

0268167

19CT 17945 AMB

113

ARREST / NOTICE TO APPEAR
Juvenile Referral Report

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

OBTS Number	Agency ORI Number FLO 500000	Agency Name PALM BEACH COUNTY SHERIFF'S OFFICE	Agency Report Number (N.T.A.'s only) 06-19-119312
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 checked="" type="checkbox"/> 4. Traffic Misdemeanor <input type="checkbox"/> 5. Ordinance <input type="checkbox"/> 6. Other		Weapon Seized / Type 2 1. Yes NONE 2. No
Location of Arrest (Including Name of Business) 13000 OKEECHOBEE BLVD LOXAHATCHEE GROVES, FL 33470		Location of Offense (Business Name, Address) 13000 OKEECHOBEE BLVD LOXAHATCHEE GROVES, FL 33470	
Date of Arrest 09/25/2019	Time of Arrest 20:24	Booking Date	Booking Time
Name (Last, First, Middle) ORTEGA, HILARION		Alias (Name, DOB, Soc. Sec. #, Etc.)	

Race W - White I - American Indian B - Black O - Oriental/Asian	Sex M	Date of Birth 10/21/1952	Height 5'8"	Weight 250	Eye Color BRW	Hair Color BLK	Complexion MED	Build LARGE
Scars, Marks, Tattoos, Unique Physical Features (Location, Type, Description) UNKNOWN								
Local Address (Street, Apt. Number) 431 CRESTA CIRCLE			(City) West Palm Beach, FL	(State) FL	(Zip) 33413	Phone (561)	Religion UK	Indication of Alcohol Influence 1. Yes <input type="checkbox"/> 2. No <input type="checkbox"/>
Permanent Address (Street, Apt. Number)			(City)	(State)	(Zip)	Phone	Address Source FLORIDA DRIVER LICENSE	Residence Type: 1. City 2. County 3. Florida 4. Out of State 2
Business Address (Name, Street)			(City)	(State)	(Zip)	Phone	Occupation UNKNOWN	
D/L Number, State 0632-320-52-381-0, FL		Soc. Sec. Number		INS Number		Place of Birth (City, State) MEXICO		Citizenship US

Co-Defendant Name (Last, First, Middle)	Race	Sex	Date of Birth	<input type="checkbox"/> 1. Arrested <input type="checkbox"/> 2. At Large	<input type="checkbox"/> 3. Felony <input type="checkbox"/> 4. Misdemeanor <input type="checkbox"/> 5. Juvenile
Co-Defendant Name (Last, First, Middle)	Race	Sex	Date of Birth	<input type="checkbox"/> 1. Arrested <input type="checkbox"/> 2. At Large	<input type="checkbox"/> 3. Felony <input type="checkbox"/> 4. Misdemeanor <input type="checkbox"/> 5. Juvenile
Parent Legal Custodian Other			Residence Phone		
Address (Street, Apt. Number)			(City)	(State)	(Zip)
Business Phone					

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	Time
The above address 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 (Phone 355-2528) informed of any change of address. <input type="checkbox"/> Yes, by (Name) <input type="checkbox"/> No (Reason)			School Attended
Property Crime? <input type="checkbox"/> Yes <input type="checkbox"/> No			Grade
Description of Property	Value of Property		

Charge Description DRIVING UNDER THE INFLUENCE	Counts 1	Domestic Violence <input type="checkbox"/> Y <input type="checkbox"/> N	Statute Violation Number 316.193(1)	Violation of ORD #
Drug Activity N N	Drug Type N	Amount / Unit NONE	Offense # 19-119312	Warrant / Capias Number
Bond OK				
Charge Description REFUSAL TO SIGN/ACCEPT SUMMONS	Counts 1	Domestic Violence <input type="checkbox"/> Y <input type="checkbox"/> N	Statute Violation Number 318.14(3)	Violation of ORD #
Drug Activity N N	Drug Type N	Amount / Unit NONE	Offense # 19-119312	Warrant / Capias Number
Bond OK				
Charge Description	Counts	Domestic Violence <input type="checkbox"/> Y <input type="checkbox"/> N	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 type="checkbox"/> N	Statute Violation Number	Violation of ORD #
Drug Activity	Drug Type	Amount / Unit	Offense #	Warrant / Capias Number
Bond				

