

0496529

18CT 4726

3993

ARREST / NOTICE TO APPEAR
Juvenile Referral Report

1. Arrest 2. NTA 3. Request for Warrant 4. Request for Capias 1 Juvenile N

ADMINISTRATIVE	OBTS Number	Agency ORI Number FL0502400		Ocean Ridge Police Department			Agency Report Number 72 - 2018-0069	
	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	Weapon Seized Type 1. Yes 2. No <input checked="" type="checkbox"/> 00
	Location of Arrest (Include Name of Business) OCEAN AVE/N OCEAN BLVD OCEAN RIDGE FL				Location of Offense (Business Name, Address) OCEAN AVE/N OCEAN BLVD			
	Date of Arrest 03/13/2018	Time of Arrest 0226	Booking Date 03/13/2018	Booking Time 0428	Jail Date 03/13/2018	Jail Time	Location of Vehicle ZUCALLAS BOYNTON BEACH FL	Unit ID 552

DEFENDANT	Name (Last, First, Middle) OSORIO CUAUTLE DIEGO		Alias (Name, DOB, Soc. Sec. #, Etc.)									
	Race Codes W - White B - Black	Race W	Sex M	Date of Birth 03/10/1990	Age 28	Eye Color BRN	Hair Color BLK	Complexion MED	Build MED	Height 504	Weight 150	
	Scars, Marks, Tattoos, Unique Physical Features (Location, Type, Description)				Marital Status S	Religion CHRISTIA	Indication of Alcohol Influence: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown Indication of Drug Influence: <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Unknown					
	Local Address (Street, Apt. Number) 6326 17 DR S LOT 808			(City) WEST PALM BE	(State) FL	(Zip) 33415	Phone	Resident Type 1. City 2. County 3. Florida 4. Out of State <input checked="" type="checkbox"/> 2				
	Permanent Address (Street, Apt. Number) 6326 17 DR S LOT 808			(City) WEST PALM BE	(State) FL	(Zip) 33415	Phone	Address Source FCIC Occupation				

CO-DEF	Co-Defendant Name (Last, First, Middle)	Race	Sex	Date of Birth	Age	<input type="checkbox"/> 1. Arrested <input type="checkbox"/> 2. At Large <input type="checkbox"/> 3. Felony <input type="checkbox"/> 4. Misdemeanor <input type="checkbox"/> 5. Juv.
	Co-Defendant Name (Last, First, Middle)	Race	Sex	Date of Birth	Age	<input type="checkbox"/> 1. Arrested <input type="checkbox"/> 2. At Large <input type="checkbox"/> 3. Felony <input type="checkbox"/> 4. Misdemeanor <input type="checkbox"/> 5. Juv.

JUVENILE	<input type="checkbox"/> Parent <input type="checkbox"/> Other <input type="checkbox"/> Legal Custodian	Name (Last)	(First)	(Middle)	Residence Phone			
	Address (Street, Apt. Number)				(City)	(State)	(Zip)	Business Phone
	Notified By: (Name)		Date	Time	Juvenile Disposition 1. Handled/Processed Within Dept. and Released 2. Turned Over to HRS/CYF 3. Incarcerated			
	Released to: (Name)		Relationship	Date	Time			
	The above address was provided by defendant and/or defendant's parents. The child and/or parent was told to keep the Juvenile Court Clerk's Office (Phone 820-2526) informed of any change of address.							

CHARGE	Charge Description DRIVE UNDER INFLUENCE ALCOHOL OR DRUGS		Counts 1	<input type="checkbox"/> F.S. <input type="checkbox"/> Ord.	Statute Violation No. - Chap-Sec-Sub 316 193 1	Violation of ORD #	
	Drug Activity N	Drug Type	Amount/Unit	Offense # 2018-0069	Warrant / Capias Number	Domestic Related? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Bond OR
	Charge Description		Counts	<input type="checkbox"/> F.S. <input type="checkbox"/> Ord.	Statute Violation No. - Chap-Sec-Sub	Violation of ORD #	

NOTICE TO APPEAR	<input type="checkbox"/> Mandatory Appearance In Court	Location (Court, Room, Number, Address)				
	<input type="checkbox"/> You need not appear in Court but must comply with instructions on Reverse side.	Month	Day	Year	Time	<input type="checkbox"/> A.M. <input type="checkbox"/> P.M.

ADMIN.	HOLD for other Agency Name:	Signature of Arresting Officer	Date Signed
	<input type="checkbox"/> Dangerous <input type="checkbox"/> Resisted Arrest <input type="checkbox"/> Suicidal <input type="checkbox"/> Other:	Name of Arresting Officer (Print) OFC. P. SALM	I.D. # 552
	Intake Deputy	Transporting Officer OFC. P. SALM	I.D. # 552

MAR 13 AM 5:35

MAR 13 8:55 AM
ORPD
SCANNED
MAR 14 2018

D.U.I. PROBABLE CAUSE AFFIDAVIT

ON THE 13 DAY OF MARCH 20 18 AT 02:05 PM AM

SUBJECT: DIEGO OSORIO CUAUTLE CASE NUMBER: 2018-0069

AGENCY: OCEAN RIDGE POLICE DEPARTMENT ARRESTING OFFICER: OFC. P. SALM #552

PERSONAL CONTACT

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

**WITNESSED DRIVER GO OVER THE RIGHT SIDE OF THE ROADWAY AS HE WAS PASSING US.
WITNESSED DRIVER GO OVER THE RIGHT SIDE OF THE ROADWAY TWICE AS WE WERE
FOLLOWING HIM**

OBSERVATION OF DRIVER:

**DRIVER HAD SLURRED SPEECH, BLOODSHOT EYES, A MORDERATE ODOR OF ALCOHOLIC
BEVERAGES COMING FROM HIS FACE AND NECK AREA**

DRIVER'S STATEMENTS:

HE SAID HE HAD FOUR DRINKS

ODORS:

MODERATE ODOR OF ALCOHOLIC BEVERAGES

GENERAL OBSERVATIONS

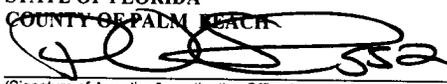
SPEECH: SLURRED

ATTITUDE: GOOD

CLOTHING: BLACK SHIRT, BLUE JEANS, WHITE TENNIS SHOES

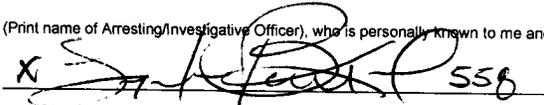
MEDICAL/OTHER: N/A

STATE OF FLORIDA
COUNTY OF PALM BEACH


(Signature of Arresting/Investigative Officer)

The foregoing instrument was sworn to or affirmed and subscribed before me this 13 day of MARCH 20 18 by OFC. P. SALM #552

(Print name of Arresting/Investigative Officer), who is personally known to me and/or produced identification. Type of identification produced OFC. P. SALM #552


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

SCANNED
MAR 14 2018

SUBJECT: DIEGO OSORIO CUAUTLE CASE NUMBER: 2018-0069

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:

Can't keep balance during instructions, starts too soon, misses heel to toe on steps (1, 3, 5, 7, 10 down) and (1, 5, 6, 10 back), steps off line, used arms for balance, took incorrect number of steps

ONE LEG STAND:

Put foot down on counts, 13, 13 again, 17
Did not look at toe
Could not follow instructions
Used arms for balance

FINGER TO NOSE:

Could not follow instruction
Right (1): missed low, Right (2): miss, Right (3): low
Left (1): stared before instructed, missed long, Left (2): started before instructed, missed low, Left (3): started before instructed, missed low

ROMBERG ALPHABET:

BREATH TEST RESULTS:

STATE OF FLORIDA
COUNTY OF PALM BEACH



(Signature of Arresting/Investigative Officer)

The foregoing instrument was sworn to or affirmed and subscribed before me this 13 day of MARCH, 2018 by OFC. P. SALM #552

(Print name of Arresting/Investigative Officer), who is personally known to me and/or produced identification. Type of identification produced OFC. P. SALM #552



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

SCANNED
MAR 14 2018