	035809	6				1901	96	62	/	106	2		
П	OBTS Number		ARI		NOTICE TO Referral R		, •			t for Warran t for Capias		Juvenile	N
IVE	Agency ORI Number FLO 500000	Agency N PALM	BEACH CO	UNTY S	HERIFF'S	OFFICE		Report Numbe - 19-0758		's only)			
DMINISTRAT	ChargeType: 1. Feld check as many as apply. 2. Traff	fic Felony [3. Misdemean X 4. Traffic Misc		5. Ord		V	Veapon Seized / T 1. Yes 2. No	уре		Multiple Clearanc Indicator		
ADMIN	S STATE ROAD 7 AN	D ACCESS	ROAD 6 WE	ELLING	STON FL	SAME AS A		ness Name, Addre	<u> </u>	7 97	1 900	306	Wal
	Date of Arrest 05/28/2019	Time of Arrest 0410AM	Booking Date	Boo	oking Time J	ail Date .	Jail Time	PRIOR	of Vehicle ITY 53:				
	Name (Last, First, Middle) SCHEIBLE		ALEXA	NDER	PAU	JL	Alias (i	Name, DOB, Soc.	Sec. #, E	tc.)			
	Race W - White I - American Indian B - Black 0- Oriental/Asian	W M	Date of Birth	06/04/1	991 Height	5'10" Weight	280	BRN	Hair Co BLK]	Complexion MED	Build MED	llah.
	Scars, Marks, Tatoos, Unique Physic TATOOS-ON R ARM			ion}		s	antal Sta lingle	NONE		Indication Alcohol II Drug Infli	nfluence E		Unk O
DANT	Local Address (Street, Apt. Number) 6564 OSBORNE DR.)	LAKE W	ORTH	(State)	(Zip) 33462	(954			Residence 1. City 2. County	3. Florid		1
DEFEN	Permanent Address (Street, Apt. Nu.	ımber)	(City)		(State)	(Zip)	Phone ()		Address S Def DL	ource		
	Business Address (Name, Street) REFUSED		(City)		(State)	(Zip)	Phone	,		Occupation REFUS			
	D/L Number, State \$140015912040		Soc. Sec. Number			INS Number				rth (City, SI	ate)	Citizenshi US	P
<u></u>	Co-Defendant Name (Last, First, Mic	ddle)				Race Sex	Da	te of Birth	01	Arrested	□ 3. F		$\overline{}$
CO-DE	Co-Defendant Name (Last, First, Mic	ddle)	· · · · · · · · · · · · · · · · · · ·			Race Sex	Da	te of Birth	1 .	At Large Arrested At Large	☐ 5. Ji	venile slony isdemeanor	
۲	Parent Legal Custodian Other:		81								Rasidance P		
	Address (Street, Apt. Number)		M	(City)		7	Siale)	(2	²ip)	*******	Business Pho	ine	\dashv
	Notified by: (Name)	`	<i>U</i>		Date	Time	.Jov 1.	venile Disposition Handled/ processe	d within	2. TOT	HRS / DYS		\dashv
VENIL	Released To: (Name)				Relationship	4	7	Dept. and Release	d.		rcerated Date	Time	1
3	The above address provided by	defendant and /	or defendant's	parents Th	e child and / o	r parent was told		School Attended				Grade	
		on of Property	ntormed of any o	change of Reason)	address.	,		/alus of Property				<u>.l</u>	
	☐ Yes ☐No Drug Activity S. Sell R. N. N.A. B. Buy D.	R. Smuggle K.	Dispense/ M. /	Manufactur	e/ Z. Other	Drug Type			Hallucino	nen	P. Paraphemaii	V U. Unk	0000
8	P. Possess T. Traffic E	Deliver Use	Distribute	Produce/ Cultivate	1 Domestic	Drug Type N. N/A A. Amphetamine	C. C. E. H	ocaine M.	Marijuani Opium/Di	3	Equipment 5. Synthetics	Z. Oth	er
HARGE	Charge Description DUI			Counts 1	Violence	Statute Violation 316.193(1)						ion of ORD	*
충	Drug Activity Drug Type Amoun N N	nt / Unit	Offense # 19-07582	0		Warrant I Capies	Number				Bond		
GE	Charge Description			Counts	Domestic Violence	Statute Violation	Number				Viola	tion of ORE)#
CHA	Drug Activity Drug Type Amoun	nt / Unit	Offense #	·4		Warrant / Capias	Number				Bond		
3,5	Charge Description		Y	Counts	Domestic Violence	Statute Violation	Number				Viola	tion of ORD	*
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APPEAR	PALM BEACH COUNTY C						LUB R	o, west Pal	.М ВЕА	CH, FL	534U6 - PH:	(561) 355	-2996
CE TO	Month JUNE AGREE TO APPEAR AT THE PARENT TO APPEAR BEFORE THE TO	Day 20 EVAND PLACE DES DURT AS REQUIRE	ICMATED TO AND	Year 20 SWER THE E TO APPE	DEFENCE	Time 8:30 HARGED OR TO P AY BE HELD IN CO	AY THE	AM FINE SUBSCRIB T OF COURT AN	ED. [UI	NDERSTAN RANT FOR	PM :- ID THAT SHOW MY ARREST S	LD I WILL HALL BE IS	FULLY SSUED
NOT	Signature of Defendant	•						05/28/2019 Date Sign		•			
П	HOLD for other Agency		Signature di An	resting Offic	COT		Na	me Verification (Pr		Arrestee)	_	1	
ADMIN	Name: Dangerous Redisted Ar	rrest	Name of Array			l.D.#	(P	RINT)					
₹	Suicidal Other:	D. # Pouch #	D/S D. DIE	Officer	ID#	Agency				110"		PAGE	
Ц	DISTRIBUTION: WHITE-	- COURT COPY	D/S D.DIEZ		3310	PBSÓ		ness here if subje	-		ANT IN TAIS	1 OF	<u> </u>

Service Servic	OBTS Number Agency ORI Number			PROBABLE	CAUSE AI	FIDAVIT		Arrest 3 N.T.A. 4	. Request	for Warran	nt 🗂	Juvenile
Comparison Com	FLO 5000			ACH COUNTY S	HERIFF	S OFFICE		eport Number		, or Capie.	<u></u>	
Schedible Alexander Paul	as apply.	2. Traffic Felor	<u>.</u> 3.	Misdemeanor	5.0	Ordinance	- 00-			·		
DUI Characteristics Control Characteristics Control Characteristi		dexander	Paul								Date of Blith	
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The understands centred and other in the habits has joid and francounts growth to believe, and does betwee that the above amond Defendant committed the believe acts in my presence. was changed by who told who told	Business Address (Nam	ne, Street)		(City)		(State) (zip)	Phone)		Occupa	tion 1	
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Mr. Janes

D.U.I. PROBABLE CAUSE AFFIDAVIT

ON THE 28th DAY OF May 20 19, AT 0338 AM PM
AGENCY: PALM BEACH COUNTY SHERIFF'S OFFICE ARRESTING OFFICER: D/S D. DIEZ #33109
PERSONAL CONTACT
DRIVING PATTERN: ACTUAL PHYSICAL CONTROL (PHYSICAL EVIDENCE OR STATEMENTS PUTTING DEF. BEHIND WHEEL OF VEHICLE)
Def. was stopped for speeding 85mph in a 50 mph zone.
OBSERVATION OF DRIVER:
Red gassy eyes, slurred speech. When exiting the vehicle had trouble getting balance.
DRIVER'S STATEMENTS:
I will not do roadsides, I just want to call my mom.
ODORS:
Odor of an Unk Alcoholic beverage coming from his person
GENERAL OBSERVATIONS
SPEECH: Slurred speech
ATTITUDE: mood swings
CLOTHING: blue shirt, blue jeans and gray shoes
EDICAL/OTHER: All ROADSIDES CAPTURED ON IN-CAR VIDEO
TE OF FLORIDA
INTY OF PALM BEACH
D/S D. DIEZ #33109 ture of Arresting/Investigative Officer)
regainer instrument was sware to be affirmed and subscribed before me this 28TH day of MAY 20_19 by D/S D. DIEZ #33109
name of Arresting/Investigative Officer), which is personally known to me and/or produced identification. Type of identification produced Known
Public, Clerk of Court, Officer (F.S.S. 117.10) Notary Public State of Florida Samantha Palm
MV Committee
Excirce 10/28/2022

ROADSIDE TASKS

HURIZUNTAL 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	
BREATH TEST RESULTS: 1) refused 2)	3) 4)
STATE OF FLORIDA COUNTY OF PALM BEACH D/S D. DIEZ #33109 (Signature of Arresting/investigative Officer)	
The foregoing instrument was swort to ar affirmed and subscribed before me this 28TH day of MAY (Print name of Arresting/Investigative Officer), who is bersonally known to me and/or produced identification. Type	
Notary Public, Clerk of Court, Officer (F.S.S. 117.10) Notary Public, Clerk of Court, Officer (F.S.S. 117.10) Notary Public St. Samantha Palir My Commission: Expires 10/28/20	mer
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## **TESTING FACILITY TASK REPORT**