Location (Court Room Number, Address) CRIMINAL JUSTICE COMPLEX / 3228 GUN CLUB ROAD, WPB, FL 33406				
Court Date and Time Month OCTOBER Day 24th Year 2019 Time 08:30 AM <input checked="" type="checkbox"/> 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 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. (X) REFUSED				
Signature of Defendant (or Juvenile and Parent (Custodian)) 09/25/2019			Date Signed	

HOLD for other Agency Name	Signature of Arresting Officer Inv. J. Schaefer #8777	Name Verification (Printed by Arrestee)
<input type="checkbox"/> Dangerous <input type="checkbox"/> Suicidal	Name of Arresting Officer (Print) INV. J. SCHAEFER	(PRINT)
<input type="checkbox"/> Resisted Arrest <input type="checkbox"/> Other	I.D. # 8777	PAGE
Internal Agency Pouch #	Transporting Officer INV. J. SCHAEFER	ID # 8777
	Agency PBSO	Witness here if subject signed with an "X"

SCANNED
SEP 26 2019

D.U.I. PROBABLE CAUSE AFFIDAVIT

ON THE 25th DAY OF SEPTEMBER 20 19, AT 19:20 AM PM

SUBJECT: ORTEGA, HILARION CASE NUMBER: 19-119312

AGENCY: PALM BEACH COUNTY SHERIFF'S OFFICE ARRESTING OFFICER: INV. J. SCHAEFER

PERSONAL CONTACT

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

On 09/25/2109 at approximately 19:37hrs, I was called to the scene of a possible sick or impaired driver passed out at the wheel at 13000 Okeechobee Blvd. which is located in the City of Loxahatchee Groves, Palm Beach County, Florida. I arrived at the scene at approximately 19:48hrs. Witness Christina Martinez relayed to me and completed a sworn written statement that she observed a W/M passed out behind the wheel of a Ford F-150 bearing Florida tag IJ7-5BX. PBCFR responded and broke out the driver window to gain access to the defendant who was unresponsive. D/S Tifani Liming #28279 relayed to me, that she noticed the defendant had articulable indicators of impairment, so she called for a DUI unit to conduct a possible DUI investigation. D/S Liming identified the defendant, to me, as the driver and sole occupant of the vehicle, at the time of the incident.

OBSERVATION OF DRIVER:

Upon making contact with the driver who was identified by his Florida driver license as "HILARION ORTEGA", I detected an obvious and strong odor of an unknown alcoholic beverage emanating from his person and face area. This odor intensified as I spoke to Ortega. Ortega had glassy, glazed, and blood shot eyes. Ortega's speech was slurred, slow, thick, and at times difficult to understand with a heavy Spanish accent. At times Ortega would communicate with me in English then revert back to speaking in Spanish. I request a Spanish speaking Deputy to assist with interpretation. Ortega's movements were slow and deliberate, and lethargic with poor coordination. Ortega had an unsteady gait while walking to my patrol vehicle, stumbling numerous times. Ortega was wearing a green l/s shirt, gray cargo pants, and brown shoes. All the clothing appeared worn and tattered.

DRIVER'S STATEMENTS:

Pre-Miranda: Ortega acknowledged in Spanish that he was "borracho" which translates to "drunk"

Ortega refused to provide a breath sample after Implied Consent, which he stated he didn't care about. Q&A was not performed due to Ortega's aggressive and belligerent behavior.

ODORS:

A strong and obvious odor of an unknown alcoholic beverage was emanating from his person and face area which intensified as I spoke to Ortega.

GENERAL OBSERVATIONS

SPEECH: Ortega's speech was slurred, slow, and thick, and at times difficult to understand.

ATTITUDE: talkative, indifferent, sleepy, annoyed, belligerent

CLOTHING: green l/s shirt, gray cargo pants, and brown shoes

MEDICAL/OTHER: none stated

STATE OF FLORIDA
COUNTY OF PALM BEACH

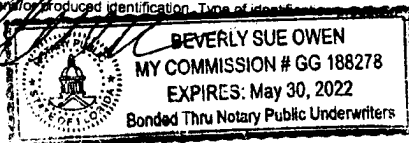
INV. J. SCHAEFER *Inv. J. Schaefer #8777*
(Signature of Arresting/Investigative Officer)

The foregoing instrument was sworn to or affirmed and subscribed before me this 25th day of SEPTEMBER 20 19 by INV. J. SCHAEFER

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

Sue Owen (#3184)

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



SCANNED
SEP 26 2019

SUBJECT: ORTEGA, HILARION CASE NUMBER 19-119312

ROADSIDE TASKS

HORIZONTAL GAZE NYSTAGMUS:

- | | |
|--|--|
| <input type="checkbox"/> LT EYE-LACK OF SMOOTH PURSUIT | <input type="checkbox"/> RT EYE-LACK OF SMOOTH PURSUIT |
| <input type="checkbox"/> LT EYE-DISTINCT & SUSTAINED NYSTAGMUS AT MAX. DEVIATION | <input type="checkbox"/> RT EYE-DISTINCT & SUSTAINED NYSTAGMUS AT MAX. DEVIATION |
| <input type="checkbox"/> LT- EYE-ONSET OF NYSTAGMUS PRIOR TO 45 DEGREES | <input type="checkbox"/> RT- EYE-ONSET OF NYSTAGMUS PRIOR TO 45 DEGREES |

Other Observations:

WALK & TURN:

Ortega was asked to perform the SFST's through Spanish interpreter D/S Gerald Chapparo #26696. Ortega refused and his Taylor Warnings were explained to him and again Ortega refused.

ONE LEG STAND:

NOT PERFORMED

FINGER TO NOSE:

NOT PERFORMED

ROMBERG ALPHABET:

NOT PERFORMED

BREATH TEST RESULTS: 1) REFUSED 2) REFUSED 3) 4)

STATE OF FLORIDA
COUNTY OF PALM BEACH

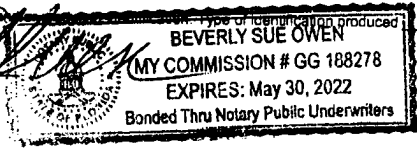
INV. J. SCHAEFER *Inv. J. Schaefer #8777*
(Signature of Arresting/Investigative Officer)

The foregoing instrument was sworn to or affirmed and subscribed before me this 25th day of SEPTEMBER 2019 by INV. J. SCHAEFER

(Print name of Arresting/Investigative Officer), who is personally known to me as

Sue Owen (#3184)

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



PERSONALLY KNOWN LEO

SCANNED
SEP 26 2019

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

I, INV. J. SCHAEFER, a duly certified Law Enforcement Officer or Correctional Officer,
(Name of Officer reading Implied Consent Warning)

am a member of PBSO, and I do swear
(Name of law enforcement agency)

or affirm that on or about the 25th day of SEPTEMBER, 20 19, at 8:24 P.M. A.M.

DRIVER HILARION ORTEGA,
(Type or Print) FIRST NAME MIDDLE OR MAIDEN NAME LAST NAME

DL# O632-320-52-381-0, FL, state of FLORIDA, was placed under lawful arrest for
the offense of DRIVING UNDER THE INFLUENCE by INV. J. SCHAEFER and
issued Citation # A2G4BTP (Name of Arresting Officer)

That on or about the 25th day of SEPTEMBER, 20 19, at 9:29 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.

Inv. J. Schaefer #8777
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 09 / 25 / 2019

(AFFIX SEAL)

The foregoing instrument was sworn and subscribed before

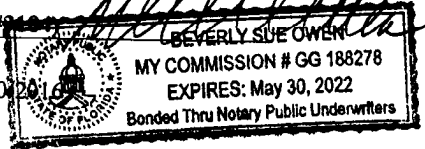
me this 25th day of SEPTEMBER, 20 19,

by INV. J. SCHAEFER,

who is personally known to me or who has produced

PERSONALLY KNOWN LEO as identification

Notary Public Sue Owen (#1002016)



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.

PALM BEACH COUNTY SHERIFF'S OFFICE – **SWORN STATEMENT**

Per FL statute 837.012, whoever knowingly makes a false statement under oath shall be guilty of a misdemeanor of the first degree punishable by imprisonment up to 1 year.



