

0498720

NH

464

ARREST / NOTICE TO APPEAR  
Juvenile Referral Report

1 Arrest 3 Request for Warrant  
2 NTA 4 Request for Capias 1 Juvenile

PBTS Number		Agency ORI Number <b>FLO 500000</b>		Agency Name <b>PALM BEACH COUNTY SHERIFF'S OFFICE</b>		Agency Report Number (N.T.A.'s only) <b>06-18081367</b>					
Charge Type Check as many as apply <input type="checkbox"/> 1. Felony <input type="checkbox"/> 2. Traffic Felony <input checked="" type="checkbox"/> 3. Misdemeanor <input type="checkbox"/> 4. Traffic Misdemeanor <input type="checkbox"/> 5. Ordinance <input type="checkbox"/> 6. Other		Weapon Seized / Type 2 1 Yes 2 No		Multiple Clearance Indicator 01							
Location of Arrest (Including Name of Business) 7715 forest hill blvd, West palm beach florida 33415				Location of Offense (Business Name, Address) 7715 Forest Hill Blvd, West Palm Beach, florida							
Date of Arrest 06/02/2018	Time of Arrest 1343HRS	Booking Date	Booking Time	Jail Date	Jail Time	Location of Vehicle n/a					
Name (Last, First, Middle) <b>BRUNETTI, ANTHONY, PASQUALE</b>				Alias (Name, DOB, Soc Sec #, Etc.)							
Race W - White I - American Indian B - Black O - Oriental/Asian	Sex W M	Date of Birth 02/26/1989	Height 5'9	Weight 160	Eye Color BRO	Hair Color BALD	Complexion MED	Build MED			
Scars, Marks, Tattoos, Unique Physical Features (Location, Type, Description)				Mental Status Single	Religion NONE	Indication of Alcohol Influence Drug Influence Y N Unk <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>					
Local Address (Street, Apt Number) 2425 2ND AVE N, LAKE WORTH, FLORIDA				Phone (508) 737-3078	Residence Type 1 City 2 County 3 Florida 4 Out of State 2						
Permanent Address (Street, Apt Number)				Phone	Address Source verbal						
Business Address (Name, Street)				Phone	Occupation grounds crew						
DL Number, State B653015890660		Soc Sec Number		INS Number		Place of Birth (City, State) Rome, Georgia		Citizenship y			
Co-Defendant Name (Last, First, Middle)		Race	Sex	Date of Birth		<input type="checkbox"/> 1 Arrested <input type="checkbox"/> 2 At Large		<input type="checkbox"/> 3 Felony <input type="checkbox"/> 4 Misdemeanor <input type="checkbox"/> 5 Juvenile			
Co-Defendant Name (Last, First, Middle)		Race	Sex	Date of Birth		<input type="checkbox"/> 1 Arrested <input type="checkbox"/> 2 At Large		<input type="checkbox"/> 3 Felony <input type="checkbox"/> 4 Misdemeanor <input type="checkbox"/> 5 Juvenile			
<input type="checkbox"/> Parent <input type="checkbox"/> Legal Custodian <input type="checkbox"/> Other		Address (Street, Apt Number)				(City)	(State)	(Zip)	Residence 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 <input type="checkbox"/> defendant and / or <input type="checkbox"/> 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. <input type="checkbox"/> Yes, by (Name) <input type="checkbox"/> No (Reason)				School Attended		Grade					
Property Crime? <input type="checkbox"/> Yes <input type="checkbox"/> No		Description of Property		Value of Property							
Drug Activity N N/A P Possess		S Sell B Buy T Traffic	R Smuggle D Deliver E Use	K Dispense/ 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 Synthetics	U Unknown Z Other
Charge Description DUI		Counts 1	Domestic Violence <input type="checkbox"/> Y <input checked="" type="checkbox"/> N	Statute Violation Number 316.193.1		Violation of ORD #					
Drug Activity UNK		Drug Type	Amount / Unit	Offense # 18081367	Warrant / Capias Number		Bond				
Charge Description		Counts	Domestic Violence <input type="checkbox"/> Y <input checked="" type="checkbox"/> N	Statute Violation Number		Warrant / Capias Number		Violation of ORD #			
Drug Activity		Drug Type	Amount / Unit	Offense #	Warrant / Capias Number		Bond				
Charge Description		Counts	Domestic Violence <input type="checkbox"/> Y <input checked="" type="checkbox"/> N	Statute Violation Number		Warrant / Capias Number		Violation of ORD #			
Drug Activity		Drug Type	Amount / Unit	Offense #	Warrant / Capias Number		Bond				
Charge Description		Counts	Domestic Violence <input type="checkbox"/> Y <input checked="" type="checkbox"/> N	Statute Violation Number		Warrant / Capias Number		Violation of ORD #			
Drug Activity		Drug Type	Amount / Unit	Offense #	Warrant / Capias Number		Bond				
Location (Court, State, Number, Address) 3228 GUN CLUB RD WEST PALM BEACH FL 33406											
Court Date and Time Month JUNE Day 21 Year 2018 Time 0830 AM		Date Signed 06/02/2018									
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							
HOLD for other Agency Name		Signature of Arresting Officer				Name Verification (Printed by Arrestee)					
<input type="checkbox"/> Dangerous <input checked="" type="checkbox"/> Suicidal		<input type="checkbox"/> Resisted Arrest <input type="checkbox"/> Other		Name of Arresting Officer (Print) D/S MACKEY #8369		ID # 8369		(PRINT)			
Intake Deputy		ID #	Pouch #	Transporing Officer D/S MACKEY		ID # 8369	Agency PBSO		Witness here if subject signed with (PRINT)		

