50-2023-CT-007387ANB

0539942

673

ARREST / NOTICE TO APPEAR
Juvenile Referral Report

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

ADMINISTRATIVE

Agency ORI Number: FLO 5 0 2 6 0 0 | Agency Name: PALM BEACH GARDENS POLICE DEPARTMENT | Agency Report Number: 78 - 23-002232

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

Weapon Seized / Type: 2 | 1. Yes 2. No n/a | Multiple Clearance Indicator:

Location of Arrest (Including Name of Business): SR 786 (PGA BLVD) AND N MILITARY TRAIL, PALM BEACH GARDENS, FL, 33410

Location of Offense (Business Name, Address): SR 786 (PGA BLVD) AND N MILITARY TRAIL, PALM BEACH GARDENS, FL, 33410

Date of Arrest	Time of Arrest	Booking Date	Booking Time	Jail Date	Jail Time	Location of Vehicle
04/23/2023	23:07					KAUFF'S TOWING AND RECOVERY 4701 EAST AVENUE, WPB, FL 33407

DEFENDANT

Name (Last, First, Middle): FILIPPA, GIUSEPPE, | Alias (Name, DOB, Soc. Sec. #, Etc.)

Race (W - White I - American Indian B - Black 0- Oriental/Asian)	Sex	Date of Birth	Height	Weight	Eye Color	Hair Color	Complexion	Build
W	M	02/05/1988	602	155	BRO	BRO	LGT	MEDIUM

Scars, Marks, Tatoos, Unique Physcal Features (Location, Type, Description): | Marital Status: | Religion: | Indication of Alcohol Influence: Y ☑ N ☐ Unk. ☐ | Drug Influence: Y ☐ N ☐ Unk. ☑

Local Address (Street, Apt. Number) (City) (State) (Zip): 5992 GOLDEN EAGLE CIRCLE. PALM BEACH GARDENS, FL 33418 | Phone: (929) 312-7594 | Residence Type: 1. City 2. County 3. Florida 4. Out of State | 1

Permanent Address (Street, Apt. Number) (City) (State) (Zip): 5992 GOLDEN EAGLE CIRCLE, PALM BEACH GARDENS, FL 33418 | Phone: (929) 312-7594 | Address Source: DRIVER'S LICENSE

Business Address (Name, Street) (City) (State) (Zip): | Phone: | Occupation:

D/L Number, State	Soc. Sec. Number	INS Number	Place of Birth (City, State)	Citizenship
F410-280-88-045-0 FL			ITALY	N

CO-DEF

Co-Defendant Name (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 Name (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

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 provided by ☐ defendant and / or ☐ defendant's parents The child and / or parent was told to keep the Juvenile Court Clerk (Phone 355-2526) 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. Synthetics U. Unknown Z. Other

CHARGE

Charge Description	Counts	Domestic Violence	Statute Violation Number	Violation of ORD #
DUI-NORMAL FACULTIES IMPARIED	1	☐Y ☒N	316.193(1)(a)	

Drug Activity	Drug Type	Amount / Unit	Offense #	Warrant / Capias Number	Bond
n	n	n/a	23002232		OR

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 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 - GUN CLUB 23APR24 07:17

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

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

NOTICE TO APPEAR

Location (Court, Room Number, Address)

NORTH COUNTY COURTHOUSE, 3188 PGA BOULEVARD, PALM BEACH GARDENS, FL 33410 - PH: (561) 662-6700

Court Date and Time: Month MAY Day 24 Year 2023 Time 10:00 AM X 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

In Custody — 04/23/2023

Signature of Defendant (or Juvenile and Parent /Custodian) — Date Signed

ADMIN

HOLD for other Agency Name: | Signature of Arresting Officer X [signature] 564 | Name Verification (Printed by Arrestee) (PRINT)

☐ Dangerous ☐ Resisted Arrest ☐ Suicidal ☐ Other: | Name of Arresting Officer (Print) K. TISDALE | I.D. # 564

