D538158

23CT2766 SB

ARREST / NOTICE TO APPEAR

1850

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

1 JUVENILE

ADMINISTRATION

OBTS Number

Agency ORI Number: 0500400

Agency Name: Delray Beach Police Department

Agency Report Number (N.T.A.'s only): 4 0 23-002023

Charge Type: Check as many as apply — 1 Felony; 2 Traffic Felony; 3 Misdemeanor; 4 Traffic Misdemeanor [X]; 5 Ordinance; 6 Other

If Weapon Seized — Enter Type: UNARMED

Multiple Clearance Indicator: 1

Location of Arrest (Including Name of Business): 1 E ATLANTIC AVE, DELRAY BEACH, FL

Location of Offense (Business Name, Address): 1 E ATLANTIC AVE, DELRAY BEACH, FL 33444

Date of Arrest	Time of Arrest	Booking Date	Booking Time	Jail Date	Jail Time	Location of Vehicle
02/11/2023	00:51	02/11/2023	01:01	02/11/2023	03:39	1 E ATLANTIC AVE DELRAY

DEFENDANT

Name (Last, First, Middle): AMATO, MICHAEL LEONARD GREELEY

Alias (Name, DOB, Soc. Sec. #, Etc.): Alias:

Race (W - White, I - American Indian, B - Black, O - Oriental/Asian)	Sex	Date of Birth	Height	Weight	Eye Color	Hair Color	Complexion	Build
W	M	08/01/1993	5'08	255	HAZEL	BROWN	FAIR	MEDIUM

Scars, Marks, Tatoos, Unique Physical Features (Location, Type, Description):

Marital Status: S

Religion: OTHER

Indication of: Alcohol Influence Yes [X] No [ ] Unk. [ ]; Drug Influence [ ]

Local Address (Street, Apt. Number) (City) (State) (Zip): 137 NW 7TH STREET, BOCA RATON, FL 33432

Phone: (561) 445-7322

Residence Type: 1 City 3 Florida 2 County 4 Out of State: 2

Permanent Address (Street, Apt. Number) (City) (State) (Zip): 137 NW 7TH STREET, BOCA RATON, FL 33432

Phone: (561) 445-7322

Address Source: FL DL

Business Address (Name, Street) (City) (State) (Zip):

Phone:

Occupation:

D/L Number, State	Soc. Sec. Number	INS Number	Place of Birth (City, State)	Citizenship
A530552932810 / FL	[redacted]		PLANTATION, FL,	US

CO-DEF

Co-Defendant Name (Last, First, Middle) | Race | Sex | Date of Birth | 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

JUVENILE

Parent [ ] Other [ ] Legal Custodian [ ] 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 Department and Released 2. TOT JAC 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 355-2526) informed of any change of address.

School Attended | Grade

Yes, by: [ ] No

Property Crime? Yes [ ] No [X] | 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. Disperses/ 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	Statute Violation Number	Violation of ORD #
DRIVING WHILE UNDER INFLUENCE	316.193(1)A	

Drug Activity	Drug Type	Amount / Unit	Offense #	Counts	Domestic Violence	Warrant / Capias Number	Bond
	N	/		1	Y [ ] N [X]		

CHARGE

Charge Description	Statute Violation Number	Violation of ORD #

Drug Activity	Drug Type	Amount / Unit	Offense #	Counts	Domestic Violence	Warrant / Capias Number	Bond
		/			Y [ ] N [ ]		

CHARGE

Charge Description	Statute Violation Number	Violation of ORD #

Drug Activity	Drug Type	Amount / Unit	Offense #	Counts	Domestic Violence	Warrant / Capias Number	Bond
		/			Y [ ] N [ ]		

INTAKE

Health / Apparent Physical Condition of Defendant:

Any knowledge of the following: Mental [ ] Escape Risk [ ] Medication [ ] Deformities [ ] Injuries [ ]

Explain:

Check which applies: Released O.R. [ ] Released to Parent/Guardian [ ] T.O.T. County Jail [X] Posted Bond [ ] South County Mental Health [ ]

PROPERTY - Received By | Released By | Released To

Transported By | Date Transported | Time Transported | Other

NOTICE TO APPEAR

[X] INSTRUCTION NO. 1 - Mandatory appearance in court

[ ] INSTRUCTION NO. 2 - You need not appear in Court but must comply with instructions on Page 2.

Location (Court, Room): South County 200 W Atlantic Ave Delray Beach, FL 33444

Court Date and Time: 03/09/2023 08:30:00

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.

