

# 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 <b>FLO 502600</b>		Agency Name <b>Palm Beach Gardens Police Department</b>		Agency Report Number (N.T.A.'s only) <b>78- 19-002113</b>	
	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 <input checked="" type="checkbox"/> 1. Yes <input type="checkbox"/> 2. No		Multiple Clearance Indicator			
	Location of Arrest (Including Name of Business) <b>Northlake Blvd/Hiatt Dr</b>				Location of Offense (Business Name, Address) <b>Northlake Blvd/Hiatt Dr</b>			
	Date of Arrest <b>04/05/2019</b>		Time of Arrest <b>2145</b>		Booking Date		Booking Time	
DEFENDANT	Name (Last, First, Middle) <b>FLORIO, JASON</b>		Alias (Name, DOB, Soc. Sec. #, Etc.)					
	Race W - White I - American Indian B - Black O - Oriental/Asian <b>W</b>		Sex <b>M</b>		Date of Birth <b>05/31/1973</b>		Height <b>600</b>	
	Weight <b>255</b>		Eye Color <b>HAZEL</b>		Hair Color <b>GRY</b>		Complexion <b>LIGHT</b>	
	Build <b>MED</b>		Scars, Marks, Tattoos, Unique Physical Features (Location, Type, Description)		Mental Status <b>MARRIED</b>		Religion <b>None</b>	
CO-DEF	Local Address (Street, Apt. Number) <b>1003 PINE LAKE CIR</b>		(City) <b>PALM BEACH GDNS FL</b>		(Zip) <b>33418</b>		Phone <b>(954) 663-7609</b>	
	Permanent Address (Street, Apt. Number) <b>1003 PINE LAKE CIR</b>		(City) <b>PALM BEACH GDNS FL</b>		(Zip) <b>33418</b>		Phone <b>( )</b>	
	Business Address (Name, Street) <b>( )</b>		(City) <b>( )</b>		(State) <b>( )</b>		(Zip) <b>( )</b>	
	D/I Number, State <b>F460420731910</b>		Soc. Sec. Number <b>( )</b>		INS Number <b>( )</b>		Place of Birth (City, State) <b>PORT JEFFERSON, NY</b>	
JUVENILE	Co-Defendant Name (Last, First, Middle)		Race		Sex		Date of Birth	
	Co-Defendant Name (Last, First, Middle)		Race		Sex		Date of Birth	
	Parent <input type="checkbox"/> Legal Custodian <input type="checkbox"/> Other		Name (Last)		(First)		(Middle)	
	Address (Street, Apt. Number)		(City)		(State)		(Zip)	
CHARGE	Notified by: (Name)		Date		Time		Juvenile Disposition 1. Sentenced/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			
CHARGE	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. Synthetic		U. Unknown Z. Other			
	Charge Description <b>DUI with Property damage or Injury</b>		Counts <b>1</b>		Domestic Violence <input type="checkbox"/> Y <input checked="" type="checkbox"/> N		Statute Violation Number <b>316.193(3)(C)(1)</b>	
CHARGE	Drug Activity <b>N</b>		Drug Type <b>N</b>		Amount / Unit <b>N/A</b>		Offense # <b>1</b>	
	Charge Description		Counts		Domestic Violence <input type="checkbox"/> Y <input checked="" type="checkbox"/> N		Statute Violation Number	
	Drug Activity		Drug Type		Amount / Unit		Offense #	
	Charge Description		Counts		Domestic Violence <input type="checkbox"/> Y <input checked="" type="checkbox"/> N		Statute Violation Number	
CHARGE	Drug Activity		Drug Type		Amount / Unit		Offense #	
	Charge Description		Counts		Domestic Violence <input type="checkbox"/> Y <input checked="" type="checkbox"/> N		Statute Violation Number	
	Drug Activity		Drug Type		Amount / Unit		Offense #	
	Charge Description		Counts		Domestic Violence <input type="checkbox"/> Y <input checked="" type="checkbox"/> N		Statute Violation Number	
NOTICE TO APPEAR	Location (Court, Room Number, Address) <b>North County Courthouse 3188 PGA Blvd, Palm Beach Gardens, FL 33410</b>							
	Court Date and Time Month <b>5</b> Day <b>1</b> Year <b>19</b> Time <b>8:30</b> 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 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			
ADMIN	HOLD for other Agency Name:		Signature of Arresting Officer <b>#454</b>		Name Verification (Printed by Arrestee) <b>APR 6 AM 1108</b>			
	<input type="checkbox"/> Dangerous <input type="checkbox"/> Suicidal		<input type="checkbox"/> Resisted Arrest <input type="checkbox"/> Other:		(PRINT)			
	Name of Arresting Officer (Print) <b>OFC. JUNG #454</b>		I.D. # <b>454</b>		PAGE			
	Transmittal Officer <b>#</b>		Name <b>#</b>					

#0257988

JUN 17 454 PB6PD

SCANNED  
APR 06 2019

## ROADSIDE TASKS

HORIZONTAL GAZE NYSTAGMUS:

- |  |   |
|--|---|
| <input checked="" type="checkbox"/> LT EYE-LACK OF SMOOTH PURSUIT                          | <input type="checkbox"/> RT EYE-LACK OF SMOOTH PURSUIT                          |
| <input checked="" type="checkbox"/> LT EYE-DISTINCT & SUSTAINED NYSTAGMUS AT MAX DEVIATION | <input type="checkbox"/> RT EYE-DISTINCT & SUSTAINED NYSTAGMUS AT MAX DEVIATION |
| <input checked="" 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:

HGN: Had trouble keeping head still.

WAT: Demonstrated and explained; subject had trouble keeping balance and repeatedly moved from the instructional position. Subject had to move hands away from sides to maintain balance during the exercise. Subject took 8 steps forward stopped and took 4 more steps, then and 11 steps back; none heel to toe.

ONE LEG STAND:

OLS: Demonstrated and explained; subject swayed while balancing, subject used arms for balance, Subject was unable to keep foot raised and keep putting the leg down.

FINGER TO NOSE:

was not conducted. no standardized.

ROMBERG/ALPHABET:

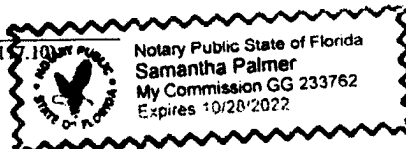
was not conducted. no standardized.

BREATH TEST RESULTS:STATE OF FLORIDA  
COUNTY OF PALM BEACH

(Signature of Arresting/Investigative Officer)

The foregoing instrument was notarized or sworn before me this 5 day of April, 20 19 by Jung  
who is personally known to me and/or produced identification. Type of identification produced \_\_\_\_\_

Notary Public, Clerk of Court, Officer (F.S.S. 157.10)

SCANNED  
APR 06 2019

# D.U.I. PROBABLE CAUSE AFFIDAVIT

ON THE 5th DAY OF April 20 19, AT 8:45 AM (PM)  
SUBJECT: FLORIO, JASON CASE NUMBER: 19-002113  
AGENCY: PALM BEACH GARDENS POLICE DEPT. ARRESTING OFFICER: OFC. JUNG #454

## PERSONAL CONTACT

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

## OBSERVATION OF DRIVER:

Florio smelled a strong odor of an unknown intoxicating beverage. Florio's eyes appeared to be glassy. Florio appeared to be unsteady on his feet. Florio had a hard time keeping his balance and his motor skills appeared to be slow.

## DRIVER'S STATEMENTS:

Florio stated that he was coming from Iron horse Golf Course.

## ODORS:

Strong odor of an unknown intoxicating beverage as he spoke.

## GENERAL OBSERVATIONS

SPEECH: slurred, slow

ATTITUDE: calm

CLOTHING: blue shirt, black shorts, flip flops

MEDICAL/OTHER: None

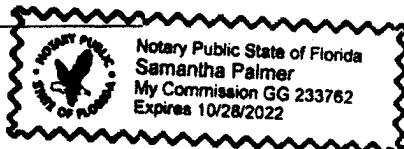
STATE OF FLORIDA  
COUNTY OF PALM BEACH

(Signature of Arresting/Investigative Officer)

The foregoing instrument was sworn to or affirmed and subscribed before me this 5 day of April 20 19 by Jung

(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)



SCANNED  
APR 06 2019



**PALM BEACH COUNTY  
SHERIFF'S OFFICE**  
Florida State Statute Exemption Sheet

**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 pertaining to mobilization deployment or tactical operations.	
	<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"/>			
	<input type="checkbox"/>			
Other	<input type="checkbox"/>		Other:	
	<input type="checkbox"/>		Other:	

**REVIEW COMPLETED BY**

Booking Number: 2019011411

Date: 4/6/2019

Specialist Name/ID: M. Tooks #8557

SCANNED

APR 06 2019