

**ARREST / NOTICE TO APPEAR
Juvenile Referral Report**

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

OBTS Number	Agency ORI Number FLO 500000			Agency Name PALM BEACH COUNTY SHERIFF'S OFFICE			Agency Report Number (N.T.A.'s only) 06-17136689										
ADMINISTRATIVE	Charge Type: Check as many as apply.			Weapon Seized / Type			Multiple Clearance Indicator										
	<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	<input type="checkbox"/> 1. Yes	<input type="checkbox"/> 2. No									
Location of Arrest (Including Name of Business) 6000 Block Lake Worth Rd Lake Worth FL 33461				Location of Offense (Business Name, Address) 6000 Block Lake Worth Rd													
Date of Arrest 10/08/2017		Time of Arrest 02:12		Booking Date		Booking Time		Jail Date		Jail Time		Location of Vehicle Released per R/O to valid driver					
Name (Last, First, Middle) Guardino Damiano										Alias (Name, DOB, Soc. Sec. #, Etc.)							
Race W - White I - American Indian B - Black O - Oriental/Asian		Sex W M	Date of Birth 06/18/1971		Height 5'11	Weight 175	Eye Color Blu	Hair Color Bro	Complexion Med	Build Med							
Scars, Marks, Tattoos, Unique Physical Features (Location, Type, Description)						Marital Status Married		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) EQUINE LN				(City) Wellington FL 33414		(State)		(Zip)		Phone ()		Residence Type: 1. City 2. County 3. Florida 4. Out of State 2					
Permanent Address (Street, Apt. Number)				(City)		(State)		(Zip)		Phone ()		Address Source FL DL					
Business Address (Name, Street)				(City)		(State)		(Zip)		Phone ()		Occupation Self Employe					
D/L Number, State G-635-160-71-218-0			Soc. Sec. Number			INS Number			Place of Birth (City, State) New York NY			Citizenship US					
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							
Parent Legal Custodian Other:										Residence Phone ()							
Address (Street, Apt. Number)										(City)		(State)		(Zip)		Business Phone ()	
Notified by: (Name)				Date		Time		Juvenile Disposition 1. Handled/processed within Dept. and Released. 2. TOT HRS / DYS 3. Incarcerated									
Released To: (Name)						Relationship			Date		Time						
The above address provided by <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.								School Attended		Grade							
<input type="checkbox"/> Yes, by: (Name) <input type="checkbox"/> No: (Reason)																	
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 DUI				Counts 1	Domestic Violence <input type="checkbox"/> Y <input type="checkbox"/> N	Statute Violation Number 316.193(1)				Violation of ORD #							
Drug Activity N		Drug Type N	Amount / Unit		Offense # 17136689		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 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						
Location (Court Room Number, Address) PALM BEACH COUNTY COURTHOUSE CRIMINAL JUSTICE COMPLEX, 3228 GUN CLUB RD, WEST PALM BEACH, FL 33406 - (561) 355-2996																	
Court Date and Time Month Nov Day 2 Year 2017 Time 08:30 AM X																	
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 10/08/2017							
HOLD for other Agency Name:				Signature of Arresting Officer				Name Verification (Printed by Arrestee)									
<input type="checkbox"/> Dangerous <input type="checkbox"/> Resisted Arrest		<input type="checkbox"/> Suicidal <input type="checkbox"/> Other:		Name of Arresting Officer (Print) Inv. J. Schneider				I.D. # 8501		(PRINT)							
Intake Deputy SPANN 8101		I.D. #	Pouch #	Transporting Officer Inv. J. Schneider		ID # 8501	Agency PBSO		Witness here if subject signed with an "X"								
DISTRIBUTION: WHITE - COURT COPY GREEN - STATE ATTORNEY YELLOW - AGENCY PINK - AGENCY GOLD - DEFENDANT (N.T.A.'s ONLY)								PAGE 1 OF 1									

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OCT 10 2017

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:

Eyes bloodshot and glossy. VGN not present.

