2019CT 002414AMB

ARREST / NOTICE TO APPEAR
Juvenile Referral Report

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

ADMINISTRATIVE

OBTS Number	Agency ORI Number	Agency Name	Agency Report Number (N.T.A.'s only)
	FLO 500000	PALM BEACH COUNTY SHERIFF'S OFFICE	06- 19-125324

Charge Type: Check as many as apply: ☐ 1. Felony ☐ 2. Traffic Felony ☐ 3. Misdemeanor ☒ 4. Traffic Misdemeanor ☐ 5. Ordinance ☐ 6. Other

Weapon Seized / Type: 1. Yes 2. No

Multiple Clearance Indicator: 1

Location of Arrest (Including Name of Business)	Location of Offense (Business Name, Address)		
10TH AVE N AND PERRY AVE GREEN ACRES FL 33463	10TH AVE N AND PERRY AVE		GREEN ACRES FL 33463

Date of Arrest	Time of Arrest	Booking Date	Booking Time	Jail Date	Jail Time	Location of Vehicle
~~09/12/2019~~ 10/12/19	0230					

DEFENDANT

Name (Last, First, Middle): MURILLO MORAEDEL JAIRO E

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

Race (W - White I - American Indian B - Black 0- Oriental/Asian)	Sex	Date of Birth	Height	Weight	Eye Color	Hair Color	Complexion	Build
W	M	11/15/1980	506	154	BRO	BLK	MED	SML

Scars, Marks, Tatoos, Unique Physcal Features (Location, Type, Description)	Marital Status	Religion	Indication of:	Y	N	Unk.
NONE	Single	CATHOLIC	Alcohol Influence	☐	☐	☐
			Drug Influence	☐	☐	☐

Local Address (Street, Apt. Number)	(City)	(State)	(Zip)	Phone	Residence Type: 1. City 2. County 3. Florida 4. Out of State
10 CANTERBURY DR LOT 368	GREENACRES	FL	33463	(786) 307 2946	1

Permanent Address (Street, Apt. Number)	(City)	(State)	(Zip)	Phone	Address Source
,				( )	DEFENDANT

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

D/L Number, State	Soc. Sec. Number	INS Number	Place of Birth (City, State)	Citizenship
(WA)MURILJE202QN			HONDURAS	NON RES

CO-DEF

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

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 ☐ 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)

School Attended | Grade

Property Crime? ☐ Yes ☐ No | Description of Property | Value of Property

CODE

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

Charge Description	Counts	Domestic Violence	Statute Violation Number	Violation of ORD #
DUI WITH PROPERTY DAMAGE	1	☐Y ☒N	316.193(3)C1	

Drug Activity	Drug Type	Amount / Unit	Offense #	Warrant / Capias Number	Bond
/	/	N/A	19-125324		OR

CHARGE

Charge Description	Counts	Domestic Violence	Statute Violation Number	Violation of ORD #
DWLS W/KNOWLEDGE	1	☐Y ☒N	322.34(2)	/

Drug Activity	Drug Type	Amount / Unit	Offense #	Warrant / Capias Number	Bond
/	/	/	19-125324		OR

CHARGE

Charge Description	Counts	Domestic Violence	Statute Violation Number	Violation of ORD #
		☐Y ☒N		/

Drug Activity	Drug Type	Amount / Unit	Offense #	Warrant / Capias Number	Bond
/	/	N/A			

CHARGE

Charge Description	Counts	Domestic Violence	Statute Violation Number	Violation of ORD #
		☐Y ☒N		

Drug Activity	Drug Type	Amount / Unit	Offense #	Warrant / Capias Number	Bond
N/A	N/A	N/A			

NOTICE TO APPEAR

Location (Court, Room Number, Address): 3228 GUN CLUB RD WPB FL 33406

Court Date and Time: Month NOVEMBER Day 7 Year 2019 Time 0830 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

Signature of Defendant (or Juvenile and Parent /Custodian) — Date Signed: 09/12/2019

ADMIN

HOLD for other Agency Name:

☐ Dangerous ☐ Resisted Arrest ☐ Suicidal ☐ Other:

Signature of Arresting Officer: X

Name of Arresting Officer (Print): INV E. K. WHITE I.D. #: 7209

Name Verification (Printed by Arrestee) (PRINT)

OCT 12 AM 8:17

Name Destr I.D. # Pouch #

Transporting Officer: E. K. WHITE ID #: 7209 Agency: PBSO

Witness here if subject signed with an "X"

PAGE 1 OF 1

DISTRIBUTION: WHITE - COURT COPY GREEN - STATE ATTORNEY YELLOW - AGENCY PINK - AGENCY GOLD - DEFENDANT (N.T.A.'s ONLY)

