

ARREST / NOTICE TO APPEAR  
Juvenile Referral Report

Check if Supplement is Attached

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

Juvenile

OBTS Number: \_\_\_\_\_

Agency Call Number: **30700** Agency Name: **FAU PD** Agency Report Number (N.T.A.'s only): **01011810149**

FLO: **500000** PALM BEACH COUNTY SHERIFF'S OFFICE

Charge Type:  1. Felony  3. Misdemeanor  5. Ordinance  2. Traffic Felony  4. Traffic Misdemeanor  6. Other

Location of Arrest (including Name of Business): **FAU Boca Raton Campus** Location of Offense (Business Name, Address): **Ards Ave 3 east university drive Boca Raton**

Date of Arrest: **02/14/18** Time of Arrest: **22:02** Booking Date: \_\_\_\_\_ Booking Time: \_\_\_\_\_ Jail Date: \_\_\_\_\_ Jail Time: \_\_\_\_\_ Location of Vehicle: \_\_\_\_\_

Name (Last, First, Middle): **Venezio, Hunter** Alias (Name, DOB, Soc. Sec. #, Etc.): **NONE**

Base:  W - White  B - Black  I - American Indian  O - Oriental/Asian

Sex: **M** Date of Birth: **05/11/99** Height: **5'5"** Weight: **155** Eye Color: **green** Hair Color: **Brown** Complexion: **Fair** Build: **Thin**

Scars, Marks, Tattoos, Unique Physical Features (Location, Type, Description): **NONE** Marital Status: **Single** Religion: **Christian** Indication of Alcohol/Drug Influence:  Y  N  Unk

Local Address (Street, Apt. Number) (City) (State) (Zip) Phone: **14741 Bahama Swallow winter garden FL 34707 (407) 607 5865**

Permanent Address (Street, Apt. Number) (City) (State) (Zip) Phone: **N711 Bahama Swallow Blvd winter garden FL 34707 (407) 607 5865** Address Source: **driver license** Residence Type:  1. City  2. County  3. Florida  4. Out of State

Business Address (Name, Street) (City) (State) (Zip) Phone: **( )** Occupation: **Student**

D/L Number, State: **VS20 339 99 1710** INS Number: \_\_\_\_\_ Place of Birth (City, State): **Tampa, FL** Citizenship: **USA**

Co-Defendant (Last, First, Middle): \_\_\_\_\_ Race: \_\_\_\_\_ Sex: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  1. Arrested  2. At Large  3. Felony  4. Misdemeanor  5. Juvenile

Co-Defendant (Last, First, Middle): \_\_\_\_\_ Race: \_\_\_\_\_ Sex: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  1. Arrested  2. At Large  3. Felony  4. Misdemeanor  5. Juvenile

Parent Legal Custodian Name (Last) (First) (Middle) 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 was provided by  defendant and / or  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.  Yes, by: (Name)  No (Reason)

Property Crime?  Yes  No Description of Property Value of Property

Drug Activity	S. Sell	R. Smuggle	K. Dispense/Distribute	M. Manufacture/Produce/Cultivate	Z. Other	Drug Type	B. Barbiturate	H. Hallucinogen	P. Paraphernalia/Equipment	U. Unknown
N. N/A	D. Buy	D. Deliver				N. N/A	C. Cocaine	M. Marijuana		Z. Other
P. Possess	T. Traffic	E. Use				A. Amphetamine	E. Heroin	O. Opium/Deriv.	S. Synthetic	

Charge Description	Counts	Domestic Violence	Statute Violation Number	Violation of ORD #
<b>Driving under the influence</b>	<b>1</b>	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N	<b>3161193</b>	<b>112</b>
Drug Activity	Drug Type	Amount / Unit	Offense #	Warrant / Capias Number
			<b>18-0149</b>	
Charge Description	Counts	Domestic Violence	Statute Violation Number	Violation of ORD #
		<input type="checkbox"/> Y <input type="checkbox"/> N		
Charge Description	Counts	Domestic Violence	Statute Violation Number	Violation of ORD #
		<input type="checkbox"/> Y <input type="checkbox"/> N		
Charge Description	Counts	Domestic Violence	Statute Violation Number	Violation of ORD #
		<input type="checkbox"/> Y <input type="checkbox"/> N		

Location (Court, Room Number, Address): **Southern County Courthouse 200 SW Atlantic Ave, Delray Beach FL 33444**

Court Date and Time: **03/15/2018 0930 AM**

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: **FEB 15 2018**

HOLD for other agency: \_\_\_\_\_ Signature of Arresting Officer: **Sgt. [Signature] 356** Name Verification (Printed by Arrestee): **CIRCUIT & COUNTY COURTS (CRIMINAL DIV.)**

Signature of Arresting Officer (Print): **Graci Gussart 356 FAU PD** Name Verification (Printed by Arrestee): **FEB 15 AM 2:06**

Reporting Officer: **S. Mergalgausk 356 FAU PD** Witness here if subject signed with an "X": \_\_\_\_\_

**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:

**WALK & TURN:**

- 1. can't balance during instructions.
- 2. starts too soon.
- 3. misses heel to toe
- 4. steps off the line
- 5. wrong number of steps
- 6. turned improperly

**ONE LEG STAND:**

- 1. sways
- 2. uses arms to balance
- 3. hops
- 4. started performing the walk and turn exercise/ roadside tasks

**FINGER TO NOSE:**

N/A

**ROMBERG/ALPHABET:**

N/A

**BREATH TEST RESULTS:**

STATE OF FLORIDA  
COUNTY OF PALM BEACH

(Signature of Arresting/Investigative Officer) \_\_\_\_\_  
 The foregoing instrument was notified or sworn before me this 15<sup>th</sup> day of Feb, 2018 by Gassant  
 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)



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

D.U.I. PROBABLE CAUSE AFFIDAVIT

ON THE 14th DAY OF February 20 18 AT 9:13 AM PM  
SUBJECT: Hunter Venezia CASE NUMBER: 18-0149  
AGENCY: FAU PD ARRESTING OFFICER: Gael Gassant

PERSONAL CONTACT

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

I observed Venezia as the SDP driver of a yellow Chevy with a Florida tag of HOFF82. Hunter was weaving, going left and right in the road way. Hunter was braking erratically and stopping for no reason. at one point, Hunter almost went off the road way. further more, Hunter ran a stop sign and almost Hunter was the only driver behind the wheel. Hit a pedestrian

OBSERVATION OF DRIVER:

- 1. weaving through traffic
- 2. stopping erratically for no reason
- 3. Ran through stop sign almost hitting a pedestrian

DRIVER'S STATEMENTS:

Venezio advised that he was not under the influence of alcohol or drugs

ODORS:

did not smell alcohol.

GENERAL OBSERVATIONS

SPEECH: Slurred speech

ATTITUDE: Stumbling all over the place. no balance

CLOTHING: clothing appeared wet

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 15th day of Feb 20 18 by Gassant

(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)



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

# TESTING FACILITY TASK REPORT

AGENCY: FAU/GASSANT  
SUBJECT: VENEZIO, HUNTER  
CASE NUMBER: 18-038925  
DATE: Feb 14, 2018  
VIDEO DVD NUMBER: N/A  
BEGINNING TIME: 2314  
ENDING TIME: 2336

BREATH TESTS RESULTS: 1) .000 TIME 2322 A.M.  P.M.  2) .000 TIME 2325 A.M.  P.M.   
3) XX TIME XX A.M.  P.M.  4) XX TIME XX A.M.  P.M.

