0513496 2019CT023614AMB 20

ARREST / NOTICE TO APPEAR
Juvenile Referral Report

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

OBTS Number

Agency ORI Number: FLO 500000 | Agency Name: PALM BEACH COUNTY SHERIFF'S OFFICE | Agency Report Number (N.T.A.'s only): 06- 19151205

ADMINISTRATIVE

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 NONE

Multiple Clearance Indicator: 01

Location of Arrest (Including Name of Business): CRESCENT CREEK WAY / 62ND DR N. WEST PALM BEACH, FL. 33406

Location of Offense (Business Name, Address): CRESCENT CREEK WAY / 62ND DR N WEST PALM BEACH, FL 33406

Date of Arrest	Time of Arrest	Booking Date	Booking Time	Jail Date	Jail Time	Location of Vehicle
12/21/2019	2330					

DEFENDANT

Name (Last, First, Middle): CHIVALAN CARILLO AVELINO

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

Race (W - White I - American Indian B - Black 0- Oriental/Asian)	Sex	Date of Birth	Height	Weight	Eye Color	Hair Color	Complexion	Build
W	M	03/15/1997	5'06"	150	BROWN	BLACK	MED	~~THIN~~ SM

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

Marital Status: Single | Religion: NONE

Indication of: Alcohol Influence Y ☐ N ☐ Unk. ☐ | Drug Influence Y ☐ N ☐ Unk. ☒

Local Address (Street, Apt. Number): 617 41ST ST. | (City) WEST PALM BEACH, FL. 33415 | (State) | (Zip) | Phone ( ) UNKNOWN

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

Permanent Address (Street, Apt. Number): , | (City) | (State) | (Zip) | Phone ( ) | Address Source: DEF VERBAL

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

D/L Number, State	Soc. Sec. Number	INS Number	Place of Birth (City, State)	Citizenship
NONE	NONE	NONE	QUICHE CHAJUL, GUATEMALA	NON

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:

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

CODE

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	Counts	Domestic Violence	Statute Violation Number	Violation of ORD #
DRIVING UNDER THE INFLUENCE	1	☐Y ☒N	316.193(1)	

Drug Activity	Drug Type	Amount / Unit	Offense #	Warrant I Capias Number	Bond
N	N	NONE	19151205		OR

CHARGE

Charge Description	Counts	Domestic Violence	Statute Violation Number	Violation of ORD #
NO VALID D/L	1	☐Y ☒N	322.03(1)	

Drug Activity	Drug Type	Amount / Unit	Offense #	Warrant / Capias Number	Bond
N	N	NONE	19151205		OR.

CHARGE

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

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

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

NOTICE TO APPEAR

Location (Court, Room Number, Address)

CRIMINAL JUSTICE COMPLEX / 3228 GUN CLUB ROAD, WPB, FL 33406

Court Date and Time: Month JANUARY Day 16 Year 2020 Time 8:30 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 12/21/2019

ADMIN

HOLD for other Agency Name: | Signature of Arresting Officer: x | Name Verification (Printed by Arrestee) (PRINT)

☐ Dangerous ☐ Resisted Arrest ☐ Suicidal ☐ Other:

Name of Arresting Officer (Print): INV. ZEITZ | I.D. #: 24970

Intake Deputy | Pouch # | Transporting Officer: INV. ZEITZ | ID #: 24970 | Agency: PBSO

Witness here if subject refused to sign: DEC 23 2019

PAGE 1 OF 1

DISTRIBUTION: WHITE - COURT COPY GREEN - STATE ATTORNEY YELLOW - AGENCY PINK - AGENCY GOLD - DEFENDANT (N.T.A.'s ONLY)

PBSO #148 REV. 8/97

20

OBTS Number

PROBABLE CAUSE AFFIDAVIT

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

1 Juvenile

Agency ORI Number	Agency Name	Agency Report Number
FLO 5 0 0 0 0 0	PALM BEACH COUNTY SHERRIF'S OFFICE	06 19-151205

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

Special Notes

Defendant Name (Last, First, Middle)	Race	Sex	Date of Birth
CHIVALAN CARRILLO AVELINO	W	M	03/15/1997

Charge	Charge
DUI	
Charge	Charge

Victim 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 (Street, Apt. Number)	City	State	Zip	Phone	Occupation

The undersign swears that he/she has just and reasonable 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.
- ☐ was observed by _____ who told _____ that he/she saw the arrested person commit the below acts.
- ☐ confessed to admitting to the below facts.
- ☒ was found to have committed the below acts, resulting from (described) investigation.

