

0429344

11CT-0128

3/39

OBTS Number		ARREST / NOTICE TO APPEAR Juvenile Referral Report				1. Arrest 2. N.T.A.		3. Request for Warrant 4. Request for Capias		1		Juvenile									
Agency ORI Number FLO 500000		Agency Name PALM BEACH COUNTY SHERIFF'S OFFICE				Agency Report Number (N.T.A.'s only) 06-17091318															
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 type="checkbox"/> 4. Traffic Misdemeanor <input type="checkbox"/> 5. Ordinance <input type="checkbox"/> 6. Other		Weapon Seized / Type 2 1. Yes 2. No		Multiple Clearance Indicator 1																	
Location of Arrest (Including Name of Business) 2121 S MILITARY TRL WEST PALM BEACH FL 33415						Location of Offense (Business Name, Address) 2121 S MILITARY TRL WEST PALM BEACH FL 33415															
Date of Arrest 06/16/17 6-17-17		Time of Arrest 0645		Booking Date		Booking Time		Jail Date		Jail Time		Location of Vehicle BABBS CO TOWING									
Name (Last, First, Middle) PALACIO DARIO O												Alias (Name, DOB, Soc. Sec. #, Etc.)									
Race W - White I - American Indian B - Black O - Oriental/Asian		Sex M		Date of Birth 07/21/62		Height 509		Weight 180		Eye Color BRO		Hair Color BRO/GREY		Complexion MED		Build MED					
Scars, Marks, Tattoos, Unique Physical Features (Location, Type, Description) UNK						Marital Status M		Religion NONE		Indication of: Alcohol Influence <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> Unk. Drug Influence <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> Unk.											
Local Address (Street, Apt. Number) 436 DAVIS RD				(City) PALM SPRINGS		(State) FL		(Zip) 33406		Phone (305) 748-9687		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 NONE									
D/L Number, State P-420-174-62-261-0				Soc. Sec. Number				INS Number				Place of Birth (City, State) COLUMBIA SANTANDER		Citizenship NO							
Co-Defendant Name (Last, First, Middle)						Race		Sex		Date of Birth		<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"/> 3. Felony <input type="checkbox"/> 4. Misdemeanor <input type="checkbox"/> 5. Juvenile									
Parent Legal Custodian Other: Name (Last) (First) (Middle) Address (Street, Apt. Number) (City) (State) (Zip) Residence Phone 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 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 checked="" type="checkbox"/> N		Statute Violation Number 316.193 (1)				Violation of ORD #									
Drug Activity n		Drug Type n		Amount / Unit n		Offense # 17091318		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) 3228 gun club rd West Palm Beach FL 33406														PH 12:16							
Court Date and Time Month JULY Day 15 Year 2017 Time 0830 AM <input checked="" type="checkbox"/> PM																					
I AGREE TO APPEAR AT THE 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							
HOLD for other Agency Name:				Signature of Arresting Officer X				Name Verification (Printed by Arrestee) JUN 17 AM 9:52													
<input type="checkbox"/> Dangerous <input type="checkbox"/> Suicidal <input type="checkbox"/> Resisted Arrest <input type="checkbox"/> Other:				Name of Arresting Officer (Print) D/S MACKEY				I.D. # 8369				PAGE 1 OF 1									
Intake Facility 41 Horton 7206				Transporting Officer D/S MACKEY				ID # 8369				Agency PBSO									
Witness here if subject signed with an "X"																					

SCANNED

JUN 20 2017

D.U.I. PROBABLE CAUSE AFFIDAVIT

ON THE 17 DAY OF JUN 20 17 AT 06:40 ☒ AM ☐ PM
SUBJECT: PALACIO DARIO O CASE NUMBER: 17091318
AGENCY: PALM BEACH COUNTY SHERIFF'S OFFICE ARRESTING OFFICER: MACKEY #8369

PERSONAL CONTACT

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

D/S Izzarone #5855 was driving her marked patrol south on S. Military trail in the 2000 block. She saw a red toyota FL tag (5470SA) stuck on the center median. D/S Izzarone saw a H/M actively attempting to move the car from the median. D/S Izzarone said she could hear the gears grinding as the driver attempted to move the car. D/S Izzarone said she approached the car and saw a H/M that appeared to be under the influence. She opened the drivers door, turned off the car and removed the keys for safety. I arrived to the scene and saw the male laying sideways in the drivers seat with one leg out of the car with his eyes closed. The male was identified as Dario Palacio.

OBSERVATION OF DRIVER:

As I approached the driver I could smell a pungent odor of an alcoholic beverage. As I spoke to the driver he slurred his words and did not open his eyes. When he opened his eyes they were glass and blood shot. He kept apologizing and speaking in a low mumbled tone.

DRIVER'S STATEMENTS:

Dario apologized several time and said he had too much to drink. Dario continued to mumble to himself. Dario thanked me for keeping him safe and not letting him drive anymore because he has had too much to drink. Dario told me he has half a brain, no left ear and cant see from his left eye.

