

J#0481957 16 OCT 1980 3975

ARREST / NOTICE TO APPEAR
Juvenile Referral Report

Check if Supplement is Attached
1. Arrest 2. N.T.A. 3. Request for Warrant 4. Request for Capias

Juvenile ☒ N

OBTS Number
Agency ORI Number FLO 5 0 0 0 0 0 Agency Name PALM BEACH COUNTY SHERIFF'S OFFICE Agency Report Number (N.T.A.'s only) 0 6 1 1 6 1 0 0 1 6 1 5 (1 1 1)

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

If Weapon Seized Enter Type Multiple Clearance Indicator U K

Location of Arrest (including Name of Business) 50 South Blvd, Palm Beach, FL Location of Offense (Business Name, Address) 1900 Bk S Ocean Blvd, Palm Beach

Date of Arrest 1 0 1 8 1 6 Time of Arrest 2 3 0 9 Booking Date Booking Time Jail Date Jail Time Location of Vehicle

Name (Last, First, Middle) Gustafson Brian Eric Alias (Name, DOB, Soc. Sec. #, Etc.)

Race W - White I - American Indian B - Black O - Oriental/Asian Sex M Date of Birth 1 0 2 7 7 0 Height 5 0 8 Weight 1 7 5 Eye Color Brown Hair Color Blonde Complexion Light Build Med

Scars, Marks, Tattoos, Unique Physical Features (Location, Type, Description) Marital Status M Religion U K Indication of Alcohol Influence Drug Influence Y N Unk

Local Address (Street, Apt. Number) (City) (State) (Zip) Phone Residence Type: 1. City 2. County 3. Florida 4. Out of State 12

Permanent Address (Street, Apt. Number) (City) (State) (Zip) Phone Address Source FL DL

Business Address (Name, Street) (City) (State) (Zip) Phone Occupation Account Executive

D/L Number, State 6 2 3 1 0 6 5 7 0 3 8 7 0 Soc. Sec. Number [REDACTED] INS Number Place of Birth (City, State) WPB, FL Citizenship US

Co-Defendant (Last, First, Middle) Race Sex Date of Birth ☐ 1. Arrested ☐ 3. Felony ☐ 4. Misdemeanor ☐ 5. Juvenile

Co-Defendant (Last, First, Middle) Race Sex Date of Birth ☐ 1. Arrested ☐ 3. Felony ☐ 4. Misdemeanor ☐ 5. Juvenile

☐ Parent Name (Last) (First) (Middle) Residence Phone
☐ Legal Custodian
☐ Other: 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 was provided by ☐ defendant and / or ☐ defendant's parents. The child and / or parent was told to keep the Juvenile Court Clerk's Office (Phone 355-2526) informed of any change of address.
☐ Yes, by: (Name) ☐ No (Reason)

Property Crime? ☐ Yes ☐ No Description of Property Value of Property

Drug Activity S. Sell B. Buy P. Possess N. N/A R. Smuggle D. Deliver T. Traffic 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. Synthetic U. Unknown Z. Other

Charge Description D.U.I. Counts Domestic Violence Y N Statute Violation Number 3 1 1 6 1 1 9 3 1 1 1 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

Location (Court, Room Number, Address) Criminal Justice Complex, 3228 Gun Club Rd, WPB, FL

Court Date and Time Month 11 Day 17 Year 16 Time 8:30 A.M. P.M.

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

HOLD for other agency Signature of Arresting Officer 9:30 Name Verification (Printed by Arrestee) SCANNED

☐ Dangerous ☐ Resisted Arrest ☐ Suicidal ☐ Other Name of Arresting Officer (Print) Dean Morea I.D. # 9130 (PRINT) OCT 21 2016

Intake Deputy I.D. # Pouch # Transporting Officer I.D. # 9130 Agency PB880 Witness here if subject signed with an "X" PAGE 1 OF 1

D.U.I. PROBABLE CAUSE AFFIDAVIT

ON THE 18 DAY OF Oct 20 16 AT 2309 AM PM

SUBJECT: Brian Eric Gustafson CASE NUMBER: 16-001665

AGENCY: PBPD ARRESTING OFFICER: Morea

PERSONAL CONTACT

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

~~On~~ Sgt. Alber and Sgt. Walley 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 Jeans, Brown Shoes

