

0298115

3956

ARREST / NOTICE TO APPEAR  
Juvenile Referral Report1. Arrest  
2. N.T.A.  
3. Request for Warrant  
4. Request for Capias

1

Juvenile

ADMINISTRATIVE	OBTS 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>16-162037</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 <input type="checkbox"/> 1. Yes <input type="checkbox"/> 2. No		Multiple Clearance Indicator 1			
	Location of Arrest (Including Name of Business) <b>Forest Hill Blvd and Lyons Rd</b>				Location of Offense (Business Name, Address) <b>Forest Hill Blvd and Lyons Rd</b>			
	Date of Arrest <b>12/9/16</b>	Time of Arrest <b>0041</b>	Booking Date	Booking Time	Jail Date	Jail Time	Location of Vehicle <b>Forest Hill Blvd and Lyons Rd</b>	
DEFENDANT	Name (Last, First, Middle) <b>Palladino Jr, Anthony Vito</b>							
	Alias (Name, DOB, Soc. Sec. #, Etc.)							
	Race W - White 1 - American Indian B - Black 0 - Oriental/Asian	Sex <b>w</b>	Date of Birth <b>11/4/71</b>	Height <b>6'00</b>	Weight <b>265</b>	Eye Color <b>hazel</b>	Hair Color <b>bro</b>	Complexion <b>fair</b>
	Build <b>large</b>		Scars, Marks, Tattoos, Unique Physical Features (Location, Type, Description)		Marital Status <b>single</b>	Religion <b>CATHOLIC</b>	Indication of: Alcohol Influence <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> Unk. Drug Influence <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> Unk.	
	Local Address (Street, Apt. Number) (City) (State) (Zip) <b>9033 Banquet Way Lake Worth FL 33467</b>				Phone <b>(561) 644-3679</b>		Residence Type: 1. City 2. County 3. Florida 4. Out of State <b>2</b>	
	Permanent Address (Street, Apt. Number) (City) (State) (Zip)				Phone		Address Source <b>FL DL</b>	
	Business Address (Name, Street) (City) (State) (Zip)				Phone		Occupation <b>Pipe Fitter</b>	
	D/L Number, State <b>P435-018-71-404-0</b>		Soc. Sec. Number		INS Number		Place of Birth (City, State) <b>Staten Island, NY</b>	
	Citizenship <b>USA</b>							
	CO-DEF	Co-Defendant Name (Last, First, Middle)				Race	Sex	Date of Birth
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	
JUVENILE	Parent Name (Last) (First) (Middle)				Residence Phone			
	Legal Custodian				Business 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 <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	Charge Description <b>DUI</b>		Counts <b>1</b>	Domestic Violence <input type="checkbox"/> Y <input checked="" type="checkbox"/> N	Statute Violation Number <b>316.193(1)</b>		Violation of ORD #	
	Drug Activity <b>N</b>	Drug Type <b>N</b>	Amount / Unit	Offense # <b>16-162037</b>	Warrant / Capias Number		Bond	
	Charge Description		Counts	Domestic Violence <input type="checkbox"/> Y <input type="checkbox"/> N	Statute Violation Number		Violation of ORD #	
	Drug Activity	Drug Type	Amount / Unit	Offense #	Warrant / Capias Number		Bond	
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	Drug Activity	Drug Type	Amount / Unit	Offense #	Warrant / Capias Number		Bond	
NOTICE TO APPEAR	Location (Court, Room Number, Address) <b>3228 Gun Club Road, West Palm Beach FL 33406</b>							
	Court Date and Time Month <b>Jan</b> Day <b>5th</b> Year <b>2017</b> Time <b>8:30</b> AM <input checked="" type="checkbox"/> PM <input type="checkbox"/>							
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				
ADMIN	HOLD for other Agency Name:		Signature of Arresting Officer		Name Verification (Printed by Arrestee)			
	<input type="checkbox"/> Dangerous <input type="checkbox"/> Suicidal		<input type="checkbox"/> Resisted Arrest <input type="checkbox"/> Other:		SCANNED			
	Name of Arresting Officer (Print) <b>Schneider</b>		I.D. # <b>8723</b>		DEC 09 2016			
	Transporting Officer <b>Schneider</b>		ID # <b>8723 PBSO</b>		Witness here if subject signed with an "X"			

DEC 9 AM 2:53

# D.U.I. PROBABLE CAUSE AFFIDAVIT

ON THE \_\_\_\_\_ DAY OF December 20 16, AT 0010 AM PM

SUBJECT: Palladino Jr, Anthony Vito CASE NUMBER: 16-162037

AGENCY: PALM BEACH COUNTY SHERIFF'S OFFICE ARRESTING OFFICER: Deputy Schneider

## PERSONAL CONTACT

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

**Defendant was observed driving 80 miles per hour in a posted 50 mile per hour speed zone**

## OBSERVATION OF DRIVER:

**Defendant has blood shot eyes and appeared extremely tired**

## DRIVER'S STATEMENTS:

**Defendant stated he was on his way to Connellys Bar to meet a girl.**

## ODORS:

**Defendant had a strong odor of an alcoholic beverage emanating from his person**

## GENERAL OBSERVATIONS

**SPEECH: ok**

**ATTITUDE: very good**

**CLOTHING: t shirt and jeans**

## MEDICAL/OTHER:

STATE OF FLORIDA  
COUNTY OF PALM BEACH

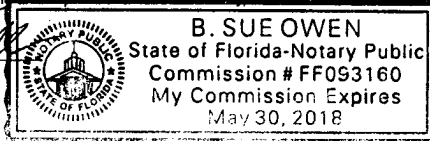
Deputy Schneider

(Signature of Arresting/Investigative Officer)

The foregoing instrument was sworn to or affirmed and subscribed before me this 9th day of December 20 16 by D/S Schneider 8723

(Print name of Arresting/Investigative Officer) who is personally known to me Personally Known

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



**SCANNED**  
**DEC 09 2016**

SUBJECT: Palladino Jr, Anthony Vito

CASE NUMBER 16-162037

### 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:

During the first pass the defendant need to be reminded to use only his eyes and to leave his head still.

#### WALK & TURN:

Defendant could not maintain his balance while listening to instructions, he started too soon, took 11 steps before the turn, he missed heel to toe after the turn and he needed his arms for balance

#### ONE LEG STAND:

Defendant put his foot down before reaching 30 seconds and stopped counting before being told too. Defendant used his arms for balance.

#### FINGER TO NOSE:

Defendant used the pad of his finger on his second right

#### ROMBERG ALPHABET:

#### BREATH TEST RESULTS:

1)	2)	3)	4)
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STATE OF FLORIDA  
COUNTY OF PALM BEACH

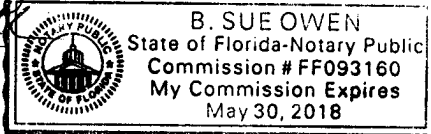
Deputy Schneider

(Signature of Arresting/Investigative Officer)

The foregoing instrument was sworn to or affirmed and subscribed before me this 9th day of December 20 16 by D/S Schneider 8723

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

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



SCANNED  
DEC 09 2016

# WITNESS LIST

CASE NUMBER: **16-162037**

ARRESTING OFFICER: **Deputy Schneider**

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

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

ADDRESS \_\_\_\_\_

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

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

**SCANNED**  
**DEC 09 2016**

# TESTING FACILITY TASK REPORT

AGENCY: PBSO  
SUBJECT: Palladino Jr, Anthony Vito CASE NUMBER: 16-162037  
DATE: 12/09/16 VIDEO TAPE NUMBER: DVD # 61788  
BEGINNING TIME: 0126 ENDING TIME: 0139  
BREATH TESTS RESULTS: 1) **REFUSED** TIME 0129 A.M./P.M. 2) TIME A.M./P.M.  
3) TIME A.M./P.M. 4) TIME A.M./P.M.  
BREATH OPERATOR: S. Owen #3184  
MAINTENANCE TECHNICIAN: J. Karlecke #6467

