

0311257

PALM BEACH GARDENS PD  
ARREST / NOTICE TO APPEAR  
Juvenile Referral Report

297  
 Check if Supplement is Attached  
1. Arrest 3. Request for Warrant  
2. N.T.A. 4. Request for Capias  Juvenile

OBTS Number		Agency ORI Number FLO 5 0 0 0 0 0		Agency Name PALM BEACH COUNTY SHERIFF'S OFFICE		Agency Report Number (N.T.A.'s only) 0 6 1 1 9 1 0 0 5 5 1 5 1 0 1 1 1 1	
Charge Type: <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		If Weapon Seized Enter Type <i>N/A</i>	
Location of Arrest (including Name of Business) <i>11330 LEGACY AV, PBG, FL</i>		Location of Offense (Business Name, Address) <i>11330 LEGACY AV, PBG, FL</i>		Date of Arrest <i>09 21 19</i>		Time of Arrest <i>00:13</i>	
Name (Last, First, Middle) <i>Testa, Joshua Mark</i>		Alias (Name, DOB, Soc. Sec. #, Etc.)		Race <i>W M</i>		Sex <i>M</i>	
Date of Birth <i>11 21 82</i>		Height <i>5'11"</i>		Weight <i>170</i>		Eye Color <i>BLU</i>	
Hair Color <i>BRN</i>		Complexion <i>LIGHT</i>		Build <i>SLIM</i>		Scars, Marks, Tattoos, Unique Physical Features (Location, Type, Description) <i>N/A</i>	
Local Address (Street, Apt. Number) <i>2802 Surrento PL 112 PBG FL 33410</i>		Phone <i>(561) 308 7053</i>		Residence Type: <input type="checkbox"/> 1. City <input type="checkbox"/> 2. County <input checked="" type="checkbox"/> 3. Florida <input type="checkbox"/> 4. Out of State		Indication of Alcohol Influence <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> Unk	
Permanent Address (Street, Apt. Number) <i>2802 Surrento PL 112 PBG FL 33410</i>		Phone <i>( )</i>		Address Source <i>Verbal</i>		Occupation <i>EDITOR</i>	
Business Address (Name, Street) <i>( )</i>		Phone <i>( )</i>		Citizenship <i>US</i>		Place of Birth (City, State) <i>Exeter NH</i>	
Co-Defendant (Last, First, Middle)		Race		Sex		Date of Birth	
Co-Defendant (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)	
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 <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's Office (Phone 355-2528) 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. Synthetic U. Unknown Z. Other	
Charge Description <i>Driving Under the Influence</i>		Counts <i>1</i>		Domestic Violence <input type="checkbox"/> Y <input checked="" type="checkbox"/> N		Statute Violation Number <i>31 6 1 9 3 1 1</i>	
Drug Activity <i>N N</i>		Drug Type		Amount / Unit		Offense #	
Charge Description <i>DUI Prior Refusal</i>		Counts <i>1</i>		Domestic Violence <input type="checkbox"/> Y <input checked="" type="checkbox"/> N		Statute Violation Number <i>31 6 1 9 3 9 1 1</i>	
Drug Activity <i>N N</i>		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	
Drug Activity		Drug Type		Amount / Unit		Offense #	
Location (Court, Room Number, Address) <i>3158 PGA Blvd, Palm Beach Gardens, FL 33410</i>		Court Date and Time Month <i>OCT</i> Day <i>23</i> Year <i>2019</i> Time <i>1000</i> A.M. <input checked="" type="checkbox"/> P.M.		Name of Arresting Officer (Print) <i>Andrew Flink 514</i>		Name Verification (Printed by Arrestee)	
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 (for Juvenile and Parent/Custodian) <i>[Signature]</i>		Date Signed <i>09/21/2019</i>		Witness here if subject signed with a <i>SEP 23 2019</i>	
HOLD for other agency <input type="checkbox"/> Dangerous <input type="checkbox"/> Suicidal		Resisted Arrest <input type="checkbox"/> Other:		Signature of Arresting Officer <i>[Signature]</i>		Name Verification (Printed by Arrestee)	
Intake Deputy <i>CPT Howard 720</i>		I.D.# Pouch #		Transporting Officer <i>A. FLINK 514</i>		Agency <i>PBGPD</i>	

