2019 CT022089AMB 431394/3445

ARREST / NOTICE TO APPEAR
Juvenile Referral Report

OBTS Number:

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

Juvenile: N

ADMINISTRATIVE

Agency ORI Number	Agency Name	Agency Report Number (N.T.A.'s only)
FLO 500000	PALM BEACH COUNTY SHERIFF'S OFFICE	06- 19142925

Charge Type (Check as many as apply): ☐ 1. Felony ☐ 2. Traffic Felony ☐ 3. Misdemeanor ☒ 4. Traffic Misdemeanor ☐ 5. Ordinance ☐ 6. Other

Weapon Seized / Type (1. Yes 2. No): 2 NONE

Multiple Clearance Indicator: 01

Location of Arrest (Including Name of Business): OKEECHOBEE BLVD / SEMINOLE PRATT WHITNEY RD. LOXAHATCHE, FL 33470.

Location of Offense (Business Name, Address): OKEECHOBEE BLVD / SEMINOLE PRATT WHITNEY RD LOXHATCHEE, FL. 33470

Date of Arrest	Time of Arrest	Booking Date	Booking Time	Jail Date	Jail Time	Location of Vehicle
11/30/2019	0047					

DEFENDANT

Name (Last, First, Middle): ALDI DAVID EDWARD

Alias (Name, DOB, Soc. Sec. #, Etc.):

Race (W - White I - American Indian B - Black O - Oriental/Asian)	Sex	Date of Birth	Height	Weight	Eye Color	Hair Color	Complexion	Build
W	M	3/15/1978	5'10"	195	BROWN	~~BALD~~	LIGHT	MED

Scars, Marks, Tatoos, Unique Physcal Features (Location, Type, Description): TATTOO - SLEEVE ON UPPER LEFT ARM

Marital Status: Divorced

Religion: NONE

Indication of: Alcohol Influence (Y ☒ N ☐ Unk. ☐); Drug Influence (Y ☐ N ☐ Unk. ☒)

Local Address (Street, Apt. Number) (City) (State) (Zip): 1620 OAKBERRY CIR. WELLINGTON, FL. 33414

Phone: (561) 388-7189

Residence Type (1. City 2. County 3. Florida 4. Out of State): 1

Permanent Address (Street, Apt. Number) (City) (State) (Zip): ,

Phone: ( )

Address Source: FL D/L

Business Address (Name, Street) (City) (State) (Zip):

Phone: ( )

Occupation: FINANCE

D/L Number, State	Soc. Sec. Number	INS Number	Place of Birth (City, State)	Citizenship
A430-165-78-095-0, FL	[redacted]		NEW HARTFORD, NY	U.S.

CO-DEF

Co-Defendant Name (Last, First, Middle)	Race	Sex	Date of Birth		
				☐ 1. Arrested ☐ 2. At Large	☐ 3. Felony ☐ 4. Misdemeanor ☐ 5. Juvenile
				☐ 1. Arrested ☐ 2. At Large	☐ 3. Felony ☐ 4. Misdemeanor ☐ 5. Juvenile

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 ☐ defendant and / or ☐ 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. ☐ Yes, by: (Name) ☐ No: (Reason)

School Attended Grade

Property Crime? ☐ Yes ☐ No Description of Property Value of Property

CODE

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

Charge Description	Counts	Domestic Violence	Statute Violation Number	Violation of ORD #
DRIVING UNDER THE INFLUENCE	1	☐Y ☒N	316.193(1)	

Drug Activity	Drug Type	Amount / Unit	Offense #	Warrant / Capias Number	Bond
N	N	NONE	19142925		OR

Charge Description	Counts	Domestic Violence	Statute Violation Number	Violation of ORD #
		☐Y ☐N		
		☐Y ☐N		
		☐Y ☐N		

Drug Activity	Drug Type	Amount / Unit	Offense #	Warrant / Capias Number	Bond

NOTICE TO APPEAR

Location (Court, Room Number, Address): CRIMINAL JUSTICE COMPLEX / 3228 GUN CLUB ROAD, WPB, FL 33406

Court Date and Time: Month JANUARY Day 2 Year 2020 Time 8:30 AM X 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): [signature]

Date Signed: 11/30/2019

ADMIN

HOLD for other Agency Name:

Signature of Arresting Officer: X [signature]

Name Verification (Printed by Arrestee): (PRINT)

☐ Dangerous ☐ Resisted Arrest ☐ Suicidal ☐ Other:

Name of Arresting Officer (Print): INV. ZEITZ I.D. #: 24970

Intake Deputy: [signature] I.D. # Pouch #

Transporting Officer: INV. ZEITZ ID #: 24970 Agency: PBSO

Witness here if subject signed with an "X"

PAGE 1 OF 1

DISTRIBUTION: WHITE - COURT COPY GREEN - STATE ATTORNEY YELLOW - AGENCY PINK - AGENCY GOLD - DEFENDANT (N.T.A.'s ONLY)

PBSO #148 REV. 9/97

Nov 30 am 03:02

PROBABLE CAUSE AFFIDAVIT

OBTS Number:

1 Arrest 2 NTA 3 Request for Warrant 4 Request for Capias: 1

Juvenile:

ADMIN

Agency ORI Number: FLO 5 0 0 0 0 0 0

Agency Name: PALM BEACH COUNTY SHERIFF'S OFFICE

Agency Report Number: 19-142925

Charge Type (Check as many as apply): [ ] 1 Felony [x] 3 Misdemeanor [ ] 5 Ordinance [ ] 2 Traffic Felony [ ] 4 Traffic Misdemeanor [ ] 6 Other

Special Notes:

DEF

Name (Last, First, Middle)	Alias	Race	Sex	Date of Birth
Aldi, David		W	M	03/15/1978

CHARGES

Charge Description	Charge Description
DUI	
Charge Description	Charge Description

VICTIM

Victim's Name (Last, First, Middle)	Race	Sex	Date of Birth
Palm Beach County			

Local Address (Street, Apt Number) (City) (State) (Zip)	Phone	Address Source
	( )	
Business Address (Name, Street) (City) (State) (Zip)	**Phone**	**Occupation**
	( )	

PROBABLE CAUSE STATEMENT

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 _____ admitting to the below facts.

[x] that he/she saw the arrested person commit the below acts

was found to have committed the below acts, resulting from my (described) investigation.

On the 30 day of NOVEMBER 20 19 at 2358 [ ] A.M [x] P.M (Specifically include facts constituting cause for arrest.)

On 11/30/19, at approximately 2358 hrs. Palm Beach County Communication advised that an anonymous person called in a dark colored sedan that could not maintain a lane. The caller advised they were traveling west bound on Okeechobee Blvd towards Seminole Pratt Whitney Rd. The caller stated the dark colored sedan had entered the turning lane on Okeechobee Rd to turn south bound onto Seminole Pratt Whitney Rd. As I responded to the intersection of Seminole Pratt Whitney Rd and Okeechobee Blvd I noticed a dark colored sedan stopped in the turning lane to travel south bound. I continued through the intersection and made a U-turn on Okeechobee Blvd where I got behind the vehicle to try to obtain a driving pattern. After sitting through three cycles of traffic lights I gave communications the tag#: KBMZ54 and conducted a traffic stop to see the welfare of the driver. Upon making contact with the driver of the vehicle I immediately noticed the driver head leaned back in the driver seat and it appeared to me that he was sleeping. I knocked on the driver's window and he woke up and rolled down the window, where I noticed the driver's slurred speech and blood shot eyes. I asked the driver if he was ok and he advised yes. I then asked the driver for his driver license, registration, and proof of insurance. He provided me his driver license identifying him as David Aldi (W/M, 03/15/1978), his insurance to his vehicle, and registration. I called D/S Zeitz ID# 24970 (DUI 13) via landline and he responded. D/S Zeitz arrive conducted his investigation and it was turned over to D/S Zeitz.

This concludes my involvement.

