

0509490

1967/3239

2887

ARREST / NOTICE TO APPEAR  
Juvenile Referral Report1. Arrest  
2. N.T.A.  
3. Request for Warrant  
4. Request for Capias

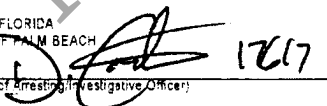
1

Juvenile

N

|                                                                                                                                                                                                                                                                                                                                 |                                                                                                                                                                                                                                                                                                                                      |                                                                                                                |                                                                             |                                                                                                                |                                                                                                                                             |                                                                                                                                                                                                       |                                                                          |                            |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------|----------------------------|
| ADMINISTRATIVE                                                                                                                                                                                                                                                                                                                  | DBTS Number                                                                                                                                                                                                                                                                                                                          |                                                                                                                | Agency ORI Number<br><b>FLO 500000</b>                                      |                                                                                                                | Agency Name<br><b>PALM BEACH COUNTY SHERIFF'S OFFICE</b>                                                                                    |                                                                                                                                                                                                       | Agency Report Number (N.T.A.'s only)<br><b>06-19093613</b>               |                            |
|                                                                                                                                                                                                                                                                                                                                 | Charge Type:<br>Check as many as apply:<br><input type="checkbox"/> 1. Felony<br><input type="checkbox"/> 2. Traffic Felony<br><input type="checkbox"/> 3. Misdemeanor<br><input checked="" type="checkbox"/> 4. Traffic Misdemeanor<br><input type="checkbox"/> 5. Ordinance<br><input type="checkbox"/> 6. Other                   |                                                                                                                | Weapon Seized / Type<br>2. Yes<br>2. No<br><b>NONE</b>                      |                                                                                                                | Multiple Clearance Indicator<br><b>01</b>                                                                                                   |                                                                                                                                                                                                       |                                                                          |                            |
|                                                                                                                                                                                                                                                                                                                                 | Location of Arrest (Including Name of Business)<br><b>MILITARY TRL / FULLER ST. WEST PALM BEACH, FL. 33463</b>                                                                                                                                                                                                                       |                                                                                                                |                                                                             |                                                                                                                | Location of Offense (Business Name, Address)<br><b>MILITARY TRL / FULLER ST. WEST PALM BEACH, FL. 33463</b>                                 |                                                                                                                                                                                                       |                                                                          |                            |
|                                                                                                                                                                                                                                                                                                                                 | Date of Arrest<br><b>07/16/2019</b>                                                                                                                                                                                                                                                                                                  | Time of Arrest<br><b>0020</b>                                                                                  | Booking Date                                                                | Booking Time                                                                                                   | Jail Date                                                                                                                                   | Jail Time                                                                                                                                                                                             | Location of Vehicle                                                      |                            |
| DEFENDANT                                                                                                                                                                                                                                                                                                                       | Name (Last, First, Middle)<br><b>BANNATYNE</b>                                                                                                                                                                                                                                                                                       |                                                                                                                | EDUARDO                                                                     |                                                                                                                | MANUEL                                                                                                                                      |                                                                                                                                                                                                       | Alias (Name, DOB, Soc. Sec. #, Etc.)                                     |                            |
|                                                                                                                                                                                                                                                                                                                                 | Race<br>W - White I - American Indian<br>B - Black O - Oriental/Asian<br><b>W</b>                                                                                                                                                                                                                                                    | Sex<br><b>M</b>                                                                                                | Date of Birth<br><b>9/30/1965</b>                                           | Height<br><b>6'00"</b>                                                                                         | Weight<br><b>150</b>                                                                                                                        | Eye Color<br><b>GREEN</b>                                                                                                                                                                             | Hair Color<br><b>BROWN</b>                                               | Complexion<br><b>MED</b>   |
|                                                                                                                                                                                                                                                                                                                                 | Scars, Marks, Tattoos, Unique Physical Features (Location, Type, Description)<br><b>NONE</b>                                                                                                                                                                                                                                         |                                                                                                                | Mental Status<br><b>Single</b>                                              | Religion<br><b>NONE</b>                                                                                        | Indication of:<br>Alcohol Influence<br>Drug Influence<br><input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> Unk |                                                                                                                                                                                                       |                                                                          |                            |
|                                                                                                                                                                                                                                                                                                                                 | Local Address (Street, Apt. Number)<br><b>3840 LISA DR</b>                                                                                                                                                                                                                                                                           |                                                                                                                | (City)<br><b>LAKE WORTH, FL. 33467</b>                                      | (State)<br><b>FL</b>                                                                                           | (Zip)<br><b>33467</b>                                                                                                                       | Phone<br><b>(561) 225-0410</b>                                                                                                                                                                        | Residence Type:<br>1. City<br>2. County<br>3. Florida<br>4. Out of State |                            |
|                                                                                                                                                                                                                                                                                                                                 | Permanent Address (Street, Apt. Number)                                                                                                                                                                                                                                                                                              |                                                                                                                | (City)                                                                      | (State)                                                                                                        | (Zip)                                                                                                                                       | Phone                                                                                                                                                                                                 | Address Source                                                           |                            |
|                                                                                                                                                                                                                                                                                                                                 | Business Address (Name, Street)                                                                                                                                                                                                                                                                                                      |                                                                                                                | (City)                                                                      | (State)                                                                                                        | (Zip)                                                                                                                                       | Phone                                                                                                                                                                                                 | Occupation                                                               |                            |
|                                                                                                                                                                                                                                                                                                                                 | D/L Number, State<br><b>B535-213-65-350-0, FL</b>                                                                                                                                                                                                                                                                                    |                                                                                                                | Soc. Sec. Number                                                            |                                                                                                                | INS Number                                                                                                                                  |                                                                                                                                                                                                       | Place of Birth (City, State)<br><b>NEW ORLEANS, LA</b>                   | Citizenship<br><b>U.S.</b> |
|                                                                                                                                                                                                                                                                                                                                 | Co-Defendant Name (Last, First, Middle)                                                                                                                                                                                                                                                                                              |                                                                                                                | Race                                                                        | Sex                                                                                                            | Date of Birth                                                                                                                               | <input type="checkbox"/> 1. Arrested<br><input type="checkbox"/> 2. At Large<br><input type="checkbox"/> 3. Felony<br><input type="checkbox"/> 4. Misdemeanor<br><input type="checkbox"/> 5. Juvenile |                                                                          |                            |
|                                                                                                                                                                                                                                                                                                                                 | Co-Defendant Name (Last, First, Middle)                                                                                                                                                                                                                                                                                              |                                                                                                                | Race                                                                        | Sex                                                                                                            | Date of Birth                                                                                                                               | <input type="checkbox"/> 1. Arrested<br><input type="checkbox"/> 2. At Large<br><input type="checkbox"/> 3. Felony<br><input type="checkbox"/> 4. Misdemeanor<br><input type="checkbox"/> 5. Juvenile |                                                                          |                            |
|                                                                                                                                                                                                                                                                                                                                 | JUVENILE                                                                                                                                                                                                                                                                                                                             | <input type="checkbox"/> Parent<br><input type="checkbox"/> Legal Custodian<br><input type="checkbox"/> Other: |                                                                             | Residence Phone                                                                                                |                                                                                                                                             |                                                                                                                                                                                                       |                                                                          |                            |
| Address (Street, Apt. Number)                                                                                                                                                                                                                                                                                                   |                                                                                                                                                                                                                                                                                                                                      | (City)                                                                                                         | (State)                                                                     | (Zip)                                                                                                          | Business Phone                                                                                                                              |                                                                                                                                                                                                       |                                                                          |                            |
| Notified by: (Name)                                                                                                                                                                                                                                                                                                             |                                                                                                                                                                                                                                                                                                                                      | Date                                                                                                           | Time                                                                        | Juvenile Disposition<br>1. Handled/processed within Dept. and Released.<br>2. TOT HRS / DYS<br>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.<br><input type="checkbox"/> Yes, by (Name) <input type="checkbox"/> No (Reason) |                                                                                                                                                                                                                                                                                                                                      |                                                                                                                |                                                                             | School Attended                                                                                                |                                                                                                                                             | Grade                                                                                                                                                                                                 |                                                                          |                            |
| Property Crime?<br><input type="checkbox"/> Yes <input type="checkbox"/> No                                                                                                                                                                                                                                                     |                                                                                                                                                                                                                                                                                                                                      | Description of Property                                                                                        |                                                                             | Value of Property                                                                                              |                                                                                                                                             |                                                                                                                                                                                                       |                                                                          |                            |
| Drug Activity<br>N. N/A<br>P. Possess                                                                                                                                                                                                                                                                                           |                                                                                                                                                                                                                                                                                                                                      | S. Sell<br>B. Buy<br>T. Traffic                                                                                | R. Smuggle<br>D. Deliver<br>E. Use                                          | K. Dispense/<br>Distribute                                                                                     | M. Manufacture/<br>Produce/<br>Cultivate                                                                                                    | Z. Other                                                                                                                                                                                              | Drug Type<br>N. N/A<br>A. Amphetamine                                    |                            |
| Charge Description<br><b>DRIVING UNDER THE INFLUENCE</b>                                                                                                                                                                                                                                                                        |                                                                                                                                                                                                                                                                                                                                      | Counts<br><b>1</b>                                                                                             | Domestic Violence<br><input type="checkbox"/> Y <input type="checkbox"/> N  | Statute Violation Number<br><b>316.193(1)</b>                                                                  |                                                                                                                                             | Violation of ORD #                                                                                                                                                                                    |                                                                          |                            |
| Drug Activity<br><b>N</b>                                                                                                                                                                                                                                                                                                       |                                                                                                                                                                                                                                                                                                                                      | Drug Type<br><b>N</b>                                                                                          | Amount / Unit<br><b>NONE</b>                                                | Offense #<br><b>19093613</b>                                                                                   | Warrant / Capias Number                                                                                                                     |                                                                                                                                                                                                       | Bond                                                                     |                            |
| CHARGE                                                                                                                                                                                                                                                                                                                          |                                                                                                                                                                                                                                                                                                                                      | Charge Description                                                                                             |                                                                             | Counts                                                                                                         | Domestic Violence<br><input type="checkbox"/> Y <input type="checkbox"/> N                                                                  | Statute Violation Number                                                                                                                                                                              |                                                                          | Violation of ORD #         |
|                                                                                                                                                                                                                                                                                                                                 | Drug Activity                                                                                                                                                                                                                                                                                                                        | Drug Type                                                                                                      | Amount / Unit                                                               | Offense #                                                                                                      | Warrant / Capias Number                                                                                                                     |                                                                                                                                                                                                       | Bond                                                                     |                            |
|                                                                                                                                                                                                                                                                                                                                 | Charge Description                                                                                                                                                                                                                                                                                                                   |                                                                                                                | Counts                                                                      | Domestic Violence<br><input type="checkbox"/> Y <input type="checkbox"/> N                                     | Statute Violation Number                                                                                                                    |                                                                                                                                                                                                       | Violation of ORD #                                                       |                            |
|                                                                                                                                                                                                                                                                                                                                 | Drug Activity                                                                                                                                                                                                                                                                                                                        | Drug Type                                                                                                      | Amount / Unit                                                               | Offense #                                                                                                      | Warrant / Capias Number                                                                                                                     |                                                                                                                                                                                                       | Bond                                                                     |                            |
|                                                                                                                                                                                                                                                                                                                                 | Charge Description                                                                                                                                                                                                                                                                                                                   |                                                                                                                | Counts                                                                      | Domestic Violence<br><input type="checkbox"/> Y <input type="checkbox"/> N                                     | Statute Violation Number                                                                                                                    |                                                                                                                                                                                                       | Violation of ORD #                                                       |                            |
|                                                                                                                                                                                                                                                                                                                                 | Drug Activity                                                                                                                                                                                                                                                                                                                        | Drug Type                                                                                                      | Amount / Unit                                                               | Offense #                                                                                                      | Warrant / Capias Number                                                                                                                     |                                                                                                                                                                                                       | Bond                                                                     |                            |
|                                                                                                                                                                                                                                                                                                                                 | Charge Description                                                                                                                                                                                                                                                                                                                   |                                                                                                                | Counts                                                                      | Domestic Violence<br><input type="checkbox"/> Y <input type="checkbox"/> N                                     | Statute Violation Number                                                                                                                    |                                                                                                                                                                                                       | Violation of ORD #                                                       |                            |
|                                                                                                                                                                                                                                                                                                                                 | Drug Activity                                                                                                                                                                                                                                                                                                                        | Drug Type                                                                                                      | Amount / Unit                                                               | Offense #                                                                                                      | Warrant / Capias Number                                                                                                                     |                                                                                                                                                                                                       | Bond                                                                     |                            |
|                                                                                                                                                                                                                                                                                                                                 | Charge Description                                                                                                                                                                                                                                                                                                                   |                                                                                                                | Counts                                                                      | Domestic Violence<br><input type="checkbox"/> Y <input type="checkbox"/> N                                     | Statute Violation Number                                                                                                                    |                                                                                                                                                                                                       | Violation of ORD #                                                       |                            |
|                                                                                                                                                                                                                                                                                                                                 | Drug Activity                                                                                                                                                                                                                                                                                                                        | Drug Type                                                                                                      | Amount / Unit                                                               | Offense #                                                                                                      | Warrant / Capias Number                                                                                                                     |                                                                                                                                                                                                       | Bond                                                                     |                            |
| NOTICE TO APPEAR                                                                                                                                                                                                                                                                                                                | Location (Court, Courtroom, Address)<br><b>CRIMINAL JUSTICE COMPLEX / 3228 GUN CLUB ROAD, WPB, FL 33406</b>                                                                                                                                                                                                                          |                                                                                                                |                                                                             |                                                                                                                |                                                                                                                                             |                                                                                                                                                                                                       |                                                                          |                            |
|                                                                                                                                                                                                                                                                                                                                 | Court Date and Time<br>Month <b>AUGUST</b> Day <b>15</b> Year <b>2019</b> Time <b>8:30</b> AM <input checked="" type="checkbox"/> 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.<br><b>07/16/2019</b> |                                                                                                                |                                                                             |                                                                                                                |                                                                                                                                             |                                                                                                                                                                                                       |                                                                          |                            |
|                                                                                                                                                                                                                                                                                                                                 | Signature of Defendant (Juvenile and Parent/Custodian)                                                                                                                                                                                                                                                                               |                                                                                                                |                                                                             |                                                                                                                | Date Signed                                                                                                                                 |                                                                                                                                                                                                       |                                                                          |                            |
| ADMIN                                                                                                                                                                                                                                                                                                                           | HOLD for other Agency                                                                                                                                                                                                                                                                                                                |                                                                                                                | Signature of Arresting Officer                                              |                                                                                                                | Name Verification (Printed by Arrestee)                                                                                                     |                                                                                                                                                                                                       |                                                                          |                            |
|                                                                                                                                                                                                                                                                                                                                 | <input type="checkbox"/> Dangerous<br><input type="checkbox"/> Suggest                                                                                                                                                                                                                                                               |                                                                                                                | <input type="checkbox"/> Resisted Arrest<br><input type="checkbox"/> Other: |                                                                                                                | (PRINT) <b>JUL 16 AM 3:05</b>                                                                                                               |                                                                                                                                                                                                       |                                                                          |                            |
|                                                                                                                                                                                                                                                                                                                                 | Inmate ID # <b>2936</b> Pouch #                                                                                                                                                                                                                                                                                                      |                                                                                                                | Name of Arresting Officer (Print)<br><b>INV. ZEITZ</b> I.D. # <b>24970</b>  |                                                                                                                | Agency<br><b>PBSO</b>                                                                                                                       |                                                                                                                                                                                                       |                                                                          |                            |
|                                                                                                                                                                                                                                                                                                                                 | Transporting Officer<br><b>INV. ZEITZ</b> I.D. # <b>24970</b>                                                                                                                                                                                                                                                                        |                                                                                                                | Witness here if subject signed with an "X"                                  |                                                                                                                |                                                                                                                                             | PAGE <b>1</b>                                                                                                                                                                                         |                                                                          |                            |

2019 JUL 16 7:56

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |  |                                          |                                               |                                     |                  |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|------------------------------------------|-----------------------------------------------|-------------------------------------|------------------|
| <b>PROBABLE CAUSE AFFIDAVIT</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |  | 1 Arrest<br>2 N.T.A.                     | 3 Request for Warrant<br>4 Request for Capias | 1                                   | Juvenile         |
| CBT Number<br>Agency ORI Number: <b>FLO 500000</b><br>Agency Name: <b>PALM BEACH COUNTY SHERIFF'S OFFICE</b><br>Agency Report Number: <b>06- 19093613</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |  |                                          |                                               |                                     |                  |
| Charge Type:<br>Check as many as apply:<br><input type="checkbox"/> 1. Felony<br><input type="checkbox"/> 2. Traffic Felony<br><input checked="" type="checkbox"/> 3. Misdemeanor<br><input checked="" type="checkbox"/> 4. Traffic Misdemeanor<br><input type="checkbox"/> 5. Ordinance<br><input type="checkbox"/> 6. Other                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |  | Special Notes:<br><b>Supp PC</b>         |                                               |                                     |                  |
| Name (Last, First, Middle):<br><b>Bannatyne, Eduardo, Manuel</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |  | Alias:                                   |                                               | Race:<br><b>W</b>                   | Sex:<br><b>M</b> |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |  |                                          |                                               | Date of Birth:<br><b>09/30/1965</b> |                  |
| Charge Description:<br><b>DUI</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |  | Charge Description:<br><b>316.193(1)</b> |                                               |                                     |                  |
| Charge Description:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |  | Charge Description:                      |                                               |                                     |                  |
| Victim's Name (Last, First, Middle):<br><b>State of Florida, .</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |  | Race:                                    |                                               | Sex:                                | Date of Birth:   |
| Local Address (Street, Apt. Number):                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |  | (City):                                  | (State):                                      | (Zip):                              | Phone:           |
| Business Address (Name, Street):                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |  | (City):                                  | (State):                                      | (Zip):                              | Phone:           |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |  | Address Source:<br><b>Government</b>     |                                               |                                     |                  |
| 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.<br>The Person taken into custody:<br><input checked="" type="checkbox"/> committed the below acts in my presence<br><input type="checkbox"/> confessed to admitting to the below facts.<br><input type="checkbox"/> was observed by _____ who told _____ that he/she saw the arrested person commit the below acts<br><input type="checkbox"/> was found to have committed the below acts resulting from my (described) investigation.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |  |                                          |                                               |                                     |                  |
| On the <b>15</b> day of <b>July</b> , 20 <b>19</b> at <b>2340</b> <input type="checkbox"/> A.M. <input checked="" type="checkbox"/> P.M. (Specifically include facts constituting cause for arrest.)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |  |                                          |                                               |                                     |                  |
| <p><b>I Deputy Cortes ID 17617 was conducting traffic in the area of Military Trail and Bowman Street when I observed a vehicle traveling in the southbound number one lane of Military Trail traveling at an estimated speed of 53 miles per hour in a 40 mile per hour zone.</b></p> <p><b>I obtained the vehicles speed with the Kustom Signals Pro-Lite laser and it caught the vehicle at the range of 469.2 feet and at a speed of 55 miles per hour. I pulled out in the southbound lanes of travel and began to accelerate to conduct the traffic stop. I maintained a visual of the vehicle which was a gold in color older model Toyota Camry throughout the entire traffic stop. While behind the vehicle I observed the vehicle drift over into the left hand turn lanes of Military Trail southbound approaching Lake Worth RD. The Gold Toyota Camry then entered the number one lane of Military Trail and continued southbound through the Lake Worth Road intersection. The vehicle picked up speed hitting 80 miles per hour at one point as I looked down at my dash.</b></p> <p><b>As soon as I was close enough to read the tag I activated my overhead lights to conduct the traffic stop on the Toyota bearing FL tag IE58E1 and the Camry immediately slowed down and came to a final stop turning left, eastbound onto Fuller Street.</b></p> <p><b>Upon my approach to the vehicle the driver stuck out both his hands out the open driver side window. I made contact with a white male who was wearing a black collard shirt and tan pants. He immediately apologized and said he thought someone was trying to chase him and he didn't now it was me until he saw the lights. The driver who was identified by his Florida Drivers License was identified as Edjuardo Bannatyne WM. Mr. Bannatyne had slurred speech, glassy eyes, lethargic movement and the odor of an unknown alcoholic beverage coming from his breath.</b></p> <p><b>Based on my observations I called for DUI Investigator Zeitz to the scene for a further evaluation. The investigation was then turned over to Investigator Zeitz.</b></p> <p><b>This is a supplemental PC.</b></p> |  |                                          |                                               |                                     |                  |
| STATE OF FLORIDA<br>COUNTY OF PALM BEACH<br>(Signature of Arresting Investigative Officer):  <b>D. Cortes</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |  |                                          |                                               |                                     |                  |
| The foregoing instrument was sworn to or affirmed and subscribed before me this <b>16</b> day of <b>July</b> , 20 <b>19</b> by <b>D. Cortes</b><br>(Print name of Arresting Investigative Officer) who is personally known to me and/or produced identification. Type of identification produced: <b>Known LEO</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |  |                                          |                                               |                                     |                  |
| Notary Public, Clerk of Court, Officer (F.S.S. 117.10)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |  |                                          |                                               |                                     |                  |

# D.U.I. PROBABLE CAUSE AFFIDAVIT

ON THE 15TH DAY OF JULY 20 19, AT 2333 AM PM ☒  
SUBJECT: BANNATYNE EDUARDO MANUEL CASE NUMBER: 19093613

AGENCY: PALM BEACH COUNTY SHERIFF'S OFFICE ARRESTING OFFICER: INV. ZEITZ

## PERSONAL CONTACT

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

On July 15, 2019 I was dispatched to a traffic stop conducted by D/S Cortes #17617 which yielded at Military Trl and Fuller St. Upon my arrival, I met with D/S Cortes who informed me of the following:

D/S Cortes stated that he was conducting speed enforcement within the City of Greenacres when he observed a vehicle traveling at what he visually estimated to be well above the posted speed limit of 40mph. He got behind the Toyota bearing FL tag IE58E1 which entered the left turn lane at the intersection of Lake Worth Rd. The vehicle then entered the median lane and accelerated to 80mph. D/S Cortes activated his emergency lights and conducted the traffic stop which yielded at Military Trl and Fuller St.

D/S Cortes identified the driver and sole occupant of the vehicle as Eduardo Bannatyne by his FL driver license. He observed a number of articulable indicators of impairment, thus called for a DUI unit to take over the investigation.

## OBSERVATION OF DRIVER:

Upon making contact with the driver who was identified by his Florida driver license as Eduardo Bannatyne, I immediately detected an obvious and strong odor of an unknown alcoholic beverage emitting from his person and breath. This odor intensified as I spoke to him. He had glassy, glazed, and blood shot eyes. Bannatyne's speech was slurred, slow, thick, and at times difficult to understand. Bannatyne's movements were slow and deliberate, and lethargic with poor coordination. He had an unsteady gait while walking to my patrol vehicle and had difficulty following directions given to him as he continually talked over me. He was wearing a blue t-shirt, multi-colored shorts, and black shoes.

## DRIVER'S STATEMENTS:

Pre-Miranda: Stated that he was coming from the American Legion and that he had 4 beers. Throughout the tasks, Bannatyne continually repeated that he was drunk and that he should just be arrested.

Post-Miranda: Stated that he had 4 or 5 20oz beers at the American Legion. He believed that he was traveling Westbound on Melaleuca Ln or 10th Ave N.

## ODORS:

A strong and obvious odor of an unknown alcoholic beverage was emitting from his person and breath which intensified as he spoke.

## GENERAL OBSERVATIONS

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

ATTITUDE: Polite and cooperative. Overly talkative.

CLOTHING: Blue shirt with multicolored shorts and black shoes

MEDICAL/OTHER: SEE BAT REPORT

STATE OF FLORIDA  
COUNTY OF PALM BEACH

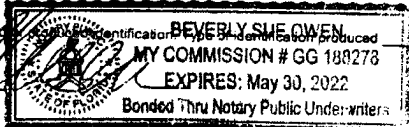
INV. ZEITZ

(Signature of Arresting/Investigative Officer)

The foregoing instrument was sworn to or affirmed and subscribed before me this 16th day of JULY 20 19 by INV. ZEITZ

(Print name of Arresting/Investigative Officer, who is personally known to me)

Sue Owen (#3184)



PERSONALLY KNOWN LEO

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

SUBJECT BANNATYNE

EDUARDO

CASE NUMBER 19093613

## 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 checked="" type="checkbox"/> LT- EYE-ONSET OF NYSTAGMUS PRIOR TO 45 DEGREES          | <input checked="" type="checkbox"/> RT- EYE-ONSET OF NYSTAGMUS PRIOR TO 45 DEGREES          |

## Other Observations:

Bannatyne would sway roughly in a side to side front to back pattern throughout the task. He was reminded numerous times to track the pen with his eyes only. He failed to keep his head still while tracking the stimulus.

## WALK &amp; TURN:

I explained and demonstrated the instructions for the "Walk & Turn" to Bannatyne who stated that he understood. During the task, I observed him to sway roughly in a side to side, front to back pattern throughout the demonstration phase. He could not maintain his balance while listening to instructions and stepped out of the instructional stance during the demonstration to catch his balance. He was unable to maintain the instructional stance so I allowed him to stand normally for fear that he would fall and injure himself. Bannatyne would stop walking to steady himself with pauses to regain balance. He missed heel-to-toe steps and stepped off the line. Bannatyne used his arms for balance by raising them more than six inches and performed an improper turn. Additionally, he performed the incorrect number of steps.

## ONE LEG STAND:

I explained and demonstrated the instructions for the "One Leg Stand" to Bannatyne who stated that he understood. During the task, I observed him to sway roughly in a side to side, front to back pattern throughout the demonstration phase. He continued to sway while balancing on one leg. Bannatyne used his arms to balance raising them more than 6 inches from his sides. Bannatyne put his foot down three times all before counting to 30 seconds, thusly not being able to complete the task.

## FINGER TO NOSE:

I explained and demonstrated the instructions for the "Finger to Nose" task to Bannatyne who stated that he understood. During the task, I observed him to sway roughly in a side to side, front to back pattern throughout the demonstration phase. Bannatyne's index finger did not touch the tip of the nose on 4 of 6 attempts. He searched for the tip of his nose using the finger to find their nose prior to touching the tip. Bannatyne used the hand other than that which was called before self-correcting. The sequence used for this task was L, R, L, R, R, L.

## ROMBERG ALPHABET:

I explained and demonstrated the instructions for the "Rhombert Alphabet" task to Bannatyne who stated that he understood. During the task, I observed him to sway roughly in a side to side, front to back pattern throughout the demonstration phase. Bannatyne would sway more than 2 inches.

BREATH TEST RESULTS: .164 .150

STATE OF FLORIDA  
COUNTY OF PALM BEACH

INV. ZEITZ

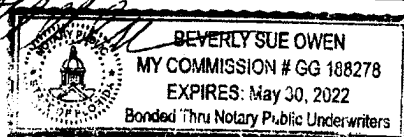
(Signature of Arresting/Investigative Officer)

The foregoing instrument was sworn to or affirmed and subscribed before me this 16th day of JULY 2019 by INV. ZEITZ

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

Sue Owen (#3184)

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



# TESTING FACILITY TASK REPORT

AGENCY:

PBSO

SUBJECT: BANNATYNE, EDUARDO MANUEL CASE NUMBER: 19-093613

DATE: 7/16/19 VIDEO TAPE NUMBER: N/A

BEGINNING TIME: 0110 ENDING TIME: 0127

BREATH TESTS RESULTS: 1) .164 TIME 0115 A.M./P.M. 2) .150 TIME 0118 A.M./P.M.  
3)                      TIME                      A.M./P.M. 4)                      TIME                      A.M./P.M.

BREATH OPERATOR: S. Owen #3184

MAINTENANCE TECHNICIAN: J. Karlecke #6467

## TESTING OFFICER'S OBSERVATIONS

SPEECH: Small Accent

ATTITUDE: Co-operative, pleasant

CLOTHING: black Tennis, plain shorts, black polo shirt

MEDICAL CONDITIONS: None

MEDICATIONS: None

OTHER: 53yOA

COMMENTS: A/O E A arrived at 0047 hrs

A/O observed 20 minutes

A/O requested breath test, A agreed

No problem with test

A/O read c/w A understood rights

Tech explained results.

A answered Q & A

A admitted 26 oz (5 or 6) beer

Could feel effects, under influence

SUBJECT: BANNATYNE, EDUARDO MANUEL CASE NUMBER: 19-093613

## 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

SUBJECT: BANNATYNE, EDUARDO MANUEL CASE NUMBER: 19-093613

## 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? Home

WHAT STREET OR HIGHWAY WERE YOU ON? Metairie Ln. changed to 10<sup>th</sup> Ave N.

DIRECTION OF TRAVEL? West WHERE DID YOU START? American Legion Dixie Hwy

WHAT TIME DID YOU START? 20 min before stop WHAT TIME IS IT NOW? 1:10 am

WHAT IS TODAY'S DATE? 7/15/19 WHAT DAY OF THE WEEK IS IT? Tuesday

WHAT COUNTY AND CITY ARE YOU IN NOW? WPB, PBC

WHEN DID YOU LAST EAT? 11:00 am WHAT DID YOU EAT? Roast beef / Swiss sandwich

WHAT HAVE YOU BEEN DOING FOR THE LAST THREE HOURS? Drinking beer / shooting pool

HOW MUCH DO YOU WEIGH? 150 HAVE YOU BEEN DRINKING? Yes WHAT? Beer

HOW MUCH? 4 or 5 20 oz beers WHERE? American Legion WITH WHOM? Friends

WHEN DID YOU HAVE YOUR FIRST DRINK? 5:40 am AND YOUR LAST DRINK? 9 or 10 o'clock

HOW DID YOU CONSUME YOUR LAST TWO DRINKS? Sipped normally

CAN YOU FEEL THE EFFECTS OF THE ALCOHOL? Yes ARE YOU UNDER THE INFLUENCE? Yes

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

WHAT? No WHERE? No WHEN? No

WHAT LINE OF WORK ARE YOU IN? Salvage WHEN DID YOU LAST WORK? Today

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

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

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? No

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

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

DO YOU HAVE:

|                    |           |
|--------------------|-----------|
| EPILEPSY?          | <u>No</u> |
| GLASS EYE?         | <u>No</u> |
| FALSE TEETH?       | <u>No</u> |
| EAR INFECTION?     | <u>No</u> |
| INNER EAR TROUBLE? | <u>No</u> |
| DIABETES?          | <u>No</u> |

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

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

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

INTERVIEWER: Inv. Zeitz #24910

**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: 80-006239 Software: 8100.27  
Date of Test: 07/16/2019

Date of Last Agency Inspection: 06/13/2019

Observation Period Began: 00:47

Subject's Name: EDUARDO M BANNATYNE

DOB: 09/30/1965 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     | 01:12 |
|          | Air Blank         | 0.000  | 01:13 |
|          | Control Test      | 0.080  | 01:13 |
|          | Air Blank         | 0.000  | 01:14 |
|          | Subject Sample #1 | 0.164  | 01:15 |
|          | Air Blank         | 0.000  | 01:16 |
|          | Air Blank         | 0.000  | 01:18 |
|          | Subject Sample #2 | 0.150  | 01:18 |
|          | Air Blank         | 0.000  | 01:19 |
|          | Control Test      | 0.079  | 01:19 |
|          | Air Blank         | 0.000  | 01:20 |
|          | Diagnostics Check | OK     | 01:20 |

Cylinder Lot: 00919080A3  
Exp: 03/05/2021

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 SUE OWEN, 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: [Signature] Date: 07/16/19  
Signature

Sworn to (or affirmed) before me this 16<sup>th</sup> day of July, 2019

[Signature] #24926 Inv. P. Zeitz  
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.



**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) |
|--------------------------------------------------------------------|-------------------------------------|-----------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------|
| <b>L/E Exemptions</b>                                              | <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.                                                                                                                                                                |                |
| <b>Public Info. Exemptions</b>                                     | <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),<br>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.                                            |                |
| <b>Florida Rules of Judicial Administration 2.420 (Rule of 23)</b> | <input checked="" type="checkbox"/> | (iii) 119.0714(1)(i)-(j),<br>(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),<br>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"/>            |                                         |                                                                                                                                                                            |                |
| <b>Other</b>                                                       | <input type="checkbox"/>            | 539.003                                 | Other: Florida Pawnbroking Act                                                                                                                                             |                |
|                                                                    | <input type="checkbox"/>            | 119.0712(j)1                            | Other: Documents regarding victims which are received by an agency                                                                                                         |                |

**REVIEW COMPLETED BY**

**Booking Number:** 2019023160

**Date:** 07/16/2019

**Specialist Name/ID:** WATSON/6665

## WITNESS LIST

CASE NUMBER: 19093613

ARRESTING OFFICER: INV. ZEITZ

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

PHONE NUMBERS (HOME): \_\_\_\_\_ (WORK) (561) 688-4001

CAN TESTIFY TO: SEE DUI PROBABLE CAUSE AFFIDAVIT & OFFENSE REPORT

NAME: D/S CORTES #17617

ADDRESS: 3228 GUN CLUB RD. WEST PALM BEACH, FL. 33406

PHONE NUMBERS (HOME) 0 (WORK) 561-688-3000

CAN TESTIFY TO: SEE SUPPLEMENTAL PROBABLE CASUE AFFIDAVIT

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

ADDRESS \_\_\_\_\_

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

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

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

ADDRESS \_\_\_\_\_

PHONE NUMBERS (HOME) 0 (WORK) 0

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

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

ADDRESS \_\_\_\_\_

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

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

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

ADDRESS \_\_\_\_\_

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