## TESTING OFFICER'S OBSERVATIONS

SPEECH: \_\_\_\_\_  
ATTITUDE: quiet, co-operative  
CLOTHING: black shoes, jeans, black t-shirts  
MEDICAL CONDITIONS: high blood pressure, type 2 diabetes  
MEDICATIONS: blood pressure, medicines also for diabetes  
OTHER: 45 yoa

COMMENTS: A/O & A arrived at 0106 hrs  
A/O observed 20 minutes  
A/O requested breath test, A refused w/o A Horney  
A/O read I/C, A understood, still refused  
w/o A Horney. A/O read C/W  
A answered Q & A A admitted having  
a couple Cranberry & vodka's, (2) at Hero's  
Didn't feel effects - not under influence,

SCANNED

DEC 09 2016

SUBJECT: Palladino Jr, Anthony Vito CASE NUMBER: 16-162037

## 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 DIS Schneider of the PBSO

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) Read on Camera

## 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.

**SCANNED**

**DEC 09 2016**

SUSPECT'S SIGNATURE: (X) Read on Camera

SUBJECT: Palladino Jr, Anthonyvito CASE NUMBER: 16-162037

## 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? yes

WHERE WERE YOU GOING? home

WHAT STREET OR HIGHWAY WERE YOU ON? Forest Hill & Lyons

DIRECTION OF TRAVEL? W WHERE DID YOU START? Forest Hill & 306

WHAT TIME DID YOU START? Don't know WHAT TIME IS IT NOW? no idea

WHAT IS TODAY'S DATE? 12/9/16 WHAT DAY OF THE WEEK IS IT? Thurs into Friday

WHAT COUNTY AND CITY ARE YOU IN NOW? PBC / WPB

WHEN DID YOU LAST EAT? 7:30 pm WHAT DID YOU EAT? Meat

WHAT HAVE YOU BEEN DOING FOR THE LAST THREE HOURS? hanging out w/ friends

HOW MUCH DO YOU WEIGH? 265 HAVE YOU BEEN DRINKING? Couple of drinks WHAT? Cranberry & Vodka

HOW MUCH? 2 WHERE? Herds WITH WHOM? friends

WHEN DID YOU HAVE YOUR FIRST DRINK? 8pm AND YOUR LAST DRINK? 10 pm

HOW DID YOU CONSUME YOUR LAST TWO DRINKS? Sip on them

CAN YOU FEEL THE EFFECTS OF THE ALCOHOL? no ARE YOU UNDER THE INFLUENCE? I don't believe so

HAVE YOU CONSUMED ANY ALCOHOL SINCE THE ACCIDENT? no HOW MUCH? no

WHAT? no WHERE? no WHEN? no

WHAT LINE OF WORK ARE YOU IN? Pipe fitter WHEN DID YOU LAST WORK? 4:30pm

DO YOU HAVE ANY PHYSICAL DEFECTS OR INJURIES? not really WHAT? nothing major over the knee

ARE YOU SICK OR INJURED? no WHAT'S WRONG? no

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? pres drugs WHEN? morning

HAVE YOU SEEN A DOCTOR OR DENTIST TODAY? no WHO? no WHY? no

ARE YOU TAKING ANY PRESCRIPTION MEDICINES? yes WHAT? lisinpril metformin Glipizide Losartan WHEN? Morning & Bed

DO YOU HAVE: EPILEPSY? no

GLASS EYE? no

FALSE TEETH? no

EAR INFECTION? no

INNER EAR TROUBLE? no

DIABETES? yes Type 2

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DEC 09 2016

DO YOU HAVE ANY PROBLEMS WITH YOUR EYES THAT ARE NOT CORRECTED BY GLASSES? not really

DO YOU TAKE INSULIN? no IF SO, WHEN WAS YOUR LAST INJECTION? no

HAVE YOU EVER HAD A DRIVER'S LICENSE IN ANY OTHER STATE? no WHERE? FLA

INTERVIEWER: D/S Schneider #8723

WHITE - STATE ATTY.

YELLOW - DHSMV

PINK - CENTRAL RECORDS

GOLD - JAIL