

J-0484317

ARREST / NOTICE TO APPEAR
Juvenile Referral Report

17CT478

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

1

Juvenile

P1509

ADMINISTRATIVE	OBTS Number			ARREST / NOTICE TO APPEAR			17CT478			3. Request for Warrant			4. Request for Capias				
	Agency ORI Number			Agency Name			Juvenile Referral Report			1. Arrest			2. N.T.A.				
FLO 500000			PALM BEACH COUNTY SHERIFF'S OFFICE						06-17-024201			3. Request for Warrant			4. Request for Capias		
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 checked="" type="checkbox"/> 4. Traffic Misdemeanor <input type="checkbox"/> 5. Ordinance <input type="checkbox"/> 6. Other			Agency Report Number (N.T.A.'s only)			Weapon Seized / Type			Multiple Clearance Indicator					
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			2 1. Yes 2. No			01		
Date of Arrest		Time of Arrest		Booking Date		Booking Time		Jail Date		Jail Time		Location of Vehicle					
01/09/2017 01:27 01/09/2017																	
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		Hair Color brown		Complexion light		Build medium	
Scars, Marks, Tattoos, Unique Physical Features (Location, Type, Description) none																	
Local Address (Street, Apt. Number) (City) (State) (Zip) Phone (954) 234 6545																	
5128 Heron Pl, Coconut Creek, FL 33073																	
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			INS Number			Place of Birth (City, State) Caracas, Venezuela			Citizenship US					
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																	
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 <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)																	
Property Crime? <input type="checkbox"/> Yes <input type="checkbox"/> No		Description of Property Value of Property															
CODE	N. N/A P. Possess	S. Sell B. Buy T. Traffic	R. Smuggle D. Deliver E. Use	K. Dispense/ Distribute	M. Manufacture/ Product/ Cultivate	Z. Other	Drug Type N. N/A P. Possess	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 Driving Under the Influence					Counts 1 <input type="checkbox"/> Y <input checked="" type="checkbox"/> N	Domestic Violence <input type="checkbox"/> Y <input checked="" type="checkbox"/> N			Statute Violation Number 316.193(1)			Violation of ORD #				
CHARGE	Drug Activity N	Drug Type N	Amount / Unit	Offense # 17-024201					Warrant / Capias Number			Bond					
CHARGE	Charge Description					Counts	Domestic Violence <input type="checkbox"/> Y <input checked="" type="checkbox"/> N			Statute Violation Number			Violation of ORD #				
CHARGE	Drug Activity	Drug Type	Amount / Unit	Offense #					Warrant / Capias Number			Bond					
CHARGE	Charge Description					Counts	Domestic Violence <input type="checkbox"/> Y <input checked="" type="checkbox"/> N			Statute Violation Number			Violation of ORD #				
CHARGE	Drug Activity	Drug Type	Amount / Unit	Offense #					Warrant / Capias Number			Bond					
CHARGE	Charge Description					Counts	Domestic Violence <input type="checkbox"/> Y <input checked="" type="checkbox"/> N			Statute Violation Number			Violation of ORD #				
CHARGE	Drug Activity	Drug Type	Amount / Unit	Offense #					Warrant / Capias Number			Bond					
NOTICE TO APPEAR	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 X JAN 9 2017 8:47																
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) 01/09/2017																	
Date Signed 01/09/2017																	
ADMIN	HOLD for other Agency Name: X			Signature of Arresting Officer X			Name Verification (Printed by Arrestee) Name: Jack Palacio (PRINT) Jack Palacio										
<input type="checkbox"/> Dangerous <input type="checkbox"/> Suicidal			<input type="checkbox"/> Resisted Arrest <input type="checkbox"/> Other:			Name of Arresting Officer (Print) D/S POINTU P.			I.D. # 16032								
Intake Deputy Gl Hardaway 4716			ID # 4716 Pouch #			Transporting Officer D/S POINTU P.			ID # 16032 Agency PSO			Witness here if subject signed with an -X" 5					
DISTRIBUTION: WHITE - COURT COPY GREEN - STATE ATTORNEY YELLOW - AGENT GOLD - DEFENDANT (N.T.A.'s ONLY)																	
PBCO #148 REV. 8/97																	

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.