# D.U.I. PROBABLE CAUSE AFFIDAVIT

ON THE 02 DAY OF June 20 18, AT 1313  AM  PM

SUBJECT: BRUNETTI, ANTHONY, PASQUALE CASE NUMBER: 18081367

AGENCY: PALM BEACH COUNTY SHERIFF'S OFFICE ARRESTING OFFICER: D/S MACKEY #8369

## PERSONAL CONTACT

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

Dispatched was contacted by an unanimous citizen (mobile eyes) saying the umpire at the baseball game at the Babe Ruth field #9 was drunk and getting into vehicle (tag# 1072UF). D/S Grimaldi #24095 responded to the area and saw a white Nissan SUV with a tag of 1072UF leaving the area driving on the grass. She performed a traffic stop after watching the vehicle drive erratically. D/S Grimaldi approached the driver and immediately smelled a pungent odor of an alcoholic beverage coming through the open driver's window.

### OBSERVATION OF DRIVER:

I approached the drivers window of the vehicle that DS Grimaldi stopped. I immediately smelt a pungent odor of an alcoholic beverage. The drivers eyes were bloodshot and closing. I introduced myself and advised i was there to investigate the possibility of a DUI. The driver responded to me with slurred speech. He was slumped down in the seat and appeared tired. I asked him to exit the vehicle to attempt field sobriety tasks. He complied. I opened the door, as he exited the car I had to catch him by grabbing his arm to keep him from falling.

### DRIVER'S STATEMENTS:

The driver stated, he was at the game being a umpire and he need to walk a straight line.

### ODORS:

I smelled a pungent odor of an alcoholic beverage from his breath and his clothing spoke to me.

## GENERAL OBSERVATIONS

SPEECH: slurred speech

ATTITUDE: Appeared confused and sleepy.

CLOTHING: Blue Shirt a grey slacks.

MEDICAL/OTHER: \_\_\_\_\_

STATE OF FLORIDA  
COUNTY OF PALM BEACH

D/S MACKEY #8369

(Signature of Arresting/Investigative Officer)

The foregoing instrument was sworn to or affirmed and subscribed before me this 02 day of June 20 18 by D/S MACKEY #8369

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

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



Samantha Palmer  
Commission # 17207  
Expires: OCT 28, 2018  
BONDED THRU  
1ST FLORIDA NOTARY, LLC

SUBJECT: BRUNETTI, ANTHONY, PASQUAL CASE NUMBER 18081367

**ROADSIDE TASKS**

**HORIZONTAL GAZE NYSTAGMUS:**

- |   |   |
|---|---|
| <input checked="" type="checkbox"/> LT EYE-LACK OF SMOOTH PURSUIT                           | <input checked="" type="checkbox"/> RT EYE-LACK OF SMOOTH PURSUIT                           |
| <input checked="" type="checkbox"/> LT EYE-DISTINCT & SUSTAINED NYSTAGMUS AT MAX. DEVIATION | <input checked="" type="checkbox"/> RT EYE-DISTINCT & SUSTAINED NYSTAGMUS AT MAX. DEVIATION |
| <input checked="" type="checkbox"/> LT- EYE-ONSET OF NYSTAGMUS PRIOR TO 45 DEGREES          | <input checked="" type="checkbox"/> RT- EYE-ONSET OF NYSTAGMUS PRIOR TO 45 DEGREES          |

**Other Observations:**

Anthony had trouble understanding the instructions and had difficulty keeping his head from turning while performing the task. Anthony continually put his arms behind his back and lost his balance. Anthony swayed from side to side causing me to catch him from falling.

