



0489449
FLORIDA HIGHWAY PATROL

NR

P-2631

REPORT NUMBER
FHP99ARR137105

ARREST REPORT

| | | | | | | | |
|---|---|------------|-----------------------------------|-------------|--------------------------------------|---------------------|---------------------------------|
| Report Date / Time 07/05/2017 04:58 PM | Agency Case/Offense Number FHPL17OFF053478 | OCA Number | Originating Agency Case Number | OBTS Number | Offender Based Transaction System | Jail Booking Number | Other Number LWRC17CAD119096 |
|---|---|------------|-----------------------------------|-------------|--------------------------------------|---------------------|---------------------------------|

LOCATION OF OCCURRENCE

| | | | |
|--|---|---------------------------------|---------------------------------|
| County PALM BEACH | Address NB I-95 (SR-9) S OF PGA BLVD , PALM BEACH GARDENS, FL 33410 | | |
| Range of Occurrence Date/Time 07/05/2017 04:30 PM to 07/05/2017 06:00 PM | | Latitude N 26 50.4408 | Longitude W 80 5.9730 |

PERSON: SUSPECT

| | | | | | | | | | | | |
|----------------------------|-----------------------------|----------------------------|-------------------|---|-------------|--------------------|-------------------|---------------------|---------------|-------------|-------------|
| First Name EDWARD | Middle Name | Last Name GURAL | Suffix | Date of Birth 09/26/1975 | Age 41 | Race W | Sex M | Height 601 | Weight 185 | Hair BLK | Eyes BRO |
| Master Name Index Number | Place of Birth PHILLY PA | Nation US | SSN [REDACTED] | Driver's License or Other ID G640220753460 | State FL | Class or Type E | | | | | |
| Address 6250 BRANDON ST | | City PALM BEACH GARDENS | County | | | State FL | Zip Code 33418 | Phone [REDACTED] | | | |

CHARGES

| | | |
|-------------------------------------|-----------------------------|--|
| Counts 1 | Charge Number 316.193.1 | Charge DUI-UNLAW BLD ALCH |
| Charge Degree | Charge Level MISDEMEANOR | General Offense Code PRINCIPAL |
| <input type="checkbox"/> Hate Crime | | <input type="checkbox"/> Domestic Violence |
| DUI ALCOHOL OR DRUGS | | Bond Amount \$0.00 |

PROBABLE CAUSE

On the referenced date and approximate time while on routine patrol I received a BOLO (Be on the lookout) for a gray mini van with a cargo roof rack traveling at high rate of speed. I was stationary near PGA blvd when I observed a gray mini van pass my patrol vehicle in the HOV lane at a high rate of speed, I visually estimated the vehicles speed at 90mph in a 65mph zone. As I tried to catch up to the vehicle I observed the gray mini van run off the roadway onto the left paved shoulder almost striking the concrete barrier wall and then jerking the vehicle back into the roadway almost striking vehicles in the inside center lane causing vehicles to brake and avoid. The vehicle continued north unable to maintain its lane so I activated my emergency lights and equipment. The vehicle took a pro longed amount of time pulling to the right paved shoulder and the driver was leaning over the center console doing something prior to the stop.

After the vehicle was stopped the driver was identified as Edward Gural with his photo Florida Drivers License.

While speaking to Gural he was observed to have a strong odor of an alcoholic beverage coming from him. When asked, Gural admitted he had been drinking. Gural was also observed to have:

- Bloodshot eyes
 - Open containers in the vehicle (Busch Beer)
 - Slurred speech
 - Was naked and not wearing any clothing- stating he was hot. Gural was removed from the vehicle and given clothes to put on.
- When asked, Gural agreed to submit to a series of field sobriety exercises.

Horizontal Gaze Nystagmus Exercise

Prior to beginning the exercise it was determined Gural was not wearing contacts. Gural's eyes were checked and his eyes displayed equal tracking and his pupils were equal sizes. Gural was instructed to following the stimulus with his eyes only, keeping his head still. After stating he understood the instructions Gural attempted this exercise.

The results of this exercise displayed 6 of the 6 possible clues.

- A lack of Smooth Pursuit in his left eye.
- A lack of Smooth Pursuit in his right eye.
- A distinct and sustained nystagmus in the left eye at maximum deviation.
- A distinct and sustained nystagmus in the right eye at maximum deviation.
- An onset of nystagmus in the left eye prior to 45 degrees.
- An onset of nystagmus in the right eye prior to 45 degrees.
- The exercise further revealed the presence of vertical nystagmus. Vertical nystagmus is an indicator of high doses of alcohol, other central nervous system (CNS) depressants or inhalants, and the consumption of the drug phencyclidine (PCP).

While performing the Horizontal Gaze Nystagmus exercise, it was observed that Gural:

- Moved his head from side to side during the exercise.
- Swayed while standing.

Walk and Turn Exercise

Prior to attempting this exercise, Gural indicated he did not have any medical problems that would have prevented him from performing the exercise. Gural was instructed to put his left foot on the line and his right foot in front of it with his right heel touching the toe of his left foot. He was instructed to stand in this manner with his hands to his sides until the exercise instructions were completed and the exercise demonstrated. Gural was instructed not to begin the exercise until told to start. He was instructed to take nine steps along the line in a heel-to-toe manner. After the ninth step he was to stop and turn around keeping his lead foot on the ground, taking several small steps with the other foot to turn around. After turning around he was to take nine steps in a heel-to-toe manner back along the line, in the direction he had come from. Gural was further instructed to watch his feet at all times while walking, keep his arms down to his side, and to count his steps out loud. After the exercise was demonstrated Gural stated he understood the instructions and was instructed to begin the exercise.

- After attempting the Walk and Turn Exercise Gural displayed 5 of 8 possible clues.

Walk and Turn exercise observations:

- On the first set of steps Gural failed to walk in a heel-to-toe manner on 9 steps, failing to walk heel-to-toe on steps 1, 2, 3, 4, 5, 6, 7, 8, and 9. Gural then stepped off the line on 4 steps, stepping off the line on steps 2, 3, 8, and 9.
- On the second set of steps Gural failed to walk in a heel-to-toe manner on 9 steps, failing to walk heel-to-toe on steps 1, 2, 3, 4, 5, 6, 7, 8, and 9. Gural then stepped off the line on 8 steps, stepping off the line on steps 1, 2, 3, 4, 6, 7, 8, and 9.
- Was unable to stand in a heel-to-toe manner while the instructions to the exercise were given.

SCANNER

JUL 10 2017

- Lost his balance while walking.
- Turned incorrectly.
- Took the incorrect number of steps on the first set of 9 steps (up) taking 10 steps
- Took the incorrect number of steps on the second set of 9 steps (back) taking 10 steps

One Leg Stand Exercise

Prior to attempting this exercise, Gural indicated he did not have any medical problems that would have prevented him from performing the exercise. Gural was instructed to stand with his heels together and hands down to his sides while the instructions were given and during the exercise. Gural was instructed not to begin the exercise until he was instructed to start, and after the exercise had been demonstrated. When instructed to start, he was to raise the foot of his choice off the ground approximately 6 inches. While his leg was raised he was to keep his leg straight, watch his raised foot, and to count out loud by thousands (one thousand one, one thousand two, one thousand three...) and to continue the exercise until told to stop (30 seconds). After this exercise was demonstrated and indicating he understood the instructions Gural attempted this exercise.

When Gural attempted this exercise he raised his right foot.
The result of this exercise displayed 3 of the 4 possible clues.

During this exercise Gural:

- Swayed during the exercise.
- Used arms for balance.
- Put his foot down (2 time(s) during the exercise). After putting his foot down once Gural then switched to his left foot.

Finger to Nose Exercise

Prior to attempting this exercise, Gural indicated he did not have any medical problems that would have prevented him from performing the exercise. Gural was instructed to touch the tip of his nose with the tip of his finger with his right or left pointer finger when instructed and then immediately place his hand back down to his side with his head tilted back and his eyes closed during the exercise. The exercise was demonstrated and Gural stated he had no questions. Gural was observed to touch above the tip of his nose with the pad of his left finger, touch below the tip of his nose with the pad of his right finger, touch the tip of his nose with the tip of his left finger, touch the below the tip of his nose with the pad of his right finger, used the wrong hand then touched below tip of his nose with the pad of his right finger, and touch above the tip of his nose with the pad of his left -have eyelid tremors

Rhomberg Balance

Gural was instructed to stand with his feet together and hands flat against his side. Gural was to tilt his head back and close his eyes. While standing in this manner, Gural was instructed to begin to estimate the passing of 30 seconds in his head and when he was finished estimating the passing of 30 seconds he was to open his eyes and say Stop. Gural stated he understood the instructions and had no questions. When Gural attempted this exercise, he estimated the passage of 30 seconds in 47 seconds.

Additionally, during the Rhomberg Balance, Gural was observed to:
Needed to have the instructions repeated because he was confused

Gural was placed under arrest for DUI at 4:58pm. An inventory of Gural's vehicle found 2 open containers of Busch beer (1 in the passenger floor board and another in the center rear cooler, all cold to the touch sweating) and 18 cans of Busch Beer on ice in a cooler.

Gural was transported to the Palm Beach County Jail BAT where a sample of his breath was requested. Gural refused to provide a sample of his breath and implied consent was read. Gural stated he understood and still refused to provide a sample of his breath. Miranda was read and Gural agreed to answer questions. Gural stated he was hot and wet that is why he took off his clothes and was driving naked. I asked why he didn't put his spare clothes on that were in the back seat and Gural said he just wanted to get home. While waiting to be booked into the Jail Gural was doing handstand's in the waiting cell then would fall asleep.

LEO BOND

| | | | | | |
|----------------|------------------------------|------------------------------|-------------------------------|------------------------------|---|
| Bond Amount \$ | None | <input type="checkbox"/> ROR | <input type="checkbox"/> Cash | <input type="checkbox"/> Any | <input type="checkbox"/> Pre Trial If Qualify |
| | <input type="checkbox"/> Pro | | | | <input type="checkbox"/> |

COURT APPEARANCE INFORMATION

| | | |
|---|-----------------------------|--|
| Court (CIRCUIT) PALM BEACH NORTH COUNTY COURTHOUSE | Court Phone 561-624-6608 | Court Date & Time 08/02/2017 01:30 PM |
| Court Address 3188 PGA BLVD., PALM BEACH GARDENS, FL 33410 | | |
| Instructions | | |

ARREST INFORMATION

| | | | | |
|---|--|-----------------|-------------------------|---------------------|
| Arrest Date / Time 07/05/2017 04:58 PM | Residency Within jurisdiction | Injured None | Extent of Injury N/A | Resist Arrest No |
| Prior Arrests Yes | Arrest Jurisdiction Within jurisdiction | Alcohol Yes | Drugs Unknown | |

ARREST LOCATION

| | |
|----------------------|--|
| County PALM BEACH | Address NB I-95 (SR-9) N OF PGA BLVD , PALM BEACH GARDENS, FL 33410 |
|----------------------|--|

ARREST DELIVERED TO

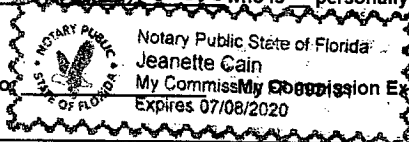
| | | |
|--|--|-------------------------|
| Jail / Booking Facility PALM BEACH COUNTY CORRECTIONS | Location 3228 GUN CLUB ROAD, WEST PALM BEACH, FLORIDA 33406 | Phone (561) 688-4400 |
|--|--|-------------------------|

ARRESTING OFFICER

| | | |
|-----------------------------|----------------------------|-------------------|
| Officer Call Number 1138 | Officer Name R.E. WEBER | Officer Signature |
|-----------------------------|----------------------------|-------------------|

Subscribed and sworn to (or affirmed) before me this 5th day of July A.D., 2017, by R.E. Weber who is personally known to me or has produced _____ as identification.

Signature Jeanette Cain X Notary Public LEO CO Commission No. _____



Florida Department of Highway Safety
and Motor Vehicles

FLORIDA HIGHWAY PATROL



DUI INVESTIGATION
CASE REPORT

Offense Date: 7/5/2017 Report Date: 7/5/2017

FHP Case #: FHPL17OFF053478 THI Case #: _____

Defendant Name: EDWARD GURAL

Incident Type / Charges: S1 / DUI

Arresting Trooper: RONALD WEBER TROOPER 3011 
Print Name, Rank, and ID # Signature

Reviewing Supervisor: _____
Print Name, Rank, and ID # Signature

Test Type: ☐ Blood ☐ Breath ☐ Urine ☒ Refusal ☐ None

Video: ☐ Yes ☐ No Drug Recognition Evaluation: ☐ Yes ☐ No

☐ State Attorney Copy ☐ DL Administrative Packet ☐ E/P Copy ☐ Station Copy

☐ Trooper Copy ☐ Other (Specify): _____

Florida Highway Patrol
ALCOHOL AND DRUG INFLUENCE REPORT

Case Number: FHPL17OFF053478
Offense Location: NB I-95 (SR-9) AT PGA BLVD
Arresting Trooper / ID#: RONALD WEBER TROOPER 3011
Defendant: EDWARD GURAL 09/26/1975
(Name) DOB

Offense Date: 7/5/2017 Time: 4:31 ☐ AM ☒ PM
Arrest Date: 7/5/17 Time: 4:58 ☐ AM ☒ PM
Crash: ☐ Yes ☒ No
In Car Video Used: ☒ YES ☐ NO
DUI Citation Number: A76160E

PHASES OF DETECTION

Phase 1 - Vehicle in Motion: (If more than 12 total lines of type in Phases of Detection Section use Narrative Continuation page of this form)

SEE ARREST REPORT

Phase 2 - Physical Contact:

SEE ARREST REPORT

Phase 3 - Pre-Arrest Screening:

SEE ARREST REPORT

Traffic Crash Details:

NA

DUI DETECTION DRIVING CUES ☐ Not Applicable - Traffic Crash Investigation

Problems In Maintaining Proper Lane Position:

- ☐ Weaving ☒ Weaving Across Lane Lines ☐ Drifting ☐ Straddling a Lane Line ☒ Swerving ☒ Almost Striking Object or Vehicle
☐ Turning With Wide Radius

Speeding and Braking Problems:

- ☐ Braking Erratically (too far/short/jerky) ☐ Unnecessary Acceleration/Deceleration ☒ Varying Speed
☐ Driving 10mph or More Below Speed Limit

Vigilance Problems:

- ☐ Driving Without Headlights ☐ Failure to Signal/Signal Inconsistent With Actions ☐ Driving in Opposing Lanes or the Wrong Way on a One-Way
☐ Slow Response to Traffic Signals ☒ Slow or Failure to Respond to Officer's Signals ☐ Stopping in Lane for No Apparent Reason

Judgment Problems:

- ☐ Following Too Closely (Tailgating) ☒ Improper/Unsafe Lane Change ☐ Turning Abruptly or Illegally
☒ Driving on Other Than Designated Roadway ☐ Stopping Inappropriately in Response to Officer ☒ Inappropriate/Unusual Behavior
☒ Appearing to be Impaired

POST-STOP CUES

- ☐ Difficulty With Motor Vehicle Controls ☐ Fumbling With DL/Registration ☐ Difficulty Exiting the Vehicle
☐ Repeating Questions/Comments ☒ Swaying, Unsteady, or Balance Problems ☐ Leaning on the Vehicle or Other Object
☒ Slurred Speech ☐ Slow to Respond to Officer/Officer Must Repeat ☐ Provides Incorrect Information or Changes Answers
☒ Odor of Alcoholic Beverage From the Driver

RONALD WEBER TROOPER 3011 FHPL17OFF053478 Page ____ of ____

Trooper ID Number Case Number
HSMV 61160 (Rev.03/14)

STANDARDIZED FIELD SOBRIETY EXERCISES (SFSEs)

Performed: ☒ Yes No - Why: ☐ Unable ☐ Too Impaired ☐ Refused Date: 7/5/2017 Time: _____ ☐ AM ☐ PM

Given By (Name / ID#): TROOPER RONALD WEBER 3011

Location: ☒ Roadside/On-Scene ☐ Parking Lot ☐ Sidewalk/Driveway ☐ BAT/Testing Facility ☐ Medical Facility ☐ Jail ☐ Other: _____

Lighting: ☒ Day ☐ Night ☐ Dusk ☐ Dawn ☐ Street Light ☐ Vehicle Lights ☐ Other: _____

Surface: ☒ Dry ☐ Wet ☒ Paved ☐ Dirt ☒ Hard ☒ Level ☐ Upgrade/Downgrade ☒ Marked Line ☐ Other: _____

Weather Conditions: ☐ Rain ☐ Fog ☐ Smoke ☐ Wind ☐ Ice ☐ Other: _____

Video: ☒ Yes ☐ Intoxilyzer Room ☒ BAT ☒ In Car ☐ Other: _____
☐ No Why? _____

If refused, was refusal captured on video? ☐ Yes ☐ No

Subject's Education Level: ☐ None ☐ Elementary ☐ Middle/Junior High ☐ High School ☐ College ☐ Other: _____

Subject's Ability To Understand Instructions: ☐ Good ☒ Fair ☐ Poor ☐ Unable

Wearing Glasses ☐ Yes ☒ No Wearing Contacts ☐ Yes ☒ No Eye Problems ☐ Yes ☒ No Artificial Eye ☐ Yes ☒ No
 Equal Pupil Size ☒ Yes ☐ No Resting Nystagmus ☐ Yes ☒ No Able to Follow Stimulus ☒ Yes ☐ No Equal Tracking ☒ Yes ☐ No

HORIZONTAL GAZE NYSTAGMUS

- ☒ Lack Smooth pursuit: Left eye
- ☒ Lack Smooth pursuit: Right eye
- ☒ Distinct & Sustained Nystagmus at Max deviation: Left Eye
- ☒ Distinct & Sustained Nystagmus at Max deviation: Right Eye
- ☒ Onset of Nystagmus prior to 45 degrees: Left Eye
- ☒ Onset of Nystagmus prior to 45 degrees: Right Eye
- ☒ TOTAL CLUES OBSERVED (Decision point 4)

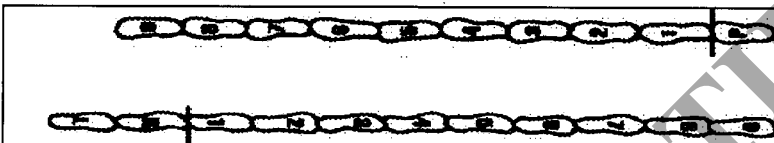
Exercise was: Performed Unsatisfactorily

VERTICAL GAZE NYSTAGMUS Present

LACK OF CONVERGENCE Select One



Draw arrows in the direction that eyes move.



Wearing Footwear During WAT
☒ Yes ☐ No

Wearing Footwear During OLS
☒ Yes ☐ No

WALK AND TURN

- ☒ Cannot keep balance while listening to instructions
- ☐ Starts before instructions are finished
- ☐ Stops walking to steady self
- ☒ Does not touch heel-to-toe
- ☒ Loses balance while walking (steps off the line)
- ☐ Uses arm(s) for balance (raising arm(s) over six inches)
- ☐ Incorrect number of steps
- ☒ Incorrect turn or loses balance during turn
- ☐ Cannot perform, subject is in danger of falling
- ☒ TOTAL CLUES OBSERVED (Decision point 2)

Exercise was: Performed Unsatisfactorily

FINGER TO NOSE (OPTIONAL EXERCISE)

- ☐ Uses arm(s) for balance (raising arm(s) over six inches)
- ☒ Sways forward-backward / side-to-side
- ☐ Eyes do not remain closed
- ☐ Brings head forward to finger
- ☒ Misses tip of nose with tip of finger
- ☒ Uses wrong hand
- ☐ Forgets to remove finger
- ☐ Cannot perform, subject is in danger of falling

Exercise was: Performed Unsatisfactorily

RHOMBERG BALANCE (OPTIONAL EXERCISE) 47 / 30 seconds

- ☐ Uses arm(s) for balance (raising arm(s) over six inches)
- ☒ Sways forward-backward / side-to-side
- ☒ Eyes do not remain closed
- ☐ Eye lid tremors
- ☐ Body tremors
- ☐ Cannot perform, subject is in danger of falling

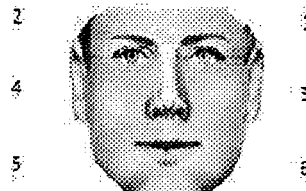
Exercise was: Performed Unsatisfactorily

ONE-LEG STAND 30 / 30 seconds

- ☒ Sways while balancing
- ☒ Uses arm(s) to balance (raises arm(s) over six inches)
- ☐ Hops
- ☒ Puts foot down
- ☐ Cannot perform, subject is in danger of falling
- ☒ TOTAL CLUES OBSERVED (Decision point 2)

Exercise was: Performed Unsatisfactorily

Right ← Finger → Left



Draw a line from the number to the area touched

ORDER:

- 1. Left 2. Right 3. Left
- 4. Right 5. Right 6. Left

RONALD WEBER

TROOPER 3011

FHPL17OFF053478

Page _____ of _____

Trooper

HSMV 61160 (Rev.03/14)

ID Number

Case Number

OBSERVATIONS

| | | |
|--------------------------------|--|--|
| CLOTHING DESCRIPTION AND COLOR | Hat / Cap | |
| | Jacket / Coat | |
| | Shirt / Dress | |
| | Footwear | |
| | Pants / Skirt | |
| CLOTHING CONDITION | <input type="checkbox"/> Orderly <input type="checkbox"/> Disorderly <input type="checkbox"/> Clean <input type="checkbox"/> Mussed <input type="checkbox"/> Unzipped <input type="checkbox"/> Inside Out <input type="checkbox"/> Torn <input checked="" type="checkbox"/> Naked <input type="checkbox"/> Urine <input type="checkbox"/> Feces <input type="checkbox"/> Vomit <input type="checkbox"/> Blood <input type="checkbox"/> Other: _____ | |
| BREATH | Odor of Alcoholic Beverage <input type="checkbox"/> Strong <input type="checkbox"/> Moderate <input type="checkbox"/> Faint <input type="checkbox"/> None | |
| ATTITUDE | <input type="checkbox"/> Excited <input type="checkbox"/> Hilarious <input type="checkbox"/> Polite <input type="checkbox"/> Cooperative <input type="checkbox"/> Silent <input type="checkbox"/> Sleepy <input type="checkbox"/> Lethargic <input type="checkbox"/> Confused <input type="checkbox"/> Talkative <input type="checkbox"/> Carefree <input type="checkbox"/> Indifferent <input type="checkbox"/> Profanity <input type="checkbox"/> Mood Swings <input type="checkbox"/> Cocky <input type="checkbox"/> Insulting <input type="checkbox"/> Remorseful <input type="checkbox"/> Combative <input type="checkbox"/> Sarcastic <input type="checkbox"/> Angry <input type="checkbox"/> Argumentative <input type="checkbox"/> Threatening <input type="checkbox"/> Sullen <input type="checkbox"/> Other: _____ | |
| COLOR OF FACE | <input type="checkbox"/> Pale <input type="checkbox"/> Flushed <input checked="" type="checkbox"/> Normal <input type="checkbox"/> Other: _____ | |
| EYES | <input checked="" type="checkbox"/> Bloodshot <input checked="" type="checkbox"/> Watery <input type="checkbox"/> Normal <input type="checkbox"/> Other: _____ Color: _____ Reaction to Light: <input type="checkbox"/> Normal <input type="checkbox"/> Slow <input type="checkbox"/> No Reaction | |
| PUPILS | <input type="checkbox"/> Not Equal Size <input type="checkbox"/> Constricted <input type="checkbox"/> Dilated <input checked="" type="checkbox"/> Normal | |
| UNUSUAL ACTIONS | <input type="checkbox"/> Hiccoughing <input type="checkbox"/> Belching <input type="checkbox"/> Vomiting <input type="checkbox"/> Sleeping <input type="checkbox"/> Crying <input type="checkbox"/> Laughing <input type="checkbox"/> None <input type="checkbox"/> Other: _____ | |
| SPEECH | <input type="checkbox"/> Incoherent <input type="checkbox"/> Mumbling <input checked="" type="checkbox"/> Slurred <input type="checkbox"/> Thick Tongued <input type="checkbox"/> Stuttering <input type="checkbox"/> Accent <input type="checkbox"/> Apparently Normal | |

MEDICAL QUESTIONS

Do you have any physical defects? ☐ Yes ☒ No If yes, please explain. _____

Are you sick or injured? ☐ Yes ☒ No If yes, please explain. _____

When did you last sleep? _____ How much sleep did you have? _____

Have you ever had a head injury? ☐ Yes ☐ No If yes, did you lose consciousness? ☐ Yes ☐ No

Are you under the care of a Doctor or Dentist? _____ If so, who? _____ When? _____

What for? _____ Are you taking tranquilizers, pills or medicines of any kind? ☐ Yes ☐ No

If yes, what kind? _____ Last dose? _____ ☐ AM ☐ PM Do you have epilepsy? ☐ Yes ☐ No

Diabetes? ☐ Yes ☐ No Do you take insulin? ☐ Yes ☐ No If yes, last dose? _____

Are you wearing an artificial limb? _____ Do you have any medical alert ID? _____

Do you have any foreign objects in your mouth? _____

Subject advised of Miranda Rights Date: 7/5/17 Time: 557 ☐ AM ☒ PM Invoked ☐ Yes ☒ No

INTERVIEW QUESTIONS (Quote Answers)

When did you last eat? _____ What did you eat? _____ Where? _____

Have you been drinking? _____ What? _____ How much? _____

Where? _____ With whom? _____ Time started? _____ Time stopped? _____

Have you used any type of illegal drugs recently? _____ If so, what kind of drug? _____

Last dose? _____ ☐ AM ☐ PM Do you feel the effects of the alcohol or drugs? _____

Do you feel impaired? _____

Were you operating a vehicle at the time of the stop/crash? _____ Was anyone in the vehicle with you? _____

What street or highway were you on? _____ Direction of travel? _____

Where did you start from? _____ What time did you start? _____

Were you involved in a crash today? _____ Have you had any alcoholic beverages or drugs since the crash? _____

If so, what? _____

Where? _____ How Much? _____ When? _____

Is it day or night? _____ What time is it now? _____

What is the date? _____ Day of week? _____ What city (county) are we in? _____

Interviewer's Name: TROOPER RONALD WEBER 3011 Actual Date/Day/Time: 7/5/2017 WEDNESDAY ☐ AM ☐ PM
 Date Day of Week Time

Trooper
HSMV 61160 (Rev.03/14)

RONALD WEBER

TROOPER 3011

FHPL17OFF053478

ID Number Case Number

Page ____ of ____

BREATH / URINE / BLOOD TEST DATA

☐ Voluntary Consent **OR** ☒ Implied Consent Warning Given: Date: 7/5/17 Time: 5:56 ☐ AM ☒ PM
☐ Involuntary Consent – Warrant Obtained ☐ Yes ☐ No If no, why? _____

Specimen: ☐ Breath ☐ Urine ☐ Blood ☐ None
☒ Refused ☐ Unable

If refused, why? _____

Analysis result: _____

Breath Test Operator: S Oneal #6212

If breath, Intoxilyzer 8000 serial #: _____

Department: PB50

Did the subject request an independent blood test, as outlined in FSS 316.1932? ☐ Yes ☒ No

If yes, what arrangements were made for the subject to obtain the independent test? _____

Conclusion: Is the subject's ability to safely operate a vehicle impaired? ☒ Yes, is impaired. ☐ No, is not impaired.

I swear and affirm that the information and / or statements contained in this report are true and accurate to the best of my knowledge.

Trooper's Actual Signature

TROOPER RONALD WEBER

Trooper's Printed Name

In and for the State of Florida, County of PALM BEACH sworn to and subscribed before me this 5TH day of JULY, 2017.

Actual Signature of Person Authorized to Administer Oath

Printed Name of Authorized Person

☐ LEO ☐ CO ☒ Notary Public

Commission No: _____

My Commission Expires 07/08/2020

RONALD WEBER

TROOPER 3011

FHPL17OFF053478

Page _____ of _____

Trooper

ID Number

Case Number

HSMV 61160 (Rev.03/14)

Place Drivers License Here

STANDARDIZED FIELD SOBRIETY EXERCISES INSTRUCTION SHEET

Horizontal Gaze Nystagmus Instructions

1. I am going to check your eyes. (Please remove your glasses.)
2. Stand with your feet together and your hands down at your side. (Subject may also be seated.)
3. Keep your head still and follow the stimulus (i.e., tip of the pen) with your eyes only.
4. Do not move your head.
5. Do you understand the instructions?

Walk and Turn Instructions

1. Put your left foot on the line and put your right foot in front of it with your right heel touching your left toe. Keep your hands at your side. (*Demonstrate*)
2. Do not start to perform the exercise until I tell you to do so.
3. Do you understand the instructions so far?
4. When I tell you to begin, take nine heel-to-toe steps on the line, turn around keeping one foot on the line, and return nine heel-to-toe steps. (*Demonstrate heel-to-toe; three steps is sufficient.*)
5. On the ninth step, keep the front foot on the line and turn by taking several small steps with the other foot. (*Demonstrate turn*)
6. While walking, watch your feet at all times, keep arms at your side, and count steps out loud. Once you begin, do not stop until the exercise is completed.
7. Do you understand the instructions?
8. You may begin the exercise.

One-Leg Stand Instructions

1. Stand with your heels together and your arms at your side. (*Demonstrate*)
2. Do not start to perform the exercise until I tell you to do so.
3. Do you understand the instructions so far?
4. When I tell you to, I want you to raise one leg, either leg, approximately six inches off the ground, foot pointed out forward. Keep both legs straight, and keep your eyes on the elevated foot.
5. While holding that position, count out loud; one thousand and one, one thousand and two, one thousand and three, and so forth until you are told to stop. (*Demonstrate raised leg and count*)
6. Do you understand the instructions?
7. You may begin the exercise.

Vertical Gaze Nystagmus Instructions (if checked)

1. I am going to check your eyes. (Please remove your glasses.)
2. Stand with your feet together and your hands down at your sides. (Subject may also be seated.)
3. Keep your head still and follow the stimulus (i.e., tip of the pen) with your eyes only.
4. Do not move your head.
5. Do you understand the instructions?

Finger-to-Nose Instructions (optional exercise)

1. Stand with your feet together, your arms at your side, and your index fingers pointed down. (*Demonstrate*)
2. Do not start to perform the exercise until I tell you to do so.
3. Do you understand the instructions so far?
4. When I tell you to start, close both eyes and tilt your head back.
5. When I tell you to do so, bring the hand I direct, upward, touching the tip of the finger to the tip of your nose.
6. After touching your nose, immediately bring hand down at your side.
7. Do you understand all instructions so far?

NOTE: Test will be conducted in the following sequence: **left, right, left, right, right, left**

Rhomberg Balance Instructions (optional exercise)

1. Stand with your feet together and your arms at your side. (*Demonstrate*)
2. Do not start to perform the exercise until I tell you to do so.
3. When I tell you to begin, close your eyes, tilt your head back, and keep your arms at your side.
4. Do you understand the instructions?
5. You may begin the exercise and continue until you are told to stop.

FLORIDA HIGHWAY PATROL

Vehicle Tow

RECIPIENT COPY

Page 1 of 1

CASE NUMBER
FHPL17OFF053478

| | | | | |
|------------------------------------|----------------------|---------------------------|--------------|-------------------|
| DATE / TIME 7/5/2017 5:04:01 PM | COUNTY PALM BEACH | CITY PALM BEACH GARDEN | OTHER NUMBER | CITATION / REPORT |
|------------------------------------|----------------------|---------------------------|--------------|-------------------|

NO HOLD - MAY BE RELEASED

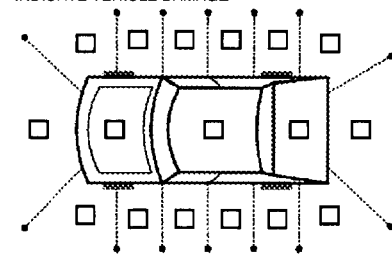
| | | | | | |
|-------|---|----------------------------|--------------------|-------------------|-----------|
| OWNER | FIRST NAME DIANA | MIDDLE NAME LYNN | LAST NAME GURAL | SUFFIX NAME | TELEPHONE |
| | ADDRESS 6250 BRANDON ST | CITY PALM BEACH GARDENS | STATE FL | ZIP CODE 33418 | |
| | <input type="checkbox"/> OWNER PRESENT OR <input type="checkbox"/> OWNER NOTIFICATION ATTEMPTED | | | | |

| | | | | | |
|--------|--|----------------------------|--------------------|-------------------|-----------|
| DRIVER | NAME FIRST EDWARD | NAME MIDDLE | LAST NAME GURAL | SUFFIX NAME | TELEPHONE |
| | ADDRESS 6250 BRANDON ST | CITY PALM BEACH GARDENS | STATE FL | ZIP CODE 33418 | |
| | <input type="checkbox"/> OWNER NOTIFICATION ATTEMPTS: <input type="checkbox"/> OWNER NOTIFICATION SUCCESSFUL | | | | |

| | | | | | | | | | |
|--------------------|--------------------------------|--------------|-----------------|---------------------|----------------------|---------------------------------|--------------------------|----------|-----------|
| VEHICLE / TRAILERS | YEAR 2010 | MAKE TOYT | MODEL SIENNA | VEHICLE STYLE UT | VEHICLE COLOR BLU | TAG STATE / NUMBER FL Y53EVC | VIN 5TDKK4CC2AS298338 | ODOMETER | |
| | CIC ENTRY | | | | | | | | |
| | REASON VEHICLE TOWED ARREST | | | | | | | | |
| | POWER UNIT | MAKE | YEAR | COLOR | UNIT NO. | VEHICLE IDENTIFICATION NO. | TAG NO. | STATE | EXP. DATE |
| | TRAILER 1 | MAKE | YEAR | COLOR | UNIT NO. | VEHICLE IDENTIFICATION NO. | TAG NO. | STATE | EXP. DATE |

| | | |
|-----|---|--|
| TOW | TOW SELECTION TYPE ROTATION WRECKER | LOCATION VEHICLE INVENTORIED / TOWED FROM INTERSTATE 95 NB AND PGA BLVD |
| | TOWING SERVICE KAUFF'S | DAY TELEPHONE (772)283-8997 |
| | ADDRESS 2201 S.E. INDIAN ST STUART, FL 34990 | NIGHT TELEPHONE CITY / STATE / ZIP |

| | | | |
|---------|---|--------------------------------|-----------------|
| STORAGE | VEHICLE STORAGE LOCATION KAUFF'S | DAY TELEPHONE (772)283-8997 | NIGHT TELEPHONE |
| | ADDRESS 2201 S.E. INDIAN ST STUART, FL 34990 | CITY / STATE / ZIP | |
| | | | |

| | | | | |
|----------------------------|---|--|---|--|
| VEHICLE INVENTORY & DAMAGE | <input type="checkbox"/> CELLULAR PHONE (MAKE/MODEL) | <input type="checkbox"/> WHEEL COVERS QTY | INDICATE VEHICLE DAMAGE  | MARK AREA OF DAMAGE <input type="checkbox"/> UNDERCARRIAGE <input type="checkbox"/> OVERTURN <input type="checkbox"/> WINDSHIELD <input type="checkbox"/> FIRE <input type="checkbox"/> TRAILER |
| | <input type="checkbox"/> RADAR DETECTOR (MAKE/MODEL) | <input type="checkbox"/> CUSTOM RIMS QTY | | |
| | <input checked="" type="checkbox"/> STEREO SYSTEM (RADIO / CD / TAPE, ETC). | NUMBER OF TIRES (INCLUDE SPARE) | | |
| | <input type="checkbox"/> CB RADIO / 2 WAY RADIO | <input type="checkbox"/> TRUNK ACCESSIBLE | | |
| | <input type="checkbox"/> TRAILER HITCH | <input type="checkbox"/> REAR SPOILER | | |

| |
|------------------|
| OFFICER COMMENTS |
|------------------|

NO HOLD - MAY BE RELEASED

WE THE UNDERSIGNED OFFICER(S) AND TOW DRIVER, HEREBY CERTIFY THAT THE ABOVE LISTED JOINT PROPERTY INVENTORY IS CORRECT TO THE BEST OF OUR KNOWLEDGE.

Andrew L

SIGNATURE OF TOW TRUCK DRIVER

DATE

SIGNATURE OF OFFICER

RANK AND NAME OF OFFICER

TROOPER IV, ANDREW L

ORG / UNIT

L

I.D. NUMBER

3651

PRINTED NAME OF TOW TRUCK DRIVER

Bureau of Administrative Reviews (BAR)
Waiver Review
First Time DUI Offenders

Effective 07/01/2013 – First time DUI offenders can apply for a waiver review and may obtain a restricted driver license within 10 days of the suspension if otherwise eligible. To request the waiver review, a non-refundable filing fee of \$25.00 and proof of DUI school enrollment must be submitted with your application for a waiver review hearing within 10 days of the driver license suspension. You may submit your request by appearing at the local BAR office indicated on the DUI citation.

NOT A CERTIFIED COPY

WITNESS LIST

Name TROOPER ANDREW L IV ID#1377 On Scene ☒ Yes ☐ No Statement ☐ Yes ☒ No

Home Address _____

Place of Employment FHP

Employment Address Troop L Building 9330 94 MM - Florida's Turnpike Lake Worth, Florida 33467

Phone Numbers: Primary (561) 357-4000 Secondary _____

Can Testify To: _____

Name _____ On Scene ☐ Yes ☐ No Statement ☐ Yes ☐ No

Home Address _____

Place of Employment _____

Employment Address _____

Phone Numbers: Primary _____ Secondary _____

Can Testify To: _____

Name _____ On Scene ☐ Yes ☐ No Statement ☐ Yes ☐ No

Home Address _____

Place of Employment _____

Employment Address _____

Phone Numbers: Primary _____ Secondary _____

Can Testify To: _____

Name _____ On Scene ☐ Yes ☐ No Statement ☐ Yes ☐ No

Home Address _____

Place of Employment _____

Employment Address _____

Phone Numbers: Primary _____ Secondary _____

Can Testify To: _____

Case Number: FHPL17OFF053478 THI Case Number: _____ Page _____

TESTING FACILITY TASK REPORT

AGENCY: FHP Trp. Weber #3011
SUBJECT: Gural, Edward CASE NUMBER: 17- 098963
DATE: 07-05-17 VIDEO TAPE NUMBER: 62928
BEGINNING TIME: 1754 hrs ENDING TIME: 1801 hrs
BREATH TESTS RESULTS: 1) TIME 1756 A.M./P.M. (P.M.) 2) TIME A.M./P.M.
3) TIME A.M./P.M. 4) TIME A.M./P.M.

BREATH OPERATOR: S. O'Neal #6212

MAINTENANCE TECHNICIAN: DIS J. Kortecke #6467

TESTING OFFICER'S OBSERVATIONS

SPEECH: Slur, Congested

ATTITUDE: Calm, Cooperative, Emotional, Crying at times

CLOTHING: Shirt- Blue / Print Shirts- Brown / Multi. Print

MEDICAL CONDITIONS: None

MEDICATIONS: None

OTHER: Eyes: Red, Watery from Crying

Dexterity: Slow, Sluggish

COMMENTS: 20 min. observation done by AIO Weber

AIO requested the breath test.

D refused the breath request.

AIO read the implied consent on camera.

D understood the I/C.

D still refused the request.

C/W read on camera.

Q & A conducted.

SUBJECT: Edward Gura CASE NUMBER: FHPL17OFF053478

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) ON VIDEO

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) ON VIDEO

SUBJECT: _____ CASE NUMBER: _____

QUESTIONS AND ANSWERS

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

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

WHERE WERE YOU GOING? Home

WHAT STREET OR HIGHWAY WERE YOU ON? 95 @ 68 exit

DIRECTION OF TRAVEL? NB WHERE DID YOU START? SB Yamato

WHAT TIME DID YOU START? not certain WHAT TIME IS IT NOW? Dont know

WHAT IS TODAY'S DATE? 5th July WHAT DAY OF THE WEEK IS IT? Wednesday

WHAT COUNTY AND CITY ARE YOU IN NOW? Palm Beach County WPB

WHEN DID YOU LAST EAT? Dont Today WHAT DID YOU EAT? _____

WHAT HAVE YOU BEEN DOING FOR THE LAST THREE HOURS? Digging a hole

HOW MUCH DO YOU WEIGH? 185 HAVE YOU BEEN DRINKING? No WHAT? _____

HOW MUCH? _____ WHERE? _____ WITH WHOM? _____

WHEN DID YOU HAVE YOUR FIRST DRINK? _____ AND YOUR LAST DRINK? _____

HOW DID YOU CONSUME YOUR LAST TWO DRINKS? _____

CAN YOU FEEL THE EFFECTS OF THE ALCOHOL? No ARE YOU UNDER THE INFLUENCE? _____

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

WHAT? _____ WHERE? _____ WHEN? _____

WHAT LINE OF WORK ARE YOU IN? Construction WHEN DID YOU LAST WORK? 4pm

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

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

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

WERE YOU IN AN ACCIDENT TODAY? No

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

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

ARE YOU TAKING ANY PRESCRIPTION MEDICINES? yes WHAT? Ibuprofen WHEN? _____

| | | |
|--------------|--------------------|-----------|
| 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? _____

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

INTERVIEWER: _____

WHITE - STATE ATTY.

YELLOW - DHSMV

PINK - CENTRAL RECORDS

GOLD - JAIL

Florida
The
Sunshine State



**EDWARD
CURAL**

6250 BRANDON ST
PALM BEACH GARDENS, FL 33418
DOB: 09-26-1975 SEX: M
ISSUED: 08-08-2013 HGT: 6-01
EXPIRES: 09-26-2021
WEIGHT: 170
ENDORSE:
REPLACED: 09-13-2016

SAFE DRIVER

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

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