Intake Deputy: [signature] ID # 994 Pouch # | Transporting Officer K. TISDALE | ID # 564 | Agency PBGPD | Witness here if subject signed with an "X"

PAGE 1 OF 1

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PROBABLE CAUSE AFFIDAVIT

OBTS Number:

1 Arrest 2 N.T.A. 3 Request for Warrant 4 Request for Capias: 1

JUVENILE:

ADMIN

Agency ORI Number	Agency Name	Agency Report Number
FL FL0502600	Palm Beach Gardens Police Department	7 | 8 | 23-002232

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

Special Notes:

DEF

Name (Last, First, Middle)	Alias	Race	Sex	Date of Birth
FILIPPA, GIUSEPPE		W	M	02/05/1988

CHARGES

Charge Description	Charge Description
316.193(1)(A) DUI - NORMAL FACULTIES IMPAIRED	
Charge Description	Charge Description

VICTIM

Victim's Name (Last, First, Middle)	Race	Sex	Date of Birth
State Of Florida			

Local Address (Street, Apt. Number)	(City)	(State)	(Zip)	Phone	Address Source

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

PROBABLE CAUSE STATEMENT

The undersigned certifies and swears that he/she has just and resonable 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.

☒ confessed to K. TISDALE (564) admitting to the below facts.

☐ was observed by _____ who told _____ that he/she saw the arrested person committ the below acts.

☒ was found to have committed the below acts, resulting from my (described) investigation.

On the 23 day of April, 2023 at 23:51 (Specifically include facts constituting cause for arrest.)

On Sunday, April 23, 2023, at approximately 2247 hours, I Officer. K. Tisdale (564) and Officer J. Hennessy (409), were on Marked Patrol for the Palm beach Gardens Police Department.

Officer Hennessy and I were traveling Westbound on SR 786 (PGA Boulevard) approaching the intersection of N Military Trail behind a white Fiat 500, with Florida license plate attached: 57AQPC (VIN: 3C3CFFBR5CT380071), that was traveling in the middle lane. I then observed the Fiat make a rapid lane change from the middle lane crossing over into the right-hand turn lane to turn Northbound onto N Military Trail. The Fiat then made a wide turn onto N Military Trail into the inner left lane. Officer Hennessy and I conducted a traffic stop on the Fiat at N Military Trail at the underpass of Interstate 95.

Officer Hennessy approached the vehicle from the driver side, making contact with the single male occupant Giuseppe Filippa, advising him the reason for the traffic stop. I instructed Filippa to lower the passenger side window, at which time he opened the passenger door rather than lowering the window. Immediately upon the passenger door opening, I smelled a strong odor of alcohol admitting from the vehicle. At this time, I reapproached the driver`s side to speak with Filippa. While speaking with Filippa I observed Filippa to have obvious signs of impairment to include, slurred speech, blood shot watery eyes, delayed reaction, along with a strong odor of alcohol emitting from his breath. I asked Filippa if he had any alcoholic beverages this evening, use of marijuana, narcotic substance or take any prescribed medications, at which time Filippa stated the following. Filippa stated he just left from having dinner at Downtown West Palm, he had a few alcoholic beverages at dinner at approximately 1900 hours, but denied the use of narcotics, marijuana or taking any prescriptions.

I asked Filippa if he was willing to participate in Standardized Field Sobriety

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ADMINISTRATIVE

SWORN AND SUBSCRIBED BEFORE ME

NOTARY PUBLIC / CLERK OF COURT / OFFICER (F.S.S. 117.10)

4/24/2023
DATE

564
SIGNATURE OF ARRESTING / INVESTIGATING OFFICER

TISDALE, KATIE (564)
NAME OF OFFICER (PLEASE PRINT)

04/23/2023
DATE

COURT STATE ATTORNEY CENTRAL RECORDS JAIL CRIME ANALYSIS P.I.O.

