

ADDITIONAL INFORMATION		ARREST / NOTICE TO APPEAR		Pch # 3007	
OBTS Number SK 0419951		Agency ORI Number 0500400		Agency Name Delray Beach Police Department	
Charge Type: <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		Agency Report Number (N.T.A.'s only) 4, 0 17-011961		1. Arrest 2. N.T.A. 3. Request for Warrant 4. Request for Capias 1	
Location of Arrest (Including Name of Business) 551 W LINTON BLVD DELRAY BEACH FL		Location of Offense (Business Name, Address) 551 W LINTON BLVD, DELRAY BEACH, FL 33444		Enter Type None/not Applicable	
Date of Arrest 07/29/2017		Time of Arrest 05:42		Booking Date 07/29/2017	
Booking Time 05:52		Jail Date // ::		Jail Time // ::	
Name (Last, First, Middle) GILMER, DAVID JACOB		Alias (Name, DOB, Soc. Sec. #, Etc.) 541 W LINTON BLVD		Multiple Clearance Indicator 1	
Race W - White		Sex M		Date of Birth 03/13/1973	
Height 6'03		Weight 250		Eye Color BROWN	
Hair Color BLACK		Complexion LIGHT		Build LARGE	
Scars, Marks, Tattoos, Unique Physical Features (Location, Type, Description)		Marital Status S		Religion	
Local Address (Street, Apt. Number) 1885 E TERRACE DR, LAKE WORTH, FL 33460		Phone (305) 877-9490		Indication of: Alcohol Influence Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Unk. <input type="checkbox"/>	
Permanent Address (Street, Apt. Number) 1885 E TERRACE DR, LAKE WORTH, FL 33460		Phone (305) 877-9490		Residence Type: 1. City 3. Florida 2. County 4. Out of State 2	
Business Address (Name, Street) FL/DL		Phone		Occupation	
D/L Number, State G456170730930 / FL		Sec. Sec. Number		INS Number	
Place of Birth (City, State) DEL RIO, TX, United		Citizenship			
Co-Defendant Name (Last, First, Middle)		Race		Sex	
Co-Defendant Name (Last, First, Middle)		Race		Sex	
Parent <input type="checkbox"/> Other <input type="checkbox"/>		Name (Last, First, Middle)		Residence Phone	
Legal Custodian <input type="checkbox"/>		Address (Street, Apt. Number)		Business Phone	
Notified by: (Name)		Date		Time	
Released To: (Name)		Date		Time	
Relationship		Date		Time	
The above address was 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's Office (Phone 355-2526) informed of any change of address.		School Attended		Grade	
Property Crime? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Description of Property		Value of Property	
Drug Activity N. N/A P. Possess		S. Sell B. Buy T. Traffic		R. Sample D. Deliver E. Use	
K. Disperse/ 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. Synthetic		U. Unknown Z. Other			
Charge Description DWI/DUI (ALCOHOL & DRUGS)		State Violation Number 316.193C1		Violation of ORD #	
Drug Activity N		Drug Type N		Amount / Unit n / a	
Offense # 17-011961		Counts 1		Domestic Violence <input type="checkbox"/> Y <input checked="" type="checkbox"/> N	
Warrant / Capias Number		Bond			
Charge Description		State Violation Number		Violation of ORD #	
Drug Activity		Drug Type		Amount / Unit	
Offense #		Counts		Domestic Violence	
Warrant / Capias Number		Bond			
Charge Description		State Violation Number		Violation of ORD #	
Drug Activity		Drug Type		Amount / Unit	
Offense #		Counts		Domestic Violence	
Warrant / Capias Number		Bond			
Health / Apparent Physical Condition of Defendant		Any knowledge of the following: <input type="checkbox"/> Mental <input type="checkbox"/> Escape Risk <input type="checkbox"/> Medication <input type="checkbox"/> Deformities <input type="checkbox"/> Injuries		Explain:	
Check which applies: <input type="checkbox"/> Released O.R. <input type="checkbox"/> Released to Parent/Guardian <input type="checkbox"/> T.O.T. County Jail <input type="checkbox"/> Posted Bond <input type="checkbox"/> South County Mental Health		PROPERTY - Received By		Released By	
Transported By		Date Transported // ::		Time Transported // ::	
Other		Location (Court, Room) South County 200 W Atlantic Ave Delray Beach, FL 33444		Court Date and Time 8-21-17 @ 830	
<input checked="" type="checkbox"/> INSTRUCTION NO. 1 - Mandatory appearance in court <input type="checkbox"/> INSTRUCTION NO. 2 - You need not appear in Court but must comply with instructions on Page 2.		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.		No Photo Available	
Signature of Defendant (or Juvenile and Parent/Custodian)		Date Signed			
HOLD for Other Agency		Signature of Arresting Officer		Name Verification (Printed by Arrestee)	
<input type="checkbox"/> Dangerous <input type="checkbox"/> Suicidal		<input type="checkbox"/> Resisted Arrest <input type="checkbox"/> Other		(PRINT)	
Intake Deputy BATISTA		Name of Arresting Officer (Print) BATISTA, DANNY		ID. # 0932	
ID. # 0932		Pouch #		Agency DBPD	
Transporting Officer BATISTA		ID. # 932		Agency DBPD	
Witness here if subject signed with an "X".		PAGE 1 OF 1			

