

J-0484317		17CT 478		P-1509	
OBTS Number		ARREST / NOTICE TO APPEAR		1. Arrest 2. N.T.A.	
Agency ORI Number FLO 500000		Agency Name PALM BEACH COUNTY SHERIFF'S OFFICE		Agency Report Number (N.T.A.'s only) 06-17-024201	
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 2 1. Yes 2. No		Multiple Clearance Indicator 01	
Location of Arrest (Including Name of Business) 8165 Glades Rd, Boca Raton, FL 33434		Location of Offense (Business Name, Address) 7700 Glades Rd, Boca Raton, FL 33434			
Date of Arrest 01/09/2017	Time of Arrest 01:27	Booking Date 01/09/2017	Booking Time	Jail Date	Jail Time
Name (Last, First, Middle) Palacios Arredondo, Juan, Carlos					
Alias (Name, DOB, Soc. Sec. #, Etc.)					
Race W - White I - American Indian B - Black O - Oriental/Asian	Sex H M	Date of Birth 01/30/1978	Height 6'04	Weight 254	Eye Color brown
Scars, Marks, Tattoos, Unique Physical Features (Location, Type, Description) none		Marital Status Married	Religion CATHOLIC	Indication of: Alcohol Influence Drug Influence	Y N Unk. <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
Local Address (Street, Apt. Number) 5128 Heron Pl, Coconut Creek, FL 33073		(City) (State) (Zip)	Phone (954) 234 6545	Residence Type: 1. City 2. County 3. Florida 4. Out of State 3	
Permanent Address (Street, Apt. Number)		(City) (State) (Zip)	Phone ( )	Address Source DL	
Business Address (Name, Street)		(City) (State) (Zip)	Phone ( )	Occupation	
D/L Number, State P422423780300, FL		Soc. Sec. Number [REDACTED]	INS Number	Place of Birth (City, State) Caracas, Venezuela	Citizenship US
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
Parent Legal Custodian Other:		Residence Phone ( )			Business Phone ( )
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 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 S. Sell N. N/A P. Possess		S. Sell B. Buy T. Traffic	R. Smuggle D. Deliver E. Use	K. Dispense/ Distribute	M. Manufacture/ Produce/ Cultivate
Charge Description Driving Under the Influence		Counts I	Domestic Violence <input type="checkbox"/> Y <input type="checkbox"/> N	Statute Violation Number 316.193(1)	Violation of ORD #
Drug Activity N		Drug Type N	Amount / Unit	Offense # 17-024201	Warrant / Capias Number Bond
Charge Description		Counts	Domestic Violence <input type="checkbox"/> Y <input type="checkbox"/> N	Statute Violation Number	Violation of ORD #
Drug Activity N		Drug Type N	Amount / Unit	Offense #	Warrant / Capias Number Bond
Charge Description		Counts	Domestic Violence <input type="checkbox"/> Y <input type="checkbox"/> N	Statute Violation Number	Violation of ORD #
Drug Activity N		Drug Type N	Amount / Unit	Offense #	Warrant / Capias Number Bond
Charge Description		Counts	Domestic Violence <input type="checkbox"/> Y <input type="checkbox"/> N	Statute Violation Number	Violation of ORD #
Drug Activity N		Drug Type N	Amount / Unit	Offense #	Warrant / Capias Number Bond
Location (Court Room Number, Address) South County Courthouse, Courtroom #1, 200 W. Atlantic Ave., Delray Beach, FL 33444 - Ph: (561) 355-2996					
Court Date and Time Month January Day 30 Year 2017 Time 08:30 AM					
I AGREE TO APPEAR AT THE TIME AND PLACE DESIGNATED TO ANSWER THE OFFENSE CHARGED OR TO PAY THE FINE SUBSCRIBED. I UNDERSTAND THAT SHOULD I WILLFULLY FAIL TO APPEAR BEFORE THE COURT AS REQUIRED BY THIS NOTICE TO APPEAR, THAT I MAY BE HELD IN CONTEMPT OF COURT AND A WARRANT FOR MY ARREST SHALL BE ISSUED					
Signature of Defendant (or Juvenile and Parent /Custodian) Date Signed 01/09/2017					
HOLD for other Agency Name:		Signature of Arresting Officer X		Name Verification (Printed by Arrestee) (PRINT) Juan Palacios	
<input type="checkbox"/> Dangerous <input type="checkbox"/> Suicidal		<input type="checkbox"/> Resisted Arrest <input type="checkbox"/> Other:		I.D. # 16032	
Intake Deputy C. Hardeman 4716		Transporting Officer D/S POINTU P.		ID # 16032	
DISTRIBUTION: WHITE - COURT COPY		GREEN - STATE ATTORNEY		YELLOW - AGENCY	
PBSD #148 REV. 8/97		SCANNED		GOLD - DEFENDANT (N.T.A.'s ONLY)	
JAN 10 2017					

