

J-0511010

ARREST / NOTICE TO APPEAR
Juvenile Referral Report

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

P-1241

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) 06-19115525	
	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 2 1. Yes 2. No	
	Location of Arrest (Including Name of Business) 13880 wellington trc, wellington, fl 33414		Location of Offense (Business Name, Address) 13880 wellington trc, wellington, fl 33414		Date of Arrest 09/15/2019		Time of Arrest 2250	
DEFENDANT	Name (Last, First, Middle) tsonas christopher dean		Aliases (Name, DOB, Soc. Sec. #, Etc.)		Race W - White I - American Indian B - Black O - Oriental/Asian W		Sex M	
	Date of Birth 07/18/1953		Height 6'2		Weight 200		Eye Color blu	
	Hair Color gry		Complexion light		Build large		Scars, Marks, Tattoos, Unique Physical Features (Location, Type, Description)	
	Local Address (Street, Apt. Number) 11924 FOREST HILL BLVD 10A wellington, fl 33414		Phone () () ()		Residence Type 1. City 2. County 3. Florida 4. Out of State 2		Permanent Address (Street, Apt. Number) () () ()	
CO-DEF	Business Address (Name, Street) () () ()		Phone () () ()		Address Source christopher tsonas		Occupation contractor	
	D/L Number, State 1252104532580		Soc. Sec. Number		INS Number		Place of Birth (City, State) newark, nj	
	Citizenship USA		Co-Defendant Name (Last, First, Middle)		Race		Sex	
JUVENILE	Co-Defendant Name (Last, First, Middle)		Race		Sex		Date of Birth	
	Parent Legal Custodian Other:		Residence Phone () () ()		Address (Street, Apt. Number) () () ()		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		Property Crime? <input type="checkbox"/> Yes <input type="checkbox"/> No	
CHARGE	Description of Property		Value of Property		Drug Activity S. Sell 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 DUI		Counts 1		Domestic Violence <input type="checkbox"/> Y <input checked="" type="checkbox"/> N	
	Statute Violation Number 316.193(1)		Violation of ORD #		Drug Activity N		Drug Type N	
NOTICE TO APPEAR	Amount / Unit		Offense # 19115525		Warrant / Capias Number		Bond	
	Charge Description		Counts		Domestic Violence <input type="checkbox"/> Y <input checked="" type="checkbox"/> N		Statute Violation Number	
	Drug Activity N		Drug Type N		Amount / Unit		Offense # 1	
	Warrant / Capias Number		Bond		Charge Description		Counts	
	Domestic Violence <input type="checkbox"/> Y <input checked="" type="checkbox"/> N		Statute Violation Number		Violation of ORD #		Drug Activity N	
ADMIN	Drug Activity N		Drug Type N		Amount / Unit		Offense # 1	
	Warrant / Capias Number		Bond		Charge Description		Counts	
Domestic Violence <input type="checkbox"/> Y <input checked="" type="checkbox"/> N		Statute Violation Number		Violation of ORD #		Drug Activity N		
Warrant / Capias Number		Bond		Charge Description		Counts		
Domestic Violence <input type="checkbox"/> Y <input checked="" type="checkbox"/> N		Statute Violation Number		Violation of ORD #		Drug Activity N		
Warrant / Capias Number		Bond		Charge Description		Counts		
Domestic Violence <input type="checkbox"/> Y <input checked="" type="checkbox"/> N		Statute Violation Number		Violation of ORD #		Drug Activity N		
Warrant / Capias Number		Bond		Charge Description		Counts		
Domestic Violence <input type="checkbox"/> Y <input checked="" type="checkbox"/> N		Statute Violation Number		Violation of ORD #		Drug Activity N		
Warrant / Capias Number		Bond		Charge Description		Counts		
Domestic Violence <input type="checkbox"/> Y <input checked="" type="checkbox"/> N		Statute Violation Number		Violation of ORD #		Drug Activity N		
Warrant / Capias Number		Bond		Charge Description		Counts		
Domestic Violence <input type="checkbox"/> Y <input checked="" type="checkbox"/> N		Statute Violation Number		Violation of ORD #		Drug Activity N		
Warrant / Capias Number		Bond		Charge Description		Counts		
Domestic Violence <input type="checkbox"/> Y <input checked="" type="checkbox"/> N		Statute Violation Number		Violation of ORD #		Drug Activity N		
Warrant / Capias Number		Bond		Charge Description		Counts		
Domestic Violence <input type="checkbox"/> Y <input checked="" type="checkbox"/> N		Statute Violation Number		Violation of ORD #		Drug Activity N		
Warrant / Capias Number		Bond		Charge Description		Counts		
Domestic Violence <input type="checkbox"/> Y <input checked="" type="checkbox"/> N		Statute Violation Number		Violation of ORD #		Drug Activity N		
