

ARREST / NOTICE TO APPEAR

18082do

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

1

JUVENILE

OBTS Number	Agency ORI Number <b>0501700</b>		Agency Name <b>Jupiter Police Department</b>		Agency Report Number (N.T.A.'s only) <b>5, 4   18-002525</b>	
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	If Weapon Seized Enter Type <b>NONE</b>	Multiple Clearance Indicator <b>01</b>	
Location of Arrest (Including Name of Business) <b>100 BLK CENTER ST, JUPITER FL</b>				Location of Offense (Business Name, Address) <b>899 N ALT AIA/CENTER ST, JUPITER, FL 33477</b>		
Date of Arrest <b>05/10/2018</b>	Time of Arrest <b>01:20</b>	Booking Date <b>05/10/2018</b>	Booking Time <b>01:30</b>	Jail Date	Jail Time	Location of Vehicle
Name (Last, First, Middle) <b>DANIELS, DONALD M</b>				Alias (Name, DOB, Soc. Sec. #, Etc.)		
Race <b>W - White</b>	1 - American Indian <b>W</b>	Sex <b>M</b>	Date of Birth <b>09/11/1950</b>	Height <b>6'02</b>	Weight <b>216</b>	Eye Color <b>BROWN</b>
Hair Color <b>WHITE</b>		Complexion <b>LIGHT</b>		Build <b>Medium</b>		
Scars, Marks, Tattoos, Unique Physical Features (Location, Type, Description)				Marital Status <b>M</b>	Religion	Indication of: Alcohol Influence <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unk. <input type="checkbox"/> Drug Influence <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unk. <input type="checkbox"/>
Local Address (Street, Apt. Number) <b>155 NORTH RIVER DR E, JUPITER, FL 33458</b>		(City)	(State)	(Zip)	Phone	
Permanent Address (Street, Apt. Number) <b>155 NORTH RIVER DR E, JUPITER, FL 33458</b>		(City)	(State)	(Zip)	Phone	
Business Address (Name, Street)		(City)	(State)	(Zip)	Phone	
D/L Number, State <b>D542193503310 / FL</b>		INS Number	Place of Birth (City, State) <b>CAMBRIDGE, MA</b>		Citizenship	
Co-Defendant Name (Last, First, Middle)		Race	Sex	Date of Birth		
Co-Defendant Name (Last, First, Middle)		Race	Sex	Date of Birth		
<input type="checkbox"/> Parent <input type="checkbox"/> Other: _____		Name (Last, First, Middle)				Residence Phone
<input type="checkbox"/> Legal Custodian		Address (Street, Apt. Number)				Business Phone
Notified by: (Name)		Date	Time	JUVENILE DISPOSITION 1. Handled/Processed within Department and Released 2. TOT JAC 3. Incarcerated		
Released To: (Name)		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	
<input type="checkbox"/> Yes, by: _____		<input type="checkbox"/> No: _____		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. Smuggle D. Deliver E. Use	K. Diaperses/ 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 <b>DUI - DRIVING WHILE UNDER INFLUENCE</b>				Statute Violation Number <b>316.193(1)</b>		Violation of ORD #
Drug Activity	Drug Type <b>N</b>	Amount / Unit	Offense #	Counts <b>1</b>	Domestic Violence <input type="checkbox"/> Y <input checked="" type="checkbox"/> N	Warrant / Capias Number
Charge Description				Statute Violation Number		Violation of ORD #
Drug Activity	Drug Type	Amount / Unit	Offense #	Counts	Domestic Violence <input type="checkbox"/> Y <input type="checkbox"/> N	Warrant / Capias Number
Charge Description				Statute Violation Number		Violation of ORD #
Drug Activity	Drug Type	Amount / Unit	Offense #	Counts	Domestic Violence <input type="checkbox"/> Y <input type="checkbox"/> N	Warrant / Capias Number
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		
Check which applies: <input type="checkbox"/> Released O.R. <input type="checkbox"/> Released to Parent/Guardian <input type="checkbox"/> T.O.T. County Jail				PROPERTY - Received By		Released By
Transported By				Date Transported	Time Transported	Other
<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.				Location (Court, Room) <b>North County PALM BEACH GARD</b>		No Photo Available
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 THE NOTICE TO APPEAR, THAT I MAY BE HELD IN CONTEMPT OF COURT AND A WARRANT FOR MY ARREST SHALL BE ISSUED.				Court Date and Time <b>06/13/2018 08:30:00</b>		
Signature of Defendant (or Juvenile and Parent/Custodian)				Date Signed <b>5/10/18</b>		
HOLD for Other Agency		Signature of Arresting Officer		Name Verification (Printed by Arrestee)		
<input type="checkbox"/> Dangerous <input type="checkbox"/> Resisted Arrest <input type="checkbox"/> Suicidal <input type="checkbox"/> Other		Name of Arresting Officer (Print) <b>BORROWS, ANDREW</b>		(PRINT)		
Intake Deputy		I.D. #	Pouch #	Transporting Officer <b>OFC A BORROWS</b>	I.D. # <b>380</b>	Agency <b>JPD</b>
				Witness here if subject signed with an "X".		PAGE <b>1 OF 1</b>

SCANNED  
MAY 10 2018

# D.U.I. PROBABLE CAUSE AFFIDAVIT

ON THE 10th DAY OF May 20 18, AT 0044  AM  PM

SUBJECT: Daniels Donald M CASE NUMBER: 18-002525

AGENCY: JUPITER POLICE DEPARTMENT ARRESTING OFFICER: Ofc. A. Borrows 380 / 1138

## PERSONAL CONTACT

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

I observed a 2006 Cadillac bearing Maine license plate 6991UW traveling south on North Alternate A1A. I ran a routine check of the license plate. I saw that according to the return from Maine, the license plate was registered to a Landrover and the license plate was expired as of 5/2017 (later investigation would show that the license plate was registered properly in Maine to the vehicle but it was still expired). I initiated a traffic stop of the vehicle. It stopped on westbound Center Street. The vehicle then moved forward as if it was going to pull off the road, but passed one or two entrances for closed businesses before stopping directly in front of Marlin Drive, blocking the southbound lanes. I made contact with the registered owner, Donald Daniels, who was the sole occupant of the vehicle.

### OBSERVATION OF DRIVER:

Daniels had bloodshot, glassy eyes and his pupils appeared constricted in all lighting conditions. Daniels was unable to produce the registration for the vehicle. When I asked Daniels for his driver's license, he removed and started to hand a credit card to me, before realizing and then finding and removing his driver's license. Daniels was repetitive in his speech, telling me the same thing several times and arguing that since his insurance was valid that his registration must be also.

### DRIVER'S STATEMENTS:

Daniels stated he'd consumed two drinks at Double Roads. Daniels stated that he had gone to Double Roads at 1030 and later stated it was at 930. Daniels stated he'd had drinks with friends. Post Arrest, I located a receipt in Daniels' pocket which indicated a total of eight drinks purchased at the Sunset Tobacco Cigar Bar which is next to Double Roads Bar. Daniels stated it was the receipt for him and two friends. Daniels complained of dry mouth at the BAT. Dry mouth is potentially a sign of Narcotic Analgesic use.

### ODORS:

Odor of unknown alcoholic beverage on breath

## GENERAL OBSERVATIONS

SPEECH: Accented, repetitive in speech

ATTITUDE: Cooperative

CLOTHING: Purple shirt, khaki shorts, brown shoes

MEDICAL/OTHER: Abdominal aneurysm surgery May 2017, Vertigo, tooth pulled morning of May 10. On pain medication (later at BAT said it was Hydrocodone, which is a Narcotic Analgesic)

STATE OF FLORIDA  
COUNTY OF PALM BEACH

Ofc. A. Borrows 380 / 1138 *[Signature]*

(Signature of Arresting/Investigative Officer)

The foregoing instrument was sworn to or affirmed and subscribed before me this 10th day of May 20 18 by Ofc. A. Borrows 380 / 1138

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

*[Signature]*  
Notary Public, Clerk of Court, Officer (F.S.S 117.10)



**ROADSIDE TASKS**

**HORIZONTAL GAZE NYSTAGMUS:**

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

**Other Observations:**

**Great difficulty following instructions to keep head still**

**WALK & TURN:**

Daniels had difficulty attaining and maintaining the starting position. Daniels lost his balance in the starting position several times and started early. Daniels used his arms for balance on the first step. Daniels used his arms for balance on the second step and missed the line to the left. Daniels stopped for balance. Daniels missed the line to the left on the third step and used his arms for balance. Daniels used his arms for balance on the fourth step and then continued to leave his arms out to the side. Daniels only took eight steps. Daniels then stopped, and turned and faced me with his hands on his hips. I asked Daniels if he was finished and he stated that he was.

**ONE LEG STAND:**

Daniels lifted his foot about one inch off the ground. Daniels was swaying visibly during the task. Daniels placed his foot down on "1000-10". Daniels started over and again placed his foot down on "1000-10".

**FINGER TO NOSE:**

L1: Daniels used the pad of his finger to touch over his left nostril. Daniels forgot to bring his finger back down to the side. I reminded him to do so. R2: Daniels tilted his head forward and used the pad of his finger to touch to the right of his nose on his face before moving it to the tip. Daniels forgot to bring his finger back down to the side. I reminded him to do so. L3: Daniels used the pad of his finger and touched under the tip of his nose to the right before moving it to the tip. Daniels forgot to bring his finger back down to the side. I reminded him to do so. R4: Daniels touched the tip of his nose with the pad of his finger. Daniels forgot to bring his finger back down to the side. I reminded him to do so. R5: Daniels had opened his eyes, he then closed them and started to use the wrong finger before correcting himself and using the pad of his finger to touch to the right of the tip. L6: Daniels used the pad of his finger to touch to the right of the tip before moving it to the tip of his nose.

**ROMBERG ALPHABET:**

**Stated alphabet correctly.**

**BREATH TEST RESULTS: Refused**

STATE OF FLORIDA  
COUNTY OF PALM BEACH

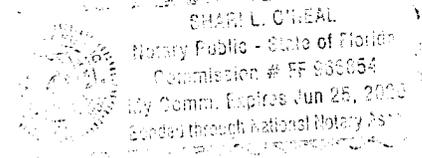
**Ofc. A. Borrows 380 / 1138**

(Signature of Arresting/Investigative Officer)

The foregoing instrument was sworn to or affirmed and subscribed before me this 10th day of May 2018 by Ofc. A. Borrows 380 / 1138

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

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



# WITNESS LIST

CASE NUMBER: 18-002525

ARRESTING OFFICER: Ofc. A. Borrows 380 / 1138

ADDRESS: 210 Military Trail, Jupiter Fl 33458

PHONE NUMBERS (HOME): \_\_\_\_\_ (WORK) 561 746 6201

CAN TESTIFY TO: PC

NAME: MPO John Banegas 328

ADDRESS: 210 Military Trail, Jupiter Fl 33458

PHONE NUMBERS (HOME) \_\_\_\_\_ (WORK) 561 746 6201

CAN TESTIFY TO: Scene

NAME: MPO Michael Salvemini 335

ADDRESS 210 Military Trail, Jupiter Fl 33458

PHONE NUMBERS (HOME) \_\_\_\_\_ (WORK) 561 746 6201

CAN TESTIFY TO: Scene, relieved MPO Banegas

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 \_\_\_\_\_

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ADDRESS \_\_\_\_\_

PHONE NUMBERS (HOME) \_\_\_\_\_ (WORK) \_\_\_\_\_

CAN TESTIFY TO: \_\_\_\_\_

NAME: \_\_\_\_\_

ADDRESS \_\_\_\_\_

PHONE NUMBERS (HOME) \_\_\_\_\_ (WORK) \_\_\_\_\_

CAN TESTIFY TO: \_\_\_\_\_

**SCANNED**  
**MAY 10 2018**

SUBJECT: Daryl Smith CASE NUMBER: 18-02525

### 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: DE A. Soriano 380

**SCANNED**  
MAY 10 2018

SUBJECT: Paul J. [unclear] CASE NUMBER: 18-002525

## 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) \_\_\_\_\_

## 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) \_\_\_\_\_

SCANNED

MAY 10 2018

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

# TESTING FACILITY TASK REPORT

AGENCY: Ill. State Police # 330  
SUBJECT: Du, Jerry, Donald R. CASE NUMBER: 1-01292  
DATE: 05-10-13 VIDEO TAPE NUMBER: 117  
BEGINNING TIME: \_\_\_\_\_ ENDING TIME: 0229  
BREATH TESTS RESULTS: 1) **REFUSED** TIME 0226 A.M./P.M. 2) \_\_\_\_\_ TIME \_\_\_\_\_ A.M./P.M.  
3) \_\_\_\_\_ TIME \_\_\_\_\_ A.M./P.M. 4) \_\_\_\_\_ TIME \_\_\_\_\_ A.M./P.M.

BREATH OPERATOR: J. O'Neil  
MAINTENANCE TECHNICIAN: SP. J. Palmer #0909

### TESTING OFFICER'S OBSERVATIONS

SPEECH: \_\_\_\_\_  
ATTITUDE: Calm, Cooperative, Informative  
CLOTHING: Blue t-shirt, khaki pants, white socks, black shoes  
MEDICAL CONDITIONS: None  
MEDICATIONS: Yes  
OTHER: Eyes: Red, Glaucoma

COMMENTS: SO was advised by AIO before # 330  
AIO requested the subject to  
provide a breath sample.  
SO advised the subject refused.  
AIO read the implied consent of Illinois and  
Illinois laws to the subject.  
SO advised the subject to sign the test  
refusal form to submit to the laboratory.  
SO advised the subject to sign the  
refusal form.

SCANNED  
MAY 10 2018