BREATH OPERATOR: S. PALMER #24520

MAINTENANCE TECHNICIAN: J Karlecke #6467

## TESTING OFFICER'S OBSERVATIONS

SPEECH: SLOW, MUMBLED

ATTITUDE: CALM, QUIET, DAZED, LETHARGIC

CLOTHING: GREEN TANK TOP, BLACK SWIM SHORTS

MEDICAL CONDITIONS: NONE

MEDICATIONS: NONE

## OTHER:

EYES GLASSY, UNSTEADY ON HIS FEET

## COMMENTS:

ARRESTING OFFICER CONDUCTED THE 20 MINUTE OBSERVATION BEGINNING AT 2245  
SUBJECT REFUSED TO TAKE BREATH TEST  
A/O READ I/C, SUBJECT STATED HE UNDERSTOOD  
AND AGREED TO TAKE BREATH TEST  
TECH EXPLAINED TEST INSTRUCTIONS  
SUBJECT STATED HE UNDERSTOOD, AND PROVIDED TWO SAMPLES SUCCESSFULLY  
TECH READ BREATH RESULTS, SUBJECT STATED HE UNDERSTOOD RESULTS  
A/O REQUESTED URINE SAMPLE.  
SUBJECT AGREED TO PROVIDE URINE SAMPLE @ 2329  
A/O READ RIGHTS, SUBJECT STATED HE UNDERSTOOD HIS RIGHTS  
A/O CONDUCTED Q&A, SUBJECT ANSWERED QUESTIONS.

URINE SAMPLE WAS PROVIDED @ 2340  
DRE EVALUATION WAS CONDUCTED BY INV. SCHNEIDER

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.

SUSPECT'S SIGNATURE: (X) \_\_\_\_\_

SUBJECT: \_\_\_\_\_ CASE NUMBER: \_\_\_\_\_

## 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: \_\_\_\_\_

SUBJECT: \_\_\_\_\_ CASE NUMBER: \_\_\_\_\_

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6. I can make no threats or promises to induce you to make a statement. This must be of your own free will.
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SUSPECT'S SIGNATURE: (X) \_\_\_\_\_

SUBJECT: \_\_\_\_\_ CASE NUMBER: \_\_\_\_\_

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HOW MUCH? \_\_\_\_\_ WHERE? \_\_\_\_\_ WITH WHOM? \_\_\_\_\_

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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? NO 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: \_\_\_\_\_

**FLORIDA** Sunshine State

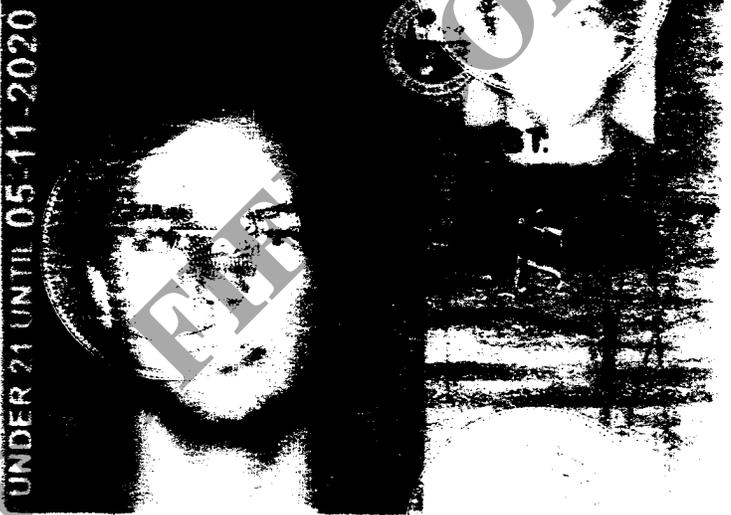
DRIVER LICENSE  
**V520-339-99-171-60**

HUNTER WILLIAM  
VENING

1474 [unclear] BLVD

WINTER [unclear] 787-8484

DOB [unclear] 05-11-2020



UNDER 21 UNTIL 05-11-2020

*Handwritten signature*

ORGAN DONOR

SAFE DRIVER

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

NOT A CERTIFIED

# WITNESS LIST

CASE NUMBER: 18-0144

ARRESTING OFFICER G.A. Smith

ADDRESS 777 1st St, St. Louis, MO 63101

PHONE NUMBERS (HOME) (816) 781-7821 (WORK) (816) 781-3210

CAN TESTIFY TO: Yes

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

ADDRESS \_\_\_\_\_

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

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

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

ADDRESS \_\_\_\_\_

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

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NOT A CERTIFIED COPY