

0507050

Kimm4592

1466

OBT Number		ARREST / NOTICE TO APPEAR Juvenile Referral Report		1. Arrest 2. N.T.A.		3. Request for Warrant 4. Request for Capias		Juvenile	
Agency ORI Number FLO 500000		Agency Name PALM BEACH COUNTY SHERIFF'S OFFICE		Agency Report Number (N.T.A.'s only) 06-19-058727					
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 type="checkbox"/> 4. Traffic Misdemeanor <input type="checkbox"/> 5. Ordinance <input type="checkbox"/> 6. Other		Weapon Seized / Type <input checked="" type="checkbox"/> 1. Yes <input type="checkbox"/> 2. No NONE		Multiple Clearance Indicator 01					
Location of Arrest (Including Name of Business) INTRACOASTAL WATERWAY JSO BLUE HERON BRIDGE RIVIERA BCH 33403				Location of Offense (Business Name, Address) INTRACOASTAL WATERWAY JSO BLUE HERON BRIDGE RIVIERA BCH, 33403					
Date of Arrest 04/14/2019		Time of Arrest 17:06		Booking Date		Booking Time		Jail Date	
Jail Time		Location of Vehicle RELEASED ON SCENE							
Name (Last, First, Middle) MACROSTIE, DONALD				Alias (Name, DOB, Soc. Sec. #, Etc.)					
Race W - White I - American Indian B - Black O - Oriental/Asian W		Sex M		Date of Birth 08/23/1963		Height 6'3"		Weight 275	
Eye Color HAZEL		Hair Color BRW		Complexion MED		Build LARGE			
Scars, Marks, Tattoos, Unique Physical Features (Location, Type, Description) NONE				Marital Status MARRIED		Religion CATHOLIC		Indication of Alcohol Influence <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> Unk	
Local Address (Street, Apt. Number) 11882 62ND LANE NORTH				(City) WEST PALM BEACH, FL		(State) 33412		Phone (561) 267-4636	
Permanent Address (Street, Apt. Number)				(City)		(State)		(Zip)	
Business Address (Name, Street)				(City)		(State)		(Zip)	
D/L Number, State M262-180-63-303-0; FL				Soc. Sec. Number		INS Number		Place of Birth (City, State) MINNEAPOLIS, MN	
Citizenship US									
Co-Defendant Name (Last, First, Middle)				Race		Sex		Date of Birth	
Co-Defendant Name (Last, First, Middle)				Race		Sex		Date of Birth	
Parent Legal Custodian Other				Name (Last)		(First)		(Middle)	
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			
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 Description BOATING UNDER THE INFLUENCE				Counts 1		Domestic Violence <input type="checkbox"/> Y <input checked="" type="checkbox"/> N		Statute Violation Number 327.35(1)	
Drug Activity N				Drug Type N		Amount / Unit REFUSED		Offense # 19-058727	
Charge Description				Counts		Domestic Violence		Statute Violation Number	
Drug Activity				Drug Type		Amount / Unit		Offense #	
Charge Description				Counts		Domestic Violence		Statute Violation Number	
Drug Activity				Drug Type		Amount / Unit		Offense #	
Charge Description				Counts		Domestic Violence		Statute Violation Number	
Drug Activity				Drug Type		Amount / Unit		Offense #	
Charge Description				Counts		Domestic Violence		Statute Violation Number	
Drug Activity				Drug Type		Amount / Unit		Offense #	
Location (Court, Room Number, Address)									
Court Date and Time Month MAY Day 9th Year 2019 Time 08:30 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) <i>[Signature]</i>				Date Signed 04/14/19					
HOLD for other Agency Name:				Signature of Arresting Officer <i>[Signature]</i>		Name Verification (Printed by Arrestee) <i>[Signature]</i>			
<input type="checkbox"/> Dangerous <input type="checkbox"/> Suidan <input type="checkbox"/> Other				Name of Arresting Officer (Print) INV. J SCHAEFER		ID # 8777			
Transporting Officer <i>[Signature]</i>				ID # 8195		Agency SAINT-LEON			
Witness here if subject signed with an "X"				PAGE 1		OF 1			

PBCO 0148 REV. 8/97

DISTRIBUTION: WHITE - COURT COPY

GREEN - STATE ATTORNEY

YELLOW - AGENCY

PINK - AGENCY

GOLD - DEFENDANT (N.T.A.'s ONLY)

APR 17 2019

4:09:00

B.U.I. PROBABLE CAUSE AFFIDAVIT

ON THE 14th DAY OF APRIL, 20 19, AT 16:45 ☒ AM ☐ PM
SUBJECT: MACROSTIE, DONALD CASE NUMBER: 19-058727

AGENCY: PALM BEACH COUNTY SHERIFF'S OFFICE ARRESTING OFFICER: INV. J. SCHAEFER #8777
PERSONAL CONTACT

BOATING PATTERN: ACTUAL PHYSICAL CONTROL, PHYSICAL EVIDENCE OR STATEMENTS THAT THE DEFENDANT WAS OPERATING A VESSEL.
On 04/14/2019 at approximately 16:45hrs, while conducting selective boating enforcement in the area of the Intracoastal Waterway just south of the Blue Heron Bridge which is located in the City of Riviera Beach, Palm Beach County, Florida a white 2000 HydraSport vessel bearing Florida registration #FL8317MA with 10 passengers. The vessel was stopped for a vessel safety inspection regarding PFD's and other safety equipment. The operator and owner of the vessel was identified as "Donald Macrostie", by their Florida driver license.

OBSERVATION OF DRIVER:

Upon making contact with the driver who was identified by his Florida driver license as "DONALD MACROSTIE", I immediately detected an obvious and strong odor of an unknown alcoholic beverage emitting from his person and face area. This odor intensified as I spoke to Macrostie. Macrostie had glassy, glazed, and blood shot eyes. Macrostie's speech was slurred, slow, thick, and at times difficult to understand. Macrostie's movements were slow, deliberate, and lethargic with poor coordination. Macrostie had difficulty following directions given to him. Macrostie was wearing a no shirt, a black/blue /white bathing suit, and black water shoes.

DRIVER'S STATEMENTS:

Macrostie stated he would refuse to provide a breath sample after Implied Consent, which he stated he understood. Macrostie participated in Q&A and post Miranda and admitted to having a 12 pack of beer.

ODORS:

A strong and obvious odor of an unknown alcoholic beverage was emitting from his person and face area which intensified as I spoke to Macrostie.

GENERAL OBSERVATIONS

SPEECH: Macrostie's speech was slurred, slow, and thick, and at times difficult to understand.

ATTITUDE: talkative, polite, friendly, cooperative

CLOTHING: no shirt, a black/blue /white bathing suit, and black water shoes.

MEDICAL/OTHER: none stated

STATE OF FLORIDA
COUNTY OF PALM BEACH

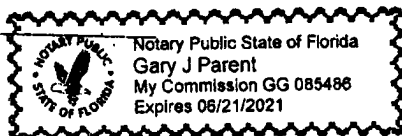
INV. J. SCHAEFER #8777

(Signature of Arresting/Investigative Officer)

The foregoing instrument was sworn to or affirmed and subscribed before me this 14th day of APRIL, 20 19 by INV. J. SCHAEFER #8777

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

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



RECEIVED
APR 17 2019

SUBJECT: MACROSTIE, DONALD

CASE NUMBER 19-058727

SEATED 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:

Macrostie would sway roughly in a side to side front to back pattern throughout the task. Macrostie did not touch the tip of the pen as directed to positively identify the point to be tracked. Macrostie was reminded numerous times to track the pen with his eyes only. Macrostie failed to keep his head still while tracking the stimulus. Macrostie had VGN.

FINGER TO NOSE:

I explained and demonstrated the instructions for the "Finger to Nose" task to Macrostie who stated that he understood. During the task, I observed Macrostie to sway roughly in a side to side, front to back pattern throughout the demonstration phase. Macrostie did not keep his eyes closed and had to be reminded numerous times. Macrostie's index finger did not touch the tip of the nose on 4 of 6 attempts. Macrostie used the hand other than that which was called. The sequence used for this task was L, R, L, R, R, L.

PALM PAT:

I explained and demonstrated the instructions for the "Palm Pat" task to Macrostie who stated the he understood. Macrostie started before being told, and or "copied me" after my instructions to, "stay like that until I tell you." After beginning the task, he failed to count as instructed, kept the edge of one hand on the other when turning, double patted, chopped, and failed to increase speed as instructed.

HAND COORDINATION:

I explained and demonstrated the instructions for the "Hand Coordination" task to Macrostie who stated the he understood. After beginning the task and during the forward steps, Macrostie failed to count out loud as instructed, and improperly touched his fists. During the clapping task, Macrostie failed to clap three times as instructed, only performing 1 clap. During the return steps, Macrostie improperly touched his fists, did not return his left hand to his chest, and did not place his hands in the final position.

ROMBERG ALPHABET:

I explained and demonstrated the instructions for the "Rhombert Alphabet" task to Macrostie who stated that he understood. During the task, Macrostie would not keep his eyes closed. Macrostie incorrectly recited the alphabet.

BREATH TEST RESULTS:

1) REFUSED 2) REFUSED 3) 4)

STATE OF FLORIDA
COUNTY OF PALM BEACH

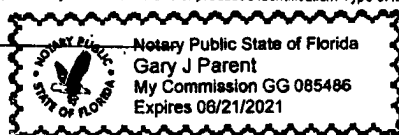
INV. J. SCHAEFER #8777

(Signature of Arresting/Investigative Officer)

The foregoing instrument was sworn to or affirmed and subscribed before me this 14th day of APRIL 2019 by INV. J. SCHAEFER #8777

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

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



APR 17 2019



STATE OF FLORIDA
FLORIDA FISH AND WILDLIFE CONSERVATION COMMISSION
DIVISION OF LAW ENFORCEMENT



REFUSAL TO SUBMIT TO BREATH, URINE OR BLOOD TESTING

In the County Court of the 15TH Judicial
Circuit in and for Palm Beach County, Florida

STATE OF FLORIDA
(PLAINTIFF)

V.

Uniform Boating Citation No.

VBS106K

MACROSTIS
DEFENDANT

AFFIDAVIT

I, IVO J. SCHAEFER, a law enforcement officer, who having been duly sworn, certify and state the following:

- That on Sunday, 04/14, 2019 at 12:52 ☐ AM probable
Day of Week Date (Month & Day) Year Time ☒ PM
cause existed to arrest the above named Defendant for a violation of section 327.35, Florida Statutes, as set forth in the attached narrative which is incorporated by references as if set forth fully herein.
- That on that date and that time:
☒ The Defendant was under lawful arrest for an offense committed while the Defendant was operating a vessel while under the influence of alcoholic beverages, chemical substances, or controlled substances, and the Defendant was requested to submit to a ☒ breath test, ☐ urine test, or ☐ both a breath and a urine test; or
☐ The Defendant had appeared for treatment at a hospital, clinic, or other medical facility, the administration of a breath or urine test was impractical or impossible, and the Defendant was requested to submit to a blood test.
- The Defendant was advised of both the penalties for a failure to submit to the blood, breath or urine test and the procedure for requesting a hearing.
- The Defendant refused to submit to the ☐ blood, ☒ breath, or ☐ urine test(s).

FURTHER AFFIANT SAYETH NOT.

IVO J. SCHAEFER
Officer's Signature ID No 8277

PRSO
Law Enforcement Agency

3228 GOLF CLUB RD
Mailing Address

WEST PALM BEACH FL 33406
City State Zip Code

SWORN TO AND SUBSCRIBED
BEFORE ME THIS 14 DAY

OF APRIL, 20 19

Notary Public or Attesting Officer

☒ Personally known to me

☐ Produced _____
as Identification

WITNESS LIST

CASE NUMBER: **19-058727**

ARRESTING OFFICER: **INV. J. SCHAEFER #8777**

ADDRESS: **3228 GUN CLUB ROAD WEST PALM BEACH, FL 33406**

PHONE NUMBERS (HOME): _____ (WORK) **(561) 688-4001**

CAN TESTIFY TO: **SEE PROBABLE CAUSE AFFIDAVIT**

NAME: **D/S NICK CAMENE #6778 (MARINE UNIT)**

ADDRESS: **3228 GUN CLUB ROAD WEST PALM BEACH, FL 33406**

PHONE NUMBERS (HOME) _____ (WORK) **(561) 688-3000**

CAN TESTIFY TO: **VESSEL VIOLATION AND SIGNS OF IMPAIRMENT**

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: _____

NAME: _____

ADDRESS _____

PHONE NUMBERS (HOME) _____ (WORK) _____

CAN TESTIFY TO: _____

NAME: _____

ADDRESS _____

PHONE NUMBERS (HOME) _____ (WORK) _____

SCANNED
APR 17 2019

TESTING FACILITY TASK REPORT

AGENCY: PBSO
SUBJECT: MACROSTEE DONALD CASE NUMBER: 19-059727
DATE: 04/14/19 VIDEO TAPE NUMBER: N/A
BEGINNING TIME: 1747 ENDING TIME: 1800
BREATH TESTS RESULTS: 1) R TIME 1752 A.M./P.M. 2) N/A TIME — A.M./P.M.
3) N/A TIME — A.M./P.M. 4) N/A TIME — A.M./P.M.
BREATH OPERATOR: G PAGEST # 7909
MAINTENANCE TECHNICIAN: KHALIL # 6467

TESTING OFFICER'S OBSERVATIONS

SPEECH: THICK, PROLONGED
ATTITUDE: CALM, QUIET, CO-OPERATIVE, POLITE
CLOTHING: MULTI COLOR BATHING SUIT, NO SHIRT, BLACK SLACKS
MEDICAL CONDITIONS: HIGH BLOOD PRESSURE
MEDICATIONS: BLOOD PRESSURE
OTHER: EYES GLASSY

REFUSED

Δ ADMITTED TO DRINKING AT LEAST 12 BEERS (Q+A)
COMMENTS: ARRIVED AT MOBILE RAT A/U BEGAN THE 20 MINUTE
OBSERVATION PERIOD AT 1714 HRS.

Δ ASKED WHAT IF HE DOESN'T PASS OR TAKE TEST

A/U READ I/R

Δ ACKNOWLEDGED HE UNDERSTOOD I/R AND REFUSED TEST

A/U READ RIGHTS

REFUSED

Δ STATED HE UNDERSTOOD RIGHTS

A/U CONDUCTED Q+A

Δ ANSWERED QUESTIONS

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

SUBJECT: MACROSTEE, DONALD

CASE NUMBER: 19-059727

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) _____

Read on Camera

APR 17 2013

SUBJECT: MACROSTIE, DONALD CASE NUMBER: 19-059727

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 ~~VESSEL~~ VESSEL AT THE TIME OF THE STOP/ACCIDENT? YES

WHERE WERE YOU GOING? LAKE PARK MARINA

WHAT ~~STREET OR HIGHWAY~~ WATERWAY WERE YOU ON? INTERCOASTAL

DIRECTION OF TRAVEL? N WHERE DID YOU START? PEANUT ISLAND

WHAT TIME DID YOU START? 10K WHAT TIME IS IT NOW? 5:10K

WHAT IS TODAY'S DATE? 4/13/19 WHAT DAY OF THE WEEK IS IT? SUNDAY

WHAT COUNTY AND CITY ARE YOU IN NOW? PBC RIVIERA BCH

WHEN DID YOU LAST EAT? 2pm WHAT DID YOU EAT? RIBS

WHAT HAVE YOU BEEN DOING FOR THE LAST THREE HOURS? ENJOYING DAY ON BOAT

HOW MUCH DO YOU WEIGH? 270 HAVE YOU BEEN DRINKING? YES WHAT? BEER

HOW MUCH? 12 pack WHERE? PEANUT ISLAND WITH WHOM? FAMILY

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? YES TO A POINT ARE YOU UNDER THE INFLUENCE? NOT TO EXHAUST TO GET HURT

HAVE YOU CONSUMED ANY ALCOHOL SINCE THE ACCIDENT? _____ HOW MUCH? _____

WHAT? _____ WHERE? _____ WHEN? _____

WHAT LINE OF WORK ARE YOU IN? AC CONTRACTOR WHEN DID YOU LAST WORK? SAT.

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? NO

HAVE YOU TAKEN ANY DRUGS OR SMOKED ANY MARIJUANA TODAY? NO WHEN? _____

HAVE YOU SEEN A DOCTOR OR DENTIST TODAY? NO WHO? _____ WHY? _____

ARE YOU TAKING ANY PRESCRIPTION MEDICINES? YES WHAT? BP RX WHEN? AM

DO YOU HAVE:

EPILEPSY?

GLASS EYE?

FALSE TEETH?

EAR INFECTION?

INNER EAR TROUBLE?

DIABETES?

NO
SOMETIMES
NO

DO YOU HAVE ANY PROBLEMS WITH YOUR EYES THAT ARE NOT CORRECTED BY GLASSES? NEEDS READER S

DO YOU TAKE INSULIN? NO IF SO, WHEN WAS YOUR LAST INJECTION? _____

HAVE YOU EVER HAD A DRIVER'S LICENSE IN ANY OTHER STATE? MN WHERE? YES

INTERVIEWER: W. G. Schaffer #8777

SCANNED

APR 17 2019

V331068

FLORIDA UNIFORM BOATING CITATION

COUNTY OF PALM BEACH		AGENCY: PB-55		<input checked="" type="checkbox"/> FWC <input checked="" type="checkbox"/> SO <input type="checkbox"/> PD <input type="checkbox"/> OTHER	
CITY (IF APPLICABLE)		N _____ deg _____ min _____ sec		W _____ deg _____ min _____ sec	
IN THE COUNTY DESIGNATED BELOW THE UNDERSIGNED AFFIRMS THAT HE/SHE HAS JUST AND REASONABLE GROUNDS TO BELIEVE AND DOES BELIEVE THAT ON					
COMPLAINT (RETAINED BY THE COURT)					
DAY OF WEEK SUN	MONTH APRIL	DAY 14	YEAR 19	TIME 5:06 <input type="checkbox"/> A.M. <input checked="" type="checkbox"/> P.M.	
NAME (PRINT) FIRST DONALD		MIDDLE MACROSTIE		LAST	
STREET 11882 62nd LANE NORTH					
CITY WPB		STATE FL		ZIP CODE 33412	
TELEPHONE NUMBER () _____		DATE OF BIRTH 08 23 63		RACE W SEX M HGT 63"	
DRIVER LICENSE NUMBER OR OTHER ID M26 21 806 33030		STATE FL		TYPE OF ID E I.D. EXP. DATE 19	
VESSEL REGISTRATION NUMBER FL8317MA		EXP. DATE 20		FUEL 262 PROPULSION WAT	
YEAR 00 MAKE HYDRA SPORT		<input checked="" type="checkbox"/> OPEN <input type="checkbox"/> CABIN <input type="checkbox"/> PWC <input type="checkbox"/> AIRBOAT <input type="checkbox"/> OTHER		LENGTH 262 COLOR WAT	
UPON THE WATERS OF THE STATE OF FLORIDA, OR OTHER LOCATION, NAMELY INTRACOASTAL ISO BLUE HERON BRIDGE					
DID UNLAWFULLY COMMIT THE FOLLOWING OFFENSE. CHECK ONLY ONE OFFENSE PER EACH CITATION.					

- ☐ WILLFUL OR WANTON RECKLESS OPERATION
- ☐ CARELESS OPERATION
- ☐ VIOLATION OF NAVIGATION RULE
- ☐ MANATEE VIOLATION
- ☐ SPEED RESTRICTED AREA VIOLATION
- ☐ VESSEL LIVERY VIOLATION
- ☒ OPERATING A VESSEL UNDER THE INFLUENCE OF ALCOHOLIC BEVERAGES, CHEMICAL OR CONTROLLED SUBSTANCE OR OPERATING WITH AN UNLAWFUL BLOOD ALCOHOL LEVEL OF .08% OR ABOVE
- ☐ REGISTRATION CERTIFICATE NOT ON BOARD
- ☐ REGISTRATION NUMBER NOT PROPERLY DISPLAYED
- ☐ OPERATION OF UNNUMBERED OR UNREGISTERED VESSEL
- ☐ FAILURE TO TRANSFER TITLE/REGISTRATION
- ☐ EXPIRED REGISTRATION
- ☐ WATER SKI VIOLATION
- ☐ IMPROPER/INSUFFICIENT SAFETY EQUIPMENT OR LIGHTS
- ☐ NO BOATER I.D. CARD
- ☐ PWC VIOLATION
- ☐ OTHER (SEE COMMENTS)

DESCRIPTION OF VIOLATIONS OR COMMENTS PERTAINING TO OFFENSE:

BOATING UNDER THE INFLUENCE

IN VIOLATION OF:		STATE RULE/ORDINANCE	
<input type="checkbox"/> ORDINANCE	<input checked="" type="checkbox"/> STATE STATUTE	327.35(1)	
ACCIDENT CASE		PROPERTY DAMAGE	PERSONAL INJURY FATALITY
<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
<input type="checkbox"/> THIS CITATION IS FOR A CRIMINAL VIOLATION. COURT APPEARANCE IS REQUIRED, AS INDICATED BELOW.			
<input type="checkbox"/> THIS CITATION IS FOR A CRIMINAL VIOLATION. COURT APPEARANCE IS NOT REQUIRED.			
<input checked="" type="checkbox"/> THIS CITATION IS FOR AN INFRACTION WHICH DOES NOT REQUIRE APPEARANCE IN COURT. (SEE REVERSE)			
<input type="checkbox"/> THIS CITATION IS FOR AN INFRACTION. COURT APPEARANCE IS REQUIRED AS INDICATED BELOW.			

I AGREE AND PROMISE TO COMPLY AND ANSWER TO THE CHARGES AND INSTRUCTIONS SPECIFIED IN THIS CITATION. WILLFUL REFUSAL TO POST BOND OR ACCEPT AND SIGN THIS CITATION MAY RESULT IN ARREST. FAILURE TO APPEAR OR PROPERLY RESPOND TO THIS CITATION IS A SEPARATE AND ADDITIONAL CRIME.

SIGNATURE OF DEFENDANT		YOU MUST READ REVERSE FOR VIOLATION/DEFENSE REQUIREMENTS	
Donald Macrostie		May 9th 2019 2:08:30	
COURT INFORMATION		DATE	
CRIMINAL JUSTICE COMPLEX		WPB	
3228 GOLF CLUB RD		LOCATION	

<input checked="" type="checkbox"/> ARREST-DELIVERED TO: COUNTY JAIL		RECEIPT NO.	
<input type="checkbox"/> ACCEPTED BOND ON SCENE (AMOUNT)		TYPE	
DATE OF ARREST 04/11/19		ORG OR UNIT	
Inv. J. Schaefer		8777	
RANK - SIGNATURE AND IDENTITY OF OFFICER		I.D. NO.	
FVC LE 190 (502)			

NOTED
APR 17 2019



**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	<input type="checkbox"/>	119.071(2)(d)	Surveillance techniques, procedures and personnel; inventory of law enforcement resources, policies or plans pertaining to mobilization deployment or tactical operations.	
	<input type="checkbox"/>	943.053, 943.0525	NCIC/FCIC/FBI and in-state FDLE/DOC.	
	<input type="checkbox"/>	119.071(4)(c)	Undercover personnel.	
	<input type="checkbox"/>	119.071(2)(f)	Confidential informants (CIs).	
	<input type="checkbox"/>	119.071(2)(e)	Confession.	
Public Info. Exemptions	<input type="checkbox"/>	985.04(1)	Juvenile offender records.	
	<input type="checkbox"/>	119.071(h)(i)	Assets of a crime victim.	
	<input type="checkbox"/>	395.3025(7)(a), 456.057(7)(a)	Medical information.	
	<input type="checkbox"/>	394.4615(7)	Mental health information.	
	<input type="checkbox"/>	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)	<input checked="" type="checkbox"/>	(iii) 119.0714(1)(i)-(j), (2)(a)-(e)	Social Security, bank account, charge, debit, and credit card numbers.	2
	<input type="checkbox"/>	(viii) 394.4615(7)	Clinical records under the Baker Act.	
	<input type="checkbox"/>	(xii) 741.30(3)(b)	The victim's address in a domestic violence action on petitioner's request.	
	<input type="checkbox"/>	(xiii) 119.071(2)(h), 119.0714(1)(h)	Protected information regarding victims of child abuse or sexual offenses.	
	<input type="checkbox"/>			
	<input type="checkbox"/>			
	<input type="checkbox"/>			
	<input type="checkbox"/>			
	<input type="checkbox"/>			
Other	<input type="checkbox"/>		Other:	
	<input type="checkbox"/>		Other:	

REVIEW COMPLETED BY

Booking Number: 2019012453

Date: 04/15/2019

Specialist Name/ID: AM/31562

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