

# ARREST NOTICE TO APPEAR

Check if Supplement is Attached  
1. Arrest 2. N.T.A. 3. Request for Warrant 4. Request for Capias

Juvenile

ADMINISTRATIVE	OBTS Number		Agency ORI Number FLO 5 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 7 1 0 0 7 8 8 1 1 1	
	Charge Type: Check as many as apply.		1. Felony <input type="checkbox"/> 2. Traffic Felony <input type="checkbox"/> 3. Misdemeanor <input checked="" type="checkbox"/> 4. Traffic Misdemeanor <input type="checkbox"/> 5. Ordinance <input type="checkbox"/> 6. Other <input type="checkbox"/>		If Weapon Seized		Multiple Clearance Indicator <input checked="" type="checkbox"/>	
	Location of Arrest (including Name of Business) 300 Block Royal Palm way				Location of Offense (Business Name, Address) 300 Block Royal Palm way			
	Date of Arrest 05.26.17		Time of Arrest 2:12		Booking Date		Booking Time	
DEFENDANT	Name (Last, First, Middle) Ashley II, Guylin				Alias (Name, DOB, Soc. Sec. #, Etc.)			
	Race W - White <input checked="" type="checkbox"/> B - Black <input type="checkbox"/> I - American Indian <input type="checkbox"/> O - Oriental/Asian <input type="checkbox"/>		Sex M <input checked="" type="checkbox"/> F <input type="checkbox"/>		Date of Birth 11.24.71		Height 5'08"	
	Weight 200		Eye Color Blue		Hair Color BR		Complexion light	
	Build Avg.		Scars, Marks, Tattoos, Unique Physical Features (Location, Type, Description)		Marital Status		Religion	
CO-DEF	Local Address (Street, Apt. Number) (City) (State) (Zip) 1501 S. Flagler DR Apt 5D WPB, FL 33401				Phone ( ) ( ) ( ) ( ) ( ) ( )			
	Permanent Address (Street, Apt. Number) (City) (State) (Zip) 1501 S. Flagler DR Apt 5D WPB, FL 33401				Phone (561) 543-6805			
	Business Address (Name, Street) (City) (State) (Zip)				Phone ( ) ( ) ( ) ( ) ( ) ( )			
	D/L Number, State A240 292714240				Soc. Sec. Number		INS Number	
JUVENILE	Co-Defendant (Last, First, Middle)				Race		Sex	
	Co-Defendant (Last, First, Middle)				Race		Sex	
	Name (Last) (First) (Middle)				Residence Phone ( ) ( ) ( ) ( ) ( ) ( )		Business Phone ( ) ( ) ( ) ( ) ( ) ( )	
	Address (Street, Apt. Number) (City) (State) (Zip)				Notified by: (Name)		Date	
CHARGE	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		Grade	
	Property Crime? <input type="checkbox"/> Yes <input 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	
CHARGE	K. Dispense/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 Driving under the influence				Counts 1		Domestic Violence <input type="checkbox"/> Y <input checked="" type="checkbox"/> N	
CHARGE	Statute Violation Number 3161193101				Violation of ORD #			
	Drug Activity				Drug Type		Amount / Unit	
	Offense #				Warrant / Capias Number		Bond	
	Charge Description				Counts		Domestic Violence <input type="checkbox"/> Y <input checked="" type="checkbox"/> N	
CHARGE	Statute Violation Number				Violation of ORD #			
	Drug Activity				Drug Type		Amount / Unit	
	Offense #				Warrant / Capias Number		Bond	
	Charge Description				Counts		Domestic Violence <input type="checkbox"/> Y <input checked="" type="checkbox"/> N	
CHARGE	Statute Violation Number				Violation of ORD #			
	Drug Activity				Drug Type		Amount / Unit	
	Offense #				Warrant / Capias Number		Bond	
	Charge Description				Counts		Domestic Violence <input type="checkbox"/> Y <input checked="" type="checkbox"/> N	
CHARGE	Statute Violation Number				Violation of ORD #			
	Drug Activity				Drug Type		Amount / Unit	
	Offense #				Warrant / Capias Number		Bond	
	Location (Court, Room Number, Address) 3228 Gun Club Rd WPB FL 33406				Court Date and Time 06 Day 15 Year 2017 Time 0630 A.M.			
NOTICE TO APPEAR	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			
	HOLD for other agency				Signature of Arresting Officer X OFC Santelli		Name Verification (Printed by Arrestee) SCANNED	
	Name of Arresting Officer (Print) OFC Santelli				I.D. # 8250		PAGE 1 OF 1	
ADMIN	Intake Deputy DLS Wellington 7141				I.D. # 7141		Pouch #	
	Transporting Officer OFC Santelli 9230				I.D. # 9230		Agency PBD	

Palm Beach Police Dept.

## 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? Royal Palm

DIRECTION OF TRAVEL? West WHERE DID YOU START? My client's house to my house

WHAT TIME DID YOU START? 7:00 PM WHAT TIME IS IT NOW? I don't know, 10:00 PM

WHAT IS TODAY'S DATE? 2017 May 27 WHAT DAY OF THE WEEK IS IT? Friday

WHAT COUNTY AND CITY ARE YOU IN NOW? Palm Beach County, near Palm Beach

WHEN DID YOU LAST EAT? 2-3 o'clock WHAT DID YOU EAT? Sandwich

WHAT HAVE YOU BEEN DOING FOR THE LAST THREE HOURS? I went home and slept + stopped for

HOW MUCH DO YOU WEIGH? 260 lbs HAVE YOU BEEN DRINKING? Yes WHAT? A Drink 3 hours ago

HOW MUCH? A rock ball WHERE? at home EPHEDRINE WITH WHOM? NO one

WHEN DID YOU HAVE YOUR FIRST DRINK? at home AND YOUR LAST DRINK? Same time

HOW DID YOU CONSUME YOUR LAST TWO DRINKS? I didn't have two drinks

CAN YOU FEEL THE EFFECTS OF THE ALCOHOL? NO ARE YOU UNDER THE INFLUENCE? I don't believe

HAVE YOU CONSUMED ANY ALCOHOL SINCE THE ACCIDENT? NO HOW MUCH? NO

WHAT? NO WHERE? NO WHEN? NO

WHAT LINE OF WORK ARE YOU IN? Personal Assistant WHEN DID YOU LAST WORK? Today

DO YOU HAVE ANY PHYSICAL DEFECTS OR INJURIES? NO WHAT? NO

ARE YOU SICK OR INJURED? Mental WHAT'S WRONG? NO

DO YOU LIMP? NO DID YOU RECEIVE A BUMP ON THE HEAD RECENTLY? I fell recently

WERE YOU IN AN ACCIDENT TODAY? NO

HAVE YOU TAKEN ANY DRUGS OR SMOKED ANY MARIJUANA TODAY? NO WHEN? NO

HAVE YOU SEEN A DOCTOR OR DENTIST TODAY? NO WHO? NO WHY? NO

ARE YOU TAKING ANY PRESCRIPTION MEDICINES? Yes WHAT? Antidepressant WHEN? NO

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>

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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? NO

HAVE YOU EVER HAD A DRIVER'S LICENSE IN ANY OTHER STATE? Yes WHERE? PA, NY

INTERVIEWER: Officer Sam Lili

# WITNESS LIST

CASE NUMBER: 17-000788

ARRESTING OFFICER OFC Santelli

ADDRESS 345 S. County Rd. Palm Beach, FL 33458

PHONE NUMBERS (HOME) \_\_\_\_\_ (WORK) 561-838-5454

CAN TESTIFY TO: Arrest

NAME: OFC Miccarone

ADDRESS 345 S. County Rd. Palm Beach, FL 33458

PHONE NUMBERS (HOME) \_\_\_\_\_ (WORK) 561-838-5454

CAN TESTIFY TO: DUI investigation

NAME: OFC Melanaro

ADDRESS 345 S. County Rd. Palm Beach, FL 33458

PHONE NUMBERS (HOME) \_\_\_\_\_ (WORK) 561-838-5454

CAN TESTIFY TO: DUI investigation

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

ADDRESS \_\_\_\_\_

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

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

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

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

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

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# TESTING FACILITY TASK REPORT

AGENCY: Palm Beach P.D.  
SUBJECT: Ashley II, Guy Lamonte CASE NUMBER: 17-082582  
DATE: 05/26/17 VIDEO TAPE NUMBER: 62689  
BEGINNING TIME: 2205 ENDING TIME: 2225  
BREATH TESTS RESULTS: 1) .320 TIME 2210 A.M./P.M. PM 2) .334 TIME 2213 A.M./P.M. PM  
3) \_\_\_\_\_ TIME \_\_\_\_\_ A.M./P.M. 4) \_\_\_\_\_ TIME \_\_\_\_\_ A.M./P.M.

BREATH OPERATOR: S. Owen #3184

MAINTENANCE TECHNICIAN: J. Karlecke #6467

## TESTING OFFICER'S OBSERVATIONS

SPEECH: Slightly slurred

ATTITUDE: Co-operative, very nice, pleasant

CLOTHING: black shoes, tan pants, black checkered shirt

MEDICAL CONDITIONS: depression, anxiety

MEDICATIONS: Xanax, 2 to 3 x day as needed, trazodone 1 x day night

OTHER: Colexex - depression xanax 4 hrs Tr24 hrs  
12 hrs ago

COMMENTS: A/oc arrived at 2144 hrs

No observed 20 minutes

A/o requested breath test, A agreed

No problem with test, tech explained results

A/o read c/w, A understood rights

A answered Q & A. ate at 3pm (sandwich)

A admitted drinking 3 hrs ago single cocktail

1st drink he's had in 5 days. Couldn't feel effects

felt effects of his pills. Has mental issues he's been treated for.

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SUBJECT: Astley II, Guy Lamonte CASE NUMBER: 17-060788-

## 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.

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SUSPECT'S SIGNATURE: (X) Read on Camera

# D.U.I. PROBABLE CAUSE AFFIDAVIT

ON THE 26 DAY OF May 20 17 AT 21:12 AM PM  
SUBJECT: Ashley II, G. G. CASE NUMBER: 17000788  
AGENCY: PBPD ARRESTING OFFICER: Off. Santelli

## PERSONAL CONTACT

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

On May 26th 2017 at approx. 2050 I observed a grey colored Audi four door driving westbound on Royal Palm way. I observed the vehicle weave in it's lane of travel. The vehicle then stopped past the stop bar at a red light, and in a crosswalk pedestrian cross walk. I activated my emergency lights and initiated a traffic stop based on my observations. ~~upon~~ ~~in~~ upon walking up to Driver's window of vehicle I observed a white male who was later identified by his Florida DL# A240292714040 as  
Guy C. Ashley (DOB 11/24/1971)  
OBSERVATION OF DRIVER: Driver's eyes were glassy.

DRIVER'S STATEMENTS: Driver stated he was picking up food for a client.

ODORS: No odors observed

## GENERAL OBSERVATIONS

SPEECH: Slurred

ATTITUDE: Cooperative

CLOTHING:

MEDICAL/OTHER:

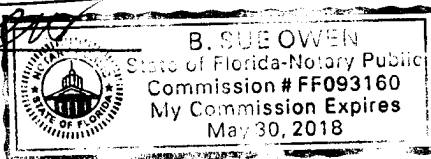
STATE OF FLORIDA  
COUNTY OF PALM BEACH

(Signature of Arresting/Investigative Officer)

The foregoing instrument was sworn to or affirmed and subscribed before me this 26th day of May 20 17 by Off. Santelli

(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)



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MAY 31 2017

SUBJECT: Ashley H, Gay, L

CASE NUMBER: 17-000 788

## 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 from side to side, moved head.

WALK & TURN: Swayed, missed heel to toe, used arms for balance, stepped off line, improper turn.

### ONE LEG STAND:

Dropped leg early, used arms for balance, lost balance.

### FINGER TO NOSE:

Missed nose with index finger, did not return finger to side

### ROMBERG/ALPHABET:

### BREATH TEST RESULTS:

.320 .334

STATE OF FLORIDA  
COUNTY OF PALM BEACH

[Signature]  
(Signature of Arresting/Investigative Officer)

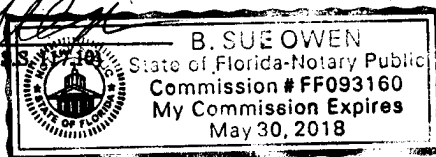
The foregoing instrument was notarized or sworn before me this

26<sup>th</sup> day of May, 2017

by [Signature]

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

[Signature]  
Notary Public, Clerk of Court, Officer (F.S. 119.07)



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