ADMIN

OBTS Number	PROBABLE CAUSE AFFIDAVIT SUPPLEMENT	1 Arrest 2 N.T.A 3 Request for Warrant 4 Request for Capias	1	JUVENILE

Agency ORI Number	Agency Name	Agency Report Number
FL FL0502600	Palm Beach Gardens Police Department	7 | 8 | 23-002232

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

Special Notes

DEF

Name (Last, First, Middle)	Alias	Race	Sex	Date of Birth
FILIPPA, GIUSEPPE		W	M	02/05/1988

PROBABLE CAUSE STATEMENT

Exercises, to which he complied. Filippa stated he did not have any medical conditions which would affect the exercises performed.

The First exercise conducted, was the Horizontal Gaze Nystagmus. The stimulus was a Pen with a visualizable silver tip end. During this exercise I observed a lack of smooth pursuit in both eyes, Filippa`s eyes showed involuntary jerking at maximum deviation in both eyes as well as the onset of Nystagmus in both eyes prior to 45 degrees. During the exercise, it was also observed of Filippa being unable to follow the stimulus with his eyes only and tracked the stimulus with the movement of his head.

The second exercise conducted, was the Walk and Turn. The line used was a yellow tape placed on an even roadway with the assistance of Officer Hennessy and Officer N. Badaloti (552). While instructions were being given, it was observed of Filippa swaying side to side and unable to maintain the starting position as instructed on the yellow line. When instructed to begin the exercise, Filippa stopped and asked Officer`s the instructions again and how many steps he was supposed to take, while also stepping off the line losing his balance. I gave Filippa a second demonstration, at which time he stated he understood the instruction given. Filippa began the exercise for the second time, at which time it was observed on step three of Filippa stopping and looking at officer`s again asking how many steps he was supposed to take. One the ninth step Filippa failed to complete the proper series of small steps while also stepping off the line. During the remaining nine steps Filippa was observed utilizing both arms to assist with balance.

The third exercise conducted, was the One-Leg Stand. During the exercise Filippa raised his right foot, but failed to look at his foot while counting and unable to maintain keeping his foot at the directed height of six inches off the ground. Filippa counted to twenty-three when completing the exercise that was timed on a timer with the ending time of thirty seconds. Filippa was also observed with an orbital swaying movement when completing the exercise.

The fourth exercise conducted was the Finger to nose. During this exercise, the following observations were made. The third command of Left, he touched the bridge of his nose with the pad of his finger and returned his hand back to his side.

Based on my observations, Filippa was placed under arrest at 2307 hours. At 2315 hours, I requested Filippa to submit to a BAT (Breath Alcohol Test), at which time he refused. At this time, I read implied consent for refusal to Filippa, and he advised he refused to submit to a BAT.

Based on the results of the investigation, I found probable cause to prove Giuseppe Filippa operated a motor vehicle, the county of Palm Beach Gardens, in the State of Florida, while under the influence to the extent of his normal faculties were impaired.

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ADMINISTRATIVE

SWORN AND SUBSCRIBED BEFORE ME

NOTARY PUBLIC / CLERK OF COURT / OFFICER (F.S.S. 117.10)

4/24/2023
DATE

564
SIGNATURE OF ARRESTING / INVESTIGATING OFFICER

TISDALE, KATIE (564)
NAME OF OFFICER (PLEASE PRINT)

04/23/2023
DATE

ADMIN

OBTS Number

PROBABLE CAUSE AFFIDAVIT
SUPPLEMENT

1 Arrest 2 N T A 3 Request for Warrant 4 Request for Capias | 1 | JUVENILE

Agency ORI Number	Agency Name	Agency Report Number
FL FL0502600	Palm Beach Gardens Police Department	7 8 23-002232

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

Special Notes:

DEF

Name (Last, First, Middle)	Alias	Race	Sex	Date of Birth
FILIPPA, GIUSEPPE		W	M	02/05/1988

PROBABLE CAUSE STATEMENT

Filippa was in violation and charged with the following in conjunction with the Florida State Statue:

F.S.S. 316.193(1)(a) - DUI - NORMAL FACULTIES IMPAIRED

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ADMINISTRATIVE

SWORN AND SUBSCRIBED BEFORE ME

NOTARY PUBLIC / CLERK OF COURT / OFFICER (F S S 117 10)

DATE

564
SIGNATURE OF ARRESTING / INVESTIGATING OFFICER

TISDALE, KATIE (564)
NAME OF OFFICER (PLEASE PRINT)

04/23/2023
DATE

COURT STATE ATTORNEY CENTRAL RECORDS JAIL CRIME ANALYSIS P. I. O.

SUBJECT: **FILIPPA, GIUSEPPE,** CASE NUMBER: **23-002232**

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 **K. TISDALE** **564** of the ***PALM BEACH GARDENS POLICE DEPARTMENT***

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 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 COMMERICIAL 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 REFSUAL, 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

SUBJECT'S SIGNATURE: *Read on Camera*

CONSTITUTIONAL WARNINGS

I AM REQUIRED TO WARN YOU BEFORE YOU MAKE ANY SATEMENTS 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.

SUBJECT'S SIGNATURE: *Read on Camera*

NOT A CERTIFIED COPY

Subject: FILIPPA, GIUSEPPE, Case #: 23-002232

DUI Questionnaire

Where were you going? _____

What roadway were you on? _____ Direction of travel? _____

Where were you coming from? _____

What time did you leave? _____ How much do you weigh? _____When did you last eat? _____

What did you eat? _____

What line of work are you in? _____ When did you last work? _____

Do you have any physical defects or injuries? _____ What are they? _____

Do you limp? _____ Are you sick or injured? _____ What is wrong? _____

Did you receive a bump on your head recently? _____ Were you in a crash today? _____ Have you seen a doctor or dentist in the last 24 hours? _____ Who? _____ Why? _____

Are you taking any prescription medications? _____	Name	Last Consumed
	_____	_____
	_____	_____
	_____	_____

Do you have any of the following medical conditions?
Epilepsy ☐ Glass Eye ☐ False Teeth ☐ Ear Infection ☐ Inner Ear Trouble ☐ Diabetes ☐ Last Injection: _____

Do you have any problems with your eyes that are not corrected by glasses? _____ What? _____

Have you ever had a driver's license in any other state? _____ Where? _____

For the last three hours prior to law enforcement interaction, what were you doing? _____

_____

Alcohol

What have you been drinking? _____ How many drinks did you have? _____ With whom? _____

Where did you have the drink(s)? _____ What time did you have your 1st drink? _____

What time did you have your last drink? _____ Do you feel the effects of the alcohol? _____ Are you under the influence? _____

If you/would you permit your child to get into a vehicle driven by someone who drank as much as you? _____ Why? _____

_____

Drugs

Have you taken any drugs or marijuana today? _____ What have you consumed? _____

How taken? (Smoked, eaten, pills, injection) _____ Do you remember the last 24 hours? _____

Did you blackout? _____ Do you have a prescription for the drugs? _____ Did you consume as prescribed? _____

Where did you procure the drugs? _____

Misc. questions/statements: _____

_____

_____

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23-002232

STATE OF FLORIDA
AFFIDAVIT OF REFUSAL TO SUBMIT TO
BREATH TEST *(Commercial Driver's License)*

I, K. TISDALE, a duly certified Law Enforcement or Correctional Officer, am a
(Name of Officer reading Implied Consent Warning)

member of PALM BEACH GARDENS POLICE DEPARTMENT, and I do swear
(Name of Law Enforcement Agency)

or affirm that on or about the 23 day of APRIL, 2023, at 23:07 ☑P.M. ☐A.M.

DRIVER GIUSEPPE FILIPPA,
FIRST NAME MIDDLE OR MAIDEN NAME LAST NAME

DL # F410-280-88-045-0, state of FL, was placed under lawful arrest for

the offense of DUI-NORMAL FACULTIES IMPARIED by K. TISDALE and
(Name of Arresting Officer)

issued citation # AHU6DOE.