# D.U.I. PROBABLE CAUSE AFFIDAVIT

ON THE 9th DAY OF January 20 17, AT 1:11 ☒ AM ☐ PM

SUBJECT: Palacios Arredondo, Juan, Carlos CASE NUMBER: 17-024201

AGENCY: PALM BEACH COUNTY SHERIFF'S OFFICE ARRESTING OFFICER: D/S POINTU P.

## PERSONAL CONTACT

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

**Speeding at 76 in a 45 mph. Took a long time to stop after initiating the traffic stop. Was the driver and only occupant of the vehicle.**

## OBSERVATION OF DRIVER:

**glassy eyes. Slow movements. Had difficulty presenting the requested paperwork. Presented multiple time the same paperwork. Swayed while walking. Found a receipt from the Blue Martini bar dated 1/8/17 at 12:26 am under the defendant's VISA card.**

## DRIVER'S STATEMENTS:

**refused to answer questions**

## ODORS:

**strong odor of unknown alcohol following him when he walked outside.**

## GENERAL OBSERVATIONS

SPEECH: slurred, slow

ATTITUDE: cooperative

CLOTHING: suit

MEDICAL/OTHER: did not answer.

STATE OF FLORIDA  
COUNTY OF PALM BEACH

**D/S POINTU P.**

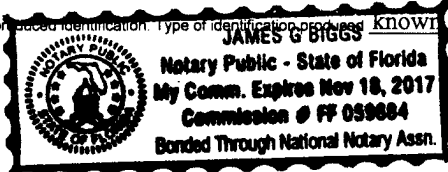
(Signature of Arresting/Investigative Officer)

The foregoing instrument was sworn to or affirmed and subscribed before me this 9th day of January 20 17 by D/S POINTU P.

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

**James Biggs (#7607)**

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



**SCANNED**  
**JAN 10 2017**

SUBJECT: Palacios Arredondo, Juan, Carlos

CASE NUMBER 17-024201

### 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:

refused

#### WALK & TURN:

refused to perform the tasks after Taylor warning. Confirmed refusal twice for all tasks.

#### ONE LEG STAND:

#### FINGER TO NOSE:

#### ROMBERG ALPHABET:

BREATH TEST RESULTS: refusal

STATE OF FLORIDA  
COUNTY OF PALM BEACH

D/S POINTU P.

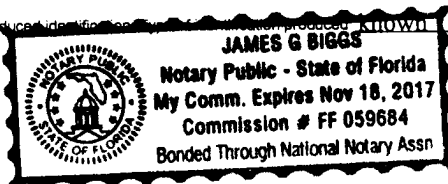
(Signature of Arresting/Investigative Officer)

The foregoing instrument was sworn to or affirmed and subscribed before me this 9th day of January, 2017 by D/S POINTU P.

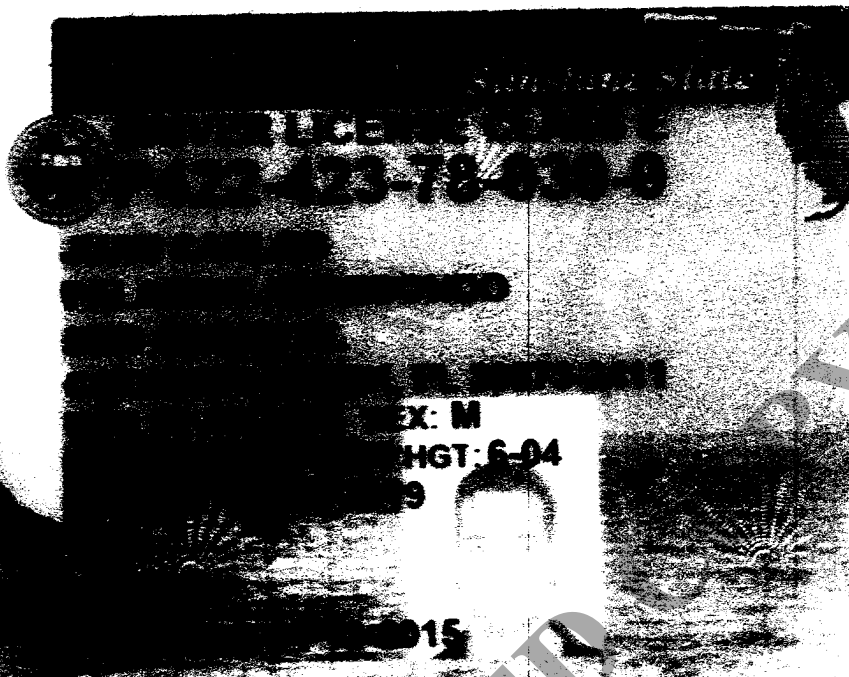
(Print name of Arresting/Investigative Officer), who is personally known to me and/or produced identification known to me.

James Biggs (#7607)

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



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JAN 10 2017



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

NOT A CERTIFIED

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JAN 10 2017

## WITNESS LIST

CASE NUMBER: 17-024201

ARRESTING OFFICER: D/S POINTU P.

ADDRESS: Palm Beach County Sheriff's Office - 3228 Gun Club Rd - West Palm Beach, FL 33406

PHONE NUMBERS (HOME): \_\_\_\_\_ (WORK) (561) 688 3000

CAN TESTIFY TO: see report

NAME: D/S Frey (#)

ADDRESS: Palm Beach County Sheriff's Office - 3228 Gun Club Rd - West Palm Beach, FL 33406

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

CAN TESTIFY TO: driving pattern and behavior

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: \_\_\_\_\_

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: \_\_\_\_\_

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

ADDRESS \_\_\_\_\_

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

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

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JAN 10 2017

# TESTING FACILITY TASK REPORT

AGENCY: PBSO-POINTU

SUBJECT: PALACIOS ARREDONDO, JUAN C

CASE NUMBER: 17-024201

DATE: Jan 9, 2017

VIDEO DVD NUMBER: 61961

BEGINNING TIME: 0245

ENDING TIME: 0251

BREATH TESTS RESULTS: 1) REF TIME 0250 A.M. ☒ P.M. ☐ 2) XX TIME XX A.M. ☐ P.M. ☐  
3) XX TIME XX A.M. ☐ P.M. ☐ 4) XX TIME XX A.M. ☐ P.M. ☐

BREATH OPERATOR: J Biggs# 7607

MAINTENANCE TECHNICIAN: D/S J Karkleck #6467

## TESTING OFFICER'S OBSERVATIONS

SPEECH: MUMBLING, SLURRED, LOW

ATTITUDE: COOPERATIVE, CONFUSED

CLOTHING: BLACK JACKET, LIGHT BLUE SHIRT, BLACK SLACKS

MEDICAL CONDITIONS: NONE

MEDICATIONS: NONE

## OTHER:

EYES GLASSY

SUBJECT UNSTEADY ON FEET AT TIMES

## COMMENTS:

THE ARRESTING OFFICER CONDUCTED THE 20 MINUTE OBSERVATION BEGINNING AT 0225  
SUBJECT REFUSED THE TEST INITIALLY  
IMPLIED CONSENT WAS READ AND EXPLAINED TO THE SUBJECT  
SUBJECT REFUSED THE TEST  
MIRANDA WAS NOT READ AT THE BAT, SUBJECT REMEMBERED FROM SCENE  
SUBJECT REFUSED QUESTIONS

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JAN 10 2017

SUBJECT: Pelegas Arredondo, Juan C CASE NUMBER: 17-024201

## 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 DIS Pointa of the PB50

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.

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JAN 10 2017

SUSPECT'S SIGNATURE: (X) Read on Camera On Scene

SUBJECT: Palcios Arredondo, Juan C

CASE NUMBER: 17-024201

## 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? yes ARE YOU UNDER THE INFLUENCE? \_\_\_\_\_

HAVE YOU CONSUMED ANY ALCOHOL SINCE THE ACCIDENT? \_\_\_\_\_ HOW MUCH? \_\_\_\_\_

WHAT? \_\_\_\_\_ WHERE? yes WHEN? \_\_\_\_\_

WHAT LINE OF WORK ARE YOU IN? \_\_\_\_\_ WHEN DID YOU LAST WORK? \_\_\_\_\_

DO YOU HAVE ANY PHYSICAL DEFECTS OR INJURIES? yes WHAT? \_\_\_\_\_

ARE YOU SICK OR INJURED? yes 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: \_\_\_\_\_

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JAN 10 2017