

19CT16470 ANB

ARREST / NOTICE TO APPEAR

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

JUVENILE

AD M I N I S T R A T I O N	OBTS Number	Agency ORI Number <b>0501700</b>		Agency Name <b>Jupiter Police Department</b>		Agency Report Number (N.T.A.'s only) <b>5, 4   19-004050</b>		
D E F E N D A N T	Charge Type: Check as many as apply <b>3. Misdemeanor</b>	<input type="checkbox"/> 1. Felony	<input type="checkbox"/> 2. Traffic Felony	<input type="checkbox"/> 3. Misdemeanor	<input type="checkbox"/> 4. Traffic Misdemeanor	<input type="checkbox"/> 5. Ordinance	<input type="checkbox"/> 6. Other	
	Location of Arrest (Including Name of Business) <b>600 S ALT AIA/TONEY PENNA DR</b>				Location of Offense (Business Name, Address) <b>600 S ALT AIA/TONEY PENNA DR, JUPITER, FL 33477</b>			
C O D E F	Date of Arrest <b>09/08/2019</b>	Time of Arrest <b>02:20</b>	Booking Date <b>09/08/2019</b>	Booking Time <b>02:30</b>	Jail Date <b>// : :</b>	Jail Time	Location of Vehicle	
	Name (Last, First, Middle) <b>GULLO, GREGG VINCENT</b>				Alias (Name, DOB, Soc. Sec. #, Etc.) Alias:			
J U V E N I L E	Race <b>W - White</b>	<input type="checkbox"/> American Indian	Sex <b>M</b>	Date of Birth <b>01/21/1992</b>	Height <b>5'07</b>	Weight <b>145</b>	Eye Color <b>UNKNOWN</b>	
	Local Address (Street, Apt. Number) <b>14884 67TH ST N., LOXAHATCHEE, FL 33470</b>				Phone <b>(561) 797-4760</b>		Complexion <b>FAIR</b>	
C H A R G E	Permanent Address (Street, Apt. Number) <b>14884 67TH ST N., LOXAHATCHEE, FL 33470</b>				Phone <b>(561) 797-4760</b>		Residence Type: 1. City 3. Florida 2. County 4. Out of State <b>2</b>	
	Business Address (Name, Street) <b>ZUCCARELLI'S PLACE, PBG, FL</b>				Phone <b>(561) 797-4760</b>		Occupation <b>Barback/busboy</b>	
I N T A K E	DL Number, State <b>G400298920210 / FL</b>	Soc. Sec. Number	INS Number	Place of Birth (City, State) <b>PALM BEACH FL</b>		Citizenship <b>US</b>		
	Co-Defendant Name (Last, First, Middle)		Race	Sex	Date of Birth		<input type="checkbox"/> 1. Arrested <input type="checkbox"/> 3. Felony <input type="checkbox"/> 5. Juvenile	
N O T I C E T O A P P E A R	Co-Defendant Name (Last, First, Middle)		Race	Sex	Date of Birth		<input type="checkbox"/> 2. At Large <input type="checkbox"/> 4. Misdemeanor	
	Name (Last, First, Middle)		Residence Phone		Business Phone		Notified by: (Name)	
N O T I C E T O A P P E A R	Address (Street, Apt. Number)		(City)	(State)	(Zip)	Relationship		
	Released To: (Name)		Date		Time		JUVENILE DISPOSITION 1. Handled/Processed within Department and Released 2. TOT JAC 3. Incarcerated	
A D M I N I S T R A T I O N	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		Grade	
	Property Crime? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Description of Property		Value of Property		Drug Activity	
C H A R G E	S. Sell		R. Smuggle	K. Dispose/Distribute	M. Manufacture/Produce/Cultivate	Z. Other	Drug Type N. N/A	
	N. N/A		D. Deliver	E. Use	Drug Type A. Amphetamine		B. Barbiturate	
C H A R G E	P. Possess		T. Traffic	H. Hallucinogen		M. Marijuana	P. Paraphernalia/Equipment	
	S. Synthetic		U. Unknown		Z. Other		Charge Description <b>DUI - DRIVING UNDER INFLUENCE</b>	
C H A R G E	Amount / Unit		Offense #	Counts	Domestic Violence	Warrant / Capias Number	Statute Violation Number <b>316.193(1)</b>	
	Amount / Unit		Offense #	Counts	Domestic Violence	Warrant / Capias Number	Violation of ORD # <b>OR</b>	
C H A R G E	Amount / Unit		Offense #	Counts	Domestic Violence	Warrant / Capias Number	Statute Violation Number	
	Amount / Unit		Offense #	Counts	Domestic Violence	Warrant / Capias Number	Violation of ORD #	
I N T A K E	Health / Apparent Physical Condition of Defendant				Any knowledge of the following: <input type="checkbox"/> Mental <input type="checkbox"/> Escape Risk <input type="checkbox"/> Medication <input type="checkbox"/> Deformities <input type="checkbox"/> Injuries			
	Check which apply: <input type="checkbox"/> Released O.R. <input type="checkbox"/> Released to Parent/Guardian <input checked="" type="checkbox"/> T.O.T. County Jail		PROPERTY - Received By		Released By		Released To	
N O T I C E T O A P P E A R	Transported By		Date Transported	Time Transported	Other			
	<input type="checkbox"/> INSTRUCTION NO. 1 - Mandatory appearance in court				Location (Court, Room) <b>North County PALM BEACH GARD</b>		2019 No Photo Available -9 AM 3	
<input checked="" type="checkbox"/> INSTRUCTION NO. 2 - You need not appear in Court but must comply with instructions on Page 2.				Court Date and Time <b>10/09/2019 08:30:00</b>				
A D M I N I S T R A T I O N	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.						PAGE <b>1</b> OF 1	
	Signature of Defendant (or Juvenile and Parent/Custodian)							
A D M I N I S T R A T I O N	Signature of Arresting Officer <b>[Signature]</b>		Name Verification (Printed by Arrestee)		Name of Arresting Officer (Print) <b>SCANNED</b>			
	Name of Arresting Officer (Print) <b>MCGILLICUDDY, STEVEN</b>		I.D. # <b>1216</b>		Agency <b>JUPITE</b>			
Transporting Officer <b>S. MCGILLICUDDY</b>		I.D. # <b>388</b>		Agency <b>JUPITE</b>		Witness here if subject comes with you <b>SEP 09 2019</b>		

