0501577 24CT 11250 NB 309

Marcy's Law CVI FL. Const. Art. 1 § 16(b)

ARREST / NOTICE TO APPEAR
Juvenile Referral Report

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

ADMINISTRATIVE

OBTS Number

Agency ORI Number: FLO 5 0 2 6 0 0
Agency Name: PALM BEACH GARDENS POLICE DEPARTMENT
Agency Report Number: 78 - 78-24002890

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
Multiple Clearance Indicator:

Location of Arrest (Including Name of Business): Sunoco 2490 PGA Blvd, PALM BEACH GARDENS, FL, 33410
Location of Offense (Business Name, Address): Sunoco 2490 PGA Blvd, PALM BEACH GARDENS, FL, 33410

Date of Arrest	Time of Arrest	Booking Date	Booking Time	Jail Date	Jail Time	Location of Vehicle
06/14/2024	04:17					KAUFF'S TOWING AND RECOVERY 4701 EAST AVENUE, WPB, FL 33407

DEFENDANT

Name (Last, First, Middle): Asprinio, Stephen, Thomas
Alias (Name, DOB, Soc. Sec. #, Etc.)

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	07/09/1981	510	195	Grn	Bro	Light	Large

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

Local Address (Street, Apt. Number) (City) (State) (Zip): 2100 PGA Blvd Apt 526, Palm Beach Gardens, FL 33410
Phone: (561) 281-3222
Residence Type: 1. City 2. County 3. Florida 4. Out of State | 1

Permanent Address (Street, Apt. Number) (City) (State) (Zip):
Phone:
Address Source: FLDL

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

D/L Number, State: A216798812490 FL
Soc. Sec. Number: [redacted]
INS Number:
Place of Birth (City, State): Denver, CO
Citizenship: 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 ☐ 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

CHARGE / CODE

Drug Activity: S. Sell, B. Buy, T. Traffic, R. Smuggle, D. Deliver, E. Use, K. Dispense/ Distribute, M. Manufacture/ Produce/ Cultivate, Z. Other, N. N/A, P. Possess
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 Description	Counts	Domestic Violence	Statute Violation Number	Violation of ORD #
DUI - Normal Faculties Impaired	1	☐ Y ☒ N	316.193(1)(A)	

Drug Activity	Drug Type	Amount / Unit	Offense #	Warrant / Capias Number	Bond
N	N	N	1		

Charge Description	Counts	Domestic Violence	Statute Violation Number	Violation of ORD #
DUI - Refusal to submit to chem test	1	☐ Y ☐ N	316.1939(1)	

Drug Activity	Drug Type	Amount / Unit	Offense #	Warrant / Capias Number	Bond
N	N	N	2		

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 '24 JUN 14 PM 12:44

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

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

Location (Court, Room Number, Address)

NOTICE TO APPEAR

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

Court Date and Time: Month July Day 17 Year 2024 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

Signature of Defendant (or Juvenile and Parent /Custodian) | Date Signed: 06/14/2024

ADMIN

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

Signature of Arresting Officer: X [signature] #545
Name of Arresting Officer (Print): OFC. JUSTIN KAHN | I.D. #: 545
Transporting Officer: OFC. J. KAHN | ID #: 545 | Agency: PBGPD

Name Verification (Printed by Arrestee)
(PRINT) JUN 14 AM 6:22
Witness here if subject signed with an -X-

PAGE 1 OF 1

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D.U.I. PROBABLE CAUSE AFFIDAVIT

On the 14th day of June 2024 at 04:00 ☑ AM ☐ PM

Subject: Asprinio, Stephen, Thomas Case Number: 78-24002890

Agency: *PALM BEACH GARDENS POLICE DEPARTMENT* Arresting Officer: OFC. JUSTIN KAHN 545

PERSONAL CONTACT

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

Officer Hernandez #561:
Reported a male passed out at the wheel at the gas pumps of Sunoco Gas Station on 2490 PGA Boulevard, Palm Beach Gardens, Palm Beach County, Florida.

Upon arrival I observed a white male, later identifed as Stephen Aspirino through Florida Driver's License, passed out at the wheel of an Aston Martin Coupe, bearing Florida tag G4CGR. The vehicle was on and in park.

OBSERVATION OF DRIVER:

Initially, Aspirino was passed out and slumped over.

He did wake up on his own. Upon waking he struggled to turn off his vehicle, struggled to open his vehicle's door, and struggled to exit the vehicle. I immediately detected the strong and apparent odors of an unknown alcoholic beverage on Aspirino's breath. Aspirino had an apparent orbital sway even when standing feet wide apart with hands in his pocket. Aspirino had flushed face, bloodshot and watery eyes, and slurred speech.

Post arrest a receipt from The Snuggery at 2576 PGA Blvd, PBG, FL (dated 06/13/2024 at 11:59pm) was located in his pocket indicating the purchase of five assorted drinks: 2 pints of Yuengling, 1 order of Woodford Reserve, 1 Angry Orchard, and 1 pint of Coral Head IPA.

DRIVER STATEMENTS:

Stated he worked today and works over 100 hours in a week. Stated he did not go anywhere after work and had not been drinking. Contrary to the reciept found in his pocket post arrest. Advised he ate steak. Aspirino was obviously agitated during at scene questioning and verbally stated he did not like this Officer or my line of questioning. Aspirino actively denied all observations I made.

Refused SFST's post Taylor. Stated he did not trust the system.

ODORS: Strong and apparent unknown alcoholic beverage(s)

GENERAL OBSERVATIONS

SPEECH: Slurred

ATTITUDE: Combative, Uncooperative, Insulting

CLOTHING: Not soiled, blued sweatshirt, white shirt, blue pants, blue shoes

MEDICAL/OTHER: None

STATE OF FLORIDA
COUNTY OF PALM BEACH

J Kahn #545 J Kahn 545
SIGNATURE OF ATTESTING OFFICER

The forgoing instrument was sworn to or affirmed and subscribed before me this 14th day of June 20 24 by OFC. JUSTIN KAHN 545 who is ☑ personally known to me or ☐ produced _____.

Thomasina Miller
Notary Public, Clerk of Court, Officer (FSS 117.10)

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

STAMP

NOT A CERTIFIED COPY

D.U.I. PROBABLE CAUSE AFFIDAVIT Cont.

Subject: **Asprinio, Stephen, Thomas** Case Number: **78-24002890**

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:

Refused post Taylor.

Walk and Turn

One Leg Stand

Rhomberg

Finger to Nose

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

NOT A CERTIFIED COPY

STATE OF FLORIDA
COUNTY OF PALM BEACH

J Kahn #545 J Kahn 545
SIGNATURE OF ATTESTING OFFICER

The forgoing instrument was sworn to or affirmed and subscribed before me this 14th day of June 20 24 by OFC. JUSTIN KAHN 545 who is ☑ personally known to me or ☐ produced _____.

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

Thomasina Miller
Notary Public, Clerk of Court, Officer (FSS 117.10)

STAMP

78-24002890

DUI WITNESS LIST

Arresting Officer: OFC. JUSTIN KAHN 545 Email: @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: Officer Hernandez #561 (finding officer), Badolati #552 (scene safety), Speed #569 (scene safety), Borgella #534 (scene safety)
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: Miller ID: 41017 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

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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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: _____

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)_____

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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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78-24002890

STATE OF FLORIDA
AFFIDAVIT OF REFUSAL TO SUBMIT TO
BREATH TEST

I, OFC. JUSTIN KAHN, a duly certified Law Enforcement or Correctional Officer, am a member of PALM BEACH GARDENS POLICE DEPARTMENT, and I do swear or affirm that on or about the 14th day of June, 2024, at 04:17 ☐P.M. ☑A.M.

DRIVER Stephen (FIRST NAME) Thomas (MIDDLE OR MAIDEN NAME) Asprinio (LAST NAME),

DL # A216798812490, state of FL, was placed under lawful arrest for the offense of DUI - Normal Faculties Impaired by OFC. JUSTIN KAHN (Name of Arresting Officer) and issued citation # AJI RFDE.

That on or about the 14th day of June, 2024, at 05:22 ☐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. Nonetheless, the driver refused to submit to the test requested.

J Kahn #545 J Kahn 5015

Signature of Law Enforcement Officer or Correctional Officer

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

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

The foregoing instrument was sworn and subscribed before me this 14th day of June, 20 24, by OFC. JUSTIN KAHN, who is personally known to me or who has produced _____ as identification.

Notary Public Thomasina Miller.

The foregoing instrument was sworn and subscribed before me:

_____
Signature of Attesting Officer

Title _____

Date _____

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

EFFECTIVE OCTOBER 1, 2021

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PALM BEACH GARDENS POLICE DEPARTMENT
DUI TESTING FACILITY INFORMATION SHEET

PBSO Case #: 24-071629 PBSO Zone: 3-13

Agency Case #: 78-24002890 Crash Case #: _____

Incident Information:

Time of Stop/Crash: 04:00 Date of Incident: 06/14/2024 Day: Friday

Location of Incident: Sunoco 2490 PGA Blvd, PALM BEACH GARDENS, FL, 33410

Arrest Information:

Time of Arrest: 04:17 Date of Arrest: 06/14/2024 Day: Friday

Location of Arrest: Sunoco 2490 PGA Blvd, PALM BEACH GARDENS, FL, 33410

Subject's Name: (L) Asprinio, (F) Stephen, (M) Thomas

DOB: 07/09/1981 Race: W Sex: M Height: 510 Weight: 195 Hair Bro Eye Grn

Address: 2100 PGA Blvd Apt 526, Palm Beach Gardens, FL Phone: (561) 281-3222

Arresting Officer's Name: OFC. JUSTIN KAHN ID#: 545

Agency: PBGPD Division: ROAD PATROL ☐ Marcy's Law CVI FL Const Art. 1 § 16(b)

Breath Results

1) _____ at _____ hrs.
2) REFUSED at _____ hrs.
3) _____ at _____ hrs.
4) _____ at _____ hrs.

---BAT Use---

BAT Notified:	Yes
Arrival Time at BAT:	04:44
Subject Arrest Time:	04:17

Breath Test Operator: Miller 41017
PBSO

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TESTING FACILITY TASK REPORT

AGENCY: PBG

SUBJECT: ASPRINIO, STEPHEN .T.

CASE NUMBER: 24-071629

DATE: Jun 14, 2024

VIDEO DVD NUMBER: N/A

BEGINNING TIME: 05:09

ENDING TIME: 05:15

BREATH TESTS RESULTS: 1) R TIME 05:11 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: PRONOUNCED

ATTITUDE: CALM

CLOTHING: BLUE SHIRT, BLUE JEANS, BLUE SNEAKERS

MEDICAL CONDITIONS: NONE

MEDICATIONS: NONE

REFUSED

OTHER:

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COMMENTS:

ARRIVED AT CENTER A/O BEGAN THE 20 MINUTE OBSERVATION PERIOD AT 04:44 HRS.

SUBJECT: REFUSED TO TAKE TEST.

A/O: READ I/C.
SUBJECT: DID NOT ACKNOWLEDGE 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

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: 2024016046	**Date:** 6/15/2024
	Specialist Name/ID#: ANGELA PINKNEY/7796