WALK & TURN:

Guardino was unable to maintain the resting position. He initially was shifting back and forth heavily before finally departing the instructional position in favor of standing with one foot next to the other instead of in front of the other. Starting to walk he raised his arms and stumbled/stepped off the line on number 6. He performed a improper turn, and upon returning stumbled and steps four and eight.

ONE LEG STAND:

While standing stationary Guardino swayed. Starting the task he was unable to keep his foot elevated for the duration of thirty seconds, dropping it multiple times.

FINGER TO NOSE:

While standing stationary Guardino swayed. On Left 1 he held his finger to his nose contrary to instruction and had to be prompted. On Right 1, Left 2, Right 2, Right 3 he touched the pad of his finger to the tip of his nose. On Left 3 he touched the underside of his nose.

ROMBERG ALPHABET:

While standing stationary Guardino swayed. Performing the task Guardino rhymed L, M, N, O, and P contrary to instruction.

BREATH TEST RESULTS: 1) 2) 3) 4)

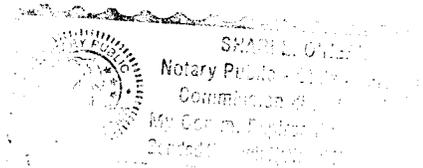
STATE OF FLORIDA
COUNTY OF PALM BEACH

Inv. J. Schneider
(Signature of Arresting/Investigative Officer)

The foregoing instrument was sworn to or affirmed and subscribed before me this 8 day of October 2017 by Inv. J. Schneider

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

Shari O'Neal (#6212)
Notary Public, Clerk of Court, Officer (F.S.S 117.10)



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WITNESS LIST

CASE NUMBER: 17136689

ARRESTING OFFICER: Inv. J. Schneider

ADDRESS: 3228 Gun Club Rd West Palm Beach FL 33406

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

CAN TESTIFY TO: Traffic stop and DUI Investigation

NAME: _____

ADDRESS: _____

PHONE NUMBERS (HOME) _____ (WORK) _____

CAN TESTIFY TO: _____

NAME: _____

ADDRESS _____

PHONE NUMBERS (HOME) _____ (WORK) _____

CAN TESTIFY TO: _____

NAME: _____

ADDRESS _____

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CAN TESTIFY TO: _____

NAME: _____

ADDRESS _____

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NAME: _____

ADDRESS _____

PHONE NUMBERS (HOME) _____ (WORK) _____

CAN TESTIFY TO: _____

NAME: _____

ADDRESS _____

PHONE NUMBERS (HOME) _____ (WORK) _____

CAN TESTIFY TO: _____

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TESTING FACILITY TASK REPORT

AGENCY: 1000 J. J. Schuler #1501
SUBJECT: Guard Duty, 10-05-17 CASE NUMBER: 17-10639
DATE: 10-05-17 VIDEO TAPE NUMBER: N/A
BEGINNING TIME: 00:00 ENDING TIME: 00:29 hrs
BREATH TESTS RESULTS: 1) .000 TIME 00:17 A.M./P.M. 2) .000 TIME 0:20 A.M./P.M.
3) _____ TIME _____ A.M./P.M. 4) _____ TIME _____ A.M./P.M.
BREATH OPERATOR: B. UN-1 # 121
MAINTENANCE TECHNICIAN: J. J. Schuler #1501

TESTING OFFICER'S OBSERVATIONS

SPEECH: —
ATTITUDE: Calm, Quiet, Cooperative
CLOTHING: Blue Navy Blue Shirt, Gray
MEDICAL CONDITIONS: —
MEDICATIONS: —
OTHER: Eyes: Red & Glossy

COMMENTS: 20 min. observation done by AIO Schuler
AIO requested the breath test.
D submitted to the breath report.
D completed the test correctly.
AIO requested other a course.
I signed a course and a course for one.
D submitted to some a course.
C/W on course.
Q+M conducted.
D gave urine.
DPE done.

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SUBJECT: Guadalupe, Dora E CASE NUMBER: 17-126629

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. Sebastian #551 of the Police

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) Kristen L. Combs

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.

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SUSPECT'S SIGNATURE: (X) Kristen L. Combs

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

SUBJECT: Guardia, Domingo CASE NUMBER: 17-10039

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? _____

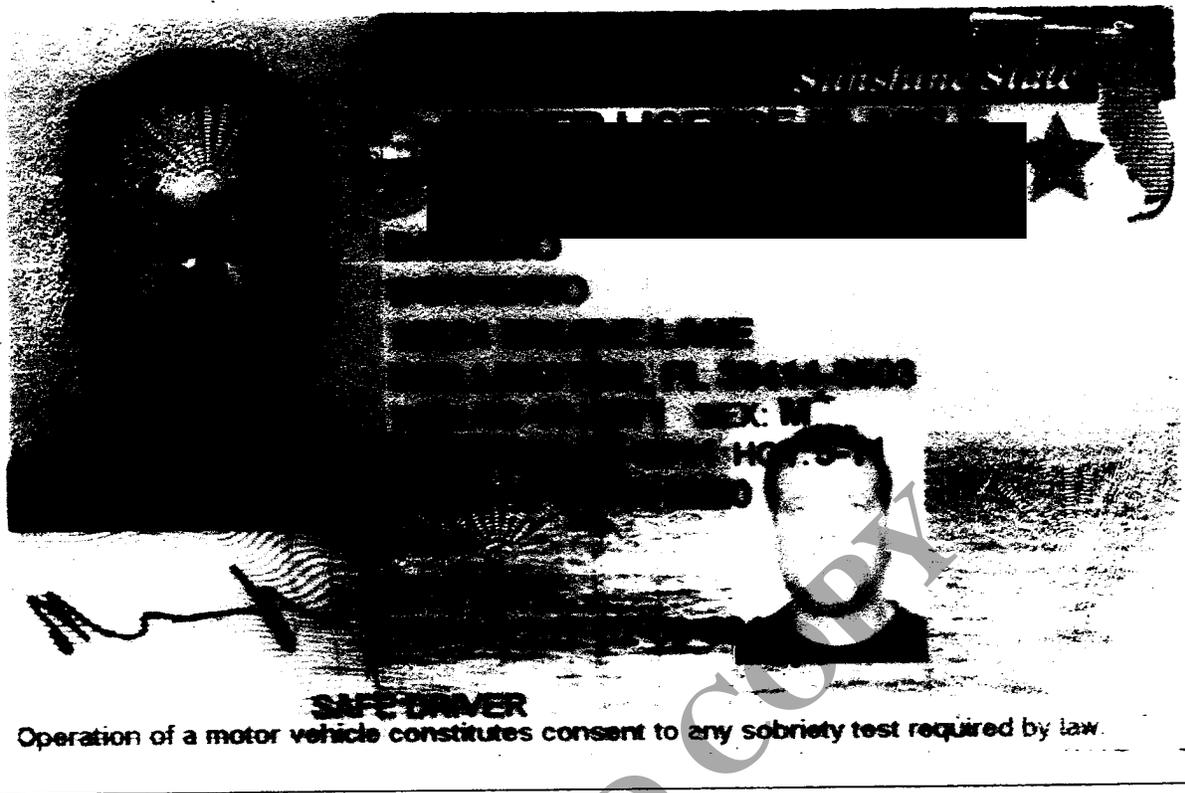
DO YOU TAKE INSULIN? _____ IF SO, WHEN WAS YOUR LAST INJECTION? _____

HAVE YOU EVER HAD A DRIVER'S LICENSE IN ANY OTHER STATE? _____ WHERE? _____

INTERVIEWER: _____

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

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