No Photo Available

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

ADMIN

HOLD for Other Agency

Signature of Arresting Officer

Name Verification (Printed by Arrestee) 11/5 11 AM 4:43

(PRINT)

Dangerous [ ] Resisted Arrest [ ] Suicidal [ ] Other [ ]

Name of Arresting Officer (Print): WINDSOR, NICHOLAS | I.D. #: 1029

Intake Deputy: Off H Oiver P7206 | Pouch #

Transporting Officer: WINDSOR | I.D. #: 1029 | Agency: DBPD

Witness here if subject signed with an "X".

PAGE 1 OF 1

COURT [ ] STATE ATTORNEY [ ] AGENCY [ ] CENTRAL RECORDS [ ] JAIL [ ] CRIME ANALYSIS [ ] P.I.O. [ ] DEFENDANT [ ]

NOT A CERTIFIED COPY

D.U.I. PROBABLE CAUSE AFFIDAVIT

ON THE 11th DAY OF February 20 23, AT 0024 ☑AM ☐PM

SUBJECT: Amato, Michael Leonard Greeley CASE NUMBER: 23-002023

AGENCY: DELRAY BEACH PD ARRESTING OFFICER: Windsor #1029

PERSONAL CONTACT

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

The following occurred in the City of Delray Beach, County of Palm Beach, FL.
On 02/11/23 at 0024hrs Ofc. Butner #1172 DBPD was working an off-duty detail at 8 E. Atlantic Ave. Ofc. Butner was in full DBPD uniform with police insignia attached. Ofc. Butner was notified by a nearby business' security guard that a driver was asleep inside a red 2020 Chevrolet Silverado (FL Tag #27AMGB). The Chevrolet was stopped in the 1st block of E. Atlantic Ave. in the westbound travel lane facing west. Ofc. Butner observed the white male driver in the driver seat with the engine running and the vehicle was in drive gear. Vehicles traveling behind the Chevrolet began to cross a double yellow line entering the eastbound travel lane to driver around the Chevrolet. There was a large amount off pedestrian and motor vehicle traffic in this area. A marked DBPD patrol vehicle was positioned in front of the Chevrolet to prevent the Chevrolet from moving forward into the intersection of Swinton Ave. Ofc. Butner woke up the white male driver and instructed him to put the vehicle into park and shut the engine off. I arrived on scene to conduct a DUI investigation. I met with the white male driver and identified him by his FL DL as Michael Leonard Greeley Amato. Amato was sitting in the driver seat and there was nobody else inside the vehicle. I advised Amato why I was on scene and Amato acknowledged he understood why I was on scene. Amato had possession of the vehicle key fob which was located in his left front pants pocket during search incident to arrest.

OBSERVATION OF DRIVER:

I smelled an odor of an unknown alcoholic beverage coming from Amato. Amato's eyes were red and had a glassy appearance. Amato's speech was slurred and he had slow dexterity. Amato appeared drowsy and his head bobbed up and down. Amato answered some of my questions with answers that were not related to my question. Amato was wearing a bright pink paper wristband on his left hand. This wristband is commonly used to mark people at entry to bars/nightclubs after identification has been checked for legal drinking age.

DRIVER'S STATEMENTS:

Amato stated he was driving to his residence at 137 NW 7th St., Boca Raton, FL. 33432 when Ofc. Butner woke him up. Amato stated he would park the Chevrolet in a nearby parking lot and take an Uber home. Amato asked if I could drive the Chevrolet to the parking lot. Amato denied having any medical conditions or taking any prescription medications that would affect his ability to operate a motor vehicle. Amato denied consuming any illegal drugs including marijuana prior to driving. Amato stated he consumed "a couple" of alcoholic beverages between 2130hrs and 2245hrs. I asked Amato how many alcoholic beverages were "a couple" and Amato replied "3, 4, 5". I requested Amato perform roadside tasks to dispel my suspicion he was driving under the influence. Amato stated he would not perform roadside tasks because his lawyer told him not to agree to anything. I advised Amato of Taylor Warning and Amato acknowledged he understood Taylor Warning. After Taylor Warning, I again requested Amato perform roadside tasks and Amato again refused to perform roadside tasks.

ODORS:

I smelled an odor of an unknown alcoholic beverage coming from Amato.

GENERAL OBSERVATIONS

SPEECH: Slurred

ATTITUDE: Polite and Cooperative

CLOTHING: Blue Shirt, Blue Jeans and Black Shoes

MEDICAL/OTHER: None Stated

NOT A CERTIFIED COPY

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 11th day of February 20 23 by Ofc. Windsor #1029

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

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

SHARI L. O'NEAL
Notary Public - State of Florida
Commission # GG 972080
My Comm. Expires Jun 25, 2024
Bonded through National Notary Assn.

SUBJECT: Amato, Michael Leonard Greeley **CASE NUMBER** 23-002023

ROADSIDE TASKS

HORIZONTAL GAZE NYSTAGMUS:

- ☐ 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:

ROADSIDE TASKS REFUSED

WALK & TURN:
ROADSIDE TASKS REFUSED

ONE LEG STAND:
ROADSIDE TASKS REFUSED

FINGER TO NOSE:
ROADSIDE TASKS REFUSED

ROMBERG ALPHABET:
ROADSIDE TASKS REFUSED

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

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 11th day of February 20 23 by Ofc. Windsor #1029

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

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

SHARI L. O'NEAL
Notary Public - State of Florida
Commission # GG 972080
My Comm. Expires Jun 25, 2024
Bonded through National Notary Assn.

NOT A CERTIFIED COPY

WITNESS LIST

CASE NUMBER: 23-002023

ARRESTING OFFICER: OFC WINDSOR #1029 DBPD

ADDRESS: 300 W ATLANTIC AVE, DELRAY BEACH, FL 33444

PHONE NUMBERS (HOME): _____ (WORK) 561-243-7800

CAN TESTIFY TO: DUI PC

NAME: OFC BUTNER #1172 DBPD

ADDRESS: 300 W ATLANTIC AVE, DELRAY BEACH, FL 33444

PHONE NUMBERS (HOME) _____ (WORK) 561-243-7800

CAN TESTIFY TO: FIRST OFFICER ON SCENE

NAME: OFC. REINHART #1156 DBPD

ADDRESS 300 W ATLANTIC AVE, DELRAY BEACH, FL 33444

PHONE NUMBERS (HOME) _____ (WORK) 561-243-7800

CAN TESTIFY TO: VEHICLE TOW AND BACKUP OFFICER

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: _____

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PHONE NUMBERS (HOME) _____ (WORK) _____

CAN TESTIFY TO: _____

NAME: _____

ADDRESS _____

PHONE NUMBERS (HOME) _____ (WORK) _____

CAN TESTIFY TO: _____

NAME: _____

ADDRESS _____

PHONE NUMBERS (HOME) _____ (WORK) _____

CAN TESTIFY TO: _____

NAME: _____

ADDRESS _____

PHONE NUMBERS (HOME) _____ (WORK) _____

CAN TESTIFY TO: _____

NOT A CERTIFIED COPY

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) _____

NOT A CERTIFIED COPY

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

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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TESTING FACILITY TASK REPORT

AGENCY: DBPD OFC. WINDSOR #1092

SUBJECT: AMATO, MICHAEL L. G.

CASE NUMBER: 23-035420

DATE: 02-11-23

VIDEO DVD NUMBER: N/A

BEGINNING TIME: 01:45 HRS

ENDING TIME: 01:51 HRS

REFUSED

BREATH TEST RESULTS: 1) [ ] TIME 01:50 A.M. [X] P.M. [ ] 2) [ ] TIME [ ] A.M. [ ] P.M. [ ]

3) [ ] TIME [ ] A.M. [ ] P.M. [ ] 4) [ ] TIME [ ] A.M. [ ] P.M. [ ]

BREATH OPERATOR: S.O'NEAL #6212

MAINTENANCE TECHNICAN: J. KARLECKE #6467

TESTING OFFICER'S OBSERVATIONS

SPEECH: SLURRED

ATTITUDE: TALKATIVE, SARCASTIC,UNCOOPERATIVE, OBNOXIOUS

CLOTHING: SHIRT- NAVY BLUE PANTS- BLUE JEANS

MEDICAL CONDITIONS: NONE

MEDICATIONS: NONE

OTHER:

EYES: VERY RED, GLASSY
ODOR OF UNKNOWN ALCOHOLIC BEVERAGE.

COMMENTS:

20 MIN. OBSERVATION DONE BY A/O WINDSOR #1029
A/O REQUESTED THE BREATH TEST.
D STATED NO YOU CAN CALL MY LAWYER.
A/O READ THE IMPLIED CONSENT ON CAMERA TO THE D.
A/O BROKE THE I/C DOWN.
TAKEN AS A REFUSAL.
C/W READ ON CAMERA, NO Q&A CONDUCTED.

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

PBSO CASE # 23-035420 PBSO ZONE 4-12

AGENCY CASE # 23-002023 CRASH CASE # N/A

TIME OF STOP/CRASH 0024 DATE 02/11/23 DAY SATURDAY

SUBJECT'S NAME AMATO, MICHAEL,LEONARD GREELEY RACE W SEX M

HGT 5'08" WGT 155 DOB 08/01/1993

LOCATION 1ST BLOCK OF E ATALNTIC AVE, DELRAY BEACH, FL

ARRESTING OFFICER'S NAME & ID WINDSOR #1029 AGENCY DELRAY BEACH PD

DIVISION: CRD

NOTIFIED BY COMMO YES

ARRIVAL AT FACILITY 0115

ARREST TIME 0051

BREATH RESULTS:

1) REFUSED

2)

3)

4)

TESTING OFFICER'S ID 6212 PBSO VIDEOTAPE # 1

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

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

am a member of Delray Beach Police Department, and I do swear
(Name of law enforcement agency)

or affirm that on or about the 11th day of February, 20 23, at 0051 ☐ P.M ☑ A.M.

