

1807353

ARREST / NOTICE TO APPEAR
Juvenile Referral Report

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

OBTS Number	Agency ORI Number FLO 500000		Agency Name PALM BEACH COUNTY SHERIFF'S OFFICE		Agency Report Number (N.T.A.'s only) 06- 18-066710	
Charge Type: Check as many as apply.	<input type="checkbox"/> 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	Weapon Seized / Type 1. Yes 2. No		Multiple Clearance Indicator 01
Location of Arrest (Including Name of Business) SOUTH SHORE BLVD/VININGS CIR WELLINGTON FL			Location of Offense (Business Name, Address) SOUTH SHORE BLVD/VININGS CIR WELLINGTON FL			
Date of Arrest 04/25/2018	Time of Arrest 0033	Booking Date	Booking Time	Jail Date	Jail Time	Location of Vehicle

Name (Last, First, Middle) GONZALEZ - ARIANO, IVAN		Alias (Name, DOB, Soc. Sec. #, Etc.)						
Race W - White I - American Indian S - Black O - Oriental/Asian	Sex M	Date of Birth 03/27/1977	Height 5'7	Weight 160	Eye Color BROWN	Hair Color BROWN	Complexion MED	Build MED
Scars, Marks, Tattoos, Unique Physical Features (Location, Type, Description)			Marital Status Single	Religion NONE	Indication of: Alcohol Influence Drug Influence Y <input type="checkbox"/> N <input type="checkbox"/> Unk <input type="checkbox"/>			
Local Address (Street, Apt. Number) 4695 WINDMILL RD		(City) LOXAHATCHEE FL	(State) FL	(Zip) 33470	Phone (561) 632-3754	Residence Type: 1. City 2. County 3. Florida 4. Out of State		
Permanent Address (Street, Apt. Number)		(City)	(State)	(Zip)	Phone	Address Source DEF		
Business Address (Name, Street)		(City)	(State)	(Zip)	Phone	Occupation HORSE		
DL Number, State G-524-347-045-244	Soc. Sec. Number	INS Number	Place of Birth (City, State) GUATAMALA		Citizenship NO			

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				
<input type="checkbox"/> Parent <input type="checkbox"/> Legal Custodian <input type="checkbox"/> Other	Address (Street, Apt. Number)				(City)	(State)	(Zip)	Residence Phone ()	Business Phone ()

Notified by: (Name)	Date	Time	Juvenile Disposition 1. Panded 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 355-2526) informed of any change of address. <input type="checkbox"/> Yes, by: (Name) <input type="checkbox"/> No: (Reason)			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	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. Synthetics	U. Unknown Z. Other
Charge Description DUI		Counts 1	Domestic Violence <input type="checkbox"/> Y <input checked="" type="checkbox"/> N	Statute Violation Number 316.193(1)		Violation of ORD #		Warrant / Capias Number		
Drug Activity N	Drug Type N	Amount / Unit	Offense # 18-066710	Warrant / Capias Number		Bond				
Charge Description		Counts	Domestic Violence <input type="checkbox"/> Y <input checked="" type="checkbox"/> N	Statute Violation Number		Violation of ORD #		Warrant / Capias Number		
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	Statute Violation Number		Violation of ORD #		Warrant / Capias Number		
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	Statute Violation Number		Violation of ORD #		Warrant / Capias Number		
Drug Activity	Drug Type	Amount / Unit	Offense #	Warrant / Capias Number		Bond				

Location (Court Room Number, Address) NORTH COUNTY COURTHOUSE, 3188 PGA BOULEVARD, PALM BEACH GARDENS, FL 33410 - PH: (561) 662-6700	
Court Date and Time Month 5 Day 16 Year 2018 Time 8:30 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.	
Signature of Defendant (or Juvenile and Parent /Custodian) <i>Refused</i>	Date Signed 04/25/2018

HOLD for other Agency Name: <input type="checkbox"/> Dangerous <input type="checkbox"/> Suicidal	<input type="checkbox"/> Resisted Arrest <input type="checkbox"/> Other:	Signature of Arresting Officer <i>D/S K Sheehan</i>	Name Verification (Printed by Arrestee) (PRINT)
Intake Deputy I.D. #	Pouch #	Name of Arresting Officer (Print) D/S K SHEEHAN	I.D. # 7952
Transporting Officer D/S K SHEEHAN	ID # 7952	Agency PBSO	Witness here if subject signed with an "X" 1 OF 1

