

0479394

170414896

174

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

1 Juvenile N

ADMINISTRATION	OBTS Number		Agency ORI Number FL 0500300		Agency Name BOYNTON BEACH POLICE DEPT.		Agency Report Number 34-17-046024	
	Charge Type: Check as many as Apply. <input type="checkbox"/> 1. Felony <input type="checkbox"/> 2. Traffic Felony		<input type="checkbox"/> 3. Misdemeanor <input checked="" type="checkbox"/> 4. Traffic Misdemeanor		<input type="checkbox"/> 5. Ordinance <input type="checkbox"/> 6. Other		If Weapon Seized Enter Type Multiple Clearance Indicator	
DEFENDANT	Location of Arrest (Including Name of Business) 801 N. CONGRESS AVE, BOYNTON BEACH, FL, 33436				Location of Offense (Business Name, Address) 801 N. CONGRESS AVE, BOYNTON BEACH, FL, 33436			
	Date of Arrest 08/10/2017	Time of Arrest 2019	Booking Date	Booking Time	Jail Date	Jail Time	Location of Vehicle	
DEFENDANT	Name (Last, First, Middle) TRULLI, BRIAN CHRISTOPHER				Alias (Name, DOB, Soc. Sec. #, Etc)			
	W - White B - Black	I - American Indian O - Oriental / Asian	Race W	Sex M	Date of Birth 10/22/1993	Height 507	Weight 178	Eye Color BRO
DEFENDANT	Scars, Marks, Tattoos, Unique Physical Features (Location, Type, Description)				Marital Status SINGLE		Religion N/A	
	Indication of: Alcohol Influence <input 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.				Residence Type 1. City 3. Florida 2. County 4. Out of State		Build MED	
DEFENDANT	Local Address (Street, Apt. Number) 703 NE 7TH AVE,		(City) DELRAY BEACH,	(State) FLORIDA,	(Zip) 33444	Phone () - ()		
	Permanent Address (Street, Apt. Number)		(City)	(State)	(Zip)	Phone () - ()		
DEFENDANT	Business Address (Street, Apt. Number)		(City)	(State)	(Zip)	Phone () - ()		
	D/L Number, State / NY		Soc. Sec. Number		INS Number		Place of Birth SPENCERPORT, NY	
CO-DEF	Co-Defendant Name (Last, First, Middle)		Race	Sex	Date of Birth	<input type="checkbox"/> 1. Arrested <input type="checkbox"/> 3. Felony <input type="checkbox"/> 5. Juvenile <input type="checkbox"/> 2. At Large <input type="checkbox"/> 4. Misdemeanor		
	Co-Defendant Name (Last, First, Middle)		Race	Sex	Date of Birth	<input type="checkbox"/> 1. Arrested <input type="checkbox"/> 3. Felony <input type="checkbox"/> 5. Juvenile <input type="checkbox"/> 2. At Large <input type="checkbox"/> 4. Misdemeanor		
JUVENILE	<input type="checkbox"/> Parent Name (Last) (First) (Middle)		<input type="checkbox"/> Legal Custodian		<input type="checkbox"/> Other		Residence Phone	
	Address (Street, Apt. Number)		(City)	(State)	(Zip)	Business Phone		
JUVENILE	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		
JUVENILE	The above address was 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's Office (Phone 561-355-2526) informed of any change of address: <input type="checkbox"/> Yes, By: (Name) <input type="checkbox"/> No: (Reason)				School Attended		Grade	
	Property Crime? Yes <input type="checkbox"/> No <input type="checkbox"/>		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. Barbituate C. Cocaine E. Heroin	H. Hallucinogen M. Marijuana O. Opium/Deriv.	P. Paraphernalia/ Equipment S. Synthetic	U. Unknown Z. Other		
CHARGE	Charge Description DUI		Counts 1	Domestic Violence <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Statute Violation Number 316.193.1		Violation of ORD#	
	Drug Activity	Drug Type	Amount/Unit	Offense # 17-046024	Warrant/Capias Number		Bond OR	
CHARGE	Charge Description		Counts	Domestic Violence <input type="checkbox"/> Yes <input type="checkbox"/> No	Statute Violation Number		Violation of ORD#	
	Drug Activity	Drug Type	Amount/Unit	Offense #	Warrant/Capias Number		Bond	
CHARGE	Charge Description		Counts	Domestic Violence <input type="checkbox"/> Yes <input type="checkbox"/> No	Statute Violation Number		Violation of ORD#	
	Drug Activity	Drug Type	Amount/Unit	Offense #	Warrant/Capias Number		Bond	
CHARGE	Charge Description		Counts	Domestic Violence <input type="checkbox"/> Yes <input type="checkbox"/> No	Statute Violation Number		Violation of ORD#	
	Drug Activity	Drug Type	Amount/Unit	Offense #	Warrant/Capias Number		Bond	
NOTICE TO APPEAR	<input type="checkbox"/> Instruction No. 1 Mandatory Appearance in Court <input type="checkbox"/> Instruction No. 2 You need not appear in Court but must Comply with instruction on reverse side.		Location (Court, Room Number, Address) South County Courthouse, 200 West Atlantic Ave, Delray Beach, FL 33444					
	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.		Court Date and Time Month 09 Day 11 Year 2017 Time 0830 <input checked="" type="checkbox"/> A.M. <input type="checkbox"/> P.M.					
ADMIN.	Signature of Defendant (or Juvenile and Parent/Custodian) Brian Trulli		Signature of Arresting Officer OFFICER CASTRO		Name Verification (Printed by Arrestee) BU#109496		Page 1 OF 1	
	HOLD for other Agency Name: <input type="checkbox"/> Dangerous <input type="checkbox"/> Resisted Arrest <input type="checkbox"/> Suicidal <input type="checkbox"/> Other		Intake Deputy W6/COBO		Pouch # OFFICER CASTRO		Witness BBP 1	