ODORS:

pungent odor of an alcoholic beverage from his breath and clothing.

GENERAL OBSERVATIONS

SPEECH: slurred and mumbled

ATTITUDE: upset and crying to happy and apologetic.

CLOTHING: Blu/Wht collard Shirt, jeans and dress shoes

MEDICAL/OTHER: Said he had half a brain from a motorcycle accident

STATE OF FLORIDA
COUNTY OF PALM BEACH

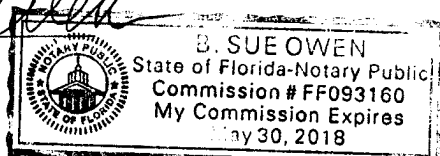
MACKEY #8369

(Signature of Arresting/Investigative Officer)

The foregoing instrument was sworn to or affirmed and subscribed before me this 17 day of JUN 20 17 by DIS Mackey

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

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



SCANNED
JUN 20 2017

SUBJECT: PALACIO DARIO O CASE NUMBER 17091318

ROADSIDE TASKS

HORIZONTAL GAZE NYSTAGMUS:

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

Other Observations:

HORIZONTAL NYSTAGMUS WAS PRESENT IN LEFT EYE, DARIO KEPT COVERING HIS LEFT EYE SAYING HE COULD NOT SEE.

**WALK & TURN:
REFUSED**

**ONE LEG STAND:
REFUSED**

**FINGER TO NOSE:
REFUSED**

**ROMBERG ALPHABET:
REFUSED**

BREATH TEST RESULTS: 1) .186 2) .171 3) 4)

STATE OF FLORIDA
COUNTY OF PALM BEACH

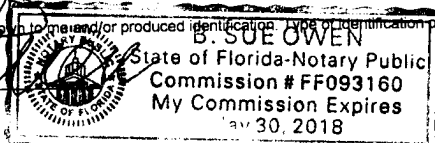
MACKEY #8369

(Signature of Arresting/Investigative Officer)

The foregoing instrument was sworn to or affirmed and subscribed before me this 17 day of JUN 20 17 by D/S Mackey

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

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



**SCANNED
JUN 20 2017**

WITNESS LIST

CASE NUMBER: **17091318**

ARRESTING OFFICER: **MACKEY #8369**

ADDRESS: **PBSO**

PHONE NUMBERS (HOME): _____ (WORK) **561-688-3600**

CAN TESTIFY TO: **arrest**

NAME: **D/S IZZORONE #5855**

ADDRESS: **PBSO**

PHONE NUMBERS (HOME) _____ (WORK) **561-688-3000**

CAN TESTIFY TO: _____

NAME: **D/S PALACIO**

ADDRESS: **PBSO**

PHONE NUMBERS (HOME) _____ (WORK) **561-688-3600**

CAN TESTIFY TO: **TRANSLATED FOR ACCIDENT**

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 _____

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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: _____

SCANNED

JUN 20 2017

SUBJECT: Palacio, Danilo CASE NUMBER: 17 C91318

IMPLIED CONSENT FOR DUI IN A MOTOR VEHICLE

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

I am now requesting that you submit to a lawful test of your BREATH for the purpose of determining its alcohol content.

-OR-

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

-OR-

I am now requesting that you submit to a lawful test of your BLOOD for the purpose of detecting its alcohol content and the presence of chemical or controlled substances.

NOTE: READ ONLY IF THE SUBJECT DOES NOT COMPLY WITH YOUR REQUEST.

I am _____ of the _____.

If you fail to submit to the test I have requested of you, your privilege to operate a motor vehicle will be suspended for a period of one (1) year for a first refusal, or eighteen (18) months if your privilege has been previously suspended as a result of a refusal to submit to a lawful test of your breath, urine or blood. Additionally, if you refuse to submit to the test I have requested of you and if your driving privilege has been previously suspended for a prior refusal to submit to a lawful test of your breath, urine or blood, you will be committing a misdemeanor. Refusal to submit to the test I have requested of you is admissible into evidence in any criminal proceeding.

SUBJECT'S SIGNATURE: (X) _____

CONSTITUTIONAL WARNINGS

I AM REQUIRED TO WARN YOU BEFORE YOU MAKE ANY STATEMENTS THAT YOU HAVE THE FOLLOWING RIGHTS:

1. You have the right to remain silent and not answer any questions.
2. Any statement must be freely and voluntarily given.
3. You have the right to the presence of a lawyer of your choice before you make any statement and during any questioning.
4. If you cannot afford a lawyer, you are entitled to the presence of a court appointed lawyer before you make any statements and during any questioning.
5. If at any time during the interview you do not wish to answer any questions, you are privileged to remain silent.
6. I can make no threats or promises to induce you to make a statement. This must be of your own free will.
7. Any statement can and will be used against you in a court of law.

