

0482013

South Palm Beach P.D.

3491

ARREST / NOTICE TO APPEAR
Juvenile Referral Report☐ Check if Supplement is Attached1. Arrest 3. Request for Warrant
2. N.T.A. 4. Request for Capias

Juvenile

ADMINISTRATIVE	OBTS Number	Agency ORI Number FLO 5 0 0 0 0 0		Agency Name PALM BEACH COUNTY SHERIFF'S OFFICE	Agency Report Number (N.T.A.'s only) 0 6 - 1 - 16 - 10 - 0119	
	Charge Type: Check as many as apply. <input type="checkbox"/> 1. Felony <input type="checkbox"/> 2. Traffic Felony <input type="checkbox"/> 3. Misdemeanor <input checked="" type="checkbox"/> 4. Traffic Misdemeanor <input type="checkbox"/> 5. Ordinance <input type="checkbox"/> 6. Other	If Weapon Seized Enter Type		Multiple Clearance Indicator		
	Location of Arrest (including Name of Business) 2875 So. Ocean Blvd. Palm Beach FL 33480		Location of Offense (Business Name, Address) 3546 So. Ocean Blvd South Palm Beach FL 33480			
	Date of Arrest 10.20.16	Time of Arrest 2:15.2	Booking Date	Booking Time	Jail Date	Jail Time
DEFENDANT	Name (Last, First, Middle) Gustafson, Eric Wendell		Alias (Name, DOB, Soc. Sec. #, Etc.) w/none			
	Race W - White B - Black I - American Indian O - Oriental/Asian WM	Sex M	Date of Birth 10.20.71	Height 6-00	Weight 250	Eye Color Brown
	Scars, Marks, Tattoos, Unique Physical Features (Location, Type, Description) Advised none		Marital Status Divorced	Religion Baptist	Indication of: Alcohol Influence Drug Influence Y <input checked="" type="checkbox"/> N <input type="checkbox"/> Unk <input checked="" type="checkbox"/>	
	Local Address (Street, Apt. Number) 800 Shetter Ave Same as below		(City) Palm Beach	(State) FL	(Zip) 33480	Phone ()
CO-DEF	Permanent Address (Street, Apt. Number) 1275 NW 192 Way		(City) Pembroke Pines	(State) FL	(Zip) 33029	Phone (850) 405-9835
	Business Address (Name, Street) Landscaper		(City)	(State)	(Zip)	Phone ()
	D/L Number, State		Soc. Sec. Number		INS Number	
	Place of Birth (City, State) Miami, FL		Citizenship US			
JUVENILE	Co-Defendant (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 (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
	Name (Last) (First) (Middle)		Residence Phone ()		Business Phone ()	
	Address (Street, Apt. Number)		(City)	(State)	(Zip)	
CHARGE	Notified by: (Name)		Date	Time	Juvenile Disposition 1. Handled/Processed within Dept. and Released. 2. TOT HRS/DYS 3. Incarcerated	
	Released To: (Name)		Relationship		Date	Time
	The above address 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. <input type="checkbox"/> Yes, by: (Name) <input type="checkbox"/> No (Reason)				School Attended Grade	
	Property Crime? <input type="checkbox"/> Yes <input type="checkbox"/> No		Description of Property		Value of Property	
CHARGE	Drug Activity N/A	S. Sell B. Buy P. Possess	R. Smuggle D. Deliver E. Use	K. Dispense/ Distribute	M. Manufacture/ Produce/ Cultivate	Z. Other
	Charge Description Driving under influence		Counts	Domestic Violence <input type="checkbox"/> Y <input checked="" type="checkbox"/> N	Statute Violation Number 3161193	
	Drug Activity N/A	Drug Type N/A	Amount / Unit	Offense # 16-10-0119	Warrant / Capias Number	
	Charge Description		Counts	Domestic Violence <input type="checkbox"/> Y <input checked="" type="checkbox"/> N	Statute Violation Number	
CHARGE	Drug Activity	Drug Type	Amount / Unit	Offense #	Warrant / Capias Number	
	Charge Description		Counts	Domestic Violence <input type="checkbox"/> Y <input checked="" type="checkbox"/> N	Statute Violation Number	
	Drug Activity	Drug Type	Amount / Unit	Offense #	Warrant / Capias Number	
	Charge Description		Counts	Domestic Violence <input type="checkbox"/> Y <input checked="" type="checkbox"/> N	Statute Violation Number	
CHARGE	Drug Activity	Drug Type	Amount / Unit	Offense #	Warrant / Capias Number	
	Charge Description		Counts	Domestic Violence <input type="checkbox"/> Y <input checked="" type="checkbox"/> N	Statute Violation Number	
	Drug Activity	Drug Type	Amount / Unit	Offense #	Warrant / Capias Number	
	Charge Description		Counts	Domestic Violence <input type="checkbox"/> Y <input checked="" type="checkbox"/> N	Statute Violation Number	
NOTICE TO APPEAR	Location (Court, Room Number, Address) South County 200 W. Atlantic Ave Rm 1					
	Court Date and Time Month NOV Day 21 Year 2016 Time 8:30 A.M.					
	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 10/20/16					
ADMIN	HOLD for other agency		Signature of Arresting Officer X [Signature] 1932		Name Verification (Printed by Arrestee) OCT 21 AM 2:46	
	<input type="checkbox"/> Dangerous <input type="checkbox"/> Suicidal		Name of Arresting Officer (Print) Jason LaForte		(PRINT)	
	Intake Deputy I.D. # Pouch #		Transporting Officer ofc. LaForte		Witness here if subject signed with an "X"	
	I.D. # Pouch #		I.D. # Agency So. Palm Bch		PAGE OF	

