#0459036 2019CT012769ASB

ARREST / NOTICE TO APPEAR
Juvenile Referral Report

1 Arrest 3 Request for Warrant
2 NTA 4 Request for Capias

01

Juvenile: N

CBTS Number:

ADMINISTRATIVE

Agency ORI Number	Agency Name	Agency Report Number (N T A 's only)
FLO 500000	PALM BEACH COUNTY SHERIFF'S OFFICE	06- 19-091746

ChargeType (Check as many as apply): ☐ 1 Felony ☐ 2 Traffic Felony ☐ 3 Misdemeanor ☒ 4. Traffic Misdemeanor ☐ 5 Ordinance ☐ 6 Other

Weapon Seized / Type (1 Yes 2 No): 02

Multiple Clearance Indicator: 01

Location of Arrest (Including Name of Business): Jog Rd / Hypoluxo Rd, Lake Worth, FL 33467

Location of Offense (Business Name Address): Jog Rd / Hypoluxo Rd, Lake Worth, FL 33467

Date of Arrest	Time of Arrest	Booking Date	Booking Time	Jail Date	Jail Time	Location of Vehicle
07/10/2019	17:11	07/10/2019				

DEFENDANT

Name (Last First Middle): **Leo, Brian, James**

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	07/29/1980	6'01	230	Blue	Bald	Fair	Heavy

Scars, Marks Tatoos Unique Physcal Features (Location Type Description): Left shoulder tattoo

Marital Status: Married

Religion: NONE

Indication of Alcohol Influence / Drug Influence (Y N Unk): ☒ Y ☒ N ☐ Unk

Local Address (Street Apt Number) (City) (State) (Zip): 6444 Barton Creek Cir, Lake Worth, FL 33463

Phone: (631) 358-1506

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

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

Phone: ( )

Address Source: Drivers License

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

Phone: ( )

Occupation:

D/L Number State	Soc Sec Number	INS Number	Place of Birth (City State)	Citizenship
L000070802690, FL	[redacted]		New York, NY	US

CO-DEF

Co-Defendant Name (Last First Middle)	Race	Sex	Date of Birth		
				☐ 1 Arrested ☐ 2 At Large	☐ 3 Felony ☐ 4 Misdemeanor ☐ 5 Juvenile
				☐ 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 #
DUI w/ Property Damage	01	☐Y ☐N	316.193(3)(c)(1)	

Drug Activity	Drug Type	Amount / Unit	Offense #	Warrant / Capias Number	Bond
N	N		19-091746		

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

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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):

Court Date and Time: Month August Day 5 Year 2019 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: 07/10/2019

ADMIN

HOLD for other Agency Name:

☐ Dangerous ☐ Resisted Arrest ☐ Suicidal ☐ Other

Signature of Arresting Officer

Name of Arresting Officer (Print): D/S Ryan Dalton #32421 ID #

Intake Deputy: D/S. C. GILYARD ID # 8430

Transporting Officer: D/S Ryan Dalton ID # 32421 Agency PBSO

Name Verification (Printed by Arrestee) (PRINT)

SCANNED

Witness here if subject signed with an "X"

2019 JUL 1 AM 8:25

JUL 15 2019

PAGE 01 OF 01

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

PBSO #148 REV 8/97

FLORIDA DUI UNIFORM TRAFFIC CITATION A2G3UMP

COUNTY OF: Palm Beach
CITY (IF APPLICABLE):
☐ (1) FHP ☐ (2) PD ☑ (3) SO ☐ (4) OTHER
AGENCY NAME: Palm Beach County
AGENCY #: 05

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
Wed	July	10	2019	18:28 ☐AM ☐PM

NAME (FIRST) Brian MIDDLE James LAST Leo

STREET 6444 Barton Creek Cir — IF DIFFERENT THAN ONE ON DRIVER LICENSE "X" HERE ☐

CITY Lake Worth STATE FL ZIP CODE 33463

TELEPHONE NUMBER	DATE OF BIRTH MO	DAY	YR	AGE	SEX	HGT
(631) 357-1566	07	29	1980	38	M	6'01"

DRIVER LICENSE NUMBER: L 0 C 0 0 7 0 8 0 6 2 6 9 0
STATE: FL CLASS: D CDL LICENSE ☐Y ☐N YR LICENSE EXP: 2026 COMMERCIAL VEHICLE ☐YES ☑NO

