0548606 24CT 6841 1433

ARREST / NOTICE TO APPEAR

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 24-005106

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: UNARMED
Multiple Clearance Indicator: 1

Location of Arrest (Including Name of Business): HOMEWOOD BLVD AND LOWSON BLVD, DELRAY BE
Location of Offense (Business Name, Address): 999 HOMEWOOD BLVD/LOWSON BLVD, DELRAY BEACH, FL

Date of Arrest	Time of Arrest	Booking Date	Booking Time	Jail Date	Jail Time	Location of Vehicle
04/15/2024	19:49	04/15/2024	19:59			

DEFENDANT

Name (Last, First, Middle): ROWE, RUSSELL ALAN
Alias:
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	05/02/1965	5'09	165	BLUE	GRAY OR	LIGHT	MEDIUM

Scars, Marks, Tatoos, Unique Physical Features (Location, Type, Description):
Marital Status: S
Religion: CHRISTIAN
Indication of: Alcohol Influence ☒ Yes ☐ No ☐ Unk. / Drug Influence

Local Address (Street, Apt. Number) (City) (State) (Zip): 2420 SW 22ND AVE 617, DELRAY BEACH, FL 33445
Phone: (773) 710-9139
Residence Type: 1. City 2. County 3. Florida 4. Out of State: 1

Permanent Address (Street, Apt. Number) (City) (State) (Zip): 2420 SW 22ND AVE 617, DELRAY BEACH, FL 33445
Phone: (773) 710-9139
Address Source: FL DL

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

D/L Number, State	Soc. Sec. Number	INS Number	Place of Birth (City, State)	Citizenship
R000721651620 / FL	[redacted]		OAKLAND, CA, United	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.
☐ Yes, by: ☐ No:

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. 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 #
DUI-DAMAGE TO PERSON/PROPERTY	316.193(3)(C)(1)	

Drug Activity	Drug Type	Amount / Unit	Offense #	Counts	Domestic Violence	Warrant / Capias Number	Bond
	N	/		1	☐ 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		

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		

FILED PBC - GUN CLUB
2024 APR 16 AM 7:54

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. ☐ Posted Bond ☐ Released to Parent/Guardian ☐ South County Mental Health ☒ T.O.T. County Jail

PROPERTY - Received By | Released By | Released To

Transported By | Date Transported | Time Transported | Other

NOTICE TO APPEAR

☐ 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

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 COMTEMPT OF COURT AND A WARRANT FOR MY ARREST SHALL BE ISSUED.

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

No Photo Available

ADMIN

HOLD for Other Agency
☐ Dangerous ☐ Resisted Arrest ☐ Suicidal ☐ Other
Intake Deputy | I.D. # | Pouch #

Signature of Arresting Officer
Name of Arresting Officer (Print): WASHINGTON, GABRIELLE Y | I.D. #: 1075
Transporting Officer: WASHINGTON | I.D. #: 1075 | Agency: DBPD

Name Verification (Printed by Arrestee) (PRINT)
APR 16 AM 7:54
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

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D.U.I. PROBABLE CAUSE AFFIDAVIT

ON THE 15 DAY OF April, 2024 AT 6:50 pm
IN THE CITY OF DELRAY BEACH, COUNTY OF PALM BEACH, STATE OF FLORIDA

Case No: 24-005106 **Defendant:** Rowe, Russell Alan
Agency: Delray Beach Police **Arresting Ofc:** Ofc. G. Washington

PERSONAL CONTACT/DRIVING PATTEDRIVER:

The following incident occurred within the City of Delray Beach, Palm Beach County Florida:

On 4/15/2024, at approximately 1850 hours, the Delray Beach Police Department received a call regarding a vehicle accident that had just occurred just south of the Homewood Blvd and Lowson Blvd intersection in the southbound lanes. CSO Nunez Prado responded to the scene to conduct a crash investigation and requested I respond to the scene to conduct a DUI investigation.

