he saw the Challenger had crashed into the sign and he identified Palese as the male who was still in control of the vehicle, sitting in the driver seat. By standards attempted to assist Palese until the Delray Beach Fire Department arrived.

OBSERVATION OF DRIVER:

Palese's eyes had a very glassy appearance. Palese's speech was slurred and repetitive. Palese stumbled while walking under his own power. Palese went through mood swings of being sarcastic to being agitated.

DRIVER'S STATEMENTS:

Palese advised that he was on his way home from Johnny Browns, downtown. He also stated that he was at "The Office" with his boss and friends watching the game. When asked if he was intoxicated, he stated that he was under the legal limit. When asked if Palese can feel the effects of alcohol he stated not really. Palese advised thats why he took local roads home.

ODORS:

Strong unknown alcohol odor coming from his person.

GENERAL OBSERVATIONS

SPEECH: Slurred, Mumbled

ATTITUDE: Defensive, agitated, belligerent, disrespectful, sarcastic

CLOTHING: Blue shirt, tan pants, black sneakers.

MEDICAL/OTHER: None

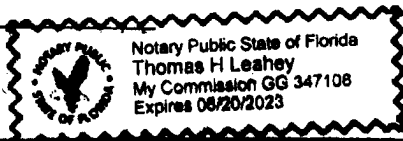
STATE OF FLORIDA
COUNTY OF PALM BEACH

[Signature] 1109
(Signature of Arresting/Investigative Officer)

The foregoing instrument was sworn to or affirmed and subscribed before me this 26th day of June 20 21 by Ofc. Page #1109

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

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



SUBJECT: Palese, Robert

CASE NUMBER 21-000343

ROADSIDE TASKS

HORIZONTAL GAZE NYSTAGMUS:



LT EYE-LACK OF SMOOTH PURSUIT



RT EYE-LACK OF SMOOTH PURSUIT



LT EYE-DISTINCT & SUSTAINED NYSTAGMUS AT MAX. DEVIATION



RT EYE-DISTINCT & SUSTAINED NYSTAGMUS AT MAX. DEVIATION



LT- EYE-ONSET OF NYSTAGMUS PRIOR TO 45 DEGREES



RT- EYE-ONSET OF NYSTAGMUS PRIOR TO 45 DEGREES

Other Observations:

Palese moved his head each time when he was instructed to only move his eyes. Palese swayed during the task.

WALK & TURN:

Palese could not keep balance while listening to instructions. He attempted to start the task before told to do so. He stepped off of the line multiple times.

ONE LEG STAND:

Palese could not keep balance and was swaying while attempting to balance. He used his arms in attempt to balance and did not keep his arms by his side. Palese stated that he understood the instructions but did not look at his foot during the task.

FINGER TO NOSE:

Palese did not keep his eyes closed. After touching his nose, he failed to return his arm back to his side. I explained the instructions again mid exercise and he still failed to return his arms back to his side.

ROMBERG ALPHABET:

Palese was able to count as instructed.

BREATH TEST RESULTS:

1) .152 2) .178 3) .176 4)

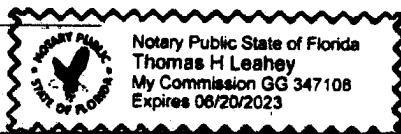
STATE OF FLORIDA
COUNTY OF PALM BEACH

(Signature of Arresting/Investigative Officer)

The foregoing instrument was sworn to or affirmed and subscribed before me this 26th day of June, 2021 by Ofc. Page #1109

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

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



WITNESS LIST

CASE NUMBER: 21-007785

ARRESTING OFFICER: Officer Kaylee Page #1109

ADDRESS: 300 W Atlantic Ave Delray Beach FL 33444

PHONE NUMBERS (HOME): _____

(WORK) (561) 243-7800

CAN TESTIFY TO: Accident Scene and DUI PC

NAME: Off. Matthew Kitzerow #1091

ADDRESS: 300 W Atlantic Ave Delray Beach, FL 33444

PHONE NUMBERS (HOME) _____

(WORK) (561) 243-7800

CAN TESTIFY TO: Accident scene

NAME: Gary Malone

ADDRESS: 613 SE 4th Ave Delray Beach FL

PHONE NUMBERS (HOME) (561) 445-0655

(WORK) _____

CAN TESTIFY TO: Driving pattern, wheel witness, accident scene

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: _____

NAME: _____

ADDRESS _____

PHONE NUMBERS (HOME) _____

(WORK) _____

CAN TESTIFY TO: _____

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: 80-006476 Software: 8100.27
Date of Test: 06/26/2021

Date of Last Agency Inspection: 06/11/2021
Observation Period Began: 21:40
Subject's Name: ROBERT J PALESE

DOB: 06/20/1996 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	22:06
Air Blank	0.000	22:07
Control Test	0.079	22:07
Air Blank	0.000	22:08
Subject Sample #1	0.183	22:10
Air Blank	PUR*	22:11
Air Blank	0.000	22:11

*Purge Fail

Cylinder Lot: 22620080A2
Exp: 10/05/2022

State of Florida, County of Palm Beach

Personally appeared before me the undersigned authority, who (☒) is personally known to me or (☐) produced _____ as identification, and who after being placed under oath, states:

I, THOMAS H. LEAHY, 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: T. Leahy

Signature

Date: 06/26/21

Sworn to (or affirmed) before me this 26 day of June, 2021

[Signature] 1109

Signature of Notary Public-State of Florida

Ofc K Page #1109

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.

