☐ Marsy's Law CVI FL. Const. Art.1 § 16(b) C355170 23CT7403MB ☐ Check if Supplement is Attached 3593

ARREST / NOTICE TO APPEAR
Juvenile Referral Report

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

ADMINISTRATIVE

OBTS Number	Agency ORI Number	Agency Name	Agency Report Number
	FLO 5 0 0 0 0 0	PALM BEACH COUNTY SHERIFF'S OFFICE	0 6 - 23060345

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

If Weapon Seized — Enter Type

Multiple Clearance Indicator

Location of Arrest (including Name of Business)		Location of Offense (Business Name, Address)	
7103 Lake Worth Rd	Lake Worth FL 33467	7103 Lake Worth Rd	Lake Worth FL 33467

Date of Arrest	Time of Arrest	Booking Date	Booking Time	Jail Date	Jail Time	Location of Vehicle
04/23/23	0702					

DEFENDANT

Name (Last, First, Middle): D'Agostino Gaetano — Alias (Name, DOB, Soc. Sec. #, Etc.)

Race (W - White, B - Black, I - American Indian, O - Oriental/Asian)	Sex	Date of Birth	Height	Weight	Eye Color	Hair Color	Complexion	Build
W	m	12/03/1969	5'07"	190	BROWN	GRAY	MEDIUM	MEDIUM

Scars, Marks, Tattoos, Unique Physical Features (Location, Type, Description): tattoo upper left arm medical shield

Marital Status: Married — Religion: Catholic

Indication of: Alcohol Influence (Y ☒ N ☐ Unk ☐) Drug Influence (Y ☐ N ☐ Unk ☒)

Local Address (Street, Apt. Number)	(City)	(State)	(Zip)	Mobile Phone	Residence Type (1. City 2. County 3. Florida 4. Out of State)
18185 181st Cir S	Boca Raton, FL 33498			561-470-5537	2

Permanent Address (Street, Apt. Number)	(City)	(State)	(Zip)	Phone	Address Source
					FL DL

Business Address (Name, Street)	(City)	(State)	(Zip)	Phone	Occupation
Scores 3174 Lake Worth Rd Palm Springs Florida 33467				561 649-2000	Manager/Customer Service

D/L Number, State	Soc. Sec. Number	INS Number	Place of Birth (City, State)	Citizenship
D223-280-69-443-0	[redacted]		Queens, NY	USA

CO-DEF

Co-Defendant (Last, First, Middle)	Race	Sex	Date of Birth	(1. Arrested 2. At Large)	(3. Felony 4. Misdemeanor 5. Juvenile)
				☐ 1. Arrested ☐ 2. At Large	☐ 3. Felony ☐ 4. Misdemeanor ☐ 5. Juvenile
Co-Defendant (Last, First, Middle)	Race	Sex	Date of Birth	☐ 1. Arrested ☐ 2. At Large	☐ 3. Felony ☐ 4. Misdemeanor ☐ 5. Juvenile

JUVENILE

☐ Parent ☐ Legal Custodian ☐ 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 was provided by defendant and / or defendant's parents. The child and / or parent was told to keep the Juvenile Court Clerk's Office (Phone (561) 355-6511) informed of any change of address.
☐ Yes, by: (Name) ☐ No (Reason)

School Attended — Grade

Property Crime? ☐ Yes ☐ No — Description of Property — Value of Property

CODE

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: N. N/A, A. Amphetamine, B. Barbiturate, C. Cocaine, E. Heroin, H. Hallucinogen, M. Marijuana, O. Opium/Deriv., P. Paraphernalia/Equipment, S. Synthetic, U. Unknown, Z. Other

CHARGE

Charge Description	Counts	Domestic Violence	Statute Violation Number	Violation of ORD #
D.U.I.	1	☐ Y ☒ N	316.193(1)	

Drug Activity	Drug Type	Amount / Unit	Offense #	Warrant / Capias Number	Bond
N	N	N/A			

CHARGE

Charge Description	Counts	Domestic Violence	Statute Violation Number	Violation of ORD #
		☐ Y ☐ N		

Drug Activity	Drug Type	Amount / Unit	Offense #	Warrant / Capias Number	Bond

CHARGE

Charge Description	Counts	Domestic Violence	Statute Violation Number	Violation of ORD #
		☐ Y ☐ N		

Drug Activity	Drug Type	Amount / Unit	Offense #	Warrant / Capias Number	Bond

CHARGE

Charge Description	Counts	Domestic Violence	Statute Violation Number	Violation of ORD #
		☐ Y ☐ N		

Drug Activity	Drug Type	Amount / Unit	Offense #	Warrant / Capias Number	Bond

FILED PBC - CLK CIR CT
'23 APR 24 AM 8:14

NOTICE TO APPEAR

Location (Court, Room Number, Address): Criminal Justice Complex - 3228 Gun Club Road, West Palm Beach FL. 33406