WITNESS VICTIM OTHER

CASE #: 19-119312	ZONE: 17-11	SUSPECT: HILARION ORTEGA	DATE & TIME OF ORIGINAL EVENT/OFFENSE: 09/25/19 @ 1920
EVENT TYPE: DUI	DEPUTY: INV. J. SCHAEFER	ID#: 877	

COMPLETE EVERYTHING BELOW – PRINT LEGIBLY

LAST NAME: Martinez	FIRST NAME: Christina	MIDDLE INITIAL:	RACE: H	SEX: F
DATE OF BIRTH: 09/10/79 (MM/DD/YYYY)	YOUR HEIGHT: 5'7	YOUR WEIGHT: 190	YOUR HAIR COLOR: brwn	YOUR EYE COLOR: brn
YOUR HOME ADDRESS: 3228 Gun Club Rd	<input type="checkbox"/> CHECK IF HOMELESS	CITY: WPD	STATE: FL	ZIP: 33406
YOUR WORK NAME & ADDRESS:	<input type="checkbox"/> CHECK IF UNEMPLOYED OR RETIRED	CITY:	STATE:	ZIP:
WORK PHONE: <input type="checkbox"/> CHECK IF NONE 601/688-3581	CELL PHONE: <input type="checkbox"/> CHECK IF NONE 601/248-6177	HOME PHONE: <input checked="" type="checkbox"/> CHECK IF NONE	EMAIL:	<input type="checkbox"/> CHECK IF NONE

WRITE WHAT HAPPENED IN YOUR WORDS IN FULL DETAIL – PRINT LEGIBLY

YOUR NAME: Christina Martinez

DO HEREBY VOLUNTARILY MAKE THE FOLLOWING STATEMENT WITHOUT THREAT, COERCION, OFFER OF BENEFIT, OR FAVOR BY ANY PERSONS WHOMSOEVER...

saw a black Ford F150 bearing the tag #EJF5BX in the turning lane of Acts 2 Church on Okeechobee Blvd. A WM was slumped over on the driver side of the vehicle. Vehicle was running I knocked on the window several times and the male was unresponsive. Doors were locked and I was unable to access the male. 911 was called and PBSO and Fire Rescue arrived on scene.

READ AND SIGN

I SWEAR AND AFFIRM THIS AND/OR THE ATTACHED STATEMENTS ARE CORRECT AND TRUE:

YOUR SIGNATURE: *[Signature]*

DEPUTY SHERIFF NOTARY PUBLIC FSS: 117.10

SWORN TO AND SUBSCRIBED BEFORE ME TODAY:

DATE: 09/25/19 TIME: 1948

SIGNATURE: *[Signature]* ID: 877

IF YOU DO NOT WISH TO PROSECUTE, COMPLETE THE ABOVE STATEMENT, READ THIS DISCLAIMER AND INITIAL BELOW: I AM OF LEGAL AGE AND I AM THE REPORTED VICTIM OF A CRIME UNDER FLORIDA LAW. I HEREBY STATE THAT I WILL NOT COOPERATE ANY FURTHER WITH THE INVESTIGATION OF THE ALLEGED CRIME. I FURTHER RELEASE THE PALM BEACH COUNTY SHERIFF'S OFFICE OF ANY PRESENT OR FUTURE RESPONSIBILITY AS TO MY CASE. I ACKNOWLEDGE THAT I UNDERSTAND MY RIGHTS AS A CRIME VICTIM, PARTICULARLY REGARDING VICTIM COMPENSATION ELIGIBILITY, WHICH INCLUDES SUCH BENEFITS AS REIMBURSEMENT FOR: DISABILITY; LOST WAGES; LOSS OF SUPPORT; MEDICAL, DENTAL, MENTAL HEALTH COUNSELING AND FUNERAL EXPENSES. I AM AWARE I MAY BE GIVING UP THESE RIGHTS FOR MY FAMILY AND MYSELF BY INITIALLING BELOW. I AM TAKING THIS POSITION OF MY OWN FREE WILL KNOWING THAT THE CASE CAN ONLY BE FURTHER INVESTIGATED AND PROSECUTED WITH MY COOPERATION.

(PROSECUTION WAIVER NOT TO BE USED FOR CASES INVOLVING DOMESTIC OR DATING VIOLENCE PER G.O. 508.00) DO NOT WISH TO PROSECUTE INITIAL

WHITE - RECORDS COPY CANARY - STATE ATTORNEY COPY PINK - OFFICER'S COPY GOLD - WITNESS / VICTIM COPY

PBSO #0134 REV. 12/11

SCANNED

SEP 26 2019

PALM BEACH COUNTY SHERIFF'S OFFICE - **SWORN STATEMENT**

Per FL statute 837.012, whoever knowingly makes a false statement under oath shall be guilty of a misdemeanor of the first degree punishable by imprisonment up to 1 year.



WITNESS VICTIM OTHER

CASE #: 19-119312	ZONE: 17-11	SUSPECT: HILARION ORTEGA	DATE & TIME OF ORIGINAL EVENT/OFFENSE: 09/25/19 @ 1920
EVENT TYPE: DUI	DEPUTY: INV. J SCHAEFER	ID#: 8777	

COMPLETE EVERYTHING BELOW - PRINT LEGIBLY

LAST NAME: D. FIORI		FIRST NAME: Anthony		MIDDLE INITIAL: -	RACE: W	SEX: M
DATE OF BIRTH: 10-11-1966 (MM/DD/YYYY)	YOUR HEIGHT: 5'10"	YOUR WEIGHT: 200	YOUR HAIR COLOR: Brown	YOUR EYE COLOR: Brown		
YOUR HOME ADDRESS: 14200 Okelchabee Blue			CITY: Lox Groves	STATE: FL	ZIP: 33411	
YOUR WORK NAME & ADDRESS:			CITY:	STATE:	ZIP:	
WORK PHONE: (561) 616-7000	CELL PHONE: ()	HOME PHONE: (561) 790-0057	EMAIL:		CHECK IF NONE	

WRITE WHAT HAPPENED IN YOUR WORDS IN FULL DETAIL - PRINT LEGIBLY

YOUR NAME: 1 Anthony D. Fiori

DO HEREBY VOLUNTARILY MAKE THE FOLLOWING STATEMENT WITHOUT THREAT, COERCION, OFFER OF BENEFIT, OR FAVOR BY ANY PERSONS WHOMSOEVER...

Upon Arrival Driver of Pick up truck was sitting in driver seat with vehicle running & doors locked windows rolled up. Driver clearly made eye contact with several fire rescue personnel. As we yelled to him to please open the door or roll the window down. Driver ignored us. Several attempts made to get him to open the door by banging on the glass, driver ignored us. At this time fire rescue started to break driver side window to get driver out. After the window broke driver opened door and stumbled out of vehicle.

PAGE ____ OF ____

READ AND SIGN

I SWEAR AND AFFIRM THIS AND/OR THE ATTACHED STATEMENTS ARE CORRECT AND TRUE:	<input checked="" type="checkbox"/> DEPUTY SHERIFF <input type="checkbox"/> NOTARY PUBLIC FSS: 117.10
YOUR SIGNATURE: X <i>[Signature]</i>	SWORN TO AND SUBSCRIBED BEFORE ME TODAY: DATE: 09/25/19 TIME: 2245 SIGNATURE: <i>[Signature]</i> ID: 8777

IF YOU DO NOT WISH TO PROSECUTE, COMPLETE THE ABOVE STATEMENT, READ THIS DISCLAIMER AND INITIAL BELOW: I AM OF LEGAL AGE AND I AM THE REPORTED VICTIM OF A CRIME UNDER FLORIDA LAW. I HEREBY STATE THAT I WILL NOT COOPERATE ANY FURTHER WITH THE INVESTIGATION OF THE ALLEGED CRIME. I FURTHER RELEASE THE PALM BEACH COUNTY SHERIFF'S OFFICE OF ANY PRESENT OR FUTURE RESPONSIBILITY AS TO MY CASE. I ACKNOWLEDGE THAT I UNDERSTAND MY RIGHTS AS A CRIME VICTIM, PARTICULARLY REGARDING VICTIM COMPENSATION ELIGIBILITY, WHICH INCLUDES SUCH BENEFITS AS REIMBURSEMENT FOR: DISABILITY; LOST WAGES; LOSS OF SUPPORT; MEDICAL, DENTAL, MENTAL HEALTH COUNSELING AND FUNERAL EXPENSES. I AM AWARE I MAY BE GIVING UP THESE RIGHTS FOR MY FAMILY AND MYSELF BY INITIALING BELOW. I AM TAKING THIS POSITION OF MY OWN FREE WILL KNOWING THAT THE CASE CAN ONLY BE FURTHER INVESTIGATED AND PROSECUTED WITH MY COOPERATION.

