

J#0481957

JCT 19803 #3975

Check if Supplement is Attached

ADMINISTRATIVE	OBTS Number		ARREST / NOTICE TO APPEAR Juvenile Referral Report				1. Arrest 2. N.T.A.	3. Request for Warrant 4. Request for Capias	Juvenile		
	Agency ORI Number		Agency Name		Agency Report Number (N.T.A.'s only)				N		
FLO 5 0 0 0 0 0		PALM BEACH COUNTY SHERIFF'S OFFICE		0 6 - 1 6 - 1 0 0 1 6 1 6 5 (1 1 1)							
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			
Location of Arrest (including Name of Business)		Location of Offense (Business Name, Address)									
50 Sathen Blvd, Palm Beach, FL		1900 BIK S Aen Blvd, Palm Beach									
Date of Arrest		Time of Arrest	Booking Date	Booking Time	Jail Date	Jail Time	Location of Vehicle				
10/18/16		2309									
Name (Last, First, Middle) Gustafson Brian Eric Alias (Name, DOB, Soc. Sec. #, Etc.)											
Race W - White B - Black		Sex I - American Indian O - Oriental/Asian	Date of Birth 10 27 70	Height 508	Weight 175	Eye Color Brown	Hair Color Blonde	Complexion Light	Build Med		
Scars, Marks, Tatoos, Unique Physical Features (Location, Type, Description)					Marital Status M	Religion UK	Indication of Alcohol Influence Drug Influence				
Y N Unk											
Local Address (Street, Apt. Number)		(City)	(State)	(Zip) 11	Phone ()	Residence Type: 1. City 2. County		3. Florida 4. Out of State			
934 Paseo Castilla		WPB	FL	33405	Phone (81)578-3409	FL DL		Address Source			
Business Address (Name, Street)		(City)	(State)	(Zip)	Phone ()	Occupation Agent Executive					
D/L Number, State 6231065703870		Soc. Sec. Number	INS Number		Place of Birth (City, State) WPB, FL		Citizenship US				
Co-Defendant (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 (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:					Name (Last) (First) (Middle)			Residence Phone ()			
Address (Street, Apt. Number)					(City)	(State)	(Zip)	Business Phone ()			
Notified by: (Name) <i>OR</i>					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 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 355-2528) 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						
CODE	S. Sell N. N/A P. Possess	R. Smuggle B. Buy T. Traffic	K. Dispense/ D. Deliver E. Use	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. Synthetic	U. Unknown Z. Other	
CHARGE	Charge Description D.U.I			Counts	Domestic Violence <input type="checkbox"/> Y <input type="checkbox"/> N	Statute Violation Number 3 1 1 6 1 1 9 3 1 1 1 1 1		Violation of ORD #			
CHARGE	Drug Activity N	Drug Type N	Amount / Unit —	Offense # 16-001665	Warrant / Capias Number		Bond				
CHARGE	Charge Description			Counts	Domestic Violence <input type="checkbox"/> Y <input type="checkbox"/> N	Statute Violation Number 1 1 1 1 1 1 1 1 1 1 1 1		Violation of ORD #			
CHARGE	Drug Activity	Drug Type	Amount / Unit	Offense #	Warrant / Capias Number		Bond				
CHARGE	Charge Description			Counts	Domestic Violence <input type="checkbox"/> Y <input type="checkbox"/> N	Statute Violation Number 1 1 1 1 1 1 1 1 1 1 1 1		Violation of ORD #			
CHARGE	Drug Activity	Drug Type	Amount / Unit	Offense #	Warrant / Capias Number		Bond				
CHARGE	Charge Description			Counts	Domestic Violence <input type="checkbox"/> Y <input type="checkbox"/> N	Statute Violation Number 1 1 1 1 1 1 1 1 1 1 1 1		Violation of ORD #			
CHARGE	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 Rd, WPB, FL										
NOTICE TO APPEAR	Court Date and Time Month 11 Day 17 Year 16 Time 8:30 (A.M.) 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 <i>X 10/21/2016</i>											
Signature of Defendant (or Juvenile and Parent/Custodian) Dean Morea Date Signed SCANNED OCT 21 2016											
ADMIN	HOLD for other agency		Signature of Arresting Officer X Dean Morea		9:30	Name Verification (Printed by Arrestee) (PRINT)					
ADMIN	<input type="checkbox"/> Dangerous <input type="checkbox"/> Suicidal		Name of Arresting Officer (Print) Dean Morea		I.D. #						
ADMIN	Intake Deputy Dean Morea		I.D. #	Pouch #	Transporting Officer Dean Morea	I.D. #	Agency 9130 PB80	PAGE 1 OF 1			
Witness here if subject signed with an "X"											

D.U.I. PROBABLE CAUSE AFFIDAVIT

ON THE 18 DAY OF Oct, 2016, AT 2309 AM PM

SUBJECT: Brian Eric Gustafson CASE NUMBER: 16-001665

AGENCY: PBPD ARRESTING OFFICER: Morean

PERSONAL CONTACT

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

~~1.~~ Sgt. Alber and Sgt. Wallay were traveling southbound in the 1900 block of S Ocean Blvd, negotiating a curve (Sloan's Curve) when a vehicle traveling northbound at a high rate of speed also negotiating the curve almost struck their vehicle driving over the double yellow lines. Sgt. Alber got behind the vehicle and observed him failing to maintain lane. I got behind vehicle and initiated a traffic stop he was the only occupant in the vehicle.

OBSERVATION OF DRIVER: Driver had bloodshot eyes, slurred speech.

DRIVER'S STATEMENTS: Driver stated he had a drink at PB Catch restaurant and was driving home.

