26mm7684 A8B

057/020 1292

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

ARREST / NOTICE TO APPEAR

☐ Check if Supplement is Attached

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

1

Juvenile ☐

ADMINISTRATIVE

OBTS Number

Agency ORI Number: 0500400

Agency Name: Delray Beach Police Department

Agency Report Number (N.T.A.'s only): 40 26-010869

Charge Type: Check as many as apply. ☐ 1. Felony ☐ 2. Traffic Felony ☒ 3. Misdemeanor ☒ 4. Traffic Misdemeanor ☐ 5. Ordinance ☐ 8. Other

If Weapon Seized: Enter Type UNARMED

Multiple Clearance Indicator: 2

Location of Arrest (Including Name of Business): 3100 S FEDERAL HWY, DELRAY BEACH, 33444

Location of Offense (Business Name, Address): 3100 S FEDERAL HWY, DELRAY BEACH, FL 33483

Date of Arrest	Time of Arrest	Booking Date	Booking Time	Jail Date	Jail Time	Location of Vehicle
09/06/2026	23:56	09/07/2026	00:06	09/07/2026	00:01	

DEFENDANT

Name (Last, First, Middle): IMEL, STUART ALLEN

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

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	02/22/1983	6'00	200	BROWN	BR/O	FAIR	MEDIUM

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

Marital Status: U

Religion: Christian

Indication of: Alcohol Influence ☒ Y ☐ N ☐ Unk; Drug Influence ☐ Y ☐ N ☒ Unk

Local Address (Street, Apt. Number) (City) (State) (Zip): 64 SW 9TH AVE, BOCA RATON, FL 7701

Mobile Phone:

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

Permanent Address (Street, Apt. Number) (City) (State) (Zip): 64 SW 9TH AVE, BOCA RATON, FL 7701

Phone: (469) 439-6579

Address Source:

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

Phone:

Occupation:

D/L Number, State	Soc. Sec. Number	INS Number	Place of Birth (City, State)	Citizenship
17775551 / TX			Dallas, TX	US

CO-DEF

Co-Defendant Name (Last, First, Middle): 1) 1,000

Race Sex Date of Birth ☐ 1. Arrested ☐ 2. At Large ☐ 3. Felony ☐ 4. Misdemeanor ☐ 5. Juvenile

Co-Defendant Name (Last, First, Middle): 2) 1,000

Race Sex Date of Birth ☐ 1. Arrested ☐ 2. At Large ☐ 3. Felony ☐ 4. Misdemeanor ☐ 5. Juvenile

JUVENILE

☐ Parent ☐ Legal Custodian ☐ Other: Name (Last) (First) (Middle)

Residence Phone:

Address (Street, Apt. Number) (City) (State) (Zip)

Business Phone:

Notified by: (Name) Date Time

Juvenile Disposition: 1. Handled/Processed within Dept. and Released 2. TOT HRS/DYS 3. Incarcerated

Released To: (Name) Relationship Date Time

The above address was provided by ☐ defendant and/or ☐ defendant's parents. The child and/or parent was told to keep the Juvenile Court Clerk's Office (Phone (561) 355-6511) informed of any change of address.

☐ Yes, by: (Name) ☐ No: (Reason)

School Attended Grade

Property Crime? ☐ Yes ☒ No

Description of Property

Value of Property

CODE

Drug Activity: ☐ No N. N/A P. Possess S. Sell B. Buy T. Traffic R. Smuggle D. Deliver E. Use K. Disperse/ Distribute M. Manufacture/ Produce/ Cultivate Z. Other

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

CHARGE

Charge Description	Counts	Domestic Violence	Statute Violation Number	Violation of ORD #
DUI BREATH ALCOHOL .08 OR MORE PER 210L	1	☐ Y ☒ N	316.193(1)(C)	

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

Charge Description	Counts	Domestic Violence	Statute Violation Number	Violation of ORD #
RESIST/OBSTRUCT OFFICER W/O VIOLENCE	1	☐ Y ☒ N	843.02	

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

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
					$2,000

NOTICE TO APPEAR

Location (Court, Room Number, Address): 200 W Atlantic Ave DELRAY BEACH

Court Date and Time: Month October Day 5 Year 2026 Time 8:30 (A.M.) P.M.

I AGREE TO APPEAR AT THE TIME AND PLACE DESIGNATED TO ANSWER THE OFFENSE CHARGED OR TO PAY THE FINE SUBSCRIBED. I UNDERSTAND THAT SHOULD I WILLFULLY FAIL TO APPEAR BEFORE THE COURT AS REQUIRED BY THIS NOTICE TO APPEAR, THAT I MAY BE HELD IN COMTEMPT OF COURT AND A WARRANT FOR MY ARREST SHALL BE ISSUED.

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

I consent to receive text reminders of court date(s) and times for this case by automated technology to the mobile number identified above.

I understand that standard text message rates may apply, and that I may revoke this consent via the text message system if I choose. Signature

FILED FOR RECORD
26 SEP 7 AM 7:22

ADMIN

HOLD for Other Agency

Signature of Arresting Officer

Name Verification (Printed by Arrestee) (PRINT)

☐ Dangerous ☐ Resisted Arrest ☐ Suicidal ☐ Other

Name of Arresting Officer (Print): KATEVATIS, MICHAEL I.D. #: 1347

Intake Deputy I.D. # Pouch #

Transporting Officer: KATEVATIS I.D. #: 1347 Agency: DELRAY

Witness here if subject signed with an "X".

PAGE 1 OF 1

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PROBABLE CAUSE AFFIDAVIT

ADMIN

OBTS Number		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 0500400	DELRAY BEACH POLICE DEPARTMENT	4 0 26-010869

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
IMEL, STUART		W	M	02/22/1983

CHARGES

Charge Description	Charge Description
316.193(1)(C) DUI BREATH ALCOHOL .08 OR MORE PER 210L	843.02 RESIST/OBSTRUCT OFFICER W/O VIOLENCE
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 _____ 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 6 day of September, 2026 at 22:38 (Specifically include facts constituting cause for arrest.)

The following incident occured in the city of Delray Beach, Palm Beach County FL.

On 09/07/2026 at 2200 hours I was on routine patrol parked at the 1900 Block of S Federal Hwy when I observed a gray Ford Bronco bearing Texas Tag WBS5095 driving at a high rate of speed past my patrol vehicle. Due to my observations of the vehicle, I paced the vehicle with my calibrated vehicle from the 1900 Block to the 3100 Block at approximately 75 miles an hour in a posted 40 MPH Zone. During the driving pattern I observed the vehicle start to swerve in the right lane while following the vehicle and fail to maintain its lane. Due to the driving pattern and my suspicion, I was able to articulate probable cause to conduct a lawful traffic stop on the vehicle. I activated my emergency lights and sirens, and the vehicle came to a final stop at the 3100 Block S Federal Hwy.

I made contact with the driver who was later identified as Stuart Allen Imel on the passenger side. While speaking to Imel on the passenger side I explained the reason for the stop and asked for license and registration. During this time, it appeared Imel was slurring his words and in which it raised my suspicion for possible impairment. Due to potential signs of impairment, I went to conduct a driver side approach and smelt a strong odor of an unknown alcoholic beverage/intoxication omitting from Imel breath. I also observed blood shot glassy eyes which was another indicator of impairment. When I asked the last time Imel had anything to drink he stated, "two hours ago" and that he was at Geronimo`s on Atlantic Ave in downtown Delray beach. Geronimo`s is a bar/tequila bar where alcohol is served to patrons. I asked the last time he consumed anything to drink, and he advised about 6 drinks in a span of 8 hours and throughout the day. Due to admission of drinking alcohol, and the totality of the circumstances including driving pattern and smell of intoxicant/bloodshot glassy eyes I conducted a DUI investigation.

I asked the driver to step out, and I asked the driver to step out Imel became very

ADMINISTRATIVE

SWORN AND SUBSCRIBED BEFORE ME

NOTARY PUBLIC / CLERK OF COURT / OFFICER - S.S. # / I.D.

9/7/26
DATE

JOSHUA BELL
Notary Public - State of Florida
Commission # HH 418882
My Comm. Expires Jul 9, 2027
Bonded through National Notary Assn.

SIGNATURE OF ARRESTING / INVESTIGATING OFFICER

KATEVATIS, MICHAEL (1347)
NAME OF OFFICER (PLEASE PRINT)

09/07/2026
DATE

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

NOT A CERTIFIED COPY

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 0500400	DELRAY BEACH POLICE DEPARTMENT	40 26-010869

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
IMEL, STUART		W	M	02/22/1983

PROBABLE CAUSE STATEMENT

agitated. As I was talking to Imel I was still able to smell an odor of intoxicant omitting from his breath separate from the vehicle. Imel asked to take a piece of his gum in which I stated he cannot. I conducted the following standardized field sobriety tasks: (Following clues) of impairment:

Horizontal Gaze Nystagmus: I observed the following clues: Left Eye/Right Eye lack of smooth pursuit. Left & Right eye Distinct and Sustained Nystagmus at Maximum Deviation, Left/Right Eye Nystagmus prior to 45 degrees. Based on these clues I observed 6 indicators of impairment (clues).

