J# 0490377 PCH# 2602

ARREST / NOTICE TO APPEAR

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

ADMINISTRATION

OBTS Number

Agency ORI Number: 0500400

Agency Name: Delray Beach Police Department

Agency Report Number (N.T.A.'s only): 4 0 19-009409

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): 725 W ATLANTIC AVE DELRAY BEACH 33444

Location of Offense (Business Name, Address): 725 W ATLANTIC AVE, DELRAY BEACH, FL 33444

Date of Arrest	Time of Arrest	Booking Date	Booking Time	Jail Date	Jail Time	Location of Vehicle
06/12/2019	02:39	06/12/2019	02:49			

DEFENDANT

Name (Last, First, Middle): GUINAZZO, ETHAN EDWARD

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	12/31/1996	6'00	170	BLUE	BROWN	MEDIUM	THIN

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

Marital Status: S | Religion: NOT INDICA | Indication of: Alcohol Influence ☒ Yes ☐ No ☐ Unk. ☐ Drug Influence

Local Address (Street, Apt. Number) (City) (State) (Zip): 203 DEPOT AVE BLDG 5 306, DELRAY BEACH, FL 33444 | Phone: (561) 396-3786 | Residence Type: 1. City 2. County 3. Florida 4. Out of State: 1

Permanent Address (Street, Apt. Number) (City) (State) (Zip): 203 DEPOT AVE BLDG 5 306, DELRAY BEACH, FL 33444 | Phone: (561) 396-3786 | Address Source: SELF

Business Address (Name, Street) (City) (State) (Zip): UNEMPLOYED, | Phone | Occupation

DL Number, State: G520205964710 / FL [redacted] | INS Number | Place of Birth (City, State): LANTANA, FL, United | Citizenship: US

CO-DEF

Co-Defendant Name (Last, First, Middle) | Race | Sex | Date of Birth | ☐ 1. Arrested ☐ 2. At Large ☐ 3. Felony ☐ 4. Misdemeanor ☐ 5. Juvenile

Co-Defendant Name (Last, First, Middle) | Race | Sex | Date of Birth | ☐ 1. Arrested ☐ 2. At Large ☐ 3. Felony ☐ 4. Misdemeanor ☐ 5. Juvenile

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.

School Attended | Grade

☐ Yes, by: ☐ No: | Property Crime? ☐ Yes ☒ No | Description of Property | Value of Property

CODE

Drug Activity: N. N/A P. Possess S. Sell B. Buy T. Traffic B. Smuggle D. Deliver E. Use K. Disperse/ 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. P. Paraphernalia/ Equipment S. Synthetic U. Unknown Z. Other

CHARGE

Charge Description: DRIVING WHILE UNDER INFLUENCE | Statute Violation Number: 316.193(1) | Violation of ORD #

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. ☐ Posted Bond ☐ Released to Parent/Guardian ☐ South County Mental Health ☒ T.O.T. County Jail | PROPERTY - Received By | Released By | Released To

Transported By | Date Transported | Time Transported | 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): South County 200 W Atlantic Ave Delray Beach, FL 33444

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 12 AM 8:

Photo Available

ADMIN

HOLD for Other Agency

☐ Dangerous ☐ Resisted Arrest ☐ Suicidal ☐ Other

Intake Deputy | I.D. # | Pouch #: 2602

Signature of Arresting Officer

Name of Arresting Officer (Print): BONET, LUIS C | I.D. #: 1148

Transporting Officer: BONET | I.D. #: 1148 | Agency: DELRA

Name Verification (Printed by Arrestee) (PRINT)

Witness here if subject signed with an "X".

PAGE 1 OF 1

D.U.I. PROBABLE CAUSE AFFIDAVIT

ON THE 12TH DAY OF June 20 19 AT 0219hrs ☑AM ☐PM

SUBJECT: Ethan Guinazzo CASE NUMBER: 19-009409

AGENCY: DELRAY BEACH ARRESTING OFFICER: Bonet 1148

PERSONAL CONTACT

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

On the above date and time, I observed a silver Ford Expedition (FL Tag IE96AG) traveling westbound on E Atlantic Ave at a high rate of speed through the intersection of N Swinton Ave. The vehicle then began swerving at which point I began following the vehicle which continued to travel westbound and enter into the Marathon Gas Station, 725 W Atlantic Ave. I made contact with Ethan Guinazzo who exited the Ford out of the driver side door and he was stumbling as he exited and had to use the Ford for balance.

OBSERVATION OF DRIVER:

Guinazzo appeared impaired due to his red, glassy, and droopy eyes, slurred speech, stumbling while exiting his vehicle, and had the odor of alcohol emanating from his person. Guinazzo also swayed while conducting his roadside tasks and was unable to maintain his balance while performing some tasks.

DRIVER'S STATEMENTS:

Guinazzo stated that he had come from Rocco's Tacos as he had just picked up some food. When I asked Guinazzo if he had any drinks tonight he stated yes at Rocco's Tacos. Guinazzo then stated that he had two beers at Rocco's Tacos and when I asked about the contradiction of him only picking up food he did not answer.

ODORS:

Guinazzo had odor of an unknown alcoholic beverage about their person.

GENERAL OBSERVATIONS

SPEECH: Slurred speech

ATTITUDE: Polite and quiet

CLOTHING: Black long sleeve shirt, jeans, and black shoes

MEDICAL/OTHER: Asthma

STATE OF FLORIDA
COUNTY OF PALM BEACH

(Signature of Arresting/Investigative Officer)

The foregoing instrument was sworn to or affirmed and subscribed before me this 12th day of June 20 19 by JE. Luis Bonet

(Print name of Arresting/Investigative Officer) who is personally known to me or has produced 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: Ethan Guinazzo **CASE NUMBER** 19-009409

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:

Swayed during doing the horizontal gaze nystagmus, and moved his head a couple times during the task.

WALK & TURN:

Defendant began the task before instructions were completed even when told to remain in position. Defendant did not step heel to toe on the 7th and 9th step the first go around and fumbled to turn as he did not take small steps to turn around.

ONE LEG STAND:

Defendant completed this task without incident.

FINGER TO NOSE:

Defendant completed this task without incident.

ROMBERG ALPHABET:

Defendant was swaying while reciting his numbers from 11 to 36 and lost his balance during the middle of the exercise.

BREATH TEST RESULTS: 1) .094 | 2) .091 | 3) | 4)

STATE OF FLORIDA
COUNTY OF PALM BEACH

(Signature of Arresting/Investigative Officer)

The foregoing instrument was sworn to or affirmed and subscribed before me this 12th day of June 20 19 by Ofc Luis Bond

(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

WITNESS LIST

CASE NUMBER: 19-009409

ARRESTING OFFICER: Ofc. Bonet 1148

ADDRESS: 300 W Atlantic Ave Delray Beach FL 33444

PHONE NUMBERS (HOME): ____ (WORK) 561-243-7800

CAN TESTIFY TO: The stop and observations of the defendant during the tasks

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) ____

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) ____

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) ____

CAN TESTIFY TO: ____

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: 6/1/19 ~~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? _____

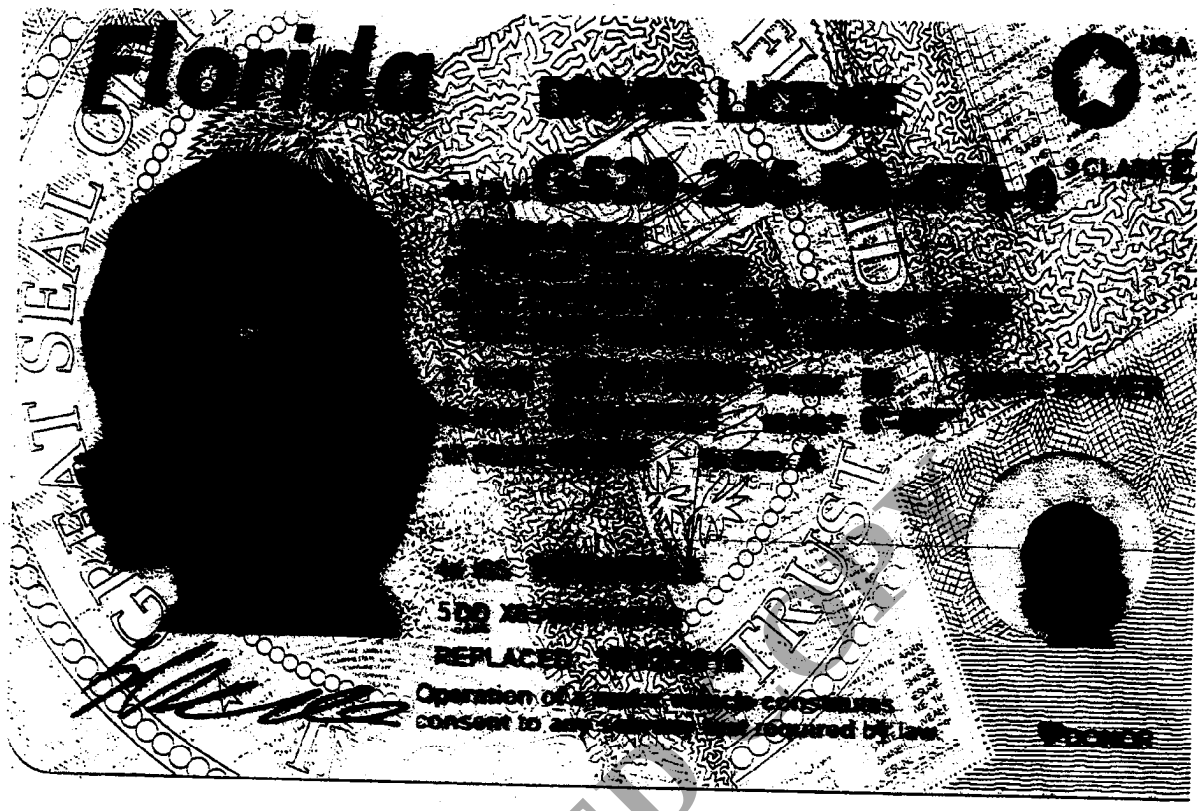
DO YOU HAVE:
- EPILEPSY? _____
- GLASS EYE? _____
- FALSE TEETH? _____
- EAR INFECTION? _____
- INNER EAR TROUBLE? _____
- DIABETES? _____

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: 2019019293	**Date:** 6/12/2019
	Specialist Name/ID: LaToya Rouse/ #6673

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

PBSO CASE # 19-081442 PBSO ZONE 6-51

AGENCY CASE # 19-009409 CRASH CASE # _____

TIME OF STOP/CRASH 0219hrs DATE 6/12/19 DAY Wednesday

SUBJECT'S NAME ETHAN GUINAZZO RACE W SEX M

HGT 600 WGT 170 DOB 12/31/1996

LOCATION 725 W ATLANTIC AVE DELRAY BEACH FL

ARRESTING OFFICER'S NAME & ID BONET 1148 AGENCY DELRAY BEACH

DIVISION: ROAD PATROL

NOTIFIED BY COMMO yes

ARRIVAL AT FACILITY 0310

ARREST TIME 0239HRS

BREATH RESULTS:

1) .094
2) .091
3) —
4) —

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