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WHITE - RECORDS COPY CANARY - STATE ATTORNEY COPY PINK - OFFICER'S COPY GOLD - WITNESS / VICTIM COPY

SCANNED
SEP 26 2019

WITNESS LIST

CASE NUMBER: 19-119312

ARRESTING OFFICER: INV. J. SCHAEFER

ADDRESS: 3228 GUN CLUB ROAD WEST PALM BEACH, FL 33406

PHONE NUMBERS (HOME): (WORK) (561) 688-4001

CAN TESTIFY TO: SEE DUI PROBABLE CAUSE AFFIDAVIT, OFFENSE REPORT, & IN-CAR VIDEO

NAME: D/S GERALD CHAPARRO #26696 (DISTRICT 9)

ADDRESS: 3228 GUN CLUB ROAD WEST PALM BEACH, FL 33406

PHONE NUMBERS (HOME) (WORK) (561) 688-3000

CAN TESTIFY TO: SEE SUPPLEMENTAL PROBABLE CAUSE AFFIDAVIT

NAME: D/S TIFANI LIMING #28279 (DISTRICT 15)

ADDRESS 3228 GUN CLUB ROAD WEST PALM BEACH, FL 33406

PHONE NUMBERS (HOME) (WORK) (561) 688-3000

CAN TESTIFY TO: SIGNS OF IMPAIRMENT

NAME: ANTHONY DiFIORE (PBCFR STATION #24)

ADDRESS 14200 OKEECHOBEE BLVD LOXAHATCHEE GROVES, FL 33411

PHONE NUMBERS (HOME) 0 (WORK) 0

CAN TESTIFY TO: WHEEL WITNESS AND SIGNS OF IMPAIRMENT

NAME: CHRISTINA MARTINEZ

ADDRESS 3228 GUN CLUB ROAD WEST PALM BEACH, FL 33406

PHONE NUMBERS (HOME) (WORK) (561) 688-3581

CAN TESTIFY TO: WHEEL WITNESS

NAME:

ADDRESS

PHONE NUMBERS (HOME) (WORK)

CAN TESTIFY TO:

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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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

SEP 26 2019

TESTING FACILITY TASK REPORT

AGENCY: PB50

SUBJECT: Ortega, HILARION

CASE NUMBER: 19-119312

DATE: 09/25/19

VIDEO TAPE NUMBER: N/A

BEGINNING TIME: 2124

ENDING TIME: 2129

BREATH TESTS RESULTS: 1) ~~TIME~~ 2128 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. Owen # 3184

MAINTENANCE TECHNICIAN: J. Karlecke # 6467

TESTING OFFICER'S OBSERVATIONS

SPEECH: NO ENGLISH

ATTITUDE: loud, unco-operative unable to walk on own

CLOTHING: brown shoes, army pants, army green shirt

MEDICAL CONDITIONS: not asked

MEDICATIONS: not asked

OTHER: brought in by 6 correction deputies, very unco-operative, fell out of chair onto floor during observation, maybe just highly intoxicated

COMMENTS: A/O & A arrived at 2058 hrs

A/O observed 20 minutes

A had to be assisted by 2 deputies into Treatment room. Wouldn't answer any intro question, just yelled loudly

A/O requested breath test, A refused

A/O read I/C, & CDL I/C, A understood,

still refused. He said he didn't care

about CDL. NO Q & A A un-co-operative

SCANNED

SEP 26 2019

(corrections deputy (unknown) did interpretation)

SUBJECT: Ortega, Hilario CASE NUMBER: 19-119312

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 Inv. Schaefer of the PBSD

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) Read on Camera

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 26 2019

SUSPECT'S SIGNATURE: (X) NOT done, un-co-operative

SUBJECT: Ortega, Hilacion CASE NUMBER: 19-119312

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? NOT

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? done

WHAT HAVE YOU BEEN DOING FOR THE LAST THREE HOURS? done

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? _____

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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: _____



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 <u>pertaining to mobilization deployment or tactical operations.</u>	
	<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"/>			
	<input type="checkbox"/>			
	<input type="checkbox"/>			
	<input type="checkbox"/>			
Other	<input type="checkbox"/>	415.107 (1)	Other: Elderly Abuse	
	<input type="checkbox"/>	33119.0712 (2)	Other: Personal information Contained in a Motor Vehicle Record	

REVIEW COMPLETED BY

Booking Number: 2019031340	Date: 09/26/2019
	Specialist Name/ID: M. Tooks #8557

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SEP 26 2019