Warrant / Capias Number		Bond		Charge Description		Counts		
Domestic Violence <input type="checkbox"/> Y <input checked="" type="checkbox"/> N		Statute Violation Number		Violation of ORD #		Drug Activity N		
Warrant / Capias Number		Bond		Charge Description		Counts		
Domestic Violence <input type="checkbox"/> Y <input checked="" type="checkbox"/> N		Statute Violation Number		Violation of ORD #		Drug Activity N		
Warrant / Capias Number		Bond		Charge Description		Counts		
Domestic Violence <input type="checkbox"/> Y <input checked="" type="checkbox"/> N		Statute Violation Number		Violation of ORD #		Drug Activity N		
Warrant / Capias Number		Bond		Charge Description		Counts		
Domestic Violence <input type="checkbox"/> Y <input checked="" type="checkbox"/> N		Statute Violation Number		Violation of ORD #		Drug Activity N		
Warrant / Capias Number		Bond		Charge Description		Counts		
Domestic Violence <input type="checkbox"/> Y <input checked="" type="checkbox"/> N		Statute Violation Number		Violation of ORD #		Drug Activity N		
Warrant / Capias Number		Bond		Charge Description		Counts		
Domestic Violence <input type="checkbox"/> Y <input checked="" type="checkbox"/> N		Statute Violation Number		Violation of ORD #		Drug Activity N		
Warrant / Capias Number		Bond		Charge Description		Counts		
Domestic Violence <input type="checkbox"/> Y <input checked="" type="checkbox"/> N		Statute Violation Number		Violation of ORD #		Drug Activity N		
Warrant / Capias Number		Bond		Charge Description		Counts		
Domestic Violence <input type="checkbox"/> Y <input checked="" type="checkbox"/> N		Statute Violation Number		Violation of ORD #		Drug Activity N		
Warrant / Capias Number		Bond		Charge Description		Counts		
Domestic Violence <input type="checkbox"/> Y <input checked="" type="checkbox"/> N		Statute Violation Number		Violation of ORD #		Drug Activity N		
Warrant / Capias Number		Bond		Charge Description		Counts		
Domestic Violence <input type="checkbox"/> Y <input checked="" type="checkbox"/> N		Statute Violation Number		Violation of ORD #		Drug Activity N		
Warrant / Capias Number		Bond		Charge Description		Counts		
Domestic Violence <input type="checkbox"/> Y <input checked="" type="checkbox"/> N		Statute Violation Number		Violation of ORD #		Drug Activity N		
Warrant / Capias Number		Bond		Charge Description		Counts		
Domestic Violence <input type="checkbox"/> Y <input checked="" type="checkbox"/> N		Statute Violation Number		Violation of ORD #		Drug Activity N		
Warrant / Capias Number		Bond		Charge Description		Counts		
Domestic Violence <input type="checkbox"/> Y <input checked="" type="checkbox"/> N		Statute Violation Number		Violation of ORD #		Drug Activity N		
Warrant / Capias Number		Bond		Charge Description		Counts		
Domestic Violence <input type="checkbox"/> Y <input checked="" type="checkbox"/> N		Statute Violation Number		Violation of ORD #		Drug Activity N		
Warrant / Capias Number		Bond		Charge Description		Counts		
Domestic Violence <input type="checkbox"/> Y <input checked="" type="checkbox"/> N		Statute Violation Number		Violation of ORD #		Drug Activity N		
Warrant / Capias Number		Bond		Charge Description		Counts		
Domestic Violence <input type="checkbox"/> Y <input checked="" type="checkbox"/> N		Statute Violation Number		Violation of ORD #		Drug Activity N		
Warrant / Capias Number		Bond		Charge Description		Counts		
Domestic Violence <input type="checkbox"/> Y <input checked="" type="checkbox"/> N		Statute Violation Number		Violation of ORD #		Drug Activity N		
Warrant / Capias Number		Bond		Charge Description		Counts		
Domestic Violence <input type="checkbox"/> Y <input checked="" type="checkbox"/> N		Statute Violation Number		Violation of ORD #		Drug Activity N		
Warrant / Capias Number		Bond		Charge Description		Counts		
Domestic Violence <input type="checkbox"/> Y <input checked="" type="checkbox"/> N		Statute Violation Number		Violation of ORD #		Drug Activity N		
Warrant / Capias Number		Bond		Charge Description		Counts		
Domestic Violence <input type="checkbox"/> Y <input checked="" type="checkbox"/> N		Statute Violation Number		Violation of ORD #		Drug Activity N		
Warrant / Capias Number		Bond		Charge Description		Counts		
Domestic Violence <input type="checkbox"/> Y <input checked="" type="checkbox"/> N		Statute Violation Number		Violation of ORD #		Drug Activity N		
Warrant / Capias Number		Bond		Charge Description		Counts		
Domestic Violence <input type="checkbox"/> Y <input checked="" type="checkbox"/> N		Statute Violation Number		Violation of ORD #		Drug Activity N		
Warrant / Capias Number		Bond		Charge Description		Counts		
Domestic Violence <input type="checkbox"/> Y <input checked="" type="checkbox"/> N		Statute Violation Number		Violation of ORD #		Drug Activity N		
Warrant / Capias Number		Bond		Charge Description		Counts		
Domestic Violence <input type="checkbox"/> Y <input checked="" type="checkbox"/> N		Statute Violation Number		Violation of ORD #		Drug Activity N		
Warrant / Capias Number		Bond		Charge Description		Counts		
Domestic Violence <input type="checkbox"/> Y <input checked="" type="checkbox"/> N		Statute Violation Number		Violation of ORD #		Drug Activity N		
Warrant / Capias Number		Bond		Charge Description		Counts		
Domestic Violence <input type="checkbox"/> Y <input checked="" type="checkbox"/> N		Statute Violation Number		Violation of ORD #		Drug Activity N		
Warrant / Capias Number		Bond		Charge Description		Counts		
Domestic Violence <input type="checkbox"/> Y <input checked="" type="checkbox"/> N		Statute Violation Number		Violation of ORD #		Drug Activity N		
Warrant / Capias Number		Bond		Charge Description		Counts		
Domestic Violence <input type="checkbox"/> Y <input checked="" type="checkbox"/> N		Statute Violation Number		Violation of ORD #		Drug Activity N		
Warrant / Capias Number		Bond		Charge Description		Counts		
Domestic Violence <input type="checkbox"/> Y <input checked="" type="checkbox"/> N		Statute Violation Number		Violation of ORD #		Drug Activity N		
Warrant / Capias Number		Bond		Charge Description		Counts		
Domestic Violence <input type="checkbox"/> Y <input checked="" type="checkbox"/> N		Statute Violation Number		Violation of ORD #		Drug Activity N		
Warrant / Capias Number		Bond		Charge Description		Counts		
Domestic Violence <input type="checkbox"/> Y <input checked="" type="checkbox"/> N		Statute Violation Number		Violation of ORD #		Drug Activity N		
Warrant / Capias Number		Bond		Charge Description		Counts		
Domestic Violence <input type="checkbox"/> Y <input checked="" type="checkbox"/> N		Statute Violation Number		Violation of ORD #		Drug Activity N		
Warrant / Capias Number		Bond		Charge Description		Counts		
Domestic Violence <input type="checkbox"/> Y <input checked="" type="checkbox"/> N		Statute Violation Number		Violation of ORD #		Drug Activity N		
Warrant / Capias Number		Bond		Charge Description		Counts		
Domestic Violence <input type="checkbox"/> Y <input checked="" type="checkbox"/> N		Statute Violation Number		Violation of ORD #		Drug Activity N		
Warrant / Capias Number		Bond		Charge Description		Counts		
Domestic Violence <input type="checkbox"/> Y <input checked="" type="checkbox"/> N		Statute Violation Number		Violation of ORD #		Drug Activity N		
Warrant / Capias Number		Bond		Charge Description		Counts		
Domestic Violence <input type="checkbox"/> Y <input checked="" type="checkbox"/> N		Statute Violation Number		Violation of ORD #		Drug Activity N		
Warrant / Capias Number		Bond		Charge Description		Counts		
Domestic Violence <input type="checkbox"/> Y <input checked="" type="checkbox"/> N		Statute Violation Number		Violation of ORD #		Drug Activity N		
Warrant / Capias Number		Bond		Charge Description		Counts		
Domestic Violence <input type="checkbox"/> Y <input checked="" type="checkbox"/> N		Statute Violation Number		Violation of ORD #		Drug Activity N		
Warrant / Capias Number		Bond		Charge Description		Counts		
Domestic Violence <input type="checkbox"/> Y <input checked="" type="checkbox"/> N		Statute Violation Number		Violation of ORD #		Drug Activity N		
Warrant / Capias Number		Bond		Charge Description		Counts		
Domestic Violence <input type="checkbox"/> Y <input checked="" type="checkbox"/> N		Statute Violation Number		Violation of ORD #		Drug Activity N		
Warrant / Capias Number		Bond		Charge Description		Counts		
Domestic Violence <input type="checkbox"/> Y <input checked="" type="checkbox"/> N		Statute Violation Number		Violation of ORD #		Drug Activity N		
Warrant / Capias Number		Bond		Charge Description		Counts		
Domestic Violence <input type="checkbox"/> Y <input checked="" type="checkbox"/> N		Statute Violation Number		Violation of ORD #		Drug Activity N		