D.U.I. PROBABLE CAUSE AFFIDAVIT

ON THE 10 DAY OF August 2017 AT 7:10 ☐ A.M. ☒ P.M.

CASE #: 17-046024 DEFENDANT: TRULLI, BRIAN CHRISTOPHER

PERSONAL CONTACT/DRIVING PATTERN/OBSERVATION OF DRIVER:

On the above date and time I responded to the 801 N. Congress Ave (Boynton Beach Mall) in reference to a Possible Impaired Driver. Let it be noted that this incident occurred within the City of Boynton Beach, Palm Beach County, Florida.

Upon arrival I observed the officers on scene, the caller Boynton Beach Mall Security B/M Dorsanvil, Winsley and subject in question W/M Trulli, Brian (10/22/93). Trulli was slouched forward, sitting on a bus bench with sunglasses on. It appeared that Trulli was dosing on and off, as his eyes were slowing opening and closing and his body was falling forward until he realize that he was falling.

Upon making contact with the group, I quickly asked Trulli if he was okay and if needed medical attention, which he refused and advised he was okay. I then spoke with Dorsanvil who advised that he responded to an electronic kiosk within the mall due to the fact that Trulli was making an employee feel uncomfortable. Dorsanvil advised that he was informed by the employee that Trulli appeared to under the influence of an unknown narcotic and that he was falling asleep while looking at items for sale. Dorsanvil advised that when he made contact with Trulli, Trulli had his feet and hands on the ground asleep. Dorsanvil advised when he woke Trulli up Trulli advised that he was okay and just looking at phone cases. Dorsanvil advised that Trulli was very unsteady on his feet, his speech was slurred and he kept falling asleep. Trulli's pupils were smaller than normal. Dorsanvil stated that he asked Trulli multiple times if he needed medical attention, which Trulli repeatedly stated no. Dorsanvil advised that due to Trulli's appearance he requested Trulli to leave the property, which Trulli did with no incident. Dorsanvil advised that he followed Trulli to the east parking lot of the mall, where Trulli approached a 2016 Black Moti Scooter bearing Florida tag 2102RQ. Dorsanvil stated that Trulli started the scooter up, sat on the scooter and slouched forward on the front windshield. Dorsanvil advised that he physically saw smoke exited the scooter's exhaust pipe, proving that the engine was on. Dorsanvil advised that Trulli condition did not get any better and felt Trulli was a safety concerned for the public and himself (Trulli). Therefore Dorsanvil contacted the Boynton Beach Police Department to assist with the incident. Dorsanvil provided a statement via BWC.

I then made contact with Trulli, who was still sitting on the bench; in and out of conscious. I asked again if he (Trulli) was okay, which he stated yes. Based on the incident, Trulli

advised that he went to the mall to purchase a phone case and understands that due to his condition that he was asked to leave. Trulli advised that he is aware that he appears to be drowsy and off balance and advised it was due to lack of sleep. When he approached his scooter he placed the keys in the ignition but only turned it to the accessory setting, so that he could charge his cellphone. Trulli advised he then mounted the scooter and leaned forwards to look down at his screen; which then he realized it the battery to his phone was dead. While speaking with Trulli he speech was very dry and slurred, he continued to fall asleep while speaking/sitting and was sweating profusely. Trulli advised that his appearance is his normal, everyday appearance. When asked if currently takes prescription medication, Trulli advised that he is prescribed Gabapentin due to his scoliosis and that he had taken his medication at approximately 1400hrs. Trulli also advised that he is prescribed Seroquel and Rozerem, which he took last night (08/09/17) at approximately 2300hrs to assist in sleeping. Trulli denied taking any other medications and/or narcotics. Trulli then requested that he stood up, to assist in his back pain; which he did. While standing Trulli was very unsteady on his feet, swaying side to side and losing his balance at times. Based on my investigation at this point, I properly positioned my fully marked patrol vehicle so that the investigation could be recorded as well through my in-car vehicle (4734). I then escorted Trulli to the front of my patrol vehicle and advised him that the investigation was be recorded via my vehicle as well, which he stated that he understood. At that time Trulli questioned if I was conducting DUI investigation which I stated yes. Trulli then began to argue stating that he was not driving the scooter and the engine was never on. Trulli then advised that he never put the keys in the ignition of the scooter, all conflicting statements compared to his original statements. Trulli's condition did not change at this point of the investigation; therefore I requested Trulli to submit to a Serial of Roadside Sobriety Tasks, which he agreed to. Let it be noted that prior to continuing the investigation I asked Trulli if he had any additional injuries/disabilities that I should be aware of, which he stated no.

Let it be noted that during the pen exercise Trulli was sway side to side, losing his balance at times. See the following:

HORIZONTAL GAZE NYSTAGMUS:

- ☐ Left eye does not follow smoothly
- ☐ Left eye prior to 45 degrees
- ☐ Distinct jerking in left eye at maximum deviation
- ☐ Vertical Nystagmus in left eye

- ☐ Right eye does not follow smoothly
- ☐ Right eye prior to 45 degrees
- ☐ Distinct jerking in right eye at maximum deviation
- ☐ Vertical Nystagmus in right eye

WALK AND TURN:

The Task was explained and demonstrated to Trulli, which he stated that he understood. During the instructional stage, Trulli advised that standing in the manner I requested of him hurt his back, therefore I allowed Trulli to stand normal. While preparing to begin the task, Trulli had a difficult time standing in the starting position (losing his balance). During the Walking Stage, Trulli took 9 steps forward missing heel to toe between steps 1-2, 3-4, 4-5.

Trulli took 9 returning steps, missing heel to toe between steps 1-2, 3-4. On the last step Trulli lost his balance.

ONE LEG STAND:

The Task was explained and demonstrated to Trulli, which he stated that he understood. During the instructional stage, Trulli advised that he was very "shaky" and was unsure if he could do the task but agreed to attempt it. While explain the task to Trulli he was very unsteady, losing his balance standing. During the Balancing Stage, Trulli used his arms for balance, dropping his foot twice during the task, hopping.

FINGER TO NOSE:

The Task was explained and demonstrated to Trulli, which he stated that he understood. During the Instructional Stage, Trulli was swaying side to side while I gave instructions. During the Exercise Stage, Trulli missing the tip of his nose with the first Left Command. Trulli lost his balance during the task. Trulli lifted the wrong hand at first on the 3rd Right Command. Trulli swayed side to side during the task.

ROMBERG/ALPHABET:

The Task was explained and demonstrated to Trulli, which he stated that he understood. During the Instructional Stage and Exercise Stage Trulli swayed side to side. Trulli completed the task with no further indicators.

Based on the above facts Trulli was placed into custody under suspicion of DUI, which he stated that he understood. Prior to leaving the scene, Trulli still showed signs of being under the influence of an unknown substance. Trulli was asleep in the back seat of patrol vehicle within minutes of being placed in the vehicle, sweating profusely. When I asked him if he was okay, he stated yes. Trulli's speech was very slurred and dry. While traveling to the Boynton Beach Police Department, Trulli complained of being light headed, dizzy and felt that he was going to pass out. Therefore as a precaution and Trulli's appearance/statement I redirected and transported Trulli to Bethesda Hospital East.

After being triage and evaluated by medical staff, they advised that would have to monitor Trulli for a while until his condition improves. Due to the fact that obtaining a breath/urine sample was not practical as a result of the being at the hospital I requested Trulli for a sample of his blood for the purpose of determining the present of any alcohol contents and/or chemical/control substance, which he agreed to. RN Fleming, Teshia removed two vials of blood from Trulli's left arm, utilizing the two vial from the Florida State approved blood kit. All the proper documents were completed, to include the signed consent form by Trulli. The blood kit was then later transported to the Boynton Beach Police Department and entered into the Evidence Department; where it was later TOT PBSO's laboratory.

Based on the above facts I've established Probable Cause for the arrest of Trulli for 1M count of DUI pursuant with F.S.S. 316.193.1. After being medically cleared Trulli was TOT PBCJ.

Trulli's scooter was left on scene upon his request. A copy of the SFST was later entered into the Boynton Beach Evidence Department. The incident was captured via BWC as well.

Nothing further.

The following instrument was sworn to before me this 10 day of August 2017

By: PERSONALLY KNOWN / OFFICER CASTRO #905

TEAM 89

Notary/Police Officer (F.S.S. 117.10)

[Signature] 96

Signature of Arresting Officer

NOT A CERTIFIED COPY

CASE #: 17-046024

DEFENDANT: TRULLI, BRIAN CHRISTOPHER

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.

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.

I am now requesting that you submit to a lawful test of your BLOOD for the purpose of determining 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 OFFICER CASTRO #905 of the Boynton Beach Police Department

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.

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 statements can and will be used against you in a court of law.

Suspect's Signature Brian Trulli

CASE #: 17-046024

DEFENDANT: TRULLI, BRIAN CHRISTOPHER

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.

Where you operating a motor vehicle at the time of the stop/Accident? NOT COMPLETED

Where were you going? _____

What Street or Highway were you on? _____

What was your direction of travel? _____

Where did you start from? _____

What time did you start? _____

What time is it now? _____

What is today's date? _____

What day of the week is it? _____

What City and County 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 have you been drinking? _____

How much? _____

With whom? _____

When did you have your first drink? _____

When did you have your last drink? _____

Can you feel the effects of the alcohol? _____

Are you under the influence? _____

Have you consumed any alcohol since the stop/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? _____

Where 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 you 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: _____

CASE #: 17-046024

DEFENDANT: TRULLI, BRIAN CHRISTOPHER

Arresting Officer: OFFICER CASTRO #905

Address: 100 E. Boynton Beach Boulevard Boynton Beach, FL 33435

Phone Numbers: Home: _____ Work: (561) 742-6100

Name: OFFICER CARDENAS

Address: 100 E. BOYNTON BEACH BLVD, BOYNTON BEACH, FL, 33435

Phone Numbers: Home: _____ Work: 561-742-6100

Can testify to: THE INCIDENT

Name: OFFICER CORUM

Address: 100 E. BOYNTON BEACH BLVD, BOYNTON BEACH, FL, 33435

Phone Numbers: Home: _____ Work: 561-742-6100

Can testify to: THE INCIDENT

Name: DORSANVIL, WINSLEY

Address: REFUSED

Phone Numbers: Home: _____ Work: 561-305-6445

Can testify to: THE INCIDENT

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: _____