OBTS Number		PROBABLE CAUSE AFFIDAVIT		1. Arrest 2. N.T.A.	3. Request For Warrant 4. Request For Capias	1	Juvenile	N
Agency ORI Number FLO 5 0 0 0 0	Agency Name PALM BEACH COUNTY SHERIFF'S OFFICE	Agency Report Number 06	18-066710					
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	Special Notes							
Defendant Name (Last, First, Middle) Gonzalez Ariano Ivan		N/A	Race W	Sex M	Date of Birth 03/27/1977			
Charge Driving under the influence		Charge						
Victim Name (Last, First, Middle) State of Florida		Race	Sex	Date of Birth				
Local Address (Street, Apt. Number) 3228 Gun Club Road		City Wellington	State FL	Zip 33414	Phone 561-688-3000	Address Source Known		
Business Address (Street, Apt. Number)		City	State	Zip	Phone	Occupation		
I, the undersigned, swear that he/she has just and reasonable grounds to believe, and does believe that the above named Defendant committed the following violation of law. The person taken into custody...								
<input type="checkbox"/> committed the below acts in my presence. <input type="checkbox"/> was observed by _____ who told that he/she saw the arrested person commit the below acts.								
<input type="checkbox"/> confessed to admitting to the below facts. <input checked="" type="checkbox"/> was found to have committed the below acts, resulting from (described) investigation.								
On the 25 day of April , 20 18 at 0030 <input checked="" type="checkbox"/> AM <input type="checkbox"/> PM								

On Wednesday, April 25, 2018, at approximately 0010 hours, I was in the area of South Shore Blvd and Vinings Circle, in the Village of Wellington, Palm Beach County, Florida 33414 when I was flagged down reference a vehicle accident.

Upon making contact with a witness to the accident, Ms. Jenna Petti, I was informed that a 2002 Ford F250, bearing FL license plate #9075YH, had been involved in a single car accident at Big Blue Trace and South Shore Blvd. Ms. Petti stated that she had seen the Ford turning onto South Shore Blvd from Big Blue Trace and go up and over the shoulder into the nearby grassy hill. Ms. Petti stated that the vehicle made its way back onto South Shore and had sustained damage to its front end and right side tire, which was flat from the incident.

Upon Ms. Petti following the vehicle come to a complete stop at the parking lot near the intersection of South Shore Blvd and Vinings Circle, behind the TD Bank, I made contact with the driver, later identified as Mr. Ivan Gonzalez Ariano by his Maryland driver's license. I observed Mr. Gonzalez Ariano come off of South Shore Blvd and turn into the parking lot off of Vinings Circle and step out of the driver seat of the vehicle. Mr. Gonzalez Ariano was driving slow, breaking and going several times until the vehicle came into a complete stop slanted in several parking spaces.

I asked Mr. Gonzalez Ariano for his license, registration and insurance, where I observed slow movement in obtaining the documents from his person and swaying while Mr. Gonzalez Ariano was standing. Upon Mr. Gonzalez Ariano sitting back in the driver's seat, I asked him where he was coming from. Mr. Gonzalez Ariano could not speak a complete sentence and was slurred in his speech and advised he was coming from "50th." As Mr. Gonzalez Ariano continued to speak, I noted a strong odor of an unknown alcoholic beverage emanating from his breath, which intensified over time.

I contacted D/S Sheehan #7952 to conduct a DUI investigation.

This ends my involvement in the case.