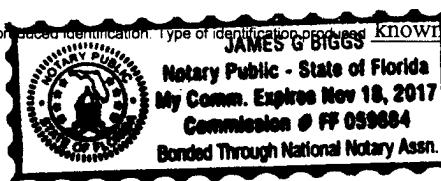
(Signature of Arresting/Investigative Officer)

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:

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

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**

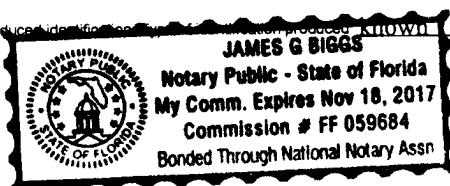
D/S POINTU P

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

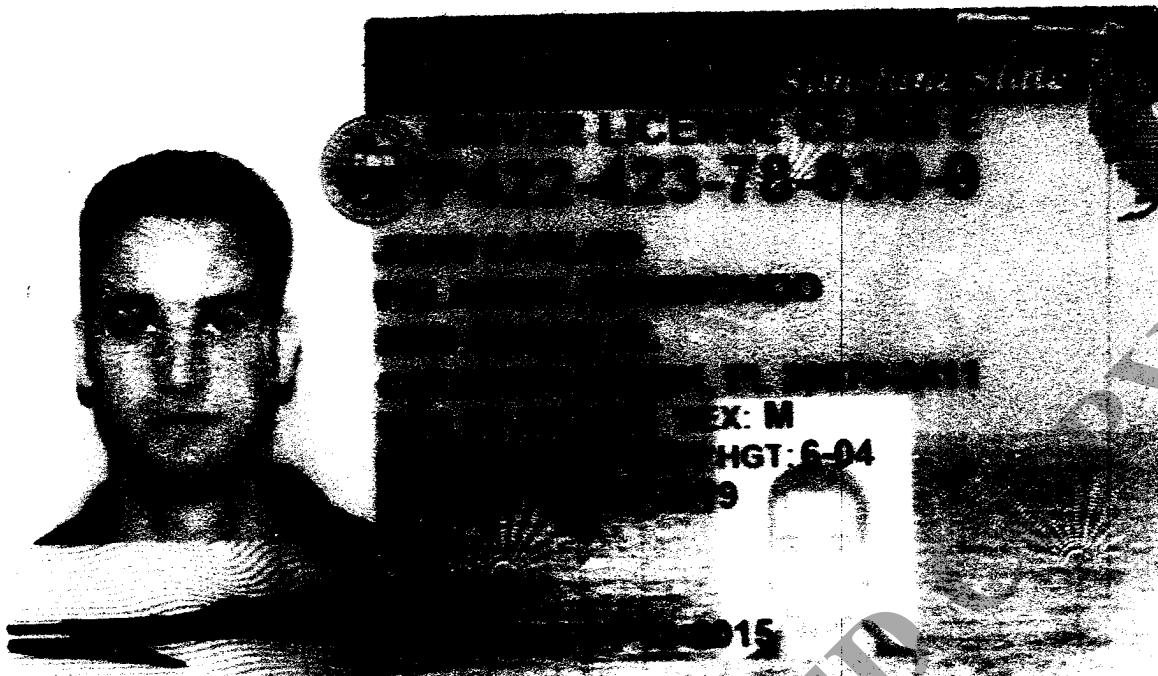
(Print name of Arresting/Investigative Officer), who is personally known to me and/or produced identification, and whom I know to be lawfully authorized to make this arrest, I do hereby declare that the above-named person is lawfully arrested for the offense(s) of **ROBBERY**.

James Biggs (#7607)

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



SCANNED
JAN 10 2017



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

NOT A CERTIFICATE

SCANNED
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) 0 (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) 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: _____

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: _____

SCANNED

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 TECHNICAN: D/S J Karklecke #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

SCANNED
JAN 10 2017

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 Pointu of the P350.

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.

SCANNED

JAN 10 2017

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

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: _____