On the 21 day of December 20 19 at 2220 ☐ AM ☒ PM

On December 21, 2019 at approximately 2209 hours I was dispatched to the area of 62ND DR N and CRESCENT CREEK WAY in reference to a possible vehicle accident. Upon arrival, I observed a black Honda Civic bearing Florida tag NDUA47 in the grass on the west side of the road. Once I got closer to the vehicle I observed the vehicle had left the road way and struck 2 concrete sewer covers located in the grass. I then spoke to the driver, later identified as Avelino Chivalan Carrillo, who in broken english stated the airbags just went off. While talking to Chivalan Carrillo, I detected the odor of an unknown alcoholic beverage emitting from him. I also noticed an open beer, that was half full sitting in the cup holder between the front two seats.

Inv. Zeitz # 24970 arrived on scene and the remainder of this investigation was turned over to him. This concludes my involvment.

The foregoing instrument was sworn to and affirmed before me this 21 day of December 20 19 , by:

Name of Notary Public / Clerk of Court / Officer (F.S.S. 117.00)	Name of Arresting/Investigating Officer
Inv. Zeitz # 24970	D/S Foster 12413
Signature of Notary Public / Clerk of Court / Officer (F.S.S. 117.00)	Signature of Arresting/Investigating Officer
	D/S

PALM BEACH COUNTY SHERIFF'S OFFICE – **SWORN STATEMENT**

Per FL statute 837.012, whoever knowingly makes a false statement under oath shall be guilty of a misdemeanor of the first degree punishable by imprisonment up to 1 year.

☑ WITNESS ☐ VICTIM ☐ OTHER

CASE #:	ZONE:	SUSPECT:	DATE & TIME OF ORIGINAL EVENT/OFFENSE:
[illegible]151-05	[illegible]	[illegible]	[illegible]

EVENT TYPE:	DEPUTY:	ID#:
[illegible]	[illegible]	[illegible]

COMPLETE EVERYTHING BELOW – PRINT LEGIBLY

LAST NAME:	FIRST NAME:	MIDDLE INITIAL:	RACE:	SEX:
Palandro	Joe	[illegible]	W	M

DATE OF BIRTH: (MM/DD/YYYY)	YOUR HEIGHT:	YOUR WEIGHT:	YOUR HAIR COLOR:	YOUR EYE COLOR:
3/16/1977	[illegible]	[illegible]	[illegible]	[illegible]

YOUR HOME ADDRESS: ☐ CHECK IF HOMELESS	CITY:	STATE:	ZIP:

YOUR WORK NAME & ADDRESS: ☐ CHECK IF UNEMPLOYED OR RETIRED	CITY:	STATE:	ZIP:
[illegible] Pike Rd WPB [illegible]		FL	

WORK PHONE: ☐ CHECK IF NONE	CELL PHONE: ☐ CHECK IF NONE	HOME PHONE: ☐ CHECK IF NONE	EMAIL: ☐ CHECK IF NONE
([illegible]) 616-[illegible]	( )	( )	[illegible]

WRITE WHAT HAPPENED IN YOUR WORDS IN FULL DETAIL – PRINT LEGIBLY

I, YOUR NAME: Joe Palandro DO HEREBY VOLUNTARILY MAKE THE FOLLOWING STATEMENT WITHOUT THREAT, COERCION, OFFER OF BENEFIT, OR FAVOR BY ANY PERSONS WHOMSOEVER...

DEP arrived and witnessed the driver exiting the vehicle [illegible] in [illegible]. DEP asked [illegible] if he was hurt and he stated no. DEP asked if he had any [illegible] and he stated [illegible]. [illegible] [illegible] and DEP found [illegible] [illegible] to the [illegible].

