

ARREST / NOTICE TO APPEAR

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

1 JUVENILE

OBTS Number	Agency ORI Number <b>0502000</b>		Agency Name <b>Lantana Police Department</b>		Agency Report Number (N.T.A.'s only) <b>6   4   18-000516</b>					
Charge Type: Check as many as apply: <input type="checkbox"/> 1. Felony <input type="checkbox"/> 2. Traffic Felony <input checked="" type="checkbox"/> 3. Misdemeanor <input type="checkbox"/> 4. Traffic Misdemeanor <input type="checkbox"/> 5. Ordinance <input type="checkbox"/> 6. Other	If Weapon Seized Enter Type <b>None/not Applicable</b>		Multiple Clearance Indicator <b>1</b>							
Location of Arrest (Including Name of Business) <b>1500-BLK W LANTANA RD LANTANA FL 33462</b>			Location of Offense (Business Name, Address) <b>1500 W LANTANA RD BLK, LANTANA, FL 33462</b>							
Date of Arrest <b>03/03/2018</b>	Time of Arrest <b>01:39</b>	Booking Date	Booking Time	Jail Date	Jail Time	Location of Vehicle				
Name (Last, First, Middle) <b>PARRA, GUILLERMO FELIPE</b>		Alias:		Alias (Name, DOB, Soc. Sec. #, Etc.)						
Race W - White B - Black <b>W</b>	Sex M <b>M</b>	Date of Birth <b>10/10/1982</b>	Height <b>5'07</b>	Weight <b>170</b>	Eye Color <b>BROWN</b>	Hair Color <b>BLACK</b>	Complexion <b>LIGHT</b>	Build <b>Med</b>		
Scars, Marks, Tattoos, Unique Physical Features (Location, Type, Description)			Marital Status <b>M</b>	Religion <b>CATHOLIC</b>	Indication of Alcohol Influence Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unk. <input type="checkbox"/>		Drug Influence Yes <input type="checkbox"/> No <input type="checkbox"/> Unk. <input type="checkbox"/>			
Local Address (Street, Apt. Number) (City) (State) (Zip) <b>701 BUTTONWOOD LN, BOYNTON BEACH, FL 33436</b>			Phone <b>(561) 213-2198</b>		Residence Type: 1. City 3. Florida 2. County 4. Out of State <b>2</b>		Address Source <b>VERBAL</b>			
Permanent Address (Street, Apt. Number) (City) (State) (Zip) <b>701 BUTTONWOOD LN, BOYNTON BEACH, FL 33436</b>			Phone <b>(561) 213-2198</b>		Occupation <b>It</b>					
Business Address (Name, Street) (City) (State) (Zip) <b>VALLEY NATIONAL BANK,</b>			Phone <b>Calif,</b>		Occupation <b>It</b>					
DL Number, State <b>P600286823700 / FL</b>		Soc. Sec. Number		INS Number		Place of Birth (City, State) <b>Colombia</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		<input type="checkbox"/> 2. At Large <input type="checkbox"/> 4. Misdemeanor		
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		<input type="checkbox"/> 2. At Large <input type="checkbox"/> 4. Misdemeanor		
<input type="checkbox"/> Parent <input type="checkbox"/> Other: _____		Name (Last, First, Middle)		Residence Phone						
<input type="checkbox"/> Legal Custodian		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 <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				
<input type="checkbox"/> Yes, by: _____		<input type="checkbox"/> No:		Property Crime? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Description of Property		Value of Property			
Drug Activity N. N/A P. Possess	S. Sell B. Buy T. Traffic	R. 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 Description <b>DUI-DRIVING UNDER THE INFLUENCE</b>		Statute Violation Number <b>316.193(1)</b>		Violation of ORD #						
Drug Activity <b>N</b>	Drug Type <b>N</b>	Amount / Unit <b>/</b>	Offense # <b>18-000516</b>	Counts <b>1</b>	Domestic Violence <input type="checkbox"/> Y <input checked="" type="checkbox"/> N	Warrant / Capias Number		Bond		
Charge Description		Statute Violation Number		Violation of ORD #						
Drug Activity	Drug Type	Amount / Unit	Offense #	Counts	Domestic Violence <input type="checkbox"/> Y <input type="checkbox"/> N	Warrant / Capias Number		Bond		
Charge Description		Statute Violation Number		Violation of ORD #						
Drug Activity	Drug Type	Amount / Unit	Offense #	Counts	Domestic Violence <input type="checkbox"/> Y <input type="checkbox"/> N	Warrant / Capias Number		Bond		
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 Explain:						
Check which applies: <input type="checkbox"/> Released O.R. <input type="checkbox"/> Released to Parent/Guardian <input type="checkbox"/> T.O.T. County Jail		PROPERTY - Received By		Released By		Released To				
<input type="checkbox"/> Posted Bond <input type="checkbox"/> South County Mental Health		Date Transported		Time Transported		Other				
Transported By		Date Transported		Time Transported		Other				
<input checked="" type="checkbox"/> INSTRUCTION NO. 1 - Mandatory appearance in court		Location (Court, Room) <b>200 W Atlantic Ave, DELRAY BEACH</b>		Court Date and Time <b>03/26/2018 08:30:00</b>		No Photo Available				
<input type="checkbox"/> INSTRUCTION NO. 2 - You need not appear in Court but must comply with instructions on Page 2.										
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 COMTEMPT 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		Signature of Arresting Officer		Name Verification (Printed by Arrestee)						
<input type="checkbox"/> Dangerous <input type="checkbox"/> Resisted Arrest		Name of Arresting Officer (Print) <b>VARGAS, CHRISTIAN A</b>		I.D. # <b>887</b>		(PRINT)				
<input type="checkbox"/> Suicidal <input type="checkbox"/> Other		Transporting Officer <b>C Vargas</b>		I.D. # <b>887</b>		Agency <b>Lantana</b>		PAGE <b>1 OF 1</b>		
Intake Deputy		I.D. #		Pouch #		Witness here if subject signed with an "X".				

SCANNED  
MAR 04 2018

# WITNESS LIST

CASE NUMBER: 18-000516

ARRESTING OFFICER C. Vargas #887

ADDRESS 901 N 8th Street Lantana FL 33462

PHONE NUMBERS (HOME) 561-540-5701 (WORK) \_\_\_\_\_

CAN TESTIFY TO: Tasks performed and statements made by the defendant

NAME: Sgt. Schaaf #661

ADDRESS 901 N 8th Street Lantana FL 33462

PHONE NUMBERS (HOME) 561-540-5701 (WORK) \_\_\_\_\_

CAN TESTIFY TO: Defendants driving patterns

NAME: M. Parks #864

ADDRESS 901 N 8th Street Lantana FL 33462

PHONE NUMBERS (HOME) 561-540-5701 (WORK) \_\_\_\_\_

CAN TESTIFY TO: Observing roa

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

ADDRESS \_\_\_\_\_

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

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

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

ADDRESS \_\_\_\_\_

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

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

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

ADDRESS \_\_\_\_\_

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

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

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

ADDRESS \_\_\_\_\_

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

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

NOT A CERTIFIED COPY

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MAR 04 2018

The Sunshine State

DRIVER LICENSE CLASS E

P600-286-82-370-0

MILLERNO FELIPE

MARRA

701 BUTTERNWOOD LN

WINDY BEACH, FL 33422-0000

DOB: 02-10-1982 SEX: M

EXPIRES: 02-10-2025



ORGAN DONOR

Operation of a motor vehicle constitutes consent to any sobriety test required by law.

NOT A CERTIFIED COPY

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MAR 04 2018

SUBJECT: William Person CASE NUMBER: 18-00516

### 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? Yes

WHERE WERE YOU GOING? Home

WHAT STREET OR HIGHWAY WERE YOU ON? Last one

DIRECTION OF TRAVEL? N WHERE DID YOU START? Douglas Lake north

WHAT TIME DID YOU START? unk WHAT TIME IS IT NOW? unk

WHAT IS TODAY'S DATE? 3/2/18 WHAT DAY OF THE WEEK IS IT? Saturday

WHAT COUNTY AND CITY ARE YOU IN NOW? WVC, 18 County

WHEN DID YOU LAST EAT? 8:30pm WHAT DID YOU EAT? Sliders (Burger)

WHAT HAVE YOU BEEN DOING FOR THE LAST THREE HOURS? Hanging w/ friends

HOW MUCH DO YOU WEIGH? 185lbs HAVE YOU BEEN DRINKING? Y WHAT? 1 Beer Red Light

HOW MUCH? 1 Beer WHERE? Bar (low) WITH WHOM? friends

WHEN DID YOU HAVE YOUR FIRST DRINK? 10:30pm AND YOUR LAST DRINK? 10:30p

HOW DID YOU CONSUME YOUR LAST TWO DRINKS? Sup

CAN YOU FEEL THE EFFECTS OF THE ALCOHOL? N ARE YOU UNDER THE INFLUENCE? N

HAVE YOU CONSUMED ANY ALCOHOL SINCE THE ACCIDENT? - HOW MUCH? -

WHAT? - WHERE? - WHEN? -

WHAT LINE OF WORK ARE YOU IN? IT WHEN DID YOU LAST WORK? Tuesday

DO YOU HAVE ANY PHYSICAL DEFECTS OR INJURIES? N WHAT? -

ARE YOU SICK OR INJURED? N WHAT'S WRONG? -

DO YOU LIMP? N DID YOU RECEIVE A BUMP ON THE HEAD RECENTLY? N

WERE YOU IN AN ACCIDENT TODAY? N

HAVE YOU TAKEN ANY DRUGS OR SMOKED ANY MARIJUANA TODAY? N WHEN? -

HAVE YOU SEEN A DOCTOR OR DENTIST TODAY? N WHO? - WHY? -

ARE YOU TAKING ANY PRESCRIPTION MEDICINES? N WHAT? - WHEN? -

DO YOU HAVE:

EPILEPSY?	<u>No</u>
GLASS EYE?	<u>No</u>
FALSE TEETH?	<u>No</u>
EAR INFECTION?	<u>No</u>
INNER EAR TROUBLE?	<u>No</u>
DIABETES?	<u>No</u>

DO YOU HAVE ANY PROBLEMS WITH YOUR EYES THAT ARE NOT CORRECTED BY GLASSES? No

DO YOU TAKE INSULIN? No IF SO, WHEN WAS YOUR LAST INJECTION? -

HAVE YOU EVER HAD A DRIVER'S LICENSE IN ANY OTHER STATE? No WHERE? -

INTERVIEWER: L. Vinger

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MAR 04 2018

SUBJECT: Guillermo Paris CASE NUMBER: 18 000516

## 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 \_\_\_\_\_.

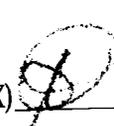
If you fail to submit to the test I have requested of you, your privilege to operate a motor vehicle will be suspended for a period of one (1) year for a first refusal, or eighteen (18) months if your privilege has been previously suspended as a result of a refusal to submit to a lawful test of your 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)  \_\_\_\_\_

SCANNED

MAR 04 2018

GOLD - JAIL

WHITE - STATE ATTY. YELLOW - DHSMV PINK - CENTRAL RECORDS

# D.U.I. PROBABLE CAUSE AFFIDAVIT

ON THE 3rd DAY OF March 20 18, AT 0139 AM/PM  
SUBJECT: Guillermo F. Parra CASE NUMBER: 18-000516  
AGENCY: Lantana Police ARRESTING OFFICER: C. Vargas

## PERSONAL CONTACT

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

Guillermo Parra was observed driving westbound on the 1300-Blk of W. Lantana Rd by Sgt. Schaaf #661. Parra was observed swerving, failing to maintain a single lane and striking the curb at the 1500-Blk of W. Lantana Rd.

## OBSERVATION OF DRIVER:

Parra's eyes appeared to be glassy his speech was slurred.

## DRIVER'S STATEMENTS:

Parra stated he had one drink in Lake Worth

## ODORS:

There was an odor of an unknown alcohol emitting from the vehicle.

## GENERAL OBSERVATIONS

SPEECH: Slurred

ATTITUDE: Nervous

CLOTHING: Red shirt, blue jeans and black sneakers

## MEDICAL / OTHER:

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 3rd day of March 20 18 by Ofc. C Vargas

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

M. P. [Signature]  
Notary Public, Clerk of Court, Officer (F.S. 117.40)

SCANNED  
MAR 04 2018

SUBJECT: Guillermo F. Parra CASE NUMBER: 18-000516

## 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:

Ms. Lahm was consistently moving her head to follow the stimulus even when instructed to follow the stimulus with just her eyes.

### WALK & TURN:

Parra was unable to maintain his balance while I was giving her the instructions. Could not walk heel-to-toe with out having to readjust his footing. He would put his arms out in order to balance himself. Improper turn, Parra jumped and made a sudden turn. He also stepped off the line several times.

### ONE LEG STAND:

Parra could not maintain his balance while he was given instructions. He would raise his hands in order to balance himself even when instructed to keep her hands by his side Switched feet in the middle of the test. Parra also was swaying side to side while completing the tasks.

### FINGER TO NOSE :

Would not remain in the starting position even when told to do so multiple times. Swayed side to side while completing tasks. Parra also failed to touch his finger to nose on several occasions.

### ROMBERG / ALPHABET :

Not performed

### BREATH TEST RESULTS :

STATE OF FLORIDA  
COUNTY OF PALM BEACH

  
(Signature of Arresting / Investigative Officer)

The foregoing instrument was notarized or sworn before me this 3rd day of March 20 18 by Ofc. C Vargas

who is personally known to me and/or produced identification. Type of identification produced LBO Officer

  
Notary Public, Clerk of Court Officer F.S.S. 117-10

SCANNED  
MAR 04 2018

# TESTING FACILITY TASK REPORT

AGENCY: LPD-VARGAS

SUBJECT: PARRA, GUILLERMO F

CASE NUMBER: 18-045501

DATE: Mar 3, 2018

VIDEO DVD NUMBER: N/A

BEGINNING TIME: 0254

ENDING TIME: 0303

BREATH TESTS RESULTS: 1) REF TIME 0255 A.M.  P.M.  2) XX TIME XX A.M.  P.M.   
3) XX TIME XX A.M.  P.M.  4) XX TIME XX A.M.  P.M.

BREATH OPERATOR: J Biggs# 7607

MAINTENANCE TECHNICIAN: D/S J Karklecke #6467

## TESTING OFFICER'S OBSERVATIONS

SPEECH: SLURRED, LOW

ATTITUDE: COOPERATIVE

CLOTHING: RED SHIRT, BLUE JEANS

MEDICAL CONDITIONS: NONE

MEDICATIONS: NONE

## OTHER:

EYES GLASSY, RED, BLOODSHOT  
ODOR OF AN UNKNOWN ALCOHOLIC BEVERAGE ON SUBJECT

## COMMENTS:

ARRESTING OFFICER CONDUCTED THE 20 MINUTE OBSERVATION BEGINNING AT 0222  
SUBJECT REFUSED THE TEST INITIALLY  
SUBJECT WAS READ IMPLIED CONSENT AND UNDERSTOOD IT  
SUBJECT REFUSED THE TEST ONCE AGAIN  
MIRANDA WAS READ  
SUBJECT SUBMITTED TO THE QUESTIONS ASKED

SCANNED  
MAR 04 2018