FILED  
SEP 22 2019  
SHARON R. ROCK  
CLERK & Comptroller  
6700

2019CT017586

Received WB  
PAGE  
SEP 23 2019

# D.U.I. PROBABLE CAUSE AFFIDAVIT

ON THE 21st DAY OF September 20 19, AT 0013  AM  PM

SUBJECT: TESTA, JOSHUA, MARK CASE NUMBER: 19005550

AGENCY: PALM BEACH GARDENS POLICE DEPT. ARRESTING OFFICER: ANDREW FLINK 514  
**PERSONAL CONTACT**

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

While I was conducting a separate DUI investigation, Ofc Yacinthe 460 and I observed a black in color Jeep bearing Florida issued license plate HNEX18, drive recklessly through the parking lot. I heard the vehicle breaking traction while making a turn. I observed an individual later identified as Joshua Testa in the driver seat of the vehicle when it stopped beyond the stop bar. Ofc Yacinthe approached the vehicle and made contact with Testa while I completed my first investigation.

### OBSERVATION OF DRIVER:

Testa was very off balance when he exited the vehicle and walked toward me. Testa had to lean on a bollard to keep standing up straight while speaking with me. Testa had a flushed red face, slurred speech, watery eyes and the odor of an unknown alcoholic beverage emanating from his breath at conversational distance.

### DRIVER'S STATEMENTS:

Testa said he was coming from the Chili's which was near where his vehicle was observed coming from.

### ODORS:

Unknown alcoholic beverage

### GENERAL OBSERVATIONS

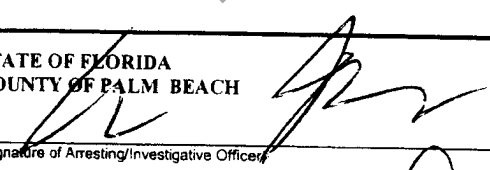
SPEECH: Slurred

ATTITUDE: Rapid mood swings and non-compliant

CLOTHING: Blue shirt and grey shorts

MEDICAL/OTHER: Sciatica

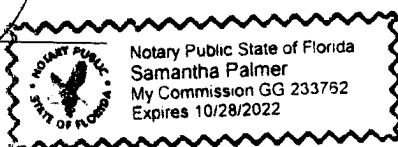
STATE OF FLORIDA  
COUNTY OF PALM BEACH

Signature of Arresting/Investigative Officer: 

The foregoing instrument was sworn to or affirmed and subscribed before me this 21st day of September 20 19 by ANDREW FLINK

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

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



SUBJECT: TESTA, JOSHUA, MARK

CASE NUMBER 19005550

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:

I was unable to complete the exercise, due to lack of cooperation from Testa. During the exercise he was swaying back and forth.

WALK & TURN:

Testa raised his arms more than six inches from his sides. Testa took the incorrect number of steps, eight rather than nine as instructed. On the eighth step, he lost his balance and stepped off the line. Testa then refused to continue.

FINGER TO NOSE:

Testa missed the first left finger, by touching the bridge of his nose. Using his right hand, he touched his cheek rather than the tip of his nose. Also using his right hand, he touched the side of his nose rather than the tip. During the exercise, he was swaying back and forth.

ROMBERG ALPHABET:

Testa took additional time to begin the exercise by reciting letters prior to "E". During the exercise he opened his eyes and was swaying back and forth.

