0508715

ARREST / NOTICE TO APPEAR
Juvenile Referral Report

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

OBTS Number:

ADMINISTRATIVE

Agency ORI Number: FLO 500000
Agency Name: PALM BEACH COUNTY SHERIFF'S OFFICE
Agency Report Number (N.T.A.'s only): 06- 19082739

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 N/A
Multiple Clearance Indicator: 1

Location of Arrest (Including Name of Business): 45th St/South PL, Mangonia Park, FL 33407
Location of Offense (Business Name, Address): 45th St/South PL, Mangonia Park, FL 33407

Date of Arrest	Time of Arrest	Booking Date	Booking Time	Jail Date	Jail Time	Location of Vehicle
06/15/2019	1623					Priority Towing

DEFENDANT

Name (Last, First, Middle): Gogelia, David,
Alias (Name, DOB, Soc. Sec. #, Etc.): None

Race (W - White I - American Indian B - Black O- Oriental/Asian): W | Sex: M | Date of Birth: 5/19//1979 | Height: 6'0" | Weight: 180 | Eye Color: Blue | Hair Color: Brown | Complexion: Light | Build: Medium

Scars, Marks, Tatoos, Unique Physcal Features (Location, Type, Description): Scar on head
Marital Status: Married | Religion: None
Indication of: Alcohol Influence / Drug Influence — Y ☐ N ☐ Unk. ☒

Local Address (Street, Apt. Number) (City) (State) (Zip): 4000 Triumvera Dr Apt 507, Chicago, IL 60025
Phone: (773) 407-6165
Residence Type: 1. City 2. County 3. Florida 4. Out of State: 2

Permanent Address (Street, Apt. Number) (City) (State) (Zip): N/A, N/A
Phone: ( )
Address Source: Chicago DL/NLETS

Business Address (Name, Street) (City) (State) (Zip):
Phone: ( )
Occupation: Delivery Service

D/L Number, State: G24016079143, IL | Soc. Sec. Number: Unknown | INS Number: | Place of Birth (City, State): Republic of Georgia | Citizenship: Georgia

CO-DEF

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

Co-Defendant Name (Last, First, Middle): | Race: | Sex: | Date of Birth: | ☐ 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: ( )

1-OR

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/Impaired Driver	1	☐Y ☒N	316.193(1)	

Drug Activity	Drug Type	Amount / Unit	Offense #	Warrant / Capias Number	Bond
N/A	N/A		19082739		

CHARGE

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

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

CHARGE

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

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

CHARGE

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

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

NOTICE TO APPEAR

Location (Court, Room Number, Address): North County Court House 3188 PGA Blvd, Palm Beach Gardens, FL 33410

Court Date and Time: Month July Day 17 Year 2019 Time 0130 AM PM 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: 06/15/2019

ADMIN

HOLD for other Agency Name:
☐ Dangerous ☐ Resisted Arrest ☐ Suicidal ☐ Other:
Signature of Arresting Officer: x
Name of Arresting Officer (Print): I. Garcia | I.D. #: 13044
Name Verification (Printed by Arrestee): (PRINT)
Intake Deputy | I.D. # | Pouch #: D/S B. SHATARA #7623
Transporting Officer: I. Garcia | ID #: 13044 | 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. 8/97

JUN 16 2019

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

Agency ORI Number	Agency Name	Agency Report Number
FLO 5 0 0 0 0 0	PALM BEACH COUNTY SHERIFF'S OFFICE	06 – 19-082739

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

Special Notes:

Defendant's Name (Last, First, Middle)	Race	Sex	Date of Birth
GOGELIA, DAVID	W	M	05/19/1979

Charge Description	Charge Description
Charge Description	Charge Description

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

Victim's Local Address (Street, Apt. Number) (City) (State) (Zip)	Phone	Address Source
Victim's 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.
☐ 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 committed the below acts, resulting from my (described) investigation.

On the 15 day of JUNE, 2019 at 1425 ☐ A.M. ☒ P.M. (Specifically include facts constituting cause for arrest).

