

ARREST / NOTICE TO APPEAR

Juvenile Referral Report

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

Juvenile

1

OBTS Number

Agency ORI Number
FLO 500000

Agency Name

PALM BEACH COUNTY SHERIFF'S OFFICEAgency Report Number (N.T.A.'s only)
06-1709929Charge Type:
Check as many as apply 1. Felony
 2. Traffic Felony 3. Misdemeanor
 4. Traffic Misdemeanor 5. Ordinance
 6. OtherWeapon Seized / Type
 1. Yes
 2. No

Multiple Clearance Indicator

Location of Arrest (Including Name of Business)

Military Trail at Gun Club Rd West Palm Beach FL 33406

Location of Offense (Business Name, Address)

Military Trail at Gun Club Rd**West Palm Beach FL 33406**

Date of Arrest

07/08/2017

Time of Arrest

03:23

Booking Date

Booking Time

Jail Date

Jail Time

Location of Vehicle

All Florida Towing

Name (Last, First, Middle)

Del-Rio**Hermes**

Alias (Name, DOB, Soc. Sec. #, Etc.)

Race

W - White I - American Indian

W

M

Sex

Date of Birth

04/15/1975

Height

5'8

Weight

185

Eye Color

Bro

Hair Color

Bla

Complexion

Med

Build

Med

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

Marital Status

Religion

CATHOLICIndication of:
Alcohol Influence
Drug InfluenceY N
Unk.

Local Address (Street, Apt. Number)

(City) **New Orleans LA 70124**

(State) (Zip)

Phone

Permanent Address (Street, Apt. Number)

(City) (State) (Zip)

Phone

Business Address (Name, Street)

(City) (State) (Zip)

Phone

D/L Number, State

FL - D-460-320-75-135-0/LA -11899554

Soc. Sec. Number

INS Number

Place of Birth (City, State)

Brooklyn NY

Citizenship

US

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

Parent

Legal Custodian

Other:

Address (Street, Apt. Number)

(City)

(State)

(Zip)

Residence Phone

Notified by: (Name)

Date

Time

Juvenile Disposition

1. Handled/processed within Dept. and Released.

2. TOT HRS / DYS

3. Incarcerated

Business Phone

Released To: (Name)

Relationship

Date

Time

The above address provided by defendant and / or defendant's parents The child and / or parent was told to keep the Juvenile Court Clerk (Phone 355-2526) informed of any change of address. Yes, by: (Name) No (Reason)

Property Crime?

 Yes No

Description of Property

Value of Property

Drug Activity

S. Sell
B. Buy
P. PossessR. Smuggle
D. Deliver
T. TrafficK. Dispense/
DistributeM. Manufacture/
Produce/
Cultivate

Z. Other

N. N/A

B. Barbiturate
C. Cocaine
E. HeroinH. Hallucinogen
M. Marijuana
O. Opium/Deriv.P. Paraphernalia/
Equipment
S. SyntheticsU. Unknown
Z. Other

DUI

Counts

Domestic
Violence Y N

Statute Violation Number

Offense #

316.193(1)

Violation of ORD #

Drug Activity

N

Drug Type

Amount / Unit

Offense #

Warrant / Capias Number

Bond

Charge Description

Counts

Domestic
Violence Y N

Statute Violation Number

Violation of ORD #

Drug Activity

Drug Type

Amount / Unit

Offense #

Warrant / Capias Number

Bond

Charge Description

Counts

Domestic
Violence Y N

Statute Violation Number

Violation of ORD #

Drug Activity

Drug Type

Amount / Unit

Offense #

Warrant / Capias Number

Bond

Charge Description

Counts

Domestic
Violence Y N

Statute Violation Number

Violation of ORD #

Drug Activity

Drug Type

Amount / Unit

Offense #

Warrant / Capias Number

Bond

NOTICE TO APPEAR

Court Room Number / Address

PALM BEACH COUNTY COURTHOUSE CRIMINAL JUSTICE COMPLEX, 3228 GUN CLUB RD, WEST PALM BEACH, FL 33406 - PH: (561) 355-2996

Court Date and Time

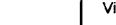
Month Aug

Day 3

Year 2017

Time 08:30

AM X

PM 

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

07/08/2017

Date Signed 

Signature of Defendant (or Juvenile and Parent / Custodian)

HOLD for other Agency

Name:

Signature of Arresting Officer

X

Dangerous

Resisted Arrest

Suicidal

Other:

Name of Arresting Officer (Print)

Inv. J. Schneider

I.D. #

8501

Intake Deputy

Transporting Officer

ID #

Inv. J. Schneider

Agency

PBSO

DISTRIBUTION: WHITE - COURT COPY

GREEN - STATE ATTORNEY

YELLOW - AGENCY

PBSO #148 REV. 8/97

PINK - AGENCY

P.O. BOX 1000

GOLD - DEFENDANT (N.T.A.'s ONLY)

1 OF 1

JUL 13 2017

1 OF 1

Witness here if subject signed with an "X"

J#0489521

PCH # 378

SCANNED

D.U.I. PROBABLE CAUSE AFFIDAVIT

ON THE 8 DAY OF July 20 17, AT 03:22 AM PM
SUBJECT: Del-Rio Hermes CASE NUMBER: 17099929
AGENCY: PALM BEACH COUNTY SHERIFF'S OFFICE ARRESTING OFFICER: Inv. J. Schneider
PERSONAL CONTACT

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

A 2011 silver BMW was traveling north on Military Trail north of Summit Blvd in lane two. The vehicle continued to depart its lane failing to obey the lane markers crossing over into lane three. The vehicle continued this pattern until it neared Gun Club Rd. Also while traveling north I observed the vehicles speed to be 55 miles per hour in a posted 40 mile per hour zone. The audio doppler tone of my Stalker DSR2x was consistant with the mid 50's reading and a review of the control unit found the actual speed of the BMW to be 55 miles per hour in a posted 40. Just south of Gun Club Rd I activated my overhead emergency lights to seize the vehicle. Upon activating my overhead lights the vehicle swerved left and ultimately came to rest in the left turn lane directly south of Gun Club Rd.

OBSERVATION OF DRIVER:

Approaching the drivers side of the vehicle I found it occupied by two individuals. Speaking with the driver to obtain his license, registration and insurance I found his speech to be slurred, his eyes to be red, bloodshot, and watery. As he spoke the smell of his breath contained the odor of a unknown alcoholic beverage. The driver was identified by his expired Florida License as Hermes Del-Rio. Del-Rio was asked to step from the vehicle and I requested he perform roadside tasks which he agreed to do.

DRIVER'S STATEMENTS:

Were coming from the club in Miami.

ODORS:

Distinct odor of a unknown alcoholic beverage coming from his breath

GENERAL OBSERVATIONS

SPEECH: **Slurred**

ATTITUDE: **Cooperative**

CLOTHING: **Plaid shirt, Khaki pants, Brown Shoes**

MEDICAL/OTHER: **Stated None**

STATE OF FLORIDA
COUNTY OF PALM BEACH

Inv. J. Schneider

(Signature of Arresting/Investigative Officer)

The foregoing instrument was sworn to or affirmed and subscribed before me this 8 day of July 20 17 by Inv. J. Schneider

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

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



Samantha Palmer
Commission # FF172377
Expires: OCT 28, 2018
BONDED THRU
1ST FLORIDA NOTARY, LLC

SCANNED
JUL 13 2017

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:**

Vertical Nystagmus was not present. While standing stationary Del-Rio swayed while standing.

WALK & TURN:

Del-Rio was placed in the instructional position where I observed his swaying and leaning to maintain his balance. Starting the task he missed multiple steps heel to toe going forward, performed an improper turn, and while returning missed multiple steps heel to toe.

ONE LEG STAND:

Del-Rio was placed in the instructional position where I observed his swaying despite standing stationary. After stating he understood the instructions Del-Rio failed to look at his foot while counting and raised his arms for balance.

FINGER TO NOSE:

Del-Rio was placed in the instructional position where I observed his swaying despite standing stationary. After stating he understood the instructions the task was started. While performing this task Del-Rio missed the tip of his finger to the tip of his nose twice. During this he touched the area where his nostrils meet his top lip.

ROMBERG ALPHABET:

Del-Rio was placed in the instructional position where I observed his swaying despite standing stationary. After stating he understood the instructions he tilted his head back, closed his eyes, and began to state the alphabet. Del-Rio was unable to complete the alphabet properly skipping over some letters before returning and restating them.

BREATH TEST RESULTS: 1) .103 2) .100 3) 4)

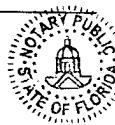
STATE OF FLORIDA
COUNTY OF PALM BEACH

SCANNED
JUL 13 2017

Inv. J. Schneider
(Signature of Arresting/Investigative Officer)

The foregoing instrument was sworn to or affirmed and subscribed before me this 8 day of July 2017 by Inv. J. Schneider

