

0482013

South Palm Beach P.D.

3491

 Check if Supplement is Attached

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

1

Juvenile

ADMINISTRATIVE	OBTS Number		ARREST / NOTICE TO APPEAR Juvenile Referral Report								
	Agency ORI Number FLO 5 0 0 0 0 0 0		Agency Name PALM BEACH COUNTY SHERIFF'S OFFICE			Agency Report Number (N.T.A.'s only) 0 6 - 1 - 1 6 - 1 0 - 0 1 1 9					
DEFENDANT	Charge Type: Check as many as apply. <input type="checkbox"/> 1. Felony <input type="checkbox"/> 3. Misdemeanor <input type="checkbox"/> 5. Ordinance <input type="checkbox"/> 2. Traffic Felony <input checked="" type="checkbox"/> 4. Traffic Misdemeanor <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 162152	Booking Date	Booking Time	Jail Date	Jail Time	Location of Vehicle Towed Kauff's Towing Lk			
	Name (Last, First, Middle) Gustafson, Eric Wendell							Alias (Name, DOB, Soc. Sec. #, Etc.)			
	Race W - White B - Black		Sex I - American Indian O - Oriental/Asian	Date of Birth WM 10.2071	Height 6-00	Weight 250	Eye Color Brown	Hair Color gray	Complexion med	Build heavy	
	Scars, Marks, Tattoos, Unique Physical Features (Location, Type, Description) Advised none							Marital Status Divorced	Religion Baptist	Indication of: Y N Unk Alcohol Influence Drug Influence	
	Local Address (Street, Apt. Number) 200 Shetter Ave Same as below		(City)	(State)	(Zip)	Phone ()		Residence Type: 1. City 2. County			
	Permanent Address (Street, Apt. Number) 1275 NW 192 Way		(City)	(State)	(Zip)	Phone (850) 405-9835		Address Source Verbal			
	Business Address (Name, Street)		(City)	(State)	(Zip)	Phone ()		Occupation Landscaper			
	D/L Number, State		Soc. Sec. Number		INS Number		Place of Birth (City, State) Miami, FL		Citizenship US		
CO-DEF	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	
JUVENILE	Parent Legal Custodian Other:		Name (Last) (First) (Middle)					Residence Phone ()			
	Address (Street, Apt. Number) OR		(City) (State) (Zip)					Business Phone ()			
	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				
CODE	Drug Activity 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 E. Amphetamine	B. Barbiturate C. Cocaine E. Heroin	H. Hallucinogen M. Marijuana O. Opium/Deriv.	P. Paraphernalia/ Equipment S. Synthetic	U. Unknown Z. Other
	Charge Description Driving under influence		Counts		Domestic Violence <input type="checkbox"/> Y <input type="checkbox"/> N	Statute Violation Number 31611931		Violation of ORD #			
CHARGE	Drug Activity N/A	Drug Type No	Amount / Unit	Offense #	Warrant / Capias Number 16-10-0119		Bond				
	Charge Description		Counts		Domestic Violence <input type="checkbox"/> Y <input type="checkbox"/> N	Statute Violation Number 11		Violation of ORD #			
CHARGE	Drug Activity	Drug Type	Amount / Unit	Offense #	Warrant / Capias Number		Bond				
	Charge Description		Counts		Domestic Violence <input type="checkbox"/> Y <input type="checkbox"/> N	Statute Violation Number 11		Violation of ORD #			
CHARGE	Drug Activity	Drug Type	Amount / Unit	Offense #	Warrant / Capias Number		Bond				
	Charge Description		Counts		Domestic Violence <input type="checkbox"/> Y <input type="checkbox"/> N	Statute Violation Number 11		Violation of ORD #			
CHARGE	Drug Activity	Drug Type	Amount / Unit	Offense #	Warrant / Capias Number		Bond				
	Charge Description		Counts		Domestic Violence <input type="checkbox"/> Y <input type="checkbox"/> N	Statute Violation Number 11		Violation of ORD #			
NOTICE TO APPEAR	Location (Court, Room Number, Address) South County 200 W. Atlantic Ave Rm 1										33
	Court Date and Time Month NOV Day 21 Year 2016 Time 8:30 A.M. P.M.										5
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											10/20/16
Signature of Defendant (or Juvenile and Parent/Custodian)											Date Signed
ADMIN	HOLD for other agency			Signature of Arresting Officer x Off. J. La Forte			Name Verification (Printed by Arrestee) 1932 (PRINT)			OCT 21 AM 2:46	
	<input type="checkbox"/> Dangerous <input type="checkbox"/> Suicidal			Name of Arresting Officer (Print) S. La Forte			I.D. #			SCANNED	
	Resisted Arrest <input type="checkbox"/> Other:			Transporting Officer Off. J. La Forte			Agency So. Palm Bch			PAGE	
	Intake Deputy			I.D. #	Pouch #	Transporting Officer Off. J. La Forte	I.D. #	Agency So. Palm Bch	Witness here if subject signed with an "X"		OCT 23 2016

D.U.I. PROBABLE CAUSE AFFIDAVIT

ON THE 20th DAY OF October, 2016, 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 HHVB74 for speed. The vehicle was traveling at a high rate of speed, estimated at 50 mph then. Radar indicates the vehicle was traveling 56 mph in a 45 mph zone. I attempted to catch up to the vehicle, however the driver was accelerating 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 L.W 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 I

The Def Veh had what appeared fresh damage to the front right bumper and right front fender.

OBSERVATION OF DRIVER: I 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 glass 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 glovebox 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

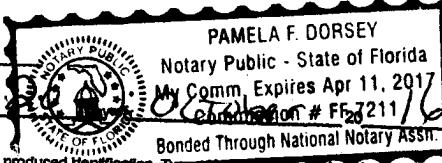
COUNTY OF PALM BEACH

Off. 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

ROADSIDE TASKS

HORIZONTAL GAZE NYSTAGMUS:

<input checked="" type="checkbox"/> LT EYE-LACK OF SMOOTH PURSUIT	<input checked="" type="checkbox"/> RT EYE-LACK OF SMOOTH PURSUIT
<input checked="" type="checkbox"/> LT EYE-DISTINCT & SUSTAINED NYSTAGMUS AT MAX. DEVIATION	<input checked="" type="checkbox"/> RT EYE-DISTINCT & SUSTAINED NYSTAGMUS AT MAX. DEVIATION
<input checked="" type="checkbox"/> LT EYE-ONSET OF NYSTAGMUS PRIOR TO 45 DEGREES	<input checked="" type="checkbox"/> RT EYE-ONSET OF NYSTAGMUS PRIOR TO 45 DEGREES

Other Observations:

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

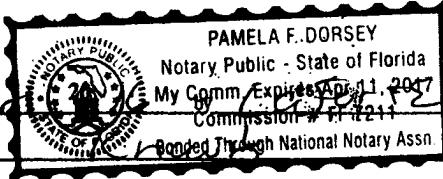
COUNTY OF PALM BEACH

Off. Infra

(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



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.

SCANNED
OCT 23 2016

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? _____

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? _____

St. JED

OCT 23 2016

INTERVIEWER: _____

TESTING FACILITY TASK REPORT

AGENCY: _____

SUBJECT: George W. Bush CASE NUMBER: 1-14167

DATE: 10/18/94 VIDEO TAPE NUMBER: 6-3-11

BEGINNING TIME: 230 ENDING TIME: 334

BREATH TESTS RESULTS: 1) 1.1 TIME 2513 A.M./P.M. 2) 1.2 TIME 2516 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: *“The First Step”* by Dr. Martin Luther King, Jr.

ATTITUDE:

An unknown star at approximately 180°
E. 20° S.

COMMENTS: _____

SCANNED
OCT 23 2016

WITNESS LIST

CASE NUMBER: 16-10-0119

ARRESTING OFFICER OFC. LaForte

ADDRESS 2577 San Geronimo Blvd.

PHONE NUMBERS (HOME) 511-566-2122 (WORK) 511-566-2122

CAN TESTIFY TO: ALL events regarding case

NAME: OFC. Magazzini H. H. H.

ADDRESS PP Police Dept.

PHONE NUMBERS (HOME) _____ (WORK) _____

CAN TESTIFY TO: Events of the hearing, the parties

NAME: OFC. Magazzini H. H. H.

ADDRESS _____

PHONE NUMBERS (HOME) _____ (WORK) _____

CAN TESTIFY TO: Events of the hearing, the parties

NAME: _____

ADDRESS _____

PHONE NUMBERS (HOME) _____ (WORK) _____

CAN TESTIFY TO: _____

NAME: _____

ADDRESS _____

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NAME: _____

ADDRESS _____

PHONE NUMBERS (HOME) _____ (WORK) _____

CAN TESTIFY TO: _____

SCANNED

OCT 23 2016