PBSO #148 REV. 9/97

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PROBABLE CAUSE AFFIDAVIT

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

ADMIN

OBTS Number			Juvenile
		1	N

Agency ORI Number	Agency Name	Agency Report Number
FLO 500000	PALM BEACH COUNTY SHERIFF'S OFFICE	06- 19-125324

ChargeType: Check as many as apply. ☐ 1. Felony ☐ 2. Traffic Felony ☐ 3. Misdemeanor ☐ 4. Traffic Misdemeanor ☐ 5. Ordinance ☐ 6. Other

Special Notes:

DEF

Name (Last, First, Middle)	Alias	Race	Sex	Date of Birth
MURILLO MORAEDEL, JAIRO, E		W	M	11/15/1980

CHARGES

Charge Description		Charge Description	
DUI WITH PROPERTY DAMAGE	316.193(3)C1	DWLS W/KNOWLEDGE	322.34(1)
Charge Description		Charge Description	

VICTIM

Victim's Name (Last, First, Middle)				Race	Sex	Date of Birth
, ,				/	/	/
Local Address (Street, Apt. Number)	(City)	(State)	(zip)	Phone ( )	Address Source	
,						
Business Address (Name, Street)	(City)	(State)	(zip)	Phone ( )	Occupation	

The undersigned certifies and swears 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

☐ committed the below acts in my presence.
☐ confessed to _____ admitting to the below facts.
☐ was observed by _____ who told _____ that he/she saw the arrested person commit the below acts.
☒ was found to have commited the below acts, resulting from my (described) investigation.

On the 12 day of OCTOBER 2019 at 0141 ☒ A.M. ☐ P.M. (Specifically include facts constituting cause for arrest.)

PROBABLE CAUSE STATEMENT

On Saturday, October 12, 2019 at approximately 0145 hours, I responded to the intersection of 10th Avenue North and Perry Avenue, Green Acres (Palm Beach County) Florida to assist Deputy J. Booth with a traffic crash that involved a possible drunk driver. Upon my arrival I noticed multiple emergency vehicles on scene with their emergency lights activated. The outside lane was secured to provide safety for the officers in the roadway. I observed a white vehicle stopped on Perry Ave facing south. This vehicle incurred severe front end damage with the front airbags deployed inside it. A white pick up truck was resting in the eastbound outside lane of 10th Ave N. The vehicle was facing northwest with its rear side against the south curb. It incurred damage to its right rear side. I made contact with D/S Booth who directed me to the drivers of both vehicles. The front seat passenger and driver of the car wrote sworn witness statements regarding the crash. They identified a Hispanic male as the driver of the pick up. They also pointed him out to me while we were on scene. EMS began assessing the occupants of both vehicles. Meanwhile D/S Booth and I investigated the crash scene. Through the sworn statements and the physical evidence left by both vehicles, we were able to determine that the pick up truck was attempted to make a left turn onto Perry Ave. The car was traveling east on 10th Ave. The pick up violated the right of way of the car resulting in the car striking the pick up on its right rear side. Due to a possible language barrier, Deputy F. Torres assisted me with translation. We made contact with the Hispanic male subject. He was later identified as Jairo Eliud Murillo Moraedel by his Washington driver license. A check of his driver license status revealed they were suspended. He stood with his legs more than shoulder width apart. I also noticed his eyes were red, watery and glossy. His cheeks were flushed, his mouth was dry and he slurred his speech while speaking. He was wearing a red shirt, gray cargo shorts and black shoes. I could smell a strong odor of an unknown alcoholic beverage emanating from his breath that intensified when he spoke. I told the driver I had completed my assistance with the crash investigation ans would no be conducting a criminal investigation for DUI. I explained my suspicions were prompt by the previous mentioned indicators of impairment he exhibited. Prior to speaking with him I advised him of his Constitutional Rights and asked if he understood them. He said he understood his "rights". I asked if he would consent to an interview regarding this incident. He obliged. During the interview the defendant admitted to drinking four (4) beers. He said he was traveling west and the car ran through a stop sign striking his vehicle. The defendant was favoring his forearm. I asked if he was treated by paramedics. He told me he had been treated and refused to go to the hospital.

ADMINISTRATIVE

STATE OF FLORIDA
COUNTY OF PALM BEACH

INV E. K. WHITE
(Signature of Arresting/Investigative Officer)

The foregoing instrument was sworn to or affirmed and subscribed before me this 12 day of OCTOBER 20 19 by INV E. K. WHITE 7209

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

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

NOTARY PUBLIC STATE OF FLORIDA
JOSHUA BELL
MY COMMISSION #GG346008
EXPIRES: JUN 18, 2023
Bonded through 1st State Insurance

PBSO #0004 REV. 04/01 DISTRIBUTION: WHITE - COURT COPY GREEN - STATE ATTORNEY YELLOW - AGENCY PINK - AGENCY

ADMIN

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	Agency Name	Agency Report Number
FLO 500000	PALM BEACH COUNTY SHERIFF'S OFFICE	06- 19-125324

Charge Type: Check as many as apply. ☐ 1. Felony ☐ 2. Traffic Felony ☐ 3. Misdemeanor ☐ 4. Traffic Misdemeanor ☐ 5. Ordinance ☐ 6. Other

Special Notes:

DEF

Name (Last, First, Middle)	Alias	Race	Sex	Date of Birth
MURILLO MORAEDEL, JAIRO, E		W	M	11/15/1980

CHARGES

Charge Description		Charge Description	
DUI WITH PROPERTY DAMAGE	316.193(3)C1	DWLS W/KNOWLEDGE	322.34(1)
Charge Description		Charge Description	

VICTIM

Victim's Name (Last, First, Middle)				Race	Sex	Date of Birth
, ,				/	/	/
Local Address (Street, Apt. Number)	(City)	(State)	(zip)	Phone	Address Source	
,				( )		
Business Address (Name, Street)	(City)	(State)	(zip)	Phone	Occupation	
				( )		

PROBABLE CAUSE STATEMENT

The undersigned certifies and swears 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

☐ committed the below acts in my presence.
☐ confessed to _____ admitting to the below facts.
☐ was observed by _____ who told _____ that he/she saw the arrested person commit the below acts.
☒ was found to have commited the below acts, resulting from my (described) investigation.

On the 12 day of OCTOBER 20 19 at 0141 ☒ A. M. ☐ P.M. (Specifically include facts constituting cause for arrest.)

I asked if he had any previous injuries prior to the crash. I also asked if he was taking medication. The defendant conveyed he neither had anything wrong with him physically, nor was he taking medication. I asked if he would consent to performing Standardized Field Sobriety Evaluations (SFSTs) for the purpose of determining if he was impaired while operating a motor vehicle. I escorted him to a smooth and level surface that was free from obstructions and debris. This area was well lighted by ambient lighting and the lights from my patrol car. I placed a yellow strip of tape on the roadway that formed a line. He acknowledged the line by placing his left foot on it when prompted to do so. The following SFSTs were explained, demonstrated, translated and acknowledged by him prior to his performance: HGN, The Walk and Turn, The One Leg Stand, The Finger to Nose and the Romberg Alphabet Recitation. His deficiencies were recorded on another form on this worksheet At the conclusion of the SFSTs, coupled with the witnesses observation of the defendant's vehicle in motion and my observation of personal indicators of impairment exhibited by the defendant, probable cause was established for DUI. I told the defendant he were being placed under lawful arrest for DUI. The defendant was searched and handcuffed (double locked and checked for tightness) prior to being seated into the rear of my patrol car. His son and other family members arrived on scene and took custody of his personal effects. Meanwhile I began transport to the main jail breath analysis facility for further processing. Upon our I arrival I escorted him into the facility and began a 20 minute observation period. During this time the defendant did not ingest anything into his body orally or otherwise. Neither did he regurgitate. I escorted him into the testing room and asked him to provide breath samples for the purpose of determining his alcohol content (Assisted by Cpl. Reynaldo Soriano). He refused and was read implied consent. He told us he understood the consent and agreed to give the samples. The defendant gave two breath samples that rendered .067 and .07. Cpl. Soriano read his Constitutional Rights again since he did not remember them being read on scene. He acknowledged his "rights" but did not wish to be interviewed. I told him I suspected he had a chemical or controlled substance in his system. Thus I requested a urine sample. He agreed to provide the sample. At 0401 hours, the defendant provided a urine sample that was packaged and secured into refrigerated evidence.

ADMINISTRATIVE

STATE OF FLORIDA
COUNTY OF PALM BEACH

INV E. K. WHITE
(Signature of Arresting/Investigating Officer)

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

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

NOTARY PUBLIC STATE OF FLORIDA
JOSHUA BELL
MY COMMISSION #GG346008
EXPIRES: JUN 18, 2023
Bonded through 1st State Insurance

PROBABLE CAUSE AFFIDAVIT

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

ADMIN

Agency ORI Number	Agency Name	Agency Report Number
FLO 500000	PALM BEACH COUNTY SHERIFF'S OFFICE	06- 19-125324

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Charge Description		Charge Description	
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Victim's Name (Last, First, Middle)				Race	Sex	Date of Birth
, ,				/	/	/
Local Address (Street, Apt. Number)	(City)	(State)	(zip)	Phone ( )	Address Source	
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The Person taken into custody

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☐ confessed to _____ admitting to the below facts.
☐ was observed by _____ who told _____ that he/she saw the arrested person commit the below acts.
☒ was found to have commited the below acts, resulting from my (described) investigation.