	AGENCY: PBSO/DIEZ
SUBJECT: SCHEIBLE, ALEXANDER	CASE NUMBER: 19-075820
DATE: May 28, 2019	VIDEO DVD NUMBER: N/A
BEGINNING TIME: 0451	ENDING TIME: 0455
BREATH TESTS RESULTS: 1) R TIME 0453 A.M.⊠	
3) XX TIME XX A.M.	P.M.   4) XX   TIME XX   A.M.   P.M.
BREATH OPERATOR: S. PALMER #24520	
MAINTENANCE TECHNICAN: J Karlecke #6467	
TESTING OFFICER'S OBSERVATIONS	
SPEECH: SLURRED	
ATTITUDE: RAMBLING, VULGAR, SARCASTIC,	
CLOTHING: BLUE SHIRT, BLUE JEANS, GREY SHOES	
MEDICAL CONDITIONS: AIDS "IM GONNA BITE YOU"	
MEDICATIONS: NONE	
OTHER:	7
EYES:GLASSY AND BLOODSHOT,	
COMMENTS:  ARRESTING OFFICER CONDUCTED THE 20 MINUTE OBSESUBJECT REFUSED TO TAKE BREATH TEST  A/O READ I/C  SUBJECT STATED HE UNDERSTOOD I/C  AND AGAIN REFUSED TO TAKE BREATH TEST @ 453  A/O READ RIGHTS	RVATION BEGINNING AT 0430

A/O ATTEMPTED Q&A SUBJECT REFUSED TO ANSWER QUESTIONS

SUBJECT: X 1 7 1 1 1 1 1	THE YOUNG TO	CASE NUMBER:	9 07 620
OUDJEU1.	8 1 1 2 P 2 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	CASE NUMBER.	* 1,3 1 Navi Navi

### IMPLIED CONSENT FOR DUI IN A MOTOR VEHICLE

NOTE: READ ONLY THE PARAGRAPH APPLICABLE TO THE TYPE OF TES 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 detecting the presence of chemical or controlled substances. -OR-I am now requesting that you submit to a lawful test of your BLOOD for the purpose of detecting its alcohol content and the presence of chemical or controlled substances. NOTE: READ ONLY IF THE SUBJECT DOES NOT COMPLY WITH YOUR REQUEST. If you fail to submit to the test I have requested of you, your privilege to operate a motor vehicle will be suspended for a period of one (1) year for a first refusal, or eighteen (18) months if your privilege has been previously suspended as a result of a refusal to submit to a lawful test of your breath, urine or blood. Additionally, if you refuse to submit to the test I have requested of you and if your driving privilege has been previously suspended for a prior refusal to submit to a lawful test of your breath, urine or blood, you will be committing a misdemeanor. Refusal to submit to the test I have requested of you is admissible into evidence in any criminal proceeding. SUBJECT'S SIGNATURE: (X) CONSTITUTIONAL WARNINGS I AM REOUIRED TO WARN YOU BEFORE YOU MAKE ANY STATEMENTS THAT YOU HAVE THE FOLLOWING RIGHTS: You have the right to remain silent and not answer any questions. 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. 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. If at any time during the interview you do not wish to answer any questions, you are privileged to remain silent. I can make no threats or promises to induce you to make a statement. This must be of your own free will. Any statement can and will be used against you in a court of law. SUSPECT'S SIGNATURE: (X)

WHITE - STATE ATTY. YELLOW - DHSMV

PINK CENTRAL RECORDS

COLD - TATE

SUBJECT: CTYCLD ( 11/1/2010) CASE NUMBER: 19 075820
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? ナバベン トルング
WHAT STREET OR HIGHWAY WERE YOU ON? FUE M OF C
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 QOING FOR THE LAST THREE HOURS?
HOW MUCH DO YOU WEIGHT HAVE YOU BEEN DRINKING? WHAT?
HOW MUCH? WITH WHOM?
WHEN DID YOU HAVE YOUR FIRST BRINK? 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 RECENSLY?
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: WHITE - STATE ATTY. YELLOW - DHSMV PINK - CENTRAL RECORDS GOLD - JAIL