The foregoing instrument was sworn to and affirmed before me this <u>25</u> day of <u>April</u> , 20 <u>18</u> , by:	
<u>D/S Sheehan #7952</u>	<u>D/S J. Shackelford 28282</u>
Name of Notary Public / Clerk of Court / Officer (F.S.S. 117.00)	Name of Arresting/Investigating Officer
<i>[Signature]</i>	<i>[Signature]</i>
Signature of Notary Public / Clerk of Court / Officer (F.S.S. 117.00)	Signature of Arresting/Investigating Officer
Page <u>1</u> of <u>1</u>	

SCANNED
APR 25 2018

D.U.I. PROBABLE CAUSE AFFIDAVIT

ON THE 25TH DAY OF APRIL 20 18, AT 0011 AM PM

SUBJECT: GONZALEZ ARIANO IVAN CASE NUMBER: 18-066710

AGENCY: PALM BEACH COUNTY SHERIFF'S OFFICE ARRESTING OFFICER: D/S K SHEEHAN

PERSONAL CONTACT

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

ON 4/25/18 0012 HOURS I RESPONDED TO THE INTERSECTION OF SOUTH SHORE BLVD/VININGS CIR WELLINGTON AT THE REQUEST OF D/S SHACKELFORD 28282. D/S SHACKELFORD TOLD ME THE FOLLOWING: On Wednesday, April 25, 2018, at approximately 0010 hours, he was in the area of South Shore Blvd and Vinings Circle, in the Village of Wellington, Palm Beach County, Florida 33414 when he was flagged down reference a vehicle accident. He made contact with a witness to the accident, Ms. Jenna Petti, he was informed that a 2002 Ford F250, bearing FL license plate #9075YH, had been involved in a single car accident at Big Blue Trace and South Shore Blvd. Ms. Petti stated that she had seen the Ford turning onto South Shore Blvd from Big Blue Trace and go up and over the shoulder into the nearby grassy hill. Ms. Petti stated that the vehicle made its way back onto South Shore and had sustained damage to its front end and right side tire, which was flat from the incident. Ms. Petti following the vehicle come to a complete stop at the parking lot near the intersection of South Shore Blvd and Vinings Circle, behind the TD Bank, he made contact with the driver, later identified as Mr. Ivan Gonzalez Ariano by his Maryland driver's license, he observed Mr. Gonzalez Ariano come off of South Shore Blvd and turn into the parking lot off of Vinings Circle and step out of the driver seat of the vehicle. Mr. Gonzalez Ariano was driving slow, breaking and going several times until the vehicle came into a complete stop slanted in several parking spaces. He asked Mr. Gonzalez Ariano for his license, registration and insurance, where he observed slow movement in obtaining the documents from his person and swaying while Mr. Gonzalez Ariano was standing. Mr. Gonzalez Ariano sitting back in the driver's seat, he asked him where he was coming from. Mr. Gonzalez Ariano could not speak a complete sentence and was slurred in his speech and advised he was coming from "50th." As Mr. Gonzalez Ariano continued to speak, he noted a strong odor of an unknown alcoholic beverage emanating from his breath, which intensified over time.

OBSERVATION OF DRIVER:

I MADE CONTACT WITH GONZALEZ ARIANO WHO WAS SITTING IN THE DRIVERS SEAT. WHILE SPEAKING WITH GONZALEZ ARIANO I OBSERVED HE HAD BLOOD SHOT GLASSEY EYES AND SLURRED SPEECH

DRIVER'S STATEMENTS:

I ASKED GONZALEZ ARIANO HOW MUCH HE HAD TO DRINK AND HE REPLIED 4 HEINEKEN.

ODORS:

Odor of an Unk Alcoholic beverage coming from his person

GENERAL OBSERVATIONS

SPEECH: Slurred speech

ATTITUDE: CALM

CLOTHING: BLUE BUTTON UP, BLUE JEANS AND BROWN BOOTS

MEDICAL/OTHER:

ALL ROADSIDES CAPTURED ON IN-CAR VIDEO

STATE OF FLORIDA
COUNTY OF PALM BEACH

D/S K SHEEHAN

(Signature of Arresting/Investigative Officer)

The foregoing instrument was sworn to or affirmed and subscribed before me this 25TH day of APRIL 20 18 by D/S K SHEEHAN

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

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



SCANNED
APR 25 2018

ROADSIDE TASKS

HORIZONTAL GAZE NYSTAGMUS:

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

Other Observations:

HE SWAYED FOR BALANCE. HAD TO BE REMINDED TO KEEP HIS HEAD STILL AND LOOK AT THE LIGHT. HAD TO BE TOLD TO TAKE HIS HANDS OUT OF HIS POCKETS.

WALK & TURN:

THE DEFENDANT WAS PLACED INTO THE INSTRUCTIONAL STANCE FOR THE WALK AND TURN AND GIVEN INSTRUCTIONS. THE DEFENDANT STATED THAT HE UNDERSTOOD THE INSTRUCTIONS. HE COUL DNOT KEEP HIS BALANCE WHILE LISTENING TO INSTRUCTION. HE STARTED TOO SOON.HE STEPPED OFF LINE ON 5,6,8 AND 11. HE DID AN IMPROPER TURN. ON THE RETURN HE STEPPED OFF LINE ON 4 ND 8

ONE LEG STAND:

THE DEFENDANT WAS PLACED INTO THE INSTRUCTIONAL STANCE FOR THE ONE LEG STAND AND GIVEN INSTRUCTIONS. THE DEFENDANT STATED THAT HE UNDERSTOOD THE INSTRUCTIONS. HE SWAYED WHILE BALANCING. HE HAD TO BE REMINDED TO POINT HIS TOE AND I HAD TO DEMONSTRATE.HE USED HIS ARMS FOR BALALNCE.HE COUNTED 3 TWICE, 6 TWICE, 8 TWICE AND STOPPED AT 9.

FINGER TO NOSE:

THE DEFENDANT WAS PLACED INTO THE INSTRUCTIONAL STANCE FOR THE FINGER TO NOSE AND GIVEN INSTRUCTIONS. THE DEFENDANT STATED THAT HE UNDERSTOOD THE INSTRUCTIONS. DURING THIS TASK THE FOLLOWING SEQUENCE WAS USED LEFT RIGHT LEFT RIGHT RIGHT LEFT. ON THE FIRST SEQUENCE HE TOUCHED HIS TOP LIP WITH HIS LEFT. WITH HIS RIGHT HE TOUCHED THE TIP OF HIS NOSE SECOND SEQUENCE WITH HIS LEFT HE TOUCHED THE SIDE OF HIS NOSE. WITH HIS LEFT HE TOUCHED HIS LIP. THRD SEQUENCE WITH HIS RIGHT TOUCHED THE SIDE OF HIS NOSE WITH HIS LEFT TOUCHED THE BRIDGE OF HIS TIP. EACH TIME HE HELD HIS FINGER ON HIS NOSE AND HAD TO BE TOLD TO PUT HIS HAND BACK DOWN

ROMBERG ALPHABET:

THE DEFENDANT WAS PLACED INTO THE INSTRUCTIONAL STANCE TO COUNT TO 30 IN SPANISH SINCE HE DID NOT KNOW THE ALPHABET AND GIVEN INSTRUCTIONS. THE DEFENDANT STATED THAT HE UNDERSTOOD THE INSTRUCTIONS. DURING THIS TASK HE SWAYED FOR BALANCE AND HAD TO BE REMINDED TO CLOSE HIS EYES.

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

STATE OF FLORIDA
COUNTY OF PALM BEACH

D/S K SHEEHAN *D/S K Sheehan*
(Signature of Arresting/Investigative Officer)

The foregoing instrument was sworn to or affirmed and subscribed before me this 25TH day of APRIL 2018 by D/S K SHEEHAN

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

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



SCANNED
APR 25 2018

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 #: 18-066710	ZONE: 8-22	SUSPECT: Gonzales Ivan	DATE & TIME OF ORIGINAL EVENT/OFFENSE: 4/25/18 0033
EVENT TYPE: DUI	DEPUTY: D/S K Sheehan	ID#: 7952	

COMPLETE EVERYTHING BELOW - PRINT LEGIBLY

LAST NAME: PETTI	FIRST NAME: JENNA	MIDDLE INITIAL: M	RACE: W	SEX: F
DATE OF BIRTH: (MM/DD/YYYY) 01/12/1995	YOUR HEIGHT: 5'2	YOUR WEIGHT: 140	YOUR HAIR COLOR: Brown	YOUR EYE COLOR: Brown
YOUR HOME ADDRESS: 50K6 Canal Circle east	<input type="checkbox"/> CHECK IF HOMELESS	CITY: Lake Worth	STATE: FL	ZIP: 33467
YOUR WORK NAME & ADDRESS: Florida Highway Patrol / FHP building 4300 Lake Worth Service	<input type="checkbox"/> CHECK IF UNEMPLOYED OR RETIRED	CITY: Lake Worth	STATE: FL	ZIP: 33467
WORK PHONE: <input type="checkbox"/> CHECK IF NONE (561) 1357-4000	CELL PHONE: <input type="checkbox"/> CHECK IF NONE (561) 1727-0003	HOME PHONE: <input type="checkbox"/> CHECK IF NONE ()	EMAIL: Jenna.Petti@flhsmv.gov	<input type="checkbox"/> CHECK IF NONE

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

YOUR NAME: 1 Jenna Petti	DO HEREBY VOLUNTARILY MAKE THE FOLLOWING STATEMENT WITHOUT THREAT, COERCION, OFFER OF BENEFIT, OR FAVOR BY ANY PERSONS WHOMSOEVER...
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On April 25, 2018 at approximately 12 AM I was traveling east on Big Blue Trace, when I approached the traffic light to South Shore Blvd, I observed a black Ford F150 driving up the grassy hill. I parked right by the F150 and spoke with another male passing motorist who saw the accident. The other male passing motorist told me the driver told him he fell asleep. I observed a hispanic male wearing a greyish button down shirt in the drivers seat. The driver of the F150 backed up of the hill and started driving north on South Shore Blvd on a front right flat tire. I rode to the right of him at approx 15mph, for approx 500 ft. I was picking up my phone to call police when I observed a deputy

<p align="center">READ AND SIGN</p> <p>I SWEAR AND AFFIRM THIS AND/OR THE ATTACHED STATEMENTS ARE CORRECT AND TRUE:</p> <p>YOUR SIGNATURE: </p>	<p><input type="checkbox"/> DEPUTY SHERIFF <input type="checkbox"/> NOTARY PUBLIC FSS: 117.10</p> <p>SWORN TO AND SUBSCRIBED BEFORE ME TODAY:</p> <p>DATE: TIME: 0045</p> <p>SIGNATURE: ID: 7952</p>
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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 STATE MAY BE FURTHER INVESTIGATED AND PROSECUTED WITH MY COOPERATION. DO NOT WISH TO PROSECUTE (INITIAL)

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 #: 18-066710	ZONE: 8-22	SUSPECT: Cronizer Ivan	DATE & TIME OF ORIGINAL EVENT/OFFENSE: 4/25/18 0033
EVENT TYPE: DVT		DEPUTY: K Sheehan	ID#: 7952

COMPLETE EVERYTHING BELOW – PRINT LEGIBLY

LAST NAME:		FIRST NAME:		MIDDLE INITIAL:	RACE:	SEX:
DATE OF BIRTH: (MM/DD/YYYY)	YOUR HEIGHT:	YOUR WEIGHT:	YOUR HAIR COLOR:	YOUR EYE COLOR:		
YOUR HOME ADDRESS:		<input type="checkbox"/> CHECK IF HOMELESS	CITY:	STATE:	ZIP:	
YOUR WORK NAME & ADDRESS:		<input type="checkbox"/> CHECK IF UNEMPLOYED OR RETIRED	CITY:	STATE:	ZIP:	
WORK PHONE: <input type="checkbox"/> CHECK IF NONE ()	CELL PHONE: <input type="checkbox"/> CHECK IF NONE ()	HOME PHONE: <input 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: I	DO HEREBY VOLUNTARILY MAKE THE FOLLOWING STATEMENT WITHOUT THREAT, COERCION, OFFER OF BENEFIT, OR FAVOR BY ANY PERSONS WHOMSOEVER...
------------------------	--

Sitting on the median ~~and~~ facing south, I flashed the deputy my headlights and pointed at the black F150. The deputy and myself followed the black F150 into the TD bank parking lot. The driver got out of his truck and went around the front of vehicle to observe the damage to his right front tire.