On the 12 day of OCTOBER 20 19 at 0141 ☒ A. M. ☐ P.M. (Specifically include facts constituting cause for arrest.)

Prior to booking I transported the defendant to JFK Hospital for medical clearance. The victim was treated and cleared for booking. Afterward I transported him back to the main jail and booked him for the previously mentioned charges.

ADMINISTRATIVE

STATE OF FLORIDA
COUNTY OF PALM BEACH

INV E. K. WHITE
(Signature of Arresting/Investigative Officer)

The foregoing instrument was sworn to or affirmed and subscribed before me this 12 day of OCTOBER 20 19 by INV E. K. WHITE

(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)

JOSHUA BELL
MY COMMISSION #GG346008
EXPIRES: JUN 18, 2023
Bonded through 1st State Insurance

PBSO #0004 REV. 04/01 DISTRIBUTION: WHITE - COURT COPY YELLOW - AGENCY PINK - AGENCY

D.U.I. PROBABLE CAUSE AFFIDAVIT

ON THE 12 DAY OF OCTOBER 20 19, AT 0141 ✓ AM PM

SUBJECT: MURILLO MORAEDEL JAIRO E CASE NUMBER: 19-125324

AGENCY: PALM BEACH COUNTY SHERIFF'S OFFICE ARRESTING OFFICER: INV E. K. WHITE

PERSONAL CONTACT

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

SEE PC AFFIDAVIT

OBSERVATION OF DRIVER:

SEE PC AFFIDAVITS

DRIVER'S STATEMENTS:

I DRANK FOUR BEERS.

ODORS:

STRONG ODOR OF AN UNKNOWN ALCOHOLIC BEVERAGE COMING FROM SUBJECT'S BREATH.

GENERAL OBSERVATIONS

SPEECH: **SLURRED**

ATTITUDE: **COOPERATIVE**

CLOTHING: **NORMAL**

MEDICAL/OTHER: **NONE**

STATE OF FLORIDA
COUNTY OF PALM BEACH

INV E. K. WHITE
(Signature of Arresting/Investigative Officer)

The foregoing instrument was sworn to or affirmed and subscribed before me this 12 day of OCTOBER 20 19 by INV E. K. WHITE

(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)

JOSHUA BELL
MY COMMISSION #GG346008
EXPIRES: JUN 18, 2023
Bonded through 1st State Insurance

SUBJECT MURILLO MORAEDEL JAIRO CASE NUMBER 19-125324

ROADSIDE TASKS

HORIZONTAL GAZE NYSTAGMUS:

- [x] LT EYE-LACK OF SMOOTH PURSUIT
- [x] RT EYE-LACK OF SMOOTH PURSUIT
- [x] LT EYE-DISTINCT & SUSTAINED NYSTAGMUS AT MAX. DEVIATION
- [x] 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:

Subject was asked to stand with their feet together and place their hands by their side. They were asked to focus on the stimulus and follow it with their eyes. Lastly they were told not to move their head to assist in following the stimulus with their eyes. Subject showed equal pupil size that tracked equally. Both eyes lacked a smooth pursuit. I saw distinct and sustained Nystagmus at maximum deviation. I also saw an onset of Nystagmus prior to 45 degrees in both eyes. Subject swayed while performing this task. He turned his head to assist his eyes in following the stimulus.

WALK & TURN:

THE DEFENDANT WAS PLACED IN THE INSTRUCTIONAL STANCE FOR THE WALK AND TURN. THIS TASK WAS EXPLAINED AND DEMONSTRATED TO THE DEFENDANT. THE DEFENDANT ACKNOWLEDGED THE INSTRUCTIONS PRIOR TO PERFORMING THIS TASK: Subject was unable to maintain his balance while placed in the instructional position. He swayed and abandoned the position. During the task he took too many steps and turned improperly.

ONE LEG STAND:

THE DEFENDANT WAS PLACED IN THE INSTRUCTIONAL STANCE FOR THE ONE LEG STAND. THIS TASK WAS EXPLAINED AND DEMONSTRATED TO THE DEFENDANT. THE DEFENDANT ACKNOWLEDGED THE INSTRUCTIONS PRIOR TO PERFORMING THIS TASK: Subject swayed while performing this task. He dropped his foot on the pavement once.

FINGER TO NOSE:

THE DEFENDANT WAS PLACED IN THE INSTRUCTIONAL STANCE FOR THE FINGER TO NOSE. THIS TASK WAS EXPLAINED AND DEMONSTRATED TO THE DEFENDANT. THE DEFENDANT ACKNOWLEDGED THE INSTRUCTIONS PRIOR TO PERFORMING THIS TASK: Subject swayed while performing this task. He failed to touch the tip of his finger to the tip of his nose 4 out of 6 times. On his failed attempts he touched the bridge and underneath his nose. He failed to return his arms to his side after making contact with his nose.