PBSO #0129C REV. 9/93

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

	, a duly certified Law Enforcement Officer or Correctional Officer,
(Name of Officer reading Implied Consent Warning)	
am a member of Palm Beach County Sheriff's Office	nforcement agency) , and I do swear
	• •
	, 20 19 , at 0410AM P.M A.M.
DRIVER ALEXANDER PAUL (Type or Print) FIRST NAME MIDDLE OR	SCHEIBLE , MAIDEN NAME LAST NAME ,
DL# , state of F	
the offense of DUI	by D/S D. DIEZ #33109 and
	(Name of Arresting Officer)
issued Citation # A2G45MP	2010 0452
That on or about the 28TH day of MAY	, 20 2019, at 0453 P.M
in PALM BEACH County,	
and/or the presence of chemical or controlled substantest(s) would result in the suspension of his or her drivifor a period of eighteen (18) months if his or her drivisubmit to a breath, urine or blood test. I also informed to submit to a lawful test as requested above if his refusal to submit to a lawful test of his or her breath, to or she holds a CDL, or was operating a CMV, refusal valuese/driving privilege for a period of one (1) year previously been disqualified as a result of a refusal refused to submit to the test(s) requested.	rine test to determine his or her blood alcohol level ces. I informed the driver that the refusal to submit to such an privilege for a period of one (1) year for a first refusal, or ing privilege had been previously suspended for refusing to the driver that he or she commits a misdemeanor by refusing or her driving privilege has been previously suspended for arine, or blood. Additionally, I informed the driver that if he will result in the disqualification of the Commercial Driver's in the case of a first refusal or permanently if he or she has to submit to any such lawful test. Nonetheless, the driver  Signature of Law Enforcement Officer or Correctional Officer  CARIZED OR ATTESTED TO (F.S. 117.10)
······································	The foregoing instrument was sworn and subscribed before me:
otary Public State of Florida amantha Palmer ly Commission GG 293762	
xpires 10/28/2022  PEX SEAL)	Signature of Attesting Officer
The foregoing instrument was sworn and subscribed before	Title Deputy
me this <b>28TH</b> day of <b>MAY</b> , 20 19 ,	Date 5/28/2019
who is personally known to me or who has produced  Known  Notary Public  ASSIGNATION (REV. 10/2016)	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)	

### WITNESS LIST

CASE NUMBER: 19-075820 ARRESTING OFFICER: D/S D. DIEZ #33109 ADDRESS: 3228 Gun Club Road West Palm Beach _____ (WORK) _681-4500 PHONE NUMBERS (HOME): CAN TESTIFY TO: DUI Investigation NAME: D/S G Palmer #25514 ADDRESS: 3228 Gun Club Road West Palm Beach PHONE NUMBERS (HOME) ____ _____ (WORK) <u>681-4500</u> CAN TESTIFY TO: traffic stop and observations 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: 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)



## Palm Beach County Sheriff's Office – Arrests Only

	х	Florida State Statute	Description	Page Number(s)
		119.071(2)(d)	Surveillance techniques, procedures and personnel; inventory of law enforcement resources, policies or plans pertaining to mobilization deployment or tactical operations.	
tions		943.053, 943.0525	NCIC/FCIC/FBI and in-state FDLE/DOC.	
L/E Exemptions		119.071(4)(c)	Undercover personnel.	
VEE		119.071(2)(f)	Confidential informants (CIs).	
		119.071(2)(e)	Confession.	
SE SE		985.04(1)	Juvenile offender records.	
Public Info. Exemptions		119.071(h)(i)	Assets of a crime victim.	
fo. Ex		395.3025(7)(a), 456.057(7)(a)	Medical information.	
blic In		394.4615(7)	Mental health information.	
2		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.	
	×	(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.	
of 23)		(xii) 741.30(3)(b)	The victim's address in a domestic violence action on petitioner's request.	
Rule		(xiii) 119.071(2)(h), 119.0714(1)(h)	Protected information regarding victims of child abuse or sexual offenses.	****
Florida Rules of fudicial Administration 2.420 (Rule of 23)				
ial Administ		registration		
les of Judic				
Florida Ru				
				OH L.
Other		539.001 FS	Other: All records relating to pawnbroker transactions.	
ర		119.0712(2)	Other: Personal information contained within a motor vehicle record	
		119.0712(2)	Other: Personal information contained within a motor vehicle record	

### REVIEW COMPLETED BY

	Date: 05/28/2019
Booking Number: 2019017633	Specialist Name/ID: howardt/7185