MEDICAL/OTHER: N/A

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OCT 21 2016

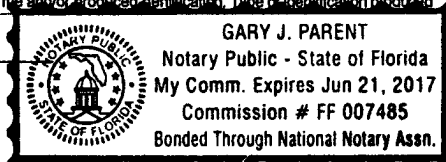
STATE OF FLORIDA
COUNTY OF PALM BEACH

(Signature of Arresting/Investigative Officer)

The foregoing instrument was sworn to or affirmed and subscribed before me this 19 day of OCTOBER 20 16 by OFC D. Morea

(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)



2016 OCT 19 AM 5:46
SIGNED BY: D. MOREA
COUNTY CLERK
Palm Beach County, Florida

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 / 0.141

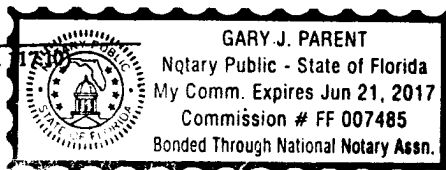
STATE OF FLORIDA
COUNTY OF PALM BEACH

(Signature of Arresting/Investigative Officer)

The foregoing instrument was notarized or sworn before me this 19 day of OCTOBER, 2016 by OFF. 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. 1730)



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OCT 21 2016

TESTING FACILITY TASK REPORT

AGENCY: PPAD
SUBJECT: GUSTASSON, 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. (PM) 2) .141 TIME 0002 (AM) P.M.
3) N/A TIME — A.M./P.M. 4) N/A TIME — A.M./P.M.
BREATH OPERATOR: G. PARENT # 7907
MAINTENANCE TECHNICIAN: KARLECKE # 6467

TESTING OFFICER'S OBSERVATIONS

SPEECH: SLURRED
ATTITUDE: CALM, QUIET, URGENT, CO OPERATIVE
CLOTHING: BLUE JEANS, BLUE & WHITE CAMOUFLED L/S SHIRT, BROWN BOOTS
MEDICAL CONDITIONS: NONE
MEDICATIONS: NONE
OTHER: EYES GLASSY, SLIGHT ORBITAL SWAY, ODOR OF AN UNKNOWN ALCOHOLIC BEVERAGE ON BREATH

COMMENTS: ADVISED A- CENTER A/O REGARD THE 20 MINUTE OBSERVATION PERIOD AT 2350 HRS

A STATED HE DID NOT FEEL COMFORTABLE TAKING TEST

A/O READ I/C AND EXPLAINED

A STATED HE DID NOT HAVE A CHOICE DUE TO YEAR SUSPENSION A/O AGREED TO TAKE TEST

A/O READ RIGHTS

A STATED HE UNDERSTOOD RIGHTS

TECH READ BREATH TEST RESULTS A ACKNOWLEDGED HE UNDERSTOOD RESULTS

A/O ATTEMPTED Q+A

A INDICATED HIS RIGHT TO COUNSEL

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WITNESS LIST

CASE NUMBER: 16-001165

ARRESTING OFFICER Morea

ADDRESS 345 S county rd, Palm Beach, FL

PHONE NUMBERS (HOME) 838-5454

(WORK)

CAN TESTIFY TO: The arrest

NAME: Sgt. Allen

ADDRESS 345 S County rd

PHONE NUMBERS (HOME) 838-5454

(WORK)

CAN TESTIFY TO: Driving Pattern, SE ST, arrest

NAME: Sgt. Walley

ADDRESS 345 S County rd

PHONE NUMBERS (HOME) 838-5151

(WORK)

CAN TESTIFY TO: Driving Pattern, arrest, SE ST

NAME:

ADDRESS

PHONE NUMBERS (HOME)

(WORK)

CAN TESTIFY TO:

NAME:

ADDRESS

PHONE NUMBERS (HOME)

(WORK)

CAN TESTIFY TO:

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(WORK)

CAN TESTIFY TO:

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OCT 21 2016

SUBJECT: GUSTAFSON, BRENN E. CASE NUMBER: 16-001765

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.

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SUSPECT'S SIGNATURE: (X) _____

Read on Camera

SUBJECT: GUSTAFSON, BRIAN E. CASE NUMBER: 16-001665

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?	_____

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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? _____

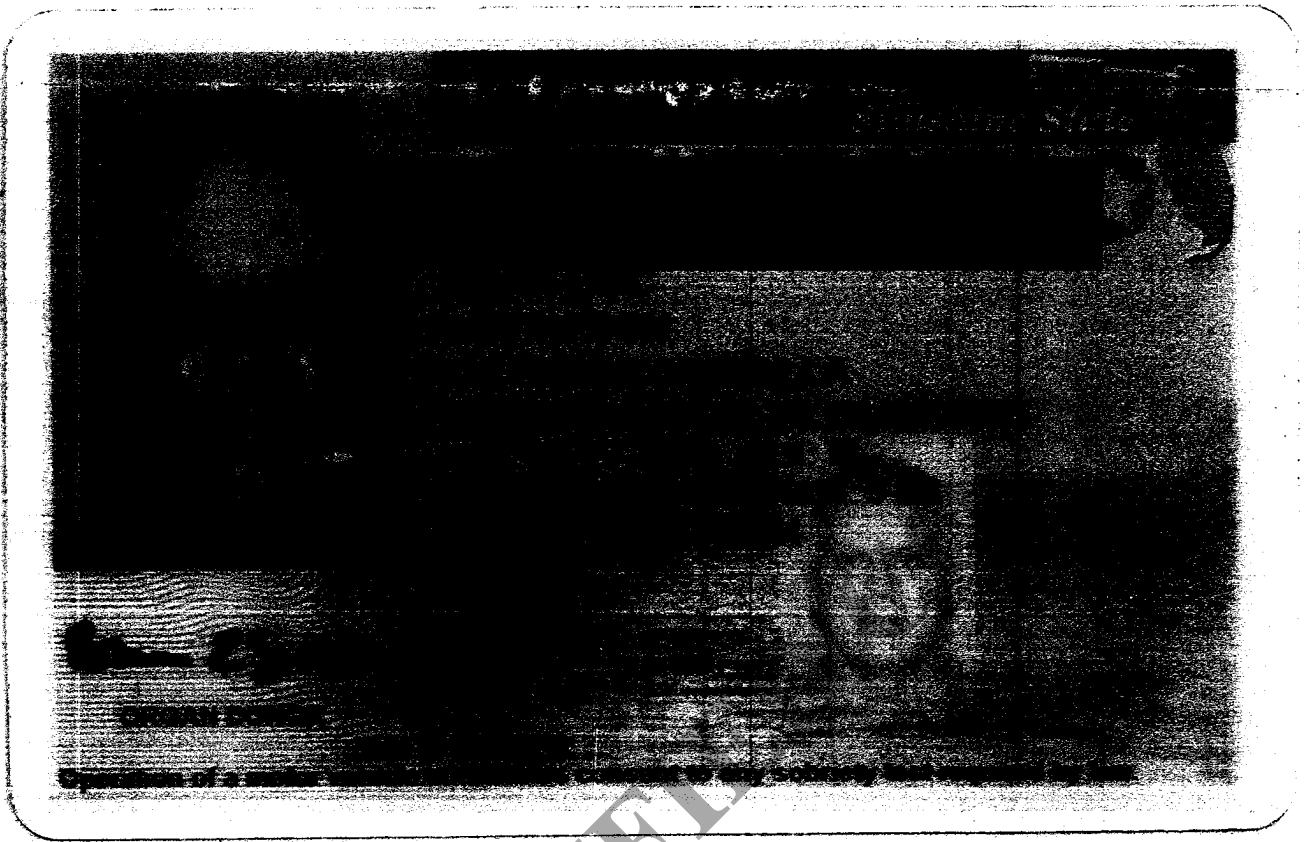
INTERVIEWER: _____

WHITE - STATE ATTY.

YELLOW - DHSMV

PINK - CENTRAL RECORDS

GOLD - JAIL



NOT A CERTIFIED

SCANNED
OCT 21 2016