Upon arrival, I met with W/M Russell Rowe (DOB 5/2/1965, FL DL # R000721651620) who did not appear to be concerned that he had blood all over his face, clothing, and legs. I could smell the odor of alcohol emanating from Rowe's breath when he spoke. I observed Rowe's eyes were glassy and his pupils were dilated. Rowe's speech was delayed, and he was inattentive during conversation.

Rowe struggled to articulate how the crash occurred. When I asked Rowe if he knew where he was, Rowe responded with Homewood Blvd and W Linton Blvd. After I informed Rowe that we were at Homewood Blvd and Lowson Blvd he eventually stated he was traveling south on Homewood Blvd and continued to drive south past the Homewood Blvd and Lowson Blvd intersection without making any turns. Rowe stated he lost control of his vehicle when he turned southbound onto Homewood Blvd from W Atlantic Ave. When I asked if he had been losing control of his vehicle on Homewood Blvd during his southbound trip from W Atlantic Ave to Lowson Blvd; Rowe responded no and stated that he lost control of his vehicle during his turn at Homewood Blvd and Lowson Blvd. While seeking clarification, Rowe did not understand why his crash statements were conflicting. Rowe eventually said he must've been traveling east on Lowson Blvd prior to turning south on Homewood Blvd when he lost control of his vehicle and crashed.

A witness, Timothy Doubek (DOB 5/4/1963, FL DL # D120810631640), informed CSO Nunez Prado that he observed W/M Russell Rowe behind the steering wheel driving erratically prior to and at the time of the crash. Doubek was able to identify W/M Russell Rowe at the crash scene as the subject who was sitting behind the wheel in the front driver seat of the at-fault vehicle (silver Ford Mustang bearing FL tag JVXD03) in full physical control of the vehicle.

I explained to Rowe that the Community Service Officer he had been communicating with was investigating the crash and I was there to conduct a DUI investigation. Rowe stated he understood. Rowe did not consent to Roadside Tasks.

I read Rowe his Miranda Warnings from a pre-printed DBPD Miranda Card and Rowe advised that he understood his Miranda Rights. Post-Miranda, Rowe stated he came from a restaurant called Turtle Tavern and drank two cocktails with the last one being around 1800 hours.

Rowe was placed under arrest for Driving Under the Influence. Rowe was placed in handcuffs behind his back that were checked for proper fit, and double-locked.

Search incident to arrest, multiple receipts from Duffy's and Turtle Tavern were located in Rowe's pockets that showed purchases of alcoholic beverages on 4/15/2024 with the earliest timestamp at 1136 hours and latest at 1757 hours.

Rowe was then transported to the Palm Beach County DUI Testing Facility. Rowe blew 0.229 and 0.230.

Based on the facts above, probable cause exists to charge Russell Rowe (DOB 5/2/1965 with one count of DUI-Damage to Person/Property, pursuant to F.S.S. 316.193(3)(C)(1).

NOT A CERTIFIED COPY

The foregoing instrument was sworn to before me this 15th day of April, 2024
by Officer Ofc. G. Washington

Arresting Officer

Notary/Police Officer (FSS 117.10)

SUBJECT: **Rowe, Russell Alan** CASE NUMBER **24-005106**

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:
REFUSED

WALK & TURN:
REFUSED

ONE LEG STAND:
REFUSED

FINGER TO NOSE:
REFUSED

ROMBERG ALPHABET:
REFUSED

NOT A CERTIFIED COPY

BREATH TEST RESULTS: 1) **0.229** 2) **0.230** 3) 4)

The foregoing instrument was sworn to before me this **15th** day of **April**, **2024**
by Officer **Ofc. G. Washington**

Arresting Officer

Notary/Police Officer (FSS 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 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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WHITE: STATE ATTY. YELLOW: DHSMV PINK: CENTRAL RECORDS GOLD: JAIL

TESTING FACILITY TASK REPORT

AGENCY: DBPD

SUBJECT: ROWE, RUSSELL A

CASE NUMBER: 24-053393

DATE: Apr 15, 2024

VIDEO DVD NUMBER: N/A

BEGINNING TIME: 21:02

ENDING TIME: 21:30

BREATH TESTS RESULTS: 1) .229 TIME 21:11 A.M.☐ P.M.☒ 2) .230 TIME 21:15 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 TECHNICAN: J. KARLECKE# 6467

