

J# 0515490 2020 OCT 06 4 53 9 AM B3 PH# 230

ARREST / NOTICE TO APPEAR  
Juvenile Referral Report

OBTS Number		Agency ORI Number <b>FLO 500000</b>		Agency Name <b>PALM BEACH COUNTY SHERIFF'S OFFICE</b>		Agency Report Number (N.T.A.'s only) <b>06-20-048809</b>		1. Arrest 2. N.T.A.		3. Request for Warrant 4. Request for Capias		1		Juvenile		N					
Charge Type: Check as many as apply.		1. Felony <input type="checkbox"/>		2. Traffic Felony <input type="checkbox"/>		3. Misdemeanor <input type="checkbox"/>		4. Traffic Misdemeanor <input checked="" type="checkbox"/>		5. Ordinance <input type="checkbox"/>		6. Other <input type="checkbox"/>		Weapon Seized / Type 2 1. Yes 2. No N/A		Multiple Clearance Indicator 01					
Location of Arrest (Including Name of Business) <b>Military Trail and Forest Hill Blvd</b>								Location of Offense (Business Name, Address) <b>Military Trail and Forest Hill Blvd, West Palm Beach FL 33414</b>													
Date of Arrest <b>03/13/2020</b>		Time of Arrest <b>0157</b>		Booking Date		Booking Time		Jail Date		Jail Time		Location of Vehicle <b>Kauff's Towing</b>									
Name (Last, First, Middle) <b>Velasquez Guzman, Ronis, Fabian</b>																Alias (Name, DOB, Soc. Sec. #, Etc.)					
Race W - White I - American Indian B - Black O - Oriental/Asian		Sex <b>M</b>		Date of Birth <b>7/22/1999</b>		Height <b>5'06</b>		Weight <b>210</b>		Eye Color <b>BRN</b>		Hair Color <b>BLK</b>		Complexion <b>Fair</b>		Build <b>Large</b>					
Scars, Marks, Tattoos, Unique Physical Features (Location, Type, Description) <b>None</b>								Marital Status <b>Single</b>		Religion <b>NONE</b>		Indication of Alcohol Influence Y <input type="checkbox"/> N <input type="checkbox"/> Unk. <input type="checkbox"/>		Indication of Drug Influence Y <input type="checkbox"/> N <input type="checkbox"/> Unk. <input type="checkbox"/>							
Local Address (Street, Apt. Number) <b>3485 W San Salvadore St, Lake Worth, FL 33462</b>				(City)		(State)		(Zip)		Phone <b>(561) 201-6767</b>		Residence Type: 1. City 2. County 3. Florida 4. Out of State		2							
Permanent Address (Street, Apt. Number)				(City)		(State)		(Zip)		Phone		Address Source <b>FL DL</b>									
Business Address (Name, Street)				(City)		(State)		(Zip)		Phone		Occupation <b>CONSTRUCTION</b>									
D/L Number, State <b>V422726992620, FL</b>				Soc. Sec. Number		INS Number <b>A205432627</b>		Place of Birth (City, State) <b>EL SALVADOR</b>		Citizenship <b>NONE</b>											
Co-Defendant Name (Last, First, Middle)				Race		Sex		Date of Birth		<input type="checkbox"/> 1. Arrested <input type="checkbox"/> 2. At Large		<input type="checkbox"/> 3. Felony <input type="checkbox"/> 4. Misdemeanor <input type="checkbox"/> 5. Juvenile									
Co-Defendant Name (Last, First, Middle)				Race		Sex		Date of Birth		<input type="checkbox"/> 1. Arrested <input type="checkbox"/> 2. At Large		<input type="checkbox"/> 3. Felony <input type="checkbox"/> 4. Misdemeanor <input type="checkbox"/> 5. Juvenile									
<input type="checkbox"/> Parent <input type="checkbox"/> Legal Custodian <input type="checkbox"/> Other		Name (Last) (First) (Middle)				Residence Phone															
Address (Street, Apt. Number)				(City)		(State)		(Zip)		Business Phone											
