

JK 0298140

PK 1985

ARREST / NOTICE TO APPEAR  
Juvenile Referral Report

Check if Supplement is Attached

OBTS Number	Agency ORI Number		Agency Name		Agency Report Number (N.T.A.'s only)		
FLO 5 0 0 0 0 0	PALM BEACH COUNTY SHERIFF'S OFFICE		0 6 1 1 7 1 3 5 0 1 6 1 1				
Charge Type: Check as many as apply		1. Felony 2. Traffic Felony		3. Misdemeanor 4. Traffic Misdemeanor		5. Ordinance 6. Other	
Location of Arrest (Including Name of Business)				Location of Offense (Business Name, Address)			
Date of Arrest				Time of Arrest		Booking Date	
Time of Arrest		Booking Date		Booking Time		Jail Date	
Time of Arrest		Booking Date		Booking Time		Jail Time	
Name (Last, First, Middle)				Alias (Name, DOB, Soc. Sec. #, Etc.)			

Race	Sex	Date of Birth	Height	Weight	Eye Color	Hair Color	Complexion
W - White B - Black	1 - American Indian O - Oriental/Asian						
Scars, Marks, Tattoos, Unique Physical Features (Location, Type, Description)				Marital Status		Religion	
Local Address (Street, Apt. Number)				City		State	
Permanent Address (Street, Apt. Number)				City		State	
Business Address (Name, Street)				City		State	
D/L Number, State		Soc. Sec. Number		INS Number		Place of Birth (City, State)	
K 520 252 63 2650						Boynton Columbia	

Co-Defendant (Last, First, Middle)	Race	Sex	Date of Birth	1. Arrested 2. At Large
Co-Defendant (Last, First, Middle)	Race	Sex	Date of Birth	1. Arrested 2. At Large

Parent Legal Custodian Other:	Name (Last)	(First)	(Middle)	Residence
Address (Street, Apt. Number)				City
Address (Street, Apt. Number)				City

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

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
Property Crime? <input type="checkbox"/> Yes <input type="checkbox"/> No		Value of Property

CHARGE	Drug Activity	Amount / Unit	Offense #	Counts	Domestic Violence	Statute Violation Number	Warrant / Capias Number	Bond
DUI						31.61.1.9.3		

Location (Court, Room Number, Address)	322B Gun Club Rd - WPB, FL 33406
Court Date and Time	Month 10 Day 26 Year 2017 Time A.M. 1:30 P.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 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 \_\_\_\_\_

HOLD for other agency	Signatures of Arresting Officer	Name Verification (Printed by Arrestee)
<input type="checkbox"/> Dangerous <input type="checkbox"/> Suicidal	<input type="checkbox"/> Resisted Arrest <input type="checkbox"/> Other	FABIS RAMO
Initials Deputy	Name of Arresting Officer (Print)	(PRINT)
CP HoNeal/2016	CP B. Parent 6790	
I.D. # Pouch #	Reporting Officer I.D. # Agency	
	CP B. Parent 6790 PPSO	

STATE OF FLORIDA  
DEPARTMENT OF HIGHWAY SAFETY & MOTOR VEHICLES  
AFFIDAVIT OF REFUSAL TO SUBMIT TO  
BREATH AND/OR URINE TEST

I, Cpl Bruce Parent, a duly certified Law Enforcement Officer or Correctional Officer,  
(Name of Officer reading Implied Consent Warning)

am a member of Palm Beach County Sheriff's Office, and I do swear  
(Name of law enforcement agency)

or affirm that on or about the 5 day of Oct, 20 17, at 1100  P.M.  A.M.

DRIVER FABIO L. RAMOS  
(Type or Print) FIRST NAME MIDDLE OR MAIDEN NAME LAST NAME

DL# R520252632650, state of FLORIDA, was placed under lawful arrest for

the offense of DUI by Cpl Bruce Parent and  
(Name of Arresting Officer)

issued Citation # A100F2P

That on or about the 5th day of October, 20 17, at 1152  P.M.  A.M.  
in Palm Beach County,

I requested that the driver submit to a  **breath and/or**  **urine** test to determine his or her blood alcohol level and/or the presence of chemical or controlled substances. I informed the driver that the refusal to submit to such test(s) would result in the suspension of his or her driving privilege for a period of one (1) year for a first refusal, or for a period of eighteen (18) months if his or her driving privilege had been previously suspended for refusing to submit to a breath, urine or blood test. I also informed the driver that he or she commits a misdemeanor by refusing to submit to a lawful test as requested above if his or her driving privilege has been previously suspended for refusal to submit to a lawful test of his or her breath, urine, or blood. Additionally, I informed the driver that if he or she holds a CDL, or was operating a CMV, refusal will result in the disqualification of the Commercial Driver's License/driving privilege for a period of one (1) year in the case of a first refusal or permanently if he or she has previously been disqualified as a result of a refusal to submit to any such lawful test. Nonetheless, the driver refused to submit to the test(s) requested.

Cpl Bruce Parent #6790  
Signature of Law Enforcement Officer or  
Correctional Officer

THE AFFIDAVIT MUST BE NOTARIZED OR ATTESTED TO (F.S. 117.10)

The foregoing instrument was sworn and subscribed before me:

Signature of Attesting Officer

Title

Date

(AFFIX SEAL)

The foregoing instrument was sworn and subscribed before

me this 5th day of October, 20 17,

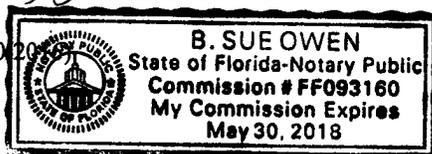
by D/S Parent,

who is personally known to me or who has produced

as identification

Notary Public

HSMV-BAR1001 (REV. 10/2009)



Note: Mail or hand deliver to the designated Bureau of Administrative Reviews office, Department of Highway Safety and Motor Vehicles, with the driver's license, the appropriate copy of the UTC, and the probable cause affidavit.

SCANNED  
OCT 06 2017

D.U.I. PROBABLE CAUSE AFFIDAVIT

ON THE 5 DAY OF OCT 20 17 AT 10:41 AM PM  
SUBJECT: FABIO L. RAMOS CASE NUMBER: 17-135616  
AGENCY: P.B.S.O. ARRESTING OFFICER: Cpl B. Parent #6790

PERSONAL CONTACT

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

South Bound on Sherwood forest in the 2400 Block Driving A 2000 Blue Toyota Bearing Florida TAG 328RFY. The vehicle Ran off the Roadway A TOTAL of 3 Times Running on to Right Shoulder.

OBSERVATION OF DRIVER:

odor of Alcoholic Beverage on Breath  
Watery Blood Shot Eyes  
Soiled Shorts with Zipper Down  
Slurred Speech

DRIVER'S STATEMENTS:

Been Drinking Wine last Night was very depressed

ODORS:

Alcoholic Beverage on Breath

GENERAL OBSERVATIONS

SPEECH: Slurred

ATTITUDE: CARE FREE

CLOTHING: Soiled white shorts zipper opened, Black shirt, Deck shoes

MEDICAL/OTHER:

Diabetic, STATED HAD STROKE 2 WEEKS AGO

STATE OF FLORIDA  
COUNTY OF PALM BEACH

Cpl B. Parent #6790  
(Signature of Arresting Investigative Officer)

The foregoing instrument was sworn to or affirmed and subscribed before me this 05 day of October 20 2017 by Cpl B. Parent

(Print name of Arresting Investigative Officer, who is personally known to me or produced this instrument to me)

[Signature]

B. SUE OWEN  
State of Florida-Notary Public  
Commission # FF093160  
My Commission Expires  
May 30, 2018

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

SCANNED

OCT 06 2017

SUBJECT: FABIO L. RAMOS

CHARGE NUMBER: \_\_\_\_\_

**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:**  
 WATERY Blood Shot Eyes, Zipper on Shorts open, AND soiled  
 ODOR of Alcoholic Beverage on Breath, unsteady on legs, Slurred Speech  
**WALK & TURN:**

REFUSED

**ONE LEG STAND:**

REFUSED

**FINGER TO NOSE:**

REFUSED

**ROMBERG/ALPHABET:**

REFUSED

**BREATH TEST RESULTS:**

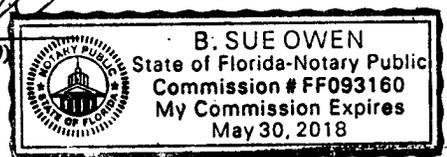
STATE OF FLORIDA  
COUNTY OF PALM BEACH

*[Signature]*  
(Signature of Arresting/Investigative Officer)

The foregoing instrument was notarized or sworn before me this 05 day of OCTOBER, 2017 by CPA B. Parent #6790

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

*[Signature]*  
Notary Public, Clerk of Court, Officer (F.S.S. 117.10)



SCANNED  
OCT 06 2017