J# 0510777

#447

PROBABLE CAUSE AFFIDAVIT

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

1

JUVENILE

Agency ORI Number <b>FL 0501700</b>	Agency Name <b>JUPITER POLICE DEPARTMENT</b>	Agency Report Number <b>5   4   19-004050</b>
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Charge Type: Check as many as apply.	<input type="checkbox"/> 1. Felony	<input type="checkbox"/> 3. Misdemeanor	<input type="checkbox"/> 5. Ordinance	Special Notes:
	<input type="checkbox"/> 2. Traffic Felony	<input checked="" type="checkbox"/> 4. Traffic Misdemeanor	<input type="checkbox"/> 6. Other	

Name (Last, First, Middle) <b>GULLO, GREGG VINCENT</b>	Alias	Race <b>W</b>	Sex <b>M</b>	Date of Birth <b>01/21/1992</b>
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Charge Description <b>316.193(1) DUI - DRIVING UNDER INFLUENCE</b>	Charge Description
Charge Description	Charge Description

Victim's Name (Last, First, Middle) <b>State Of Florida</b>	Race	Sex	Date of Birth
Local Address (Street, Apt. Number) (City) (State) (Zip)	Phone	Address Source	
Business Address (Name, Street) (City) (State) (Zip)	Phone	Occupation	

The undersigned certifies and swears that he/she has just and reasonable grounds to believe, and does believe that the above named Defendant committed the following violation of law.  
 The Person taken into custody...  
 committed the below acts in my presence.  was observed by \_\_\_\_\_ who told \_\_\_\_\_ that he/she saw the arrested person commit the below acts.  
 confessed to \_\_\_\_\_ admitting to the below facts.  was found to have committed the below acts, resulting from my (described) investigation.  
 On the 8 day of September, 2019 at 01:17 (Specifically include facts constituting cause for arrest.)

On 9/8/2019 at approximately 0117 hrs I was on routine patrol south bound on S Alternate A1A from E Indiantown Road. I observed that traveling in front of me were multiple vehicles, including a white Chevrolet Impala (VEHICLE-1), bearing FL tag DHZ-V60. As we made the turn south onto S Alternate A1A I observed the Chevrolet Impala accelerate quickly from the other two vehicles traveling near it. I pace clocked the Impala at 60 MPH (45 MPH zone). I conducted a traffic stop on the vehicle and made contact with the driver, Gregg Gullo (DEFENDANT) and front seat passenger, Casey Stowe (IO-1). During my contact at the window with Gullo, I detected the odor an unknown alcoholic beverage emitting from the vehicle. When I inquired about the odor, Stowe advised that she works at a bar. I detected the same odor emitting from the area of Gullo, and when he spoke to me the odor intensified. I observed that he had glassy bloodshot eyes and had slurred speech. I asked Gullo how much he had to drink and he stated one drink. He advised me it was two hours ago. I asked Gullo to rate himself on a scale from 1-10 in terms of how intoxicated he felt. He advised me that he was a 2. When I advised Gullo that I wanted him to participate in field sobriety exercises he asked me what kinds of exercises. I explained that it was a series of field sobriety tasks and he agreed to participate. The following are the results:

- HORIZONTAL GAZE NYSTAGMUS (HGN)**
- Equal pupil size and equal tracking both eyes
  - Lack of smooth pursuit both eyes
  - Distinct and sustained nystagmus at maximum deviation both eyes
  - Onset of nystagmus prior to 45 degrees both eyes.
  - No vertical nystagmus
  - 6 of 6 clues

- WALK AND TURN**
- Lost balance during instructional phase

SEARCHED  
SERIALIZED  
SEP 09 2019

SWORN AND SUBSCRIBED BEFORE ME <i>[Signature]</i> NOTARY PUBLIC / CLERK OF COURT / OFFICER (F. & S. T. & A.) Bonded through 1st State Insurance	JOSHUA BELL MY COMMISSION #GG348008 EXPIRES: JUN 18, 2023	<i>[Signature]</i> SIGNATURE OF ARRESTING / INVESTIGATING OFFICER <b>MCGILLICUDDY, STEVEN (1216)</b> NAME OF OFFICER (PLEASE PRINT)
<u>09/08/2019</u> DATE	<u>09/08/2019</u> DATE	PAGE 1 of 2

PROBABLE CAUSE AFFIDAVIT  
SUPPLEMENT

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

1

JUVENILE

OBTS Number	Agency ORI Number <b>FL 0501700</b>		Agency Name <b>JUPITER POLICE DEPARTMENT</b>	Agency Report Number <b>5 4 19-004050</b>
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				Special Notes:

Name (Last, First, Middle) <b>GULLO, GREGG VINCENT</b>	Alias	Race <b>W</b>	Sex <b>M</b>	Date of Birth <b>01/21/1992</b>
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- Stepped off line on step 5 during the first 9 steps and on step 2 on second nine steps

- 2 of 8 clues observed

**ONE LEG STAND**

- Swayed

- Put foot down

- 2 of 4 clues observed

**FINGER TO NOSE**

- L - Correct finger, pad to tip

- R - Correct finger, tip to tip

- L - Correct finger, pad to tip

- R - Correct finger, tip to tip

- R - Correct finger, tip to tip

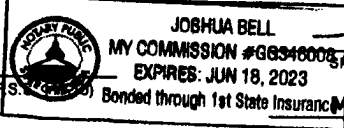


- L - Correct finger, tip to tip

**MODIFIED RHOMBERG**

- Estimated the passage of 30 seconds in 49 seconds

Based on my observations, investigation and totality of the circumstances, I have probable cause to believe that Gregg Gullo was in operational control of a motor vehicle while under the influence of an alcoholic beverage and/or a chemical or controlled substance to the point where his normal faculties were impaired. I placed him under arrest at 0132 hrs. I transported Gullo to the Palm Beach County Breath Alcohol Testing Center (BAT) and placed Gullo under a 20 minute observation period during which I did not observe him consume nor regurgitate anything. We then went on video with BAT Technician Bell (ID #8656) at which point I asked Gullo to provide a breath sample. He refused. I read him the Florida implied consent warning and he still refused. The breath refusal was at 0232 hrs. I then read him his Miranda rights and he advised me that he did not want to speak to me without an attorney present. I then placed him in holding while I finished his booking paperwork. I then booked him into the county jail on one count of DUI. I issued him a court date of 10/9/2019 at 0830 hrs at the North County Courthouse in Palm Beach Gardens. BWC

The vehicle was towed from the scene by East Coast towing.

ADMINISTRATIVE	SWORN AND SUBSCRIBED BEFORE ME		 SIGNATURE OF ARRESTING / INVESTIGATING OFFICER
	 NOTARY PUBLIC / CLERK OF COURT / OFFICER (F.S. 409.01)		<b>CGILlicuddy, STEVEN (1216)</b> NAME OF OFFICER (PLEASE PRINT)
	<b>09/08/2019</b> DATE		<b>09/08/2019</b> DATE



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

PBSO CASE # 19-112644 PBSO ZONE 3-14

AGENCY CASE # 19-004050 CRASH CASE # \_\_\_\_\_

TIME OF STOP/CRASH 0117 DATE 09/08/2019 DAY SUNDAY

SUBJECT'S NAME GULLO GREGG V RACE W SEX M  
LAST FIRST MID

HGT 5'7 WGT 165 DOB 01/21/1992

LOCATION S ALT A1A/TONEY PENNA DR

ARRESTING OFFICER'S NAME & ID MCGILlicuddy 388 AGENCY JUPITER PD

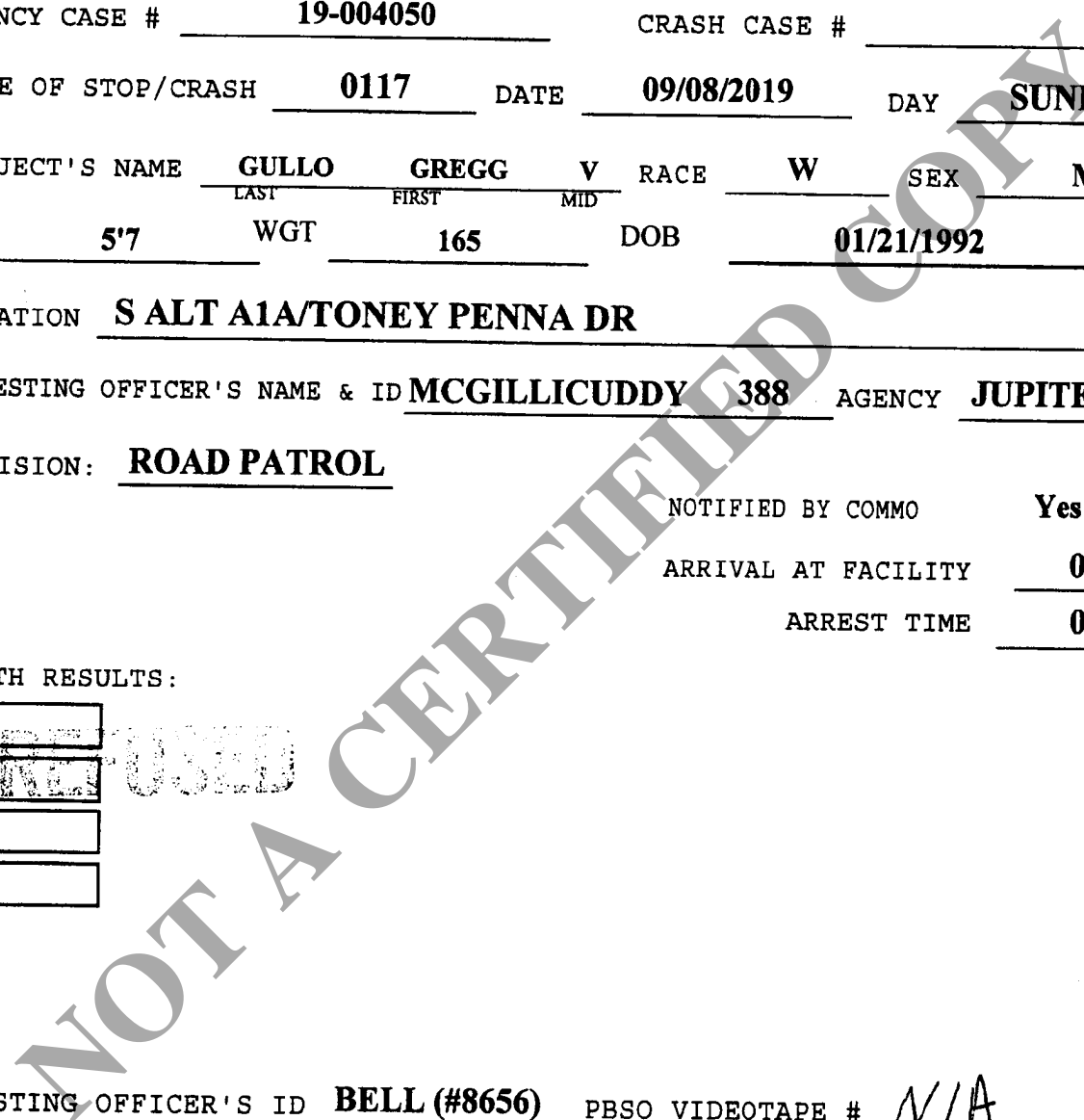
DIVISION: ROAD PATROL

NOTIFIED BY COMMO Yes  
 ARRIVAL AT FACILITY 0156  
 ARREST TIME 0132

**BREATH RESULTS:**

- 1)
- 2)
- 3)
- 4)

TESTING OFFICER'S ID BELL (#8656) PBSO VIDEOTAPE # N/A



**SCANNED  
SEP 09 2019**

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

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

am a member of Jupiter Police Department, and I do swear
(Name of law enforcement agency)

or affirm that on or about the 8TH day of SEPTEMBER, 20 19, at 0132 P.M. A.M.

