0500400 19CF 2358 12822

ARREST / NOTICE TO APPEAR
Juvenile Referral Report

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

ADMINISTRATIVE

OBTS Number:

Agency ORI Number: FLO 500000 | Agency Name: PALM BEACH COUNTY SHERIFF'S OFFICE | Agency Report Number (N.T.A.'s only): 06- 19-150991

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

Weapon Seized / Type: 2 (1. Yes 2. No) | Multiple Clearance Indicator: 02

Location of Arrest (Including Name of Business): 9028 GLADES ROAD, BOCA RATON, FL 33434

Location of Offense (Business Name, Address): 9028 GLADES ROAD, BOCA RATON, FL 33434

Date of Arrest	Time of Arrest	Booking Date	Booking Time	Jail Date	Jail Time	Location of Vehicle
12-21-19	12:14 PM					CITY TOWING, BOCA RATON

DEFENDANT

Name (Last, First, Middle): SIMIELE, DOMINICK, ANTHONY | Alias (Name, DOB, Soc. Sec. #, Etc.)

Race (W - White I - American Indian B - Black O- Oriental/Asian)	Sex	Date of Birth	Height	Weight	Eye Color	Hair Color	Complexion	Build
W	M	06/10/1994	5-8	170	BROWN	BLACK	MED	MED

Scars, Marks, Tatoos, Unique Physcal Features (Location, Type, Description): SCAR R FORARM, SCAR L INSIDE OF FOOT, TATTOO R HIP

Marital Status: SINGLE | Religion: CATHOLIC | Indication of: Alcohol Influence ☐ Y ☑ N ☐ Unk. / Drug Influence ☑ Y ☐ N ☐

Local Address (Street, Apt. Number): 19536 COLORADO CIRCLE, | (City): BOCA RATON, | (State): FL | (Zip): 33434 | Phone: (954) 305-8543 | Residence Type: (1. City 2. County 3. Florida 4. Out of State)

Permanent Address (Street, Apt. Number) | (City) | (State) | (Zip) | Phone: ( ) | Address Source: DEFENDANT

Business Address (Name, Street): WASSERMAN STREGTH, 1365 SW 10TH STREET, | (City): DEERFIELD BEACH, | (State): FL | Phone: ( ) | Occupation: PERSONAL TRAINER/STRENGTH COACH

D/L Number, State	Soc. Sec. Number	INS Number	Place of Birth (City, State)	Citizenship
S[redacted], FL	[redacted]		PLANTATION, FL	USA

CO-DEF

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

JUVENILE

☐ Parent ☐ Legal Custodian ☐ Other: | Name (Last) | (First) | (Middle) | Residence Phone: ( )

1-OR

Address (Street, Apt. Number) | (City) | (State) | (Zip) | Business Phone: ( )

2-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 #
DUI W/ PROPERTY DAMAGE	1	☐Y ☑N	316.193(A[illegible])2d (3C1)	

Drug Activity	Drug Type	Amount / Unit	Offense #	Warrant I Capias Number	Bond
N	N		19-151003		

CHARGE

Charge Description	Counts	Domestic Violence	Statute Violation Number	Violation of ORD #
REFUSAL TO SUBMIT TO A CHEMICAL TEST	1	☐Y ☑N	316.1939(1)	

Drug Activity	Drug Type	Amount / Unit	Offense #	Warrant / Capias Number	Bond
N	N		19-151003		

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): SOUTH COUNTY COURTHOUSE, 200 WEST ATLANTIC AVE # 1, DELRAY EACH, FL 33444

Court Date and Time: Month JANUARY Day 27 Year 2020 Time 8:30 AM ✓ 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

ADMIN

HOLD for other Agency Name: ☐ Dangerous ☐ Resisted Arrest ☐ Suicidal ☐ Other:

Signature of Arresting Officer: X D/S [illegible] 8293

Name of Arresting Officer (Print): D/S D. GILLINGS | I.D. #: 8293

Name Verification (Printed by Arrestee) (PRINT)

Intake Deputy: OS Tommie 8293 | I.D. # | Pouch #

Transporting Officer: D/S D. GILLINGS | ID #: 8293 | Agency: PBSO

Witness here if subject signed with an -X-

PAGE 1 OF 1

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

PBSO #148 REV. 9/97

PROBABLE CAUSE AFFIDAVIT

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

OBTS Number

ADMIN

Agency ORI Number: FLO 500000 | Agency Name: PALM BEACH COUNTY SHERIFF'S OFFICE | Agency Report Number: 06- 19-150991

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

Special Notes:

DEF

Name (Last, First, Middle)	Alias	Race	Sex	Date of Birth
SIMIELE, DOMINICK, ANTHONY		W	M	06/10/1994

CHARGES

Charge Description	Charge Description
DUI W/ PROPERTY DAMAGE 316.193(ABC1)&4	REFUSAL TO SUBMIT TO A CHEMICAL TEST 316.1939(1)
Charge Description	Charge Description

VICTIM

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

Local Address (Street, Apt. Number) (City) (State) (zip) Phone ( ) Address Source

Business Address (Name, Street) (City) (State) (zip) Phone ( ) Occupation

PROBABLE CAUSE STATEMENT

The undersigned certifies and swears that he/she has just and reasonable grounds to believe, and does believe that the above named Defendant committed the following violation of law.
The Person taken into custody

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

On the 21 day of DECEMBER 20 19 at 11:16 AM ☑ A.M. ☐ P.M. (Specifically include facts constituting cause for arrest.)

THE DEFENDANT WAS FOUND TO HAVE BEEN INVOLVED IN A TRAFFIC CRASH, PBSO CASE # 19-150991. BASED ON THE EVIDENCE LISTED ON THE DUI PROBABLE CAUSE AFFIDAVIT, THE DEFENDANT WAS PLACED UNDER ARREST FOR DUI WITH PROPERTY DAMAGE.

AFTER TRANSPORT TO THE PBSO B.A.T. FACILTY, DEFENDANT BLEW 0.000 AND 0.000 FOR ALCOHOL CONTENT AND WHEN ASKED TO PROVIDE A SAMPLE OF HIS URINE, HE REFUSED. AS SUCH THE DEFENDANT WAS CHARGED WITH REFUSAL TO SUBMIT TO A CHEMICAL TEST, A VIOLATION OF FSS 316.1939(1).

THE DEFENDANT WAS TRANSPORTED TO WELLINGTON REGIONAL MEDICAL CENTER, WHERE HE WAS MEDICALLY CLEARED FOR ADMISSION TO THE JAIL FOR THE ABOVE LISTED CHARGES.

ADMINISTRATIVE

STATE OF FLORIDA
COUNTY OF PALM BEACH

D/S D. GILLINGS 8293
(Signature of Arresting/Investigative Officer)

The foregoing instrument was sworn to or affirmed and subscribed before me this 21 day of DECEMBER 20 19 by D/S D. GILLINGS

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

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

Notary Public State of Florida
Paris Pound
My Commission GG 200028
Expires 03/29/2022

PAGE 1 OF 1

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

D.U.I. PROBABLE CAUSE AFFIDAVIT

ON THE 21 DAY OF DECEMBER 20 19, AT 11:16 AM ✓ AM PM

SUBJECT: SIMIELE, DOMINICK, ANTHONY CASE NUMBER: 19-150991

AGENCY: PALM BEACH COUNTY SHERIFF'S OFFICE ARRESTING OFFICER: D/S D. GILLINGS

PERSONAL CONTACT

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

DEFENDANT WAS FOUND TO HAVE BEEN THE DRIVER INVOLVED IN A TRAFFIC CRASH, INVESTIGATED ON PBSO CRASH CASE # 19-150991, WHICH WAS INVESTIGATED BY CSA SOMERS, IN WHICH HIS VEHICLE STRUCK THE LEFT REAR OF THE VEHICLE IN FRONT OF HIM THAT WAS BEING DRIVEN BY DANIEL EISENBERG. DANIEL EISENBERG COMPLETED A SWORN WRITTEN STATEMENT, IDENTIFYING THE DEFENDANT, WHO WAS WEARING A BLACK SHIRTH THAT SAID "GREATNESS HEROISM CLASS" AS THE OPERATOR OF THE VEHICLE AND THE SAME SUBJECT I WAS CONDUCTING MY INVESTIGATION WITH.

OBSERVATION OF DRIVER:

UPON SPEAKING TO THE DEFENDANT, HE WAS SITTING IN HIS CAR, VW JETTA BEARING FL TAG # DFDD89, WHICH WAS STILL RUNNING AND HAD BEEN RELOCATED TO THE CHEVRON GAS STATION LOCATED AT 9028 GLADES ROAD. THE DEFENDANT WAS MANIPULATING HIS CELL PHONE, WHICH I COULD SEE THAT HE WAS LOCKED OUT FOR 14 MINUTES DUE TO HIM HAVING ATTEMPTING TO INPUT THE WRONG PASSCODE MULTIPLE TIMES. WHEN SPEAKING WITH THE DEFENDANT, HIS SPEECH WAS SLURRED AND HIS ACTIONS AND MOVEMENTS WERE LETHARGIC. WHILE SPEAKING WITH ME THE DEFENDANT WANTED TO STAND UP, WHICH HE DID AND HE BEGAN SWAYING AND HAVING DIFFICULTIES MAINTAINING HIS BALANCE AND STANDING IN ONE PLACE. THE DEFENDANT SAID THAT HE HAD WOKEN UP TO GO TO WORK AND BELIEVED THE TIME TO BE APPROXIMATLEY 9:30 -10:00 AM.

DRIVER'S STATEMENTS:

DRIVER SAID THAT HE HAD ATTEMPTED TO CHANGE LANES TO AVOID CRASH, WHEN STRIKING THE OTHER VEHICLE. DRIVER FURTHER SAID THAT HE HAD BEEN OUT FROM ABOUT 10:00 PM ON THE PREVIOUS NIGHT UNTIL 3 OR 4:00 AM ON THIS DATE PRIOR TO THE CRASH. HE DID SAY THAT WHILE OUT HE HAD CONSUMED 2-3 DRINKS.

ODORS:

NONE NOTED

GENERAL OBSERVATIONS

SPEECH: **SLURRED**

ATTITUDE: **COOPERATIVE / LETHARGIC**

CLOTHING: **BLACK SHIRT, GREY SHORTS, AND GREY SNEAKERS**

MEDICAL/OTHER: **NONE**

STATE OF FLORIDA
COUNTY OF PALM BEACH

D/S D. GILLINGS 8293
(Signature of Arresting/Investigative Officer)

The foregoing instrument was sworn to or affirmed and subscribed before me this 21 day of DECEMBER 20 19 by D/S D. GILLINGS # 8293

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

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

Notary Public State of Florida
Paris Pound
My Commission GG 200028
Expires 03/25/2022

SCANNED
DEC 22 2019

SUBJECT: SIMIELE, DOMINICK, ANTHONY CASE NUMBER 19-150991

ROADSIDE TASKS

HORIZONTAL GAZE NYSTAGMUS:

- [x] LT EYE-LACK OF SMOOTH PURSUIT
- [x] RT EYE-LACK OF SMOOTH PURSUIT
- [x] LT EYE-DISTINCT & SUSTAINED NYSTAGMUS AT MAX. DEVIATION
- [x] RT EYE-DISTINCT & SUSTAINED NYSTAGMUS AT MAX. DEVIATION
- [ ] LT- EYE-ONSET OF NYSTAGMUS PRIOR TO 45 DEGREES
- [x] RT- EYE-ONSET OF NYSTAGMUS PRIOR TO 45 DEGREES

Other Observations:

WHILE CONDUCTING THE TASK, DEFENDANT LOST HIS BALANCE 3 SEPERATE TIMES AFTER ALMOST FALLING (SEE VIDEO FOR MORE)

WALK & TURN:

DEFENDANT ATTEMPTED TO DEMONSTRATE PRIOR TO INSTRUCTIONS, THEN MISSED HEEL TO TOE ON STEPS 4, 6, AND 8. TOOK THE IMPROPER NUMBER OF STEPS, MADE AN IMPROPER TURN. (SEE VIDEO FOR MORE)

ONE LEG STAND:

DEFENDANT FAIELD TO COUNT OUT LOUD, PUT HIS FOOT DOWN 3 TIMES DURING TASK. (SEE VIDEO FOR MORE)

FINGER TO NOSE:

DEFENDANT SWAYED DURING EXERCISE, FAILED TO KEEP HEAD TILTED BACK, AND FAILED TO RETURN ARM TO SIDE. (SEE VIDEO FOR MORE)

ROMBERG ALPHABET:

DEFENDANT SWAYED DURING EXERCISE, FAILED TO KEEP HEAD TILTED BACK, INCORRECTLY RECITED ALPHABET .....E, H, I AND..... T, PAUSE, U, W, X, Y, Z

BREATH TEST RESULTS: 1) 0.000 | 2) 0.000 | 3) | 4)

STATE OF FLORIDA
COUNTY OF PALM BEACH

D/S D. GILLINGS D/S D. Gillings 8293
(Signature of Arresting/Investigative Officer)

The foregoing instrument was sworn to or affirmed and subscribed before me this 21 day of DECEMBER 20 19 by D/S D. GILLINGS # 8293

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

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

Notary Public State of Florida
Paris Pound
My Commission GG 200028
Expires 03/25/2022

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: 12/21/2019

Date of Last Agency Inspection: 12/06/2019
Observation Period Began: 13:00
Subject's Name: DOMINICK A SIMIELE DOB: 06/10/1994 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	13:23
Air Blank	0.000	13:24
Control Test	0.082	13:24
Air Blank	0.000	13:25
Subject Sample #1	0.000	13:25
Air Blank	0.000	13:26
Air Blank	0.000	13:28
Subject Sample #2	0.000	13:28
Air Blank	0.000	13:29
Control Test	0.080	13:29
Air Blank	0.000	13:29
Diagnostics Check	OK	13:30

Cylinder Lot: 17919080A1
Exp: 08/05/2021

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 PARIS D POUND, 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: _____ Date: 12/21/19
Signature

Sworn to (or affirmed) before me this 21st day of December, 2019

8293 D/S. D. GILLINGS
Signature of Notary Public-State of Florida 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.

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

TESTING FACILITY TASK REPORT

AGENCY: PBSO

SUBJECT: SIMIELE, DOMINICK A CASE NUMBER: 19-150991

DATE: 12/21/19 VIDEO TAPE NUMBER: N/A

BEGINNING TIME: 13:21 ENDING TIME: 13:47

BREATH TESTS RESULTS: 1) .000 TIME 13:25 A.M./(P.M.) 2) .000 TIME 13:26 A.M./(P.M.)

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

BREATH OPERATOR: P. POUND # 24639

MAINTENANCE TECHNICIAN: J. LARLECKE # 6467

TESTING OFFICER'S OBSERVATIONS

SPEECH: SLURRED

ATTITUDE: CALM, QUIET

CLOTHING: GRAY/BLACK SHORTS, BLACK/WHITE T-SHIRT, GRAY/WHITE SNEAKERS.

MEDICAL CONDITIONS: NONE

MEDICATIONS: NONE

OTHER: EYES

COMMENTS: ARRIVED AT CENTER A/O BEGAN THE 20 MINUTE OBSERVATION PERIOD AT 13:00 HRS.

Δ. AGREED TO TAKE TEST.

TECH. READ TEST RESULTS

Δ. STATED HE UNDERSTOOD TEST RESULTS

A/O. ASKED FOR URINE @ 13:31

Δ. STATED [redacted] IS THERE SOMETHING THAT WILL HAPPEN IF HE SAYS NO.

A/O. READ I/C Δ. UNDERSTOOD I/C

Δ. STATED HE DOESN'T FEEL COMFORTABLE WITH TAKING THE URINE TEST. Δ. REFUSED URINE TEST @ 13:34

A/O. READ RIGHTS

Δ. STATED HE UNDERSTOOD RIGHTS

A/O. CONDUCTED Q+A

Δ. ANSWER QUESTIONS.

REFUSED

SCANNED DEC 22 2019

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

PBSO #0129A REV.11/02

WITNESS LIST

CASE NUMBER: 19-150991

ARRESTING OFFICER: D/S D. GILLINGS
ADDRESS: 17901 SOUTH STATE ROAD SEVEN, BOCA RATON, FL 33498
PHONE NUMBERS (HOME): (WORK) 561-687-7150
CAN TESTIFY TO: SEE REPORT

NAME: CSA A. SOMERS # 6744
ADDRESS: 17901 SOUTH STATE ROAD SEVEN, BOCA RATON, FL 33498
PHONE NUMBERS (HOME) (WORK) 561-687-7150
CAN TESTIFY TO: CRASH REPORT INVESTIGATION

NAME: D/S J. MACKLIN # 35620
ADDRESS 17901 SOUTH STATE ROAD SEVEN, BOCA RATON, FL 33498
PHONE NUMBERS (HOME) (WORK) 561-687-7150
CAN TESTIFY TO: (OBSERVATION OF ROADSIDE TASKS)

NAME: DANIEL EISENBERG
ADDRESS 4063 YARMOUTH D, BOCA RATON, FL 33434
PHONE NUMBERS (HOME) 561-212-2461 (WORK)
CAN TESTIFY TO: DEFENDANT OPERATING MOTOR VEHICLE 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:

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

SUBJECT: SIMIELLE, DOMINICK A CASE NUMBER: 19-150991

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? Yes [illegible]

WHERE WERE YOU GOING? [illegible]

WHAT STREET OR HIGHWAY WERE YOU ON? [illegible]

DIRECTION OF TRAVEL? [illegible] WHERE DID YOU START? House

WHAT TIME DID YOU START? [illegible] WHAT TIME IS IT NOW? [illegible]

WHAT IS TODAY'S DATE? 21st WHAT DAY OF THE WEEK IS IT? [illegible]

WHAT COUNTY AND CITY ARE YOU IN NOW? [illegible]

WHEN DID YOU LAST EAT? [illegible] WHAT DID YOU EAT? [illegible]

WHAT HAVE YOU BEEN DOING FOR THE LAST THREE HOURS? [illegible]

HOW MUCH DO YOU WEIGH? 170 HAVE YOU BEEN DRINKING? [illegible] WHAT? [illegible]

HOW MUCH? [illegible] WHERE? [illegible] WITH WHOM? with [illegible]

WHEN DID YOU HAVE YOUR FIRST DRINK? [illegible] AND YOUR LAST DRINK? 845

HOW DID YOU CONSUME YOUR LAST TWO DRINKS? [illegible]

CAN YOU FEEL THE EFFECTS OF THE ALCOHOL? [illegible] ARE YOU UNDER THE INFLUENCE? No

HAVE YOU CONSUMED ANY ALCOHOL SINCE THE ACCIDENT? No HOW MUCH? ______

WHAT? ______ WHERE? ______ WHEN? ______

WHAT LINE OF WORK ARE YOU IN? [illegible] WHEN DID YOU LAST WORK? [illegible] 3pm

DO YOU HAVE ANY PHYSICAL DEFECTS OR INJURIES? No WHAT? ______

ARE YOU SICK OR INJURED? No WHAT'S WRONG? ______

DO YOU LIMP? No DID YOU RECEIVE A BUMP ON THE HEAD RECENTLY? No

WERE YOU IN AN ACCIDENT TODAY? [illegible]

HAVE YOU TAKEN ANY DRUGS OR SMOKED ANY MARIJUANA TODAY? [illegible] WHEN? [illegible]

HAVE YOU SEEN A DOCTOR OR DENTIST TODAY? No WHO? ______ WHY? ______

ARE YOU TAKING ANY PRESCRIPTION MEDICINES? No WHAT? ______ WHEN? ______

DO YOU HAVE:
- EPILEPSY?
- GLASS EYE?
- FALSE TEETH?
- EAR INFECTION?
- INNER EAR TROUBLE?
- DIABETES?

No

DO YOU HAVE ANY PROBLEMS WITH YOUR EYES THAT ARE NOT CORRECTED BY GLASSES? No

DO YOU TAKE INSULIN? ______ IF SO, WHEN WAS YOUR LAST INJECTION? ______

HAVE YOU EVER HAD A DRIVER'S LICENSE IN ANY OTHER STATE? No WHERE? ______

INTERVIEWER: ______

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

PBSO #0129C REV. 9/93

SUBJECT: SIMIELE, DOMINICK A CASE NUMBER: 19-150991

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

SCANNED DEC 22 2019

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

PBSO #01298 REV. 06/11

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

Palm Beach County Sheriff's Office – Arrests Only

	X	Florida State Statute	Description	Page Number(s)
L/E Exemptions	☐	119.071(2)(d)	Surveillance techniques, procedures and personnel; inventory of law enforcement resources, policies or plans pertaining to mobilization deployment or tactical operations.	
	☐	943.053, 943.0525	NCIC/FCIC/FBI and in-state FDLE/DOC.	
	☐	119.071(4)(c)	Undercover personnel.	
	☐	119.071(2)(f)	Confidential informants (CIs).	
	☐	119.071(2)(e)	Confession.	
Public Info. Exemptions	☐	985.04(1)	Juvenile offender records.	
	☐	119.071(h)(i)	Assets of a crime victim.	
	☐	395.3025(7)(a), 456.057(7)(a)	Medical information.	
	☐	394.4615(7)	Mental health information.	
	☐	119.071(4)(d)(2)(a)	Home address, telephone, Social Security number, date of birth, or photos of active/former LE personnel, spouses, and children.	
Florida Rules of Judicial Administration 2.420 (Rule of 23)	☒	(iii) 119.0714(1)(i)-(j), (2)(a)-(e)	Social Security, bank account, charge, debit, and credit card numbers.	2
	☐	(viii) 394.4615(7)	Clinical records under the Baker Act.	
	☐	(xii) 741.30(3)(b)	The victim's address in a domestic violence action on petitioner's request.	
	☐	(xiii) 119.071(2)(h), 119.0714(1)(h)	Protected information regarding victims of child abuse or sexual offenses.	
	☐			
	☐			
	☐			
	☐			
	☐			
Other	☐		Other:	
	☐		Other:	

REVIEW COMPLETED BY

Booking Number: 2019040659	**Date:** 12/22/2019
	Specialist Name/ID: AM/31562