

0503366

180213431879

ARREST / NOTICE TO APPEAR
Juvenile Referral Report

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

ADMINISTRATIVE	OBTS Number	Agency ORI Number FLO 500000		Agency Name PALM BEACH COUNTY SHERIFF'S OFFICE		Agency Report Number (N.T.A.'s only) 06-18148972		
	Charge Type: Check as many as apply.	<input type="checkbox"/> 1. Felony <input type="checkbox"/> 2. Traffic Felony <input checked="" type="checkbox"/> 3. Misdemeanor <input checked="" type="checkbox"/> 4. Traffic Misdemeanor <input type="checkbox"/> 5. Ordinance <input type="checkbox"/> 6. Other		Weapon Seized / Type 2 1. Yes 2. No NONE		Multiple Clearance Indicator 01		
	Location of Arrest (Including Name of Business) SILVER BEACH RD, OLD DIXIE HWY. LAKE PARK, FL. 33403				Location of Offense (Business Name, Address) SILVER BEACH RD/OLD DIXIE HWY LAKE PARK, FL 33403			
	Date of Arrest 11/27/2018	Time of Arrest 0202	Booking Date	Booking Time	Jail Date	Jail Time	Location of Vehicle ALL-FLORIDA TOWING	
Name (Last, First, Middle) PALLO CHRIS				Alias (Name, DOB, Soc. Sec. #, Etc.)				
Race W - White I - American Indian B - Black O - Oriental/Asian	Sex M	Date of Birth 3/21/1962	Height 6'01"	Weight 225	Eye Color BROWN	Hair Color BROWN	Complexion LIGHT	Build MED
Scars, Marks, Tattoos, Unique Physical Features (Location, Type, Description) NONE				Marital Status Divorced	Religion CHRISTIAN	Indication of Alcohol Influence Drug Influence Y <input type="checkbox"/> N <input type="checkbox"/> Unk. <input type="checkbox"/>		
Local Address (Street, Apt. Number) 1030 LAKE SHORE DR. APT. 102. LAKE PARK, FL 33403				Phone (561) 385-8387	Residence Type: 1. City 2. County 3. Florida 4. Out of State 1			
Permanent Address (Street, Apt. Number)				Phone (--)--	Address Source D.A.V.I.D.			
Business Address (Name, Street)				Phone ()	Occupation PHARMACEUTICAL SALES			
DL Number, State P400-100-62-101-0. FL		Soc. Sec. Number		INS Number		Place of Birth (City, State) CLEVELAND, OHIO	Citizenship U.S.	
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 <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 356-2526) informed of any change of address. <input type="checkbox"/> Yes, by: (Name) <input type="checkbox"/> No: (Reason)						School Attended		
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	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 DRIVING UNDER THE INFLUENCE				Counts 1	Domestic Violence <input type="checkbox"/> Y <input checked="" type="checkbox"/> N	Statute Violation Number 316.193(1)		
Drug Activity Drug Type Amount / Unit N N NONE				Offense # 18148972	Warrant / Capias Number		Bond OR	
Charge Description				Counts	Domestic Violence <input type="checkbox"/> Y <input checked="" type="checkbox"/> N	Statute Violation Number		
Drug Activity Drug Type Amount / Unit				Offense #	Warrant / Capias Number		Bond	
Charge Description				Counts	Domestic Violence <input type="checkbox"/> Y <input checked="" type="checkbox"/> N	Statute Violation Number		
Drug Activity Drug Type Amount / Unit				Offense #	Warrant / Capias Number		Bond	
Charge Description				Counts	Domestic Violence <input type="checkbox"/> Y <input checked="" type="checkbox"/> N	Statute Violation Number		
Drug Activity Drug Type Amount / Unit				Offense #	Warrant / Capias Number		Bond	
Location (Court, Room Number, Address) CRIMINAL JUSTICE COMPLEX / 3228 GUN CLUB ROAD, WPB, FL 33406								
Court Date and Time Month DECEMBER Day 20 Year 2018 Time 8:30 AM <input checked="" type="checkbox"/> 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) <i>Chris Pallu</i>						Date Signed 11/27/2018		
HOLD for other Agency Name: <input type="checkbox"/> Dangerous <input type="checkbox"/> Suicidal <input type="checkbox"/> Resisted Arrest <input type="checkbox"/> Other				Signature of Arresting Officer <i>INV. P. ZEITZ</i>		Name Verification (Printed by Arrestee) <i>Chris Pallu</i>		
Intake Deputy <i>INV. P. ZEITZ</i>				Name of Arresting Officer (Print) INV. P. ZEITZ		I.D. # 24970		
Pouch #				Transporting Officer INV. P. ZEITZ		ID # 24970		
				Agency PBSO		Witness here if subject signed with an "X" 1 of 1		