DRIVER Michael Leonard Greeley Amato,
(Type or Print) FIRST NAME MIDDLE OR MAIDEN NAME LAST NAME

DL# A530-552-93-281-0, state of Florida, was placed under lawful arrest for

the offense of Driving Under the Influence by Ofc. Windsor #1029 and
(Name of Arresting Officer)

issued Citation # AHC8UCE.

That on or about the 11TH day of February, 20 23, at 0150 ☐ 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.

Signature of Law Enforcement Officer or
Correctional Officer

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

Notary Public - State of Florida
Commission # GG 972080
My Comm. Expires Jun 25, 2024
Bonded through National Notary Assn.

(AFFIX SEAL)

The foregoing instrument was sworn and subscribed before me this 11 day of February 20 23,

by _____,

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.

HSMV-BAR1001 (REV. 10/2016)

NOT A CERTIFIED COPY

WARNING CITATION

YOU ARE HEREBY OFFICALLY WARNED OF THE BELOW DESCRIBED VIOLATION.
YOUR ONLY REQUIRED ACTION IS TO EXERCISE SAFER DRIVING HABITS IN THE FUTURE.

DELRAY BEACH POLICE DEPARTMENT

COUNTY OF: PALM BEACH	202301146
CITY (IF APPLICABLE): DELRAY BEACH	

DAY OF WEEK	MONTH	DAY	YEAR	
SATURDAY	02	11	2023	12:24 ☒ A.M. ☐ P.M.

NAME (PRINT) FIRST: MICHAEL MIDDLE: LEONARD LAST: AMATO

STREET: 137 NW 7TH STREET — IF DIFFERENT THAN ONE ON DRIVER LICENSE "X" HERE ▶

CITY	STATE	ZIP CODE
BOCA RATON	FL	33432

TELEPHONE NUMBER	DATE OF BIRTH MO	DAY	YR	RACE	SEX	HGT
(561)445-7322	08	01	1993	W	M	508

DRIVER LICENSE NUMBER: A530552932810

STATE	CLASS	CDL LICENSE	YR LICENSE EXP.	IF COMMERCIAL MTR. VEH. "X" HERE
FL	E	Y (N)	2023	▶ ☐

YR. VEHICLE	MAKE	STYLE	COLOR	IF PLACARDED HAZARDOUS MATERIAL "X" HERE
2020	CHEV	PK	RED	▶ ☐

VEHICLE LICENSE NO.	TRAILER TAG NO.	STATE	YEAR TAG EXPIRES	IF COMPANION CITATION(S) "X" HERE
27AMGB		FL	2024	▶ ☐

UPON A PUBLIC STREET OR HIGHWAY, OR OTHER LOCATION, NAMELY:
1 E ATLANTIC AVE (Block BLK), DELRAY BEACH

VIOLATIONS

☐ UNLAWFUL SPEED _____ MPH SPEED APPLICABLE _____ MPH

☐ CARELESS DRIVING	☐ SAFETY BELT VIOLATION	☐ NO PROOF OF INSURANCE
☐ VIOLATION OF TRAFFIC CONTROL DEVICE	☐ IMPROPER OR UNSAFE EQUIPMENT	☐ EXPIRED DRIVER LICENSE
☐ VIOLATION OF RIGHT-OF-WAY	☐ EXPIRED TAG	☐ FOUR (4) MONTHS OR LESS
☐ IMPROPER CHANGE OF LANE OR COURSE	☐ SIX (6) MONTHS OR LESS	☐ MORE THAN FOUR (4) MONTHS
☐ IMPROPER PASSING	☐ MORE THAN SIX (6) MONTHS	☐ NO VALID DRIVER LICENSE
☐ CHILD RESTRAINT	☐ IMPROPER OR NO SIGNAL	☐ PEDESTRIAN VIOLATION
☐ IMPROPER PARKING	☐ IMPROPER TURN	☐ DRIVING TOO SLOWLY
☐ BICYCLE VIOLATION	☐ DRIVING WITHOUT LIGHTS	☐ OPEN CONTAINER

☒ OTHER: STOPPING/STANDING/PARKING-ALONG OR OPPOSITE

COMMENTS PERTAINING TO VIOLATION:

X SIGNATURE OF VIOLATOR

PRINT - SIGNATURE OF OFFICER | BADGE NO. 1029 | ID NO. | TROOP UNIT OLD

WARNING CITATION

Case # 23002023

NOT A CERTIFIED COPY

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: 2023003986	**Date:** 2/11/2023
	Specialist Name/ID: R.Castro/40259