**WALK & TURN:**

Before reading the instructions Anthony had trouble standing on the line. He was unable to keep his feet together. I saw him swaying from side to side and back and forth. I started reading the instructions for the walk and turn. Anthony was having trouble sanding in a heel to toe position with his hands at his side. He placed his feet apart, not touching his heel and toe with his arms behind his back. Anthony was wobbling from side to side causing him to lose his balance and leave the line. While reading the instructions Anthony was taking steps forward starting the task without being asked. I attempted to read the instructions several times. Anthony was unable to complete the task and continue.

**ONE LEG STAND:**

I Read the instructions for the one leg stand and demonstrated. I saw Anthony sway from front to rear. I could see him roll his weight from his toes to his heels. Anthony was unable to keep his foot off the ground and placed it down several times continuing to count. Anthony did not follow directions keeping hi head forward and eyes open. Anthony lost his balance several times using his arms for balance.

**FINGER TO NOSE:**

I Read the instructions for the finger to nose and demonstrated. I saw Anthony sway from front to rear. I could see him roll his weight from his toes to his heels. Anthony did not follow directions keeping hi head forward and eyes open. Anthony touched the bridge of his nose with the area of his first knuckle each time. Anthony did nto return his arm to his side without being told.

**ROMBERG ALPHABET:**

I Read the instructions for the Count Task. Anthony put his arms behind his back several times and had a hard time following instructions. He kept his head straight and his eyes open. He swayed from side to side. Anthony continued to count to 106 when only ask to count to 30.

**BREATH TEST RESULTS:** 1) REF 2) REF 3) 4)

STATE OF FLORIDA  
COUNTY OF PALM BEACH

**D/S MACKEY #8369**

(Signature of Arresting/Investigative Officer)

The foregoing instrument was sworn to or affirmed and subscribed before me this 02 day of June 2018 by D/S MACKEY #8369

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

Notary Public, Clerk of Court, Officer (F S S 117 10)



Samantha Palmer  
Commission # 17217  
Expires: OCT 28, 2018  
BONDED THRU  
1ST FLORIDA NOTARY, LLC

# WITNESS LIST

CASE NUMBER: 18081367

ARRESTING OFFICER: D/S MACKEY #8369

ADDRESS: PBSO

PHONE NUMBERS (HOME): \_\_\_\_\_ (WORK) 561-688-3000

CAN TESTIFY TO: ARREST

NAME: D/S Grimaldi# 24095

ADDRESS: PBSO

PHONE NUMBERS (HOME) \_\_\_\_\_ (WORK) 561-688-3000

CAN TESTIFY TO: Wheel Witness performed traffic stop.

NAME: D/S Dolcine #7138

ADDRESS PBSO

PHONE NUMBERS (HOME) \_\_\_\_\_ (WORK) \_\_\_\_\_

CAN TESTIFY TO: assist

NAME: \_\_\_\_\_

ADDRESS \_\_\_\_\_

PHONE NUMBERS (HOME) 0 (WORK) 0

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 \_\_\_\_\_

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NAME: \_\_\_\_\_

ADDRESS \_\_\_\_\_

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CAN TESTIFY TO: \_\_\_\_\_

NAME: \_\_\_\_\_

ADDRESS \_\_\_\_\_

PHONE NUMBERS (HOME) \_\_\_\_\_ (WORK) \_\_\_\_\_

CAN TESTIFY TO: \_\_\_\_\_

NAME: \_\_\_\_\_

ADDRESS \_\_\_\_\_

PHONE NUMBERS (HOME) \_\_\_\_\_ (WORK) \_\_\_\_\_

CAN TESTIFY TO: \_\_\_\_\_

NOT A CERTIFIED COPY

# TESTING FACILITY TASK REPORT

AGENCY: 1

SUBJECT: 1. [unclear] P CASE NUMBER: 18-11201

DATE: 06/11/18 VIDEO TAPE NUMBER: N/A

BEGINNING TIME: 1:30 ENDING TIME: 1:45

BREATH TESTS RESULTS: 1) R TIME 1:35 A.M./P.M. 2) N/A TIME — A.M./P.M.  
3) N/A TIME — A.M./P.M. 4) N/A TIME — A.M./P.M.

BREATH OPERATOR: K. [unclear] #2207

MAINTENANCE TECHNICIAN: J. [unclear] #11167

## TESTING OFFICER'S OBSERVATIONS

SPEECH: [unclear]

ATTITUDE: [unclear]

CLOTHING: [unclear]

MEDICAL CONDITIONS: [unclear]

MEDICATIONS: [unclear]

OTHER: [unclear]

COMMENTS: Arrested at Testing Center. No breath to breathe observation record at this time.