SUBJECT: _____

CASE NUMBER: _____

785
21007855

IMPLIED CONSENT FOR DUI IN A MOTOR VEHICLE

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

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

-OR-

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

-OR-

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

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

I am _____ of the _____.

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

SUBJECT'S SIGNATURE: (X) _____

CONSTITUTIONAL WARNINGS

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

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

SUSPECT'S SIGNATURE: (X) _____

SUBJECT: Blaze 441 J CASE NUMBER: 21-00nn85

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? _____

WHERE WERE YOU GOING? _____

WHAT STREET OR HIGHWAY WERE YOU ON? _____

DIRECTION OF TRAVEL? _____ WHERE DID YOU START? _____

WHAT TIME DID YOU START? _____ WHAT TIME IS IT NOW? _____

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

WHAT COUNTY AND CITY ARE YOU IN NOW? _____

WHEN DID YOU LAST EAT? _____ WHAT DID YOU EAT? _____

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

HOW MUCH DO YOU WEIGH? _____ HAVE YOU BEEN DRINKING? _____ WHAT? _____

HOW MUCH? _____ WHERE? _____ WITH WHOM? _____

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

HOW DID YOU CONSUME YOUR LAST TWO DRINKS? _____

CAN YOU FEEL THE EFFECTS OF THE ALCOHOL? _____ ARE YOU UNDER THE INFLUENCE? _____

HAVE YOU CONSUMED ANY ALCOHOL SINCE THE ACCIDENT? _____ HOW MUCH? _____

WHAT? _____ WHERE? _____ WHEN? _____

WHAT LINE OF WORK ARE YOU IN? _____ WHEN DID YOU LAST WORK? _____

DO YOU HAVE ANY PHYSICAL DEFECTS OR INJURIES? _____ WHAT? _____

ARE YOU SICK OR INJURED? _____ WHAT'S WRONG? _____

DO YOU LIMP? _____ DID YOU RECEIVE A BUMP ON THE HEAD RECENTLY? _____

WERE YOU IN AN ACCIDENT TODAY? _____

HAVE YOU TAKEN ANY DRUGS OR SMOKED ANY MARIJUANA TODAY? _____ WHEN? _____

HAVE YOU SEEN A DOCTOR OR DENTIST TODAY? _____ WHO? _____ WHY? _____

ARE YOU TAKING ANY PRESCRIPTION MEDICINES? _____ WHAT? _____ WHEN? _____

DO YOU HAVE:

EPILEPSY?	_____
GLASS EYE?	_____
FALSE TEETH?	_____
EAR INFECTION?	_____
INNER EAR TROUBLE?	_____
DIABETES?	_____

DO YOU HAVE ANY PROBLEMS WITH YOUR EYES THAT ARE NOT CORRECTED BY GLASSES? _____

DO YOU TAKE INSULIN? _____ IF SO, WHEN WAS YOUR LAST INJECTION? _____

HAVE YOU EVER HAD A DRIVER'S LICENSE IN ANY OTHER STATE? _____ WHERE? _____

INTERVIEWER: _____

TESTING FACILITY TASK REPORT

AGENCY: DBPD

SUBJECT: Palese, Robert J

CASE NUMBER: 21-079974

DATE: Jun 26, 2021

VIDEO DVD NUMBER: n/a

BEGINNING TIME: 2202

ENDING TIME: 2211

BREATH TESTS RESULTS: 1) .183 TIME 2210 A.M. ☐ P.M. ☒ 2) n/a TIME 0 A.M. ☐ P.M. ☐
3) n/a TIME 0 A.M. ☐ P.M. ☐ 4) n/a TIME 0 A.M. ☐ P.M. ☐

BREATH OPERATOR: Thomas H Leahey #19183

MAINTENANCE TECHNICAN: Jason Karlecke #6467

TESTING OFFICER'S OBSERVATIONS

SPEECH: slurred, thick

ATTITUDE: talkative, repetitive,

CLOTHING: tan pants, blue polo, black sneakers

MEDICAL CONDITIONS: none/physcological issues

MEDICATIONS: none/Vyvance

OTHER:

eyes are glassy & bloodshot
odor of unknown alcoholic beverage on breath

COMMENTS:

arrived at center A/O conducted 20 minute observation period at 2140 hrs

subject refused to perform breath test

A/O read I/C & subject understood I/C

subject agreed to perform breath test

subject provided breath sample and purge fail message appeared

A/O removed subject from room



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

REVIEW COMPLETED BY

Booking Number: 2021015608	Date: 6/27/2021
	Specialist Name/ID: M. Took #8557