Warrant / Capias Number		Bond		Charge Description		Counts		
Domestic Violence <input type="checkbox"/> Y <input checked="" type="checkbox"/> N		Statute Violation Number		Violation of ORD #		Drug Activity N		
Warrant / Capias Number		Bond		Charge Description		Counts		
Domestic Violence <input type="checkbox"/> Y <input checked="" type="checkbox"/> N		Statute Violation Number		Violation of ORD #		Drug Activity N		
Warrant / Capias Number		Bond		Charge Description		Counts		
Domestic Violence <input type="checkbox"/> Y <input checked="" type="checkbox"/> N		Statute Violation Number		Violation of ORD #		Drug Activity N		
Warrant / Capias Number		Bond		Charge Description		Counts		
Domestic Violence <input type="checkbox"/> Y <input checked="" type="checkbox"/> N		Statute Violation Number		Violation of ORD #		Drug Activity N		
Warrant / Capias Number		Bond		Charge Description		Counts		
Domestic Violence <input type="checkbox"/> Y <input checked="" type="checkbox"/> N		Statute Violation Number		Violation of ORD #		Drug Activity N		
Warrant / Capias Number		Bond		Charge Description		Counts		
Domestic Violence <input type="checkbox"/> Y <input checked="" type="checkbox"/> N		Statute Violation Number		Violation of ORD #		Drug Activity N		
Warrant / Capias Number		Bond		Charge Description		Counts		
Domestic Violence <input type="checkbox"/> Y <input checked="" type="checkbox"/> N		Statute Violation Number		Violation of ORD #		Drug Activity N		
Warrant / Capias Number		Bond		Charge Description		Counts		
Domestic Violence <input type="checkbox"/> Y <input checked="" type="checkbox"/> N		Statute Violation Number		Violation of ORD #		Drug Activity N		
Warrant / Capias Number		Bond		Charge Description		Counts		
Domestic Violence <input type="checkbox"/> Y <input checked="" type="checkbox"/> N		Statute Violation Number		Violation of ORD #		Drug Activity N		
Warrant / Capias Number		Bond		Charge Description		Counts		
Domestic Violence <input type="checkbox"/> Y <input checked="" type="checkbox"/> N		Statute Violation Number		Violation of ORD #		Drug Activity N		
Warrant / Capias Number		Bond		Charge Description		Counts		
Domestic Violence <input type="checkbox"/> Y <input checked="" type="checkbox"/> N		Statute Violation Number		Violation of ORD #		Drug Activity N		
Warrant / Capias Number		Bond		Charge Description		Counts		
Domestic Violence <input type="checkbox"/> Y <input checked="" type="checkbox"/> N		Statute Violation Number		Violation of ORD #		Drug Activity N		
Warrant / Capias Number		Bond		Charge Description		Counts		
Domestic Violence <input type="checkbox"/> Y <input checked="" type="checkbox"/> N		Statute Violation Number		Violation of ORD #		Drug Activity N		
Warrant / Capias Number		Bond		Charge Description		Counts		
Domestic Violence <input type="checkbox"/> Y <input checked="" type="checkbox"/> N		Statute Violation Number		Violation of ORD #		Drug Activity N		
Warrant / Capias Number		Bond		Charge Description		Counts		
Domestic Violence <input type="checkbox"/> Y <input checked="" type="checkbox"/> N		Statute Violation Number		Violation of ORD #		Drug Activity N		
Warrant / Capias Number		Bond		Charge Description		Counts		
Domestic Violence <input type="checkbox"/> Y <input checked="" type="checkbox"/> N		Statute Violation Number		Violation of ORD #		Drug Activity N		
Warrant / Capias Number		Bond		Charge Description		Counts		
Domestic Violence <input type="checkbox"/> Y <input checked="" type="checkbox"/> N		Statute Violation Number		Violation of ORD #		Drug Activity N		
Warrant / Capias Number		Bond		Charge Description		Counts		
Domestic Violence <input type="checkbox"/> Y <input checked="" type="checkbox"/> N		Statute Violation Number		Violation of ORD #		Drug Activity N		
Warrant / Capias Number		Bond		Charge Description		Counts		
Domestic Violence <input type="checkbox"/> Y <input checked="" type="checkbox"/> N		Statute Violation Number		Violation of ORD #		Drug Activity N		
Warrant / Capias Number		Bond		Charge Description		Counts		
Domestic Violence <input type="checkbox"/> Y <input checked="" type="checkbox"/> N		Statute Violation Number		Violation of ORD #		Drug Activity N		
Warrant / Capias Number		Bond		Charge Description		Counts		
Domestic Violence <input type="checkbox"/> Y <input checked="" type="checkbox"/> N		Statute Violation Number		Violation of ORD #		Drug Activity N		
Warrant / Capias Number								