Driver is Hispanic male wearing [illegible] pants and [illegible] shirt

PAGE 1 OF 1

READ AND SIGN

I SWEAR AND AFFIRM THIS AND/OR THE ATTACHED STATEMENTS ARE CORRECT AND TRUE:

YOUR SIGNATURE: X [signature]

☒ DEPUTY SHERIFF ☐ NOTARY PUBLIC FSS: 117.10

SWORN TO AND SUBSCRIBED BEFORE ME TODAY:

DATE: 12/21/20[illegible] TIME: [illegible]

SIGNATURE: [signature] ID: [illegible]

*IF YOU **DO NOT WISH TO PROSECUTE**, COMPLETE THE ABOVE STATEMENT, READ THIS DISCLAIMER AND INITIAL BELOW:* I AM OF LEGAL AGE AND I AM THE REPORTED VICTIM OF A CRIME UNDER FLORIDA LAW. I HEREBY STATE THAT I **WILL NOT** COOPERATE ANY FURTHER WITH THE INVESTIGATION OF THE ALLEGED CRIME. I FURTHER RELEASE THE PALM BEACH COUNTY SHERIFF'S OFFICE OF ANY PRESENT OR FUTURE RESPONSIBILITY AS TO MY CASE. I ACKNOWLEDGE THAT I UNDERSTAND MY RIGHTS AS A CRIME VICTIM, **PARTICULARLY REGARDING VICTIM COMPENSATION ELIGIBILITY**, WHICH INCLUDES SUCH BENEFITS AS REIMBURSEMENT FOR: DISABILITY; LOST WAGES; LOSS OF SUPPORT; MEDICAL, DENTAL, MENTAL HEALTH COUNSELING AND FUNERAL EXPENSES. I AM AWARE I MAY BE GIVING UP THESE RIGHTS FOR MY FAMILY AND MYSELF BY INITIALLING BELOW. I AM TAKING THIS POSITION OF MY OWN FREE WILL KNOWING THAT THE CASE CAN ONLY BE FURTHER INVESTIGATED AND PROSECUTED WITH MY COOPERATION. ☐ DO NOT WISH TO PROSECUTE (INITIAL ________)

(PROSECUTION WAIVER NOT TO BE USED FOR CASES INVOLVING DOMESTIC OR DATING VIOLENCE PER G.O. 508.00)

WHITE **- RECORDS COPY** ***CANARY*** **- STATE ATTORNEY COPY** ***PINK*** **- OFFICER'S COPY** ***GOLD*** **- WITNESS / VICTIM COPY**

PBSO #0134 REV. 12/11

D.U.I. PROBABLE CAUSE AFFIDAVIT

ON THE 21ST DAY OF DECEMBER 20 19, AT 2330 AM ✓ PM

SUBJECT: CHIVALAN CARILLO AVELINO CASE NUMBER: 19151205

AGENCY: PALM BEACH COUNTY SHERIFF'S OFFICE ARRESTING OFFICER: INV. ZEITZ

PERSONAL CONTACT

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

On the above date and time, I was dispatched to the scene of a traffic crash with a suspected impaired driver. Upon arrival I met with D/S Foster who informed me that the driver of the vehicle involved in the single vehicle crash was possibly impaired. Based on my crash investigation, I determined the following:

Vehicle 1 (V1) was a Black Honda bearing FL tag NDUA47. The vehicle was traveling North on 62nd Dr N approaching Crescent Creek Way. For an unknown reason, V1 left the roadway and entered the grass shoulder. V1 struck a sewer cap which caused the sewer cap to break off and the vehicle's airbags to deploy.

PBCFR medic J. Palandra arrived on scene and observed a male later identified as W/M Avelino Chivalan Carillo exit from the driver's seat. D/S Foster was able to observe a number of articulable indicators of impairment. Palandra provided a sworn written statement and D/S Foster provided a supplemental probable cause affidavit detailing all observations.

OBSERVATION OF DRIVER:

Upon making contact with the driver who was identified by his Guatemalan passport as Avelino Chivalan Carrillo, I immediately detected an obvious and strong odor of an unknown alcoholic beverage emitting from his person and breath. This odor intensified as I spoke to him. He had glassy, glazed, and blood shot eyes. Chivalan Carrillo's speech was slurred, slow, thick, and at times difficult to understand. His movements were slow and deliberate, and lethargic with poor coordination. He had an unsteady gait while walking to my patrol vehicle and extreme difficulty simply maintaining his balance. He had difficulty following directions given to him. Chivala Carrillo was wearing a red shirt, denim pants, and black and white shoes.

While awaiting medical clearance, Chivala Carrillo became belligerent. Instead of answering questions for medical staff, Chivala Carrillo removed his penis from his pants and began masturbating while inside of his hospital room.