ADMINISTRATIVE

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 14 day of NOVEMBER 20 19 by D/S C. Morin

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

Page 1

PROBABLE CAUSE AFFIDAVIT

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

ADMIN

Agency ORI Number: FLO 500000 | Agency Name: PALM BEACH COUNTY SHERIFF'S OFFICE | Agency Report Number: 06- 19142925

Charge Type: Check as many as apply. ☐ 1. Felony ☐ 2. Traffic Felony ☒ 3. Misdemeanor ☐ 4. Traffic Misdemeanor ☐ 5. Ordinance ☐ 6. Other | Special Notes:

DEF

Name (Last, First, Middle)	Alias	Race	Sex	Date of Birth
ALDI, DAVID, EDWARD		W	M	3/15/1978

CHARGES

Charge Description		Charge Description	
DRIVING UNDER THE INFLUENCE	316.193(1)		
Charge Description		Charge Description	

VICTIM

Victim's Name (Last, First, Middle)	Race	Sex	Date of Birth
STATE of FLORIDA, ,			

Local Address (Street, Apt. Number)	(City)	(State)	(zip)	Phone	Address Source
,				( )	
Business Address (Name, Street)	**(City)**	**(State)**	**(zip)**	**Phone**	**Occupation**
				( )	GOVERNMENT

PROBABLE CAUSE STATEMENT

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.
☐ confessed to _____ admitting to the below facts.
☐ was observed by _____ who told _____ that he/she saw the arrested person commit the below acts.
☒ was found to have commited the below acts, resulting from my (described) investigation.

On the 29th day of NOVEMBER 20 19 at 2358 ☐ A.M. ☒ P.M. (Specifically include facts constituting cause for arrest.)

On the above date and time, I was dispatched to a traffic stop conducted by D/S Morin where the driver was suspected to be impaired. Upon my arrival I met with D/S Morin who informed me of the following:

D/S Morin was dispatched to a suspected impaired driver traveling West on Okeechobee Blvd. The caller described the vehicle as a dark colored Mercedes and stated that the vehicle could not maintain a lane and was driving in the middle of the road. The caller advised that the vehicle was in the turn lane for Seminole Pratt Whitney Rd before the caller left the area. Once D/S Morin arrived at the intersection, he noticed the dark blue Mercedes bearing Florida tag KBMZ54 sitting stationary in the left turn lane of Okeechobee Blvd to turn South on Seminole Pratt Whitney Rd. D/S Morin got behind the vehicle and observed that te vehicle remained stationary through multiple cycles of the traffic light. After the third cycle of the traffic light, D/S Morin approached to check on the welfare of the driver. At that time, D/S Morin observed a W/M sitting in the driver seat sleeping. D/S Morin identified the driver by his Florida driver license as W/M David Aldi. D/S Morin observed a number of articulable indicators of impairment while speaking with Aldi. He called for a DUI unit to respond at that time.

Upon my arrival, I began speaking with Aldi. I asked him to step out of the vehicle and walk to the front of my patrol vehicle so that I could speak with him on audio and video recording. As Aldi exited the vehicle, he stumbled and had difficulty maintaining his balance. Aldi had an unsteady gait while walking to my patrol vehicle. Once at the front of my patrol car, Aldi maintained a wide stance to assist him with maintaining his balance. Aldi informed me that he was coming from a bar in Lake Worth. He later said that he was coming from Scores. Aldi's eyes were glassy and bloodshot. His speech was slurred and I could smell the heavy odor of an unknown alcoholic beverage coming from his person and breath. This odor became stronger as our conversation continued. Aldi also appeared on the nod.

Due to the number of indicators of impairment observed, I asked Aldi if he would participate in roadside tasks. Aldi refused. He was issued his Taylor Warnings at that time which he stated that he understood. Aldi again refused to participate in roadside tasks. Based on the toatlity of my investigation at that time, probable cause existed for Aldi's arrest for DUI. He was placed into handcuffs that were checked for fit and double locked. Aldi was placed into my patrol vehicle and transported to the PBC BAT for breath testing.

ADMINISTRATIVE

STATE OF FLORIDA
COUNTY OF PALM BEACH

INV. ZEITZ
(Signature of Arresting/Investigative Officer)

The foregoing instrument was sworn to or affirmed and subscribed before me this 30 day of NOVEMBER 20 19 by INV. ZEITZ

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

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

SHARI L. O'NEAL
Notary Public - State of Florida
Commission # [illegible]

PAGE 1 OF 2

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PBSO #0004 REV. 04/01

PROBABLE CAUSE AFFIDAVIT

GBTS Number:

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

Juvenile: N

ADMIN

Agency ORI Number: FLO 500000

Agency Name: PALM BEACH COUNTY SHERIFF'S OFFICE

Agency Report Number: 06- 19142925

Charge Type: Check as many as apply. 1. Felony 2. Traffic Felony 3. Misdemeanor 4. Traffic Misdemeanor [X] 5. Ordinance 6. Other

Special Notes:

DEF

Name (Last, First, Middle)	Alias	Race	Sex	Date of Birth
ALDI, DAVID, EDWARD		W	M	3/15/1978

CHARGES

Charge Description		Charge Description	
DRIVING UNDER THE INFLUENCE	316.193(1)		
Charge Description		Charge Description	

VICTIM

Victim's Name (Last, First, Middle)	Race	Sex	Date of Birth
STATE of FLORIDA, ,			

Local Address (Street, Apt. Number) (City) (State) (zip)	Phone	Address Source
,	( )	
Business Address (Name, Street) (City) (State) (zip)	**Phone**	**Occupation**
	( )	GOVERNMENT

PROBABLE CAUSE STATEMENT

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.
- [ ] confessed to _____ admitting to the below facts.
- [ ] was observed by _____ who told _____ that he/she saw the arrested person commit the below acts.
- [X] was found to have commited the below acts, resulting from my (described) investigation.

On the 29th day of NOVEMBER 20 19 at 2358 [ ] A.M. [X] P.M. (Specifically include facts constituting cause for arrest.)

Upon arrival to the BAT, a 20 minute observation period was conducted. During that time, Aldi did not take anything by mouth or regurgitate. Aldi was brought into a testing room and asked to submit lawful samples of his breath for the purposes of determining the alcohol content. Aldi refused and was read Implied Consent. He stated that he understood and again refused to provide breath samples. A refusal was documented at 0147hrs. Aldi politely refused to participate in the question and answer portion Post-Miranda.

Based on the totality of my investigation, probable cause exists for Aldi's arrest for the following charge:

DRIVING UNDER THE INFLUENCE: FSS 316.193(1)

ADMINISTRATIVE

STATE OF FLORIDA
COUNTY OF PALM BEACH

INV. ZEITZ
(Signature of Arresting/Investigative Officer)

The foregoing instrument was sworn to or affirmed and subscribed before me this 30 day of NOVEMBER 20 19 by INV. ZEITZ

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

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

PAGE 2 OF 2

PBSO #0004 REV. 04/01 DISTRIBUTION: WHITE - COURT COPY GREEN - STATE ATTORNEY YELLOW - AGENCY PINK - AGENCY

D.U.I. PROBABLE CAUSE AFFIDAVIT

ON THE 29th DAY OF NOVEMBER 20 19, AT 2358 AM ✓ PM

SUBJECT: ALDI DAVID EDWARD CASE NUMBER: 19142925

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

PERSONAL CONTACT

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

SEE WRITTEN PROBABLE CAUSE AFFIDAVIT

OBSERVATION OF DRIVER:

SEE WRITTEN PROBABLE CAUSE AFFIDAVIT

DRIVER'S STATEMENTS:

SEE WRITTEN PROBABLE CAUSE AFFIDAVIT

ODORS:

SEE WRITTEN PROBABLE CAUSE AFFIDAVIT

GENERAL OBSERVATIONS

SPEECH: **SEE WRITTEN PROBABLE CAUSE AFFIDAVIT**

ATTITUDE: **POLITE**

CLOTHING: **SEE WRITTEN PROBABLE CAUSE AFFIDAVIT**

MEDICAL/OTHER: **NONE**

STATE OF FLORIDA
COUNTY OF PALM BEACH

INV. ZEITZ
(Signature of Arresting/Investigative Officer)

The foregoing instrument was sworn to or affirmed and subscribed before me this 30 day of NOVEMBER 20 19 by INV. ZEITZ

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

Shari O'Neal (#6212)

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

SHARI L. O'NEAL
Notary Public - State of Florida
Commission # FF 262944
My Comm. Expires Jun 25, 2021
Bonded through National Notary Assn.

SUBJECT:ALDI DAVID CASE NUMBER 19142925

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:

REFUSED

WALK & TURN:
REFUSED

ONE LEG STAND:
REFUSED

FINGER TO NOSE:
REFUSED

ROMBERG ALPHABET:
REFUSED

BREATH TEST RESULTS: **REFUSED**

STATE OF FLORIDA
COUNTY OF PALM BEACH

INV. ZEITZ
(Signature of Arresting/Investigative Officer)

The foregoing instrument was sworn to or affirmed and subscribed before me this 30 day of NOVEMBER 20 19 by INV. ZEITZ

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

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

SHARI L. O'NEAL
Notary Public - State of Florida
Commission # GG 0[illegible]
My Comm. Expires Jan 28, [illegible]
Bonded through National

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

PBSO CASE # 19142925 PBSO ZONE 17-11

AGENCY CASE # _____ CRASH CASE # _____

TIME OF STOP/CRASH 2358 DATE 11/29/2019 DAY Friday

SUBJECT'S NAME ALDI (LAST) DAVID (FIRST) EDWARD (MID) RACE W SEX M

HGT 5'10" WGT 195 DOB 3/15/1978

LOCATION OKEECHOBEE BLVD / SEMINOLE PRATT WHITNEY RD. LOXAHATCHE, FL 33470.

ARRESTING OFFICER'S NAME & ID INV. ZEITZ 24970 AGENCY PBSO

DIVISION: VCD/DUI

NOTIFIED BY COMMO YES

ARRIVAL AT FACILITY 0125

ARREST TIME 0047

BREATH RESULTS:

REFUSED

TESTING OFFICER'S ID 6212 PBSO VIDEOTAPE # N/A

TESTING FACILITY TASK REPORT

AGENCY: PBSO [illegible] Zittz #24410

SUBJECT: [illegible], David E.

CASE NUMBER: 14-142425

DATE: 11-30-14

VIDEO TAPE NUMBER: N/A

BEGINNING TIME: [illegible]

ENDING TIME: 0142 [illegible]

REFUSED

BREATH TESTS RESULTS: 1) ________ TIME 0147 A.M./P.M. 2) ________ TIME ________ A.M./P.M.

3) ________ TIME ________ A.M./P.M. 4) ________ TIME ________ A.M./P.M.

BREATH OPERATOR: S. [illegible] #0212

MAINTENANCE TECHNICIAN: J. [illegible] #0467

TESTING OFFICER'S OBSERVATIONS

SPEECH: —

ATTITUDE: Calm, Cooperative

CLOTHING: Shirt [illegible] [illegible] [illegible] Gray

MEDICAL CONDITIONS: None

MEDICATIONS: None

OTHER: Eyes: Red, Glassy

COMMENTS: 20 min observation [illegible] by A/O Zittz #24410

A/O requested the breath test.

D stated [illegible] to [illegible] request.

A/O read the Implied Consent [illegible] of Conseq.

D understood the I/C as read.

D [illegible] the request after the I/C

was read.

C/W read [illegible] Conseq.

D [illegible] [illegible].

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

PBSO #0129A REV.11/02

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 30TH day of NOVEMBER, 20 19, at 0047 ☐ P.M ☒ A.M.

DRIVER (Type or Print) DAVID (FIRST NAME) (MIDDLE OR MAIDEN NAME) ALDI (LAST NAME),

DL# A430-165-78-095-0, state of FLORIDA, was placed under lawful arrest for

the offense of DUI by INV. ZEITZ and
(Name of Arresting Officer)

issued Citation # A2GCY4P.

That on or about the 30 day of NOVEMBER, 20 19, at 0147 ☐ 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)

Notary Public - State of Florida
Commission # FF 968864
My Comm. Expires Jun 25, 2020
Bonded through National Notary Assn.

(AFFIX SEAL)

The foregoing instrument was sworn and subscribed before me this 30TH day of NOVEMBER, 20 19, by INV. ZEITZ #24970, who is personally known to me or who has produced PERSONALLY KNOWN as identification.

Notary Public

The foregoing instrument was sworn and subscribed before me:

Signature of Attesting Officer

Title

Date

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.

HSMV-BAR1001 (REV. 10/2016)

WITNESS LIST

CASE NUMBER: 19142925

ARRESTING OFFICER: INV. 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: D/S MORIN #20337

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

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

CAN TESTIFY TO: SEE SUPPLEMENTAL PROBABLE CASUE AFFIDAVIT

NAME:

ADDRESS

PHONE NUMBERS (HOME) (WORK)

CAN TESTIFY TO:

NAME:

ADDRESS

PHONE NUMBERS (HOME) () (WORK) ()

CAN TESTIFY TO:

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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:

SUBJECT: _____ CASE NUMBER: 19-192925

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: _____

SUBJECT: _____ CASE NUMBER: _____

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) _____

PALM BEACH COUNTY
SHERIFF'S OFFICE
Florida State Statute Exemption Sheet

Palm Beach County Sheriff's Office – Arrests Only

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

REVIEW COMPLETED BY

Booking Number: 2019038388	**Date:** 12/01/2019
	Specialist Name/ID: AM/31562

FLORIDA DUI UNIFORM TRAFFIC CITATION A2GCY4P

COUNTY OF: Palm Beach | CITY (IF APPLICABLE): | ☐ (1) F.H.P. ☐ (2) P.D. ☒ (3) S.O. ☐ (4) OTHER | AGENCY NAME: PBSO | AGENCY #:

IN THE COURT DESIGNATED BELOW THE UNDERSIGNED CERTIFIES THAT HE/SHE HAS JUST AND REASONABLE GROUNDS TO BELIEVE AND DOES BELIEVE THAT ON

COMPLAINT (RETAINED BY COURT)

DAY OF WEEK	MONTH	DAY	YEAR		
Sat	Nov	30	2019	0125	☒ A.M. ☐ P.M.

NAME (FIRST, MIDDLE, LAST): David Aldi

STREET: 1620 Oakberry Cir. | IF DIFFERENT THAN ONE ON DRIVER LICENSE "D" HERE:

CITY: Wellington | STATE: FL | ZIP CODE: 33414

TELEPHONE NUMBER: | DATE OF BIRTH: MO 3 DAY 15 YR 78 | RACE: W | SEX: M | HGT: 5'8"

DRIVER LICENSE NUMBER: A430165780950 | STATE: FL | CLASS: E | CDL LICENSE: ☐ YES ☒ N | YR LICENSE EXP: 2023 | COMMERCIAL VEHICLE: ☐ YES ☒ NO

YR VEHICLE: 2015 | MAKE: Mercedes | STYLE: 4D | COLOR: Blue | PLACARDED HAZARDOUS MATERIAL: ☐ YES ☒ NO

VEHICLE/LICENSE NO.: 19BMZ54 | TRAILER TAG NO.: | STATE: FL | YEAR TAG EXPIRES: 2020 | 2-16 PASSENGERS: ☐ YES ☒ NO

UPON A PUBLIC STREET OR HIGHWAY, OR OTHER LOCATION, NAMELY: Okeechobee Blvd / Seminole Pratt | MOTORCYCLE: ☐ YES ☒ NO

Lox Hatchee, FL 33470 | COMPANION CITATION(S): ☐ YES ☐

FT. _____ MILES _____ ☐ N ☐ S ☐ E ☐ W OF NODE _____

DID UNLAWFULLY COMMIT THE OFFENSE OF DRIVING UNDER THE INFLUENCE OF ALCOHOLIC BEVERAGES, CHEMICAL OR CONTROLLED SUBSTANCES; DID DRIVE, OR WAS IN ACTUAL PHYSICAL CONTROL OF A VEHICLE, WHILE UNDER THE INFLUENCE OF AN ALCOHOLIC BEVERAGE/CHEMICAL SUBSTANCE/CONTROLLED SUBSTANCE TO THE EXTENT NORMAL FACULTIES WERE IMPAIRED, OR WITH A BLOOD OR BREATH ALCOHOL LEVEL OF .08 OR ABOVE OF (Refused)

COMMENTS PERTAINING TO OFFENSE (Only one offense each citation): DUI | RE-EXAM: ☐ YES ☒ NO

☐ AGGRESSIVE DRIVER | PASSENGER < 18 YEARS: ☐ YES ☐ NO | STATE STATUTE | SECTION: 316.193(1) | SUB-SECTION

CRASH: ☐ YES ☒ NO | DAMAGE TO OTHER PROPERTY: ☐ YES $ _____ ☒ NO | INJURY TO ANOTHER: ☐ YES ☒ NO | SERIOUS BODILY INJURY TO ANOTHER: ☐ YES ☒ NO | FATAL: ☐ YES ☒ NO

THIS IS A CRIMINAL VIOLATION. COURT APPEARANCE REQUIRED, AS INDICATED BELOW.

COURT DATE: 1/2/20 | TIME: 8:30 AM

COURT AND LOCATION: Criminal Justice Complex A2GCY4P
3228 Gun Club Rd WPB, FL 33406

ARREST DELIVERED TO: PBC Jail | DATE: 11/30/19

I AGREE AND PROMISE TO COMPLY AND ANSWER TO THE CHARGES AND INSTRUCTIONS SPECIFIED IN THIS CITATION. WILLFUL REFUSAL TO ACCEPT AND SIGN THE CITATION MAY RESULT IN ARREST. I UNDERSTAND MY SIGNATURE IS NOT AN ADMISSION OF GUILT OR WAIVER OF RIGHTS. IF YOU NEED REASONABLE FACILITY ACCOMMODATIONS TO COMPLY WITH THIS CITATION, CONTACT THE CLERK OF THE COURT.

SIGNATURE OF VIOLATOR

EFFECTIVE IMMEDIATELY, YOUR DRIVING PRIVILEGE IS SUSPENDED/DISQUALIFIED FOR:

☐ DRIVING WITH AN UNLAWFUL BLOOD OR BREATH ALCOHOL LEVEL. THIS SUSPENSION IS FOR A PERIOD OF SIX MONTHS IF THIS IS THE FIRST VIOLATION OR ONE YEAR IF PREVIOUSLY SUSPENDED FOR DRIVING WITH AN UNLAWFUL BLOOD OR BREATH ALCOHOL LEVEL. IF YOU HOLD A CDL OR YOU ARE OPERATING A CMV, YOUR COMMERCIAL DRIVER LICENSE/PRIVILEGE WILL ALSO BE DISQUALIFIED FOR ONE YEAR FOR THE FIRST OFFENSE OR PERMANENTLY DISQUALIFIED FOR A SUBSEQUENT OFFENSE.

☒ REFUSAL TO SUBMIT TO LAWFUL BREATH, BLOOD OR URINE TEST SECTION 322.2615, F. S. THIS SUSPENSION IS FOR A PERIOD OF ONE YEAR IF THIS IS A FIRST REFUSAL OR 18 MONTHS IF PREVIOUSLY SUSPENDED FOR THIS OFFENSE. IF YOU HOLD A CDL OR YOU ARE OPERATING A CMV, YOUR COMMERCIAL DRIVER LICENSE/PRIVILEGE WILL ALSO BE DISQUALIFIED FOR A PERIOD OF ONE YEAR FOR A FIRST REFUSAL OR PERMANENTLY DISQUALIFIED FOR A SUBSEQUENT REFUSAL.

LICENSE SURRENDERED? ☒ YES ☐ NO REASON _____

FLORIDA DRIVER'S PERMIT? ☐ YES ☐ NO REASON _____