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P-1919

ARREST / NOTICE TO APPEAR

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

1

JUVENILE

M

Agency ORI Number 0501700	Agency Name Jupiter Police Department	Agency Report Number (N.T.A.'s only) 514 19-000624
Charge Type: Check as many as apply: <input type="checkbox"/> 1 Felony <input type="checkbox"/> 2 Traffic Felony <input type="checkbox"/> 3 Misdemeanor <input type="checkbox"/> 4 Traffic Misdemeanor <input type="checkbox"/> 5 Ordinance <input type="checkbox"/> 6 Other	If Weapon Seized Essar Type NONE	Multiple Offenses Indicator
Location of Arrest (Including Name of Business) 410 EDMUND ST., JUPITER, FL 33458		Location of Office (Business Name, Address) 410 EDMUND ST., JUPITER, FL 33458
Date of Arrest 02/10/2019	Time of Arrest 20:31	Booking Date

Name (Last, First, Middle) SILVESTRE DOMINGO, CAYETANO		Alias (Name, DOB, Sex, Sec. #, Etc.)	
Race W - White B - Black O - Oriental/Asian W	Sex M	Date of Birth 07/16/1978	Height 5'00
Weight 140	Eye Color BROWN	Hair Color BLACK	Complexion MEDIUM
Build Medium	Martial Status M	Religion CHRISTIAN	Indication of Alcohol Influence Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Unk. <input type="checkbox"/>
Scars, Marks, Tattoos, Unique Physical Features (Location, Type, Description) None	Residence Type: 1 City 2 County 3 Florida 4 Out of State 1	Address Source VERBAL	Occupation Construction
Local Address (Street, Apt. Number) 123 N HEPBURN AVE, JUPITER, FL 33458	Permanent Address (Street, Apt. Number) 123 N HEPBURN AVE, JUPITER, FL 33458	Business Address (Name, Street)	DL Number, State S412100782560 / FL
Sec. Sec. Number NONE	INS Number	Place of Birth (City, State) Guatemala	Occupation GT

Co-Defendant Name (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 Name (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	Name (Last, First, Middle)			Residence Phone		
Address (Street, Apt. Number)			(City)	(State)	(Zip)	Business Phone
Notified by (Name)	Date	Time	JUVENILE DISPOSITION 1 Handled/Processed within Department and Released 2 TOT JAC 3 Incorporated			
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 _____ No

School Attended _____ Grade _____

Property Owned? Yes No

Description of Property _____ Value of Property _____

Drug Activity N N/A P Possess	S Sell B Buy T Traffic	R Seizure D Deliver E Use	K Dispense/ Distribute	M Manufacture/ Production/ Cultivate	Z Other	Drug Type N N/A A Amphetamine	B Barbiturate C Cocaine E Heroin	H Hallucinogen M Marijuana O Opioid/Orn	P Paraphernalia/ Equipment S Synthetic	U Unknown Z Other
Charge Description DUI-ENHANCED BAC OVER .15						Statute Violation Number 316.193(4)	Violation of ORD #			
Drug Activity	Drug Type	Amount / Unit	Offense #	Counts	Domestic Violence	Warrant / Capias Number	Band OK			
Charge Description DL - DRIVING WITHOUT A LICENSE						Statute Violation Number 322.03(1)	Violation of ORD #			
Drug Activity	Drug Type	Amount / Unit	Offense #	Counts	Domestic Violence	Warrant / Capias Number	Band OK			
Charge Description						Statute Violation Number	Violation of ORD #			
Drug Activity	Drug Type	Amount / Unit	Offense #	Counts	Domestic Violence	Warrant / Capias Number	Band			

Health / Apparent Physical Condition of Defendant	Any knowledge of the following: <input type="checkbox"/> Mental <input type="checkbox"/> Escape Risk <input type="checkbox"/> Medication <input type="checkbox"/> Deformation <input type="checkbox"/> Injury Explain:		
Check which applies: <input type="checkbox"/> Released O.R. <input type="checkbox"/> Postpaid Bond	<input type="checkbox"/> Released in Parent/Guardian <input type="checkbox"/> South County Mental Health	<input type="checkbox"/> TOT County Jail	PROPERTY - Received By
Transported By	Date Transported	Time Transported	Other

<input checked="" type="checkbox"/> INSTRUCTION NO. 1 - Mandatory appearance in court	Location (Court, Room) North County PALM BEACH GARD
<input type="checkbox"/> INSTRUCTION NO. 2 - You need not appear in Court but must comply with instructions on Page 2.	Court Date and Time 03/27/2019 08:30:00
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 2-10-19

HOLD for Other Agency	Signature of Arresting Officer Shaff	Name Verification (Printed by Arrestee)
<input type="checkbox"/> Dangerous <input type="checkbox"/> Substantial	Name of Arresting Officer (Print) SHAFF, SHANNA	(PRINT)
Issuing Agency DS Collins 2022	I.D.# 389/1217	Agency 1217
Transmitting Officer Shaff	Agency	Witness here if subject signed with an "X"

No Photo Available

2019 FEB 11 8:05

Shaff

D.U.I. PROBABLE CAUSE AFFIDAVIT

ON THE 10 DAY OF February 20 19, AT 1931 AM PM

SUBJECT: Silvestre Domingo Cayetano CASE NUMBER: 19-000624

AGENCY: Jupiter Police Department ARRESTING OFFICER: Ofc. Shanna Shaff

PERSONAL CONTACT

DRIVING PATTERN: ACTUAL PHYSICAL CONTROL (PHYSICAL EVIDENCE OR STATEMENTS PUTTING DEF. BEHIND WHEEL OF VEHICLE)
Domingo was involved in an accident and found at fault. Upon arrival I made contact with and received a sworn statement from Max Cheromcka. Cheromcka stated he was inside his house when heard a loud crash and came outside and witnessed Domingo in the drivers seat of his White Toyota bearing Florida Tag CJA3077. Cheromcka stated Domingo put the vehicle in reverse and attempted to leave the scene. Cheromcka stated Domingo then exited the vehicle and attempted to leave the scene on foot. Upon observing his vehicle, I saw a open empty bottle of corona in the center console, and a 12 pack of corona in the back seat.

OBSERVATION OF DRIVER:

When I made initial contact with Domingo, I noted the smell of an unknown alcoholic beverage coming from his person. I also noticed that Domingo clothes were sloppy and his shorts were unzipped. Domingo face was flushed, he was slurring his speech and his speech was mumbled. Domingo had glossy eyes and droopy eyelids. Domingo was swaying when I was speaking to him.

DRIVER'S STATEMENTS:

Domingo stated he had 4 beers and was coming from his sons house on Center Street. Domingo stated he had diabetes but was not taking any medications. Domingo advised he did not have any problems with his eyes or serious medical issues.

ODORS:

I noted the smell of an unknown alcoholic beverage on his person, when I was speaking with Domingo.

GENERAL OBSERVATIONS

SPEECH: Slurred, mumbled

ATTITUDE: Cooperative, talkative, carefree, sleepy

CLOTHING: Disorderly, shorts unzipped

MEDICAL/OTHER: diabetes, no other medical conditions

STATE OF FLORIDA
COUNTY OF PALM BEACH

Shanna Shaff #389
(Signature of Arresting/Investigative Officer)

The foregoing instrument was sworn to or affirmed and subscribed before me this 10 day of February 20 19 by Ofc. Shanna Shaff

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

MD #305
Notary Public, Clerk of Court, Officer (F.S.S 117.10)

RECEIVED
FEB 13 2019

SUBJECT: Silvestre Domingc Cayetano CASE NUMBER 19-000624

ROADSIDE TASKS

HORIZONTAL GAZE NYSTAGMUS:

- | | |
|---|---|
| <input checked="" type="checkbox"/> LT EYE-LACK OF SMOOTH PURSUIT | <input checked="" type="checkbox"/> RT EYE-LACK OF SMOOTH PURSUIT |
| <input checked="" type="checkbox"/> LT EYE-DISTINCT & SUSTAINED NYSTAGMUS AT MAX. DEVIATION | <input checked="" type="checkbox"/> RT EYE-DISTINCT & SUSTAINED NYSTAGMUS AT MAX. DEVIATION |
| <input checked="" type="checkbox"/> LT- EYE-ONSET OF NYSTAGMUS PRIOR TO 45 DEGREES | <input checked="" type="checkbox"/> RT- EYE-ONSET OF NYSTAGMUS PRIOR TO 45 DEGREES |

Other Observations:

Domingo would sway side to side and front to back throughout the task. Domingo was reminded numerous times to track the pen with his eyes only, not his head. Domingo failed to keep his head still while tracking the stimulus. Domingo had to be told the instructions multiple times.

WALK & TURN:

I explained and demonstrated the instruction for the "Walk and Turn" task to Domingo who stated he understood. During the task, I observed Domingo sway roughly in a side to side, front to back manner throughout the demonstration phase. Domingo missed multiple heel-to-toe steps. Domingo had to be told the instructions multiple times, and he asked multiple questions throughout the task.

ONE LEG STAND:

I explained and demonstrated the instructions for the "One Leg Stand" task to Domingo who stated he understood. During the task, I observed Domingo sway roughly in a side to side, front to back manner throughout the demonstration phase. Domingo had to be told the instructions multiple times, and he asked multiple questions throughout the task. Domingo continued to sway while attempting to balance on one leg. Domingo put his foot down numerous times before 30 seconds had elapsed. Domingo put his foot down three times, all before counting to 30, thusly not being able to complete the task.

FINGER TO NOSE:

I explained and demonstrated the "Finger to Nose" task to Domingo who stated he understood. During the task, I observed Domingo sway roughly in a side to side, front to back manner throughout the demonstration phase. Domingo had to be told the instructions multiple times, and he asked multiple questions throughout the task. Domingo started the task before he was told to do so. Domingos index finger did not touch the tip of his nose on all of his attempts. Domingo searched for the tip of their nose using the finger to find their nose prior to touching the tip. Domingo used the hand other than that which was called. Domingo had to be told multiple times to lower his finger from his nose. The sequence for the task was L, R, L, R, R, L.

ROMBERG ALPHABET:

BREATH TEST RESULTS: 1) .221 2) .220 3) 4)

STATE OF FLORIDA
COUNTY OF PALM BEACH

Shaff #389
(Signature of Arresting/Investigative Officer)

The foregoing instrument was sworn to or affirmed and subscribed before me this 10 day of February 20 19 by Ofc. Shanna Shaff

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

Mos #305

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

FLORIDA DEPARTMENT OF LAW ENFORCEMENT
ALCOHOL TESTING PROGRAM
BREATH ALCOHOL TEST AFFIDAVIT

Instrument Type: Intoxilyzer 8000
Instrument Registered To: PALM BEACH CO SO
Instrument Serial Number: 80-006478 Software: 8100.27
Date of Test: 02/10/2019

Date of Last Agency Inspection: 02/08/2019
Observation Period Began: 21:10
Subject's Name: CAYETANO SILVESTRE DOMINGO DOB: 07/16/1978 Sex: M

The subject was observed for at least twenty-minutes prior to the administration of the breath test to ensure that the subject did not take anything orally and did not regurgitate.

Results:	Test	g/210L	Time
	Diagnostics Check	OK	21:51
	Air Blank	0.000	21:52
	Control Test	0.080	21:52
	Air Blank	0.000	21:53
	Subject Sample #1	0.221	21:54
	Air Blank	0.000	21:54
	Air Blank	0.000	21:56
	Subject Sample #2	0.220	21:57
	Air Blank	0.000	21:57
	Control Test	0.080	21:58
	Air Blank	0.000	21:58
	Diagnostics Check	OK	21:58

Cylinder Lot: 13518080A5
Exp: 08/05/2020

State of Florida, County of Palm Beach

Personally appeared before me the undersigned authority, who () is personally known to me or () produced _____ as identification, and who after being placed under oath, states:

I SUE OWEN, hold a valid Breath Test Operator permit issued by the Florida Department of Law Enforcement, I administered the above breath test to the subject named above in accordance with Chapter 11D-8, Florida Administrative Code, and this form is a true and accurate report of that breath test.

Breath Test Operator: [Signature] Date: 02/10/19
Signature

Sworn to (or affirmed) before me this 10th day of February 2019
[Signature] #305 [Signature]
Signature of Notary Public-State of Florida Printed Name of Notary Public-State of Florida

Note: Pursuant to section 117.10, Florida Statutes, law enforcement officers, correctional officers, traffic accident investigation officers and traffic infraction enforcement officers are notaries public when engaged in the performance of official duties. In accordance with section 316.1934(5), F.S., this completed form is admissible without further authentication and is presumptive proof of the results herein. To be used in accordance with Section 316.1934(5), F.S., and in administrative proceedings pursuant to 322.2615, F.S.

TESTING FACILITY TASK REPORT

AGENCY: _____

SUBJECT: _____ CASE NUMBER: _____

DATE: _____ VIDEO TAPE NUMBER: _____

BEGINNING TIME: _____ ENDING TIME: _____

BREATH TESTS RESULTS: 1) _____ TIME _____ A.M./P.M. 2) _____ TIME _____ A.M./P.M.
3) _____ TIME _____ A.M./P.M. 4) _____ TIME _____ A.M./P.M.

BREATH OPERATOR: _____

MAINTENANCE TECHNICIAN: _____

TESTING OFFICER'S OBSERVATIONS

SPEECH: _____

ATTITUDE: _____

CLOTHING: _____

MEDICAL CONDITIONS: _____

MEDICATIONS: _____

OTHER: _____

COMMENTS: _____

NOT A CERTIFIED COPY

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) _____

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: _____

WITNESS LIST

CASE NUMBER: 19-000624

ARRESTING OFFICER: Ofc. Shanna Shaff

ADDRESS: 210 Military Trl. Jupiter, FL 33458

PHONE NUMBERS (HOME): _____ (WORK) (561) 746-6201

CAN TESTIFY TO: PC

NAME: Pfc. Marciel Quiros

ADDRESS: 210 Military Trl, Jupiter, FL 33458

PHONE NUMBERS (HOME) _____ (WORK) 5617466201

CAN TESTIFY TO: Standard Field Sobriety Tasks

NAME: Max Cheromcka

ADDRESS 408 Edmund St Jupiter FL 33458

PHONE NUMBERS (HOME) 561-670-0450 (WORK) _____

CAN TESTIFY TO: driving pattern and wheel witness

NAME: _____

ADDRESS _____

PHONE NUMBERS (HOME) _____ (WORK) _____

CAN TESTIFY TO: _____

NAME: _____

ADDRESS _____

PHONE NUMBERS (HOME) _____ (WORK) _____

CAN TESTIFY TO: _____

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CAN TESTIFY TO: _____

NAME: _____

ADDRESS _____

PHONE NUMBERS (HOME) _____ (WORK) _____

CAN TESTIFY TO: _____

NOT A CERTIFIED COPY