NOV 27 2018 11:08

D.U.I. PROBABLE CAUSE AFFIDAVIT

ON THE 27TH DAY OF NOVEMBER 20 18, AT 0121 AM PM

SUBJECT: PALLO CHRIS CASE NUMBER: 18148972

AGENCY: PALM BEACH COUNTY SHERIFF'S OFFICE ARRESTING OFFICER: INV. P. ZEITZ

PERSONAL CONTACT

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

On 11/27/2018 at approximately 0121hrs, I was on scene with Inv. Schaefer as a backup unit for his call. While on scene, I observed a white Lexus SUV traveling westbound on Silver Beach Rd. The Lexus had extensive front end damage and I could clearly see that all of the airbags were deployed. I got behind the vehicle and observed that neither of the tail-lights were on. I conducted a traffic stop on the white Lexus bearing FL tag ERAR20 at the intersection of Silver Beach Rd and Old Dixie Hwy. The vehicle yielded just West of Old Dixie Hwy. As I walked up to the vehicle, I again confirmed that multiple airbags were deployed. I made contact with the driver and sole occupant of the vehicle and identified him as W/M Chris Pallo. This information was confirmed via the D.A.V.I.D. system.

OBSERVATION OF DRIVER:

Upon making contact with the driver who was identified by D.A.V.I.D. as Chris Pallo. I immediately detected a faint odor of an unknown alcoholic beverage emitting from his person and face area. This odor intensified as I spoke to Pallo. Pallo had glassy and glazed eyes. His eyes were heavy and he had a hard time keeping his eyes open. Pallo's speech was slow and thick. Pallo's movements were slow and deliberate, and lethargic with poor coordination. Pallo had difficulty walking and following directions given to him. Pallo was wearing a blue shirt, multi-colored shorts, and flip-flops.

DRIVER'S STATEMENTS:

Pre-Miranda: Pallo stated that he was involved in a crash around 6:30PM, which was the reason for the airbag deployment. He stated that he did have one glass of wine earlier in the night. He also said that he takes Adderall. After he was placed under arrest and was being transported to PBC BAT, Pallo also stated that he took Ambien before leaving the house because he thought he was going to sleep.

Prior to SFST's Pallo advised that his legs hurt from an accident earlier in the day. I opted for the seated battery of tasks to make Pallo more comfortable.

Post Miranda: Refused Q&A portion.

ODORS:

A faint odor of an unknown alcoholic beverage emitting from Pallo's breath which intensified as he spoke.

GENERAL OBSERVATIONS

SPEECH: Pallo's speech was slow and thick

ATTITUDE: Indifferent, sleepy, cooperative

CLOTHING: Blue shirt with multi-colored shorts and brown sandals.

MEDICAL/OTHER

STATE OF FLORIDA
COUNTY OF PALM BEACH

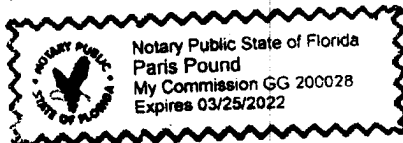
INV. P. ZEITZ

(Signature of Arresting/Investigative Officer)

The foregoing instrument was sworn to/affirmed and subscribed before me this 27th day of NOVEMBER 20 18 by INV. P. ZEITZ

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

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



SUBJECT PALLO

CHRIS

CASE NUMBER 18148972

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:

Pallo would sway roughly in a side to side front to back pattern throughout the task. Pallo did not touch the tip of the pen as directed to positively identify the point to be tracked. He was reminded numerous times to track the pen with his eyes only. Pallo failed to keep his head still while tracking the stimulus. LOC was observed.

FINGER TO NOSE:

I explained and demonstrated the instructions for the "Finger to Nose" task to Pallo who stated that he understood. During the task, I observed Pallo fail to return his arms down to his sides as instructed after touching his nose. His index finger did not touch the tip of the nose on 5 of 6 attempts. Pallo searched for the tip of his nose using the finger to find their nose prior to touching the tip. The sequence used for this task was L, R, L, R, R, L.

PALM PAT:

I explained and demonstrated the instructions for the "Palm Pat" task to Pallo who stated the he understood. After beginning the task, Pallo rolled his hands(kept edge of one hand on the other when turning), and failed to increase speed as instructed and reminded.

HAND COORDINATION:

I explained and demonstrated the instructions for the "Hand Coordination" task to Pallo who stated the he understood. The defendant failed to maintain the instructional stance. After beginning the task and during the forward steps, he failed to count properly, counting 5 steps forwards. During the return steps, the defendant improperly counted the steps. He was given the instructions again and allowed to start the task again after advising that he understood the instructions. He again counted 5 forward steps and 5 backwards steps. He also counted a third set of steps.

ROMBERG ALPHABET:

I explained and demonstrated the instructions for the "Rhombertg Alphabet" task to Pallo who stated that he understood. Pallo correctly performed the task as instructed.

BREATH TEST RESULTS: .021 .026 UR/R

STATE OF FLORIDA
COUNTY OF PALM BEACH

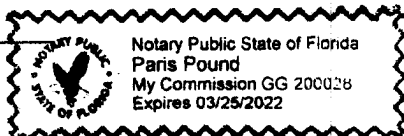
INV. P. ZEITZ

(Signature of Arresting/Investigative Officer)

The foregoing instrument was sworn to or affirmed and subscribed before me this 27th day of NOVEMBER, 2018 by INV. P. ZEITZ

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

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



TESTING FACILITY TASK REPORT

AGENCY: PBSO

SUBJECT: ALLO, CHRIS CASE NUMBER: 18-148972

DATE: 11/27/18 VIDEO TAPE NUMBER: N/A

BEGINNING TIME: 02:45 ENDING TIME: 03:05

BREATH TESTS RESULTS: 1) .021 TIME 02:52 A.M./P.M. 2) .026 TIME 02:56 A.M./P.M.

3) R TIME 03:02 A.M./P.M. 4) N/A TIME — A.M./P.M.

BREATH OPERATOR: P. POUND #24639

MAINTENANCE TECHNICIAN: J. KARLECKE #6467

TESTING OFFICER'S OBSERVATIONS

SPEECH: SLURRED

ATTITUDE: QUIET, CALM

CLOTHING: PLAID PANTS, BLUE T-SHIRT, BROWN SANDALS

MEDICAL CONDITIONS: [REDACTED]

MEDICATIONS: [REDACTED]

OTHER: EYES

COMMENTS: ARRIVED AT CENTER A/O BEGAN THE 20
MINUTE OBSERVATION PERIOD AT 02:22 HR

A. AGREED TO TAKE TEST

A/O. ASKED FOR URINE SAMPLE @ 02:54

A. STATED THAT HE DON'T KNOW ABOUT PROVIDING A
URINE SAMPLE.

A/O. READ I/C

A. STATED NOT REALLY HE UNDERSTOOD I/C

A/O. EXPLAINED I/C

A. STATED HE DOESN'T FEEL COMFORTABLE WITH PROVIDING
A URINE SAMPLE @ 03:02. A/O. CALLED REFUSAL @ 03:02.

A/O. READ RIGHTS A. STATED HE UNDERSTOOD RIGHTS

A/O. ATTEMPTED Q1A

A. REFUSED QUESTIONS.

REFUSED

SUBJECT: PALLO, CHRIS

CASE NUMBER: 18-148972

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 INV. P. ZEITZ of the PBSO

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.

SUSPECT'S SIGNATURE: (X) READ ON CAMERA

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

SUBJECT: PALLO CHRIS CASE NUMBER: 18-148972

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: _____

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: 80-006238 Software: 8100.27
Date of Test: 11/27/2018

Date of Last Agency Inspection: 11/23/2018

Observation Period Began: 02:22

Subject's Name: CHRIS PALLO

DOB: 03/21/1962 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	02:50
	Air Blank	0.000	02:51
	Control Test	0.080	02:51
	Air Blank	0.000	02:51
	Subject Sample #1	0.021	02:52
	Air Blank	0.000	02:53
	Air Blank	0.000	02:54
	Subject Sample #2	0.026	02:56
	Air Blank	0.000	02:56
	Control Test	0.080	02:57
	Air Blank	0.000	02:57
	Diagnostics Check	OK	02:57

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 PARIS D POUND, 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: _____ Date: 11/27/18
Signature

Sworn to (or affirmed) before me this 27th day of November, 2018

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.

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

I, INV ZEITZ #24970, 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 27TH day of NOVEMBER, 20 18, at 2:02 P.M. A.M.

DRIVER CHRIS PALLO
(Type or Print) FIRST NAME MIDDLE OR MAIDEN NAME LAST NAME

DL# P400-100-62-101-0, state of FLORIDA, was placed under lawful arrest for
the offense of DRIVING UNDER THE INFLUENCE by INV ZEITZ #24970 and
(Name of Arresting Officer)
issued Citation # A2G3SRP

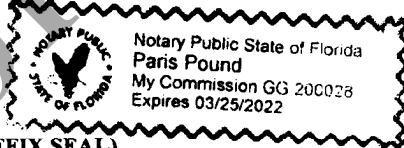
That on or about the 27TH day of NOVEMBER, 20 18, at 3:02 P.M. A.M.

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)



(AFFIX SEAL)

The foregoing instrument was sworn and subscribed before me:

Signature of Attesting Officer

The foregoing instrument was sworn and subscribed before

Title _____

me this 27th day of November, 20 18,

Date _____

by INV. ZEITZ #24970,

who is personally known to me or who has produced

PERSONALLY KNOWN as identification

Notary Public _____

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.

WITNESS LIST

CASE NUMBER: 18148972

ARRESTING OFFICER: INV. P. ZEITZ

ADDRESS: 3228 GUN CLUB ROAD WEST PALM BEACH, FL 33406

PHONE NUMBERS (HOME): _____ (WORK) (561) 688-4001

CAN TESTIFY TO: SEE DUI PROBABLE CAUSE AFFIDAVIT & OFFENSE REPORT

NAME: INV SCHNEIDER #8501

ADDRESS: 3228 GUN CLUB RD. WEST PALM BEACH, FL. 33406

PHONE NUMBERS (HOME) _____ (WORK) (561) 688-4001

CAN TESTIFY TO: SIGNS OF IMPAIRMENT

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) _____

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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: _____

NOT A CERTIFIED COPY

SCANNED
DEC 01 2018



Palm Beach County Sheriff's Office – Arrests Only

	X	Florida State Statute	Description	Page Number(s)
L/E Exemptions	<input type="checkbox"/>	119.071(2)(d)	Surveillance techniques, procedures and personnel; inventory of law enforcement resources, policies or plans pertaining to mobilization deployment or tactical operations.	
	<input type="checkbox"/>	943.053, 943.0525	NCIC/FCIC/FBI and in-state FDLE/DOC.	
	<input type="checkbox"/>	119.071(4)(c)	Undercover personnel.	
	<input type="checkbox"/>	119.071(2)(f)	Confidential informants (CIs).	
	<input type="checkbox"/>	119.071(2)(e)	Confession.	
Public Info. Exemptions	<input type="checkbox"/>	985.04(1)	Juvenile offender records.	
	<input type="checkbox"/>	119.071(h)(i)	Assets of a crime victim.	
	<input type="checkbox"/>	395.3025(7)(a), 456.057(7)(a)	Medical information.	3,6
	<input type="checkbox"/>	394.4615(7)	Mental health information.	
	<input type="checkbox"/>	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)	<input checked="" type="checkbox"/>	(iii) 119.0714(1)(i)-(j), (2)(a)-(e)	Social Security, bank account, charge, debit, and credit card numbers.	2
	<input type="checkbox"/>	(viii) 394.4615(7)	Clinical records under the Baker Act.	
	<input type="checkbox"/>	(xii) 741.30(3)(b)	The victim's address in a domestic violence action on petitioner's request.	
	<input type="checkbox"/>	(xiii) 119.071(2)(h), 119.0714(1)(h)	Protected information regarding victims of child abuse or sexual offenses.	
	<input type="checkbox"/>			
	<input type="checkbox"/>			
	<input type="checkbox"/>			
	<input type="checkbox"/>			
Other	<input type="checkbox"/>		Other:	
	<input type="checkbox"/>		Other:	

REVIEW COMPLETED BY

Booking Number: 2018039384	Date: 11/27/2018
	Specialist Name/ID: J. Beck/9007