DRIVER GREGG V GULLO
(Type or Print) FIRST NAME MIDDLE OR MAIDEN NAME LAST NAME

DL# G400-298-92-021-0, state of FLORIDA, was placed under lawful arrest for

the offense of DUI 1ST OFFENSE by Officer MCGILLICUDDY and
(Name of Arresting Officer)

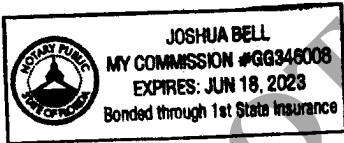
issued Citation # AATBLME.

That on or about the 8TH day of SEPTEMBER, 20 19, at 0232 P.M. A.M.

in Palm Beach County,

I requested that the driver submit to a X 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.

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:

(AFFIX SEAL)
The foregoing instrument was sworn and subscribed before me this day of 20, by Officer MCGILLICUDDY 388, who is personally known to me or who has produced as identification

Notary Public BELL (#8656)

HSMV-BAR1001 (REV. 10/2016)

Signature of Attesting Officer
Title
Date

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
SEP 09 2019

# TESTING FACILITY TASK REPORT

AGENCY: JPD

SUBJECT: GULLO, GREGG V.

CASE NUMBER: 19-112644

DATE: 09/08/19

VIDEO TAPE NUMBER: N/A

BEGINNING TIME: 0230

ENDING TIME: 0233

BREATH TESTS RESULTS: 1) R TIME 0232 A.M./P.M. 2) N/A TIME XX A.M./P.M.  
3) N/A TIME XX A.M./P.M. 4) N/A TIME XX A.M./P.M.

BREATH OPERATOR: J. BELL #8656

MAINTENANCE TECHNICIAN: J. KARLECKE #6467

## TESTING OFFICER'S OBSERVATIONS

SPEECH: SLURRED

ATTITUDE: QUIET, POLITE /

CLOTHING: BLUE TEE SHIRT, GREY SHORTS, BROWN FLIP FLOPS

MEDICAL CONDITIONS: NONE

MEDICATIONS: NONE

OTHER: EYES: BLOODSHOT, GLASSY

COMMENTS: ARRIVED AT CENTER A/O BEGAN 20 MIN OBSERVATION AT 0156 HRS

SUBJECT STATED HE WOULD NOT TAKE BREATH TEST

A/O READ I.C.

SUBJECT STATED HE UNDERSTOOD I.C. AND REFUSED TO TAKE BREATH TEST

A/O READ RIGHTS

SUBJECT STATED HE UNDERSTOOD HIS RIGHTS

SUBJECT DECLINED TO ANSWER ANY QUESTIONS

# WITNESS LIST

CASE NUMBER: 19-004050

ARRESTING OFFICER: MCGILLICUDDY

ADDRESS: 210 Military Trl. Jupiter, FL 33458

PHONE NUMBERS (HOME): \_\_\_\_\_ (WORK) (561) 746-6201

CAN TESTIFY TO: PC

NAME: PFC FLESCH

ADDRESS: 210 MILITARY TRL, JUPITER, FL 33458

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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NAME: \_\_\_\_\_

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ADDRESS \_\_\_\_\_

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ADDRESS \_\_\_\_\_

PHONE NUMBERS (HOME) \_\_\_\_\_ (WORK) \_\_\_\_\_

CAN TESTIFY TO: \_\_\_\_\_

NAME: \_\_\_\_\_

ADDRESS \_\_\_\_\_

PHONE NUMBERS (HOME) \_\_\_\_\_ (WORK) \_\_\_\_\_

CAN TESTIFY TO: \_\_\_\_\_

SCANNED

SEP 09 2019

SUBJECT: Guillo, Gregg v.

CASE NUMBER: 19-004050

### 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: Ofc. McGillicuddy # 388

SCANNED  
SEP 09 2019

SUBJECT: Guillo, Gregg V.

CASE NUMBER: 19-004650

## 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

SEP 09 2019

SUSPECT'S SIGNATURE: (X) Read on Camera



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

REVIEW COMPLETED BY

Booking Number: 2019029228	Date: 09/09/2019
	Specialist Name/ID: AM/31562

SCANNED  
SEP 09 2019