ROMBERG ALPHABET:

THE DEFENDANT WAS PLACED IN THE INSTRUCTIONAL STANCE FOR THE ROMBERG ALPHABET RECITATION. THIS TASK WAS EXPLAINED AND DEMONSTRATED TO THE DEFENDANT. THE DEFENDANT ACKNOWLEDGED THE INSTRUCTIONS PRIOR TO PERFORMING THIS TASK: Subject swayed while performing this task. He failed to recite the alphabet in Spanish on two attempts.

BREATH TEST RESULTS: 1) .067 | 2) .07 | 3) | 4)

STATE OF FLORIDA
COUNTY OF PALM BEACH

INV E. K. WHITE
(Signature of Arresting/Investigative Officer)

The foregoing instrument was sworn to or affirmed and subscribed before me this 12 day of OCTOBER 20 19 by INV E. K. WHITE

(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)

JOSHUA BELL
MY COMMISSION #GG346008
EXPIRES: JUN 18, 2023
Bonded through 1st State Insurance

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 #: 19-125324	ZONE: 16-22	SUSPECT: Jairo E Murillo Morales	DATE & TIME OF ORIGINAL EVENT/OFFENSE: 10/2/19
EVENT TYPE: Batt w/Prop Damage		DEPUTY: White	ID#: 209

COMPLETE EVERYTHING BELOW – PRINT LEGIBLY

LAST NAME: Watson	FIRST NAME: Frank	MIDDLE INITIAL: E	RACE: W	SEX: M
DATE OF BIRTH: (MM/DD/YYYY) 10/28/1974	YOUR HEIGHT: 6'2	YOUR WEIGHT: 195	YOUR HAIR COLOR:	YOUR EYE COLOR:
YOUR HOME ADDRESS: 5814 130th trail N. ☐ CHECK IF HOMELESS	CITY: West Palm Bch	STATE: FL	ZIP: 33411	
YOUR WORK NAME & ADDRESS: ☐ CHECK IF UNEMPLOYED OR RETIRED	CITY:	STATE:	ZIP:	
WORK PHONE: ☐ CHECK IF NONE ( )	CELL PHONE: ☐ CHECK IF NONE ( )	HOME PHONE: ☐ CHECK IF NONE ( )	EMAIL: ☐ CHECK IF NONE	

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

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

White truck Pulled out into intersection When it was unsafe to Do so and Caused Collision. Shorter Hispanic male exited the Vehicle Distraught and began picking up Pieces of debris out of Road and put them into Back of his truck

READ AND SIGN

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

YOUR SIGNATURE: X

☐ DEPUTY SHERIFF ☐ NOTARY PUBLIC FSS: 117.10

SWORN TO AND SUBSCRIBED BEFORE ME TODAY:

DATE: 10/2/19 TIME: 0200

SIGNATURE: _____ ID: 29925

*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. ☐ 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**

PBSO #0134 REV. 12/11

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 #: 19-125324	ZONE: 16D22	SUSPECT: Jairo E MURILLO Moreadel	DATE & TIME OF ORIGINAL EVENT/OFFENSE: 10/12/19
EVENT TYPE: DUI W/Prop Damage	DEPUTY: WHITE		ID#: 209

COMPLETE EVERYTHING BELOW - PRINT LEGIBLY

LAST NAME: Chamo	FIRST NAME: Jasmin	MIDDLE INITIAL:	RACE: Hisp	SEX: F
DATE OF BIRTH: (MM/DD/YYYY) 7/1/1991	YOUR HEIGHT: 5	YOUR WEIGHT: 140	YOUR HAIR COLOR: Black	YOUR EYE COLOR: Dark Brown
YOUR HOME ADDRESS: 6 Dover ct ☐ CHECK IF HOMELESS	CITY: Greenacres	STATE: FL	ZIP: 33463	
YOUR WORK NAME & ADDRESS: ☐ CHECK IF UNEMPLOYED OR RETIRED	CITY:	STATE:	ZIP:	
WORK PHONE: ☐ CHECK IF NONE ( )	CELL PHONE: ☐ CHECK IF NONE (781) 3640312	HOME PHONE: ☐ CHECK IF NONE ( )	EMAIL: ☐ CHECK IF NONE	

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

I | YOUR NAME: Jasmin Chamo | DO HEREBY VOLUNTARILY MAKE THE FOLLOWING STATEMENT WITHOUT THREAT, COERCION, OFFER OF BENEFIT, OR FAVOR BY ANY PERSONS WHOMSOEVER...