YR VEHICLE	MAKE	STYLE	COLOR	PLACARDED HAZARDOUS MATERIAL
2016	Nissan	4D	White	☐YES ☐NO

VEHICLE LICENSE NO: CXOP8Z TRAILER TAG NO STATE: FL YEAR TAG EXPIRES: 2020 ≥ 15 PASSENGERS ☐YES ☐NO

UPON A PUBLIC STREET OR HIGHWAY, OR OTHER LOCATION, NAMELY: Jog Rd / Hypoluxo Rd — 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 Refusal

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(1) | SUB-SECTION 316.193(3)(c)

CRASH ☑YES ☐NO | DAMAGE TO OTHER PROPERTY ☑YES $ 3000 ☐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 August 5, 2019 TIME 8:30am

COURT AND LOCATION South County Courthouse A2G3UMP
200 W. Atlantic Ave, Delray Beach FL 33444

ARREST DELIVERED TO Leo, Brian DATE ____

I AGREE AND PROMISE TO COMPLY AND ANSWER TO THE CHARGE AND INSTRUCTIONS SPECIFIED ON THIS CITATION. WILLFUL REFUSAL TO ACCEPT AND SIGN THE CITATION MAY RESULT IN ARREST. MY SIGNATURE IS NOT AN ADMISSION OF GUILT. I UNDERSTAND THAT I MUST APPEAR IN COURT UNLESS OTHERWISE NOTIFIED BY THE CLERK OF THE COURT.

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 OF THE 10TH DAY FOLLOWING THE DATE OF SUSPENSION.

AT THE Lauderdale Lakes BUREAU OF ADMINISTRATIVE REVIEWS OFFICE. YOU MAY REQUEST, WITHIN 10 DAYS AFTER THE DATE OF SUSPENSION A REVIEW OF SUSPENSION BY THE DEPARTMENT OF HIGHWAY SAFETY AND MOTOR VEHICLES OR A REVIEW TO DETERMINE ELIGIBILITY FOR A RESTRICTED LICENSE IF THIS IS YOUR FIRST DUI RELATED OFFENSE SEE REVERSE SIDE

DIS Ryan Dalton #32421 PBSO District 6
RANK SIGNATURE OF OFFICER BADGE NO ID NO TROOP/UNIT

HSMV 79904 (Rev 7/13)

STATE OF FLORIDA
DEPARTMENT OF HIGHWAY SAFETY & MOTOR VEHICLES
AFFIDAVIT OF REFUSAL TO SUBMIT TO
BREATH AND/OR URINE TEST

I, RYAN DALTON , a duly certified Law Enforcement Officer or Correctional Officer,
(Name of Officer reading Implied Consent Warning)

am a member of PALM BEACH COUNTY SHERIFF'S OFFICE , and I do swear
(Name of law enforcement agency)

or affirm that on or about the 10 day of JULY , 20 19 , at 17 11 ☒ P.M ☐ A.M.

DRIVER BRIAN JAMES LEO ,
(Type or Print) FIRST NAME MIDDLE OR MAIDEN NAME LAST NAME

DL# L000-070-80-269-0 , state of FLORIDA , was placed under lawful arrest for

the offense of DUI by D/S RYAN DALTON and
(Name of Arresting Officer)

issued Citation # A2G3UMP .

That on or about the 10 day of JULY , 20 19 , at 18 16 ☒ P.M ☐ A.M.

in PALM BEACH County,

I requested that the driver submit to a ☒**breath and/or** ☐**urine** test to determine his or her blood alcohol level and/or the presence of chemical or controlled substances. I informed the driver that the refusal to submit to such test(s) would result in the suspension of his or her driving privilege for a period of one (1) 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 he or she commits a misdemeanor by refusing to submit to a lawful test as requested above if his or her driving privilege has been previously suspended for refusal to submit to a lawful test of his or her breath, urine, or blood. Additionally, I informed the driver that if he or she holds a CDL, or was operating a CMV, refusal will 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 has previously been disqualified as a result of a refusal to submit to any such lawful test. Nonetheless, the driver refused to submit to the test(s) requested.

Signature of Law Enforcement Officer or
Correctional Officer

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

SHARI L. O'NEAL
Notary Public - State of Florida
Commission # FF 956854
My Comm. Expires Jun 25, 2020
Bonded through National Notary Assn.

(AFFIX SEAL)

The foregoing instrument was sworn and subscribed before
me this 10 day of JULY , 20 19 ,
by D/S RYAN DALTON ,
who is personally known to me or who has produced
KNOWN LEO as identification

Notary Public S. O'Neal

The foregoing instrument was sworn and subscribed before me:

Signature of Attesting Officer

Title

Date

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.

HSMV-BAR1001 (REV. 10/2016)

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

PBSO CASE # 19-091746 PBSO ZONE 6-21

AGENCY CASE # _____ CRASH CASE # 19-091742

TIME OF STOP/CRASH 16:25 DATE 07/10/2019 DAY Wednesday

SUBJECT'S NAME Leo, Brian, James RACE W SEX M

HGT 6'01 WGT _____ DOB 07/29/1980

LOCATION Jog Rd / Hypoluxo Rd, Lake Worth, FL 33467

ARRESTING OFFICER'S NAME & ID D/S Ryan Dalton #32421 () AGENCY PBSO

DIVISION: _____

NOTIFIED BY COMMO ✓

ARRIVAL AT FACILITY 17:54

ARREST TIME 17:11

BREATH RESULTS:

REFUSED

TESTING OFFICER'S ID 6212 PBSO VIDEOTAPE # /

D.U.I. PROBABLE CAUSE AFFIDAVIT

ON THE 10 DAY OF July 20 19 AT 16:25 AM ✓ PM

SUBJECT: Leo, Brian, James CASE NUMBER: 19-091746

AGENCY: PALM BEACH COUNTY SHERIFF'S OFFICE ARRESTING OFFICER: D/S Ryan Dalton #32421

PERSONAL CONTACT

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

I responded to a two-vehicle crash at the intersection of northbound Jog Rd and Hypoluxo Rd. D/S W. Wagenmann #30562 and CSA C. Drake #5854 had both arrived on scene shortly prior to my arrival. D/S Wagenmann observed a white male still sitting in the drivers seat of a 2016 White Nissan Altima bearing Florida tag 080PQZ. The driver was identified as Mr. Brian Leo via his Florida drivers license #L000-070-80-269-0. The driver of the other vehicle, Mr. Marc Frank, was also still on scene. He provided a sworn statement regarding the crash and he identified Mr. Leo as the driver of the other vehicle.

OBSERVATION OF DRIVER:

As I spoke to Mr. Leo regarding the crash, I could smell the strong odor of alcoholic beverage coming from his mouth/breath. He swayed while standing and appeared to be unbalanced. I could hear that his speech was slurred and that his mannerisms appeared lethargic. When he took off his glasses, I also observed that his eyes appeared very bloodshot/watery. D/S Wagenmann informed me that he had observed indicators of impairment as well, to include the smell of the alcohol, inconsistent responses about where he was coming from and that Mr. Leo was unsteady when he got out of the vehicle. According to the driver of the other vehicle, he too stated that Mr. Leo appeared intoxicated. Based on the indicators of impairment that I had observed, along with what D/S Wagenmann had advised me of when he arrived on scene, I asked Mr. Leo if he would perform field sobriety exercises. He confirmed that he would.

DRIVER'S STATEMENTS:

According to D/S Wagenmann, Mr. Leo had informed him that prior to the crash he was coming from the gym. D/S Wagenmann asked if he had gone to the gym wearing what he was (jeans, boots, shirt shirts, and vest). Mr. Leo stated that he had stopped by Hurricane Grill. Post arrest, Mr. Leo made numerous unprovoked comments/utterances asking me to "do him a favor" and that he made a mistake and for me to call my supervisor to let him go. He continued to say that he was retired law enforcement and to do him a favor.

ODORS:

Strong odor of unknown alcoholic beverage coming from his breath/mouth.

GENERAL OBSERVATIONS

SPEECH: **Very slurred. Mumbled**

ATTITUDE: **Polite at first. As time progressed (post arrest) he became more hostile and uncooperative**

CLOTHING: **Grey Vest, t-shirt, jeans and boots**

MEDICAL OTHER: **Stated that he had "rods and pins" but when asked to explain he said he was fine and proceed with the instructions for the exercises. I clarified with Mr. Leo that it ha been years since he sustained the injuries.**

STATE OF FLORIDA
COUNTY OF PALM BEACH

D/S Ryan Dalton #32421
(Signature of Arresting/Investigative Officer)

The foregoing instrument was sworn to or affirmed and subscribed before me this 10 day of July 20 19 by D/S Ryan Dalton #32421

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

Shari O'Neal (#6212)
Notary Public, Clerk of Court, Officer (F S S 117 10)

SHARI L. O'NEAL
Notary Public - State of Florida
Commission # FF 960854
My Comm. Expires Jun 25, 2020
Bonded through National Notary Assn.

SUBJECT: Leo, Brian, James CASE NUMBER 19-091746

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:

Eyes were heavily bloodshot and water. His speech was slurred and mumbled as he spoke to me. I observed that he was unsteady as he stood in front of me and that he swayed while standing. He would lean towards me then sway backwards. He also had to be reminded on multiple occasion to not move his head.

WALK & TURN:

The area for which the exercise was conducted was level and clear of debris. I laid down a clearly marked yellow piece of tape as the line. I informed Mr. Leo of what the exercise would entail and asked if he felt he could attempt the exercise; to which he replied in the affirmative. I explained and demonstrated the exercise to Mr. Leo who confirmed that he understood. During the course of the exercise I observed the following clues of impairment: could not keep balance while listening to the instructions; he stopped walking to steady himself (long pauses between steps); he missed heel-to-toe on multiple steps; he stepped off the line several times; and he improperly performed the turn-around. Once he stopped walking in one direction, he stopped before the turn-around and tried to confirm what he should do next. I guided him through the turn around during which he staggered a little.

ONE LEG STAND:

I explained and demonstrated the exercise to Mr. Leo who confirmed that he understood my instructions. While attempting the exercise I observed that he swayed while balancing and he put his foot down numerous times. I had to remind him to look at his foot and to count out loud (as instructed). As the exercise(s) continued, he exhibited less balance and his speech seemed to be more slurred/mumbled.

FINGER TO NOSE:

The next exercise I asked Mr. Leo to perform was the Finger-to-Nose exercise. I explained the exercise to Mr. Leo who confirmed that he understood. During the exercise I observed that he did not keep his eyes closed, he failed to return his arms to the side, he missed his nose on the first attempt, and during subsequent attempts he would occasionally not touch the tip of his finger to the tip of his nose (as instructed). He appeared to move his finger upwards, make contact with his nose, then adjust to have his finger tip make contact.

MODIFIED RHOMBERG

For this exercise I asked that Mr. Leo stand with his feet together and his hands by his side. I then instructed him that for the exercise, he would need to tilt his head back, close his eyes, and estimate the passage of 30 seconds in his head. Once that time had elapsed, to lean his head forward, open his eyes, and say "Stop" to indicate to me that he was done. When he performed that exercise I observed that approximately 36 seconds elapsed when he said "stop" and he uttered that it was "26" seconds. I could also see that his muscle tone appeared very relaxed/smooth and that he swayed while standing.

BREATH TEST RESULTS: **Refusal** **Refusal**

STATE OF FLORIDA
COUNTY OF PALM BEACH

D/S Ryan Dalton #32421
(Signature of Arresting/Investigative Officer)

The foregoing instrument was sworn to or affirmed and subscribed before me this 10 day of July 2019 by D/S Ryan Dalton #32421

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

Shari O'Neal (#6212)
Notary Public, Clerk of Court, Officer (F S S 117 10)

WITNESS LIST

CASE NUMBER: 19-091746

ARRESTING OFFICER: D/S Ryan Dalton #32421

ADDRESS PBSO District 6 - 7894 S. Jog Road, Lake Worth FL 33467

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

CAN TESTIFY TO: Indicators of impairment, field sobriety, arrest, refusal, transport

NAME: D/S Wagenmann # 30562

ADDRESS: PBSO District 6 - 7894 S. Jog Road, Lake Worth FL 33467

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

CAN TESTIFY TO: Mr. Leo being sole occupant and still behind the wheel upon arrival. Indicators of impairment