SUSPECT'S SIGNATURE: (X) _____

SCANNED

JUN 20 2017

SUBJECT: Palacio, Dario CASE NUMBER: 17-091318

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? yes

WHERE WERE YOU GOING? Home

WHAT STREET OR HIGHWAY WERE YOU ON? I don't remember

DIRECTION OF TRAVEL? North WHERE DID YOU START? Military / Forest Hill Drive

WHAT TIME DID YOU START? I don't know WHAT TIME IS IT NOW? I don't know

WHAT IS TODAY'S DATE? 10-14-15 WHAT DAY OF THE WEEK IS IT? SAT

WHAT COUNTY AND CITY ARE YOU IN NOW? West Palm Beach

WHEN DID YOU LAST EAT? in morning WHAT DID YOU EAT? Eggs bacon cheese

WHAT HAVE YOU BEEN DOING FOR THE LAST THREE HOURS? cleaning house / laundry DRINKING BEER

HOW MUCH DO YOU WEIGH? I don't know HAVE YOU BEEN DRINKING? Drinking WHAT? Beer

HOW MUCH? 8 WHERE? Malibu WITH WHOM? for 3-4 hrs me myself

WHEN DID YOU HAVE YOUR FIRST DRINK? 4pm AND YOUR LAST DRINK? when you arrested

HOW DID YOU CONSUME YOUR LAST TWO DRINKS? at the bar

CAN YOU FEEL THE EFFECTS OF THE ALCOHOL? / ARE YOU UNDER THE INFLUENCE? YES SIR

HAVE YOU CONSUMED ANY ALCOHOL SINCE THE ACCIDENT? / HOW MUCH? /

WHAT? / WHERE? / WHEN? /

WHAT LINE OF WORK ARE YOU IN? Parking cars WHEN DID YOU LAST WORK? working on home

DO YOU HAVE ANY PHYSICAL DEFECTS OR INJURIES? yes WHAT? EAR & EYES

ARE YOU SICK OR INJURED? NO WHAT'S WRONG? I'm OK

DO YOU LIMP? NO DID YOU RECEIVE A BUMP ON THE HEAD RECENTLY? NEVER

WERE YOU IN AN ACCIDENT TODAY? NO / YES / I don't know

HAVE YOU TAKEN ANY DRUGS OR SMOKED ANY MARIJUANA TODAY? NO WHEN? NO

HAVE YOU SEEN A DOCTOR OR DENTIST TODAY? NO WHO? / WHY? /

ARE YOU TAKING ANY PRESCRIPTION MEDICINES? NO WHAT? / WHEN? /

DO YOU HAVE:

EPILEPSY?	<u>NO</u>
GLASS EYE?	<u>Left eye cant see</u>
FALSE TEETH?	<u>NO</u>
EAR INFECTION?	<u>NO</u>
INNER EAR TROUBLE?	<u>yes</u>
DIABETES?	<u>NO</u>

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

DO YOU TAKE INSULIN? NO IF SO, WHEN WAS YOUR LAST INJECTION? /

HAVE YOU EVER HAD A DRIVER'S LICENSE IN ANY OTHER STATE? NO WHERE? JUN 20 2017

INTERVIEWER: D/S Mackey 8369

WHITE - STATE ATTY.

YELLOW - DHS MV

PINK - CENTRAL RECORDS

GOLD - JAIL

TESTING FACILITY TASK REPORT

AGENCY:

SUBJECT:

DATE:

BEGINNING TIME:

CASE NUMBER:

VIDEO DVD NUMBER:

ENDING TIME:

BREATH TESTS RESULTS: 1) TIME A.M. ☒ P.M. ☐ 2) TIME A.M. ☒ P.M. ☐

3) TIME A.M. ☐ P.M. ☐ 4) TIME A.M. ☐ P.M. ☐

BREATH OPERATOR:

MAINTENANCE TECHNICIAN:

TESTING OFFICER'S OBSERVATIONS

SPEECH:

ATTITUDE:

CLOTHING:

MEDICAL CONDITIONS:

MEDICATIONS:

OTHER:

EYES GLASSY AND BLOODSHOT, ODOR OF UNKNOWN ALCOHOLIC BEVERAGE ON BREATH, ADMITTED TO DRINKING EIGHT BEERS (Q&A)

COMMENTS:

ARRESTING OFFICER CONDUCTED THE 20 MINUTE OBSERVATION BEGINNING AT 0715
SUBJECT AGREED TO TAKE BREATH TEST
SUBJECT PROVIDED TWO ADEQUATE BREATH SAMPLES SUCCESSFULLY.
A/O READ RIGHTS, SUBJECT STATED HE UNDERSTOOD HIS RIGHTS
A/O CONDUCTED Q&A, SUBJECT ANSWERED QUESTIONS.

SCANNED
JUN 20 2017