Admission blood from Wellington Regional Medical Center provided a result of .258.

DRIVER'S STATEMENTS:

Post-Miranda - Stated that he had 3 beers at a friend's house before trying to drive straight home.

Asked for lawful samples of his blood. Chivalan Carrillo refused to provide samples. He was read Implied Consent and again refused to provide samples. A refusal was documented at 0027hrs.

While medical staff was attempting to help him with a number of needs, Chivala Carrillo asked for nurses to help him urinate. He then began touching his penis in a sexual manner and telling the nurse to "Get on"

ODORS:

A strong and obvious odor of an unknown alcoholic beverage was emitting from his person and breath which intensified as I spoke to him.

GENERAL OBSERVATIONS

SPEECH: **Chivala Carrillo's speech was slurred, slow, thick, and at times difficult to understand.**

ATTITUDE: **Pleading and later belligerent and rude.**

CLOTHING: **Red shirt with black and white pants with blue shoes**

MEDICAL/OTHER: **SEE BAT REPORT**

STATE OF FLORIDA
COUNTY OF PALM BEACH

INV. ZEITZ
(Signature of Arresting/Investigative Officer)

The foregoing instrument was sworn to or affirmed and subscribed before me this 22nd day of DECEMBER 20 19 by INV. ZEITZ

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

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

Notary Public State of Florida
Thomas H Leahey
My Commission GG 347108
Expires 06/20/2023

SUBJECT: CHIVALAN CARILLO AVELINO CASE NUMBER 19151205

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:

Chivalan Carrillo would sway roughly in a side to side front to back pattern throughout the task. He was reminded numerous times to track the pen with his eyes only. He failed to keep his head still while tracking the stimulus. VGN was observed.

WALK & TURN:

With the assistance of D/S Dory for interpretation, I explained and demonstrated the instructions for the "Walk & Turn" to Chivalan Carrillo who stated that he understood. During the task, I observed him to sway roughly in a side to side, front to back pattern throughout the demonstration phase. He could not maintain his balance while listening to instructions. He stepped out of the instructional stance during the demonstration to catch his balance. He started the task before being instructed to do so and would stop walking to steady himself. Chivalan Carrillo missed heel-to-toe steps and stepped off the line. He used his arms for balance by raising them more than six inches and performed an improper turn. Additionally, Chivalan Carrillo performed the incorrect number of steps.

ONE LEG STAND:

With the assistance of D/S Dory for interpretation, I explained and demonstrated the instructions for the "One Leg Stand" to Chivalan Carrillo who stated that he understood. During the task, I observed him to sway roughly in a side to side, front to back pattern throughout the demonstration phase. He continued to sway while balancing on one leg. Chivalan Carrillo put his foot down to regain balance numerous times before the 30 seconds had elapsed. He put his foot down three times all before counting to 30 seconds, thusly not being able to complete the task.

FINGER TO NOSE:

With the assistance of D/S Dory for interpretation, I explained and demonstrated the instructions for the "Finger to Nose" task to Chivalan Carrillo who stated that he understood. During the task, I observed him to sway roughly in a side to side, front to back pattern throughout the demonstration phase. Chivalan Carrillo did not touch his nose on any attempt. He simply turned his head in the direction indicated. The sequence used for this task was L, R, L, R, R, L.

ROMBERG ALPHABET:

NOT CONDUCTED

BREATH TEST RESULTS: BLOOD REFUSAL

STATE OF FLORIDA
COUNTY OF PALM BEACH

INV. ZEITZ
(Signature of Arresting/Investigative Officer)

The foregoing instrument was sworn to or affirmed and subscribed before me this 22nd day of DECEMBER 2019 by INV. ZEITZ

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

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

Notary Public State of Florida
Thomas H Leahey
My Commission GG 347108
Expires 06/20/2023

19151205

STATE OF FLORIDA
DEPARTMENT OF HIGHWAY SAFETY & MOTOR VEHICLES
AFFIDAVIT OF REFUSAL TO SUBMIT TO
BLOOD TEST

I, **INV. ZEITZ**, a duly certified Law Enforcement Officer or Correctional Officer,
(Name of Officer reading Implied Consent Warning)

am a member of **PBSO**, and I do swear
(Name of law enforcement agency)

or affirm that on or about the **22nd** day of **DECEMBER**, 20 **19**, at **2330** ☐ P.M. ☐ A.M.