PAGE ____ OF ____

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

DEPUTY SHERIFF NOTARY PUBLIC FSS: 117.10
SWORN TO AND SUBSCRIBED BEFORE ME TODAY:

YOUR SIGNATURE: *[Signature]*

DATE: _____ TIME: _____
SIGNATURE: *[Signature]* ID# **7952**

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. DO NOT WISH TO PROSECUTE (INITIAL _____)

(PROSECUTION WAIVER NOT TO BE USED FOR CASES INVOLVING DOMESTIC OR DATING VIOLENCE PER G.O. 508.00)
WHITE - RECORDS COPY CANARY - STATE ATTORNEY COPY PINK - OFFICER'S COPY GOLD - WITNESS / VICTIM COPY

SCANNED

APR 25 2018

WITNESS LIST

CASE NUMBER: 18-066710

ARRESTING OFFICER: D/S K SHEEHAN

ADDRESS: DISTRICT 8

PHONE NUMBERS (HOME): _____ (WORK) 681-4500

CAN TESTIFY TO: DUI Investigation

NAME: D/S SHACKELFORD

ADDRESS: _____

PHONE NUMBERS (HOME) _____ (WORK) _____

CAN TESTIFY TO: _____

NAME: JENNA PETTI

ADDRESS FHP BUILDING 9330 LAKE WORTH SERVICE PLAZA

PHONE NUMBERS (HOME) _____ (WORK) 561-357-400

CAN TESTIFY TO: _____

NAME: _____

ADDRESS _____

PHONE NUMBERS (HOME) 0 _____ (WORK) 0

CAN TESTIFY TO: _____

NAME: _____

ADDRESS _____

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: _____

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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: _____

NAME: _____

ADDRESS _____

PHONE NUMBERS (HOME) _____ (WORK) _____

CAN TESTIFY TO: _____

SCANNED
APR 25 2018

TESTING FACILITY TASK REPORT

AGENCY: PBSO

SUBJECT: George Aranda, Ivan A

CASE NUMBER: 18-0106710

DATE: 04/25/18

VIDEO TAPE NUMBER: N/A

BEGINNING TIME: 02:16

ENDING TIME: 02:19

BREATH TESTS RESULTS: 1) R TIME 02:13 (A.M.) P.M. 2) N/A TIME — A.M./P.M.
3) N/A TIME — A.M./P.M. 4) N/A TIME — A.M./P.M.

BREATH OPERATOR: K. M... # 22079

MAINTENANCE TECHNICIAN: J. K... # 16167

TESTING OFFICER'S OBSERVATIONS

SPEECH: Slurred, recent

ATTITUDE: calm, quiet / uncooperative, agitated

CLOTHING: Blue jeans, short sleeve button down shirt, Brown boots

MEDICAL CONDITIONS: None

MEDICATIONS: None

OTHER: Eyes glassy

COMMENTS: Arrived at Testing Center, A/D began 30 minute observation period at 01:23 hrs.

A refused to take test.

REFUSED

A/D read IIC, A stated he didn't understand and wanted it in Spanish. A/D attempted to give him card IIC all Spanish card, A refused to read it.

A again refused to take test when A/D requested it.

No G+A conducted due to A being uncooperative.

REFUSED

SCANNED

APR 25 2018

SUBJECT: Gonzalez, Araceli Ivan CASE NUMBER: 18-066710

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) 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.

SUSPECT'S SIGNATURE: (X) Not Read on camera **SCANNED**

APR 25 2018

SUBJECT: Enzulez, Arion, Ivan A CASE NUMBER: 18-066710

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: _____

SCANNED
APR 25 2018



MARYLAND USA

Driver's License

NOT FOR FEDERAL IDENTIFICATION

DL



12018F8FA

Customer identifier
G-524-347-045-244

Family name
GONZALEZ ARIANO

Given names
IVAN ALFONSO

Address
**3238 E BALTIMORE ST
BALTIMORE MD 21224**

Date of birth	Sex	Height	Weight	Date of exp
03/27/1977	M	5-07"	185	03/27/2026
Restrictions	Classifications	Endorsements	Date of issue	
AU	G		03/03/2018	

NOT A CERTIFIED

SCANNED
APR 25 2018