2019 CT 19021 AMB

ARREST / NOTICE TO APPEAR
Juvenile Referral Report

OBTS Number

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

Juvenile: N

ADMINISTRATIVE

Agency ORI Number: FLO 500000

Agency Name: PALM BEACH COUNTY SHERIFF'S OFFICE

Agency Report Number (N.T.A.'s only): 06- 19125328

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) N/A

Multiple Clearance Indicator: 1

Location of Arrest (Including Name of Business): FOREST HILL BLVD/ PINEHURST BLVD, WEST PALM, FL, 33413

Location of Offense (Business Name, Address): FOREST HILL BLVD/ PINEHURST BLVD WEST PALM, FL, 33413

Date of Arrest	Time of Arrest	Booking Date	Booking Time	Jail Date	Jail Time	Location of Vehicle
10/12/2019	02:55					PALM BEACH AUTO DISPOSAL

DEFENDANT

Name (Last, First, Middle): MOYA BRANDON AGUSTO

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

Race (W - White I - American Indian B - Black O- Oriental/Asian)	Sex	Date of Birth	Height	Weight	Eye Color	Hair Color	Complexion	Build
W	M	3/6/1996	5'7	165	BRN	BRN	MED	MED

Scars, Marks, Tatoos, Unique Physcal Features (Location, Type, Description): TATTOO ON RIGHT ARM

Marital Status: Single

Religion: NONE

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

Local Address (Street, Apt. Number) (City) (State) (Zip): 2749 SIENA CIR WELLINGTON, FL, 33414

Phone: (561) 797-8975

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

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

Phone: ( )

Address Source: FL DL

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

Phone: ( )

Occupation: SERVER

D/L Number, State	Soc. Sec. Number	INS Number	Place of Birth (City, State)	Citizenship
M000061960860	[redacted]		PEMBROOKE PINES, FL	YES

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 355-2528) 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 #
DUI	1	☐Y ☒N	316.193(3C1)	

Drug Activity	Drug Type	Amount / Unit	Offense #	Warrant / Capias Number	Bond
N	N	N/A	19125328		OR

CHARGE

Charge Description	Counts	Domestic Violence	Statute Violation Number	Violation of ORD #
REFUSAL TO ACCEPT SUMMONS	1	☐Y ☒N	318.14(3)	

Drug Activity	Drug Type	Amount / Unit	Offense #	Warrant / Capias Number	Bond
N	N	N/A	19125328		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

Location (Court, Room Number, Address)

NOTICE TO APPEAR

3228 GUN CLUB RD WEST PALM BEACH FL 33406

Court Date and Time: Month 11 Day 7 Year 2019 Time 0830 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

X REFUSED
Signature of Defendant (or Juvenile and Parent /Custodian)

10/12/2019
Date Signed

ADMIN

HOLD for other Agency Name:

Signature of Arresting Officer: x

Name Verification (Printed by Arrestee): OCT 12 AM 6:05

☐ Dangerous ☐ Resisted Arrest ☐ Suicidal ☐ Other:

Name of Arresting Officer (Print): INV. G. LYNCH 8568 I.D. # 8568

(PRINT)

Intake Deputy: D COLLINS I.D. # 7621 Pouch #

Transporting Officer: INV. G. LYNCH 8568 ID # 8568 Agency: PBSO

Witness here if subject signed with an -"X"

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

0511695

2046

OBTS Number

PROBABLE CAUSE AFFIDAVIT

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

1 Juvenile N

Agency ORI Number	Agency Name	Agency Report Number
FLO 5 0 0 0 0 0	PALM BEACH COUNTY SHERIFF'S OFFICE	06 19-125328

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
MOYA BRANDON	W	M	03/06/96

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 12 day of OCTOBER 20 19 at 0208 ☒ AM ☐ PM

I was on patrol in the area of the intersection of Forest Hill Blvd and Pinehurst Ave in unincorporated West Palm Beach FL 33415 when I witnessed a vehicle accident. For more information on the accident see case number 19-125325. I approached the front driver's side door and attempted to make contact with the driver, he was having difficulty rolling his window down even though the window appeared to be undamaged from the crash, after waiting approximately 15 seconds I opened the door for him. When I made contact with the driver who identified himself by his Florida Driver's License as Brandon Moya, I immediately smelled the strong odor of an unknown alcoholic beverage. I saw that Mr Moya's eyes were bloodshot and watery. I asked Mr Moya how much he had had to drink tonight, he replied "a lot". I asked Mr Moya where he was driving to, he stated he was trying to turn into his neighborhood, but turned into the park by accident. I then walked back to my patrol car to call for a DUI unit. While in my vehicle I witnessed Mr Moya acting strangely. Mr Moya was placing his hands in the air, and trying to lay down on the ground. I asked Mr Moya if he was okay and while keeping his hands in the air he stated "theres just so many guns trained on me". I explained to Mr Moya that I was the only Deputy on scene and asked him to explain what he was talking about. Mr Moya was unable to explain , and his speech became increasingly slurred. I then asked Mr Moya to come closer to my vehicle and stand in front of it, Mr Moya was having trouble standing, and continuously swayed back and forth, and almost fell over at one point while walking to my vehicle. While waiting for a DUI unit to arrive Mr Moya became verbally aggressive telling me to "hurry up", and that he was "ready".

DUI 17 investigator G. Lynch ID# 8568 arrived and continued this investigation.

The foregoing instrument was sworn to and affirmed before me this 12 day of october 20 19 by:

G. Lynch / 8568
Name of Notary Public / Clerk of Court / Officer (F.S.S. 117.00)

Signature of Notary Public / Clerk of Court / Officer (F.S.S. 117.00)

A. SINNOTT 23163
Name of Arresting/Investigating Officer

Signature of Arresting/Investigating Officer

D.U.I. PROBABLE CAUSE AFFIDAVIT

ON THE 12 DAY OF OCT 20 19, AT 02:08 ✓ AM PM

SUBJECT: MOYA BRANDON AGUSTO CASE NUMBER: 19125328

AGENCY: PALM BEACH COUNTY SHERIFF'S OFFICE ARRESTING OFFICER: INV. G. LYNCH 8568

PERSONAL CONTACT

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

On 10/12/19 I responded to Forest Hill Blvd/ Pinehurst Dr., in Palm Beach County, in reference to a vehicle crash (PBSO case 19125325), with a possibly impaired driver. Upon arrival I observed a white Honda Civic, bearing FL tag Y72KRN, in the entrance to Okeeheelee Park. The car was on the median and had struck a small tree. I met with D/S Sinnott id 23163, who witnessed the crash. D/S Sinnott advised that he was parked at the entrance to the park, near the gate. D/S Sinnott observed the Honda traveling eastbound on Forest Hill Blvd. The vehicle saddened turned into the entrance of the park and the driver lost control of the vehicle. The car then went onto the median and struck the tree, where it came to rest. D/S Sinnott made contact with the driver, Brandon Moya, the sole occupant of the vehicle. Moya had difficulty operating the window of his car to put it down. D/S Sinnott immediately noticed a strong odor of an unknown alcoholic beverage. Brandon's eyes were bloodshot and watery and his speech was slurred. D/S Sinnott asked Moya how much he had to drink and Moya replied "a lot". While waiting for me to arrive D/S Sinnott advised that Moya became agitated putting his hands in the air and laying on the ground. When asked what he was doing Moya stated "there's just so many guns trained on me"

OBSERVATION OF DRIVER:

I met with Moya, who was leaning over the front of D/S Sinnott's vehicle. I had Moya walk to the front of my patrol car. While walking Moya had difficulty with his balance and stumbled. Moya held his hands up, by his head, and ducked down. As Moya approached the open driver door of D/S Sinnott's vehicle he stopped walking. When I told him to continue he wanted me to come back to him. Moya still had his hands raised and was still ducked down. While standing in front of my patrol car Moya exhibited a sway. Moya's eyes were bloodshot and glassy. There was a strong odor of an unknown alcoholic beverage coming from Moya's breath, which got stronger when he spoke. Moya's speech was slurred. Moya appeared paranoid and stated that he felt that he was about to be shot. I advised Moya that the crash investigation was complete and I was conducting a criminal DUI investigation. I advised Moya of Miranda warnings, which he advised he understood. Moya denied taking any medications or illegal drugs. Moya advised he was not injured and did not need EMS or a hospital. Moya stated he had not medical issues. Moya stated that he had "a good amount" of alcohol. Moya stated it was approximately 12 drinks. Moya stated that his last drink was approximately 12 minutes prior to me speaking with him. Based on my observations and Moya's admission to drinking I asked him to perform standard field sobriety tasks.

DRIVER'S STATEMENTS:

ODORS:

STRONG ODOR OF AN UNKNOWN ALCOHOLIC BEVERAGE COMING FROM SUBJECT'S BREATH.

GENERAL OBSERVATIONS

SPEECH: **SLURRED**

ATTITUDE: **PARANOID**

CLOTHING: **BLACK SHIRT/ BLUE JEANS/ BLACK SHOES**

MEDICAL/OTHER: **NONE**

STATE OF FLORIDA
COUNTY OF PALM BEACH

INV. G. LYNCH 8568
(Signature of Arresting/Investigative Officer)

The foregoing instrument was sworn to or affirmed and subscribed before me this 12 day of OCT 20 19 by INV. G. LYNCH 8568

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

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: MOYA BRANDON CASE NUMBER 19125328

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:

Moya was asked to stand with his feet together and place his hands by his sides. Moya was asked to focus on the stimulus and follow it with his eyes. Moya was told not to move his head to assist in following the stimulus. Moya showed equal pupil size that tracked equally. Both eyes lacked a smooth pursuit. I saw distinct and sustained Nystagmus at maximum deviation and onset of Nystagmus prior to 45 degrees in both eyes. I saw vertical nystagmus in both of Moya's eyes. Moya swayed while performing this task and had to be reminded multiple times not to move his head.

WALK & TURN:

I utilized yellow duct tape to make a straight, level line, free of debris, that Moya advised he could see. I explained and demonstrated the task to Moya. During the instructions Moya was unable to maintain the instructional stance, stepping out of the position several times. After several attempts I had Moya stand normally for the instructions. After completing the instructions Moya asked me to repeat them. I again explained and demonstrated the task to Moya. After completing the instructions a second time Moya advised he understood and had no questions. During the task Moya missed heel-to-toe steps several times. Moya stepped off the line multiple times and stumbled. Moya did not turn as instructed and paused, to regain his balance, several times. Moya took the incorrect number of steps, taking 13 steps down and 12 steps back. Moya held his hand behind his back, not as instructed.

ONE LEG STAND:

I explained and demonstrated the task to Moya. After completing the instructions Moya advised he understood and had no questions. During the task Moya exhibited a sway. Moya lost his balance and put his foot down prior to 30 seconds elapsing. Moya used his arms for balance and began to hop. Due to Moya becoming more unstable while hopping the task was stopped prior to 30 seconds elapsing.

FINGER TO NOSE:

I explained and demonstrated the task to Moya. After completing the instructions Moya advised he understood and had no questions. Moya missed touching the tip of his nose several times. Moya failed to keep his eyes closed. On the third right command Moya used his left hand. Moya exhibited a sway throughout the task.

ROMBERG ALPHABET:

Prior to beginning Moya confirmed he knew the alphabet, in order, without issue. I explained and demonstrated the task to Moya. After completing the instructions Moya advised he understood and had no questions. During the task Moya exhibited a sway. Moya incorrectly recited the alphabet, making multiple errors.

BREATH TEST RESULTS: 1) .267 | 2) .259 | 3) | 4)

STATE OF FLORIDA
COUNTY OF PALM BEACH

INV. G. LYNCH 8568
(Signature of Arresting/Investigative Officer)

The foregoing instrument was sworn to or affirmed and subscribed before me this 12 day of OCT 20 19 by INV. G. LYNCH 8568

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

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

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

FLORIDA DEPARTMENT OF LAW ENFORCEMENT
ALCOHOL TESTING PROGRAM
BREATH ALCOHOL TEST AFFIDAVIT

Instrument Type: Intoxilyzer 8000
Instrument Registered To: PALM BEACH CO SO
Instrument Serial Number: 80-006240 Software: 8100.27
Date of Test: 10/12/2019

Date of Last Agency Inspection: 09/13/2019
Observation Period Began: 03:15
Subject's Name: BRANDON A MOYA DOB: 03/06/1996 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	03:44
Air Blank	0.000	03:44
Control Test	0.081	03:44
Air Blank	0.000	03:45
Subject Sample #1	0.267	03:46
Air Blank	0.000	03:46
Air Blank	0.000	03:48
Subject Sample #2	0.259	03:49
Air Blank	0.000	03:49
Control Test	0.080	03:50
Air Blank	0.000	03:50
Diagnostics Check	OK	03:52

Cylinder Lot: 00919080A3
Exp: 03/05/2021

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 THOMAS H LEAHEY, 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: T Leahy Date: 10/12/19
Signature

Sworn to (or affirmed) before me this 12th day of October, 2019

Signature of Notary Public-State of Florida

Jan G Lynch #85
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

TESTING FACILITY TASK REPORT

AGENCY: PBSO

SUBJECT: Maya Brandon [illegible] CASE NUMBER: 19 125328

DATE: 11/12/19 VIDEO TAPE NUMBER: N/A

BEGINNING TIME: 03:38 ENDING TIME: 03:53

BREATH TESTS RESULTS: 1) .267 TIME 0346 A.M./P.M. 2) .259 TIME 0349 A.M./P.M.

3) N/A TIME — A.M./P.M. 4) N/A TIME — A.M./P.M.

BREATH OPERATOR: T Lealey #19183

MAINTENANCE TECHNICIAN: J [illegible] #6467

TESTING OFFICER'S OBSERVATIONS

SPEECH: thick, slurred

ATTITUDE: [illegible] calm, cooperative, [illegible]

CLOTHING: blue jeans, [illegible]

MEDICAL CONDITIONS: none

MEDICATIONS: none

OTHER: eyes glassy, bloodshot
odor of impurities alcoholic beverage on breath

COMMENTS: arrived at center [illegible] conducted 20 minute
observation period at 03:15 hrs

[illegible] agreed [illegible] then said I feel unsafe

[illegible] read I/C [illegible] understood I/C

[illegible] agreed to [illegible] breath test

Tech read breath test results

[illegible] understood breath test results

[illegible] read rights [illegible] stated he understood rights

[illegible] to answer questions

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

PBSO #0129A REV.11/02

WITNESS LIST

CASE NUMBER: 19125328

ARRESTING OFFICER: INV. G. LYNCH 8568
ADDRESS: HQ
PHONE NUMBERS (HOME): ______ (WORK) 561 688 3000
CAN TESTIFY TO: FACTS OF CASE

NAME: D/S SINNOTT ID23163
ADDRESS: DIST 1
PHONE NUMBERS (HOME) ______ (WORK) 561 688 3000
CAN TESTIFY TO: CRASH/ IDENTIFY DRIVER

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) ______
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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: ______

SUBJECT: Moya, Brandon A CASE NUMBER: 19 125328

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: _____

SUBJECT: Mejia, Brandon A CASE NUMBER: 19-125328

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 Ivy Glynch #6568 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) Refused 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.

SUSPECT'S SIGNATURE: (X) Refused on camera

PALM BEACH COUNTY
SHERIFF'S OFFICE
Florida State Statute Exemption Sheet

Palm Beach County Sheriff's Office – Arrests Only

	X	Florida State Statute	Description	Page Number(s)
L/E Exemptions	☐	119.071(2)(d)	Surveillance techniques, procedures and personnel; inventory of law enforcement resources, policies or plans pertaining to mobilization deployment or tactical operations.	
	☐	943.053, 943.0525	NCIC/FCIC/FBI and in-state FDLE/DOC.	
	☐	119.071(4)(c)	Undercover personnel.	
	☐	119.071(2)(f)	Confidential informants (CIs).	
	☐	119.071(2)(e)	Confession.	
Public Info. Exemptions	☐	985.04(1)	Juvenile offender records.	
	☐	119.071(h)(i)	Assets of a crime victim.	
	☐	395.3025(7)(a), 456.057(7)(a)	Medical information.	
	☐	394.4615(7)	Mental health information.	
	☐	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)	☒	(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.	
	☐	(xii) 741.30(3)(b)	The victim's address in a domestic violence action on petitioner's request.	
	☐	(xiii) 119.071(2)(h), 119.0714(1)(h)	Protected information regarding victims of child abuse or sexual offenses.	
	☐			
	☐			
	☐			
	☐			
	☐			
Other	☐		Other:	
	☐		Other:	

REVIEW COMPLETED BY

Booking Number: 2019033262	**Date:** 10/13/2019
	Specialist Name/ID: AM/31562

A2GD1DP

FLORIDA DUI UNIFORM TRAFFIC CITATION

COUNTY OF: Palm Beach
CITY (IF APPLICABLE):
(1) F.H.P. ☐ (2) P.D. ☒ (3) S.O. ☐ (4) OTHER
AGENCY NAME: PBSO
AGENCY #:

IN THE COURT DESIGNATED BELOW THE UNDERSIGNED CERTIFIES THAT HE/SHE HAS JUST AND REASONABLE GROUNDS TO BELIEVE AND DOES BELIEVE THAT ON

COMPLAINT (RETAINED BY COURT)

DAY OF WEEK	MONTH	DAY	YEAR	TIME
SAT	10	12	2019	04:05 ☒ A.M. ☐ P.M.

NAME (FIRST) FIRST: Brandon | MIDDLE: Agustin | LAST: Reyes
IF DIFFERENT THAN ONE ON DRIVER LICENSE "X" HERE ☐
STREET: 2749 Siena Cir
CITY: Wellington | STATE: FL | ZIP CODE: 33414
TELEPHONE NUMBER | DATE OF BIRTH: MO 3 DAY 6 YR 96 | RACE: W | SEX: M | HGT: 5'7

DRIVER LICENSE NUMBER: M000061960860 | STATE: FL | CLASS: E | CDL LICENSE ☐ Y ☒ N | YR LICENSE EXP: 2021 | COMMERCIAL VEHICLE ☐ YES ☒ NO
YR VEHICLE: 2004 | MAKE: Honda | STYLE: 4dr | COLOR: White | PLACARDED HAZARDOUS MATERIAL ☐ YES ☒ NO
VEHICLE LICENSE NO.: P72K3N | TRAILER TAG NO. | STATE: FL | YEAR TAG EXPIRES: 2020 | ≥ 16 PASSENGERS ☐ YES ☒ NO
UPON A PUBLIC STREET OR HIGHWAY, OR OTHER LOCATION, NAMELY: East Hill Blvd / Pinehurst Dr. | MOTORCYCLE ☐ YES ☒ NO
COMPANION CITATION(S) ☐ YES ☒ NO
FT. _____ MILES ☐ N ☐ S ☒ E ☐ W OF NODE _____

DID UNLAWFULLY COMMIT THE OFFENSE OF DRIVING UNDER THE INFLUENCE OF ALCOHOLIC BEVERAGES, CHEMICAL OR CONTROLLED SUBSTANCES; DID DRIVE, OR WAS IN ACTUAL PHYSICAL CONTROL OF A VEHICLE, WHILE UNDER THE INFLUENCE OF AN ALCOHOLIC BEVERAGE/CHEMICAL SUBSTANCE/CONTROLLED SUBSTANCE TO THE EXTENT NORMAL FACULTIES WERE IMPAIRED, OR WITH A BLOOD OR BREATH ALCOHOL LEVEL OF .08 OR ABOVE OF .267/.254

COMMENTS PERTAINING TO OFFENSE: (Only one offense each citation) | RE-EXAM ☐ YES ☒ NO

☐ AGGRESSIVE DRIVER | PASSENGER < 18 YEARS ☐ YES ☒ NO | STATE STATUTE | SECTION: 316.193(3)(c)1 | CONDITION
CRASH ☒ YES ☐ NO | DAMAGE TO OTHER PROPERTY ☒ YES $ 350 ☐ NO | INJURY TO ANOTHER ☐ YES ☒ NO | SERIOUS BODILY INJURY TO ANOTHER ☐ YES ☒ NO | FATAL ☐ YES ☒ NO

THIS IS A CRIMINAL VIOLATION, COURT APPEARANCE REQUIRED, AS INDICATED BELOW.

COURT DATE: 11/7/19 | TIME: 8:30 AM
COURT AND LOCATION: 3228 Gun Club Rd. West Palm, FL, 33406

A2GD1DP

ARREST DELIVERED TO _____ DATE _____

I AGREE AND PROMISE TO COMPLY AND ANSWER TO THE CHARGES AND INSTRUCTIONS SPECIFIED IN THIS CITATION. WILLFUL REFUSAL TO ACCEPT AND SIGN THE CITATION MAY RESULT IN ARREST. I UNDERSTAND THAT MY SIGNATURE DOES NOT CONSTITUTE AN ADMISSION OF GUILT OR WAIVER OF RIGHTS. IF YOU NEED REASONABLE FACILITY ACCOMMODATIONS TO COMPLY WITH THIS CITATION, CONTACT THE CLERK OF THE COURT.

X REFUSED
(SIGNATURE OF VIOLATOR)

EFFECTIVE IMMEDIATELY, YOUR DRIVING PRIVILEGE IS SUSPENDED/DISQUALIFIED FOR:

☒ DRIVING WITH AN UNLAWFUL BLOOD OR BREATH ALCOHOL LEVEL. THIS SUSPENSION IS FOR A PERIOD OF SIX MONTHS IF THIS IS THE FIRST VIOLATION OR ONE YEAR IF PREVIOUSLY SUSPENDED FOR DRIVING WITH AN UNLAWFUL BLOOD OR BREATH ALCOHOL LEVEL. IF YOU HOLD A CDL OR YOU ARE OPERATING A CMV, YOUR COMMERCIAL DRIVER LICENSE/PRIVILEGE WILL ALSO BE DISQUALIFIED FOR ONE YEAR FOR THE FIRST OFFENSE OR PERMANENTLY DISQUALIFIED FOR A SUBSEQUENT OFFENSE.

☐ REFUSAL TO SUBMIT TO LAWFUL BREATH, BLOOD OR URINE TEST SECTION 322.2615, F. S. THIS SUSPENSION IS FOR A PERIOD OF ONE YEAR IF THIS IS A FIRST REFUSAL OR 18 MONTHS IF PREVIOUSLY SUSPENDED FOR THIS OFFENSE. IF YOU HOLD A CDL OR YOU ARE OPERATING A CMV, YOUR COMMERCIAL DRIVER LICENSE/PRIVILEGE WILL ALSO BE DISQUALIFIED FOR A PERIOD OF ONE YEAR FOR A FIRST REFUSAL OR PERMANENTLY DISQUALIFIED FOR A SUBSEQUENT REFUSAL.

LICENSE SURRENDERED? ☒ YES ☐ NO REASON _____

ELIGIBLE FOR PERMIT? ☒ YES ☐ NO REASON _____

UNLESS INELIGIBLE, THIS CITATION SHALL SERVE AS A TEMPORARY DRIVER LICENSE AND WILL EXPIRE AT MIDNIGHT ON THE [illegible] DAY FOLLOWING THE DATE OF SUSPENSION.

ADMINISTRATIVE REVIEWS OFFICE

FLORIDA UNIFORM TRAFFIC CITATION

In the court designated below the undersigned certifies that he/she has just and reasonable grounds to believe and does believe that on:

Citation #: **ACK4E0E**

County: **PALM BEACH** County Code: **06**
City: City Code: **00**
Date/Time: **Sat 10/12/2019 04:59 AM** Agency Type: **SO**

VIOLATOR

First Name: **BRANDON** Middle: **AGUSTO**
Last: **MOYA** DOB: **03/06/1996**
Address: **2749 SIENA CIR**
City: **WELLINGTON** State: **FL** Zip: **33414**
Telephone: Race: **H** Sex: **M** Hgt: **507**
DL #: **M000061960860** DL State: **FL** Lic. Expires: **2021**
CDL: **N** Ethnicity: Class: **E** Diff. Addr. on DL: **N**

REGISTRATION

Yr. Veh: **2004** Veh. Tag: **Y72KRN**
Color: **WHI** Trailer Tag:
Make: **HOND** Yr. Tag Expires: **20** State: **FL**
Style: **4D**
Comm. Mtr. Veh.: **N** Plac. Haz. Mat: **N**
>= 16 Passengers: **N** Motorcycle: **N**

LOCATION

Upon a Public Street or Highway or Other Location Namely:
FOREST HILL BLVD/ PINEHURST DR

Located Ft. Miles **E** Of Node

VIOLATION

Did unlawfully commit the following Offense, In violation of State Statute,
SUMMONS - FAILURE TO SIGN OR ACCEPT **318.14(3)**
SUMMONS

Speed - Enhanced Penalty Zone: **N**
Unlawful Speed: Posted Speed:
Crash: **Y** Prop. Dam.: **Y** Prop. Dam. Amt.: **500** Aggressive Driv: **N**
Injury: **N** Ser. Injury: **N** Fatal: **N** Red Light/Stop Sign: **N**
Companion Citation Number(s):
Driving Under the Influence of Alcoholic Beverages, Chemical, or Controlled Substances, Driving/Actual Physical Control While Impaired, or Driving/Actual Physical Control with Unlawful Blood/Urine Alcohol Level Bal.: **.267**

COURT INFORMATION

Criminal Violation, Court Required
PALM BEACH COUNTY COURTHOUSE CRIMINAL JUSTICE COMPLEX
3228 GUN CLUB ROAD
WEST PALM BEACH, FL 33406
Court Date: **11/07/2019**
Court Time: **8:30 AM**
Civil Penalty: **N/A (N/A)**

Arrest Delivered To:
On:

SIGNATURE

I AGREE AND PROMISE TO COMPLY AND ANSWER TO THE CHARGES AND INSTRUCTIONS SPECIFIED IN THIS CITATION. WILLFUL REFUSAL TO ACCEPT AND SIGN THE CITATION MAY RESULT IN ARREST. I UNDERSTAND MY SIGNATURE IS NOT AN ADMISSION OF GUILT OR WAIVER OF RIGHTS.
IF YOU NEED REASONABLE FACILITY ACCOMMODATIONS TO COMPLY WITH THIS CITATION, CONTACT THE CLERK OF THE COURT.

Signature of Defendant: x X REFUSED

Signature of Officer:

☒ I CERTIFY THIS CITATION WAS DELIVERED TO THE PERSON CITED ABOVE
Officer name: **INV. G. LYNCH** Officer ID: **8568**
Case number: **19125328** Troop/Unit: **VCD/DUI WB** Misc:
Agency Name: **PALM BEACH SHERIFF'S OFFICE**
Agency #: