

0497070

434

ARREST / NOTICE TO APPEAR  
Juvenile Referral Report

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

Juvenile  N

ADMINISTRATIVE	OBTS Number <b>18 of 5849 AMB</b>		Agency ORI Number <b>FLO 500000</b>		Agency Name <b>PALM BEACH COUNTY SHERIFF'S OFFICE</b>		Agency Report Number (N.T.A.'s only) <b>06-18056988</b>				
	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						Weapon Seized / Type <b>2</b> 1. Yes 2. No		Multiple Clearance Indicator <b>1</b>		
	Location of Arrest (Including Name of Business) <b>3018 PINEHURST DR, WEST PALM, FL, 33467</b>					Location of Offense (Business Name, Address) <b>3018 PINEHURST DR WEST PALM/ FL/ 33467</b>					
	Date of Arrest <b>04/01/2018</b>		Time of Arrest <b>02:08</b>		Booking Date	Booking Time	Jail Date	Jail Time	Location of Vehicle		
DEFENDANT	Name (Last, First, Middle) <b>VAQUERA BRYCE</b>				Alias (Name, DOB, Soc. Sec. #, Etc.)						
	Race W - White I - American Indian B - Black O - Oriental/Asian	Sex <b>M</b>	Date of Birth <b>4/11/96</b>		Height <b>5'8</b>	Weight <b>150</b>	Eye Color <b>BRN</b>	Hair Color <b>BRN</b>	Complexion <b>MED</b>	Build <b>THIN</b>	
	Scars, Marks, Tattoos, Unique Physical Features (Location, Type, Description)						Marital Status <b>SINGLE</b>	Religion <b>NONE</b>	Indication of Alcohol Influence Drug Influence <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> Unk.		
	Local Address (Street, Apt. Number) <b>7918 OAKMONT DR</b>			(City) (State) (Zip) <b>LAKE WORTH/ FL/ 33467</b>		Phone <b>(561) 889-2848</b>		Residence Type: 1. City 2. County 3. Florida 4. Out of State <b>2</b>			
	Permanent Address (Street, Apt. Number)			(City) (State) (Zip)		Phone		Address Source <b>DEFENDENT</b>			
	Business Address (Name, Street)			(City) (State) (Zip)		Phone		Occupation			
	D/L Number, State <b>V-260-061-96-131-0</b>		Soc. Sec. Number		INS Number		Place of Birth (City, State) <b>FLORIDA WPB</b>		Citizenship		
	Co-Defendant Name (Last, First, Middle)				Race	Sex	Date of Birth	<input type="checkbox"/> 1. Arrested <input type="checkbox"/> 3. Felony <input type="checkbox"/> 2. At Large <input type="checkbox"/> 4. Misdemeanor <input type="checkbox"/> 5. Juvenile			
	Co-Defendant Name (Last, First, Middle)				Race	Sex	Date of Birth	<input type="checkbox"/> 1. Arrested <input type="checkbox"/> 3. Felony <input type="checkbox"/> 2. At Large <input type="checkbox"/> 4. Misdemeanor <input type="checkbox"/> 5. Juvenile			
	CO-DEF	<input type="checkbox"/> Parent <input type="checkbox"/> Legal Custodian <input type="checkbox"/> 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 <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 (Phone 355-2526) informed of any change of address. <input type="checkbox"/> Yes, by: (Name) <input type="checkbox"/> No: (Reason)						School Attended		Grade			
JUVENILE	Property Crime? <input type="checkbox"/> Yes <input type="checkbox"/> No	Description of Property				Value of Property					
	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 Description <b>DUI</b>			Counts	Domestic Violence <input type="checkbox"/> Y <input type="checkbox"/> N	Statute Violation Number <b>316.193(1)</b>			Violation of ORD #		
	Drug Activity <b>N</b>	Drug Type <b>N</b>	Amount / Unit <b>N/A</b>	Offense # <b>18056988</b>	Warrant / Capias Number			Bond			
	Charge Description			Counts	Domestic Violence <input type="checkbox"/> Y <input type="checkbox"/> N	Statute Violation Number			Violation of ORD #		
	Drug Activity <b>/</b>	Drug Type <b>/</b>	Amount / Unit <b>/</b>	Offense #	Warrant / Capias Number			Bond			
	Charge Description			Counts	Domestic Violence <input type="checkbox"/> Y <input type="checkbox"/> N	Statute Violation Number			Violation of ORD #		
	Drug Activity	Drug Type	Amount / Unit	Offense #	Warrant / Capias Number			Bond			
	Charge Description			Counts	Domestic Violence <input type="checkbox"/> Y <input type="checkbox"/> N	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"/> Y <input type="checkbox"/> N	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"/> Y <input type="checkbox"/> N	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"/> Y <input type="checkbox"/> N	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"/> Y <input type="checkbox"/> N	Statute Violation Number			Violation of ORD #		
	Drug Activity	Drug Type	Amount / Unit	Offense #	Warrant / Capias Number			Bond			
NOTICE TO APPEAR	Location (Court, Room Number, Address) <b>3228 GUN CLUB RD WEST PALM BEACH FL 33406</b>										
	Court Date and Time Month <b>4</b> Day <b>26</b> Year <b>2018</b> Time <b>0830</b> AM <input checked="" type="checkbox"/> PM <input type="checkbox"/>										
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 <b>04/01/2018</b>		SCANNED			
HOLD for other Agency Name:			Signature of Arresting Officer <b>X</b>			Name Verification (Printed by Arrestee) <b>APR 02 2018</b>					
<input type="checkbox"/> Dangerous <input type="checkbox"/> Suicidal	<input type="checkbox"/> Resisted Arrest <input type="checkbox"/> Other:	Name of Arresting Officer (Print) <b>INV. G. LYNCH 8568</b>		I.D. # <b>8568</b>		(PRINT)		PAGE			
Intake Agency <b>THOMAS 7956</b>	I.D. #	Pouch #	Transporting Officer <b>INV. G. LYNCH 8568</b>	ID # <b>8568</b>	Agency <b>PBSO</b>	Witness here if subject signed with an -X"		1 OF 1			

# D.U.I. PROBABLE CAUSE AFFIDAVIT

ON THE 1 DAY OF APR 20 18, AT 01:23  AM  PM

SUBJECT: VAQUERA BRYCE ALEXANDER CASE NUMBER: 18056988

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)

Deputies responded to a mobile eyes complaint, in reference to a possible drunk driver. The complainant advised that the pick-up, a blue ford f150 bearing FL tag 274QFX, was swerving all over the roadway, and off onto the shoulder, multiple times. The pick-up then slowed drifting off the east side of the roadway coming to rest on the shoulder against a fence.

D/S Zeitz id 24970, first responded to the scene. D/S Zeitz advised me that upon his arrival he found the pick-up on the east side of the roadway, resting against a fence. Bryce was located in the driver seat of the vehicle, slumped over the center console. The vehicle was still running and was in drive. It took several minutes of knocking on the doors and windows to wake Bryce. Once Bryce got up and exited the vehicle he had extreme difficulty maintaining balance, almost falling over at one point. There was an odor of an unknown alcoholic beverage coming from Bryce and his eyes were red and glassy. Bryce stated that he had drank too much. I checked the vehicle and found that it was slightly away from the fence and there was no damage to the vehicle or the fence.

### OBSERVATION OF DRIVER:

Bryce had difficulty maintain balance and swayed while standing. I noticed that Bryce's eyes were red and glassy. There was a strong odor of an unknown alcoholic beverage coming from Bryce's breath, which got stronger as he spoke. Bryce's speech was slurred and I had to have Bryce repeat his name several time before I could understand him.

### DRIVER'S STATEMENTS:

"I drank too much" "I couldn't walk that line sober"

### ODORS:

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

## GENERAL OBSERVATIONS

SPEECH: slurred

ATTITUDE: calm/ cooperative

CLOTHING: \_\_\_\_\_

MEDICAL/OTHER: \_\_\_\_\_

STATE OF FLORIDA  
COUNTY OF PALM BEACH

INV. G. LYNCH 8568

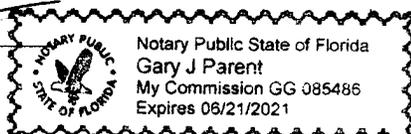
Signature of Arresting/Investigative Officer

The foregoing instrument was sworn to or affirmed and subscribed before me this 1 day of APR 20 18 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

Gary Parent (#7909)

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



SCANNED

APR 02 2018

		<b>PROBABLE CAUSE AFFIDAVIT</b>		1. Arrest	3. Request for Warrant	1	Juvenile
				2. N.T.A.	4. Request for Capias		
ADMIN	OBTS Number			Agency ORI Number	Agency Name	Agency Report Number	
				<b>FLO 500000</b>	<b>PALM BEACH COUNTY SHERIFF'S OFFICE</b>	<b>06-</b>	<b>18056988</b>
CHARGES	Charge Type: Check as many as apply.			Social Notes:			
				<input type="checkbox"/> 1. Felony	<input type="checkbox"/> 3. Misdemeanor	<input type="checkbox"/> 5. Ordinance	
				<input checked="" type="checkbox"/> 2. Traffic Felony	<input checked="" type="checkbox"/> 4. Traffic Misdemeanor	<input type="checkbox"/> 6. Other	
VICTIM	Name (Last, First, Middle)	Alias		Race	Sex	Date of Birth	
	<b>VAQUERA</b>	<b>BRYCE ALEXANDER</b>		<b>W</b>	<b>M</b>	<b>4/11/96</b>	
	Charge Description	316.193(1)		Charge Description	<b>N</b>		
	Charge Description			Charge Description			
	Victim's Name (Last, First, Middle)			Race	Sex	Date of Birth	
	<b>STATE OF FLORIDA</b>						
	Local Address (Street, Apt. Number)	(City)	(State)	(zip)	Phone	Address Source	
	Business Address (Name, Street)	(City)	(State)	(zip)	Phone	Occupation	
	<b>3228 GUN CLUB RD. WEST PALM BEACH, FL. 33406</b>				<b>(561) 88-3000</b>		
<p>The undersigned certifies and 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.</p> <p>The Person taken into custody</p> <p><input type="checkbox"/> committed the below acts in my presence. <input type="checkbox"/> was observed by _____ who told _____ that he/she saw the arrested person commit the below acts.</p> <p><input type="checkbox"/> confessed to _____ admitting to the below facts. <input checked="" type="checkbox"/> was found to have committed the below acts, resulting from my (described) investigation.</p> <p>On the <u>1ST</u> day of <u>APRIL</u> 20<u>18</u> at <u>2:08</u> <input checked="" type="checkbox"/> A.M. <input type="checkbox"/> P.M. (Specifically include facts constituting cause for arrest.)</p>							
<p>*****SUPPLEMENTAL PROBABLE CAUSE AFFIDAVIT*****</p> <p>On the above date and time, I responded to the area of Pinehurst Dr and Oakmont St in reference to a report of a suspected drunk driver. The caller stated that the vehicle slowly rolled into the a fence just North of Oakmont St and the driver possibly fell asleep at the wheel. Upon arrival to the area, I found a blue Ford F150 pickup bearing FL tag 274QFX that was off the roadway on the East side of the road. The vehicle was still running and was stopped against a fence separating the road from a nearby canal. There was a W/M wearing a pink shirt and black shorts that was in the driver's seat and slumped over the center console. He was the sole occupant. He appeared to be asleep with the vehicle still in drive.</p> <p>Myself and other responding deputies began knocking on the window to wake the subject. Once he woke up, the subject opened the door and was asked to step out of the vehicle. Once outside of the truck, we asked if he was hurt in any way. The driver, later identified as W/M Bryce Vaquera, said that he was fine. When exiting the vehicle, Vaquera had difficulty maintaining his balance. At one point he almost fell and I had to assist in keeping him upright. I asked if he had any medical conditions or if he was possibly diabetic. He said, "No." and insisted that he was alright. During our conversation, I could clearly smell the odor of an unknown alcoholic beverage coming from his person, which grew stronger as he continued to speak with me. His speech was slow and his eyes were red and glassy. I asked if he had been drinking, and he replied by saying that he drank vodka. He then said he drank, "Too much."</p> <p>Due to the numerous indicators of impairment, Inv. Lynch #8568 was called to the scene to conduct a DUI investigation. Upon his arrival, the investigation was turned over to him. This concludes my involvement in this case.</p>							
ADMINISTRATIVE	STATE OF FLORIDA COUNTY OF PALM BEACH		<b>ZEITZ</b>		<b>SCANNED</b> <b>APR 02 2018</b>		
	(Signature of Arresting/Investigative Officer)						
	The foregoing instrument was sworn to or affirmed and subscribed before me this		<u>1ST</u> day of <u>APRIL</u>		<u>2018</u> by <u>ZEITZ</u>		<u>24970</u>
	(Print name of Arresting/Investigative Officer), who is personally known to me and/or produced identification. Type of identification produced				<u>KNOWN</u>		
	<u>INV Lynch 8568</u>						
	Notary Public, Clerk of Court, Officer (F.S.S. 117.08)						
PAGE OF 1							

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:**

Subject was asked to stand with their feet together and place their hands by their side. They were asked to focus on the stimulus and follow it with their eyes. Lastly they were told not to move their head to assist in following the stimulus with their eyes. Subject showed equal pupil size that tracked equally. Subject swayed while performing this task. Subject had distinct and sustained vertical nystagmus.

**WALK & TURN:**

BRYCE WAS PLACED IN THE HEEL-TO-TOE INSTRUCTIONAL STANCE FOR THE WALK AND TURN. DURING THE INSTRUCTION BRYCE WAS UNABLE TO MAINTAIN THE POSITION AND ADVISED TO STAND NORMALLY. BRYCE ALSO ATTEMPTED TO BEGIN THE TASK PRIOR TO BEING INSTRUCTED TO DO SO. THE TASK WAS EXPLAINED AND DEMONSTRATED TO BRYCE. BRYCE ACKNOWLEDGED THE INSTRUCTIONS PRIOR TO PERFORMING THIS TASK: DURING THE TASK BRYCE MISSED HEEL TO TO MULTIPLE TIMES. BRYCE STOPS WALKING TO STEADY HIMSELF MULTIPLE TIMES. BRYCE STEPPED OFF THE LINE MULTIPLE TIMES. BRYCE RAISED HIS ARMS, MORE THAN 6 INCHES MULTIPLE TIMES FOR BALANCE. BRYCE DID NOT TURN AS INSTRUCTED. BRYCE DID NOT TAKE THE CORRECT NUMBER OF STEPS.

**ONE LEG STAND:**

THE TASK WAS EXPLAINED AND DEMONSTRATED TO BRYCE. BRYCE ACKNOWLEDGED THE INSTRUCTIONS PRIOR TO PERFORMING THIS TASK: DURING THE INSTRUCTIONS BRYCE ATTEMPTED TO BEGIN THE TASK PRIOR TO BEING INSTRUCTED TO DO SO. DURING THE TASK BRYCE SWAYED, ALMOST FALLING OVER. BRYCE USED HIS ARMS FOR BALANCE. AFTER APPROX. 10 SECONDS BRYCE BEGAN HOPPING AND PUT HIS FOOT DOWN AFTER APPROX 14 SECONDS.

**FINGER TO NOSE:**

THE TASK WAS EXPLAINED AND DEMONSTRATED TO BRYCE. BRYCE ACKNOWLEDGED THE INSTRUCTIONS PRIOR TO PERFORMING THIS TASK: DURING THE TASK BRYCE DID NOT KEEP HIS EYES CLOSED OR HIS HEAD BACK. BRYCE MISSED TOUCHING THE TIP OF HIS NOSE MULTIPLE TIMES. BRYCE STARTED TO USE THE WRONG HAND.