☐ COURT ☐ STATE ATTORNEY ☐ AGENCY ☐ CENTRAL RECORDS ☐ JAIL ☒ SCANNED ☐ P.I.O. ☐ DEFENDANT

JUL 31 2017

PROBABLE CAUSE AFFIDAVIT

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

1

Juvenile

N

ADMIN	OBTS Number		Agency ORI Number FLO 500000		Agency Name PALM BEACH COUNTY SHERIFF'S OFFICE		Agency Report Number 06-	
	Charge Type: Check as many as apply: <input type="checkbox"/> 1. Felony <input type="checkbox"/> 2. Traffic Felony <input type="checkbox"/> 3. Misdemeanor <input checked="" type="checkbox"/> 4. Traffic Misdemeanor <input type="checkbox"/> 5. Ordinance <input type="checkbox"/> 6. Other		Special Notes:					
DEF	Name (Last, First, Middle) GILMER, DAVID, JACOB				Aliases		Race W	Sex M
	Date of Birth 03/13/1973							
CHARGES	Charge Description DUI				Charge Description 316.193(1)			
	Charge Description				Charge Description			
VICTIM	Victim's Name (Last, First, Middle) STATE OF FLORIDA						Race	Sex
	Local Address (Street, Apt. Number) SOUTH COUNTY COURTHOUSE 200 W ATLANTIC AVE, DELRAY BEACH, FLORIDA 33444						City	Date of Birth
	Business Address (Name, Street) SOUTH COUNTY COURTHOUSE 200 W ATLANTIC AVE, DELRAY BEACH, FLORIDA 33444						State	Occupation
	Phone (561) 274-1530						Address Source	
ADMINISTRATIVE	<p>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.</p> <p><input checked="" type="checkbox"/> committed the below acts in my presence. <input type="checkbox"/> was observed by _____ who told _____ that he/she saw the arrested person commit the below acts.</p> <p><input type="checkbox"/> confessed to _____ admitting to the below facts. <input checked="" type="checkbox"/> was found to have committed the below acts, resulting from my (described) investigation.</p> <p>On the 29TH day of JULY 20 17 at 0439 <input checked="" type="checkbox"/> A.M. <input type="checkbox"/> P.M. (Specifically include facts constituting cause for arrest.)</p> <p>I exited I-95 at Linton Blvd, City of Delray Beach, Palm Beach County, Florida heading west bound approaching S. Congress Ave and Linton Blvd. While continuing west bound on Linton Blvd traveling in the number one lane, I observed headlights from a vehicle traveling eastbound in the west bound lane towards my marked patrol.</p> <p>I swerved north to avoid the vehicle which continued east in the west travel lanes crossing S. Congress Ave. I turned around to conduct a traffic stop for violation of F.S.S. 316. 081 (1) wrong side of the roadway. The vehicle continued east in the west travel lanes into oncoming vehicles. I pulled behind the vehicle to conduct the traffic stop on Florida Y10JHL, black Dodge two door at Linton Blvd and SW 4th Ave Prior to activating the overhead lights to conduct the traffic stop, the vehicle struck the center median curb just west of SW 4th Ave.</p> <p>I activated my vehicles emergency lights to conduct the stop observing the vehicle slow then turn north onto SW 4th Ave then turning west into the Delray Village Shoppes.</p> <p>I made contact with the driver checking on his welfare observing a white male subject later identified by his Florida license as David Jacob Gilmer. Gilmer was not wearing his seatbelt and I detected an odor of an unknown alcoholic beverage emitting from his person and breath as well as his eyes were bloodshot red. I asked the driver where he currently located and he spontaneously stated 10th Ave. I asked the driver where he started driving from "Ft Lauderdale" "going home".</p> <p>Based on my training and experience, Gilmer displayed sign(s) of impairment and Delray Beach Police Department responded to continuing the investigation.</p>							
	<p>STATE OF FLORIDA COUNTY OF PALM BEACH SGT DUROS 9464 (Signature of Arresting/Investigative Officer)</p> <p>The foregoing instrument was sworn to or affirmed and subscribed before me this 29TH day of JULY 20 17 by SGT DUROS 9464</p> <p>(Print name of Arresting/Investigative Officer), who is personally known to me and/or produced identification. Type of identification produced _____</p> <p>Notary Public, Clerk of Court, Officer (F.S.S. 117.10)</p>							

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PAGE
1 OF 1

D.U.I. PROBABLE CAUSE AFFIDAVIT

ON THE 29th DAY OF July 20 17, AT 0439 ☒ AM ☐ PM
SUBJECT: GILMER DAVID J CASE NUMBER: 17-11961
AGENCY: PALM BEACH COUNTY SHERIFF'S OFFICE ARRESTING OFFICER: Batista

PERSONAL CONTACT

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

On 07/29/17 at approximately 0524 hours, I responded to 551 W Linton Blvd. (Delray Village Plaza) in reference to backing up PBSO Sgt Duros in a traffic stop. Sgt Duros advised me while driving westbound on W. Linton Blvd. he observed head lights coming in his direction. Sgt. Duros had to swerve out of the way in order to prevent an accident. He made a U turn and conducted a traffic stop on a black Dodge 2 dr vehicle FL tag Y10JHL. The vehicle stopped in the middle of the plaza parking lot.

OBSERVATION OF DRIVER:

The driver had Glossy eyes, an odor of alcohol coming about his breath, he could not keep his balance, and he was mumbling when speaking.

DRIVER'S STATEMENTS:

Very cooperative but would not admit to drinking

ODORS:

obvious odor of an alcoholic beverage

GENERAL OBSERVATIONS

SPEECH: slurred speech and mumbling

ATTITUDE: polite cooperative

CLOTHING: jeans t shirt

MEDICAL/OTHER: all tests were conducted in Ofc. Colletetti's in car video

STATE OF FLORIDA
COUNTY OF PALM BEACH

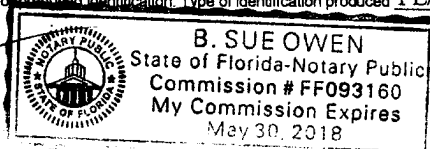
Batista

(Signature of Arresting/Investigative Officer)

The foregoing instrument was sworn to or affirmed and subscribed before me this 29th day of July 20 17 by Batista

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

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



SCANNED
JUL 31 2017

SUBJECT: GILMER DAVID CASE NUMBER 17-11961

ROADSIDE TASKS

HORIZONTAL GAZE NYSTAGMUS:

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

WALK & TURN:

Subject missed heel to toe twice and only took 8 steps. He could not keep his balance throughout. He lost his balance when turning and missed heel to toe 3 times on the way back. He also stepped out of the line provided several times.

ONE LEG STAND:

Could not stand for more than 10 seconds

FINGER TO NOSE:

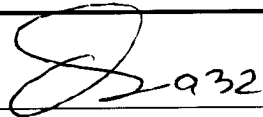
Performed correctly

ROMBERG ALPHABET:

performed correctly

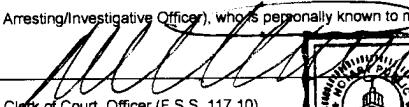
BREATH TEST RESULTS:

STATE OF FLORIDA
COUNTY OF PALM BEACH

Batista 
(Signature of Arresting/Investigative Officer)

The foregoing instrument was sworn to or affirmed and subscribed before me this 29th day of July, 2017 by Batista

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


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

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JUL 31 2017

WITNESS LIST

CASE NUMBER: 17-11961

ARRESTING OFFICER: Batista

ADDRESS: 300 W. Atlantic Ave

PHONE NUMBERS (HOME): _____ (WORK) _____

CAN TESTIFY TO: 5612437800

NAME: Sgt Duro

ADDRESS: 3228 Gun Club Rd

PHONE NUMBERS (HOME) _____ (WORK) 5616883000

CAN TESTIFY TO: _____

NAME: _____

ADDRESS _____

PHONE NUMBERS (HOME) _____ (WORK) _____

CAN TESTIFY TO: _____

NAME: _____

ADDRESS _____

PHONE NUMBERS (HOME) 0 (WORK) 0

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: _____

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JUL 31 2017

TESTING FACILITY TASK REPORT

AGENCY: DBPD/BATISTA

SUBJECT: GILMER, DAVID J.

CASE NUMBER: 17-105886

DATE: 07/29/2017

VIDEO DVD NUMBER: 63081

BEGINNING TIME: 0649

ENDING TIME: 0656

BREATH TESTS RESULTS: 1) R TIME 0654 A.M. ☒ P.M. ☐ 2) XX TIME XX A.M. ☐ P.M. ☐
3) XX TIME XX A.M. ☐ P.M. ☐ 4) XX TIME XX A.M. ☐ P.M. ☐

BREATH OPERATOR: S. PALMER #24520

MAINTENANCE TECHNICIAN: J Karlecke #6467

TESTING OFFICER'S OBSERVATIONS

SPEECH: SLURRED

ATTITUDE: CALM, QUIET, COOPERATIVE

CLOTHING: BLUE TSHIRT, BLUE JEANS, BLACK BOOTS

MEDICAL CONDITIONS: NONE

MEDICATIONS: NONE

OTHER:

EYES GLASSY AND BLOODSHOT, SWAYING

COMMENTS:

ARRESTING OFFICER CONDUCTED THE 20 MINUTE OBSERVATION BEGINNING AT 0624
SUBJECT AGREED TO TAKE BREATH TEST
TECH EXPLAINED TEST INSTRUCTIONS,
SUBJECT STATED HE WAS SORRY BUT WANTED A LAWYER.
A/O READ I/C, SUBJECT STATED HE UNDERSTOOD I/C AND REFUSED TEST
A/O READ RIGHTS, SUBJECT STATED HE UNDERSTOOD HIS RIGHTS
SUBJECT REFUSED ANY QUESTIONING WITHOUT COUNSEL.

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SUBJECT: Gilmar, David 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 OFC. Batista #932 of the Delray Beach PD

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.

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SUSPECT'S SIGNATURE: (X) _____

Read on Camera

SUBJECT: Gilmar, David 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: OFC Batista #932

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JUL 31 2017

Florida

The Sunshine State

DRIVER LICENSE CLASS E

G456-170-73-093-0

DAVID JACOB

GILMER

1886 E TERRACE DR

LAKE WORTH, FL 33460-6452

DOB: 03-13-1973 SEX: M

EXPIRATION: 03-13-2011 HGT: 6-03

EXPIRATION: 03-13-2019

ORGAN DONOR

07-11-2016

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JUL 31 2017

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