

ARREST / NOTICE TO APPEAR

190715752

482

OBTS Number	Agency ORI Number 0501700		Agency Name Jupiter Police Department		Agency Report Number (N.T.A.'s only) 5, 4 19-003766		1	JUVENILE
Charge Type: Check as many as apply	<input type="checkbox"/> 1. Felony	<input checked="" type="checkbox"/> 2. Traffic Felony	<input type="checkbox"/> 3. Misdemeanor	<input type="checkbox"/> 4. Traffic Misdemeanor	<input type="checkbox"/> 5. Ordinance	<input type="checkbox"/> 6. Other	If Weapon Seized	Multiple Clearance Indicator
Location of Arrest (Including Name of Business) MAPLEWOOD DR/INDIAN CREEK PKWY, JUPITER				Location of Offense (Business Name, Address) 899 INDIAN CREEK PKWYS CENTRAL BLVD, JUPITER, FL				
Date of Arrest 08/16/2019	Time of Arrest 01:32	Booking Date 08/16/2019	Booking Time 01:42	Jail Date // : : :	Jail Time	Location of Vehicle		
Name (Last, First, Middle) CRUZ, EMANUEL ANTONIO				Alias (Name, DOB, Soc. Sec. #, Etc.)				
Race W - White	Sex M	Date of Birth 09/29/1994	Height 5'10	Weight 175	Eye Color BROWN	Hair Color BLACK	Complexion MEDIUM	Build Thin
Scars, Marks, Tattoos, Unique Physical Features (Location, Type, Description)				Marital Status S	Religion CATHOLIC	Indication of Alcohol Influence Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unk. <input type="checkbox"/>		
Local Address (Street, Apt. Number) 104 SHERWOOD CIR, JUPITER, FL 33458				(City)	(State)	(Zip)	Phone (561) 506-4382	Residence Type: 1. City 2. County 3. Florida 4. Out of State 1
Permanent Address (Street, Apt. Number) 104 SHERWOOD CIR, JUPITER, FL 33458				(City)	(State)	(Zip)	Phone (561) 506-4382	Address Source DL
Business Address (Name, Street) TEQUESTA COUNTRY CLUB, TEQUESTA				(City)	(State)	(Zip)	Phone	Occupation Bus Boy
D/L Number, State C620201943490 / FL		INS Number		Place of Birth (City, State) HOLLYWOOD, FL,		Citizenship US		
Co-Defendant Name (Last, First, Middle)		Race	Sex	Date of Birth	<input type="checkbox"/> 1. Arrested <input type="checkbox"/> 2. At Large		<input type="checkbox"/> 3. Felony <input type="checkbox"/> 4. Misdemeanor <input type="checkbox"/> 5. Juvenile	
Co-Defendant Name (Last, First, Middle)		Race	Sex	Date of Birth	<input type="checkbox"/> 1. Arrested <input type="checkbox"/> 2. At Large		<input type="checkbox"/> 3. Felony <input type="checkbox"/> 4. Misdemeanor <input type="checkbox"/> 5. Juvenile	
<input type="checkbox"/> Parent <input type="checkbox"/> Other: _____ Name (Last, First, Middle)				Residence Phone				
<input type="checkbox"/> Legal Custodian				Business Phone				
Address (Street, Apt. Number)				(City)	(State)	(Zip)		
Notified by (Name)				Date	Time	JUVENILE DISPOSITION 1. Handled/Processed within Department and Released 2. TOT JAC 3. Incarcerated		
Released To (Name)				Relationship	Date	Time		
The above address was provided by <input type="checkbox"/> defendant and/or <input type="checkbox"/> defendant's parents. The child and/or parent was told to keep the Juvenile Court Clerk's Office (Phone 355-2526) informed of any change of address.				School Attended		Grade		
<input type="checkbox"/> Yes by: _____ <input type="checkbox"/> No: _____				Property Crime? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Description of Property		Value of Property
Drug Activity S. Sell N. N/A P. Possess				R. Smuggle D. Deliver E. Use	K. Disposal/ Distribute	M. Manufacture/ Produce/ Cultivate	Z. Other	Drug Type N. N/A A. Amphetamine
B. Barbiturate C. Cocaine E. Heroin				H. Hallucinogen M. Marijuana O. Opium/Deriv.		F. Paraphernalia/ Equipment S. Synthetic		U. Unknown Z. Other
Charge Description DUI-ENHANCED BAC OVER .15				Statute Violation Number 316.193(4)		Violation of ORD #		
Drug Activity	Drug Type	Amount / Unit	Offense #	Counts	Domestic Violence	Warrant / Capias Number	Bond OR	
	N			1	<input type="checkbox"/> Y <input checked="" type="checkbox"/> N			
Charge Description				Statute Violation Number		Violation of ORD #		
Drug Activity	Drug Type	Amount / Unit	Offense #	Counts	Domestic Violence	Warrant / Capias Number	Bond	
					<input type="checkbox"/> Y <input type="checkbox"/> N			
Charge Description				Statute Violation Number		Violation of ORD #		
Drug Activity	Drug Type	Amount / Unit	Offense #	Counts	Domestic Violence	Warrant / Capias Number	Bond	
					<input type="checkbox"/> Y <input type="checkbox"/> N			
Health / Apparent Physical Condition of Defendant				Any knowledge of the following: <input type="checkbox"/> Mental <input type="checkbox"/> Escape Risk <input type="checkbox"/> Medication <input type="checkbox"/> Deformities <input type="checkbox"/> Injuries				
Check which applies: <input type="checkbox"/> Released O.R. <input type="checkbox"/> Released to Parent/Guardian <input type="checkbox"/> T.O.T. County Jail				PROPERTY - Received By		Released By		Released To
<input type="checkbox"/> Posted Bond <input type="checkbox"/> South County Mental Health				Date Transported		Time Transported	Other	
Transported By				Date Transported // : : :				
<input checked="" type="checkbox"/> INSTRUCTION NO. 1 - Mandatory appearance in court				Location (Court, Room) North County PALM BEACH GARD				
<input type="checkbox"/> INSTRUCTION NO. 2 - You need not appear in Court but must comply with instructions on Page 2.				Court Date and Time 09/18/2019 08:30:00				
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.				No Photo Available				
Signature of Defendant (or Juvenile and Parent/Custodian)				Date Signed				
HOLD for Other Agency				Signature of Arresting Officer [Signature]		Name Verification (Printed by Arrestee)		
<input type="checkbox"/> Dangerous <input type="checkbox"/> Resisted Arrest				Name of Arresting Officer (Print) ROCHA, LUIS		I.D. # 1177		
[Signature]				Transporting Officer L. ROCHA		I.D. # 1177		
Pouch #				Agency JPD		Witness here if subject signed with an "X"		

2019 AUG 15 AM 8:50

0510237

482

PROBABLE CAUSE AFFIDAVIT

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

1 JUVENILE

OBTS Number _____

Agency ORI Number **FL 0501700** Agency Name **JUPITER POLICE DEPARTMENT** Agency Report Number **5 | 4 | 19-003766**

Charge Type: Check as many as apply.
 1. Felony 2. Traffic Felony 3. Misdemeanor 4. Traffic Misdemeanor 5. Ordinance 6. Other

Special Notes: _____

Name (Last, First, Middle) **CRUZ, EMANUEL ANTONIO** Alias _____ Race **W** Sex **M** Date of Birth **09/29/1994**

Charge Description **316.193(4) DUI-ENHANCED BAC OVER .15**

Victim's Name (Last, First, Middle) **State Of Florida** Race _____ Sex _____ Date of Birth _____

Local Address (Street, Apt. Number) _____ (City) _____ (State) _____ (Zip) _____ Phone _____ Address Source _____

Business Address (Name, Street) _____ (City) _____ (State) _____ (Zip) _____ Phone _____ Occupation _____

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.
 The Person taken into custody . . .
 committed the below acts in my presence. was observed by _____ who told _____ that he/she saw the arrested person commit the below acts.
 confessed to _____ admitting to the below facts. was found to have committed the below acts, resulting from my (described) investigation.
 On the **16** day of **August**, **2019** at **00:58** (Specifically include facts constituting cause for arrest.)

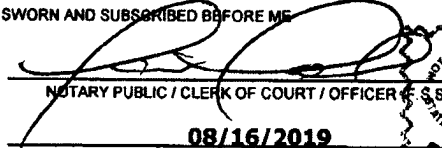
On 08/16/2019 at approximately 0058 hours I was patrolling the area of University Blvd and Edna Hibel Dr in my marked police car. I observed a grey colored 4-door vehicle drive by me at a high rate of speed. I began to follow the vehicle going eastbound on University Blvd and then northbound on S Central Blvd. The vehicle did not slow down and continued driving at a high rate of speed. As I was attempting to catch up with the vehicle, to perform a traffic stop, I reached speeds upwards of 80 mph.

I caught up to the vehicle as it got to the last round-about and observed the vehicle cross the solid white line as it navigated the round-about and exited onto westbound Indian Creek Dr. I called out the traffic stop and then activated my emergency lights and sirens. The vehicle came to a stop on Maplewood Dr just north of Indian Creek Pkwy. I approached the driver window and observed the driver with both hands on the steering wheel. I asked the driver to step out of the car and walk behind the car.

I identified the driver, via his Florida driver license, as Emanuel A Cruz (W/M 09/29/1994). Cruz stated that he was not going that fast and was heading home. Cruz told me that he was at Das Beer Garden in Abacoo. Cruz said he had a couple drinks while there. Cruz repeatedly told me that he would not be driving if he was drunk. Cruz would mumble and slur his words as he would speak. I detected an odor of an unknown alcoholic substance coming from his mouth, which intensified as he continued to speak. I asked Cruz if he was willing to perform roadside tasks to help me judge his level of impairment. He agreed to perform them.

For the HGN Cruz showed lack of smooth pursuit in both eyes, he showed distinct and sustained nystagmus at maximum deviation in both eyes and he showed onset of nystagmus prior to 45 degrees in both eyes. For the Walk and Turn Cruz lost his balance during the instruction stage, he made an improper turn and he took the incorrect number of steps. For the One Leg Stand Cruz swayed while in place, he hopped in place and he used his

SWORN AND SUBSCRIBED BEFORE ME

 Notary Public State of Florida
 Paris Pound
 My Commission GG 200028
 Expires 03/25/2022

SIGNATURE OF ARRESTING / INVESTIGATING OFFICER **ROCHA, LUIS (1177)**
 NAME OF OFFICER (PLEASE PRINT)

DATE **08/16/2019**

DATE **08/16/2019**

PAGE **1 OF 2**

PROBABLE CAUSE AFFIDAVIT
SUPPLEMENT

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

1 JUVENILE

A D M I N	OBTS Number		Agency ORI Number FL 0501700		Agency Name JUPITER POLICE DEPARTMENT		Agency Report Number 5 4 19-003766	
	Charge Type: Check as many as apply.		Special Notes:					

D E F	Name (Last, First, Middle) CRUZ, EMANUEL ANTONIO				Alias	Race W	Sex M	Date of Birth 09/29/1994
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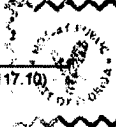
arms for balance. For the finger to nose touch Perez did the following; L1 he touched his lip and then the top of his nose, and he did not return arm to side. R1, he touched the pad of his finger to the top of nose and he did not return his arm to his side. L2, he touched the pad of his finger to his nose and he did not return his arm to his side. R2, he touched the pad of his finger to the top of his nose and he did not return his arm to his side. R3, he touched the pad of his finger to the top of his nose. L3, he touched the pad of his finger to the top of his nose and again he did not bring his arm to his side. On the Modified Romberg Cruz estimated 30 seconds in 32 seconds.

After the completion of the roadside tasks I placed Cruz under arrest for DUI. I placed Cruz into handcuffs, checking for spacing and double locking them. I placed Cruz in the back of my patrol car and buckled his seat belt.

I then transported Cruz to the Palm Beach County Breath Alcohol Testing Facility. I conducted a 20-minute observation period to ensure that Cruz did not take anything by mouth or regurgitate. I then requested Cruz provide a sample of his breath. He agreed immediately. Cruz provided two samples of .206 and .214. I read Cruz his Miranda Rights from a prepared text. Cruz agreed to answer some questions. I secured Cruz in a holding cell and completed my paperwork.

I subsequently booked Cruz into the Palm Beach County Jail where I charged him with DUI enhanced per FSS 316.193(4).