**ROMBERG ALPHABET:**

BRYCE WAS PLACED IN THE INSTRUCTIONAL STANCE FOR THE ROMBERG ALPHABET TASK. THIS TASK WAS EXPLAINED AND DEMONSTRATED TO BRYCE. BRYCE ACKNOWLEDGED THE INSTRUCTIONS PRIOR TO PERFORMING THIS TASK: DURING THE TASK BRYCE SWAYED, MORE THEN 2 INCHES. BRYCE INCORRECTLY RECITED THE ALPHABET AFTER LETTER "O". BRYCE ATTEMPTED TO RECITE THE ALPHABET SEVERAL MORE TIMES BUT WAS UNABLE TO RECITE THE ALPHABET CORRECTLY.

BREATH TEST RESULTS: 1) , 312    2) , 340    3) , 339    4)   

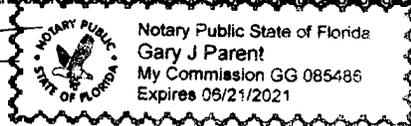
STATE OF FLORIDA  
COUNTY OF PALM BEACH  
**INV. G. LYNCH 8568**  
Signature of Arresting/Investigative Officer

**SCANNED**  
APR 02 2018

the foregoing instrument was sworn to or affirmed and subscribed before me this 1 day of APR 20 18 by INV. G. LYNCH 8568

Print name of Arresting/Investigative Officer, who is personally known to me and has produced identification. Type of identification produced: **KNOWN**

**Gary Parent (#7909)**  
Notary Public, Clerk of Court, Officer (F.S.S. 117.10)



# WITNESS LIST

CASE NUMBER: 18056988

ARRESTING OFFICER: INV. G. LYNCH 8568

ADDRESS: HQ

PHONE NUMBERS (HOME): \_\_\_\_\_ (WORK) 561 688 3000

CAN TESTIFY TO: FACTS OF CASE

NAME: D/S P. ZEITZ 24970

ADDRESS: DIST 16

PHONE NUMBERS (HOME) \_\_\_\_\_ (WORK) 561 688 3000

CAN TESTIFY TO: INITIAL CONTACT/ IDENTIFY THE DRIVER

NAME: \_\_\_\_\_

ADDRESS \_\_\_\_\_

PHONE NUMBERS (HOME) \_\_\_\_\_ (WORK) \_\_\_\_\_

CAN TESTIFY TO: \_\_\_\_\_

NAME: \_\_\_\_\_

ADDRESS \_\_\_\_\_

PHONE NUMBERS (HOME) 0 (WORK) 0

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: \_\_\_\_\_

NAME: \_\_\_\_\_

ADDRESS \_\_\_\_\_

PHONE NUMBERS (HOME) \_\_\_\_\_ (WORK) \_\_\_\_\_

CAN TESTIFY TO: \_\_\_\_\_

**SCANNED**

**APR 02 2018**

# TESTING FACILITY TASK REPORT

AGENCY: PPSO  
SUBJECT: Jameson Park A CASE NUMBER: 14050948  
DATE: 04/01/18 VIDEO TAPE NUMBER: N/A  
BEGINNING TIME: 0300 ENDING TIME: 0322  
BREATH TESTS RESULTS: 1) .312 TIME 0300 (AM)/P.M. 2) .340 TIME 0309 (AM)/P.M.  
3) .339 TIME 0313 (AM)/P.M. 4) N/A TIME --- A.M./P.M.  
BREATH OPERATOR: C. J. BENT  
MAINTENANCE TECHNICIAN: KARLSON

## TESTING OFFICER'S OBSERVATIONS

SPEECH: SLURRED, PRONOUNCED  
ATTITUDE: CALM, SARCASTIC, OBNOYIOUS, COCKY, ARROGENT  
CLOTHING: PURPLE SWEAT PANTS T-SHIRT TALL BOOTS  
MEDICAL CONDITIONS: NONE  
MEDICATIONS: NONE

OTHER: EYES GUMMY NO REFLEXES, ODOR OF AN UNKNOWN ALCOHOLIC BEVERAGE ON BREATH  
Δ ADMITTED TO DRINKING 3 DRINKS OF WHISKEY (Q+A)  
COMMENTS: ARRIVED AT OFFICE A/IO READ THE 20 MINUTE OBSERVATION PRESENT AT 0255 HRS.