Heading east, Driving speed limit my cousin as the driver a friend of ours on Passenger Seat, I was in the back of Passenger seat Seat belt on. other driver turned whom he wasn't its turn.

PAGE 1 OF 1

READ AND SIGN

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

YOUR SIGNATURE: X

☐ DEPUTY SHERIFF ☐ NOTARY PUBLIC FSS: 117.10

SWORN TO AND SUBSCRIBED BEFORE ME TODAY:

DATE: 10/12/19 TIME: 0200

SIGNATURE: ID: 2995

*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. ☐ 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

PBSO #0134 REV. 12/11

FLORIDA DEPARTMENT OF LAW ENFORCEMENT
ALCOHOL TESTING PROGRAM
BREATH ALCOHOL TEST AFFIDAVIT

Instrument Type: Intoxilyzer 8000
Instrument Registered To: PALM BEACH CO SO
Instrument Serial Number: 80-006477 Software: 8100.27
Date of Test: 10/12/2019

Date of Last Agency Inspection: 09/13/2019
Observation Period Began: 03:06
Subject's Name: JAIRO E MURILLO MORAEDEL DOB: 11/15/1980 Sex: M

The subject was observed for at least twenty-minutes prior to the administration of the breath test to ensure that the subject did not take anything orally and did not regurgitate.

Results:

Test	g/210L	Time
Diagnostics Check	OK	03:34
Air Blank	0.000	03:34
Control Test	0.081	03:35
Air Blank	0.000	03:35
Subject Sample #1	0.067	03:36
Air Blank	0.000	03:36
Air Blank	0.000	03:38
Subject Sample #2	0.070	03:39
Air Blank	0.000	03:40
Control Test	0.081	03:40
Air Blank	0.000	03:40
Diagnostics Check	OK	03:41

Cylinder Lot: 17919080A1
Exp: 08/05/2021

State of Florida, County of Palm Beach,

Personally appeared before me the undersigned authority, who (✓) is personally known to me or (__) produced _____ as identification, and who after being placed under oath, states:

I JOSHUA J BELL, hold a valid Breath Test Operator permit issued by the Florida Department of Law Enforcement, I administered the above breath test to the subject named above in accordance with Chapter 11D-8, Florida Administrative Code, and this form is a true and accurate report of that breath test.

Breath Test Operator: Bell Date: 10/12/19
Signature

Sworn to (or affirmed) before me this 12 day of October, 2019

Signature of Notary Public-State of Florida

INV. E. K. White #7209
Printed Name of Notary Public-State of Florida

Note: Pursuant to section 117.10, Florida Statutes, law enforcement officers, correctional officers, traffic accident investigation officers and traffic infraction enforcement officers are notaries public when engaged in the performance of official duties. In accordance with section 316.1934(5), F.S., this completed form is admissible without further authentication and is presumptive proof of the results herein. To be used in accordance with Section 316.1934(5), F.S., and in administrative proceedings pursuant to 322.2615, F.S.

FDLE/ATP FORM 38 - MARCH 2004, Ref. 11D-8.007

TESTING FACILITY TASK REPORT

AGENCY: PBSO

SUBJECT: MURILLO MORAEDEL, JAIRO E CASE NUMBER: 19-125324

DATE: 10/12/19 VIDEO TAPE NUMBER: N/A

BEGINNING TIME: 0329 ENDING TIME: 0344

BREATH TESTS RESULTS: 1) .067 TIME 0336 A.M./P.M. 2) .070 TIME 0339 A.M./P.M.

3) N/A TIME XX A.M./P.M. 4) N/A TIME XX A.M./P.M.