PROBABLE CAUSE AFFIDAVIT

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

1 Juvenile N

OBTS Number Agency ORI Number Agency Name Agency Report Number
FLO 500000 PALM BEACH COUNTY SHERIFF'S OFFICE 06-19115525

Name (Last, First, Middle) Alias Race Sex Date of Birth
Tsonas, Christopher, dean

Charge Description Charge Description
DUI 316.193(1)

Victim's Name (Last, First, Middle) Race Sex Date of Birth
Local Address (Street, Apt. Number) (City) (State) (zip) Phone Address Source
Business Address (Name, Street) (City) (State) (zip) Phone Occupation

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.
The Person taken into custody
 committed the below acts in my presence. was observed by _____ who told _____
 confessed to _____ that he/she saw the arrested person commit the below acts.
 admitting to the below facts. was found to have committed the below acts, resulting from my (described) investigation.
On the 15 day of SEPTEMBER 20 19 at 2200 A.M. P.M. (Specifically include facts constituting cause for arrest.)

On 9/16/19 at approximately 2210 hrs, I responded to 13880 welington trc, wellington, fl 33414 in reference to a crash. Upon arrival I observed a white male later identified by FL DL as Christopher Tsonas(DOB 07/18/1953) already standing out of the vehicle. The other involved party in the crash James Demato (DOB 1/21/83) completed a sworn statement stating he observed Christopher behind the wheel of the vehicle at the time of the crash.

Upon arriving on scene, Crystal was already out of a Black Dodge Pickup bearing FL tag IMYD85 standing at the open driver door. The vehicle was stopped in the middle of both the travel lane for the parking lot and the travel lane for the parking lane. While outside the vehicle, I observed Christopher visibly swaying in an orbital pattern from approximately thirty feet away. While speaking with Christopher, he exhibited slurred speech and tended to run words together as if they were one. Christopher tended to stair off in a distance as if he was dazed and staying focused on one topic. Christopher appeared confused and had difficulty following direction, answering questions and performing basic fundamental tasks. When asked for his driver's license, Christopher handed over two debit cards instead of his license. Christopher tended to lean on her vehicle as to balance himself. When asked how much he has had to drink, Christopher stated did not have any. When asked if he takes any medication, Christopher stated he had taken prescribed Oxycodone approximately two hours prior and had diabetes. Although Christopher did not believe he was experiencing a diabetic episode, PBCFR responded to ensure he was not in medical harm. After PBCFR cleared Christopher and after ensuring Christopher understood I was finished with the crash investigation and now performing a DUI investigation, he was asked to perform roadside exercises. Christopher agreed to perform the roadside exercises and was escorted to the Exercise area which was already cleared of any debris and confirmed to be level.

While walking over to the exercise area, Christopher stumbled numerous times and tended to drift off to his right. While at the exercise area, Christopher was placed in the instructional stance for the HGN and VGN. See Supplemental PC for further information.

Christopher was given instructions to be the placed into the instructional stance for the Walk and Turn. See supplemental PC for further information.

Christopher was given instructions to be the placed into the instructional stance for the one leg stand. See supplemental PC for further information.

Christopher was given instructions to be the placed into the instructional stance for the finger to nose. See supplemental PC for further information.

Christopher was given instructions to be the placed into the instructional stance for the Romberg Alphabet. See supplemental PC for further information.

Christopher was then placed in handcuffs, double locked, checked for tightness and placed in the rear passenger compartment of my marked PBSO vehicle. Crystal was transported to the Palm Beach County BAT center without incident. While at the BAT, Christopher needed assistance getting out of the vehicle and used the vehicle as leverage to assist him in getting out. Crystal was placed under twenty minute observation, where he did not take anything by mouth nor regurgitate during that period. Christopher was then asked to provide a breath sample from which he agreed. The first sample resulted in a .000 BAC and a second sample of .000 BAC. Christopher was then asked to provide a urine sample from which he agreed. Christopher missed the sample cup and would not provide a further sample, even after him expressing his need to having to urinate. After reading implied consent and ensuring she understood the Implied Consent, providing numerous saples of waters and waiting twenty minutes, Christopher was still unable to provide a urine sample. Christopher was then escorted Wellington Regional Medical center for medical clearance and then to Palm Beach county Main Detention Center where she was turned over to Corrections staff for booking.