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



WITNESS LIST

CASE NUMBER: 17099929

ARRESTING OFFICER: Inv. J. Schneider

ADDRESS: 3228 Gun Club Rd West Palm Beach FL 33406

PHONE NUMBERS (HOME) _____ (WORK) 561 688-3960

CAN TESTIFY TO: Stop and DUI Investigation

NAME: _____

ADDRESS: _____

PHONE NUMBERS (HOME) _____ (WORK) _____

CAN TESTIFY TO: _____

NAME: _____

ADDRESS: _____

PHONE NUMBERS (HOME) _____ (WORK) _____

CAN TESTIFY TO: _____

NAME: _____

ADDRESS: _____

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CAN TESTIFY TO: _____

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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: _____

SCANNED

JUL 13 2017

TESTING FACILITY TASK REPORT

AGENCY: PBSO

SUBJECT: DEL-RIO, HERMES

CASE NUMBER: 17-099929

DATE: 07/08/2017

VIDEO DVD NUMBER: 62947

BEGINNING TIME: 0414

ENDING TIME: 0429

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: S. PALMER #24520

MAINTENANCE TECHNICIAN: J Karlecke #6467

TESTING OFFICER'S OBSERVATIONS

SPEECH: CLEAR

ATTITUDE: CALM, QUIET, COOPERATIVE,

CLOTHING: BLUE PLAID BUTTON UP SHIRT, KHAKI SLACKS, BROWN SHOES

MEDICAL CONDITIONS: DIABETES

MEDICATIONS: METFORMIN

OTHER:

EYES GLASSY AND BLOODSHOT, ADMITTED TO DRINKING THREE HEINKEIN (Q&A)

COMMENTS:

ARRESTING OFFICER CONDUCTED THE 20 MINUTE OBSERVATION BEGINNING AT 0347
SUBJECT AGREED TO TAKE BREATH TEST
TECH EXPLAINED INSTRUCTIONS TO BREATH TEST,
SUBJECT STATED HE UNDERSTOOD INSTRUCTIONS
SUBJECT PROVIDED TWO ADEQUATE BREATH SAMPLES SUCCESSFULLY
A/O READ RIGHTS, SUBJECT STATED HE UNDERSTOOD HER RIGHTS
TECH READ TEST RESULTS, SUBJECT STATED HE UNDERSTOOD RESULTS.
A/O CONDUCTED Q&A, SUBJECT ANSWERED QUESTIONS.

SCANNED
JUL 13 2017

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.

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JUL 13 2017

SUSPECT'S SIGNATURE: (X) _____

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

SUBJECT: David W. WhiteCASE NUMBER: 15-000121

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? _____

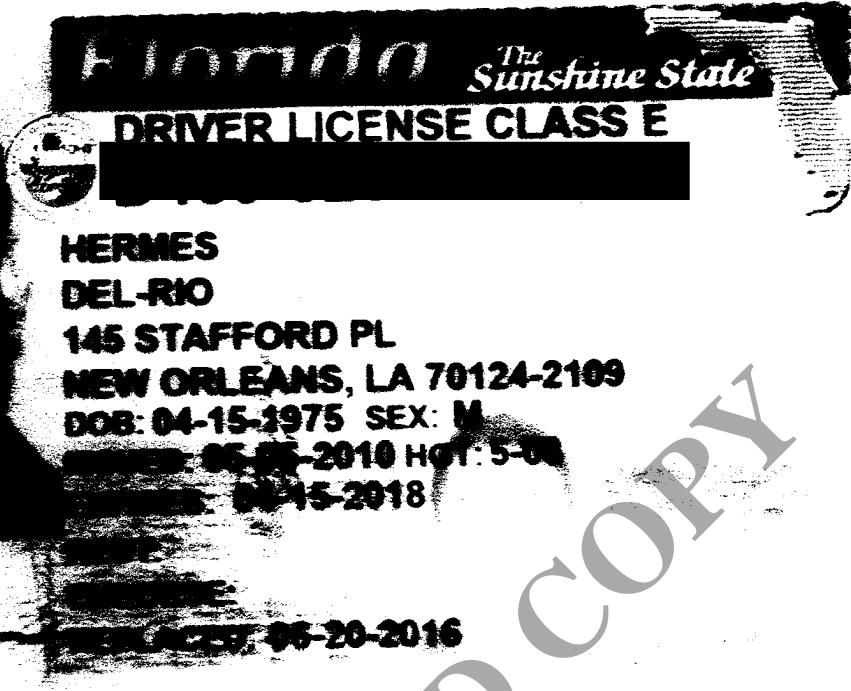
DO YOU TAKE INSULIN? _____ IF SO, WHEN WAS YOUR LAST INJECTION? _____

HAVE YOU EVER HAD A DRIVER'S LICENSE IN ANY OTHER STATE? _____ WHERE? _____

INTERVIEWER: IN Deborah C. H. J. S.

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

GOLD - JAIL



SAFE DRIVER

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



SCANNED
JUL 13 2017