**REFUSED**

**REFUSED**

SUBJECT: Donald, Anthony P CASE NUMBER: 13-021367

**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 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.**

I am \_\_\_\_\_ of the \_\_\_\_\_

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) Donald Anthony P

**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) Donald Anthony P

SUBJECT: CSI - MURKIN CASE NUMBER: 15-21307

### 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? NO

WHERE WERE YOU GOING? \_\_\_\_\_

WHAT STREET OR HIGHWAY WERE YOU ON? \_\_\_\_\_

DIRECTION OF TRAVEL? NO WHERE DID YOU START? AD

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? ALABAMA

WHEN DID YOU LAST EAT? 1A WHAT DID YOU EAT? \_\_\_\_\_

WHAT HAVE YOU BEEN DOING FOR THE LAST THREE HOURS? \_\_\_\_\_

HOW MUCH DO YOU WEIGH? 170 HAVE YOU BEEN DRINKING? NO WHAT? \_\_\_\_\_

HOW MUCH? \_\_\_\_\_ WHERE? \_\_\_\_\_ WITH WHOM? \_\_\_\_\_

WHEN DID YOU HAVE YOUR FIRST DRINK? 1A AND YOUR LAST DRINK? 1A

HOW DID YOU CONSUME YOUR LAST TWO DRINKS? 1A

CAN YOU FEEL THE EFFECTS OF THE ALCOHOL? NO ARE YOU UNDER THE INFLUENCE? NO

HAVE YOU CONSUMED ANY ALCOHOL SINCE THE ACCIDENT? NO HOW MUCH? 1A

WHAT? 1A WHERE? 1A WHEN? 1A

WHAT LINE OF WORK ARE YOU IN? NO WHEN DID YOU LAST WORK? \_\_\_\_\_

DO YOU HAVE ANY PHYSICAL DEFECTS OR INJURIES? NO WHAT? \_\_\_\_\_

ARE YOU SICK OR INJURED? NO WHAT'S WRONG? \_\_\_\_\_

DO YOU LIMP? NO DID YOU RECEIVE A BUMP ON THE HEAD RECENTLY? NO

WERE YOU IN AN ACCIDENT TODAY? NO

HAVE YOU TAKEN ANY DRUGS OR SMOKED ANY MARIJUANA TODAY? \_\_\_\_\_ WHEN? \_\_\_\_\_

HAVE YOU SEEN A DOCTOR OR DENTIST TODAY? NO WHO? \_\_\_\_\_ WHY? \_\_\_\_\_

ARE YOU TAKING ANY PRESCRIPTION MEDICINES? NO WHAT? NO WHEN? NO

- 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? NO

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: [Signature]



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

	X	Florida State Statute	Description	Page Number(s)
L/E Exemptions	<input type="checkbox"/>	119.071(2)(d)	Surveillance techniques, procedures and personnel; inventory of law enforcement resources, policies or plans pertaining to mobilization deployment or tactical operations.	
	<input type="checkbox"/>	943.053, 943.0525	NCIC/FCIC/FBI and in-state FDLE/DOC.	
	<input type="checkbox"/>	119.071(4)(c)	Undercover personnel.	
	<input type="checkbox"/>	119.071(2)(f)	Confidential informants (CIs).	
	<input type="checkbox"/>	119.071(2)(e)	Confession.	
Public Info. Exemptions	<input type="checkbox"/>	985.04(1)	Juvenile offender records.	
	<input type="checkbox"/>	119.071(h)(i)	Assets of a crime victim.	
	<input type="checkbox"/>	395.3025(7)(a), 456.057(7)(a)	Medical information.	
	<input type="checkbox"/>	394.4615(7)	Mental health information.	
	<input type="checkbox"/>	119.071(4)(d)(2)(a)	Home address, telephone, Social Security number, date of birth, or photos of active/former LE personnel, spouses, and children.	
Florida Rules of Judicial Administration 2.420 (Rule of 23)	<input checked="" type="checkbox"/>	(iii) 119.0714(1)(i)-(j), (2)(a)-(e)	Social Security, bank account, charge, debit, and credit card numbers.	2
	<input type="checkbox"/>	(viii) 394.4615(7)	Clinical records under the Baker Act.	
	<input type="checkbox"/>	(xii) 741.30(3)(b)	The victim's address in a domestic violence action on petitioner's request.	
	<input type="checkbox"/>	(xiii) 119.071(2)(h), 119.0714(1)(h)	Protected information regarding victims of child abuse or sexual offenses.	
	<input type="checkbox"/>			
Other	<input type="checkbox"/>		Other:	
	<input type="checkbox"/>		Other:	

REVIEW COMPLETED BY

Booking Number: 2018018463	Date: 06/03/2018
	Specialist Name/ID: howardt/7185