D.U.I. PROBABLE CAUSE AFFIDAVIT

ON THE 20th DAY OF October 20 16 AT 9:31 AM PM
SUBJECT: Eric Wendell Gustafson CASE NUMBER: 16-10-0119
AGENCY: So. Palm Beach Police Dept. ARRESTING OFFICER: LaForte #1932
PERSONAL CONTACT

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

I conducted a traffic stop on a 2014 Dodge bearing tag HHV874 for speed. The vehicle was traveling at a high rate of speed, estimated at 50 mph. Radar indicated the vehicle was traveling 56 mph in a 45 mph zone. I attempted to catch up to the vehicle, however the driver was exceedingly to over 80 mph on A1A. I initiated a traffic stop on the vehicle which continued to keep driving approx a quarter mile. As the vehicle was passing the LW Beach, the Def almost struck the concrete middle median. He continued to drive passing another vehicle which was in a no passing lane. The driver was driving reckless and had no regard for anyone else on the road. He finally came to an abrupt stop running over the curb as he stopped. I identified him as Eric Gustafson by his FL. The Def veh had what appeared fresh damage to the front right bumper and right front fender.

OBSERVATION OF DRIVER: ID by FL DL. Driver appeared dazed or confused. He tried to exit the vehicle. I had to command him several times to get back inside the vehicle. He was slurring his words. He had glassy eyes. Had to be told several times to do something. Def. was up and down, he would cooperate then he would get uncooperative. Moodswir demanding.
Def. fumbled through glove box papers.

DRIVER'S STATEMENTS: stated he was going home. stated he had a few mixed drinks. Advised his girlfriend was going to be pissed.

ODORS: Strong odor of unknown alcoholic beverage.

GENERAL OBSERVATIONS

SPEECH: Slurred,
ATTITUDE: talkative, insulting, moodswings.

CLOTHING: blue jeans, blue tee shirt

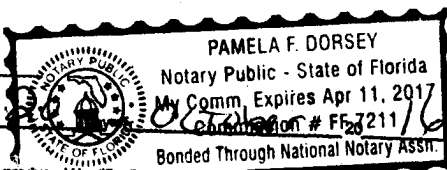
MEDICAL/OTHER: Stated none on traffic stop.

STATE OF FLORIDA
COUNTY OF PALM BEACH

P. LaForte #1932
(Signature of Arresting/Investigative Officer)

The foregoing instrument was sworn to or affirmed and subscribed before me this

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



by LaForte
known

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

SCANNED
OCT 23 2016

SUBJECT: Eric Wendell Gustafson CASE NUMBER: 16-10-0119

ROADSIDE TASKS

HORIZONTAL GAZE NYSTAGMUS:

☒ LT EYE-LACK OF SMOOTH PURSUIT

☒ RT EYE-LACK OF SMOOTH PURSUIT

☒ LT EYE-DISTINCT & SUSTAINED NYSTAGMUS AT MAX DEVIATION

☒ RT EYE-DISTINCT & SUSTAINED NYSTAGMUS AT MAX DEVIATION

☒ LT EYE-ONSET OF NYSTAGMUS PRIOR TO 45 DEGREES

☒ RT EYE-ONSET OF NYSTAGMUS PRIOR TO 45 DEGREES

Other Observations:

WALK & TURN: Lost balance during instructions.
Starts before the instructions are finished.
Raised arms more than six inches for support.
Poor comprehension.

ONE LEG STAND: Did not perform. Def would not listen.
Could not complete test/task

FINGER TO NOSE: Did not perform. Def would not listen.
Could not complete test/task

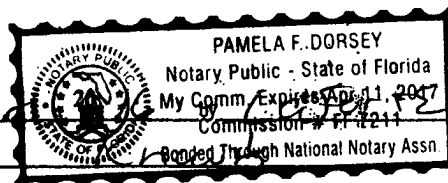
ROMBERG/ALPHABET: Did not perform. Def would not listen.
Could not complete test/task

BREATH TEST RESULTS: .191 and .182

STATE OF FLORIDA
COUNTY OF PALM BEACH

O.F. P. [Signature]
(Signature of Arresting/Investigative Officer)

The foregoing instrument was notarized or sworn before me this 20 day of OCTOBER
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)

SCANNED

OCT 23 2016

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.

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SUSPECT'S SIGNATURE: (X) _____

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? 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? _____ WHAT? _____

ARE YOU SICK OR INJURED? _____ 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? _____ 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? SE ED

INTERVIEWER: _____

OCT 23 2016

TESTING FACILITY TASK REPORT

AGENCY: 213
SUBJECT: 60296 on 11/10 CASE NUMBER: 1-141671
DATE: 11/12/16 VIDEO TAPE NUMBER: 61541
BEGINNING TIME: 2300 ENDING TIME: 2324
BREATH TESTS RESULTS: 1) .111 TIME 2313 A.M./P.M. 2) .102 TIME 2316 A.M./P.M.
3) — TIME — A.M./P.M. 4) — TIME — A.M./P.M.

BREATH OPERATOR: S. K. [unclear]

MAINTENANCE TECHNICIAN: S. K. [unclear]

TESTING OFFICER'S OBSERVATIONS

SPEECH: [unclear]

ATTITUDE: Calm

CLOTHING: [unclear]

MEDICAL CONDITIONS: [unclear]

MEDICATIONS: [unclear]

OTHER: [unclear]

In unknown state of mind. Seizure. At
Beth.

COMMENTS: [unclear]

[unclear]
I provided sample correctly (Seizure) I
given breath. At [unclear] (can't write)
to D) At [unclear] W/QSA

SCANNED

OCT 23 2016

WITNESS LIST

CASE NUMBER: 16-10-0117

ARRESTING OFFICER OFC. LaForte

ADDRESS 2577 So. Ocean Blvd.

PHONE NUMBERS (HOME) 511-576-2122

(WORK) 715-6-2122

CAN TESTIFY TO: ALL events involving case.

NAME: OFC. Mazzia # 9125

ADDRESS PR Police Dept.

PHONE NUMBERS (HOME) _____

(WORK) _____

CAN TESTIFY TO: Event after arrest for battery.

NAME: OFC. Mazzia # 9126

ADDRESS _____

PHONE NUMBERS (HOME) _____

(WORK) _____

CAN TESTIFY TO: Event after arrest for battery.

NAME: _____

ADDRESS _____

PHONE NUMBERS (HOME) _____

(WORK) _____

CAN TESTIFY TO: _____

NAME: _____

ADDRESS _____

PHONE NUMBERS (HOME) _____

(WORK) _____

CAN TESTIFY TO: _____

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(WORK) _____

CAN TESTIFY TO: _____

NAME: _____

ADDRESS _____

PHONE NUMBERS (HOME) _____

(WORK) _____

CAN TESTIFY TO: _____

SCANNED

OCT 23 2016