TESTING OFFICER'S OBSERVATIONS

SPEECH: PRONOUNCED

ATTITUDE: CALM,

CLOTHING: PINK SHORTS, YELLOW / BLUE / PINK DRESS SHIRT , GRAY SANDALS

MEDICAL CONDITIONS: [redacted]

MEDICATION [redacted]

OTHER:

SUBJECT: STATED HE HAD TWO DRINKS DURING Q&A

COMMENTS:

ARRIVED AT CENTER A/O BEGAN THE 20 MINUTE OBSERVATION PERIOD AT 20:39 HRS.

SUBJECT: REFUSED TO TAKE TEST

A/O: READ I/C, ALSO EXPLAINED I/C

SUBJECT: STATED HE UNDERSTOOD I/C AND AGREED TO TAKE TEST

A/O: READ RIGHTS

SUBJECT: STATED HE UNDERSTOD RIGHTS

TECH: READ TEST RESULTS

SUBJECT: STATED HE UNDERSTOOD TEST RESULTS

A/O: CONDUCTED Q&A

SUBJECT: ANSWER QUESTIONS

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

PBSO CASE #: 24-053393 **PBSO ZONE:** 4-11

AGENCY CASE #: 24-005106 **DHSMV CRASH #:** 26087206

TIME OF CRASH/STOP: 6:50 pm **DATE:** 04/15/2024 **DAY:** Monday

DEFENDANT: Rowe , Russell Alan **RACE:** White **SEX:** Male

HGT: 5'09 **WGT:** 165 Lbs **DOB:** 5/2/1965

LOCATION: Homewood Blvd and Lowson Blvd, Delray Beach

ARRESTING OFC: Ofc. G. Washington **ID:** 1075 **AGENCY:** Delray Beach Police

DIVISION: Patrol

NOTIFIED BY COMM:

ARRIVAL AT FACILITY: 2039

TIME OF ARREST: 7:49 pm

DATE OF ARREST: 04/15/2024

BREATH RESULTS:
1. .229
2. .230
3. N/A
4. N/A

TESTING OFC. ID: 24639 **PBSO VIDEOTAPE #:** N/A

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FLORIDA DEPARTMENT OF LAW ENFORCEMENT
ALCOHOL TESTING PROGRAM
BREATH ALCOHOL TEST AFFIDAVIT

Instrument Type: Intoxilyzer 8000
Instrument Registered To: PALM BEACH CSO
Instrument Serial Number: 80-001741 Software: 8100.27
Date of Test: 04/15/2024

Date of Last Agency Inspection: 03/08/2024
Observation Period Began: 20:39
Subject's Name: RUSSELL A ROWE DOB: 05/02/1965 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	21:09
Air Blank	0.000	21:10
Control Test	0.081	21:10
Air Blank	0.000	21:10
Subject Sample #1	0.229	21:11
Air Blank	0.000	21:12
Air Blank	0.000	21:14
Subject Sample #2	0.230	21:15
Air Blank	0.000	21:15
Control Test	0.079	21:16
Air Blank	0.000	21:16
Diagnostics Check	OK	21:16

Cylinder Lot: 06723080A5
Exp: 04/05/2025

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: _____ Date: 04/15/2024
Signature

Sworn to (or affirmed) before me this 15th day of APRIL, 2024

_____ OFC. G. WASHINGTON
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.

FDLE/ATP FORM 38 - MARCH 2004, Ref. 11D-8.007

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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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Duffy's - Delray
1750 South Federal Highway
Delray Beach, FL 33483
(561) 276 - 3332

April 15, 2024 at 1:42:33 PM EDT

Check #: 108
Card #: ****647175
russell rowe
Opt Out - Limited Benefits

Open $ Discount redeemed: 10.00

Points accrued toward your next reward:

YTD Spending 795.91
Points 27

Signature: _____

TURTLE TAVERN
14414 So Military Trail
Delray Beach, FL 33484
561-865-1444

Check #: 00125
Date: 04/15/2024 05:57 PM Tab: B16 Russell
Station: 2TO Server: Natalie

2 Sng House Vodka	6.50
1 Meatloaf Plate	9.95
1 Jai Alai IPA	6.75
Sub Total	23.20
Sales Tax	0.46
Sales Tax	1.17
Carry Out TOTAL	24.83
BALANCE DUE	24.83

Thank You!
Have A Turtley Awesome Day!

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0108
Server: COLIN B (#700) Rec: 30
04/15/24 13:42, Chip T: 990 Term: 5

DUFFY'S DELRAY
1750 S. FEDERAL HWY
DELRAY BEACH, FL
(561)276-3332

Name: ROWE/RUSSELL_A
TID 753415150005

Purchase

VISA DEBIT	XXXXXXXXXXXX7775
CVM	SIGN
Invoice	0010398751
Response	APPROVED
Auth Code	044213

EMV DETAILS

MODE	CHIP
AID	A0000000031010
TVR	8080008000
IAD	06011203A08000
TSI	6800
ARC	Z3
Amount	USD $10.17

CHECK: 10.17

CHANGE FOR CHARITY: _____

TIP: 4.17

TOTAL: 14.87

PLEASE SIGN 1 COPY AND KEEP THE 2ND

GUEST COPY

DUFFY'S SPORTS GRILL

DELRAY BEACH
561-276-3332

****
* NO MVP ACCOUNT ATTACHED *
****

0108b Table 990 #Party 1
COLIN B SvrCk: 9 11:36a 04/15/24

2for1 VODKA	9.00
2for1 HOPSEC PNT	10.50
Sub Total:	19.50
Tax:	1.37
04/15 1:42p TOTAL:	20.87
Gross Amount:	40.37

YOU SAVED: 19.50

Suggested Gratuity

18%GRATUITY	3.51
20%GRATUITY	3.90

****

Thank you for dining with us.
Please come back soon.

****

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WITNESS LIST

Case No: 24-005106 Defendant: Rowe, Russell Alan

Arresting Officer: Ofc. G. Washington
Address: 300 W Atlantic Ave, Delray Beach, FL 33444
Phone Numbers: Home: 561-243-7800 Work:

Name: CSO M. Nunez Prado
Address: Delray Beach Police Department
Phone Numbers: Home: 561-243-7800 Work:
Can testify to: Signs of impairment

Name: Timothy Diubek
Address: 6100 Terra Mere Cir, Boynton Beach, FL 33437
Phone Numbers: Home: 612-801-3076 Work:
Can testify to: Signs of impairment and Wheel Witness

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:

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Palm Beach County Sheriff's Office

Florida State Statute Exemption Sheet

	X	Florida State Statute	Description	Page Number(s)
L/E Exemptions	☐	119.071(4)(c)	Undercover personnel	
	☐	119.071(2)(e)	Confession	
Public Info. Exemptions	☐	FL Const. Art. I, s. 16(b)(5)	Marsy's Law – victim information shall be redacted. The term "victim" also includes the victim's lawful representative, the parent or guardian of a minor, or the next of kin of a homicide victim. The term "victim" does not include the accused (ref. page 99 of the CRTM for additional information)	
	☐	119.071(2)(j)	Home/employment telephone number, home/employment address, or personal assets of a person who has been the victim of sexual battery, aggravated child abuse, aggravated stalking, harassment, aggravated battery or domestic violence	
	☐	119.0712(2)	Personal information contained in a motor vehicle record	
	☐	316.650(11)	Driver information contained in a uniform traffic citation	
	☐	119.071(4)(d)2.a.	Home addresses, telephone numbers, dates of birth, and photographs of active/former LE personnel, spouses, and children	
Florida Rules of Judicial Administration 2.420	☒	(iii) 119.0714(1)(i)-(j), (2)(a)-(e)	Social Security, bank account, charge, debit, and credit card numbers	2
	☐	(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	☐			
	☐			
	☐			
	☐			

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REVIEW COMPLETED BY

Booking Number: 2024010208	**Date:** 4/16/2024
	Specialist Name/ID#: J. Gaines/ 44177