

0430114

18CT868

2658

ARREST / NOTICE TO APPEAR  
Juvenile Referral Report

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

1 Juvenile 1

OBTS Number	Agency ORI Number <b>FLO 500000</b>		Agency Name <b>PALM BEACH COUNTY SHERIFF'S OFFICE</b>		Agency Report Number (N.T.A.'s only) <b>06-18026270</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	Weapon Seized / Type 2 1. Yes 2. No	Multiple Clearance Indicator <b>01</b>	
Location of Arrest (Including Name of Business) <b>7793 Lake Worth Rd, Lake Worth, Florida, 33463</b>			Location of Offense (Business Name, Address) <b>7793 Lake Worth Rd, Lake Worth, Florida, 33463</b>			
Date of Arrest <b>01/13/2018</b>	Time of Arrest <b>23:46</b>	Booking Date	Booking Time	Jail Date	Jail Time	Location of Vehicle

Name (Last, First, Middle) <b>Mccuaig, Donald Eric</b>		Alias (Name, DOB, Soc. Sec. #, Etc.)						
Race W - White I - American Indian B - Black O - Oriental/Asian	Sex <b>M</b>	Date of Birth <b>05/11/1966</b>	Height <b>5'6</b>	Weight <b>170</b>	Eye Color <b>Bro</b>	Hair Color <b>Bro</b>	Complexion <b>Fair</b>	Build <b>Small</b>
Scars, Marks, Tattoos, Unique Physical Features (Location, Type, Description) <b>Tat R Arm (Tribal)</b>			Marital Status <b>Married</b>	Religion <b>CATHOLIC</b>	Indication of: Alcohol Influence <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> Unk. Drug Influence <input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/>			
Local Address (Street, Apt. Number) <b>3395 Pony Run, Wellington, Florida, 33414</b>			Phone <b>(954) 675-2424</b>		Residence Type: 1. City 2. County 3. Florida 4. Out of State <b>2</b>			
Permanent Address (Street, Apt. Number)			Phone		Address Source			
Business Address (Name, Street)			Phone		Occupation			
D/L Number, State <b>M-620-185-66-171-0</b>	Soc. Sec. Number		INS Number		Place of Birth (City, State) <b>Detroit, MI</b>		Citizenship <b>US</b>	

Co-Defendant Name (Last, First, Middle)	Race	Sex	Date of Birth	<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. Juvenile
Co-Defendant Name (Last, First, Middle)	Race	Sex	Date of Birth	<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. Juvenile

<input type="checkbox"/> Parent <input type="checkbox"/> Legal Custodian <input type="checkbox"/> Other:	Name (Last) (First) (Middle)	Residence Phone
Address (Street, Apt. Number)	(City) (State) (Zip)	Business Phone
Notified by: (Name)	Date	Time
Released To: (Name)	Relationship	Date
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
Property Crime? <input type="checkbox"/> Yes <input type="checkbox"/> No	Description of Property	Value of Property

Drug Activity N. N/A P. Possess	S. Sell D. 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 Description <b>D.U.I. With Property Damage</b>		Counts <b>1</b>	Domestic Violence <input type="checkbox"/> Y <input checked="" type="checkbox"/> N	Statute Violation Number <b>316.193(1)(3)(c)(1)</b>		Violation of ORD #		Warrant / Capias Number <b>N/A</b>		
Drug Activity <b>N</b>	Drug Type <b>N</b>	Amount / Unit <b>N/A</b>	Offense # <b>18026270</b>	Warrant / Capias Number <b>N/A</b>		Bond <b>R.O.R.</b>		Violation of ORD #		

Location (Court, Room Number, Address) <b>Palm Beach County Criminal Justice Complex 3228 Gun Club Rd, West Palm Beach, Florida, 33406</b>
Court Date and Time Month <b>February</b> Day <b>8th</b> Year <b>2018</b> Time <b>08:30</b> AM <input checked="" type="checkbox"/>

I AGREE TO APPEAR AT THE TIME AND PLACE DESIGNATED TO ANSWER THE OFFENSE CHARGED OR TO PAY THE FINE SUBSCRIBED. I UNDERSTAND THAT IF I 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)

HOLD for other Agency Name:	Signature of Arresting Officer <b>D/S V. Blackman #8396</b>	Name Verification by Arrestee <b>JAN 17 2018</b>
<input type="checkbox"/> Dangerous <input type="checkbox"/> Suicidal	<input type="checkbox"/> Resisted Arrest <input type="checkbox"/> Other:	(PRINT)
Intake Agency I.D.#	Pouch #	Transporting Officer <b>D/S V. Blackman #8396</b>
I.D.#		Agency <b>PBSO</b>
Witness here if subject signed with an		PAGE <b>1</b> OF <b>1</b>



# D.U.I. PROBABLE CAUSE AFFIDAVIT

ON THE 13th DAY OF January 20 18, AT 10:42 AM  PM

SUBJECT: Mccuaig, Donald Eric CASE NUMBER: 18026270

AGENCY: PALM BEACH COUNTY SHERIFF'S OFFICE ARRESTING OFFICER: V. Blackman

## PERSONAL CONTACT

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

**Motor vehicle collision see PBSO Case Number 18026261**

### OBSERVATION OF DRIVER:

**Driver's eyes were blood shot red and watery, driver swayed while standing, and had an obvious odor of an unknown alcoholic beverage about his head and shoulder area.**

### DRIVER'S STATEMENTS:

**Driver continually stated that he wanted to talk however did not say anything, drier then requested to speak with the Sgt who he'd already spoken to several times.**

### ODORS:

**strong odor of an alcoholic beverage emanating from his head and shoulder area.**

## GENERAL OBSERVATIONS

**SPEECH: thick tounge slurred**

**ATTITUDE: calm**

**CLOTHING: loosely fitting**

**MEDICAL/OTHER: None**

STATE OF FLORIDA  
COUNTY OF PALM BEACH

V. Blackman

(Signature of Arresting/Investigative Officer)

The foregoing instrument was sworn to or affirmed and subscribed before me this 14th day of January 20 18 by D/S V. Blackman #8396

(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)



Samantha Palmer  
Commission # FF172377  
Expires: OCT 28, 2018  
BONDED THRU  
1ST FLORIDA NOTARY, LLC

**SCANNED**  
**JAN 1.7 2018**

SUBJECT: Mccuaig, Donald Eric

CASE NUMBER 18026270

**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:**

**Refused**

**WALK & TURN:**

**Refused**

**ONE LEG STAND:**

**Refused**

**FINGER TO NOSE:**

**Refused**

**ROMBERG ALPHABET:**

**Refused**

**BREATH TEST RESULTS:**

STATE OF FLORIDA  
COUNTY OF PALM BEACH

V. Blackman

(Signature of Arresting/Investigative Officer)

The foregoing instrument was sworn to or affirmed and subscribed before me this 14th day of January 2018 by D/S V. Blackman #8396

(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)



Samantha Palmer  
Commission # FF172377  
Expires: OCT 28, 2018  
BONDED THRU  
1ST FLORIDA NOTARY, LLC

**SCANNED**  
**JAN 17 2018**

NOT A CERTIFIED COPY



**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 #: 18-026261	ZONE: 1-43	SUSPECT: Donald McGuire	DATE & TIME OF ORIGINAL EVENT/OFFENSE: 1/13/18 2321
EVENT TYPE: Crash	DEPUTY: L. Court	ID#: 20556	

COMPLETE EVERYTHING BELOW – PRINT LEGIBLY

LAST NAME: Podhurst	FIRST NAME: SKYLER	MIDDLE INITIAL: K	RACE: White	SEX: M
DATE OF BIRTH: (MM/DD/YYYY) 02/06/1999	YOUR HEIGHT: 68 in	YOUR WEIGHT: 170	YOUR HAIR COLOR: Brown	YOUR EYE COLOR: Brown
YOUR HOME ADDRESS: 11640 Rd 7793 Lake Worth	<input type="checkbox"/> CHECK IF HOMELESS	CITY: Lake Worth	STATE: FL	ZIP: 33467
YOUR WORK NAME & ADDRESS: McDonald's 7793 Lake Worth Rd	<input type="checkbox"/> CHECK IF UNEMPLOYED OR RETIRED	CITY: Lake Worth	STATE: FL	ZIP: 33467
WORK PHONE: <input type="checkbox"/> CHECK IF NONE (561) 721-1565	CELL PHONE: <input type="checkbox"/> CHECK IF NONE (561) 815-4145	HOME PHONE: <input type="checkbox"/> CHECK IF NONE ( )	EMAIL: <input type="checkbox"/> CHECK IF NONE Skyler.Podhurst@gmail.com	

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

YOUR NAME: 1 Skyler Podhurst	DO HEREBY VOLUNTARILY MAKE THE FOLLOWING STATEMENT WITHOUT THREAT, COERCION, OFFER OF BENEFIT, OR FAVOR BY ANY PERSONS WHOMSOEVER...
<p>Was at the Drive thru window trying to get the drivers attention when I went out side I then saw the Driver move forward to hit the railing and another vehicle. After I told the driver to exit the vehicle he stated "Im Good" then proceeded to get in Drive and tried to flee the accident. I then opened the door as the car was reversing and held onto his arm and got him out of the car and waited for an officer. Hispanic male with short spined hair is what I saw behind the wheel of the vehicle</p>	

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JAN 17 2018

PAGE 1 OF 1

READ AND SIGN	I SWEAR AND AFFIRM THIS AND/OR THE ATTACHED STATEMENTS ARE CORRECT AND TRUE:	<input checked="" type="checkbox"/> DEPUTY SHERIFF <input type="checkbox"/> NOTARY PUBLIC   FSS: 117.10
YOUR SIGNATURE: X <i>[Signature]</i>	SWORN TO AND SUBSCRIBED BEFORE ME TODAY:	DATE: 1/13/18   TIME: 2321
	SIGNATURE: <i>[Signature]</i>	ID: 5530

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 INITIALLING BELOW. I AM TAKING THIS POSITION OF MY OWN FREE WILL KNOWING THAT THE CASE CAN ONLY BE FURTHER INVESTIGATED AND PROSECUTED WITH MY COOPERATION.    DO NOT WISH TO PROSECUTE (INITIAL \_\_\_\_\_)

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 #: 18026261	ZONE: 1-43	SUSPECT: Donald McCraig	DATE & TIME OF ORIGINAL EVENT/OFFENSE: 1/17/18 2331
EVENT TYPE: Crash		DEPUTY: E. Cowart	ID#: 30884

LAST NAME: RESCIGNO	FIRST NAME: RICHARD	MIDDLE INITIAL: J	RACE: Col M	SEX: M
DATE OF BIRTH: (MM/DD/YYYY) 5-30-1949	YOUR HEIGHT: 6'0"	YOUR WEIGHT: 230	YOUR HAIR COLOR: BRN	YOUR EYE COLOR: HAZ
YOUR HOME ADDRESS: 7601 ST Andrews Rd	<input type="checkbox"/> CHECK IF HOMELESS	CITY: LAKE WORTH	STATE: FL	ZIP: 33467
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	HOME PHONE: <input type="checkbox"/> CHECK IF NONE	EMAIL:	<input type="checkbox"/> CHECK IF NONE

YOUR NAME: Richard J Rescigno

DO HEREBY VOLUNTARILY MAKE THE FOLLOWING STATEMENT WITHOUT THREAT, COERCION, OFFER OF BENEFIT, OR FAVOR BY ANY PERSONS WHOMSOEVER...

I was in McDonald's "Dated", looked out the window and noticed a Auto just ran into the back of MY Car "which was parked" striking the rear bumper. I went outside to ask the driver if he was "OK" I got no answer from him, I told him to put the car in Park and tow it off, he did not make like he didnt understand me, I reached in and put his auto in Park and turned it off. After a few minutes he started his auto again and started to back-up I went around the passengers side and again turned it off. The driver was a white or hispanic gentleman.

SCANNED PAGE 1 OF 1

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

YOUR SIGNATURE: *[Signature]*

DEPUTY SHERIFF  NOTARY PUBLIC  FSS: 117.10

SWORN TO AND SUBSCRIBED BEFORE ME TODAY:

DATE: 1/17/18 TIME: 2331

SIGNATURE: *[Signature]* ID: 30884

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 INITIALLING BELOW. I AM TAKING THIS POSITION OF MY OWN FREE WILL KNOWING THAT THE CASE CAN ONLY BE FURTHER INVESTIGATED AND PROSECUTED WITH MY COOPERATION.  DO NOT WISH TO PROSECUTE (INITIAL \_\_\_\_\_)

# TESTING FACILITY TASK REPORT

AGENCY: PBSO/BLACKMAN

SUBJECT: MCCAUIG, DONALD

CASE NUMBER: 18-026270

DATE: Jan 14, 2018

VIDEO DVD NUMBER: N/A

BEGINNING TIME: 0031

ENDING TIME: 0043

BREATH TESTS RESULTS: 1) R TIME 0033 A.M.  P.M.  2) XX TIME XX A.M.  P.M.

3) XX TIME XX A.M.  P.M.  4) XX TIME XX A.M.  P.M.

BREATH OPERATOR: S. PALMER #24520

MAINTENANCE TECHNICIAN: J Karlecke #6467

## TESTING OFFICER'S OBSERVATIONS

SPEECH: SLOW, MUMBLED

ATTITUDE: CALM, QUIET, DAZED

CLOTHING: BLACK JACKET, BLUE SHIRT, BLUE JEANS, BLACK SNEAKERS

MEDICAL CONDITIONS: NONE

MEDICATIONS: XANX, ANTI-INFLAMATORY

## OTHER:

EYES GLASSY AND BLOODSHOT,

## COMMENTS:

ARRESTING OFFICER CONDUCTED THE 20 MINUTE OBSERVATION BEGINNING AT 0005  
SUBJECT REFUSED TO TAKE BREATH TEST  
A/O READ I/C  
SUBJECT STATED HE UNDERSTOOD  
AND AGAIN REFUSED TO TAKE BREATH TEST @ 0033  
A/O READ RIGHTS  
SUBJECT STATED HE UNDERSTOOD RIGHTS  
A/O CONDUCTED Q&A  
SUBJECT ANSWERED QUESTIONS

**SCANNED**  
**JAN 17 2018**



SUBJECT: M... .. CASE NUMBER: ...

# QUESTIONS AND ANSWERS

I AM NOW GOING TO ASK YOU SOME QUESTIONS. WITH THESE RIGHTS IN MIND, YOU MAY ANSWER SOME OF, ALL OF, OR NONE OF THE FOLLOWING QUESTIONS AS YOU LIKE.

WERE YOU OPERATING A MOTOR VEHICLE AT THE TIME OF THE STOP/ACCIDENT? Yes

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? ...

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JAN 17 2018

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: ...



Florida *The Sunshine State*

DRIVER LICENSE CLASS E

M220-185-66-171-0

DONALD ERIC

MCCLUNG

2200 PINEHURST

MELLINGTON FL 33448-8005

DOB: 05-11-1958 SEX: M

HT: 5-11 HGT: 05

HAIR: BRN EYES: BRN

*Donald Eric McClung*

EXPIRES 03-14-2014

ORGAN DONOR

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

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JAN 17 2018