BREATH OPERATOR: J. BELL #8656

MAINTENANCE TECHNICIAN: J. KARLECKE #6467

TESTING OFFICER'S OBSERVATIONS

SPEECH: SPANISH SPEAKING

ATTITUDE: QUIET / TALKATIVE, INQUISITIVE

CLOTHING: RED TEE SHIRT, BLACK SHORTS, BLACK SNEAKERS

MEDICAL CONDITIONS: NONE

MEDICATIONS: NONE

OTHER: EYES:BLOODSHOT

ODOR OF AN UNKNOWN ALCHOLIC BEVERAGE COMING FROM BREATH

COMMENTS: ARRIVED AT CENTER A/O BEGAN 20 MIN OBSERVATION AT 0306 HRS

SUBJECT ASKED WHAT WOULD HAPPEN IF HE DID NOT TAKE BREATH TEST

A/O READ I.C IN SPANISH AND EXPLAINED

SUBJECT STATED HE UNDERSTOOD I.C. AND AGREED TO TAKE BREATH TEST

A/O READ RIGHTS ON CAMERA AND ON SCENE IN SPANISH

SUBJECT STATED HE UNDERSTOOD HIS RIGHTS

BREATH TEST RESULTS READ IN SPANISH

SUBJECT STATED HE UNDERSTOOD BREATH TEST RESULTS

A/O REQUESTED A URINE SAMPLE

SUBJECT STATED HE WOULD PROVIDE URINE SAMPLE AT 0343

A/O READ I.C. IN SPANISH AGAIN

SUBJECT STATED HE UNDERSTOOD I.C. AND PROVIDED A URINE SAMPLE AT 0409

INTERPRETATION DONE BY CPL R. SORIANO #9418 PBSO

WITNESS LIST

CASE NUMBER: 19-125324

ARRESTING OFFICER: INV E. K . WHITE

ADDRESS: HQ

PHONE NUMBERS (HOME): _____ (WORK) 561 688 3000

CAN TESTIFY TO: FACTS

NAME: D/S J. BOOTH

ADDRESS: DIST 16

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

CAN TESTIFY TO: CRASH INVESTIGATOR

NAME: D/S F TORRES

ADDRESS DIST 16

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

CAN TESTIFY TO: TRANSLATION

NAME: CPL REYNALDO SORIANO

ADDRESS HQ (561) 688 3000

PHONE NUMBERS (HOME) 0 (WORK) 0

CAN TESTIFY TO: TRANSLATION

NAME: ELVIA CHAMU ECHEVE

ADDRESS 12 ABBY CT GREEN ACRES FL 33463

PHONE NUMBERS (HOME) 7813640317 (WORK) _____

CAN TESTIFY TO: CRASH

NAME: JASMINE CHAMU

ADDRESS 8 DOVER CT GREEN ACRES FL 33463

PHONE NUMBERS (HOME) 7813640317 (WORK) _____

CAN TESTIFY TO: CRASH

NAME: FRANK E WATSON

ADDRESS 5214 130TH TRAIL N WEST PALM BEACH FL 33411

PHONE NUMBERS (HOME) _____ (WORK) _____

CAN TESTIFY TO: CRASH AND IDENTIFIED THE DEFENDANT AS THE DRIVER

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: _____

NAME: _____

ADDRESS _____

PHONE NUMBERS (HOME) _____ (WORK) _____

CAN TESTIFY TO: _____

SUBJECT: Murillo Morardel, Jairo CASE NUMBER: 19-125324

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: Inv. White #7209

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

SUBJECT: Murillo Moraedel, Jairo CASE NUMBER: 19-1253241

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 By Cpl Silano

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) Read on camera/on scene

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

PBSO #01298 REV. 08/11

FLORIDA UNIFORM TRAFFIC CITATION

In the court designated below the undersigned certifies that he/she has ju
and reasonable grounds to believe and does believe that on:

Citation #: **ACK4EJE**

County: **PALM BEACH** County Code: **06**
City: City Code: **00**
Date/Time: **Sat 10/12/2019 04:52 AM** Agency Type: **SO**

VIOLATOR

First Name: **JAIRO** Middle: **ELIUD**
Last: **MURILLO MORAEDEL** DOB: **11/15/1980**
Address: **10 CANTERBURY DR #368**
City: **GREENACRES** State: **FL** Zip: **33463**
Telephone: Race: **H** Sex: **M** Hgt: **5'6"**
DL #: **MURILJE202QN** DL State: **WA** Lic. Expires: **2**
CDL: **N** Ethnicity: **H** Class: Diff. Addr. on DI

REGISTRATION

Yr. Veh: **2014** Veh. Tag: **KVBE44**
Color: **WHI** Trailer Tag:
Make: **GMC** Yr. Tag Expires: **19** State:
Style: **TK**
Comm. Mtr. Veh.: **N** Plac. Haz. Mat: **N**
>= 16 Passengers: **N** Motorcycle: **N**

LOCATION

Upon a Public Street or Highway or Other Location Namely:
10TH AVE N AND PERRY AVE

Located Ft. Miles Of Node

VIOLATION

Did unlawfully commit the following Offense, In violation of State Statute,
D.U.I. - URINE SAMPLE RETRIEVED **316.193(1)**

Speed - Enhanced Penalty Zone: **N**
Unlawful Speed: Posted Speed:
Crash: **Y** Prop. Dam.: **Y** Prop. Dam. Amt.: **6500** Aggressive Dri
Injury: **Y** Ser. Injury: **N** Fatal: **N** Red Light/Stop Sig
Companion Citation Number(s):
Driving Under the Influence of Alcoholic Beverages, Chemical, or Controlled Substances, Driving/Actual Physical Control While Impaired, or Driving/Actual Physical Control with Unlawful Blood/Urine Alcohol Level Bal.: **.07**