NARRATIVE:

**** SUPPLEMENTAL PROBABLE CAUSE ****

On 6/15/19 at approximately 1418 hours while attempting to conduct a traffic stop on FL Tag IJ44XE there was a black Lexus in the middle of the intersection of South PI and 45th St in Palm Beach County, FL.

The Lexus was bearing IL Tag ZY91540 was disabled due to the front left driver's tire being deflated due to a ruptured tire due to some sort of impact or accident. The only occupant and driver a white male later identified as David Gogelia DOB 5/19/1979. I observed the driver twitching and head falling down falling asleep, I knocked on the window and he arose but just looked forward shaking. I walked to the driver's side to gain the driver's attention. I attempted to talk to D. Gogelia he kept repeating yes sir over and over in a slurred manner.

I requested Fire Rescue to respond and the backup units to respond quicker. The driver was unresponsive to our commands and was unable to make a full and complete sentence. D/S Garcia #13044 arrived on scene opened the driver's door put the vehicle in park and turned it off. D. Gogelia remained in the vehicle in the seat belt due to the erratic behavior unknowing if it was a diabetic episode or an adverse drug or

NARRATIVE CONTINUATION

alcohol reaction. D. Gogelia was profusely sweating, eyes rolling back in his head, and when I could see his eyes they were pin points. D/S Garcia took over the investigation.

Sworn and Subscribed before me	
Signature Notary Public / Clerk of Court / Officer (F.S.S 117.10)	Signature of Arresting / Investigating Officer
D/S Garcia #13044	**D/S Sanders #25666**
Name of Notary Public / Clerk of Court / Officer (F.S.S 117.10)	Name of Officer (Please Print)
6/15/2019	**6/15/2019**
Date	Date

D.U.I. PROBABLE CAUSE AFFIDAVIT

ON THE 17th DAY OF June 20 19, AT 1421 AM ✓ PM

SUBJECT: Gogelia, David, CASE NUMBER: 19082739

AGENCY: PALM BEACH COUNTY SHERIFF'S OFFICE ARRESTING OFFICER: I. Garcia 13044

PERSONAL CONTACT

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

W/M Steven Bush, DOB, 2/24/1992 stated in his sworn statement he pulled up behind the driver at the light on south east corner of St. Mary's. S. Bush said the driver began to veer into oncoming traffic at the intersection but quickly corrected heading west on 45th Street. S. Bush said the driver then hit the median several times before swerving into oncoming traffic just before the train tracks. S. Bush stated the driver then hopped the median back into west bound traffic on 45th. S. Bush stated he noticed the front left tire blown as the driver ran the red light at Australian Ave. S. Bush stated he eventually caught up to the driver at the intersection of 45th & South Place where he found the driver at a stand still. S. Bush said he called 911 after driver hit median the second time. PBSO dispatch also received the following "BOLO". WB ON 45th --Australian Ave BLK LEXUS .. 4D -- FRT LEFT TIRE FLAT.. ALL OVER AWAY... APPROACHING NORTHSHORE DR, UPDATE : W/M DRIVER.. ILLINOIS PLATES.. NOW STOPPED MIDDLE OF 45TH ST TAG: IL/ ZY915740

OBSERVATION OF DRIVER:

I arrived on scene an noticed a disabled vehicle facing west bound on 45th St right at the intersection of South Place. The vehicle was crooked to the left in the middle of the two outer lanes of traffic. The vehicle was causing a road block and traffic was backed up. The vehicle was a black Lexus bearing Illinois tag # ZY91540. D/S R. Sanders ID 25666 was the first on scene and made initial contact with the driver. See his supplemental probable cause affidavit. I parked my PBSO issued patrol vehicle in the center lane to block traffic. I approached the driver's side door and made contact with D/S Sanders. The driver's door was shut but I noticed a white male wearing a red shirt and blue jean shorts sitting in the driver's seat. The white male was slumped over in his seat but was holding the steering wheel with his left hand. He had a tight grip with his left hand. The white male had his right arm lifted up in the air and bent at the elbow with his right hand holding his right ear. The white male was twitching and jerking around in his seat. The white male appeared to be breathing shallow and was grunting and making strange noises. I opened the door to attempt to talk to the white male driver but he would not respond. D/S Sanders asked me to put the vehicle in park. I noticed the vehicle was still turned on and with the gear shifter in drive. I put the vehicle in park and turned the car off by pushing the automatic start button. The white male driver was still twitching/jerking and would not respond. I finally got the white male driver to respond but he would only respond briefly and go back to his stupor. I continued to try and get his attention but he would only respond by saying yes sir. I asked him for his name and he uttered David. I noticed the male began to lose consciousness and became unresponsive several times. I noticed that he had what appeared to be needle prick marks on his vein inside his right elbow.

DRIVER'S STATEMENTS:

Post Miranda, D. Gogelia said he was looking for a hotel off Broadway and 45th St for a few days. He stated he was then driving to work to Palm Beach Gardens, FL and was traveling on 45th St when he began to have an asthma attack. He said that his asthma attack got so back that he lost consciousness. He said he was trying to reach for his Advir and Albuterol which were in a bag in the back seat and he stopped his vehicle. He said the next thing he knew was the paramedics were there. He said he thought he pulled over in the area of Pineview or Pinewood. He did not remember anything else or what really happened. D. Gogelia refused any and all medical treatment at JFK North and signed him self out refusing medical attention. D. Gogelia denied taking any Heroin/Fentanyl or illegal drugs.

ODORS:

Tobacco Smell

GENERAL OBSERVATIONS

SPEECH: **Slurred, Minimal due to stupor.**

ATTITUDE: **Once he gained consciousness he was polite.**

CLOTHING: **Appeared dirty**

MEDICAL/OTHER: **Stated he suffered from asthma but did not have diabetes**

STATE OF FLORIDA
COUNTY OF PALM BEACH

I. Garcia 13044
(Signature of Arresting/Investigative Officer)

The foregoing instrument was sworn to or affirmed and subscribed before me this 15th day of June 20 19 by I. Garcia 13044

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

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

Notary Public State of Florida
Gary J Parent
My Commission GG 085486
Expires 06/21/2021

D.U.I. PROBABLE CAUSE AFFIDAVIT

ON THE 15th DAY OF June 20 19, AT 1421 AM ✓ PM

SUBJECT: Gogelia, David, CASE NUMBER: 19082739

AGENCY: PALM BEACH COUNTY SHERIFF'S OFFICE ARRESTING OFFICER: I. Garcia 13044

PERSONAL CONTACT

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

OBSERVATION OF DRIVER:

I used my flash light to illuminate his eyeballs and noticed his pupils were very constricted. When I stopped illuminating his eyeballs, his pupils remained very constricted. The white male driver continued to convulse in his seat. Fire Rescue was called and when they arrived they also tried to speak to him but the white male was still not responding. I had to take the white male driver out of his seat. I took his arms and legs and swung them to the outside of the vehicle. The white male was still not responsive. I had him stand up and I asked him if he could stand and when he responded he sounded very incoherent when he replied. As I walked him to the gurney, the white male continued shaking/jerking as if he was dancing. Fire Rescue brought him inside the ambulance. I looked inside the vehicle and found a wallet in the center console. I found an Illinois driver's license with # G240-1607-9143. I identified the white male to be David Gogelia, DOB, 5/19/1979. Shortly after Fire Fighter/EMT Rick Sheppard came out and told me it was Heroin and that they were taking him to JFK. I obtained a sworn statement from LT. Nicholas Iwaskewycz who stated patient was administered 1.0mg of Narcan via his nose which improved the patient's mentation. I followed Fire Rescue to JFK North Hospital and made contact with D. Gogelia who was sitting in the hallway in a chair. D. Gogelia was now responsive and alert. He still appeared lethargic but was now coherent. He asked me where his car was and I told him I would talk to him about that in a few minutes. D. Gogelia could now have a conversation.

DRIVER'S STATEMENTS:

ODORS:

GENERAL OBSERVATIONS

SPEECH:

ATTITUDE:

CLOTHING:

MEDICAL/OTHER:

STATE OF FLORIDA
COUNTY OF PALM BEACH

I. Garcia 13044
(Signature of Arresting/Investigative Officer)

The foregoing instrument was sworn to or affirmed and subscribed before me this 15th day of June 20 19 by I. Garcia 13044

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

19467

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

SUBJECT: Gogelia, David, CASE NUMBER 19082739

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:

HGN not performed

WALK & TURN:

Walk and Turn not performed

ONE LEG STAND:

One Leg Stand not performed

ROMBERG ALPHABET:

Romberg Alphabet not performed

ROMBERG ALPHABET:

Romberg Alphabet not performed

BREATH TEST RESULTS: 1) .000 | 2) .000 | 3) N/A | 4) N/A

STATE OF FLORIDA
COUNTY OF PALM BEACH

I. Garcia 13044
(Signature of Arresting/Investigative Officer)

The foregoing instrument was sworn to or affirmed and subscribed before me this 15th day of June 2019 by I. Garcia 13044

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

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

NOTARY PUBLIC STATE OF FLORIDA
Notary Public State of Florida
Gary J Parent
My Commission GG 085486
Expires 06/21/2021

PALM BEACH COUNTY SHERIFF'S OFFICE – **SWORN STATEMENT**

Per FL statute 837.012, whoever knowingly makes a false statement under oath shall be guilty of a misdemeanor of the first degree punishable by imprisonment up to 1 year.

☑ WITNESS ☐ VICTIM ☐ OTHER

CASE #: 19082739	ZONE: 2-11	SUSPECT: David Gogelia	DATE & TIME OF ORIGINAL EVENT/OFFENSE: 6/15/19
EVENT TYPE: 5TD1 / Impaired Driver		DEPUTY: Garcia	ID#: 13044

COMPLETE EVERYTHING BELOW – PRINT LEGIBLY

LAST NAME: Iwaskewycz	FIRST NAME: Nicholas	MIDDLE INITIAL: J	RACE: W	SEX: M

DATE OF BIRTH: (MM/DD/YYYY) 03/23/80	YOUR HEIGHT: 5'11	YOUR WEIGHT: 175	YOUR HAIR COLOR: Brown	YOUR EYE COLOR: Blue

YOUR HOME ADDRESS: 5050 Broadway ☐ CHECK IF HOMELESS	CITY: WPB	STATE: FL	ZIP: 33407
YOUR WORK NAME & ADDRESS: ☐ CHECK IF UNEMPLOYED OR RETIRED	CITY:	STATE:	ZIP:

WORK PHONE: ☐ CHECK IF NONE (561) 804-4700	CELL PHONE: ☐ CHECK IF NONE ( )	HOME PHONE: ☐ CHECK IF NONE ( )	EMAIL: ☐ CHECK IF NONE

WRITE WHAT HAPPENED IN YOUR WORDS IN FULL DETAIL – PRINT LEGIBLY

1 YOUR NAME: Lt Iwaskewycz, Nicholas — DO HEREBY VOLUNTARILY MAKE THE FOLLOWING STATEMENT WITHOUT THREAT, COERCION, OFFER OF BENEFIT, OR FAVOR BY ANY PERSONS WHOMSOEVER...

Initial assessment revealed patient to be confused with pinpoint pupils. BGL (Sugar) was 84 mg/dl. Patient was administered 1.0 mg narcan intranasal which improved patient's mentation. Patient transported to JFKN for further evaluation/treatment.

PAGE 1 OF 1

READ AND SIGN

I SWEAR AND AFFIRM THIS AND/OR THE ATTACHED STATEMENTS ARE CORRECT AND TRUE:

YOUR SIGNATURE: X [signature] #623

☑ DEPUTY SHERIFF ☐ NOTARY PUBLIC FSS: 117.10

SWORN TO AND SUBSCRIBED BEFORE ME TODAY:

DATE: 6-15-19 TIME: 1500

SIGNATURE: [signature] ID: 13044

*IF YOU **DO NOT WISH TO PROSECUTE**, COMPLETE THE ABOVE STATEMENT, READ THIS DISCLAIMER AND INITIAL BELOW:* I AM OF LEGAL AGE AND I AM THE REPORTED VICTIM OF A CRIME UNDER FLORIDA LAW. I HEREBY STATE THAT I **WILL NOT** COOPERATE ANY FURTHER WITH THE INVESTIGATION OF THE ALLEGED CRIME. I FURTHER RELEASE THE PALM BEACH COUNTY SHERIFF'S OFFICE OF ANY PRESENT OR FUTURE RESPONSIBILITY AS TO MY CASE. I ACKNOWLEDGE THAT I UNDERSTAND MY RIGHTS AS A CRIME VICTIM, **PARTICULARLY REGARDING VICTIM COMPENSATION ELIGIBILITY**, WHICH INCLUDES SUCH BENEFITS AS REIMBURSEMENT FOR: DISABILITY; LOST WAGES; LOSS OF SUPPORT; MEDICAL, DENTAL, MENTAL HEALTH COUNSELING AND FUNERAL EXPENSES. I AM AWARE I MAY BE GIVING UP THESE RIGHTS FOR MY FAMILY AND MYSELF BY INITIALLING BELOW. I AM TAKING THIS POSITION OF MY OWN FREE WILL KNOWING THAT THE CASE CAN ONLY BE FURTHER INVESTIGATED AND PROSECUTED WITH MY COOPERATION.

☐ DO NOT WISH TO PROSECUTE (INITIAL _____)

(PROSECUTION WAIVER NOT TO BE USED FOR CASES INVOLVING DOMESTIC OR DATING VIOLENCE PER G.O. 508.00)

WHITE - RECORDS COPY *CANARY* - STATE ATTORNEY COPY *PINK* - OFFICER'S COPY *GOLD* - WITNESS / VICTIM COPY

PALM BEACH COUNTY SHERIFF'S OFFICE – **SWORN STATEMENT**

Per FL statute 837.012, whoever knowingly makes a false statement under oath shall be guilty of a misdemeanor of the first degree punishable by imprisonment up to 1 year.

☒ WITNESS ☐ VICTIM ☐ OTHER

CASE #: 19082739	ZONE: 611	SUSPECT:	DATE & TIME OF ORIGINAL EVENT/OFFENSE: 6/15/19 1435
EVENT TYPE: Crash / DUI	DEPUTY: Sanders		ID#: 256069

COMPLETE EVERYTHING BELOW – PRINT LEGIBLY

LAST NAME: Bush	FIRST NAME: Steven	MIDDLE INITIAL:	RACE: W	SEX: M

DATE OF BIRTH: (MM/DD/YYYY) 02/24/1992	YOUR HEIGHT:	YOUR WEIGHT:	YOUR HAIR COLOR:	YOUR EYE COLOR:

YOUR HOME ADDRESS: 416 56th Street ☐ CHECK IF HOMELESS	CITY: West Palm Beach	STATE:	ZIP:
YOUR WORK NAME & ADDRESS: ☐ CHECK IF UNEMPLOYED OR RETIRED	CITY:	STATE:	ZIP:

WORK PHONE: ☐ CHECK IF NONE ( )	CELL PHONE: ☐ CHECK IF NONE (561) 731-7451	HOME PHONE: ☐ CHECK IF NONE ( )	EMAIL: ☐ CHECK IF NONE

WRITE WHAT HAPPENED IN YOUR WORDS IN FULL DETAIL – PRINT LEGIBLY

I | YOUR NAME: Steven Bush | DO HEREBY VOLUNTARILY MAKE THE FOLLOWING STATEMENT WITHOUT THREAT, COERCION, OFFER OF BENEFIT, OR FAVOR BY ANY PERSONS WHOMSOEVER...

Pulled up behind driver at the light southeast corner of St. Marys. Driver began to veer into oncoming traffic at the intersection, but quickly corrected heading west on 45th Street. Driver then hit the median several times before swerving into oncoming traffic just before the train tracks. Driver then hopped the median back into west bound traffic on 45th. Noticed front left tire blew as driver ran red light at Australian. Eventually caught up to driver at the intersection of 45th & South Place where I found him at a stand still.

(called 911 after driver hit median the second time)

PAGE 1 OF 1

READ AND SIGN

I SWEAR AND AFFIRM THIS AND/OR THE ATTACHED STATEMENTS ARE CORRECT AND TRUE:

YOUR SIGNATURE: X [signature]

☐ DEPUTY SHERIFF ☐ NOTARY PUBLIC FSS: 117.10

SWORN TO AND SUBSCRIBED BEFORE ME TODAY:

DATE: 6/15/19 TIME: 1445

SIGNATURE: [signature] ID: 256069

*IF YOU **DO NOT WISH TO PROSECUTE**, COMPLETE THE ABOVE STATEMENT, READ THIS DISCLAIMER AND INITIAL BELOW:* I AM OF LEGAL AGE AND I AM THE REPORTED VICTIM OF A CRIME UNDER FLORIDA LAW. I HEREBY STATE THAT I **WILL NOT** COOPERATE ANY FURTHER WITH THE INVESTIGATION OF THE ALLEGED CRIME. I FURTHER RELEASE THE PALM BEACH COUNTY SHERIFF'S OFFICE OF ANY PRESENT OR FUTURE RESPONSIBILITY AS TO MY CASE. I ACKNOWLEDGE THAT I UNDERSTAND MY RIGHTS AS A CRIME VICTIM, **PARTICULARLY REGARDING VICTIM COMPENSATION ELIGIBILITY**, WHICH INCLUDES SUCH BENEFITS AS REIMBURSEMENT FOR: DISABILITY; LOST WAGES; LOSS OF SUPPORT; MEDICAL, DENTAL, MENTAL HEALTH COUNSELING AND FUNERAL EXPENSES. I AM AWARE I MAY BE GIVING UP THESE RIGHTS FOR MY FAMILY AND MYSELF BY INITIALLING BELOW. I AM TAKING THIS POSITION OF MY OWN FREE WILL KNOWING THAT THE CASE CAN ONLY BE FURTHER INVESTIGATED AND PROSECUTED WITH MY COOPERATION. ☐ DO NOT WISH TO PROSECUTE (INITIAL _____)

~~*(PROSECUTION WAIVER NOT TO BE USED FOR CASES INVOLVING DOMESTIC OR DATING VIOLENCE PER G.O. 508.00)*~~

WHITE - RECORDS COPY *CANARY* - STATE ATTORNEY COPY *PINK* - OFFICER'S COPY *GOLD* - WITNESS / VICTIM COPY

PBSO #0134 REV. 12/11

WITNESS LIST

CASE NUMBER: 19082739

ARRESTING OFFICER: I. Garcia 13044
ADDRESS: 1755 E Tiffany Dr, Mangonia Park, FL 334307
PHONE NUMBERS (HOME): 561-688-3000 (WORK)
CAN TESTIFY TO: Facts of Case

NAME: D/S R. Sanders ID 25666
ADDRESS: 1755 E Tiffany Dr, Mangonia Park, FL 334307
PHONE NUMBERS (HOME) 561-688-3000 (WORK)
CAN TESTIFY TO: Arriving on scene first and witnessing D. Gogelia behind wheel/towing vehicle/obtaining sworn statement from witness

NAME: Steven Bush
ADDRESS 416 56th St, West Palm Beach, FL 33409
PHONE NUMBERS (HOME) 813-731-7451 (WORK)
CAN TESTIFY TO: Witnessing driving pattern of Black Lexus.

NAME: Nicholas Iwaskewycz
ADDRESS 5050 Broadway Ave Riviera Beach, FL 33407
PHONE NUMBERS (HOME) 0 (WORK) 0
CAN TESTIFY TO: Administering Narcan to patient

NAME:
ADDRESS
PHONE NUMBERS (HOME) (WORK)
CAN TESTIFY TO:

NAME:
ADDRESS
PHONE NUMBERS (HOME) (WORK)
CAN TESTIFY TO:

NAME:
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PHONE NUMBERS (HOME) (WORK)
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NAME:
ADDRESS
PHONE NUMBERS (HOME) (WORK)
CAN TESTIFY TO:

NAME:
ADDRESS
PHONE NUMBERS (HOME) (WORK)
CAN TESTIFY TO:

TESTING FACILITY TASK REPORT

AGENCY: PBSO

SUBJECT: Gogelia, David CASE NUMBER: 19-002739

DATE: 06/15/19 VIDEO TAPE NUMBER: N/A

BEGINNING TIME: 17:20 ENDING TIME: 17:39

BREATH TESTS RESULTS: 1) .000 TIME 17:28 A.M./P.M. 2) .000 TIME 17:31 A.M./P.M.

3) N/A TIME — A.M./P.M. 4) N/A TIME — A.M./P.M.

BREATH OPERATOR: T. Leahey #19183

MAINTENANCE TECHNICIAN: J Carlisle #6467

TESTING OFFICER'S OBSERVATIONS

SPEECH: Accent

ATTITUDE: Figity, repetitive, rambling

CLOTHING: blue jean shorts, red t-shirt, Black shoes

MEDICAL CONDITIONS: Asthma

MEDICATIONS: Advair, Ibuterol

OTHER: eyes glassy + bloodshot, pupils constricted

COMMENTS: arrived at center A/O conducted 20 minute observation period at 16:54 hrs.

Δ asked what are my options

A/O read Implied Consent Δ stated he understood I/C and agreed to take breath test

Tech read breath results Δ stated he understood results

A/O requested urine

Δ refused urine sample

A/O read I/C Δ stated he understood I/C and refused to provide urine at 17:36 hrs.

A/O Read rights even though rights read at scene

Δ stated he understood rights

A/O attempted Q + A

Δ invoked his right to counsel

REFUSED

SUBJECT: Cogelia, David. CASE NUMBER: 19-082739

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) Read on Camera

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) Read on Camera

SUBJECT: Gogelia, David CASE NUMBER: 19-082739

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: _____

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: 80-006029 Software: 8100.27
Date of Test: 06/15/2019

Date of Last Agency Inspection: 06/13/2019
Observation Period Began: 16:54
Subject's Name: DAVID GOGELIA DOB: 05/19/1979 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	17:25
Air Blank	0.000	17:26
Control Test	0.081	17:26
Air Blank	0.000	17:27
Subject Sample #1	0.000	17:28
Air Blank	0.000	17:28
Air Blank	0.000	17:30
Subject Sample #2	0.000	17:31
Air Blank	0.000	17:32
Control Test	0.080	17:32
Air Blank	0.000	17:32
Diagnostics Check	OK	17:32

Cylinder Lot: 00919080A3
Exp: 03/05/2021

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 THOMAS H LEAHEY, 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: Thomas H Leahey Date: 06/15/19
Signature

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

Signature of Notary Public-State of Florida — Printed Name of Notary Public-State of Florida: N S I Garcia

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.

FDLE/ATP FORM 38 - MARCH 2004, Ref. 11D-8.007

STATE OF FLORIDA
DEPARTMENT OF HIGHWAY SAFETY & MOTOR VEHICLES
AFFIDAVIT OF REFUSAL TO SUBMIT TO
BREATH AND/OR URINE TEST

I, I. Garcia 13044, a duly certified Law Enforcement Officer or Correctional Officer,
(Name of Officer reading Implied Consent Warning)

am a member of PBSO, and I do swear
(Name of law enforcement agency)

or affirm that on or about the 15 day of June, 20 19, at 1623 ☒ P.M ☐ A.M.

DRIVER David Gogelia,
(Type or Print) FIRST NAME MIDDLE OR MAIDEN NAME LAST NAME

DL# G240160791 43, state of Chicago Illinois, was placed under lawful arrest for

the offense of DUI by I. Garcia 13044 and
(Name of Arresting Officer)

issued Citation # A2647QP.

That on or about the 15 day of June, 20 19, at 1736 ☒ 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.

13044
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
Gary J Parent
My Commission GG 085486
Expires 06/21/2021

(AFFIX SEAL)

The foregoing instrument was sworn and subscribed before me this 15 day of June, 20 19, by D/S I. GARCIA, who is personally known to me or who has produced 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)