HAND COORDINATION:

Not conducted

BREATH TEST RESULTS:

1) REF 2) REF 3) 4)

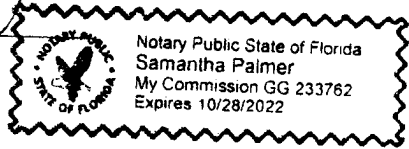
STATE OF FLORIDA  
COUNTY OF PALM BEACH

Signature of Arresting/Investigative Officer

The foregoing instrument was sworn to or affirmed and subscribed before me this 21st day of September 2019 by ANDREW FLINK

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

Notary Public, Clerk of Court, Officer (F S S 117 10)



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

I, ANDREW FLINK, a duly certified Law Enforcement Officer or Correctional Officer,
(Name of Officer reading Implied Consent Warning)

am a member of Palm Beach Gardens Police Department, and I do swear
(Name of law enforcement agency)

or affirm that on or about the 21st day of September, 2019, at 00:32 P.M. A.M.

DRIVER JOSHUA MARK TESTA
(Type or Print) FIRST NAME MIDDLE OR MAIDEN NAME LAST NAME

DL# T230433824210, state of FLA, was placed under lawful arrest for
the offense of DRIVING UNDER THE INFLUENCE by ANDREW FLINK and
issued Citation # A56H3TE (Name of Arresting Officer)

That on or about the 21st day of September, 2019, at 0148 P.M. A.M.
in PALM BEACH County,

I requested that the driver submit to a X breath and/or urine test to determine his or her blood alcohol level
and/or the presence of chemical or controlled substances. I informed the driver that the refusal to submit to such
test(s) would result in the suspension of his or her driving privilege for a period of one (1) year for a first refusal, or
for a period of eighteen (18) months if his or her driving privilege had been previously suspended for refusing to
submit to a breath, urine or blood test. I also informed the driver that he or she commits a misdemeanor by refusing
to submit to a lawful test as requested above if his or her driving privilege has been previously suspended for
refusal to submit to a lawful test of his or her breath, urine, or blood. Additionally, I informed the driver that if he
or she holds a CDL, or was operating a CMV, refusal will result in the disqualification of the Commercial Driver's
License/driving privilege for a period of one (1) year in the case of a first refusal or permanently if he or she has
previously been disqualified as a result of a refusal to submit to any such lawful test. Nonetheless, the driver
refused to submit to the test(s) requested.

Signature of Law Enforcement Officer or
Correctional Officer

THE AFFIDAVIT MUST BE NOTARIZED OR ATTESTED TO (F.S. 117.10)



The foregoing instrument was sworn and subscribed before me:

The foregoing instrument was sworn and subscribed before

me this 21st day of September, 2019,

by ANDREW FLINK,

who is personally known to me or who has produced
Personally Known as identification

Notary Public [Signature]

Signature of Attesting Officer

Title

Date

Note: Mail or hand deliver to the designated
Bureau of Administrative Reviews office,
Department of Highway Safety and Motor
Vehicles, with the driver's license, the
appropriate copy of the UTC, and the
probable cause affidavit.



PALM BEACH COUNTY SHERIFF'S OFFICE  
 DUI TESTING FACILITY  
 INFORMATION SHEET

PBSO CASE # 19-117525 PBSO ZONE 3-13

AGENCY CASE # 19005550 CRASH CASE # \_\_\_\_\_

TIME OF STOP/CRASH 0013 ~~0000~~ DATE 9/21/2019 DAY Saturday

SUBJECT'S NAME Testa, Joshua Mark RACE W SEX M

HGT 5'11 WGT \_\_\_\_\_ DOB 11/21/1982

LOCATION 11330 Legacy Av, PBG, FL

ARRESTING OFFICER'S NAME & ID Andrew Fink 514 AGENCY PBGT/D

DIVISION: Patrol

NOTIFIED BY COMMO WALK-IN

ARRIVAL AT FACILITY 0115

BREATH RESULTS:

Arrest Time ~~0019~~ 0032

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_

TESTING OFFICER'S ID 24639 PBSO VIDEOTAPE # N/A

NOT A CERTIFIED COPY



SUBJECT: 70314 J. J. J. J. J. 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: 72124 JOSHUA M 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) JOSHUA M

## 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) \_\_\_\_\_



# 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: 2019030852	Date: 09/22/2019
	Specialist Name/ID: AM/31562