Due to the above investigation, probable cause exists for DUI pursuant to FSS 316.193(1)

SCANNED
SEP 16 2019

STATE OF FLORIDA
COUNTY OF PALM BEACH
(Signature of Arresting/Investigative Officer) D/S M. KYSOR

The foregoing instrument was sworn to or affirmed and subscribed before me this 15 day of September 20 19 by D/S M. KYSOR

(Print name of Arresting/Investigative Officer), who is personally known to me and produced identification produced Known
Notary Public - State of Florida
Commission # FF 966854
My Comm. Expires Jun 25, 2020
Bonded through National Notary Assn



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

PBSO CASE # 19115525 PBSO ZONE 8-12

AGENCY CASE # _____ CRASH CASE # 19115515

TIME OF STOP/CRASH 2200 DATE 09/15/2019 DAY _____

SUBJECT'S NAME tsonas christopher dean RACE W SEX m
LAST FIRST MID

HGT 6'2 WGT 200 DOB 07/18/1953

LOCATION 13880 wellington trc, wellington, fl 33414

ARRESTING OFFICER'S NAME & ID D/S M. KYSOR 14498 AGENCY Palm Beach County Sheriff's Office

DIVISION: RP

NOTIFIED BY COMMO YES

ARRIVAL AT FACILITY 2320hrs

ARREST TIME 2250hrs

BREATH RESULTS:

- 000
- 000

Urine / Refused

TESTING OFFICER'S ID 6212 PBSO VIDEOTAPE # 1

NOT A CERTIFIED COPY

**SCANNED
SEP 16 2019**

D.U.I. PROBABLE CAUSE AFFIDAVIT

ON THE 15 DAY OF SEPTEMBER 20 19, AT 2200 AM PM

SUBJECT: tsonas christopher dean CASE NUMBER: 19115525

AGENCY: PALM BEACH COUNTY SHERIFF'S OFFICE ARRESTING OFFICER: D/S M. KYSOR

PERSONAL CONTACT

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

OBSERVED BY WHOM CRASHED INTO HIS VEHICLE.

OBSERVATION OF DRIVER:

Upon arriving on scene, I observed a White male with gray hair later identified by FL DL as Christopher Tsonas. Christopher was wearing a white shirt, tan shorts and black shoes. Christopher tended to stand slouched over and exhibited slow, lethargic movements. Christopher had difficulty standing still and would sway while attempting to stand still. While attempting to hand over his Driver's license, Christopher turned over two debit cards.

DRIVER'S STATEMENTS:

While speaking with Christopher, they advised they just left from his house and was headed to Publix. While speaking with Christopher, I observed Christopher spoke with a slurred speech and tended to run his words together as if they were one. Christopher had a delayed response to the questions and would run two separate thoughts together.

ODORS:

non observed

GENERAL OBSERVATIONS

SPEECH: Slurred speech, difficult to understand

ATTITUDE: cooperative, slowed response

CLOTHING: white shirt, tan shorts, black shoes

MEDICAL/OTHER: Christopher advised he had diabetes but was checked through fire rescue and cleared on scene with normal blood sugar levels. Christopher advised he did not have any pain. Christopher stated he was taking 6mg Oxycodone for previous injuries.
All ROADSIDES CAPTURED ON IN-CAR VIDEO

STATE OF FLORIDA
COUNTY OF PALM BEACH

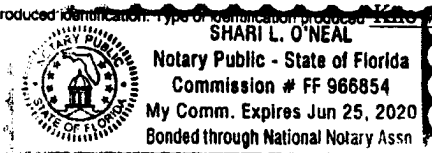
D/S M. KYSOR

(Signature of Arresting/Investigative Officer)

The foregoing instrument was sworn to or affirmed and subscribed before me this 15 day of September 20 19 by D/S M. KYSOR

(Print name of Arresting/Investigative Officer), who is personally known to me and/or produced identification. Type of identification produced: None

Shari L. O'Neal
Notary Public, Clerk of Court, Officer (F.S.S 117.10)



SCANNED

SEP 16 2019

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:

Christopher had blood shot, glassy eyes and exhibited Vertical Gaze Nystagmus

WALK & TURN:

I positioned Christopher on a painted blue line utilizing the parking divider for a handicap parking spot. The exercise area on a smooth and level surface, free of any debris and well lit by the headlights on my vehicle and nearby parking lot lights. I instructed Christopher to place his left foot on the line and his right foot in front of the left touching heel to toe. I instructed him that he was to keep his hands at his side and stay in this position until I instructed him to do otherwise. I instructed him to walk nine heel to toe steps counting out loud, while watching his feet. On the ninth step he was to keep his front foot on the line and use his back foot, in a series of small steps, to turn around before walking nine heel to toe steps the opposite direction counting out loud and watching his feet. I demonstrated the task, while I was verbally instructing him in the proper way to complete the task. Once Christopher stated he understood, I had him perform the task. During the task, I observed the driver swayed while balancing, stops walking to steady self, did not touch heel to toe numerous times, stepped off the line numerous times. Christopher did not turn properly (loses balance while turning (stumbles, turns other way than I explained.) Incorrect number of steps. (

ONE LEG STAND:

I placed Christopher with his feet together and arms at his side. I demonstrated the task, as I verbally instructed him to raise one of his feet approximately six inches off of the ground, point his toe towards my patrol car, look at the raised foot, and count out loud 1001, 1002, 1003 and so on until told to stop. I asked him if he understood the instructions and demonstration I provided. After Christopher stated he understood my instructions, the task was performed. While Christopher stood in the instructional position, I observed him sway back and forth while standing stationary. While raising his foot he swayed while balancing, put foot down numerous times and stated I can't do this.

FINGER TO NOSE:

I placed Christopher in the instructional stance for the finger to nose. I gave Christopher instructions and demonstrated them. Christopher stated he understood the instructions. Christopher missed finger to nose numerous times by touching the sides of his nose.

ROMBERG ALPHABET:

I placed Christopher in the instructional stance for the Romberg Alphabet. I gave Christopher instructions and demonstrated the exercise. Christopher stated he understood the instructions. Christopher started too soon.

BREATH TEST RESULTS:

STATE OF FLORIDA
COUNTY OF PALM BEACH

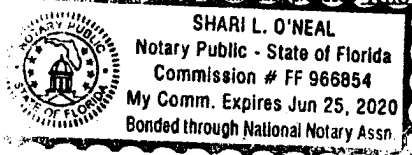
D/S M. KYSOR

Signature of Arresting/Investigative Officer

This foregoing instrument was sworn to or affirmed and subscribed before me this 15 day of September 2019 by D/S M. KYSOR

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

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



SCANNED
SEP 16 2019

WITNESS LIST

CASE NUMBER: 19115525

ARRESTING OFFICER: D/S M. KYSOR

ADDRESS: ROAD PATROL

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

CAN TESTIFY TO: DUI Investigation

NAME: James Demato

ADDRESS: 2564 COUNTRY GOLF DR WELLINGTON, FL 33414

PHONE NUMBERS (HOME) 561-442-1554 (WORK) _____

CAN TESTIFY TO: crash/wheel witness

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: _____

NOT A CERTIFIED COPY

SCANNED
SEP 16 2019

TESTING FACILITY TASK REPORT

AGENCY PBSO 115 1 115
SUBJECT Thomas, Christopher D. CASE NUMBER 14-115-23

DATE 06-15-14 VIDEO TAPE NUMBER 1

BEGINNING TIME 2340 hrs ENDING TIME 2350

BREATH TESTS RESULTS: 1) 000 TIME 2344 A.M./P.M. 2) 000 TIME 2345
3) TIME A.M./P.M. 4) TIME A.M./P.M.

BREATH OPERATOR S. O'Neil #6212

MAINTENANCE TECHNICIAN J. V. ... #6476

REASON FOR TESTING

SPEECH Normal Spontaneous

RETIRES

CLOTHING Shorts White/Black Shorts Khaki

MEDICAL CONDITIONS No Allergies

MEDICATIONS Oxycontin 4's a day

OTHER Eyes blurry, unrelated

SUBJECT Travis, Christopher D. CASE NUMBER 15-10000

IMPLIED CONSENT FOR DUI IN A MOTOR VEHICLE

NOTE: READ ONLY THE PARAGRAPH APPLICABLE TO THE TYPE OF TEST YOU ARE REQUESTED TO TAKE.

I am now requesting that you submit to a breath test of your BREATH for the purpose of determining the presence of chemical or controlled substances.

OR

I am now requesting that you submit to a fluid test of your URINE for the purpose of determining the presence of chemical or controlled substances.

OR

I am now requesting that you submit to a fluid test of your BLOOD for the purpose of determining the presence of chemical or controlled substances.

PLEASE NOTE: IF THE SUBJECT DOES NOT COMPLY WITH THE REQUESTED TEST:

I am DIA Lopez of the PRSO

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 six (6) months if your privilege has been previously suspended. If you refuse to submit to a fluid test of your breath, urine or blood. Additionally, if you refuse to submit to a test as requested of you and your privilege to drive has been previously suspended for a prior refusal to submit to a test of your breath, urine or blood, you will be committing a misdemeanor. Refusal to submit to the test requested is inadvisable because it may result in your license being suspended.

Signature: [Signature]

ADDITIONAL INFORMATION

PLEASE READ THE FOLLOWING INFORMATION CAREFULLY BEFORE YOU MAKE ANY STATEMENTS:

1. You have the right to remain silent and not answer any questions.
2. Any statement you do make must be voluntarily given.
3. You have the right to the presence of a lawyer of your choice before you make any statements and to stop answering questions at any time.
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 will not be penalized or punished.
6. You may make an affidavit or sworn statement if you wish to make a statement.
7. Any statement can and will be used against you in a court of law.

SUBJECT'S SIGNATURE: [Signature]

SUBJECT Isaacs, Christopher D. CASE NUMBER 19-11-625

QUESTIONS AND ANSWERS

FOR SOME OF THE FOLLOWING QUESTIONS, WITH THESE RIGHTS IN MIND, YOU MAY ANSWER SOME OR ALL OF THEM OR NONE OF THE FOLLOWING QUESTIONS AS YOU LIKE.

WERE YOU OPERATING A MOTOR VEHICLE AT THE TIME OF THE STOP/ACCIDENT?

WHAT WERE YOU DOING?

WHAT STREET OR HIGHWAY WERE YOU ON?

WHERE DID YOU START? WHERE ARE 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 IS YOUR BIRTH DATE AND BIRTH PLACE?

WHAT DID YOU EAT?

HOW LONG HAVE YOU BEEN DRIVING FOR THESE HOURS?

HAVE YOU BEEN DRIVING? 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 ACCIDENT? ARE YOU UNDER THE INFLUENCE?

HAVE YOU BEEN TO A HOSPITAL SINCE THE ACCIDENT? HOW MUCH?

WHAT? WHERE?

WHEN DID YOU GO TO THE HOSPITAL?

WHAT? WHAT?

WHAT IS WRONG?

DID YOU RECEIVE A BUMP ON THE HEAD RECENTLY?

HOW MANY? WHEN?

DO YOU USE ANY MARIJUANA TODAY? WHEN?

WHO? WHEN?

WHAT? WHEN?

DO YOU HAVE EPILEPSY?

WHAT?

WHAT?

WHAT?

DO YOU HAVE ANY PROBLEMS WITH YOUR EYES THAT ARE NOT CORRECTED BY GLASSES?

IF YES, WHEN WAS YOUR LAST INJECTION?

WHAT? WHERE?

WHAT?

WHAT?

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: 80-006476 Software: 8100.27
Date of Test: 09/15/2019

Date of Last Agency Inspection: 09/13/2019

Observation Period Began: 23:20

Subject's Name: CHRISTOPHER DEAN TSONAS

DOB: 07/18/1953 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	23:42
	Air Blank	0.000	23:43
	Control Test	0.078	23:43
	Air Blank	0.000	23:44
	Subject Sample #1	0.000	23:44
	Air Blank	0.000	23:44
	Air Blank	0.000	23:46
	Subject Sample #2	0.000	23:47
	Air Blank	0.000	23:47
	Control Test	0.079	23:47
	Air Blank	0.000	23:48
	Diagnostics Check	OK	23:48

Cylinder Lot: 17919080A1
Exp: 08/05/2021

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 SHARI L O'NEAL, 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: S. O'neal Date: 09-15-19
Signature

Sworn to (or affirmed) before me this 15 day of September, 2019

[Signature] Signature of Notary Public-State of Florida
DIS Kusor #14498 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, D/S M. KYSOR, 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 15 day of September, 20 18 19, at 2250 P.M. A.M.

DRIVER christopher dean tsonas
(Type or Print) FIRST NAME MIDDLE OR MAIDEN NAME LAST NAME

DL# t252104532580, state of FLORIDA, was placed under lawful arrest for
the offense of DUI by D/S M. KYSOR and
issued Citation # A2G49VP (Name of Arresting Officer)

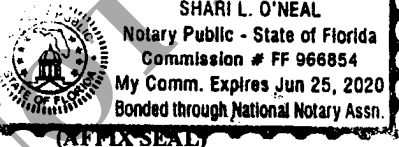
That on or about the 16 day of September, 20 18 19, at 0021 P.M. A.M.

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)



The foregoing instrument was sworn and subscribed before me:

Signature of Attesting Officer

The foregoing instrument was sworn and subscribed before
me this 15 day of September, 20 19,

Title

by D/S M. KYSOR

Date

who is personally known to me or who has produced
Known as identification

Notary Public [Signature]

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.



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.	
	<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: 2019030187	Date: 9/16/2019
	Specialist Name/ID: Gammage/5660

SCANNED
SEP 16 2019