

J# 0525080

ARREST / NOTICE TO APPEAR
Juvenile Referral Report

P# 1074

OBTS Number		1. Arrest 2. N.T.A.		3. Request for Warrant 4. Request for Capias		1		Juvenile		N	
Agency ORI Number FLO 500000		Agency Name PALM BEACH COUNTY SHERIFF'S OFFICE				Agency Report Number (N.T.A.'s only) 06-21-093491					
Charge Type: Check as many as apply. <input type="checkbox"/> 1. Felony <input type="checkbox"/> 2. Traffic Felony <input checked="" type="checkbox"/> 3. Misdemeanor <input checked="" type="checkbox"/> 4. Traffic Misdemeanor <input type="checkbox"/> 5. Ordinance <input type="checkbox"/> 6. Other		Weapon Seized / Type <input checked="" type="checkbox"/> 1. Yes <input type="checkbox"/> 2. No		Multiple Clearance Indicator <input type="checkbox"/> 1							
Location of Arrest (Including Name of Business) 10TH AVE N (W) OF JOG RD GREEN ACRES FL 33463						Location of Offense (Business Name, Address) 10TH AVE N (W) OF JOG RD, GREEN ACRES FL 33463					
Date of Arrest 08/07/2021		Time of Arrest 0050		Booking Date		Booking Time		Jail Date		Jail Time	
Name (Last, First, Middle) PALOMINO ORIA, YENIER						Alias (Name, DOB, Soc. Sec. #, Etc.)					
Race W - White I - American Indian B - Black O - Oriental/Asian		Sex M		Date of Birth 2/15/1989		Height 504		Weight 215		Eye Color BRO	
Scars, Marks, Tattoos, Unique Physical Features (Location, Type, Description) NONE		Marital Status Married		Religion CATHOLIC		Indication of Alcohol Influence <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> Unk.		Indication of Drug Influence <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> Unk.		Build MED	
Local Address (Street, Apt. Number) 2313 RIDGEWOOD CIRCLE, ROYAL PALM BEACH FL 33414		(City) ()		(State) ()		(Zip) ()		Phone (561) 932 2774		Residence Type: 1. City 2. County 3. Florida 4. Out of State 1	
Permanent Address (Street, Apt. Number) 925 CONGRESS AVE DELRAY BCH FL 33404		(City) ()		(State) ()		(Zip) ()		Phone ()		Address Source FL DL	
Business Address (Name, Street) 925 CONGRESS AVE DELRAY BCH FL 33404		(City) ()		(State) ()		(Zip) ()		Phone ()		Occupation	
DL Number, State P455960890550,		Soc. Sec. Number ()		INS Number ()		Place of Birth (City, State) CUBA		Citizenship RESIDENT			
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 B. Buy T. Traffic		R. Smuggle D. Deliver E. Use		K. Dispense/ Distribute		M. Manufacture/ Produce/ Cultivate		Z. Other	
Drug Type DUI		Amount / Unit N/A		Offense # 21-093491		Statute Violation Number 316.193(1)A		Violation of ORD #			
Drug Activity N		Drug Type N		Amount / Unit N/A		Offense # 21-093491		Statute Violation Number 316.193(1)A		Violation of ORD #	
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	
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) 3228 GUN CLUB RD WEST PALM BEACH FL 33406						AUG 7 AM 4:00					
Court Date and Time Month AUGUST Day 26 Year 2021 Time 0830 AM <input checked="" type="checkbox"/> PM											
I AGREE TO APPEAR AT THE TIME AND PLACE DESIGNATED TO ANSWER THE OFFENSE CHARGED OR TO PAY THE FINE SUBSCRIBED. I UNDERSTAND THAT SHOULD I 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. 08/07/2021											
Signature of Defendant (or Juvenile and Parent / Custodian)						Date Signed					
HOLD for other Agency Name:		Signature of Arresting Officer X		Name of Arresting Officer (Print) INV E. K. WHITE		I.D. # 7209		Name Verification (Printed by Arrestee) (PRINT)		PAGE 1	
<input type="checkbox"/> Dangerous <input type="checkbox"/> Suicidal		<input type="checkbox"/> Resisted Arrest <input type="checkbox"/> Other:		Intake Deputy SPANN		Pouch #		Transporting Officer INV E. K. WHITE		ID # 7209	
Agency PBSO		Witness here if subject signed with an		Agency PBSO		Witness here if subject signed with an		Agency PBSO		Witness here if subject signed with an	

		PROBABLE CAUSE AFFIDAVIT		1. Arrest 2. N.T.A.		3. Request for Warrant 4. Request for Capias		1		Juvenile		N	
ADMIN	OBTS Number			Agency ORI Number		Agency Name		Agency Report Number					
	FLO 500000		PALM BEACH COUNTY SHERIFF'S OFFICE		06-21-093491								
CHARGES	Charge Type: Check as many as apply.		1. Felony 2. Traffic Felony		3. Misdemeanor 4. Traffic Misdemeanor		5. Ordinance 6. Other		Special Notes:				
	Name (Last, First, Middle)		PALOMINO ORIA, YENIER,		Alias		Race		Sex		Date of Birth		
VICTIM	Charge Description		DUI		316.193(1)A		Charge Description						
	Charge Description						Charge Description						
VICTIM	Victim's Name (Last, First, Middle)				Race		Sex		Date of Birth				
	Local Address (Street, Apt. Number)		(City) (State) (zip)		Phone		Address Source						
VICTIM	Business Address (Name, Street)		(City) (State) (zip)		Phone		Occupation						
	<p>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.</p> <p><input type="checkbox"/> committed the below acts in my presence. <input type="checkbox"/> was observed by _____ who told _____ that he/she saw the arrested person commit the below acts.</p> <p><input type="checkbox"/> confessed to _____ admitting to the below facts. <input checked="" type="checkbox"/> was found to have committed the below acts, resulting from my (described) investigation.</p> <p>On the 7 day of AUGUST 2021 at 0015 <input checked="" type="checkbox"/> A.M. <input type="checkbox"/> P.M. (Specifically include facts constituting cause for arrest.)</p> <p>On Saturday, August 7, 2021 at approximately 0010 hours, I responded to 10th Avenue North, west of Jog Road, Green Acres (Palm Beach County) Florida to assist Sergeant Victor Fazzino with a traffic stop that involved a possible drunk driver. Upon my arrival I saw the sergeant's patrol car stopped in the westbound lane of 10th Ave N behind a black vehicle that was stopped in the safety zone. Both vehicles were facing west. Back up deputies were on scene to include the translating deputy (Felix Torres ID# 24971). I made contact with the sergeant who told me he paced clocked a black vehicle that was traveling 59 miles per hour (mph) in a posted 40 mph speed zone. After making contact with the driver, who was the sole occupant inside the vehicle, he suspected him to had been drinking an unspecified amount of alcoholic beverages. He asked that a DUI unit respond to his location to assess the driver for possibly being impaired. The sergeant wrote a sworn witness statement on a probable cause affidavit detailing his involvement with this case.</p> <p>I made contact with the driver who was currently sitting in the driver seat of the previously mentioned vehicle. He was later identified as Yenier Palomino Oria by his Florida driver license. I noticed his eyes were red, watery and glossy. His face was flushed, mouth dry and his speech was slow. He was unsteady while standing and labored in maintaining his balance on occasion. I could smell an odor of an unknown alcoholic beverage emanating from the inside of his vehicle. He was blue jeans, a red button up shirt and gray sneakers. I told the driver he was stopped for excessive speed. Moreover, I told him the sergeant who stopped him suspected him of drinking an unknown amount of alcoholic beverage(s). I explained I also had a suspicion that he had been drinking an unspecified amount of alcoholic beverages. He said he drank one beer. Based on my suspicion I asked if he would consent to performing Standardized Field Sobriety Evaluations (SFSTs) for the purpose of determining if he was impaired while operating a motor vehicle. Prior to his performance I asked if he had any physical problems with his body that would inhibit him from performing light physical exercises. I also asked if he was taking medication. He explained he neither had anything wrong with him physically, nor was he taking medication. I escorted him across the street to the sidewalk. This area was smooth, level and free from obstruction and debris. I could now smell a strong odor of an unknown alcoholic beverage emanating from his breath that intensified when he spoke. I placed a yellow strip of masking tape on the surface that formed a line. He identified the tape by giving its color and placing his left foot on it when prompt to do so.</p> <p>STATE OF FLORIDA COUNTY OF PALM BEACH</p> <p>INV E. K. WHITE</p> <p>(Signature of Arresting/Investigative Officer)</p> <p>The foregoing instrument was sworn to or affirmed and subscribed before me on 7 AUGUST 2021 by INV E. K. WHITE</p> <p>(Print name of Arresting/Investigative Officer), who is personally known to me and who produced to me a valid form of identification produced by _____</p> <p>Notary Public, Clerk of Court, Officer (F.S.S. 117.10)</p> <p>Notary Public State of Florida My Commission GG 200028 Expires 03/25/2022</p> <p>KNOWN</p> <p>PAGE 1 OF 2</p>												

ADMIN	Agency ORI Number FLO 500000	Agency Name PALM BEACH COUNTY SHERIFF'S OFFICE	Agency Report Number 06- 21-093491			
	Charge Type: Check as many as apply. <input type="checkbox"/> 1. Felony <input type="checkbox"/> 2. Traffic Felony <input checked="" type="checkbox"/> 3. Misdemeanor <input checked="" type="checkbox"/> 4. Traffic Misdemeanor <input type="checkbox"/> 5. Ordinance <input type="checkbox"/> 6. Other		Special Notes:			
DEF	Name (Last, First, Middle) Palomino Oria, Yenier		Alias	Race H	Sex M	Date of Birth 02/15/1989
CHARGES	Charge Description DUI		316.193(1)			
	Charge Description		Charge Description			
VICTIM	Victim's Name (Last, First, Middle) State Of Florida		Race ~	Sex ~	Date of Birth ~	
	Local Address (Street, Apt. Number) 3228 Gun Club Rd, West Palm Beach, FL		(City) ()	(State) ()	(zip) ()	Phone (561) 688-3000
The undersigned certifies and swears that he/she has just and reasonable grounds to believe, and does believe that the above named Defendant committed the following violation of law. The Person taken into custody <input type="checkbox"/> committed the below acts in my presence. <input type="checkbox"/> confessed to _____ admitting to the below facts. <input checked="" type="checkbox"/> was observed by _____ who told _____ that he/she saw the arrested person commit the below acts. <input checked="" type="checkbox"/> was found to have committed the below acts, resulting from my (described) investigation. On the <u>7th</u> day of <u>August</u> 20 <u>21</u> at <u>12:25</u> <input checked="" type="checkbox"/> A.M. <input type="checkbox"/> P.M. (Specifically include facts constituting cause for arrest.)						
On this date at approximately 12:25 a.m. I observed a black Toyota, FL Tag PCB-I24 traveling westbound in the #1 lane approaching Sherwood Forest Blvd. The vehicle was paced at 59 miles per hour in a 40 mile per hour zone to S. Jog Road. I performed a traffic stop on 10th Avenue North just west of S. Jog Road, and the vehicle came to a stop in the safety zone in the middle of the road. Upon my approach to the vehicle, I observed a Hispanic male driver and sole occupant of the vehicle. The driver was able to provide his Driver's License and he was identified as Yenier Palamino Oria. My observations of Mr. Oria included glazed eyes with an odor of an alcoholic beverage emanating from the passenger compartment of the vehicle. I asked Mr. Oria if he had been drinking tonight and he admitted to having one drink. Based on the totality of my observations and my experience, I requested a DUI unit to complete a DUI investigation.						
ADMINISTRATIVE	STATE OF FLORIDA COUNTY OF PALM BEACH Sergeant Fazzino (Signature of Arresting/Investigative Officer)					
	The foregoing instrument was sworn to or affirmed and subscribed before me this <u>7th</u> day of <u>August</u> 20 <u>21</u> by <u>Sergeant Fazzino 6580</u> (Print name of Arresting/Investigative Officer), who is personally known to me and/or produced identification. Type of identification produced <u>Personally Known</u> Notary Public, Clerk of Court, Officer (F.S.S. 119.06) <u>E-K-WATTE 7207</u>					
PAGE 1						

OBTS Number		PROBABLE CAUSE AFFIDAVIT		1. Arrest 2. N.T.A.		3. Request for Warrant 4. Request for Capias		Juv 1		N		
ADMIN	Agency ORI Number FLO 500000		Agency Name PALM BEACH COUNTY SHERIFF'S OFFICE		Agency Report Number 06- 21-093491							
	Charge Type: Check as many as apply.		<input type="checkbox"/> 1. Felony <input type="checkbox"/> 2. Traffic Felony <input checked="" type="checkbox"/> 3. Misdemeanor <input checked="" type="checkbox"/> 4. Traffic Misdemeanor <input type="checkbox"/> 5. Ordinance <input type="checkbox"/> 6. Other		Special Notes:							
DEF	Name (Last, First, Middle) PALOMINO ORIA, YENIER.				Alias		Race W		Sex M		Date of Birth 2/15/1989	
	Charge Description DUI				316.193(1)A		Charge Description					
CHARGES	Charge Description				Charge Description							
	Charge Description				Charge Description							
VICTIM	Victim's Name (Last, First, Middle)						Race		Sex		Date of Birth	
	Local Address (Street, Apt. Number)						(City)		(State)		(zip)	
	Business Address (Name, Street)						(City)		(State)		(zip)	
	Phone						()		Address Source		Occupation	
<p>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.</p> <p>The Person taken into custody</p> <p><input type="checkbox"/> committed the below acts in my presence.</p> <p><input type="checkbox"/> confessed to _____</p> <p><input type="checkbox"/> admitting to the below facts.</p> <p><input type="checkbox"/> was observed by _____ who told _____ that he/she saw the arrested person commit the below acts.</p> <p><input checked="" type="checkbox"/> was found to have committed the below acts, resulting from my (described) investigation.</p> <p>On the <u>7</u> day of <u>AUGUST</u> 20<u>21</u> at <u>0015</u> <input checked="" type="checkbox"/> A. M. <input type="checkbox"/> P. M. (Specifically include facts constituting cause for arrest.)</p>												
<p>The following SFSTs were explained, demonstrated, translated and acknowledged by him prior to his performance: HGN, The Walk and Turn, The One Leg Stand and The Finger to Nose. His deficiencies were recorded on another form in this work sheet. At the conclusion of the SFSTs, coupled with the sergeant's observation of the defendant's vehicle traveling above the posted speed limit, to include seeing indicators of impairment; coupled with my observation of personal indicators of impairment exhibited by the defendant, probable cause was established for DUI. I told the defendant he was being placed under lawful arrest for DUI. He was searched and handcuffed (double locked and checked for tightness) prior to being seated into the rear of my patrol car. Back up deputies arranged for the defendant's vehicle to be towed by a tow service from PBSO's rotation list. Priority Towing responded and impounded his vehicle to their lot. Meanwhile I began transport to the main jail breath analysis facility for further processing. D/S Torres followed. Upon our arrival I escorted the defendant into the facility and began a 20 minute observation period. During this time the defendant did not ingest anything into his body orally or otherwise. Neither did he regurgitate. I escorted him into the testing room and asked him to provide breath samples for the purpose of determining his alcohol content. He obliged. The defendant gave two (2) adequate breath samples that rendered consecutive results of .166. Due to the road shortage where the translator was needed to handle calls for service, Miranda and Q&A were not done. The defendant was cited for speeding and booked into the main jail for DUI.</p>												
ADMINISTRATIVE	<p>STATE OF FLORIDA COUNTY OF PALM BEACH</p> <p style="text-align: right;">INV E. K. WHITE</p> <p>(Signature of Arresting/Investigative Officer)</p> <p>The foregoing instrument was sworn to or affirmed and subscribed before me this <u>7</u> day of <u>AUGUST</u> 20<u>21</u> by <u>INV E. K. WHITE</u></p> <p>(Print name of Arresting/Investigative Officer), who is personally known to me and/or produced identification. Type of identification produced <u>KNOWN</u></p> <p>Notary Public, Clerk of Court, Officer (F.S.S. 117.10)</p> <p>Notary Public State of Florida Paris Pound My Commission GG 200028 Expires 03/25/2022</p>											
	<p>PAGE 2 OF 2</p>											
	<p>DISTRIBUTION: WHITE - COURT COPY GREEN - STATE ATTORNEY YELLOW - AGENCY PINK - AGENCY</p>											
	<p>PBSO #0004 REV. 04/01</p>											

D.U.I. PROBABLE CAUSE AFFIDAVIT

ON THE 7 DAY OF AUGUST 20 21 AT 0015 AM PM

SUBJECT: PALOMINO ORIA, YENIER, CASE NUMBER: 21-093491

AGENCY: PALM BEACH COUNTY SHERIFF'S OFFICE ARRESTING OFFICER: INV E. K. WHITE

PERSONAL CONTACT

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

SEE PC AFFIDAVIT

OBSERVATION OF DRIVER:

SEE PC AFFIDAVIT

DRIVER'S STATEMENTS:

I DRANK ONE BEER

ODORS:

STRONG ODOR OF AN UNKNOWN ALCOHOLIC BEVERAGE EMANATING FROM SUBJECT'S BREATH

GENERAL OBSERVATIONS

SPEECH: SLOW

ATTITUDE: LETHARGY COOPERATIVE

CLOTHING: LOOSE AND DISHEVELED (BLUE JEANS WETNESS IN FRONT-RED BUTTON UP SHIRT)

MEDICAL/OTHER: NONE

STATE OF FLORIDA
COUNTY OF PALM BEACH

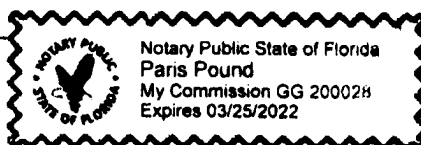
INV E. K. WHITE

(Signature of Arresting/Investigative Officer)

The foregoing instrument was sworn to or affirmed and subscribed before me this 7 day of AUGUST 2021 by INV E. K. WHITE

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

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



SUBJECT: PALOMINO ORIA, YENIER,

CASE NUMBER 21-093491

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:

Subject was asked to stand with their feet together and place their hands by their side. They were asked to focus on the stimulus and follow it with their eyes. Lastly they were told not to move their head to assist in following the stimulus with their eyes. Subject showed equal pupil size that tracked equally. Both eyes lacked a smooth pursuit. I saw distinct and sustained Nystagmus at maximum deviation. I also saw an onset of Nystagmus prior to 45 degrees in both eyes. Subject swayed while performing this task. Subject also turned his head to assist in following the light.

WALK & TURN:

THE DEFENDANT WAS PLACED IN THE INSTRUCTIONAL STANCE FOR THE WALK AND TURN. THIS TASK WAS EXPLAINED AND DEMONSTRATED TO THE DEFENDANT. THE DEFENDANT ACKNOWLEDGED THE INSTRUCTIONS PRIOR TO PERFORMING THIS TASK: Subject was unable to maintain his balance while placed in the instructional position. He swayed and abandoned the position. During the task he was unable to maintain his balance while walking the line, he failed to touch heel to toe, he stepped off the line, he asked for instructions while performing the task.

ONE LEG STAND:

THE DEFENDANT WAS PLACED IN THE INSTRUCTIONAL STANCE FOR THE ONE LEG STAND. THIS TASK WAS EXPLAINED AND DEMONSTRATED TO THE DEFENDANT. THE DEFENDANT ACKNOWLEDGED THE INSTRUCTIONS PRIOR TO PERFORMING THIS TASK: Subject failed to maintain his balance, he began hopping and leaning. He did not raise his foot the desired height and had to be reminded to look at his elevated foot.

FINGER TO NOSE:

THE DEFENDANT WAS PLACED IN THE INSTRUCTIONAL STANCE FOR THE FINGER TO NOSE. THIS TASK WAS EXPLAINED AND DEMONSTRATED TO THE DEFENDANT. THE DEFENDANT ACKNOWLEDGED THE INSTRUCTIONS PRIOR TO PERFORMING THIS TASK: Subject swayed while performing this task. He failed to touch the tip of his finger to the tip of his nose 4 out of 6 times.

ROMBERG ALPHABET:

N/A

BREATH TEST RESULTS: .166 .166

STATE OF FLORIDA
COUNTY OF PALM BEACH

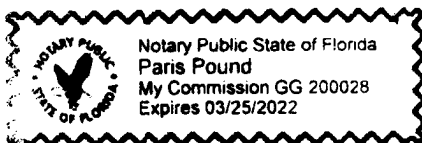
INV E. K. WHITE

(Signature of Arresting/Investigative Officer)

The foregoing instrument was sworn to or affirmed and subscribed before me this 7 day of AUGUST, 2021 by INV E. K. WHITE

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

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



SUBJECT: _____ CASE NUMBER: _____

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) NOT _____

SUBJECT: _____ CASE NUMBER: _____

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: INV. F. K. WHITE

**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: 80-006238 Software: 8100.27
Date of Test: 08/07/2021

Date of Last Agency Inspection: 07/16/2021
Observation Period Began: 01:20
Subject's Name: YENIER PALOMINO ORIA

DOB: 02/15/1989 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	01:46
	Air Blank	0.000	01:47
	Control Test	0.080	01:47
	Air Blank	0.000	01:48
	Subject Sample #1	0.166	01:48
	Air Blank	0.000	01:49
	Air Blank	0.000	01:50
	Subject Sample #2	0.166	01:51
	Air Blank	0.000	01:51
	Control Test	0.079	01:52
	Air Blank	0.000	01:52
	Diagnostics Check	OK	01:52

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 PARIS D POUND, 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: _____

Signature

Date: 08/07/21

Sworn to or affirmed before me this 7th day of August, 2021

INV. E.K. WHITE

Signature of Notary Public-State of Florida

Printed Name of Notary Public-State of Florida

Note: Pursuant to section 117.10, Florida Statutes, law enforcement officers, correctional officers, traffic accident investigation officers and traffic infraction enforcement officers are notaries public when engaged in the performance of official duties. In accordance with section 316.1934(5), F.S., this completed form is admissible without further authentication and is presumptive proof of the results herein. To be used in accordance with Section 316.1934(5), F.S., and in administrative proceedings pursuant to 322.2615, F.S.

TESTING FACILITY TASK REPORT

AGENCY: PBSO

SUBJECT: PALOMINO ORIA, YENIER

CASE NUMBER: 21-093491

DATE: Aug 7, 2021

VIDEO DVD NUMBER: N/A

BEGINNING TIME: 01:43

ENDING TIME: 01:54

BREATH TESTS RESULTS: 1) .166 TIME 01:48 A.M. ☒ P.M. ☐ 2) .166 TIME 01:51 A.M. ☒ P.M. ☐
3) N/A TIME N/A A.M. ☐ P.M. ☐ 4) N/A TIME N/A A.M. ☐ P.M. ☐

BREATH OPERATOR: P.POUND #24639

MAINTENANCE TECHNICIAN: J. KARLECKE# 6467

TESTING OFFICER'S OBSERVATIONS

SPEECH: SPANISH SPEAKER

ATTITUDE: CALM, QUIET

CLOTHING: BLUE JEANS , MAROON SHIRT , GRAY SNEAKERS

MEDICAL CONDITIONS: NONE

MEDICATIONS: NONE

OTHER:

EYES: GLASSY AND BLOODSHOT

COMMENTS:

ARRIVED AT CENTER A/O BEGAN THE 20 MINUTE OBSERVATION PERIOD AT 01:20 HRS.

SUBJECT: AGREED TO TAKE TEST

TECH: READ TEST RESULTS

SUBJECT: STATED HE UNDERSTOOD TEST RESULTS

NO RIGHTS OR Q&A CONDUCTED

WITNESS LIST

CASE NUMBER: 21-093491

ARRESTING OFFICER: INV E. K. WHITE

ADDRESS: HQ

PHONE NUMBERS (HOME): _____ (WORK) 561 688 3000

CAN TESTIFY TO: FACTS

NAME: SGT. VICTOR FAZZINO

ADDRESS: DIST 16

PHONE NUMBERS (HOME) _____ (WORK) 561 688 3000

CAN TESTIFY TO: STOPPING THE VEHICLE

NAME: D/S FELIX TORRES

ADDRESS DIST 16

PHONE NUMBERS (HOME) _____ (WORK) 561 688 3000

CAN TESTIFY TO: TRANSLATION ON SCENE AND AT THE BAT

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: _____



**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: 2021019553

Date: 8/8/2021

Specialist Name/ID: T Howard/7185