0505888 19CT011396 3327

ARREST / NOTICE TO APPEAR

1 Arrest 3 Request for Warrant 2 NTA 4 Request for Capias

1 JUVENILE

ADMINISTRATION

OBTS Number

Agency ORI Number: 0502000

Agency Name: Lantana Police Department

Agency Report Number (NTA's only): 6 4 19-001547

Charge Type (Check as many as apply): ☐ 1 Felony ☐ 2 Traffic Felony ☒ 3 Misdemeanor ☐ 4 Traffic Misdemeanor ☐ 5 Ordinance ☐ 6 Other

If Weapon Seized, Enter Type: None/not Applicable

Multiple Clearance Indicator: 1

Location of Arrest (Including Name of Business): HYPOLUXO RD/INTERSTATE 95

Location of Offense (Business Name, Address): 1599 HYPOLUXO RD/INTERSTATE 95, LANTANA, FL 33462

Date of Arrest	Time of Arrest	Booking Date	Booking Time	Jail Date	Jail Time	Location of Vehicle
06/22/2019	02:55	06/22/2019	04:55	06/22/2019	02:55	EASTERN TOWING

DEFENDANT

Name (Last, First, Middle): FRANCO JR, ENNIO J

Alias (Name, DOB, Soc Sec #, Etc.): Alias:

Race (W - White, B - Black, I - American Indian, O - Oriental/Asian)	Sex	Date of Birth	Height	Weight	Eye Color	Hair Color	Complexion	Build
W	M	03/06/1970	5'04	141	BROWN	BALD	MEDIUM	Medium

Scars, Marks, Tatoos, Unique Physical Features (Location, Type, Description):

Marital Status: S

Religion:

Indication of Alcohol Influence: ☒ Yes ☐ No ☐ Unk

Drug Influence: ☐

Local Address (Street, Apt Number) (City) (State) (Zip): 3810 VIA POINCIANA DR 607, GREENACRES, FL 33467

Phone: (908) 220-6874

Residence Type (1 City, 2 County, 3 Florida, 4 Out of State):

Permanent Address (Street, Apt Number) (City) (State) (Zip): 3810 VIA POINCIANA DR 607, GREENACRES, FL 33467

Phone: (908) 220-6874

Address Source:

Business Address (Name, Street) (City) (State) (Zip): ELITE MARINA GLASS,

Phone:

Occupation: Handyman

D/L Number, State: F71742277103702 / NJ

Soc. Sec. Number: [redacted]

INS Number:

Place of Birth (City, State): Elizabeth, NJ

Citizenship: US

CO-DEF

Co-Defendant Name (Last, First, Middle): Race: Sex: Date of Birth:

☐ 1 Arrested ☐ 3 Felony ☐ 5 Juvenile ☐ 2 At Large ☐ 4 Misdemeanor

Co-Defendant Name (Last, First, Middle): Race: Sex: Date of Birth:

☐ 1 Arrested ☐ 3 Felony ☐ 5 Juvenile ☐ 2 At Large ☐ 4 Misdemeanor

JUVENILE

☐ Parent ☐ Other ☐ Legal Custodian

Name (Last, First, Middle):

Residence Phone:

Address (Street, Apt Number) (City) (State) (Zip):

Business Phone:

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 ☐ defendant and/or ☐ 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.

☐ Yes by ☐ No

School Attended: Grade:

Property Crime? ☐ Yes ☒ No

Description of Property: Value of Property:

CODE

Drug Activity: N N/A, P Possess, S Sell, B Buy, T Traffic, R Smuggle, D Deliver, E Use, K Dispense/Distribute, M Manufacture/Produce/Cultivate, Z Other

Drug Type: N N/A, A Amphetamine, B Barbiturate, C Cocaine, E Heroin, H Hallucinogen, M Marijuana, O Opium/Derv, S Synthetic, P Paraphernalia/Equipment, U Unknown, Z Other

CHARGE

Charge Description	Statute Violation Number	Violation of ORD #
DUI-DRIVING UNDER THE INFLUENCE	316.193(1)	

Drug Activity	Drug Type	Amount / Unit	Offense #	Counts	Domestic Violence	Warrant / Capias Number	Bond
	N	/		1	☐ Y ☒ N		

CHARGE

Charge Description	Statute Violation Number	Violation of ORD #

Drug Activity	Drug Type	Amount / Unit	Offense #	Counts	Domestic Violence	Warrant / Capias Number	Bond
		/			☐ Y ☐ N		

CHARGE

Charge Description	Statute Violation Number	Violation of ORD #

Drug Activity	Drug Type	Amount / Unit	Offense #	Counts	Domestic Violence	Warrant / Capias Number	Bond
		/			☐ Y ☐ N		

INTAKE

Health / Apparent Physical Condition of Defendant:

Any knowledge of the following: ☐ Mental ☐ Escape Risk ☐ Medication ☐ Deformities ☐ Injuries

Explain:

Check which applies: ☐ Released O.R. ☐ Released to Parent/Guardian ☒ T.O.T. County Jail ☐ Posted Bond ☐ South County Mental Health

PROPERTY - Received By: Released By: Released To:

Transported By: DORFMAN

Date Transported: 06/22/2019 Time Transported: 03:25 Other:

NOTICE TO APPEAR

☒ INSTRUCTION NO. 1 - Mandatory appearance in court
☐ INSTRUCTION NO. 2 - You need not appear in Court but must comply with instructions on Page 2.

Location (Court, Room): 200 W Atlantic Ave, DELRAY BEACH

Court Date and Time: 07/15/2019 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.

Signature of Defendant (or Juvenile and Parent/Custodian) Date Signed

2019 JUN 23 AM 7:26

No Photo Available

ADMIN

HOLD for Other Agency:

☐ Dangerous ☐ Resisted Arrest ☐ Suicidal ☐ Other

Signature of Arresting Officer:

Name of Arresting Officer (Print): DORFMAN, JUSTIN ANDREW ID # 889

Name Verification (Printed by Arrestee) (PRINT):

Witness here if subject signed with an "X":

Intake Deputy: ID #: Pouch #:

Transporting Officer: DORFMAN ID # 889 Agency: LPD

PAGE 1 OF 1

JUN 23 2019

D.U.I. PROBABLE CAUSE AFFIDAVIT

ON THE 22 DAY OF June 20 19, AT 0255 AM / PM

SUBJECT: Ennio Franco Jr CASE NUMBER: 19001547

AGENCY: Lantana PD ARRESTING OFFICER: Dorfman

PERSONAL CONTACT

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

I responded to Hypoluxo/Interstate 95 (northbound entrance) on a traffic stop to back up Sergeant Schaaf on a traffic stop.

Sergeant Schaaf informed me that the Defendant who is in the driver seat is possibly under the influence. I went to the driver seat and had the Defendant step out.

OBSERVATION OF DRIVER:

- When I had the Defendant take off his eye glasses, he had blood shot eyes.
- Swaying back and forth (left to right).

DRIVER'S STATEMENTS:

Defendant only had two drinks, Drank a glass of wine and a Jack Daniels with sugar free red bull.
Went to Brass Monkey and then Water Front.

ODORS:

Smell of an unknown alcohol substance.

GENERAL OBSERVATIONS

SPEECH: Slurred

ATTITUDE: Friendly

CLOTHING: white shirt, blue pants, and red shoes

MEDICAL / OTHER:

STATE OF FLORIDA
COUNTY OF PALM BEACH

4689
(Signature of Arresting/Investigative Officer)

The foregoing instrument was sworn to or affirmed and subscribed before me this 22 day of June 20 19 by ofc Dorfman

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

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

BEVERLY SUE OWEN
MY COMMISSION # GG 188278
EXPIRES: May 30, 2022
Bonded Thru Notary Public Underwriters

SUBJECT: Ennio Franco Jr CASE NUMBER: 19001547

ROADSIDE TASKS

HORIZONTAL GAZE NYSTAGMUS :

- ✓ LT EYE-LACK OF SMOOTH PURSUIT
- ✓ LT EYE-DISTINCT & SUSTAINED NYSTAGMUS AT MAX DEVIATION
- ✓ LT EYE-ONSET OF NYSTAGMUS PRIOR TO 45 DEGREES
- ✓ RT EYE-LACK OF SMOOTH PURSUIT
- ✓ RT EYE-DISTINCT & SUSTAINED NYSTAGMUS AT MAX DEVIATION
- ✓ RT EYE- ONSET OF NYSTAGMUS PRIOR TO 45 DEGREES

Other Observations:
Had prescription sunglasses on at night (0255 hours)

WALK & TURN:

- Before I advised to get in position (heal-to-toe), Defendant got in position.
- Was not heal-to-toe during this task, had a three inch gap between steps.
- Took more than 9 steps both ways.

ONE LEG STAND:

- Did not count as instructed (1001,1002 and so on), counted 1,2,3.....
- Put foot down at 2 and 18 and never told the Defendant stopped and then I advised that the task ended.

FINGER TO NOSE :

Did not tilt head back.

ROMBERG / ALPHABET :

Alphabet- Told Defendant to start a M, started and messed up the alphabet.
- Did not tilt back.

BREATH TEST RESULTS : .159,.158

STATE OF FLORIDA
COUNTY OF PALM BEACH

(Signature of Arresting/Investigative Officer)

The foregoing instrument was notarized or sworn before me this 22 day of June 20 19 by A.E. Dortman

who is personally known to me and/or produced identification. Type of identification produced _____

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

BEVERLY SUE OWEN
MY COMMISSION # GG 188278
EXPIRES: May 30, 2022
Bonded Thru Notary Public Underwriters

PALM BEACH COUNTY SHERIFF'S OFFICE

DUI TESTING FACILITY

INFORMATION SHEET

PBSO CASE # 19-085098 PBSO ZONE 6-12

AGENCY CASE # 1900547 CRASH CASE #

TIME OF STOP/CRASH 0232 DATE 6/22/19 DAY Sat

SUBJECT'S NAME Ennio Franco JR RACE W SEX M

HGT 5'14" WGT 141 DOB 03/06/1970

LOCATION Hypoluxo Rd/Interstate 95

ARRESTING OFFICER'S NAME & ID Dortman 489 AGENCY Lantana

DIVISION: RP

NOTIFIED BY COMMO yes

ARRIVAL AT FACILITY 0340

ARREST TIME 0255

BREATH RESULTS:

1. .159
2. .158
3. /
4. /

TESTING OFFICER'S ID 3184 PBSO VIDEOTAPE # N/A

WITNESS LIST

CASE NUMBER: 19001547

ARRESTING OFFICER J DORFMAN
ADDRESS 901 N 8TH ST, LANTANA,FL 33462
PHONE NUMBERS (HOME) ______ (WORK) 561-540-5701
CAN TESTIFY TO: THE ARREST

NAME: T SCHAAF
ADDRESS 901 N 8TH ST,LANTANA,FL,33462
PHONE NUMBERS (HOME) ______ (WORK) 561-540-5701
CAN TESTIFY TO: THE ARREST

NAME: ______
ADDRESS ______
PHONE NUMBERS (HOME) ______ (WORK) ______
CAN TESTIFY TO: ______

NAME: ______
ADDRESS ______
PHONE NUMBERS (HOME) ______ (WORK) ______
CAN TESTIFY TO: ______

NAME: ______
ADDRESS ______
PHONE NUMBERS (HOME) ______ (WORK) ______
CAN TESTIFY TO: ______

NAME: ______
ADDRESS ______
PHONE NUMBERS (HOME) ______ (WORK) ______
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ADDRESS ______
PHONE NUMBERS (HOME) ______ (WORK) ______
CAN TESTIFY TO: ______

NAME: ______
ADDRESS ______
PHONE NUMBERS (HOME) ______ (WORK) ______
CAN TESTIFY TO: ______

NAME: ______
ADDRESS ______
PHONE NUMBERS (HOME) ______ (WORK) ______
CAN TESTIFY TO: ______

PBSO #0128C REV. 09/93 WHITE - STATE ATTY. YELLOW - DHSMV PINK - CENTRAL RECORDS GOLD - JAIL

SUBJECT: _____ 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)_____

TESTING FACILITY TASK REPORT

AGENCY: _____

SUBJECT: _____ CASE NUMBER: _____

DATE: _____ VIDEO TAPE NUMBER: _____

BEGINNING TIME: _____ ENDING TIME: _____

BREATH TESTS RESULTS: 1) _____ TIME _____ A.M./P.M. 2) _____ TIME _____ A.M./P.M.

3) _____ TIME _____ A.M./P.M. 4) _____ TIME _____ A.M./P.M.

BREATH OPERATOR: _____

MAINTENANCE TECHNICIAN: _____

TESTING OFFICER'S OBSERVATIONS

SPEECH: _____

ATTITUDE: _____

CLOTHING: _____

MEDICAL CONDITIONS: _____

MEDICATIONS: _____

OTHER: _____

COMMENTS: _____

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? _____

WHERE WERE YOU GOING? _____

WHAT STREET OR HIGHWAY WERE YOU ON? _____

DIRECTION OF TRAVEL? _____ WHERE DID YOU START? _____

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

WHAT IS TODAY'S DATE? _____ WHAT DAY OF THE WEEK IS IT? _____

WHAT COUNTY AND CITY ARE YOU IN NOW? _____

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

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

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

HOW MUCH? _____ WHERE? _____ WITH WHOM? _____

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

HOW DID YOU CONSUME YOUR LAST TWO DRINKS? _____

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

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

WHAT? _____ WHERE? _____ WHEN? _____

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

DO YOU HAVE ANY PHYSICAL DEFECTS OR INJURIES? _____ WHAT? _____

ARE YOU SICK OR INJURED? _____ WHAT'S WRONG? _____

DO YOU LIMP? _____ DID YOU RECEIVE A BUMP ON THE HEAD RECENTLY? _____

WERE YOU IN AN ACCIDENT TODAY? _____

HAVE YOU TAKEN ANY DRUGS OR SMOKED ANY MARIJUANA TODAY? _____ WHEN? _____

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

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

DO YOU HAVE:
- EPILEPSY? _____
- GLASS EYE? _____
- FALSE TEETH? _____
- EAR INFECTION? _____
- INNER EAR TROUBLE? _____
- DIABETES? _____

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
Florida State Statute Exemption Sheet

Palm Beach County Sheriff's Office – Arrests Only

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

REVIEW COMPLETED BY

Booking Number: 2019020489	**Date:** 06/23/2019
	Specialist Name/ID: AM/31562