NAME: CSA Drake # 5854

ADDRESS PBSO District 6 - 7894 S. Jog Road, Lake Worth FL 33467

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

CAN TESTIFY TO: Crash Investigator, Indicators of impairment

NAME: Frank Marc

ADDRESS 4627 Pinemore Lane, Lake Worth FL 33463

PHONE NUMBERS (HOME) 0 (WORK) 0

CAN TESTIFY TO: Traffic crash

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: _____

NAME: _____

ADDRESS _____

PHONE NUMBERS (HOME) _____ (WORK) _____

CAN TESTIFY TO. _____

NAME: _____

ADDRESS _____

PHONE NUMBERS (HOME) _____ (WORK) _____

CAN TESTIFY TO: _____

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:
19-091745	C-21	Leo, Brian	7/10/19 16:25

EVENT TYPE:	DEPUTY:	ID#:
DUI crash	D/S Rya Dalton	32421

COMPLETE EVERYTHING BELOW PRINT LEGIBLY

LAST NAME:	FIRST NAME:	MIDDLE INITIAL:	RACE:	SEX:
FRANK	MARC	S	W	M

DATE OF BIRTH: (MM/DD/YYYY)	YOUR HEIGHT:	YOUR WEIGHT:	YOUR HAIR COLOR:	YOUR EYE COLOR:
8-5-48	5'[redacted]	180	BROWN	BLUE

YOUR HOME ADDRESS: ☐ CHECK IF HOMELESS	CITY:	STATE:	ZIP:
4627 Pinemore Ln	LAKE WORTH	FL	

YOUR WORK NAME & ADDRESS: ☑ CHECK IF UNEMPLOYED OR RETIRED	CITY:	STATE:	ZIP:
RETIRED			

WORK PHONE: ☑ CHECK IF NONE	CELL PHONE: ☐ CHECK IF NONE	HOME PHONE: ☑ CHECK IF NONE	EMAIL: ☐ CHECK IF NONE
( )	(561) 512-55[redacted]	( )	

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

	YOUR NAME:	DO HEREBY VOLUNTARILY MAKE THE FOLLOWING STATEMENT WITHOUT THREAT, COERCION, OFFER OF BENEFIT, OR FAVOR BY ANY PERSONS WHOMSOEVER...
1	MARC & FRANK	

I WAS DRIVING NORTH ON JOG RD
I WAS JUST PASSING THE INTERSECTION
AT MY POLUXO & [redacted] PERSON
RAN THE RED LIGHT & HIT MY
VEHICLE, THEN TOOK OFF I
CHASED HIM & GOT HIM TO PULL OVER

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: 7/10/19 TIME: 17:20

SIGNATURE: [signature] ID: 32421

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

TESTING FACILITY TASK REPORT

4

AGENCY: [illegible]

SUBJECT: [illegible] CASE NUMBER: [illegible]

DATE: [illegible] VIDEO TAPE NUMBER: /

BEGINNING TIME: [illegible] ENDING TIME: [illegible]

BREATH TESTS RESULTS: REFUSED 1) [illegible] TIME [illegible] A.M./P.M. 2) _____ TIME _____ A.M./P.M.

3) _____ TIME _____ A.M./P.M. 4) _____ TIME _____ A.M./P.M.

BREATH OPERATOR: [illegible]

MAINTENANCE TECHNICIAN: [illegible]

TESTING OFFICER'S OBSERVATIONS

SPEECH: [illegible]

ATTITUDE: [illegible]

CLOTHING: [illegible]

MEDICAL CONDITIONS: [illegible]

MEDICATIONS: [illegible]

OTHER: [illegible]

COMMENTS: [illegible]

SUBJECT: _____ CASE NUMBER: _____

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)_____

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)_____

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

PBSO 001298 REV. 06/11

SUBJECT: _____ CASE NUMBER: _____

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: _____

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	☐	539.001(b)-(l)FSS, 539.003FSS	Other: Pawn Broker Information.	
	☐	3119.0712 (2)	Other: Personal Information Contained in a Motor Vehicle Record	

REVIEW COMPLETED BY

Booking Number: 2019022583	**Date:** 7/11/2019
	Specialist Name/ID: M. Tooks #8557