NOT A CERTIFIED COPY

A D M I N I S T R A T I V E	SWORN AND SUBSCRIBED BEFORE ME			Notary Public State of Florida Paris Pound		SIGNATURE OF ARRESTING / INVESTIGATING OFFICER <i>[Signature]</i>	
	NOTARY PUBLIC / CLERK OF COURT / OFFICER (F.S.S. 117.10)			My Commission G3 200028 Expires 03/25/2022		ROCHA, LUIS (1177)	
DATE 08/16/2019		NAME OF OFFICER (PLEASE PRINT) 08/16/2019					

VER
7 2019

TESTING FACILITY TASK REPORT

AGENCY: JPD
SUBJECT: Cruz, Emanuel A CASE NUMBER: 19-104628
DATE: 1/11/19 VIDEO TAPE NUMBER: N/A
BEGINNING TIME: 02:29 ENDING TIME: 02:46
BREATH TESTS RESULTS: 1) .206 TIME 02:32 A.M./P.M. 2) .214 TIME 02:36 A.M./P.M.
3) N/A TIME — A.M./P.M. 4) N/A TIME — A.M./P.M.
BREATH OPERATOR: T. Le. by #19183
MAINTENANCE TECHNICIAN: S. Krolchka #6467

TESTING OFFICER'S OBSERVATIONS

SPEECH: talkative deliberate slow
ATTITUDE: cooperative
CLOTHING: gray sweat pants white t shirt black slippers
MEDICAL CONDITIONS: None
MEDICATIONS: None

OTHER: eyes glassy + bloodshot.
odor of unknown alcoholic beverage on breath.
Arrested and read rights. Q+A

COMMENTS: arrived at center 4:10 conducted 20 minute
observing period at 02:27 hrs.

A agreed to perform breath test.

A read rights + A stated he understood rights

took and breath test result: A stated he understood
breath test results

A/O conducted Q+A

A answered questions.

SUBJECT: Cruz, Emanuel A CASE NUMBER: _____

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) *Emanuel A Cruz*

SUBJECT: Cruz, Emanuel A 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? _____

WHERE WERE YOU GOING? Home

WHAT STREET OR HIGHWAY WERE YOU ON? Duane St

DIRECTION OF TRAVEL? _____ WHERE DID YOU START? _____

WHAT TIME DID YOU START? _____ WHAT TIME IS IT NOW? _____

WHAT IS TODAY'S DATE? 12/1 WHAT DAY OF THE WEEK IS IT? Wed

WHAT COUNTY AND CITY ARE YOU IN NOW? _____

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

WHAT HAVE YOU BEEN DOING FOR THE LAST THREE HOURS? _____

HOW MUCH DO YOU WEIGH? _____ HAVE YOU BEEN DRINKING? Yes WHAT? _____

HOW MUCH? 1 drink WHERE? _____ WITH WHOM? _____

WHEN DID YOU HAVE YOUR FIRST DRINK? _____ AND YOUR LAST DRINK? 11:30/45

HOW DID YOU CONSUME YOUR LAST TWO DRINKS? _____

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

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

WHAT? _____ WHERE? _____ WHEN? _____

WHAT LINE OF WORK ARE YOU IN? _____ WHEN DID YOU LAST WORK? _____

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

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

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

WERE YOU IN AN ACCIDENT TODAY? _____

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

HAVE YOU SEEN A DOCTOR OR DENTIST TODAY? _____ WHO? _____ WHY? _____

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

DO YOU HAVE:

- EPILEPSY? _____
- GLASS EYE? _____
- FALSE TEETH? _____
- EAR INFECTION? _____
- INNER EAR TROUBLE? _____
- DIABETES? _____

DO YOU HAVE ANY PROBLEMS WITH YOUR EYES THAT ARE NOT CORRECTED BY GLASSES? _____

DO YOU TAKE INSULIN? _____ IF SO, WHEN WAS YOUR LAST INJECTION? _____

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

INTERVIEWER: _____



**PALM BEACH COUNTY SHERIFF'S OFFICE
DUI TESTING FACILITY
INFORMATION SHEET**

PBSO CASE # 19-104628 PBSO ZONE 3-14

AGENCY CASE # 19-003766 CRASH CASE # _____

TIME OF STOP/CRASH 0058 DATE 08/16/2019 DAY Friday

SUBJECT'S NAME Cruz Emanuel A RACE W SEX M
LAST FIRST MID

HGT 5'10" WGT 175 DOB 09/29/1994

LOCATION S Central Blvd/Indian Creek Pkwy, Jupiter

ARRESTING OFFICER'S NAME & ID Luis Rocha 327/1177 AGENCY Jupiter PD

DIVISION: _____

NOTIFIED BY COMMO Yes

ARRIVAL AT FACILITY 0207

ARREST TIME 0132

BREATH RESULTS:

- 1) 0.206
- 2) 0.214
- 3) N/A
- 4) N/A

TESTING OFFICER'S ID 19183 PBSO VIDEOTAPE # N/A

NOT A CERTIFIED COPY

AUG 1

WITNESS LIST

CASE NUMBER: 19-003766

ARRESTING OFFICER: Luis Rocha

ADDRESS: 210 Military Trl, Jupiter FL 33458

PHONE NUMBERS (HOME): _____ (WORK) 561-746-6201

CAN TESTIFY TO: PC

NAME: _____

ADDRESS: 210 Military Trl, Jupiter FL 33458

PHONE NUMBERS (HOME) _____ (WORK) 561-746-6201

CAN TESTIFY TO: _____

NAME: _____

ADDRESS 210 Military Trl, Jupiter FL 33458

PHONE NUMBERS (HOME) _____ (WORK) 561-746-6201

CAN TESTIFY TO: _____

NAME: _____

ADDRESS _____

PHONE NUMBERS (HOME) () _____ (WORK) () _____

CAN TESTIFY TO: _____

NAME: _____

ADDRESS _____

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ADDRESS _____

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CAN TESTIFY TO: _____

NAME: _____

ADDRESS _____

PHONE NUMBERS (HOME) _____ (WORK) _____

CAN TESTIFY TO: _____

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NOT A CERTIFIED COPY



Palm Beach County Sheriff's Office – Arrests Only

X	Florida State Statute	Description	Page Number(s)	
L/E Exemptions	<input type="checkbox"/>	119.071(2)(d)	Surveillance techniques, procedures and personnel; inventory of law enforcement resources, policies or plans pertaining to mobilization deployment or tactical operations.	
	<input type="checkbox"/>	943.053, 943.0525	NCIC/FCIC/FBI and in-state FDLE/DOC.	
	<input type="checkbox"/>	119.071(4)(c)	Undercover personnel.	
	<input type="checkbox"/>	119.071(2)(f)	Confidential informants (CIs).	
	<input type="checkbox"/>	119.071(2)(e)	Confession.	
Public Info. Exemptions	<input type="checkbox"/>	985.04(1)	Juvenile offender records.	
	<input type="checkbox"/>	119.071(h)(f)	Assets of a crime victim.	
	<input type="checkbox"/>	395.3025(7)(a), 456.057(7)(a)	Medical information.	
	<input type="checkbox"/>	394.4615(7)	Mental health information.	
	<input type="checkbox"/>	119.071(4)(d)(2)(a)	Home address, telephone, Social Security number, date of birth, or photos of active/former LE personnel, spouses, and children.	
Florida Rules of Judicial Administration 2.420 (Rule of 23)	<input checked="" type="checkbox"/>	(iii) 119.0714(1)(i)-(j), (2)(a)-(e)	Social Security, bank account, charge, debit, and credit card numbers.	2
	<input type="checkbox"/>	(viii) 394.4615(7)	Clinical records under the Baker Act.	
	<input type="checkbox"/>	(xii) 741.30(3)(b)	The victim's address in a domestic violence action on petitioner's request.	
	<input type="checkbox"/>	(xiii) 119.071(2)(h), 119.0714(1)(h)	Protected information regarding victims of child abuse or sexual offenses.	
	<input type="checkbox"/>			
	<input type="checkbox"/>			
	<input type="checkbox"/>			
Other	<input type="checkbox"/>	539.001 FS	Other: All records relating to pawnbroker transactions.	
	<input type="checkbox"/>	119.0712(2)	Other: Personal information contained within a motor vehicle record	

REVIEW COMPLETED BY

Booking Number: 2019026791	Date: 08/16/2019
	Specialist Name/ID: howardt/7185