

0375681		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		Agency ORI Number FLO 500000		Agency Name PALM BEACH COUNTY SHERIFF'S OFFICE		Agency Report Number (N.T.A.'s only) 06-17087343					
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 checked="" 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 02	
Location of Arrest (Including Name of Business) 4623 FOREST HILL BLVD, WEST PALM BEACH FL 33415						Location of Offense (Business Name, Address) 4623 FOREST HILL BLVD WEST PALM BEACH FL 33415					
Date of Arrest 06/07/2017		Time of Arrest 2041		Booking Date		Booking Time		Jail Date		Jail Time	
Name (Last, First, Middle) Worman David J						Alias (Name, DOB, Soc. Sec. #, Etc.)					
Race W - White I - American Indian B - Black O - Oriental/Asian		Sex M		Date of Birth 10/04/1978		Height 5'9"		Weight 185		Eye Color Blue	
Hair Color Brown		Complexion Fair		Build Medium		Marital Status Single		Religion CHRISTIAN		Indication of Alcohol Influence Y <input type="checkbox"/> N <input checked="" type="checkbox"/> Unk. <input type="checkbox"/>	
Scars, Marks, Tattoos, Unique Physical Features (Location, Type, Description) Tattoos on legs and shoulder						Indication of Drug Influence Y <input type="checkbox"/> N <input checked="" type="checkbox"/> Unk. <input type="checkbox"/>					
Local Address (Street, Apt. Number) 8419 Moxey Pt West Palm Beach FL 33411						Phone (561) 5317840		Residence Type: 1. City 2. County 3. Florida 4. Out of State 1			
Permanent Address (Street, Apt. Number) 10292 Serenade Lane, Royal Palm Beach FL 33411						Phone (561) 3138131		Address Source FL DL / VERBAL			
Business Address (Name, Street) ()						Phone ()		Occupation Plumber			
D/L Number, State W655170783640, FL		Soc. Sec. Number ()		INS Number		Place of Birth (City, State) Stuart, FL		Citizenship USA			
Co-Defendant Name (Last, First, Middle)						Race		Sex		Date of Birth	
Co-Defendant Name (Last, First, Middle)						Race		Sex		Date of Birth	
Parent N. Legal Custodian Other: ()						Residence Phone ()		Business Phone ()			
Address (Street, Apt. Number) ()						(City) ()		(State) ()		(Zip) ()	
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 ()			
Charge Activity S. Sell N. N/A P. Possess						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 Crash with property damage						Counts 1		Domestic Violence <input type="checkbox"/> Y <input checked="" type="checkbox"/> N		Statute Violation Number 316.193(3)(C)(1)	
Drug Activity N						Drug Type N		Amount / Unit ()		Offense # 17087343	
Charge Description Possession of drug paraphernalia (use)						Counts 1		Domestic Violence <input type="checkbox"/> Y <input checked="" type="checkbox"/> N		Statute Violation Number 893.147(1)(b)	
Drug Activity P						Drug Type P		Amount / Unit ()		Offense # 17087343	
Charge Description ()						Counts ()		Domestic Violence <input type="checkbox"/> Y <input checked="" type="checkbox"/> N		Statute Violation Number ()	
Drug Activity ()						Drug Type ()		Amount / Unit ()		Offense # ()	
Charge Description ()						Counts ()		Domestic Violence <input type="checkbox"/> Y <input checked="" type="checkbox"/> N		Statute Violation Number ()	
Drug Activity ()						Drug Type ()		Amount / Unit ()		Offense # ()	
Charge Description ()						Counts ()		Domestic Violence <input type="checkbox"/> Y <input checked="" type="checkbox"/> N		Statute Violation Number ()	
Drug Activity ()						Drug Type ()		Amount / Unit ()		Offense # ()	
Location (Court Room Number, Address) Criminal Justice Complex: 3228 Gun Club Road, West Palm Beach FL 33406						Court Date and Time Month July Day 6th Year 2017 Time 0830 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) ()					
Date Signed 06/07/2017						Name Verification (Printed by Arrestee) SCANNED					
HOLD for other Agency Name: <input type="checkbox"/> Dangerous <input type="checkbox"/> Resisted Arrest <input type="checkbox"/> Suicidal <input type="checkbox"/> Other:						Signature of Arresting Officer Inv. C. Ficarra 8368					
Intake Deputy Spmw 8101						Transporting Officer Inv. C. Ficarra 8368					
ID # ()						Agency PBSO					
Witness here if subject signed with an "X"						PAGE OF					

OBTS Number		PROBABLE CAUSE AFFIDAVIT		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- 17087343		
	Charge Type: Check as many as apply: <input type="checkbox"/> 1. Felony <input type="checkbox"/> 2. Traffic Felony		<input type="checkbox"/> 3. Misdemeanor <input type="checkbox"/> 4. Traffic Misdemeanor <input type="checkbox"/> 5. Ordinance <input type="checkbox"/> 6. Other		Special Notes:		
CHARGES	Name (Last, First, Middle) Worman, David, J		Alias		Race W	Sex M	Date of Birth 10/04/1978
	Charge Description DUI Crash with property damage		Charge Description 316.193(3)(C)(1)		Charge Description Possession of drug paraphernalia (use)		
VICTIM	Victim's Name (Last, First, Middle) State of Florida, ,		Race		Sex	Date of Birth	
	Local Address (Street, Apt. Number)		(City)	(State)	(zip)	Phone	
	Business Address (Name, Street)		(City)	(State)	(zip)	Phone	
						Occupation	
<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. The Person taken into custody <input type="checkbox"/> committed the below acts in my presence. <input type="checkbox"/> was observed by _____ who told _____ <input type="checkbox"/> confessed to _____ that he/she saw the arrested person commit the below acts. <input checked="" type="checkbox"/> 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 7th day of June 20 17 at 1853 <input type="checkbox"/> A. M. <input checked="" type="checkbox"/> P. M. (Specifically include facts constituting cause for arrest.)</p> <p>I was advised that no medication was given to David by Fire Rescue nor was any given at the hospital. No Narcan (used to combat opiate overdose) was given to David at any time. I identified myself to David and asked him about the crash. David gave crash statements at that time. During his crash statement I observed that David's speech was slow and mumbled. As he spoke about the crash his eyes appeared to begin to close at times but he would continue talking. I observed that as David moved from the hospital bed to a chair in the room he was slow and lethargic. He also appeared to have dry mouth.</p> <p>After David provided crash statements I advised him that the crash investigation was completed and I was conducting a DUI investigation which he stated he understood. I explained to David that I would have to read him his Constitutional Warnings which he stated he understood as well. After the reading of his warnings I asked him to sign a paper acknowledging they were read and he understood them which he did.</p> <p>Post Constitutional Warnings David stated the following: He was an addict in recovery and was struggling with his addiction. He advised that there was a needle in car but no "dope." He had just came home from prison in October and was in recovery for 3 years on and off, David stated he would be clean for 24 months then he would mess up and relapse. David's girlfriend was helping him with recovery but his ex- girlfriend is who caused him to relapse recently.</p> <p>As David spoke I observed that he began to nod off. He closed his eyes and started speaking slowly until he stopped speaking all together. I asked David if he was okay at which time he opened his eyes and continued talking.</p> <p>David stated that his ex is a junkie and he attempted to help her but he relapsed in doing so and has been fighting ever since. David stated he goes to the Fern House for meetings and is a graduate of that program. He was going to go back into Fern House but his work hours won't allow for it. David stated that he took all types of drugs but his issues have been caused by heroin more recently. He stated that he was afraid of doing the drugs but needed to. He stated that since he did not know if the heroin he was taking was pure or not he would try a small amount first. David stated that he would get sick if he did not take the heroin. He stated that he normally injected the drugs in the top of his left hand or in his right antecubital (inner right arm bend). Both areas had scarring of injection sites. David stated that he last injected heroin at approximately 1000 am that morning.</p> <p>I asked David about the crash again which he stated that he went to pull out of a spot he was in the parking lot but had difficulty maneuvering the truck because it was too large. He stated that his foot slipped off the brake and onto the ignition at which time he bumped the wall. David stated that no one else was in the truck with him and that he was driving it at the time he crashed.</p> <p>I asked David if he had any medical issues such as diabetes or seizures which he stated he did not. He stated he had no physical defects or injuries and had no issues with his eyes (did not wear contacts or glasses either). David stated that he took Prilosec OTC but no other medications.</p> <p>Since David was going to be cleared from the hospital in a reasonable time frame I asked him if he would submit to standardized field sobriety tasks. David took his time making his decision. I explained my observations of him to him. David asked what would happen if he refused at which time I explained Taylor Warning to him. I stated that if he refused he was forcing me to make a decision on whether he was impaired or not based on my observations of him up to that point and also his refusal could be used against him in court. David did eventually agree to the tasks.</p> <p>David had asked to go to the bathroom prior to being cleared from the hospital. Inv. Levey escorted David to the bathroom and observed that David swayed side to side while he stood still.</p> <p>At approximately 2020 hours David was cleared from the hospital. Inv. Levey and I escorted David to a covered area of the parking lot of the hospital for the administration of the roadside tasks. As David walked in the dark areas outside of the hospital I observed that his pupils were still constricted where they should have been larger than normal to take in light.</p> <p>David kept his shoes on for the tasks and assisted in placing a tape line on the ground to be used for the tasks. I asked David to stand on the tape line which he did. He also moved from the tape line to pat the tape on the ground without being instructed to. (See roadside task page for further).</p>							
ADMINISTRATIVE	STATE OF FLORIDA COUNTY OF PALM BEACH		Inv. C. Ficarra				
	The foregoing instrument was sworn to or affirmed and subscribed before me this 7th day of June 20 17 by Inv. C. Ficarra						
	(Print name of Arresting/Investigative Officer), who is personally known to me and/or produced type of identification produced		Known				
Notary Public, Clerk of Court, Officer (F.S.S. 117.10)				SCANNED			PAGE 1 OF 1

D.U.I. PROBABLE CAUSE AFFIDAVIT

ON THE 7th DAY OF June 20 17, AT 1853 AM ☒ PM
SUBJECT: Worman David J CASE NUMBER: 17087343

AGENCY: PALM BEACH COUNTY SHERIFF'S OFFICE ARRESTING OFFICER: Inv. C. Ficarra

PERSONAL CONTACT

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

On 06/07/2017 at approximately 1905 hours I responded to the parking lot of 4623 Forest Hill Blvd, in unincorporated Palm Beach County, in reference to a possible DUI crash investigation. Upon my arrival I observed a yellow GMC work truck (Any Time Companies Inc) bearing Florida tag EPGY23 stopped on the curbed sidewalk area of the building. The truck had impacted the building with its driver's side front bumper. Palm Beach County Fire Rescue was on scene prior to my arrival and had already placed the driver of the truck, identified as David Worman through his Florida issued driver's license, in the rear of the Rescue (reference run number 1762354 by Rescue 36). The driver was going to be transported to Wellington Regional Hospital by Fire Rescue. Community Service Aide (CSA) A, Smith ID: 5198 had already began the crash investigation (crash case number 17087316). I then met with a witness to the incident, Alberto Lambis, who stated to me that he observed the driver of the vehicle in the driver's seat of the truck at the time he made contact with him. He stated that the driver appeared passed out or sleeping behind the wheel. He advised the truck was still running and in drive. He knew this because he observed the transmission was in the "D" position (which indicated it was in drive). Alberto opened the door and asked the driver if he was okay. The driver appeared dazed and did not respond to Alberto so he asked him again if he was okay. Alberto turned the vehicle off himself so that it did not move. The driver stepped out of the vehicle when he woke up and appeared dazed and did not know what happened. Alberto advised the driver that he impacted the wall at which time the driver stated he did not know what happened. Alberto did not smell any alcoholic beverages because he was not that close to him to smell it. Alberto filled out a sworn written statement regarding the incident (see attached).

OBSERVATION OF DRIVER:

I then observed the crash damage to the vehicle and building. I observed scrapes and scratches to the wall and the bumper of the truck where it had impacted. In the passenger compartment I did not observe any airbag deployment or visible signs which would lead me to believe the driver may have had a head injury. As I stood on the outside of the truck in the open doorway (which was open prior to my arrival) I observed in plain view in the center console the end of a hypodermic needle sticking out. I retrieved the needle, which was capped, and observed that on the inside was a light brown liquid residue. I also observed next to the needle was a brown crumpled up piece of a small paper bag. In side the crumpled bag was a small piece of a copper scrub pad. It should be known that the scrub pads are commonly used as filters when taking a injectable drug into a hypodermic needle prior to use. I retrieved the needle and scrub pad and placed them into an evidence bag which was secured in my vehicle. All Time Towing later responded for a rotational tow of the truck. I then made contact with Alberto again who stated that the driver's eyes were red and droopy, his face was flush and red, and his pupils were very small. The driver had light colored eyes according to Alberto.

DRIVER'S STATEMENTS:

I then made contact with David at Wellington Hospital at approximately 1926 hours. He was already in a hospital room when I arrived. Inv. Levey ID: 9415 was with David as well. As David sat on the hospital bed I observed that he had very red, bloodshot, droopy eyes. His face was flush and droopy. His pupils were very small (pinpoint) given the dim lighting condition of the room. He was hunched over while sitting on the bed and had very slow, lethargic movements. At that time David was being seen by the doctor attending to him, Dr. Blake Kendall. Dr. Kendall advised Inv. Levey at approximately 1937 hours that David would be cleared to leave the hospital in approximately 15 minutes (see attached PC for further).

ODORS:

None

GENERAL OBSERVATIONS

SPEECH: slurred, slow, mumbled

ATTITUDE: slow, lethargic, compliant, calm

CLOTHING: gray t-shirt, khaki shorts, black sneakers

MEDICAL/OTHER: no medical issues (no diabetes or seizures), no physical defects or injuries, no issues with eyes (does not wear glasses or contacts), took Prilosec OTC but no other medication, took multiple kinds of drugs but most recently heroin, kept shoes on for tasks

STATE OF FLORIDA
COUNTY OF PALM BEACH

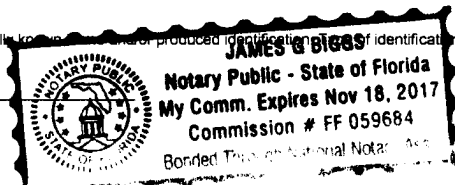
Inv. C. Ficarra

(Signature of Arresting/Investigative Officer)

The foregoing instrument was sworn to or affirmed and subscribed before me this 7th day of June 20 17 by Inv. C. Ficarra

(Print name of Arresting/Investigative Officer), who is personally known to me and produced identification which I have identified as produced Known

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



SCANNED
JUN - 8 2017

SUBJECT: WormanDavidCASE NUMBER 17087343

ROADSIDE TASKS

HORIZONTAL GAZE NYSTAGMUS:

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

The overhead blue police lights were turned off prior to the tasks. David's eyes tracked equally, the pupils were the same size, were not appropriate for the lighting conditions (constricted), and no resting nystagmus was observed. Vertical gaze nystagmus was administered and was not observed. Lack of convergence was administered and was observed. His left eye shot out to the top left while his right eye converged normally. He had a side to side sway while standing still and moved his head during the task. David's eyes began to close multiple times during the task.

WALK & TURN:

I explained and demonstrated the instructions for the walk and turn task to David who stated that he understood. During the task I observed that David had the following cues: slow walk (paused at turn); stepped off the line on 7th step of return set; used arms for balance throughout task (raises arms over six inches); improper turn (pivoted on both feet); took incorrect number of steps: 10 on first set then 11 on return; stated he lost count during the task on step 4 of the first set (reminded to take 9 steps and to continue off the line if he needed to); body tremors were observed as well; did not count out loud as instructed; body tremors were noted in his legs.

ONE LEG STAND:

I explained and demonstrated the instructions for the one leg stand task to David who stated that he understood. During the task I observed that David had the following cues: swayed while balancing; used arms for balance (raises arms over six inches); put foot down twice (before 30 seconds); had to be reminded to look at raised foot; body tremors were noted in his legs.

FINGER TO NOSE:

I explained and demonstrated the instructions for the finger to nose task to David. I explained what is considered the tip of the finger and tip of the nose to David who stated that he understood. He also knew his left from his right. During the task I observed that David had the following cues: used pad of finger on each instructed hand not tip as instructed; swayed back to front during task; failed to return arm to side on second instructed hand.

ROMBERG ALPHABET:

I explained and demonstrated the instructions for the Romberg with recitation task to David who stated that he understood. I asked him to say and not sing his ABCs from A to Z without stopping which he stated he could. During the task I observed that David had the following cues: did not keep eyes closed (peaked before being told to open); tilted head forward before being told to; swayed back to front; body tremors were noted in his legs. The modified Romberg balance was explained and demonstrated to David who stated that he understood. David was asked to estimate the passage of 30 seconds in their head. David showed the following cues: body tremors were noted in his legs; he estimated 23 seconds as 30 seconds and stated he counted normally to reach it; swayed back to front during the task.

BREATH TEST RESULTS:

1) 0.00	2) 0.00	3)	4)
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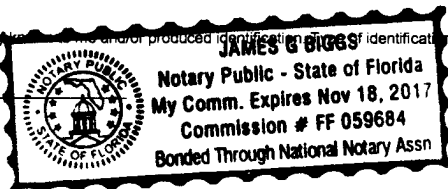
STATE OF FLORIDA
COUNTY OF PALM BEACH

Inv. C. Ficarra

(Signature of Arresting/Investigative Officer)

The foregoing instrument was sworn to or affirmed and subscribed before me this 7th day of June, 2017 by Inv. C. Ficarra(Print name of Arresting/Investigative Officer), who is personally known to me and/or produced identification and/or identification produced Known

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

SCANNED
JUN - 8 2017

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 #:	17097343	ZONE:	1-12	SUSPECT:	DAVID WORMAN	DATE & TIME OF ORIGINAL EVENT/OFFENSE:	6/7/17 1853
EVENT TYPE:	DUI CRASH	DEPUTY:	FICARRA	ID#:	2307		

COMPLETE EVERYTHING BELOW – PRINT LEGIBLY

LAST NAME:	Lambis	FIRST NAME:	Alberto	MIDDLE INITIAL:		RACE:	W	SEX:	M
DATE OF BIRTH:	(MM/DD/YYYY) 04-01-1983	YOUR HEIGHT:	5-11	YOUR WEIGHT:	220	YOUR HAIR COLOR:	NO Hair	YOUR EYE COLOR:	Brown
YOUR HOME ADDRESS:	836 olive tree	<input type="checkbox"/> CHECK IF HOMELESS		CITY:	W. P. B.	STATE:	FL	ZIP:	33413
YOUR WORK NAME & ADDRESS:		<input type="checkbox"/> CHECK IF UNEMPLOYED OR RETIRED		CITY:		STATE:		ZIP:	
WORK PHONE:	<input type="checkbox"/> CHECK IF NONE	CELL PHONE:	<input type="checkbox"/> CHECK IF NONE (561) 429042	HOME PHONE:	<input type="checkbox"/> CHECK IF NONE	EMAIL:		<input type="checkbox"/> CHECK IF NONE	

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

YOUR NAME:	ALBERTO LAMBIS	DO HEREBY VOLUNTARILY MAKE THE FOLLOWING STATEMENT WITHOUT THREAT, COERCION, OFFER OF BENEFIT, OR FAVOR BY ANY PERSONS WHOMSOEVER...
<p>SAW A LARGE BOX TRUCK UP AGAINST THE BUILDING. A WHITE MALE, WITH BLONDE HAIR, ABOUT 40 YOA WAS IN THE DRIVERS SEAT, LEANED OVER ON HIS RIGHT SIDE. HE WAS NOT RESPONDING TO ME. THE VEHICLE ENGINE WAS RUNNING, I TURNED IT OFF. HE WAS DISORIENTED. HE THEN GOT OUT OF THE VEHICLE & SAT ON THE SIDEWALK. HE WAS RED FACED, HAD DROOPY EYES AND SMALL PUPILS.</p>		

PAGE 1 OF 1

READ AND SIGN

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

YOUR SIGNATURE: X

<input checked="" type="checkbox"/> DEPUTY SHERIFF	<input type="checkbox"/> NOTARY PUBLIC	FSS: 117.10
SWORN TO AND SUBSCRIBED BEFORE ME TODAY:		
DATE: 6/7/17	TIME: 1915	
SIGNATURE: INV C	ID: 2262	

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 INITIALLYING BELOW. I AM TAKING THIS POSITION OF MY OWN FREE WILL KNOWING THAT THE CASE CAN ONLY BE FULLY 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

JUN - 8 2017

WITNESS LIST

CASE NUMBER: **17087343**

ARRESTING OFFICER: **Inv. C. Ficarra**

ADDRESS: **3228 Gun Club Road, West Palm Beach FL 33406**

PHONE NUMBERS (HOME): _____ (WORK) **5616883000**

CAN TESTIFY TO: **The elements of the DUI**

NAME: **CSA A. Smith ID: 5198**

ADDRESS: **3228 Gun Club Road, West Palm Beach FL 33406**

PHONE NUMBERS (HOME) _____ (WORK) **5616883000**

CAN TESTIFY TO: **Crash investigation**

NAME: **Inv. Scott Levey ID: 9415**

ADDRESS **3228 Gun Club Road, West Palm Beach FL 33406**

PHONE NUMBERS (HOME) _____ (WORK) **5616883000**

CAN TESTIFY TO: **Impairment of driver at hospital**

NAME: _____

ADDRESS _____

PHONE NUMBERS (HOME) **0** (WORK) **0**

CAN TESTIFY TO: _____

NAME: **Alberto Lambis**

ADDRESS **836 Olive Tree, WPB FL 33413**

PHONE NUMBERS (HOME) **561-412-9042** (WORK) _____

CAN TESTIFY TO: **Placing driver behind wheel, impairment indicators of driver at time of crash**

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: _____

SCANNED

JUN - 8 2017

TESTING FACILITY TASK REPORT

AGENCY: PBSO-FICARRA

SUBJECT: WORMAN,DAVID J

CASE NUMBER: 17-087343

DATE: Jun 7, 2017

VIDEO DVD NUMBER: 62757

BEGINNING TIME: 2129

ENDING TIME: 2140

BREATH TESTS RESULTS: 1) .000 TIME 2132 A.M. ☐ P.M. ☒ 2) .000 TIME 2135 A.M. ☐ P.M. ☒
3) UR/REF TIME 2139 A.M. ☐ P.M. ☒ 4) XX TIME XX A.M. ☐ P.M. ☐

BREATH OPERATOR: J Biggs# 7607

MAINTENANCE TECHNICAN: D/S J Karklecke #6467

TESTING OFFICER'S OBSERVATIONS

SPEECH: CLEAR

ATTITUDE: COOPERATIVE

CLOTHING: GRAY SHIRT, TAN SHORTS

MEDICAL CONDITIONS: NONE

MEDICATIONS: NONE

OTHER:

EYES GLASSY, RED

COMMENTS:

ARRESTING OFFICER CONDUCTED THE 20 MINUTE OBSERVATION BEGINNING AT 2105
SUBJECT AGREED TO SUBMIT TO THE BREATH TEST
SUBJECT WAS GIVEN THE INSTRUCTIONS FOR THE TEST
SUBJECT COMPLETED BOTH SAMPLES SUCCESSFULLY
RESULTS WERE GIVEN TO THE SUBJECT
URINE WAS REQUESTED, SUBJECT REFUSED
IMPLIED CONSENT WAS READ AND UNDERSTOOD
SUBJECT REFUSED ONCE AGAIN
MIRANDA WAS READ AT THE HOSPITAL
SUBJECT REFUSED QUESTIONS

SCANNED
JUN - 8 2017

SUBJECT: WORMAN, DAVID J

CASE NUMBER: 17087243

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 Inv. Christopher Ficarra of the PALM BEACH COUNTY SHERIFF'S OFFICE

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 as admissible into evidence in any criminal proceeding.

SUBJECT'S SIGNATURE: _____

CONSTITUTIONAL WARNINGS

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

You have the right to remain silent and not answer any questions.

Any statement must be freely and voluntarily given.

You have the right to the presence of a lawyer of your choice before you make any statement and during any questioning.

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.

If at any time during the interview you do not wish to answer any questions, you are privileged to remain silent.

I can make no threats or promises to induce you to make a statement. This must be of your own free will.

Any statement can and will be used against you in a court of law.

SUSPECT'S SIGNATURE: X [Signature]

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SUBJECT: Worman, David J CASE NUMBER: 17-087343

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 Ino Ficarra of the PBSO

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 or Camcar

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 at Hospital SCANNED
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SUBJECT: Worman, David J CASE NUMBER: 17-087343

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: _____

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PALM BEACH COUNTY SHERIFF'S OFFICE PROPERTY RECEIPT

OTHER AGENCY & CASE #

PBSO CASE #

17087343

Date 6/7/17	Time 1910	Zone 1-12	Type Case DUI CRASH	LOC Number
<input checked="" type="checkbox"/> Drugs	<input type="checkbox"/> Firearms	<input type="checkbox"/> Photo Lab	<input type="checkbox"/> Stolen - Recovered	<input type="checkbox"/> Hold for Forfeiture
<input type="checkbox"/> Toxicology	<input type="checkbox"/> Crime Scene	<input type="checkbox"/> Lost Property	<input checked="" type="checkbox"/> Trial	
<input type="checkbox"/> Serology/DNA	<input type="checkbox"/> Latent Prints	<input type="checkbox"/> Property of Deceased	<input type="checkbox"/> Destroy	

Send Report To: INV C FICARRA 8368	Division: VCD/DUI
Release After Processing per F.S.S. 90.91? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> To Whom

Photographed by & I.D. #

Address Where Property Recovered: 4623 FOREST HILL BLVD, WPB FL 33415

Name	Date	D.O.B.	Race/Sex	Address	Phone
Discovered by INV C FICARRA 8368	6/7/17	—	—	PBSO	561-531-3200
Owner DAVID J. WORMAN	10/01/78	W/M	8419 WWPB FL 33411	MOKEY PE	561-531-7841
Victim STATE OF FLORIDA	—	—	—	—	—
Suspect(s) DAVID J. WORMAN	10/01/78	W/M	8419 WWPB FL 33411	MOKEY PE	561-531-7840

Type of Analysis Requested (attach Crime Lab Information Form)

Item #	Qty.	Value	Description of Property
1	1	1.00	HYPODERMIC NEEDLE IN SHARPS CONTAINER
1	1	1.00	COPPER SCRUB PAD IN BROWN BAG

I hereby acknowledge that the above list represents all property taken from my possession and that I have received a copy of this receipt.

I hereby acknowledge that the above list represents all property impounded by me in the official performance of duty as a Law Enforcement Officer or Support Personnel as defined in F.S.S. 943.10.

Print Name:

Print Name: INV C FICARRA I.D.# 8368 Div. VCD

Signature:

Signature: INV C 8368

Received By	Reason	Date & Time

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DISTRICT

VCD

PAGE

OF

1



ORGAN DONOR

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

NOT A CERTIFIED

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**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: 80-006239 Software: 8100.27
Date of Test: 06/07/2017

Date of Last Agency Inspection: 06/02/2017
Observation Period Began: 21:05
Subject's Name: DAVID J WORMAN

DOB: 10/04/1978 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	21:31
	Air Blank	0.000	21:31
	Control Test	0.080	21:31
	Air Blank	0.000	21:32
	Subject Sample #1	0.000	21:32
	Air Blank	0.000	21:33
	Air Blank	0.000	21:35
	Subject Sample #2	0.000	21:35
	Air Blank	0.000	21:36
	Control Test	0.081	21:36
	Air Blank	0.000	21:37
	Diagnostics Check	OK	21:37

Cylinder Lot: 646645
Exp: 12/05/2019

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 JAMES G BIGGS, 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: _____

Signature

Date: 6/7/17

Sworn to (or affirmed) before me this 7 day of June, 2017

W C 25768
Signature of Notary Public-State of Florida

Inv Ficarre
Printed Name of Notary Public-State of Florida

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.

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

I, Inv. C. Ficarra, 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 7th day of June, 20 17, at 2041 ☒ P.M. ☐ A.M.

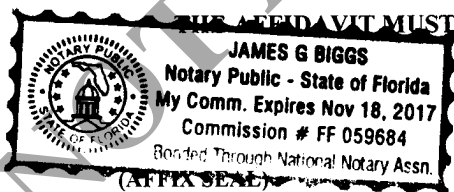
DRIVER David J Worman,
 (Type or Print) FIRST NAME MIDDLE OR MAIDEN NAME LAST NAME

DL# W655170783640, FL, state of Florida, was placed under lawful arrest for
 the offense of DUI Crash with property damage by Inv. C. Ficarra and
 issued Citation # A1007PP
 (Name of Arresting Officer)

That on or about the 7th day of June, 20 17, at 2139 ☐ 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]
 Signature of Law Enforcement Officer or
 Correctional Officer



The foregoing instrument was sworn and subscribed before
 me this 7th day of June, 20 17,
 by Inv. C. Ficarra,

who is personally known to me or who has produced
Known as identification

Notary Public [Signature]

HSMV-BAR1001 (REV. 10/2016)

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.

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