Notified by: (Name)				Date		Time		Juvenile Disposition 1. Handled/processed within Dept. and Released. 2. TOT HRS / DYS 3. Incarcerated													
Released To: (Name)				Relationship				Date		Time											
The above address provided by <input type="checkbox"/> defendant and / or <input type="checkbox"/> defendant's parents. The child and / or parent was told to keep the Juvenile Court Clerk (Phone 355-2528) informed of any change of address. <input type="checkbox"/> Yes, by: (Name) <input type="checkbox"/> No: (Reason)								School Attended				Grade									
Property Crime? <input type="checkbox"/> Yes <input type="checkbox"/> No				Description of Property				Value of Property													
Drug Activity N. N/A P. Possess		S. Sell N. Buy T. Traffic		R. Smuggle D. Deliver E. Use		K. Dispense/ Distribute		M. Manufacture/ Production/ 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. Synthetics		U. Unknown Z. Other	
Charge Description <b>Driving Under the Influence</b>				Counts <b>1</b>		Domestic Violence <input type="checkbox"/> Y <input type="checkbox"/> N		Statute Violation <b>316.193 (3)(c)</b>		Violation of ORD #											
Drug Activity <b>N</b>		Drug Type <b>N</b>		Amount / Unit <b>209/218</b>		Offense # <b>20-048809</b>		Warrant / Capias Number				Bond <b>OR</b>									
Charge Description				Counts		Domestic Violence <input type="checkbox"/> Y <input type="checkbox"/> N		Statute Violation Number		Violation of ORD #											
Drug Activity		Drug Type		Amount / Unit		Offense #		Warrant / Capias Number				Bond									
Charge Description				Counts		Domestic Violence <input type="checkbox"/> Y <input type="checkbox"/> N		Statute Violation Number		Violation of ORD #											
Drug Activity		Drug Type		Amount / Unit		Offense #		Warrant / Capias Number				Bond									
Charge Description				Counts		Domestic Violence <input type="checkbox"/> Y <input type="checkbox"/> N		Statute Violation Number		Violation of ORD #											
Drug Activity		Drug Type		Amount / Unit		Offense #		Warrant / Capias Number				Bond									
Location (Court, Room Number, Address) <b>3228 GUN CLUB RD WEST PALM BEACH FL 33406</b>																					
Court Date and Time Month <b>4</b> Day <b>9</b> Year <b>2020</b> Time <b>0830</b> AM																					
I AGREE TO APPEAR AT THE TIME AND PLACE DESIGNATED TO ANSWER THE OFFENSE CHARGED OR TO PAY THE FINE SUBSCRIBED. I UNDERSTAND THAT SHOULD I FAIL TO APPEAR BEFORE THE COURT AS REQUIRED BY THIS NOTICE TO APPEAR, THAT I MAY BE HELD IN CONTEMPT OF COURT AND A WARRANT FOR MY ARREST SHOULD BE ISSUED. <b>RONIS.V</b> <b>03/13/2020</b>																					
Signature of Defendant (or Juvenile and Parent /Custodian)												Date Signed									
HOLD for other Agency Name:				Signature of Arresting Officer <b>[Signature]</b>				Name Verification (Printed by Arrestee) <b>RONIS.V</b>													
<input type="checkbox"/> Dangerous <input type="checkbox"/> Suicidal		<input type="checkbox"/> Resisted Arrest <input type="checkbox"/> Other:		Name of Arresting Officer (Print) <b>INV D. S. SCHNEIDER 8723 8723</b>				I.D. #													
Inmate Deputy		I.D. #		Pouch #		Transporting Officer <b>INV D. S. SCHNEIDER 8723 8723</b>		ID #		Agency <b>PBSO</b>		Witness here if subject signed with me									

2020 MAR 13 9:43 AM  
 PMS  
 03/13/2020 9:43 AM  
 MAR 13 2020

SCANNED  
 OF 1  
 MAR 13 2020



# TESTING FACILITY TASK REPORT

AGENCY: PBSO  
SUBJECT: Velasquez Guzman, Ronis F CASE NUMBER: 20-048809  
DATE: 03/13/2020 VIDEO TAPE NUMBER: N/A  
BEGINNING TIME: 02:32 ENDING TIME: 02:51  
BREATH TESTS RESULTS: 1) .229 TIME 02:37 A.M./P.M. 2) .218 TIME 02:40 A.M./P.M.  
3) N/A TIME --- A.M./P.M. 4) N/A TIME --- A.M./P.M.  
BREATH OPERATOR: T Leakey #19183  
MAINTENANCE TECHNICIAN: J Karlecke #6467

## TESTING OFFICER'S OBSERVATIONS

SPEECH: slurred, thick,  
ATTITUDE: calm, cooperative  
CLOTHING: blue + black shorts, black + shirt, black sneakers  
MEDICAL CONDITIONS: none  
MEDICATIONS: none  
OTHER: eyes glassy + bloodshot  
odor of unknown alcoholic beverage on breath  
A stated he drank 4-5 beers - Q+A  
COMMENTS: arrived at center A/O conducted 20 minute  
observation period at 02:10 hrs.

A agreed to perform breath test  
A/O read rights + A stated he understood rights  
Tech read breath test results + A stated he  
understood breath test results.  
A/O conducted Q+A  
A answered questions

SUBJECT: Velasquez Guzman, Ronis F CASE NUMBER: 20-048809

## 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) Read on camera

WHITE - STATE ATTY. YELLOW - DHSMV PINK - CENTRAL RECORDS GOLD - JAIL

SUBJECT: Velasquez Guzman, Ronis F CASE NUMBER: 20-048809

## 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? NO

WHERE WERE YOU GOING? home

WHAT STREET OR HIGHWAY WERE YOU ON? Mil. Hwy

DIRECTION OF TRAVEL? \_\_\_\_\_ WHERE DID YOU START? Soccer

WHAT TIME DID YOU START? 7:09 WHAT TIME IS IT NOW? 2:13

WHAT IS TODAY'S DATE? 13 WHAT DAY OF THE WEEK IS IT? Friday

WHAT COUNTY AND CITY ARE YOU IN NOW? PBC

WHEN DID YOU LAST EAT? 12 noon WHAT DID YOU EAT? doesn't know

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

HOW MUCH DO YOU WEIGH? 105 HAVE YOU BEEN DRINKING? Yes WHAT? beer

HOW MUCH? 4/5 WHERE? Soccer WITH WHOM? friends

WHEN DID YOU HAVE YOUR FIRST DRINK? after soccer AND YOUR LAST DRINK? after soccer

HOW DID YOU CONSUME YOUR LAST TWO DRINKS? drinking

CAN YOU FEEL THE EFFECTS OF THE ALCOHOL? Sure ARE YOU UNDER THE INFLUENCE? Yes

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

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

WHAT LINE OF WORK ARE YOU IN? tile install WHEN DID YOU LAST WORK? today

DO YOU HAVE ANY PHYSICAL DEFECTS OR INJURIES? NO WHAT? \_\_\_\_\_

ARE YOU SICK OR INJURED? \_\_\_\_\_ WHAT'S WRONG? \_\_\_\_\_

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

WERE YOU IN AN ACCIDENT TODAY? Yes

HAVE YOU TAKEN ANY DRUGS OR SMOKED ANY MARIJUANA TODAY? NO WHEN? \_\_\_\_\_

HAVE YOU SEEN A DOCTOR OR DENTIST TODAY? NO WHO? \_\_\_\_\_ WHY? \_\_\_\_\_

ARE YOU TAKING ANY PRESCRIPTION MEDICINES? NO WHAT? \_\_\_\_\_ WHEN? \_\_\_\_\_

DO YOU HAVE:

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

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

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

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

INTERVIEWER: \_\_\_\_\_

WHITE - STATE ATTY.    YELLOW - DHSMV    PINK - CENTRAL RECORDS    GOLD - JAIL

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: 80-006477 Software: 8100.27  
Date of Test: 03/13/2020

Date of Last Agency Inspection: 02/14/2020

Observation Period Began: 02:10

Subject's Name: RONIS F VELASQUEZ GUZMAN

DOB: 07/22/1999 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	02:35
	Air Blank	0.000	02:35
	Control Test	0.079	02:35
	Air Blank	0.000	02:36
	Subject Sample #1	0.229	02:37
	Air Blank	0.000	02:37
	Air Blank	0.000	02:39
	Subject Sample #2	0.218	02:40
	Air Blank	0.000	02:40
	Control Test	0.080	02:41
	Air Blank	0.000	02:41
	Diagnostics Check	OK	02:41

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

State of Florida, County of Palm Beach

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

I THOMAS H LEAHEY, 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: Thomas H Leahy Date: 03/13/2020  
Signature

Sworn to (or affirmed) before me this 13<sup>th</sup> day of March, 2020  
Ins D Schneider # 8723  
Signature of Notary Public-State of Florida Printed Name of Notary Public-State of Florida

Note: Pursuant to section 117.10, Florida Statutes, law enforcement officers, correctional officers, traffic accident investigation officers and traffic infraction enforcement officers are notaries public when engaged in the performance of official duties. In accordance with section 316.1934(5), F.S., this completed form is admissible without further authentication and is presumptive proof of the results herein. To be used in accordance with Section 316.1934(5), F.S., and in administrative proceedings pursuant to 322.265, F.S.

# WITNESS LIST

CASE NUMBER: 20-048809

ARRESTING OFFICER: INV D. S. SCHNEIDER 8723

ADDRESS: PBSO HQ 3228 GUN CLUB ROAD WEST PALM BEACH FL 33406

PHONE NUMBERS (HOME): \_\_\_\_\_ (WORK) 561 688 4001

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

NAME: DS CISSON 24091

ADDRESS: 3228 GUN CLUB ROAD WEST PALM BEACH FL 33406

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

CAN TESTIFY TO: Def being the driver

NAME: Di Campli, Matthew, Raymond

ADDRESS 707 Sunny Pine Way Apt A1, West Palm Beach, FL 33415

PHONE NUMBERS (HOME) (561) 900-8425 (WORK) 0

CAN TESTIFY TO: Drivers actions before the collision, driver of the Kia (Defendant)

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

ADDRESS \_\_\_\_\_

PHONE NUMBERS (HOME) \_\_\_\_\_ (WORK) 0

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

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

ADDRESS \_\_\_\_\_

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

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

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

ADDRESS \_\_\_\_\_

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

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

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

ADDRESS \_\_\_\_\_

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

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

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

ADDRESS \_\_\_\_\_

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

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

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

ADDRESS \_\_\_\_\_

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

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

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

ADDRESS \_\_\_\_\_

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

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

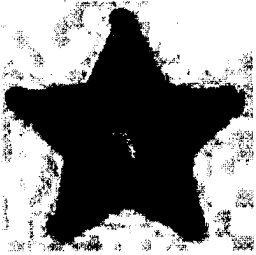
NAME: \_\_\_\_\_

ADDRESS \_\_\_\_\_

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

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

NOT A CERTIFIED COPY



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

PBSO CASE # 20-048809 PBSO ZONE 1-12

AGENCY CASE # / CRASH CASE # 20-048803

TIME OF STOP/CRASH 0039 DATE 03/13/2020 DAY Friday

SUBJECT'S NAME Velasquez Guzman, Ronis, Fabian RACE H SEX M

HGT 5'06 WGT 210 DOB 7/22/1999

LOCATION Military Trail and Forest Hill Blvd

ARRESTING OFFICER'S NAME & ID INV D. S. SCHNEIDER (8723) AGENCY Palm Beach County Sheriff's Office

DIVISION: VCD/DUI NOTIFIED BY COMMO YES

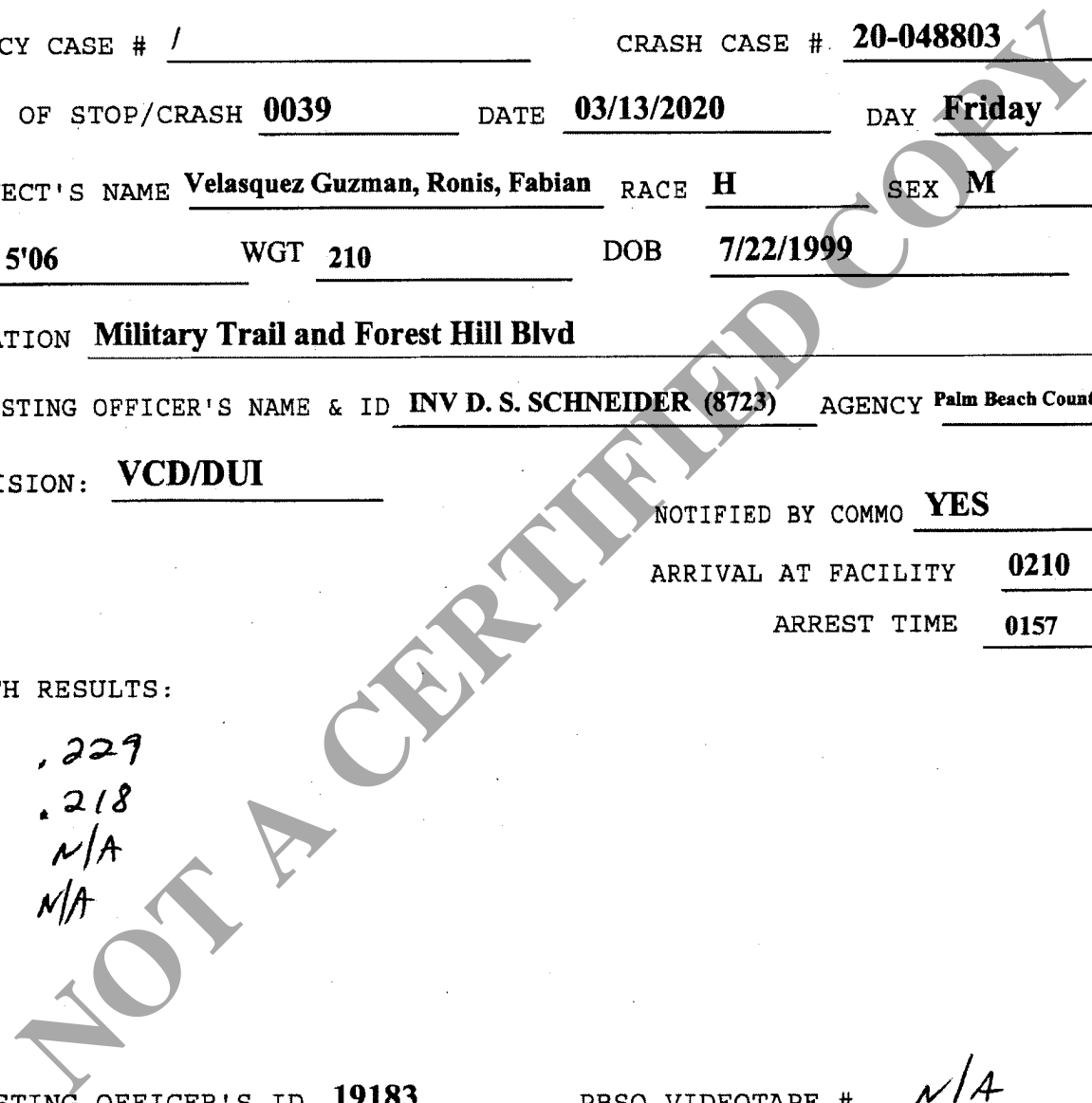
ARRIVAL AT FACILITY 0210

ARREST TIME 0157

BREATH RESULTS:

- 1. .229
- 2. .218
- 3. N/A
- 4. N/A

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



# D.U.I. PROBABLE CAUSE AFFIDAVIT

ON THE 13 DAY OF MARCH 20 20, AT 0039 AM  PM

SUBJECT: Velasquez Guzman, Ronis, Fabian CASE NUMBER: 20-048809

AGENCY: PALM BEACH COUNTY SHERIFF'S OFFICE ARRESTING OFFICER: INV D. S. SCHNEIDER 8723

## PERSONAL CONTACT

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

On 03/13/2020 at approximately 00:0053hrs, I was dispatched to the scene of a motor vehicle crash with injuries near the intersection of Military Trail and Forest Hill Blvd, which is located in unincorporated West Palm Beach, Palm Beach County, Florida.

I arrived at the scene at approximately 0105hrs. After my independent crash investigation, based on physical evidence, and witness statements, I determined that, at approximately 00:39hrs, the defendant, Ronis Fabian Velasquez Guzman, did indeed rear end V2 which was properly travelling south in the middle lane. (See PBSO crash case #20-048803)

Witness Matthew Di Campi, identified the defendant, to me, as the driver of the vehicle at the time of the crash. Di Campi completed a written sworn statement as well as a video statement. On video Di Campi stated he was following the vehicle described the defendant to me as the driver. Di Campi informed me as to the events which transpired surrounding the crash.

D/S Cisson #24091 relayed to me that Velasquez had articulable indicators of impairment, so he called for a DUI Unit to conduct a possible DUI investigation. D/S Cisson provided me with a written sworn supplemental Probable Cause Affidavit.

### OBSERVATION OF DRIVER:

Upon making contact with the driver who was identified by his Florida driver license as Ronis Fabian Velasquez Guzman, I immediately detected an obvious and strong odor of an unknown alcoholic beverage emitting from his person and face area. This odor intensified as I spoke to Velasquez. Velasquez had glassy, glazed, and blood shot eyes. Velasquez's speech was slurred, slow, thick, and at times difficult to understand. Velasquez's movements were slow and deliberate, and lethargic with poor coordination. Velasquez had to lean of my vehicle for balance and had difficulty following directions given to him. Velasquez was wearing a black shirt with white lettering on the back, blue shorts, and black and red sneakers.

### DRIVER'S STATEMENTS:

On scene Post Miranda Velasquez stated he had 3 to 4 modelo beers after playing soccer. Once at the PBC Jail, while waiting for medical staff Velasquez stated he was driving the vehicle because he was the most sober of the two. Once in the breath room Velasquez was adamant that he was not the driver.

Velasquez consented to breath and completed Q&A.

### ODORS:

A strong and obvious odor of an unknown alcoholic beverage was emitting from his person and face area which intensified as I spoke to Velasquez.

## GENERAL OBSERVATIONS

SPEECH: Velasquez's speech was slurred, slow, and thick, and at times difficult to understand.

ATTITUDE: Talkative, polite.

CLOTHING: Black shirt with white lettering on the back, blue shorts, and black and red sneakers.

MEDICAL/OTHER: None

STATE OF FLORIDA  
COUNTY OF PALM BEACH

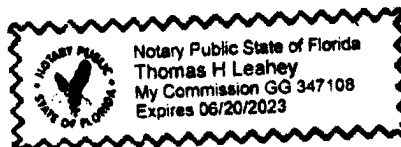
INV D. S. SCHNEIDER 8723  
(Signature of Arresting/Investigative Officer)

The foregoing instrument was sworn to or affirmed and subscribed before me this 13 day of March 20 20 by INV D. S. SCHNEIDER 8723

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

Thomas Leahey (#19183)

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



SUBJECT: Velasquez Guzman, Ronis, Fabian CASE NUMBER 20-048809

### ROADSIDE TASKS

#### HORIZONTAL GAZE NYSTAGMUS:

- |   |   |
|---|---|
| <input checked="" type="checkbox"/> LT EYE-LACK OF SMOOTH PURSUIT                           | <input checked="" type="checkbox"/> RT EYE-LACK OF SMOOTH PURSUIT                           |
| <input checked="" type="checkbox"/> LT EYE-DISTINCT & SUSTAINED NYSTAGMUS AT MAX. DEVIATION | <input checked="" type="checkbox"/> RT EYE-DISTINCT & SUSTAINED NYSTAGMUS AT MAX. DEVIATION |
| <input checked="" type="checkbox"/> LT- EYE-ONSET OF NYSTAGMUS PRIOR TO 45 DEGREES          | <input checked="" type="checkbox"/> RT- EYE-ONSET OF NYSTAGMUS PRIOR TO 45 DEGREES          |

#### Other Observations:

Velasquez would sway roughly in a side to side front to back pattern throughout the task. Velasquez did touch the tip of the pen as directed to positively identify the point to be tracked. Velasquez was reminded numerous times to track the pen with his eyes only. Velasquez failed to keep his head still while tracking the stimulus. Velasquez had VGN and LOC.

#### WALK & TURN:

I attempted to explained and demonstrated the instructions for the "Walk & Turn" to Velasquez who was unable to maintain the instructional stance. He lost their balance while numerous times could not focus on listening to the instructions. Due to Velasquez's inability to maintain his balance the task could not be performed.

#### ONE LEG STAND:

I explained and demonstrated the instructions for the "One Leg Stand" to Velasquez who stated that he understood. During the task, I observed Velasquez to sway roughly in a side to side, front to back pattern throughout the demonstration phase. Velasquez continued to sway while balancing on one leg. Velasquez started hopping in an attempt to maintain balance. Velasquez asked if he was allowed to hop and I explained that was not part of the task. Velasquez attempted a second time and began hopping again. Velasquez was not able to complete the task.

#### FINGER TO NOSE:

I explained and demonstrated the instructions for the "Finger to Nose" task to Velasquez who stated that he understood. During the task, I observed Velasquez to sway roughly in a side to side, front to back pattern throughout the demonstration phase. Velasquez failed to return his arms down to his sides as instructed after touching his nose. Velasquez's index finger did not touch the tip of the nose on multiple and he searched for the tip of his nose using the finger to find his nose prior to touching the tip. Velasquez would not keep his eyes closed and had to be reminded. The sequence used for this task was L, R, L, R, R, L.

#### ROMBERG ALPHABET:

I explained and demonstrated the instructions for the "Rhombert Alphabet" task to Velasquez who stated that he understood. During the task, I observed Velasquez to sway roughly in a side to side, front to back pattern throughout the demonstration phase. Velasquez would sway more than 2 inches. Velasquez incorrectly recited the alphabet.

BREATH TEST RESULTS: .229 .218

STATE OF FLORIDA  
COUNTY OF PALM BEACH

INV D. S. SCHNEIDER 8723

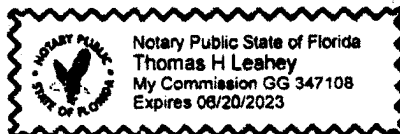
(Signature of Arresting/Investigative Officer)

The foregoing instrument was sworn to or affirmed and subscribed before me this 13 day of March 2020 by INV D. S. SCHNEIDER 8723

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

Thomas Leahey (#19183)

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





**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**

<b>Booking Number:</b> 2020008227	<b>Date:</b> 3/13/2020
	<b>Specialist Name/ID:</b> B Evans / 23649



# FLORIDA DUI UNIFORM TRAFFIC CITATION A2GD8DP

COUNTY OF Palm Beach  (1) F.H.P.  (2) P.S.O.  (3) S.O.  (4) OTHER  
 CITY (IF APPLICABLE) \_\_\_\_\_ AGENCY NAME PSO  
 AGENCY # \_\_\_\_\_

IN THE COUNTY DESIGNATED BELOW THE UNDERSIGNED CERTIFIED THAT HE/SHE HAS JUST AND REASONABLE GROUNDS TO BELIEVE AND DOES BELIEVE THAT ON

COMPLAINT (RETAINED BY COURT)

DAY OF WEEK Fri MONTH Mar DAY 13 YEAR 2020 TIME 0157  P.M.  P.M.  
 NAME (PRINT) FIRST Rodis MIDDLE F LAST Melendez  
 STREET 3485 W. San Salvador St (IF DIFFERENT THAN ONE ON DRIVER LICENSE TO HERE)  
 CITY Lake Worth STATE FL ZIP CODE 33462  
 TELEPHONE NUMBER 561 201 6767 DATE OF BIRTH 7/21/99 RACE W SEX M HEIGHT 5'6"  
 DRIVER LICENSE NUMBER V4227210995620 WHITE  CLASS 25 COL LICENSE  TR LICENSE EXP  COMMERCIAL VEHICLE  YES  NO  
 TR VEHICLE MAKE Kia STYLE 4D COLOR BLU PLACARDED HAZARDOUS MATERIAL  YES  NO  
 VEHICLE LICENSE NO. A2GD11 TRAILER TAG NO. \_\_\_\_\_ STATE FL YEAR TAG EXPIRES 12/31 3+18 PASSENGERS  YES  NO  
 LOCATION (PUB. STREET OR HIGHWAY, OR OTHER LOCATION NAME) Military base - Forest Hill MOTORCYCLE  YES  NO  
 COMMENTS (COMPANION CITATIONS) WPA  YES  NO  
 FT. \_\_\_\_\_ MILES \_\_\_\_\_ OF ROUTE \_\_\_\_\_

DID UNLAWFULLY COMMIT THE OFFENSE OF DRIVING UNDER THE INFLUENCE OF ALCOHOLIC BEVERAGES, CHEMICAL OR CONTROLLED SUBSTANCES; DID DRIVE, OR WAS IN ACTUAL PHYSICAL CONTROL OF A VEHICLE, WHILE UNDER THE INFLUENCE OF AN ALCOHOLIC BEVERAGE/CHEMICAL SUBSTANCE/CONTROLLED SUBSTANCE TO THE POINT NORMAL FACILITIES WERE IMPAIRED, OR WITH A BLOOD OR BREATH ALCOHOL LEVEL OF .08 OR ABOVE OF 0.121218

COMMENTS (UNLAWFUL TO OFFENSE: Check all that apply)

did not stop damage  YES  NO  
 AGGRESSIVE DRIVER  PASSENGER 18 YEARS  STATE STATUTE SECTION 316.193 (3)(b)  
 DAMAGE TO OTHER PROPERTY  HARMY TO ANOTHER  SERIOUS BODILY INJURY TO ANOTHER  FATAL  YES  NO

THIS IS A CRIMINAL VIOLATION, COURT APPEARANCE REQUIRED, AS INDICATED BELOW.

COURT DATE 4/9/2020 TIME 0830  
2286 W. Club Rd COURT JURISDICTION A2GD8DP  
WPA FL 33406  
 ARREST DELIVERED TO PRC DATE 3/13/2020

I AGREE AND PROMISE TO COMPLY AND ANSWER TO THE CHARGES AND INSTRUCTIONS SPECIFIED IN THIS CITATION. WILLFUL REFUSAL TO ACCEPT AND SIGN THE CITATION MAY RESULT IN ARREST. I UNDERSTAND MY SIGNATURE IS NOT AN ADMISSION OF GUILT OR WAIVER OF RIGHTS. IF YOU NEED REASONABLE FACILITY ACCOMMODATIONS TO COMPLY WITH THIS CITATION, CONTACT THE CLERK OF THE COURT.

X SIGNATURE OF VIOLATOR [Signature]

EFFECTIVE IMMEDIATELY, YOUR DRIVING PRIVILEGE IS SUSPENDED/DISQUALIFIED FOR:

DRIVING WITH AN UNLAWFUL BLOOD OR BREATH ALCOHOL LEVEL. THIS SUSPENSION IS FOR A PERIOD OF SIX MONTHS IF THIS IS THE FIRST VIOLATION OR ONE YEAR IF PREVIOUSLY SUSPENDED FOR DRIVING WITH AN UNLAWFUL BLOOD OR BREATH ALCOHOL LEVEL. IF YOU HOLD A CDL OR YOU ARE OPERATING A CMV, YOUR COMMERCIAL DRIVER LICENSE/PRIVILEGE WILL ALSO BE DISQUALIFIED FOR ONE YEAR FOR THE FIRST OFFENSE OR PERMANENTLY DISQUALIFIED FOR A SUBSEQUENT OFFENSE.

REFUSAL TO SUBMIT TO LAWFUL BREATH, BLOOD OR URINE TEST SECTION 322.2615, F. S. THIS SUSPENSION IS FOR A PERIOD OF ONE YEAR IF THIS IS A FIRST REFUSAL OR 18 MONTHS IF PREVIOUSLY SUSPENDED FOR THIS OFFENSE. IF YOU HOLD A CDL OR YOU ARE OPERATING A CMV, YOUR COMMERCIAL DRIVER LICENSE/PRIVILEGE WILL ALSO BE DISQUALIFIED FOR A PERIOD OF ONE YEAR FOR A FIRST REFUSAL OR PERMANENTLY DISQUALIFIED FOR A SUBSEQUENT REFUSAL.

LICENSE SURRENDERED?  YES  NO REASON NOT IN POSSESSION

ELIGIBLE FOR PERMIT?  YES  NO REASON \_\_\_\_\_

UNLESS INELIGIBLE, THIS CITATION SHALL SERVE AS A TEMPORARY DRIVER LICENSE AND WILL EXPIRE AT MIDNIGHT ON THE 10TH DAY FOLLOWING THE DATE OF SUSPENSION.

AT THE Lepidoptera Lakes BUREAU OF ADMINISTRATIVE REVIEWS OFFICE.  
 YOU MAY BE RECALLED WITHIN 10 DAYS AFTER THE DATE OF SUSPENSION, A REVIEW OF SUSPENSION BY THE DEPARTMENT OF \_\_\_\_\_

NOT A CERTIFICATE