That on or about the 23 day of APRIL, 2023, at 2315 ☑P.M. ☐A.M.

in PALM BEACH County,

I requested that the driver submit to a **BREATH** test for the purpose of determining its alcohol content. I informed the driver that the refusal to submit to such test 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, or if he or she had been previously fined under s. 327.35215, F.S., 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, or if he or she has been previously fined under s. 327.35215, F.S., 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 Commercial Driver's License (CDL), or was operating a commercial motor vehicle, refusal will result in the disqualification of the CDL 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 requested.

Signature of Law Enforcement Officer or Correctional Officer

AFFIDAVIT MUST BE NOTARIZED OR ATTESTED TO (s. 117.10, F.S.)

MADELIN GONZALEZ
Notary Public
State of Florida
Comm# HH225716
Expires 2/7/2026

(AFFIX SEAL)

The foregoing instrument was sworn and subscribed before me this 24 day of APRIL, 2023, by K. TISDALE, who is personally known to me or who has produced _____ as identification.

Notary Public _____

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.

MADELIN GONZALEZ
Notary Public
State of Florida
Comm# HH225716
Expires 2/7/2026

NOT A CERTIFIED COPY

23-002232

STATE OF FLORIDA
AFFIDAVIT OF REFUSAL TO SUBMIT TO
BREATH TEST ***(Commercial Driver's License)***

I, K. TISDALE, a duly certified Law Enforcement or Correctional Officer, am a
(Name of Officer reading Implied Consent Warning)
member of PALM BEACH GARDENS POLICE DEPARTMENT, and I do swear
(Name of Law Enforcement Agency)
or affirm that on or about the 23 day of APRIL, 2023, at 23:07 ☑P.M. ☐A.M.
DRIVER GIUSEPPE FILIPPA,
FIRST NAME MIDDLE OR MAIDEN NAME LAST NAME
DL # F410-280-88-045-0, state of FL, was placed under lawful arrest for
the offense of DUI-NORMAL FACULTIES IMPARIED by K. TISDALE and
(Name of Arresting Officer)
issued citation # AHU6DOE.

That on or about the 23 day of APRIL, 2023, at 2315 ☑P.M. ☐A.M.
in PALM BEACH County,

I requested that the driver submit to a **BREATH** test for the purpose of determining its alcohol content. I informed the driver that the refusal to submit to such test 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, or if he or she had been previously fined under s. 327.35215, F.S., 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, or if he or she has been previously fined under s. 327.35215, F.S., 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 Commercial Driver's License (CDL), or was operating a commercial motor vehicle, refusal will result in the disqualification of the CDL 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 requested.

Signature of Law Enforcement Officer or Correctional Officer

AFFIDAVIT MUST BE NOTARIZED OR ATTESTED TO (s. 117.10, F.S.)

MADELIN GONZALEZ
Notary Public
State of Florida
Comm# HH225716
Expires 2/7/2026

The foregoing instrument was sworn and subscribed before me:

Signature of Attesting Officer

(AFFIX SEAL)

The foregoing instrument was sworn and subscribed before me
this 24 day of APRIL, 2023,
by K. TISDALE, who is
personally known to me or who has produced
as identification.

Notary Public

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.

MADELIN GONZALEZ
Notary Public
State of Florida
Comm# HH225716
Expires 2/7/2026

NOT A CERTIFIED COPY

D.U.I. PROBABLE CAUSE AFFIDAVIT

On the _____ day of _____ 20____ at 22:47 ☐ AM ☐ PM

Subject: FILIPPA, GIUSEPPE, Case Number: 23-002232

Agency: *PALM BEACH GARDENS POLICE DEPARTMENT* Arresting Officer: K. TISDALE 564

PERSONAL CONTACT

DRIVING PATTERN: (Actual Physical Control; Physical Evidence or Statements Putting Defendant Behind Wheel of Vehicle)

Refer to Probable Cause Affidavit for further details.