Walk & Turn: I conducted and demonstrated the walk and turn task with Imel when he started too soon as I told him not to begin as instructed. During the tasks I the Imel did not walk heel to tie and did not perform the tasks properly. Imel became agitated and yelling at the Officer during the investigation. Imel did not finish the task and or conduct it properly as I was trying to explain and demonstrate to him. I observed a total of two clues just based off what he conducted out of the 8 clues required for the walk and turn task.

One Leg Stand: I explained and demonstrated and Imel was unable to perform the task properly. I explained to state one-one thousand, two-one thousand so on and so forth in which he counted regularly and did not perform as instructed during the thirty second timer performed. Imel put his foot down before the thirty second time and had to transition and seem to have difficulty with balance.

Finger to Nose task: I instructed and explained the finger to nose task, and Imel body appeared to be swaying, and when I called out left Imel touched the tip under his nose, and appeared to have difficulty following the instructions during the first call out when I called out (Left), I had to explain the instructions to Imel. Due to the indicators that I observed from this task I observed indicators of impairment. I did six call out (L,R,L,R,L,R) and Imel head was not tilted back as instructed.

Rhomberg Recite Alphabet: I asked Imel to state the alphabet (twenty-six letters) of the alphabet in he did. During the task, he stated the twenty-six letters in a slurred manner, and appeared to have said "wqxyz" at the end of the task which also raised suspicion of possible impairment.

Due to the totality of the circumstances and signs of impairment I attempted to place Imel into handcuffs when he suddenly snatched his arm away to resist officers from placing him into handcuffs. Imel ripped away his arm to prevent law enforcement officers from placing him into custody in which I had to display my department issued taser 7 to gain compliance as well as it took three officers to get him into handcuffs.

Due to the facts and circumstance and everything recorded on my department issued

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ADMINISTRATIVE

SWORN AND SUBSCRIBED BEFORE ME

NOTARY PUBLIC / CLERK OF COURT / DEPUTY C.S.A.

JOSHUA BELL
Notary Public - State of Florida
Commission # HH 418882
My Comm. Expires Jul 9, 2027
Bonded through National Notary Assn.

9/7/26
DATE

SIGNATURE OF ARRESTING / INVESTIGATING OFFICER

KATEVATIS, MICHAEL (1347)
NAME OF OFFICER (PLEASE PRINT)

09/07/2026
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 0500400	DELRAY BEACH POLICE DEPARTMENT	4 0 26-010869

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

Special Notes:

DEF

Name (Last, First, Middle)	Alias	Race	Sex	Date of Birth
IMEL, STUART		W	M	02/22/1983

PROBABLE CAUSE STATEMENT

body-worn camera I found probable cause to exist to place Imel into custody in violation of F.S.S DUI 316.193(1)(C) and in violation of F.S.S 843.02 Resisting without violence.

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ADMINISTRATIVE

SWORN AND SUBSCRIBED BEFORE ME

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

9/7/26
DATE

JOSHUA BELL
Notary Public - State of Florida
Commission # HH 418882
My Comm. Expires Jul 9, 2027
Bonded through National Notary Assn.

SIGNATURE OF ARRESTING / INVESTIGATING OFFICER

KATEVATIS, MICHAEL (1347)
NAME OF OFFICER (PLEASE PRINT)

09/07/2026
DATE

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

SUBJECT: Imel Stuart **CASE NUMBER** 26010869

ROADSIDE TASKS

HORIZONTAL GAZE NYSTAGMUS:

- [x] LT EYE-LACK OF SMOOTH PURSUIT
- [x] RT EYE-LACK OF SMOOTH PURSUIT
- [x] LT EYE-DISTINCT & SUSTAINED NYSTAGMUS AT MAX. DEVIATION
- [x] RT EYE-DISTINCT & SUSTAINED NYSTAGMUS AT MAX. DEVIATION
- [x] LT- EYE-ONSET OF NYSTAGMUS PRIOR TO 45 DEGREES
- [x] RT- EYE-ONSET OF NYSTAGMUS PRIOR TO 45 DEGREES

Other Observations:

WALK & TURN:

Walk & Turn: I conducted and demonstrated the walk and turn task with Imel when he started too soon as I told him not to begin as instructed. During the tasks I instructed Imel did not walk heel to tie and did not perform the tasks properly. Imel became agitated and yelling at the Officer during the investigation. Imel did not finish the task and or conduct it properly as I was trying to explain and demonstrate to him. I observed a total of two clues just based off what he conducted out of the 8 clues required for the walk and turn task.