Δ AGREED TO TAKE TEST  
A/IO READ RIGHTS  
Δ STATED HE UNDERSTOOD RIGHTS

TECH. READ BREATH TEST RESULTS Δ STATED HE UNDERSTOOD TEST RESULTS

**SCANNED**  
**APR 02 2018**

A/IO CONDUCTED Q+A  
Δ ANSWERED QUESTIONS

SUBJECT: Vannoy, Eric B CASE NUMBER: 1907048

**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.

**SCANNED  
APR 02 2018**

SUSPECT'S SIGNATURE: (X) Eric B Vannoy

SUBJECT: Vehicle Patrol A CASE NUMBER: 18-050798

# 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? Yes

WHERE WERE YOU GOING? Home

WHAT STREET OR HIGHWAY WERE YOU ON? \_\_\_\_\_

DIRECTION OF TRAVEL? S WHERE DID YOU START? \_\_\_\_\_

WHAT TIME DID YOU START? \_\_\_\_\_ WHAT TIME IS IT NOW? \_\_\_\_\_

WHAT IS TODAY'S DATE? 04/02/18 WHAT DAY OF THE WEEK IS IT? Monday

WHAT COUNTY AND CITY ARE YOU IN NOW? \_\_\_\_\_

WHEN DID YOU LAST EAT? 2:00 WHAT DID YOU EAT? \_\_\_\_\_

WHAT HAVE YOU BEEN DOING FOR THE LAST THREE HOURS? \_\_\_\_\_

HOW MUCH DO YOU WEIGH? \_\_\_\_\_ HAVE YOU BEEN DRINKING? Yes WHAT? \_\_\_\_\_

HOW MUCH? 3 drinks WHERE? at home 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? Yes

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? Yes WHAT'S WRONG? \_\_\_\_\_

DO YOU LIMP? Yes DID YOU RECEIVE A BUMP ON THE HEAD RECENTLY? Yes

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?	_____

**SCANNED**  
**APR 02 2018**

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: \_\_\_\_\_



# STATE OF FLORIDA

DEPARTMENT OF HIGHWAY SAFETY AND MOTOR VEHICLES

Time printed: 4/1/2018 2:38:43 AM

## Record Detail

<b>Customer Name:</b> BRYCE ALEXANDER VAQUERA		<b>Driver License Status:</b> Valid	
<b>DL/ID:</b> [REDACTED]	<b>SSN:</b> [REDACTED]	<b>Class:</b> E	
<b>Previous DUI: 0</b> <i>This count reflects total DUI convictions on record.</i>		<b>Previous DWLS: 0</b> <i>This count reflects total DWLS convictions on record.</i>	

[REDACTED]	<b>Address:</b> 7918 OAKMONT DR LAKE WORTH, FL 33467-1218	<b>Date of Birth:</b> 04/11/1996	<b>Gender:</b> MALE	<b>Height:</b> 5' 9"
	<b>Original License Issue Date:</b> 12/07/2011	<b>Issued:</b> 12/07/2011	<b>Expires:</b> 04/11/2020	<b>Replaced:</b> 03/05/2013
	<b>CDL Status:</b>			
	<b>Form Number:</b> P761303050120			<b>EIN:</b> 0100228182712324
Under 21 Until 04/11/2017 ORGAN DONOR REAL ID COMPLIANT	<b>Citizen Status:</b> US CITIZEN	<b>Country of Birth:</b> US OF AMERICA	<b>State of Birth:</b> FLORIDA	
	<b>Race:</b> HISPANIC/LATINO			

<b>Restrictions:</b>	<b>Endorsements:</b>	<b>Conditional Messages:</b>
----------------------	----------------------	------------------------------

SCANNED  
APR 02 2018