

D.U.I. PROBABLE CAUSE AFFIDAVIT

ON THE 26th DAY OF March 20 18 AT 12:06 AM PM

SUBJECT: Indrei, Daniel Aurel CASE NUMBER: 18-001881

AGENCY: PALM BEACH GARDENS POLICE DEPT. ARRESTING OFFICER: Officer Batista #439

PERSONAL CONTACT

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

On Sunday, March 25th, 2018, at approximately 11:17pm, I was dispatched to Northlake Blvd and N Congress Ave, Palm Beach Gardens, Palm Beach County, Florida, in reference to a crash with injuries. I was advised by officer Yacinthe #460 that V1 was traveling northbound on N Congress Ave and V2 was traveling westbound on Northlake Blvd. Daniel Indrei was identified by his Florida driver's license and as the driver of V1. Indrei fail to obey a the steady red light which lead to him crashing into the rear driver side of V2. After the crash investigation was complete, the scene was turned over to me to conduct a DUI investigation.

OBSERVATION OF DRIVER:

While speaking to Indrei, I smelled an odor of an unknown alcoholic beverage coming from his breath as he spoke, his speech was slurred and mumbled, and his eyes were red and glassy. I advised Indrei that I was going to administer some roadside tasks, which he agreed to performed.

DRIVER'S STATEMENTS:

I asked Indrei where he was coming from and he advised that he was coming from work. I asked Indrie if he had consumed any alcoholic beverages this evening and he stated that he had a few about 2 hours prior to the crash.

ODORS:

I smelled a strong odor of an unknown alcoholic beverage coming from his breath.

GENERAL OBSERVATIONS

SPEECH: Slurred and mumbled

ATTITUDE: Respectful

CLOTHING: White shirt, blue jeans, sneakers

MEDICAL/OTHER: Surgery in knees several years agos.

STATE OF FLORIDA
COUNTY OF PALM BEACH


(Signature of Arresting Investigative Officer)

The foregoing instrument was sworn to or affirmed and subscribed before me this 26th day of MARCH 20 18 by _____

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

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



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:

WALK & TURN:

I attempted to instruct and demonstrate the walk and turn to Indrei. He was unable to stand in the starting position while I was providing him with the instructions. Indrei was unable to keep a good balance while listing to my instructions. He stated that he was unable to perform the task due to his knees.

ONE LEG STAND:

I provided Indrei with the instructions for the one leg stand task. He advised that he understood and attempted to perform the task. While performing the task Indrei was unable to follow the instructions provided to him. He was also unable to complete the task due to knees. I gave Indrei the option to re-start the task which he agreed to perform. Once again he advised that he was unable to compete the task due to his knees.

FINGER TO NOSE:

I explained and demonstrated the task at hand to Indrei. He advised that he understood the instructions and he was advised to begin, While performing the task Indrei fail to bring his fingers back down after touching his nose as instructed.

ROMBERG/ALPHABET:

Indrei advised that he was unable to perform this task because English is not his primary language and he did not know the entire alphabet.

BREATH TEST RESULTS: Indrei refused to submit

STATE OF FLORIDA
COUNTY OF PALM BEACH

[Handwritten Signature]

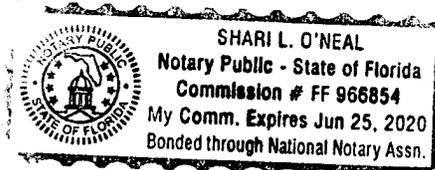
(Signature of Arresting/Investigative Officer)

The foregoing instrument was notarized or sworn before me this 26 day of MARCH, 20 18 by

who is personally known to me and/or produced identification. Type of identification produced _____

[Handwritten Signature]

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



WITNESS LIST

CASE NUMBER: 18-001881

ARRESTING OFFICER: Officer Batista #439

ADDRESS: 10500 N. Military Trail, Palm Beach Gardens, FL 33410

PHONE NUMBERS (HOME): 561-799-4445 (WORK) 561-799-4445

CAN TESTIFY TO: Road side Task, and Arrest

NAME: Officer Yacinthe #460

ADDRESS: 10500 N. Military Trail, Palm Beach Gardens, FL 33410

PHONE NUMBERS (HOME) 561-799-4445 (WORK) 561-799-4445

CAN TESTIFY TO: Crash

NAME: Officer L

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: _____

NAME: _____

ADDRESS _____

PHONE NUMBERS (HOME) _____ (WORK) _____

CAN TESTIFY TO: _____

NAME: _____

ADDRESS _____

PHONE NUMBERS (HOME) _____ (WORK) _____

CAN TESTIFY TO: _____

NOT A CERTIFIED COPY

TESTING FACILITY TASK REPORT

AGENCY: INDIANAPOLIS POLICE DEPARTMENT
SUBJECT: JANDRETT, JAMES CASE NUMBER: 18-34513

DATE: 11/15/18 VIDEO TAPE NUMBER: 117

BEGINNING TIME: 1:50 ENDING TIME: 2:05

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

BREATH OPERATOR: _____

MAINTENANCE TECHNICIAN: _____

TESTING OFFICER'S OBSERVATIONS

SPEECH: _____

ATTITUDE: _____

CLOTHING: _____

MEDICAL CONDITIONS: _____

MEDICATIONS: _____ (see 2/11/18 AGO)

OTHER: _____

COMMENTS: _____

NOT A CERTIFIED COPY

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: _____

WHITE - STATE ATTY.

YELLOW - DHSMV

PINK - CENTRAL RECORDS

GOLD - JAIL

FLORIDA DRIVER EXCHANGE OF INFORMATION

CRASH DATE 03/25/2018		TIME OF CRASH 11:17 PM		REPORTING AGENCY CASE NUMBER 18001881		HSMV CRASH REPORT NUMBER 87811270	
COUNTY OF CRASH PALM BEACH		PLACE OR CITY OF CRASH PALM BEACH GARDENS		<input checked="" type="checkbox"/> Within City Limits		CRASH OCCURRED ON STREET, ROAD, HIGHWAY NORTHLAKE BLVD	
AT STREET ADDRESS #		OR		FEET		MILES	
				<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		AT / FROM INTERSECTION WITH STREET, ROAD, HIGHWAY N CONGRESS AVE	
						OR FROM MILEPOST #	

SECTION 1 <input checked="" type="checkbox"/> VEHICLE <input type="checkbox"/> NON-MOTORIST							
YEAR 2001	MAKE MITZ	STYLE/BODY TYPE	VEHICLE LICENSE NUMBER JHOY15	STATE FL	VIN 4A3AA46G01E037922		
INSURANCE COMPANY WINDHAVEN INSURANCE COMPANY				INSURANCE POLICY NUMBER SEL01185818			
NAME OF VEHICLE OWNER DANIEL A. INDREI		CURRENT ADDRESS 19042 SE HILLCREST DR		CITY & STATE TEQUESTA, FL		ZIP CODE 33469	
NAME OF DRIVER/NON-MOTORIST DANIEL A. INDREI		CURRENT ADDRESS 19042 SE HILLCREST DR		CITY & STATE TEQUESTA, FL		ZIP CODE 33469	
DRIVER LICENSE NUMBER I-536-161-74-293-1			STATE FL	DL TYPE E	SEX M	DATE OF BIRTH 08/13/1974	DRIVER/NON-MOTORIST PHONE NUMBER (561) 935-7088

SECTION 2 <input checked="" type="checkbox"/> VEHICLE <input type="checkbox"/> NON-MOTORIST							
YEAR 2010	MAKE HOND	STYLE/BODY TYPE 2DR	VEHICLE LICENSE NUMBER S03983	STATE FL	VIN 1HGCS2B80AA003466		
INSURANCE COMPANY GARRISON PROPERTY AND CASUALTY INSU				INSURANCE POLICY NUMBER 006462969R71014			
NAME OF VEHICLE OWNER LORA M. BRADY		CURRENT ADDRESS 540 CAPTAINS RD		CITY & STATE NORTH PALM BCH, FL		ZIP CODE 33408	
NAME OF DRIVER/NON-MOTORIST LORA M. BRADY		CURRENT ADDRESS 540 CAPTAINS RD		CITY & STATE NORTH PALM BCH, FL		ZIP CODE 33408	
DRIVER LICENSE NUMBER B-630-533-87-769-0			STATE FL	DL TYPE E	SEX M	DATE OF BIRTH 07/29/1987	DRIVER/NON-MOTORIST PHONE NUMBER

SECTION <input type="checkbox"/> VEHICLE <input type="checkbox"/> NON-MOTORIST							
YEAR	MAKE	STYLE/BODY TYPE	VEHICLE LICENSE NUMBER	STATE	VIN		
INSURANCE COMPANY				INSURANCE POLICY NUMBER			
NAME OF VEHICLE OWNER		CURRENT ADDRESS		CITY & STATE		ZIP CODE	
NAME OF DRIVER/NON-MOTORIST		CURRENT ADDRESS		CITY & STATE		ZIP CODE	
DRIVER LICENSE NUMBER			STATE	DL TYPE	SEX	DATE OF BIRTH	DRIVER/NON-MOTORIST PHONE NUMBER

SECTION <input type="checkbox"/> VEHICLE <input type="checkbox"/> NON-MOTORIST							
YEAR	MAKE	STYLE/BODY TYPE	VEHICLE LICENSE NUMBER	STATE	VIN		
INSURANCE COMPANY				INSURANCE POLICY NUMBER			
NAME OF VEHICLE OWNER		CURRENT ADDRESS		CITY & STATE		ZIP CODE	
NAME OF DRIVER/NON-MOTORIST		CURRENT ADDRESS		CITY & STATE		ZIP CODE	
DRIVER LICENSE NUMBER			STATE	DL TYPE	SEX	DATE OF BIRTH	DRIVER/NON-MOTORIST PHONE NUMBER

SECTION <input type="checkbox"/> VEHICLE <input type="checkbox"/> NON-MOTORIST							
YEAR	MAKE	STYLE/BODY TYPE	VEHICLE LICENSE NUMBER	STATE	VIN		
INSURANCE COMPANY				INSURANCE POLICY NUMBER			
NAME OF VEHICLE OWNER		CURRENT ADDRESS		CITY & STATE		ZIP CODE	
NAME OF DRIVER/NON-MOTORIST		CURRENT ADDRESS		CITY & STATE		ZIP CODE	
DRIVER LICENSE NUMBER			STATE	DL TYPE	SEX	DATE OF BIRTH	DRIVER/NON-MOTORIST PHONE NUMBER

REPORTING OFFICER									
ID/BADGE NUMBER 460	RANK & NAME OFC WESTLY YACINTHE			DEPARTMENT PALM BEACH GARDENS POLICE DEPARTMENT		FHP	SO	PD	OTHER
						<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>



[Handwritten signature]
ORGAN DONOR

Operation of a motor vehicle constitutes consent to any sobriety test required by law.

NOT A CERTIFIED