ONE LEG STAND:

One Leg Stand: I explained and demonstrated and Imel was unable to perform the task properly. I explained to state one-one thousand, two-one thousand so on and so forth in which he counted regularly and did not perform as instructed during the thirty second timer performed. Imel put his foot down before the thirty second time and had to transition and seem to have difficulty with balance.

FINGER TO NOSE:

Finger to Nose task: I instructed and explained the finger to nose task, and Imel body appeared to be swaying, and when I called out left Imel touched the tip under his nose, and appeared to have difficulty following the instructions during the first call out when I called out (Left), I had to explain the instructions to Imel. Due to the indicators that I observed from this task I observed indicators of impairment. I did six call out (L,R,L,R,L,R) and Imel head was not tilted back as instructed.

ROMBERG ALPHABET:

Rhomberg Recite Alphabet: I asked Imel to state the alphabet (twenty-six letters) of the alphabet in he did. During the task, he stated the twenty-six letters in a slurred manner, and appeared to have said "wqxyz" at the end of the task which also raised suspicion of possible impairment.

BREATH TEST RESULTS: 1) 0.144% 2) 0.145% 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 07 day of September 20 26 by **Officer OFFICER KATEVATIS**

(Print name of Arresting/Investigative Officer), who is personally known to me and/or produced [illegible] Type of Identification produced Known

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

JOSHUA BELL
Notary Public - State of Florida
Commission # HH 418882
My Comm. Expires Jul 9, 2027
Bonded through National Notary Assn.

NOT A CERTIFIED COPY

PALM BEACH COUNTY
SHERIFF'S OFFICE
SHERIFF RIC L. BRADSHAW

DUI Breath Implied Consent

NOT APPLICABLE WITH VOLUNTARY CONSENT

DEFENDANT'S NAME: _____ CASE NO: _____

DATE OF ARREST: _____ TIME OF ARREST: _____

I am now requesting that you submit to a lawful test of your **BREATH** for the purpose of determining its alcohol content.

Will you take the test? YES_____ NO_____

NOTE: *READ ONLY IF THE ANSWER TO THE ABOVE IS "NO"*

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. Additionally, if you refuse to take the test I have requested of you, you will be committing a misdemeanor of the SECOND DEGREE if this is your first refusal, in addition to any other penalties which can be imposed by law. 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, your driving privilege will be suspended for a period of eighteen (18) months. Additionally, you will be committing a misdemeanor of the FIRST DEGREE, 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_____ NO_____

Do you still refuse to submit to this test? YES_____ NO_____

NOTE: *IF THE SUBJECT POSSESSES A COMMERCIAL DRIVER LICENSE (CDL), READ THE FOLLOWING, REGARDLESS OF WHETHER THE SUBJECT IS OPERATING A COMMERCIAL MOTOR VEHICLE (CMV)*

In addition, if you hold a Commercial Driver's License (CDL), or were driving a Commercial Motor Vehicle (CMV), your refusal to submit to testing will result in the loss of your commercial driving privileges for one year from today. If this is your second refusal, you will be permanently disqualified from operating a Commercial Motor Vehicle (CMV).

Do you understand what I have just read to you? YES_____ NO_____

Do you still refuse to submit to this test? YES_____ NO_____

Date read: _____ Time read: _____ Location read: _____

LAW ENFORCEMENT OFFICER NAME (printed): _____ ID: _____

LAW ENFORCEMENT OFFICER SIGNATURE: _____

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

FORM #0126BR REV 09/25

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PALM BEACH COUNTY

SHERIFF'S OFFICE

SHERIFF RIC L. BRADSHAW

DUI Breath Implied Consent

NOT APPLICABLE WITH VOLUNTARY CONSENT

DEFENDANT'S NAME: _____ CASE NO: _____

DATE OF ARREST: _____ TIME OF ARREST: _____

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Do you understand what I have just read to you? YES____ NO____

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Do you understand what I have just read to you? YES____ NO____

Do you still refuse to submit to this test? YES____ NO____

Date read: _____ Time read: _____ Location read: _____

LAW ENFORCEMENT OFFICER NAME (printed): _____ ID: _____

LAW ENFORCEMENT OFFICER SIGNATURE: _____

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

FORM #0126BR REV 09/25

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: _____

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: _____

WITNESS LIST

CASE NUMBER: 26010869

ARRESTING OFFICER: OFFICER KATEVATIS

ADDRESS: 300 W ATLANTIC AVE, DELRAY BEACH FL

PHONE NUMBERS (HOME): _____ (WORK) _____

CAN TESTIFY TO: SIGNS OF IMPAIRMENT - TESTIFY TO THE DRIVER OF THE VEHICLE AS THE OPERATOR.

NAME: _____

ADDRESS: _____

PHONE NUMBERS (HOME) _____ (WORK) _____

CAN TESTIFY TO: _____

NAME: _____

ADDRESS _____

PHONE NUMBERS (HOME) _____ (WORK) _____

CAN TESTIFY TO: _____

NAME: _____

ADDRESS _____

PHONE NUMBERS (HOME) _____ (WORK) _____

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CAN TESTIFY TO: _____

NAME: _____

ADDRESS _____

PHONE NUMBERS (HOME) _____ (WORK) _____

CAN TESTIFY TO: _____

NAME: _____

ADDRESS _____

PHONE NUMBERS (HOME) _____ (WORK) _____

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TESTING FACILITY TASK REPORT

AGENCY: DBPD

SUBJECT: Imel, Stuart A.

CASE NUMBER: 26-091990

DATE: Sep 6, 2026

VIDEO DVD NUMBER: N/A

BEGINNING TIME: 00:03

ENDING TIME: 00:20

BREATH TESTS RESULTS: 1) .144 TIME 00:07 A.M. ☒ P.M. ☐ 2) .145 TIME 00:09 A.M. ☒ P.M. ☐

3) N/A TIME ------ A.M. ☐ P.M. ☐ 4) N/A TIME ------ A.M. ☐ P.M. ☐

BREATH OPERATOR: R. Ragin #16877

MAINTENANCE TECHNICAN: Jason Karlecke #6467

TESTING OFFICER'S OBSERVATIONS

SPEECH: Slurred

ATTITUDE: Cooperative, talkative, agitated

CLOTHING: Tan shorts, black shirt, brown sneakers

MEDICAL CONDITIONS: Yes

MEDICATIONS: Yes

OTHER:

Eyes are glassy & bloodshot
Odor of unknown alcoholic beverage on breath
Subject stated in Q&A he had couple glasses of wine, 2 beers and 1 shot lemon drop

---

COMMENTS:

Arrived at center A/O started 20 minute observation period at 23:37 hrs.

Subject agreed to perform breath test.

A/O read rights.
Subject stated he understood rights.

A/O conducted Q&A.
Subject answered Q&A.

Tech read breath test results.
Subject stated he understood breath test results.

A/O ask if he was going to sign the DUI citation.
Subject agreed.

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

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PBSO CASE # **26-091990** PBSO ZONE **4-23**

AGENCY CASE # **26010869** CRASH CASE # _____

TIME OF STOP/CRASH **22:38** DATE **09/06/2026** DAY **Sunday**

SUBJECT'S NAME **Imel** (LAST) **Stuart** (FIRST) **Allen** (MID)

DOB **02/22/1983** HGT **6.0** WGT **200** RACE **WHITE** SEX **MALE**

LOCATION **3100 S Federal Hwy** **Delray Beach, FL 33444**

ARRESTING OFFICER'S NAME & ID **Katevatis** **1347** **Delray PD** (AGENCY)

NOTIFIED BY COMMO **Y**

ARRIVAL AT FACILITY **2337**

ARREST TIME **2301**

BREATH RESULTS:

1) .144
2) .145
3)
4)

Renee Ragin **#16877**

BAT TECH. OFFICER NAME & ID

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: 80-006478 Software: 8100.27
Date of Test: 09/07/2026

Date of Last Agency Inspection: 08/14/2026
Observation Period Began: 23:37
Subject's Name: STUART IMEL DOB: 02/22/1983 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	00:04
Air Blank	0.000	00:05
Control Test	0.079	00:05
Air Blank	0.000	00:06
Subject Sample #1	0.144	00:07
Air Blank	0.000	00:07
Air Blank	0.000	00:09
Subject Sample #2	0.145	00:09
Air Blank	0.000	00:10
Control Test	0.077	00:10
Air Blank	0.000	00:11
Diagnostics Check	OK	00:11

Cylinder Lot: 25-3342
Exp: 02/09/2028

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 RENEE M RAGIN, 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: 09/07/26
Signature

Sworn to (or affirmed) before me this 07 day of Sept. 2026

_____ OFC. Kafevatis # 1347
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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