COURT INFORMATION

Criminal Violation, Court Required
PALM BEACH COUNTY COURTHOUSE CRIMINAL JUSTICE COMPLE
3228 GUN CLUB ROAD Court Date: **11/07/2**
WEST PALM BEACH, FL 33406 Court Time: **8:30 A**
Civil Penalty: **TO BE**

Arrest Delivered To:
On:

SIGNATURE

I AGREE AND PROMISE TO COMPLY AND ANSWER TO THE CHARGES AND INSTRUCTIONS SPECIFIED IN THIS CITATION. WILLFUL REFUSAL TO ACCEPT AND SIGN THE CITATION MAY RESULT IN ARREST. I UNDERSTAND MY SIGNATURE IS NOT AN ADMISSION OF GUILT OR WAIVER OF RIGHTS. IF YOU NEED REASONABLE FACILITY ACCOMMODATIONS TO COMPLY WITH THIS CITATION, CONTACT THE CLERK OF THE COURT.

Signature of Defendant:

Signature of Officer:

☒ I CERTIFY THIS CITATION WAS DELIVERED TO THE PERSON CITED ABO
Officer name: **INV. K. WHITE** Officer ID: **7209**
Case number: Troop/Unit: **VCD/DUI WB** Misc:
Agency Name: **PALM BEACH SHERIFF'S OFFICE**
Agency #:

FLORIDA UNIFORM TRAFFIC CITATION

In the court designated below the undersigned certifies that he/she has jus
and reasonable grounds to believe and does believe that on:

Citation #: **ACK4EKE**

County: **PALM BEACH** County Code: **06**
City: City Code: **00**
Date/Time: **Sat 10/12/2019 04:52 AM** Agency Type: **SO**

VIOLATOR

First Name: **JAIRO** Middle: **ELIUD**
Last: **MURILLO MORAEDEL** DOB: **11/15/1980**
Address: **10 CANTERBURY DR #368**
City: **GREENACRES** State: **FL** Zip: **33463**
Telephone: Race: **H** Sex: **M** Hgt: **5'6"**
DL #: **MURILJE202QN** DL State: **WA** Lic. Expires: **20**
CDL: **N** Ethnicity: **H** Class: Diff. Addr. on DL

REGISTRATION

Yr. Veh: **2014** Veh. Tag: **KVBE44**
Color: **WHI** Trailer Tag:
Make: **GMC** Yr. Tag Expires: **19** State: **F**
Style: **TK**
Comm. Mtr. Veh.: **N** Plac. Haz. Mat: **N**
>= 16 Passengers: **N** Motorcycle: **N**

LOCATION

Upon a Public Street or Highway or Other Location Namely:
10TH AVE N AND PERRY AVE

Located Ft. Miles Of Node

VIOLATION

Did unlawfully commit the following Offense, In violation of State Statute,
LICENSE - DRIVING UNDER SUSPENSION WITH KNOWLEDGE **322.34(2)**
DATE SUSPENDED:
REASON:
Speed - Enhanced Penalty Zone: **N**
Unlawful Speed: Posted Speed:
Crash: **Y** Prop. Dam.: **Y** Prop. Dam. Amt.: **6500** Aggressive Driv
Injury: **Y** Ser. Injury: **N** Fatal: **N** Red Light/Stop Sign
Companion Citation Number(s):
Driving Under the Influence of Alcoholic Beverages, Chemical, or Controlled Substances, Driving/Actual Physical Control While Impaired, or Driving/Actual Physical Control with Unlawful Blood/Urine Alcohol Level Bal.: **.07**

COURT INFORMATION

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PALM BEACH COUNTY COURTHOUSE CRIMINAL JUSTICE COMPLE
3228 GUN CLUB ROAD
WEST PALM BEACH, FL 33406
Court Date: **11/07/2**
Court Time: **8:30 AM**
Civil Penalty: **TO BE**

Arrest Delivered To:
On:

SIGNATURE

I AGREE AND PROMISE TO COMPLY AND ANSWER TO THE CHARGES AND INSTRUCTIONS SPECIFIED IN THIS CITATION. WILLFUL REFUSAL TO ACCEPT AND SIGN THE CITATION MAY RESULT IN ARREST. I UNDERSTAND MY SIGNATURE IS NOT AN ADMISSION OF GUILT OR WAIVER OF RIGHTS. IF YOU NEED REASONABLE FACILITY ACCOMMODATIONS TO COMPLY WITH THIS CITATION, CONTACT THE CLERK OF THE COURT.

Signature of Defendant: X

Signature of Officer:

☒ I CERTIFY THIS CITATION WAS DELIVERED TO THE PERSON CITED ABO
Officer name: **INV. K. WHITE** Officer ID: **7209**
Case number: Troop/Unit: **VCD/DUI WB** Misc:
Agency Name: **PALM BEACH SHERIFF'S OFFICE**
Agency #: