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2501 3018 1785

ARREST / NOTICE TO APPEAR  
Juvenile Referral Report

1 Arrest  2 NTA  3 Request for Warrant  4 Request for Capias  Juvenile

OBT'S Number		Agency ORI Number <b>FLO 505000</b>		Agency Name <b>LAKE CLARKE SHORES POLICE DEPARTMENT</b>		Agency Report Number (N.T.A.'s only) <b>06-58-2025-0447</b>	
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		Weapon Seized / Type <input type="checkbox"/> 1 Yes <input type="checkbox"/> 2 No	
Location of Arrest (Including Name of Business) <b>1800 block of Forest Hill Blvd</b>		Location of Offense (Business Name, Address) <b>1800 block of Forest Hill Blvd WPB</b>					
Date of Arrest <b>2/20/2025</b>		Time of Arrest <b>0025</b>		Booking Date		Booking Time	
Name (Last, First, Middle) <b>Roussel Curtis Austin</b>		Aliases (Name, DOB, Soc Sec #, Etc)					
Race W - White A - American Indian B - Black O - Oriental/Asian <b>W</b>		Sex Male <b>M</b>		Date of Birth <b>12/25/1993</b>		Height <b>6'02</b>	
Weight <b>225</b>		Eye Color <b>BLK</b>		Hair Color <b>BLK</b>		Complexion <b>FAY</b>	
Build <b>JRNL</b>		Mental Status		Religion <b>NONE</b>		Indication of Alcohol Influence <input type="checkbox"/> Y <input type="checkbox"/> N	
Indication of Drug Influence <input type="checkbox"/> Y <input type="checkbox"/> N		Scars, Marks, Tattoos, Unique Physical Features (Location, Type, Description)		Residence Type 1. City 2. County 3. Florida 4. Out of State <b>12</b>		Address Source <b>Residential</b>	
Local Address (Street, Apt. Number) <b>8472 159th Ct N WPB FL 33418</b>		Permanent Address (Street, Apt. Number) <b>8472 159th Ct N WPB FL 33418</b>		Business Address (Name, Street)		Occupation	
DL Number, State <b>B240101934650</b>		Soc Sec Number		INS Number <b>Kansas MS</b>		Citizenship <b>Mexico USA USA</b>	
Co-Defendant Name (Last, First, Middle)		Race		Sex		Date of Birth	
Co-Defendant Name (Last, First, Middle)		Race		Sex		Date of Birth	
Parent Legal Custodian Other: _____		Name (Last)		(First)		(Middle)	
Address (Street, Apt. Number)		(City)		(State)		(Zip)	
Notified by (Name)		Date		Time		Juvenile Disposition 1. Handed/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 355-2626) informed of any change of address. <input type="checkbox"/> Yes, by (Name) <input type="checkbox"/> No (Reason)		School Attended		Grade		Value of Property	
Property Crime? <input type="checkbox"/> Yes <input type="checkbox"/> No		Description of Property		Counts		Domestic Violence <input type="checkbox"/> Y <input type="checkbox"/> N	
Drug Activity S Sell B Buy P Possess N/A T Traffic		R Smuggle D Deliver E Use		K Dispense/ Distribute		M Manufacture/ Produce/ Cultivate	
Z Other		Drug Type N. N/A A. Amphetamine		B. Barbiturate C. Cocaine E. Heroin		H. Hallucinogen M. Marijuana O. Opium/Dev	
P. Paraphernalia/ Equipment S. Synthetics		U. Unknown Z. Other		Statute Violation Number <b>316-193 (1) (A)</b>		Violation of ORD #	
Charge Description <b>DUI</b>		Counts		Domestic Violence <input type="checkbox"/> Y <input type="checkbox"/> N		Warrant / Capias Number	
Drug Activity		Drug Type		Amount / Unit		Offense # <b>2025-0447</b>	
Charge Description		Counts		Domestic Violence <input type="checkbox"/> Y <input type="checkbox"/> N		Statute Violation Number	
Drug Activity		Drug Type		Amount / Unit		Offense #	
Charge Description		Counts		Domestic Violence <input type="checkbox"/> Y <input type="checkbox"/> N		Statute Violation Number	
Drug Activity		Drug Type		Amount / Unit		Offense #	
Charge Description		Counts		Domestic Violence <input type="checkbox"/> Y <input type="checkbox"/> N		Statute Violation Number	
Drug Activity		Drug Type		Amount / Unit		Offense #	
Location (Court, Room Number, Address) <b>CRIMINAL JUSTICE COMPLEX 3228 GUN CLUB RD WEST PALM BEACH, FL 33406</b>							
Court Date and Time Month <b>03</b> Day <b>19</b> Year <b>2025</b> Time <b>08:30 (AM)</b> 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.							
Signature of Delendant (or Juvenile and Parent /Custodian)						Date Signed	
HOLD for other Agency Name		Signature of Arresting Officer <b>[Signature]</b>		Name Verification (Printed by Arrestee)			
<input type="checkbox"/> Dangerous <input type="checkbox"/> Suicidal		<input type="checkbox"/> Resisted Arrest <input type="checkbox"/> Other		Name of Arresting Officer (Print) <b>[Signature]</b>		ID # <b>[ID]</b>	
Inmate Deputy <b>[Signature]</b>		ID #		Pouch #		Agency <b>LCSPD</b>	
Witness here if subject signed with an 'X'		Witness here if subject signed with an 'X'		Witness here if subject signed with an 'X'		Witness here if subject signed with an 'X'	

Perceval #334 1 of 1

Agency ORI Number **FLO 505000** Agency Name **LAKE CLARKE SHORES POLICE DEPARTMENT** Agency Report Number **06-58-2025-0447**

Charge Type Check as many as apply:  1 Felony  2 Traffic Felony  3 Misdemeanor  4 Traffic Misdemeanor  5 Ordinance  6 Other

Name (Last, First, Middle) **Roussel Curtis Austin** Alias \_\_\_\_\_ Race **W** Sex **M** Date of Birth **12/25/1993**

Charge Description **DUI**

Defendant's Name (Last, First, Middle) **ROUSSEL CURTIS AUSTIN** Race **W** Sex **M** Date of Birth **12/25/1993**

Local Address (Street, Apt. Number, City, State, Zip) **9474 159th Ct N, WPB FL 33418** Address Source \_\_\_\_\_

Business Address (Name, Street, City, State, Zip) \_\_\_\_\_ Phone \_\_\_\_\_ Occupation \_\_\_\_\_

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

committed the below acts in my presence.  was observed by **OFF PRORRAL** who told that he/she saw the arrested person commit the below acts.  
 confessed to \_\_\_\_\_ admitting to the below facts.  was found to have committed the below acts, resulting from my (described) investigation.

On the **07** day of **22** 20 **25** at **0025**  A.M.  P.M. (Specifically include facts constituting cause for arrest.)

On February 20, 2025, at approximately 0019 hrs, I observed a blue Ford truck traveling westbound in the 1800 Block of Forest Hill Blvd. The vehicle was speeding at 57 MPH in a 35 MPH zone. I initiated a traffic stop and made contact with the driver, who was identified as Roussel Curtis Austin (DOB: 12/25/1993, White Male).

Prior to the traffic stop, I observed the vehicle swerving and carelessly changing lanes. Upon making contact with Roussel, he initially refused to roll down his window, but after several requests, he partially lowered it. I detected a strong odor of unknown alcohol emanating from inside the vehicle.

Roussel was unable to provide the citation when requested. Based on my observations, I transitioned the stop to a criminal investigation and requested that Roussel perform sobriety tests to assess his level of intoxication. He refused to participate in the tests.

At approximately 0025 hrs, I placed Roussel under arrest for Driving Under the Influence (DUI). He was handcuffed, checked for proper spacing, and the cuffs were double-locked. I advised him of his arrest and transported him to the Palm Beach County BAT Center in my fully marked patrol vehicle for further investigation.

Upon arrival at the BAT Center, I began a 20-minute observation at 0216 hrs. After the observation period, I requested Roussel to submit to a breath test, which he refused. As a result of the investigation, Roussel Curtis Austin is being charged with DUI under F.S.S. 316.193(1)(A).

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 **07** day of **20** 20 **25** by **OFF PRORRAL**  
 (Print name of Arresting/Investigative Officer) who is personally known to me and/or produced identification Type of identification produced **Police Identification Card**

# TESTING FACILITY TASK REPORT

AGENCY: LCPD

SUBJECT: ROUSSEL, CURTIS .A.

CASE NUMBER: 25-035757

DATE: Feb 20, 2025

VIDEO DVD NUMBER: N/A

BEGINNING TIME: 02:43

ENDING TIME: 02:49

BREATH TESTS RESULTS: 1) R TIME 02:47 A.M.  P.M.  2) N/A TIME N/A 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: T. MILLER #41017

MAINTENANCE TECHNICAN: J. KARLECKE# 6467

## TESTING OFFICER'S OBSERVATIONS

SPEECH: SLOW

ATTITUDE: CALM

CLOTHING: BLACK SHIRT, BLUE JEANS , BROWN LOAFER BOOTS

MEDICAL CONDITIONS: WOULD NOT ANSWER

MEDICATIONS: WOULD NOT ANSWER

### OTHER:

EYES: RED & GLASSY

**REFUSED**

## COMMENTS:

ARRIVED AT CENTER A/O BEGAN THE 20 MINUTE OBSERVATION PERIOD AT 02:16 HRS.

SUBJECT: REFUSED TO ANSWER FORMAT QUESTIONS.

SUBJECT: REFUSED TO ANSWER IF HE WOULD TAKE TEST.

A/O: READ I/C (2X).

SUBJECT: DID NOT ACKNOWLEDGE IF HE UNDERSTOOD I/C AND REFUSED TO ANSWER IF HE WOULD TAKE TEST.

SUBJECT: ASKED TO SPEAK TO A LAWYER.

A/O: CALLED REFUSAL AT 02:47 HRS.

A/O: READ RIGHTS.

SUBJECT: DID NOT ACKNOWLEDGE IF HE UNDERSTOOD RIGHTS.

NO Q & A CONDUCTED.

**REFUSED**

SUBJECT: Roussel, Curtis A.

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? \_\_\_\_\_

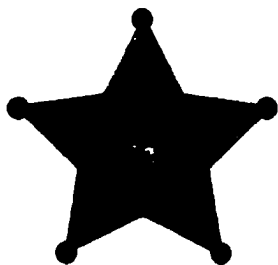
DO YOU HAVE ANY PROBLEMS WITH YOUR EYES THAT ARE NOT CORRECTED BY GLASSES? \_\_\_\_\_

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: \_\_\_\_\_

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



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

PBSO CASE # 25-035757 PBSO ZONE 1-34

AGENCY CASE # 2025-0447 CRASH CASE # \_\_\_\_\_

TIME OF STOP/CRASH 00:19 DATE 02/20/2025 DAY Thursday

SUBJECT'S NAME ROUSSEL CURTIS A  
LAST FIRST MID

DOB 12/25/1993 HGT 6'2 WGT 225 RACE W SEX M

LOCATION 1800 FOREST HILL Lake Clarke Shores, FL 33406

ARRESTING OFFICER'S NAME & ID M. PERCEVAL 334 LAKE CLARKE SHORES PD  
AGENCY

NOTIFIED BY COMMO YES

ARRIVAL AT FACILITY 02:16

ARREST TIME 00:25

BREATH RESULTS:

- 1)
- 2)
- 3)
- 4)

**REFUSED**

MILLER 41017

BAT TECH. OFFICER NAME & ID

**PALM BEACH COUNTY  
SHERIFF'S OFFICE**

SHERIFF RIC L. BRADSHAW



**DUI Breath Implied Consent**

**\*NOT APPLICABLE WITH VOLUNTARY CONSENT\***

DEFENDANT'S NAME: Roussel, Curtis - A. CASE NO: \_\_\_\_\_

DATE OF ARREST: 02/20/25 TIME OF ARREST: 00:25

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

Will you take the test? YES \_\_\_\_\_ NO \_\_\_\_\_

**NOTE: READ ONLY IF THE ANSWER TO THE ABOVE IS "NO"**

If you refuse to take the test I have requested of you, your driving privilege will be suspended for a period of one (1) year for a FIRST REFUSAL, or eighteen (18) months if your driving privilege has been PREVIOUSLY SUSPENDED, or if you have been PREVIOUSLY FINED under s. 327.35215, for refusing to submit to a lawful test of your breath, urine, or blood. Additionally, if you refuse to take the test I have requested of you, and if your driving privilege has been previously suspended, or if you have been previously fined under s. 327.35215, for a refusal to submit to a lawful test of your breath, urine, or blood, you will be committing a misdemeanor, in addition to any other penalties which can be imposed by law. Refusal to submit to the test I have requested is admissible into evidence in any criminal proceeding.

Do you understand what I have just read to you? YES \_\_\_\_\_ NO \_\_\_\_\_

Do you still refuse to submit to this test? YES \_\_\_\_\_ NO \_\_\_\_\_

**NOTE: IF THE SUBJECT POSSESSES A COMMERCIAL DRIVER LICENSE (CDL), READ THE FOLLOWING, REGARDLESS OF WHETHER THE SUBJECT IS OPERATING A COMMERCIAL MOTOR VEHICLE (CMV)**

If you are a Commercial Driver License (CDL) holder or were driving a Commercial Motor Vehicle (CMV), your refusal to submit to testing will result in the loss of your commercial driving privilege for a period of one year from today. If this is your SECOND REFUSAL, you will be permanently disqualified from holding a CDL or operating a CMV.

Do you understand what I have just read to you? YES \_\_\_\_\_ NO \_\_\_\_\_

Do you still refuse to submit to this test? YES \_\_\_\_\_ NO \_\_\_\_\_

Date read: 02/20/25 Time read: 02:45 Location read: Breath Alcohol testing Facility

LAW ENFORCEMENT OFFICER NAME (printed): \_\_\_\_\_ ID: \_\_\_\_\_

LAW ENFORCEMENT OFFICER SIGNATURE: \_\_\_\_\_

WHITE: STATE ATTY.

YELLOW: DHSMV

PINK: CENTRAL RECORDS

GOLD: JAIL

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

I, JBC Perceval, a duly certified Law Enforcement Officer or Correctional Officer,  
(Name of Officer reading Implied Consent Warning)

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

or affirm that on or about the 02 day of 20, 20 25, at \_\_\_\_\_  P.M.  A.M.

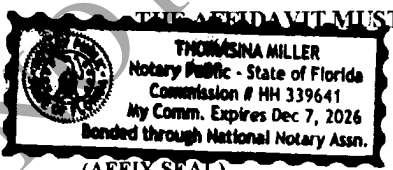
DRIVER \_\_\_\_\_  
(Type or Print) FIRST NAME MIDDLE OR MAIDEN NAME LAST NAME

DL# R240101934650, state of FL, was placed under lawful arrest for  
the offense of DUI by JBC Perceval and  
issued Citation # RJD42SE  
(Name of Arresting Officer)

That on or about the 02 day of 20, 20 25, at 0247  P.M.  A.M.  
in Palm Beach County.

I requested that the driver submit to a breath and/or urine test to determine his or her blood alcohol level and/or the presence of chemical or controlled substances. I informed the driver that the refusal to submit to such test(s) would result in the suspension of his or her driving privilege for a period of one (1) year for a first refusal, or for a period of eighteen (18) months if his or her driving privilege had been previously suspended for refusing to submit to a breath, urine or blood test. I also informed the driver that he or she commits a misdemeanor by refusing to submit to a lawful test as requested above if his or her driving privilege has been previously suspended for refusal to submit to a lawful test of his or her breath, urine, or blood. Additionally, I informed the driver that if he or she holds a CDL, or was operating a CMV, refusal will result in the disqualification of the Commercial Driver's License/driving privilege for a period of one (1) year in the case of a first refusal or permanently if he or she has previously been disqualified as a result of a refusal to submit to any such lawful test. Nonetheless, the driver refused to submit to the test(s) requested.

JBC 334  
Signature of Law Enforcement Officer or  
Correctional Officer



(AFFIX SEAL)

The foregoing instrument was sworn and subscribed before  
me this 20 day of February, 20 25,  
by \_\_\_\_\_,  
who is personally known to me or who has produced  
\_\_\_\_\_ as identification

Notary Public Thomasina Miller

The foregoing instrument was sworn and subscribed before me:  
\_\_\_\_\_  
Signature of Attesting Officer  
Title \_\_\_\_\_  
Date \_\_\_\_\_

Note: Mail or hand deliver to the designated Bureau of Administrative Reviews office, Department of Highway Safety and Motor Vehicles, with the driver's license, the appropriate copy of the UTC, and the probable cause affidavit.