Court Date and Time: Month May Day 23rd Year 2023 Time 0830 A.M. ☒ P.M. ☐

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: 04/23/23

I consent to receive text reminders of court date(s) and times for this case by automated technology to the mobile number identified above. I understand that standard text message rates may apply, and that I may revoke this consent via the text message system if I choose. — Signature

ADMIN

HOLD for other agency

☐ Dangerous ☐ Resisted Arrest ☐ Suicidal ☐ Other:

Intake Deputy — I.D. # — Pouch #

Signature of Arresting Officer: X

Name of Arresting Officer (Print): J. Derby — I.D. #: 16611

Transcribing Officer: J. Derby — I.D. #: 16611 — Agency: PBSO

Name Verification (Printed by Arrestee) (PRINT)

Witness here if subject signed with an "X"

PAGE 1 OF

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D.U.I. PROBABLE CAUSE AFFIDAVIT

ON THE 23rd DAY OF April 20 23 , AT 0620 ☒ AM ☐ PM

SUBJECT: D'Agostino Gaetano CASE NUMBER: 23060345

AGENCY: PALM BEACH COUNTY SHERIFF'S OFFICE ARRESTING OFFICER: J. Derby 16611

PERSONAL CONTACT

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

D/S McCleary ID 25665 observed Gaetano D'Agostino driving a Silver 2017 Lincoln MkX bearing Florida tag JNBH95 while failing to maintain a single lane. D'Agostino did not follow instructions/PA announcements directing him into a parking lot taking over a minute from the time the lights were activated until he came to a final rest. D'Agostino's right vehicle tires also drove onto a curb during this time.

OBSERVATION OF DRIVER:

Upon making contact with D'Agostino, I immediately detected an obvious and strong odor of an unknown alcoholic beverage emitting from his breath. D'Agostino had difficulty following directions, and he was fumbling with the headlight switch in trying to open a glovebox. D'Agostino said he has a gun in the car beside his person, and he reached around after bring directed not to do so. D'Agostino had Bloodshot, glassy, watery eyes, droopy eyelids, a dazed look, and was closing his eyes as he spoke.

DRIVER'S STATEMENTS:

D'Agostino said he was swerving, coming from work, was tired, and he said he suffered from "POTS" and type 1 diabetes which he does not take insulin for. He then was unsure and said his wife had "POTS" of which he is unsure what it stands for. D'Agostino said he had a hip replacement or hip surgery years ago and he kept pulling the front of his pants down exposing his public hair to me at one point, despite being told there was no need for him to pull down his pants and show me his scar.

ODORS:

Odor of unknown alcoholic beverage coming from his person. Odor of cigarette smoke.

GENERAL OBSERVATIONS

SPEECH: **Slurred Rambling, Irrational, Repetitive, Racial Epithets**

ATTITUDE: **Alternating being Cooperative and apologetic to argumentative and full of excuses**

CLOTHING: **Disheveled work clothing**

MEDICAL/OTHER: **Claims of diabetes, POTS, hip replacement**

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STATE OF FLORIDA
COUNTY OF PALM BEACH

J. Derby 16611
(Signature of Arresting/Investigative Officer)

The foregoing instrument was sworn to or affirmed and subscribed before me this 23rd day of April 20 23 by J. Derby 16611
(Print name of Arresting/Investigative Officer), who is personally known to me and/or produced identification. Type of identification produced KNOWN

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

THOMASINA MILLER
Notary Public - State of Florida
Commission # HH 339641
My Comm. Expires Dec 7, 2026
Bonded through National Notary Assn.

SUBJECT: D'Agostino Gaetano CASE NUMBER 23060345

ROADSIDE TASKS

HORIZONTAL GAZE NYSTAGMUS / LIGHTED PEN STIMULUS TASK: SFST

☒ 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:

D'Agostino was swaying during the task in a side to side and front and back motion . D'Agostino had to be reminded to track the stimulus with his eye only, and had difficulty following the instruction to stand in the instructional stance with his feet together heels and toes touching.

WALK & TURN: SFST

I began to explain the instructions for the Walk and Turn by placing D'Agostino in the instructional stance. D'Agostino had extreme difficulty following the simple instruction of placing one foot in front of another. After numerous attempts to explain the instructional stance phase, D'Agostino refused the task saying he could not complete it due to a hip injury. He was inappropriate in trying to show me a scar from this injury, despite being told I believed him. D'Agostino then complained being seated hurts him also and refused a seated alternative when offered.

ONE LEG STAND: SFST

I moved on to explaining the one leg stand test. D'Agostino had difficulty being placed in an instructional stance, and he swayed while standing. He tried to pick his foot up before refusing not attempting the task.

FINGER TO NOSE:

I explained and demonstrated the instructions for the Finger to Nose Task by placing D'Agostino in the instructional stance. He swayed while standin and refused attempting this task further despite being an offered alternative task.

ROMBERG ALPHABET:

not attempted/refused/incapable

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BREATH TEST RESULTS: 1) 2) 3) 4)

STATE OF FLORIDA
COUNTY OF PALM BEACH

J. Derby **16611**

Signature of Arresting/Investigative Officer)

The foregoing instrument was sworn to or affirmed and subscribed before me this **23rd** day of **April** 20**23** by **J. Derby** **16611**

(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)

THOMASINA MILLER
Notary Public - State of Florida
Commission # HH 339641
My Comm. Expires Dec 7, 2026
Bonded through National Notary Assn.

WITNESS LIST

CASE NUMBER: 23060345

ARRESTING OFFICER: J. Derby

ADDRESS: PBSO

PHONE NUMBERS (HOME): _____ (WORK) 5616883000

CAN TESTIFY TO: report

NAME: D/S P. McCleary

ADDRESS: pbso

PHONE NUMBERS (HOME) _____ (WORK) 5616883000

CAN TESTIFY TO: report

NAME: _____

ADDRESS _____

PHONE NUMBERS (HOME) _____ (WORK) _____

CAN TESTIFY TO: _____

NAME: _____

ADDRESS _____

PHONE NUMBERS (HOME) _____ (WORK) _____

CAN TESTIFY TO: _____

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CAN TESTIFY TO: _____

NAME: _____

ADDRESS _____

PHONE NUMBERS (HOME) _____ (WORK) _____

CAN TESTIFY TO: _____

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TESTING FACILITY TASK REPORT

AGENCY: PBSO

SUBJECT: D'AGOSTINO, GAETANO

CASE NUMBER: 23-060345

DATE: Apr 23, 2023

VIDEO DVD NUMBER: N/A

BEGINNING TIME: 07:57

ENDING TIME: 08:27

BREATH TESTS RESULTS: 1) R TIME 08:01 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: SLURRED

ATTITUDE: TALKATIVE, AGITATED, REPETITIVE

CLOTHING: BLACK SHIRT, BLACK PANTS, BLACK BOOTS

MEDICAL CONDITIONS: DIABETIC

MEDICATIONS: DIABETIC MEDICATION

OTHER:

EYES: SLEEPY

COMMENTS:

ARRIVED AT CENTER A/O BEGAN THE 20 MINUTE OBSERVATION PERIOD AT 07:30 HRS.

SUBJECT: REFUSED TO TAKE TEST.

A/O: READ I/C AND EXPLAIN I/C.
SUBJECT: STATED HE UNDERSTOOD I/C AND REFUSED TO TAKE TEST.

A/O: READ RIGHTS.
SUBJECT: STATED HE UNDERSTOOD RIGHTS.

A/O: CONDUCTED Q & A.
SUBJECT: ANSWERED QUESTIONS.

REFUSED

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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 determining 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 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 <or> NO Do you still refuse to submit to this test? YES <or> NO

NOTE: IF THE SUBJECT POSSESSES A COMMERCIAL DRIVER'S LICENSE (CDL), READ THE FOLLOWING,

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 <or> NO Do you still refuse to submit to this test? YES <or> NO

SUBJECTS 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)_____

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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: _____

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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	☐	119.071(2)(d)	Surveillance techniques, procedures and personnel; inventory of law enforcement resources, policies or plans pertaining to mobilization deployment or tactical operations.	
	☐	943.053, 943.0525	NCIC/FCIC/FBI and in-state FDLE/DOC.	
	☐	119.071(4)(c)	Undercover personnel.	
	☐	119.071(2)(f)	Confidential informants (CIs).	
	☐	119.071(2)(e)	Confession.	
Public Info. Exemptions	☐	985.04(1)	Juvenile offender records.	
	☐	119.071(h)(i)	Assets of a crime victim.	
	☐	395.3025(7)(a), 456.057(7)(a)	Medical information.	
	☐	394.4615(7)	Mental health information.	
	☐	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)	☒	(iii) 119.0714(1)(i)-(j), (2)(a)-(e)	Social Security, bank account, charge, debit, and credit card numbers.	2
	☐	(viii) 394.4615(7)	Clinical records under the Baker Act.	
	☐	(xii) 741.30(3)(b)	The victim's address in a domestic violence action on petitioner's request.	
	☐	(xiii) 119.071(2)(h), 119.0714(1)(h)	Protected information regarding victims of child abuse or sexual offenses.	
	☐			
	☐			
	☐			
	☐			
	☐			
Other	☐		Other:	
	☐		Other:	

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REVIEW COMPLETED BY

Booking Number: 2023010577	**Date:** 04/24/2023
	Specialist Name/ID: T.Howard/7185