ODORS: Strong odor of alcohol emanating from breath

GENERAL OBSERVATIONS

SPEECH: Slurred

ATTITUDE: Calm, quiet, vague, co-operative

CLOTHING: Blue/white dress shirt, Blue Tans, Brown Shoes

MEDICAL/OTHER: N/A

SCANNED

OCT 21 2016

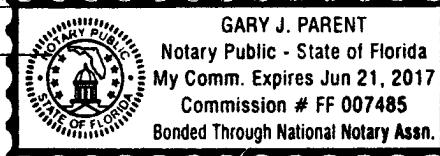
STATE OF FLORIDA
COUNTY OF PALM BEACH

(Signature of Arresting/Investigative Officer)

The foregoing instrument was sworn to or affirmed and subscribed before me this 19 day of October 2016 by OFC.

(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)



KNOWN

SEARCHED
INDEXED
SERIALIZED
FILED
OCT 21 2016
P.D.
44-546
2016-07-19 44-546

SUBJECT: Brian Eric Gustafson

CASE NUMBER: 16-001665

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: Failed to follow stimulus, moved head

WALK & TURN: Missed heel to toe, stopped to regain balance, stepped off line.

ONE LEG STAND: Kept foot on ground for a while and swayed during task,

FINGER TO NOSE: Swayed, touched lip rather than nose and failed to keep head tilted.

ROMBERG/ALPHABET: Failed to recite properly and swayed during task.

BREATH TEST RESULTS: 0.142 / 0.14

STATE OF FLORIDA
COUNTY OF PALM BEACH

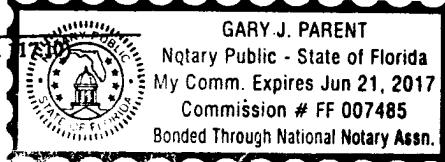
(Signature of Arresting/Investigative Officer)

The foregoing instrument was notarized or sworn before me this 19 day of October 2016 by OFC D. Mores.

who is personally known to me and/or produced identification. Type of identification produced

known

Notary Public, Clerk of Court, Officer (F.S.S. # 174)



SCANNED
OCT 21 2016

TESTING FACILITY TASK REPORT

AGENCY: FPAD

SUBJECT: GUSTAVUS, Brian E. CASE NUMBER: 16-140820

DATE: 10/18/16 VIDEO TAPE NUMBER: 61535

BEGINNING TIME: 2352 ENDING TIME: 0005

BREATH TESTS RESULTS: 1) .142 TIME 2359 A.M./P.M. 2) .141 TIME 0002 A.M./P.M.
3) .11 TIME — A.M./P.M. 4) .11 TIME — A.M./P.M.

BREATH OPERATOR: G. Street #7907

MAINTENANCE TECHNICIAN: K. KELLEY #6467

TESTING OFFICER'S OBSERVATIONS

SPEECH: SLURRED

ATTITUDE: CALM, QUIET, NORM, CO-OPRATIVE

CLOTHING: BLUE JEANS, BLUE + WHITE COMBED LS SHIRT, DARK SHOES

MEDICAL CONDITIONS: NONE

MEDICATIONS: NO

OTHER: EYES GLASSY, SLIGHT ORBITAL SWELL, ODOR OF AN UNKNOWN ALCOHOLIC BEVERAGE ON BREATH

COMMENTS: ADMITTED A- CENTER 46 DEC 05 TUE 20 MINUTES
OBSERVATION PERIOD AT 2350 hrs

A STATED HE DID NOT FEEL COMFORTABLE TAKING TEST

A TO READ I/C AND EXPRESSED

A STATED HE DID NOT HAVE A CHOICE DUE TO YEAR
SUSPENSION A. ACROSS TO TAKE TEST

A TO READ RIGHTS

A STATED HE UNDERSTOOD RIGHTS

TECH READ BREATH TEST RESULTS A ADVISED GO TO THE
UNDERSTOOD RESULTS

A AGREED Q+A

A ADVISED HE HAD RIGHT TO COUNSEL

SCANNED

OCT 21 2016

WITNESS LIST

CASE NUMBER: 16-001165

ARRESTING OFFICER Moraa

ADDRESS 345 S Court, rd, Palm Beach, FL

PHONE NUMBERS (HOME) 838-5454

(WORK) _____

CAN TESTIFY TO: the arrest

NAME: Sgt. Alter

ADDRESS 345 S Court, rd

PHONE NUMBERS (HOME) 838-5454

(WORK) _____

CAN TESTIFY TO: Driving Pattern, SFST, 01/02

NAME: Sgt. Waller

ADDRESS 345 S Court, rd

PHONE NUMBERS (HOME) 838-5151

(WORK) _____

CAN TESTIFY TO: Driving Pattern, arrest, SFST

NAME: _____

ADDRESS _____

PHONE NUMBERS (HOME) _____

(WORK) _____

CAN TESTIFY TO: _____

NAME: _____

ADDRESS _____

PHONE NUMBERS (HOME) _____

(WORK) _____

CAN TESTIFY TO: _____

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ADDRESS _____

PHONE NUMBERS (HOME) _____

(WORK) _____

CAN TESTIFY TO: _____

NAME: _____

ADDRESS _____

PHONE NUMBERS (HOME) _____

(WORK) _____

CAN TESTIFY TO: _____

SCANNED

OCT 21 2016

SUBJECT: Gustafson, Brian E.

CASE NUMBER: 16-001165

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) _____

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

OCT 21 2016

SUSPECT'S SIGNATURE: (X) _____

Read on Camera

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: _____

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

NOT A CERTIFICATE

SCANNED
OCT 21 2016