OBSERVATION OF DRIVER:

Refer to Probable Cause Affidavit for further details.

DRIVER STATEMENTS:

Refer to Probable Cause Affidavit for further details.

ODORS: _____

GENERAL OBSERVATIONS

SPEECH: _____

ATTITUDE: _____

CLOTHING: _____

MEDICAL/OTHER: _____

NOT A CERTIFIED COPY

STATE OF FLORIDA
COUNTY OF PALM BEACH

_____
SIGNATURE OF ATTESTING OFFICER

The forgoing instrument was sworn to or affirmed and subscribed before me this _____ day of _____ 20_____ by K. TISDALE 564 who is ☐ personally known to me or ☐ produced _____.

_____
Notary Public, Clerk of Court, Officer (FSS 117.10)

STAMP

D.U.I. PROBABLE CAUSE AFFIDAVIT Cont.

Subject: **FILIPPA, GIUSEPPE,** Case Number: **23-002232**

ROADSIDE TASKS

HORIZONTAL GAZE NYSTAGMUS:

LEFT EYE	*RIGHT EYE*
☑ Lack of Smooth Pursuit	☑ Lack of Smooth Pursuit
☑ Distinct & Sust. Nystag. at Max. Deviation	☑ Distinct & Sust. Nystag. at Max. Deviation
☑ Onset of Nystagmus Prior to 45 Degrees	☑ Onset of Nystagmus Prior to 45 Degrees

Other Observations:

Swaying side to side, movement of head when following the stimulus

Walk and Turn

-Unable to maintain balance during instruction phase.
-Started prior to being told.
-Stopped during task.
-Stepped off the line.
-Used arms for balance.
-Improper turn.
-Incorrect number of steps.
Refer to Probable Cause Affidavit for further details.

One Leg Stand

-Swayed.
-Used arms for balance.
-Puts foot down.
-Lowered raised foot during task.
Refer to Probable Cause Affidavit for further details.

Rhomberg

Not completed

Finger to Nose

-Third command left - touch bridge of nose with pad of finger
Refer to Probable Cause Affidavit for further details.

BREATH RESULTS: 1) _____ @ _____ **2)** _____ @ _____ **3)** _____ @ _____ **4)** _____ @ _____

STATE OF FLORIDA
COUNTY OF PALM BEACH

_____
SIGNATURE OF ATTESTING OFFICER

The forgoing instrument was sworn to or affirmed and subscribed before me this _____ day of _____ 20_____ by K. TISDALE 564 who is ☐ personally known to me or ☐ produced _____.

_____
Notary Public, Clerk of Court, Officer (FSS 117.10)

STAMP

NOT A CERTIFIED COPY

DUI WITNESS LIST

23-002232

Arresting Officer: K. TISDALE 564 Email: KTISDALE@PBGFL.COM
Agency Address: 10500 N Military Trail, Palm Beach Gardens, FL 33410 Phone: (561) 799-4445
Can Testify To: Facts of Case

Backup Officers: J. HENNESSY
Agency Address: 10500 N Military Trail, Palm Beach Gardens, FL 33410 Phone: (561) 799-4445
Can Testify To: _____

Crash Investigator: _____ Email: _____
Agency Address: _____ Phone: _____

Breathalyzer Technician: _____ ID: _____ Agency: PBSO

DRE: _____ ID# _____ Agency Case #: _____
Agency Address: _____ Phone: _____ Email: _____

Name: _____ Involvement: _____
Address: _____ Phone: _____
Can Testify To: _____ ☐ Wheel Witness

Name: _____ Involvement: _____
Address: _____ Phone: _____
Can Testify To: _____ ☐ Wheel Witness

Name: _____ Involvement: _____
Address: _____ Phone: _____
Can Testify To: _____ ☐ Wheel Witness

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Can Testify To: _____ ☐ Wheel Witness

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