DRIVER **AVELINO** **CHIVALAN CARILLO**.
(Type or Print) FIRST NAME MIDDLE OR MAIDEN NAME LAST NAME

DL# **NONE**, state of **FLORIDA**, appeared for treatment at a hospital,

clinic, or other medical facility pursuant to s. 316.1932(I)(c), Florida Statutes, and a breath or urine test was impossible or impractical.

That on or about the **22nd** day of **DECEMBER**, 20 **19**, at **0027** ☐P.M. ☑A.M.

in **PALM BEACH** County,

I requested that the driver submit to a **blood test** to determine his or her blood alcohol level and/or the presence of chemical or controlled substances in his or her blood. I informed the driver that refusal to submit to a blood test would result in the suspension of his or her driving privilege for a period of one (l) year for a first refusal, or for a period of eighteen (18) months if his or her driving privilege had been previously suspended for refusing to submit to a breath, urine or blood test. I also informed the driver that if he or she holds a CDL, or was operating a CMV, refusal would result in the disqualification of the Commercial Driver's License/driving privilege for a period of one (1) year in the case of a first refusal or permanently if he or she had been previously disqualified as a result of a refusal to submit to a breath, urine or blood test. The driver nonetheless refused to submit to a blood test.

Signature of Law Enforcement Officer or Correctional Officer

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

Notary Public State of Florida
Thomas H Leahey
My Commission GG 347108
Expires 08/20/2023

(AFFIX SEAL)

The foregoing instrument was sworn and subscribed before me this **22nd** day of **DECEMBER**, 20 **19**, by **INV. ZEITZ**, who is personally known to me or who has produced **PERSONALLY KNOWN LEO** as identification

Notary Public _____

HSMV-BAR1002 (REV. 10/16)

The foregoing instrument was sworn and subscribed before me:

Signature of Attesting Officer

Title _____

Date / / **2018**

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.

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

PBSO CASE # 19151205 PBSO ZONE 1-24

AGENCY CASE # _____ CRASH CASE # _____

TIME OF STOP/CRASH 2330 DATE 12/21/2019 DAY Saturday

SUBJECT'S NAME CHIVALAN CARILLO (LAST) AVELINO (FIRST) _____ (MID) RACE W SEX M

HGT 5'06" WGT 150 DOB 03/15/1997

LOCATION CRESCENT CREEK WAY / 62ND DR N. WEST PALM BEACH, FL. 33406

ARRESTING OFFICER'S NAME & ID INV. ZEITZ 24970 AGENCY PBSO

DIVISION: VCD/DUI

NOTIFIED BY COMMO YES

ARRIVAL AT FACILITY _____

ARREST TIME 2330

BREATH RESULTS:

BLOOD REFUSAL

TESTING OFFICER'S ID 1983 PBSO VIDEOTAPE # N/A

WITNESS LIST

CASE NUMBER: 19151205

ARRESTING OFFICER: INV. ZEITZ

ADDRESS: 3228 GUN CLUB ROAD WEST PALM BEACH, FL 33406

PHONE NUMBERS (HOME): (WORK) (561) 688-4001

CAN TESTIFY TO: SEE DUI PROBABLE CAUSE AFFIDAVIT & OFFENSE REPORT

NAME: D/S FOSTER #12413

ADDRESS: 3228 GUN CLUB ROAD WEST PALM BEACH, FL 33406

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

CAN TESTIFY TO: CRASH REPORT

NAME: J. PALANDRA

ADDRESS 405 PIKE RD. WEST PALN BEACH, FL. 33411

PHONE NUMBERS (HOME) (WORK) 561-616-7000

CAN TESTIFY TO: WHEEL WITNESS

NAME: D/S DORY #7784

ADDRESS

PHONE NUMBERS (HOME) () (WORK) ()

CAN TESTIFY TO: INTERPRETATION

NAME:

ADDRESS

PHONE NUMBERS (HOME) (WORK)

CAN TESTIFY TO:

NAME:

ADDRESS

PHONE NUMBERS (HOME) (WORK)

CAN TESTIFY TO:

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PHONE NUMBERS (HOME) (WORK)

CAN TESTIFY TO: