0503057

1497

ARREST / NOTICE TO APPEAR
Juvenile Referral Report

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

OBTS Number | | 1 | Juvenile: N

ADMINISTRATIVE

Agency ORI Number	Agency Name	Agency Report Number (N.T.A.'s only)
FLO 500000	PALM BEACH COUNTY SHERIFF'S OFFICE	06- 18144886

Charge Type: Check as many as apply: ☐ 1. Felony ☐ 2. Traffic Felony ☐ 3. Misdemeanor ☒ 4. Traffic Misdemeanor ☐ 5. Ordinance ☐ 8. Other

Weapon Seized / Type: 2 | 1. Yes 2. No NONE

Multiple Clearance Indicator: 01

Location of Arrest (Including Name of Business)	Location of Offense (Business Name, Address)
OKEECHOBEE BLVD/HAVERHILL RD. WEST PALM BEACH, FL.	OKEECHOBEE BLVD/HAVERHILL RD WPB, FL. 33413

Date of Arrest	Time of Arrest	Booking Date	Booking Time	Jail Date	Jail Time	Location of Vehicle
11/15/2018	0321					ALL TIME TOWING

DEFENDANT

Name (Last, First, Middle): DELAPORTILLA LUIS MARCEL

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	6/27/87	5'10"	175	BROWN	BLACK	MED	MED

Scars, Marks, Tatoos, Unique Physcal Features (Location, Type, Description): NONE

Marital Status: Single | Religion: NONE | Indication of: Alcohol Influence Y ☒ N ☐ Unk. ☐; Drug Influence Y ☐ N ☐ Unk. ☒

Local Address (Street, Apt. Number)	(City)	(State)	(Zip)	Phone	Residence Type: 1. City 2. County 3. Florida 4. Out of State
150 N CLEARY RD.	WEST PALM BEACH, FL.		33413	(561) 312-9531	2

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

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

D/L Number, State	Soc. Sec. Number	INS Number	Place of Birth (City, State)	Citizenship
D416-533-87-227-0, FL	[redacted]		WEST PALM BEACH, FL	U.S.

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 #
DRIVING UNDER THE INFLUENCE	1	☐Y ☐N	316.193(1)	

Drug Activity	Drug Type	Amount / Unit	Offense #	Warrant I Capias Number	Bond
N	N	NONE	18144886		

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

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

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

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

NOTICE TO APPEAR

Location (Court, Room Number, Address)

CRIMINAL JUSTICE COMPLEX / 3228 GUN CLUB ROAD, WPB, FL 33406

Court Date and Time: Month DECEMBER Day 13 Year 2018 Time 8:30 AM ☒ 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: 11/15/2018

ADMIN

HOLD for other Agency Name:

☐ Dangerous ☐ Resisted Arrest ☐ Suicidal ☐ Other:

Intake Deputy I.D. # Pouch #

Signature of Arresting Officer: x

Name of Arresting Officer (Print): INV. P. ZEITZ I.D. # 24970

Transporting Officer: INV. P. ZEITZ ID # 24970 Agency PBSO

Name Verification (Printed by Arrestee) (PRINT)

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. 8/97

2018 NOV 16 PM 12:35 PALM BEACH COUNTY FL CLERK & COMPTROLLER COURT SERVICES DIVISION WEST COUNTY BRANCH

NOT A CERTIFIED COPY

2018CT20504

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

Agency ORI Number	Agency Name	Agency Report Number
FLO 5 0 0 0 0 0	PALM BEACH COUNTY SHERIFF'S OFFICE	06 – 18144886

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

Special Notes:

Defendant's Name (Last, First, Middle)	Race	Sex	Date of Birth
Delaportilla, Luis M.	W	M	06/27/1987

Charge Description	Charge Description
DUI	
Charge Description	Charge Description

Victim's Name (Last, First, Middle)	Race	Sex	Date of Birth
State Of Florida			

Victim's Local Address (Street, Apt. Number) (City) (State) (Zip)	Phone	Address Source
Victim's 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 committed the below acts, resulting from my (described) investigation.

On the 15day of November, 2018 at 02:38 ☒ A.M. ☐ P.M. (Specifically include facts constituting cause for arrest).

NARRATIVE:

I was sitting stationary at the intersection of Okeechobee Blvd and Military Trail facing north waiting to turn west. During this time I hear a audio doppler tone coming from my radar which I recognized as being above the posted limit. Looking ahead of me I observed a set of headlamps approaching. I visually estimated the speed of the vehicle to be 65 miles per hour in a posted 40 mile per hour zone. Looking to my radar display I found the true speed of the vehicle to be 65 miles per hour. As my light cycled to green the vehicle, which I was now able to identify as a Dodge Challenger, had arrived to the intersection and prepared to turn west. Being slightly in front of the vehicle I utilized the left turn lane to slow roll my patrol vehicle until after the Challenger had passed.

With the vehicle now in front omy me I manuvered my patrol vehicle behind the Challenger and activated my emergency lights to perform a traffic stop. The vehicle accessed a left turn lane where it came to rest.

Arriving at the drivers side window I requested his license, registration and insurance. While retreiving these documents I was speaking with the driver whom was identified as Luis Delaportilla by his Florida License, and noticed the odor of a unknown alcoholic beverage coming from his breath. Asking him about this he denied consuming any alcoholic beverages however was unable to provide a reason for the odor. Also while speaking to him I observed his eyes were red, bloodshot and glossy. Making these observations I again ensured he had not consumed any alcoholic beverages. He once again denied it.

NOT A CERTIFIED COPY

NARRATIVE CONTINUATION

Returning to my patrol vehicle I began to run his license information at which time D/S Scartozzi #21289 walked back to my vehicle and informed me the driver had admitted to consuming two beers off Dixie Highway. Based upon the totality of the information I requested Investigator P. Zeitz #24970 respond to perform a DUI evaluation. While enroute I continued my investigation by documenting my observations which di dnot conlcude until after the performance of the field sobriety tasks.

This ends my participation in this investigation.

Sworn and Subscribed before me.	
Signature Notary Public / Clerk of Court / Officer (F.S.S 117.10)	Signature of Arresting / Investigating Officer
Inv. P. Zeitz #24970	**Inv. J. Schneider #8501**
Name of Notary Public / Clerk of Court / Officer (F.S.S 117.10)	Name of Officer (Please Print)
11/15/2018	**11/15/2018**
Date	Date

NOT A CERTIFIED COPY

D.U.I. PROBABLE CAUSE AFFIDAVIT

ON THE 15 DAY OF NOVEMBER 20 18, AT 0239 ✓ AM PM

SUBJECT: DELAPORTILLA LUIS MARCEL CASE NUMBER: 18144886

AGENCY: PALM BEACH COUNTY SHERIFF'S OFFICE ARRESTING OFFICER: INV. P. ZEITZ

PERSONAL CONTACT

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

On 11/15/2018 at approximately 0245hrs, I was called to the scene of a traffic stop near the intersection of Okeechobee Blvd and Haverhill Rd. which is located in unincorporated Palm Beach County, Florida. I arrived at the scene at approximately 0257hrs. Inv. Schneider #8501 relayed to me, and completed a written signed sworn supplemental Probable Cause Affidavit, that he had stopped the defendant's vehicle, a blue Dodge 2-door bearing FL tag ACDM17, because the defendant was speeding (65mph in a 40mph zone). Inv. Schneider noticed that the defendant had articulable indicators of impairment, so he called for a DUI unit to conduct a possible DUI investigation. Inv. Schneider identified the defendant, to me, as the driver and sole occupant of the vehicle, at the time of the stop.

OBSERVATION OF DRIVER:

Upon making contact with the driver who was identified by his Florida driver license as Luis Marcel Delaportilla, I immediately detected an obvious and strong odor of an unknown alcoholic beverage emitting from his person and face area. This odor intensified as I spoke to him. Delaportilla had glassy, glazed, and blood shot eyes. Delaportilla's speech was slurred and thick. His movements were slow and deliberate. Delaportilla had difficulty following directions given to him. Delaportilla was wearing a gray t-shirt, black pants, and white shoes. All the clothing appeared clean.

DRIVER'S STATEMENTS:

Pre-Miranda: Stated to Inv. Schneider that he did not have anything to drink, but later said that he had a couple beers.

Delaportilla refused to provide breath samples after Implied Consent, which he stated he understood.

Post Miranda: Delaportilla stated in the Q&A that he did have 2 beers at dinner before driving home.

ODORS:

A strong and obvious odor of an unknown alcoholic beverage was emitting from his person and face area which intensified as I spoke to him.

GENERAL OBSERVATIONS

SPEECH: **Delaportilla's speech was slurred and thick.**

ATTITUDE: **Talkative, annoyed, argumentative, insulting**

CLOTHING: **Wearing a gray shirt with black pants and white shoes**

MEDICAL/OTHER: **None**

NOT A CERTIFIED COPY

STATE OF FLORIDA
COUNTY OF PALM BEACH

INV. P. ZEITZ
(Signature of Arresting/Investigative Officer)

The foregoing instrument was sworn to or affirmed and subscribed before me this 15th day of NOVEMBER 2018 by INV. P. ZEITZ

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

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

Notary Public State of Florida
Paris Pound
My Commission GG 200026
Expires 03/25/2022

SUBJECT: DELAPORTILLA LUIS CASE NUMBER 18144886

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
- [x] LT- EYE-ONSET OF NYSTAGMUS PRIOR TO 45 DEGREES
- [x] RT- EYE-ONSET OF NYSTAGMUS PRIOR TO 45 DEGREES

Other Observations:

Delaportilla would sway roughly in a side to side front to back pattern throughout the task. * DID/DID NOT touch the tip of the pen as directed to positively identify the point to be tracked. Delaportilla was reminded to track the pen with his eyes only.**

WALK & TURN:

I explained and demonstrated the instructions for the "Walk & Turn" to Delaportilla who stated the he understood. During the task, I observed Delaportilla to sway roughly in a side to side, front to back pattern throughout the demonstration phase. Delaportilla stepped out of the instructional stance during the demonstration to catch his balance. He started the task before being instructed to do so. Delaportilla missed heel-to-toe steps. He also performed an improper turn.

ONE LEG STAND:

I explained and demonstrated the instructions for the "One Leg Stand" to Delaportilla who stated that he understood. During the task, I observed him to sway roughly in a side to side, front to back pattern throughout the demonstration phase. Delaportilla continued to sway while balancing on one leg. Delaportilla started hopping in an attempt to maintain balance.

FINGER TO NOSE:

I explained and demonstrated the instructions for the "Finger to Nose" task to Delaportilla who stated that he understood. During the task, I observed him to sway in a side to side, front to back pattern throughout the demonstration phase. Delaportilla's index finger did not touch the tip of the nose on 5 of 6 attempts. He also searched for the tip of his nose using the finger to find their nose prior to touching the tip. The sequence used for this task was L, R, L, R, R, L.

ROMBERG ALPHABET:

I explained and demonstrated the instructions for the "Romberg Alphabet" task to Delaportilla who stated that he understood. During the task, I observed him to sway in a side to side, front to back pattern throughout the demonstration phase. Delaportilla completed the task as requested.

BREATH TEST RESULTS: REFUSED

STATE OF FLORIDA
COUNTY OF PALM BEACH

INV. P. ZEITZ
(Signature of Arresting/Investigative Officer)

The foregoing instrument was sworn to or affirmed and subscribed before me this 15th day of NOVEMBER 2018 by INV. P. ZEITZ

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

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

Notary Public State of Florida
Paris Pound
My Commission GG 200028
Expires 03/25/2022

NOT A CERTIFIED COPY

WITNESS LIST

CASE NUMBER: 18144886

ARRESTING OFFICER: INV. P. ZEITZ

ADDRESS: 3228 GUN CLUB ROAD WEST PALM BEACH, FL 33406

PHONE NUMBERS (HOME): _____ (WORK) (561) 688-4001

CAN TESTIFY TO: SEE DUI PROBABLE CAUSE AFFIDAVIT & OFFENSE REPORT

NAME: INV. J. SCHNEIDER

ADDRESS: 3228 GUN CLUB RD. WEST PALM BEACH, FL. 33406

PHONE NUMBERS (HOME) _____ (WORK) 561-688-4001

CAN TESTIFY TO: SEE SUPPLEMENTAL PROBABLE CASUE AFFIDAVIT, and IN -CAR VIDEO

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: _____

NAME: _____

ADDRESS _____

PHONE NUMBERS (HOME) _____ (WORK) _____

CAN TESTIFY TO: _____

NOT A CERTIFIED COPY

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: 80-006240 Software: 8100.27
Date of Test: 11/15/2018

Date of Last Agency Inspection: 10/19/2018
Observation Period Began: 03:32
Subject's Name: LUIS M DELAPORTILLA DOB: 06/27/1987 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	03:59
Air Blank	0.000	04:00
Control Test	0.081	04:00
Air Blank	0.000	04:01
Subject Sample #1	REF*	04:01
Air Blank	0.000	04:01
Control Test	0.081	04:01
Air Blank	0.000	04:02
Diagnostics Check	OK	04:02

*Subject Test Refused

Cylinder Lot: 05218080A3
Exp: 05/05/2020

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 PARIS D POUND, 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: _____ Date: 11/15/18
Signature

Sworn to (or affirmed) before me this 15th day of November, 2018

_____ INV. P. ZEITZ
Signature of Notary Public-State of Florida 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

NOT A CERTIFIED COPY

TESTING FACILITY TASK REPORT

AGENCY: _____

SUBJECT: _____ CASE NUMBER: _____

DATE: _____ VIDEO TAPE NUMBER: _____

BEGINNING TIME: _____ ENDING TIME: _____

BREATH TESTS RESULTS: 1) _____ TIME _____ A.M./P.M. 2) _____ TIME _____ A.M./P.M.

3) _____ TIME _____ A.M./P.M. 4) _____ TIME _____ A.M./P.M.

BREATH OPERATOR: _____

MAINTENANCE TECHNICIAN: _____

TESTING OFFICER'S OBSERVATIONS

REFUSED

SPEECH: _____

ATTITUDE: _____

CLOTHING: _____

MEDICAL CONDITIONS: _____

MEDICATIONS: _____

OTHER: _____

COMMENTS: _____

REFUSED

NOT A CERTIFIED COPY

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

SUBJ SUI _____ CASE NUMBER: _____

IMPLIED CONSENT FOR DUI IN A MOTOR VEHICLE

ITE: READ ONLY THE PARAGRAPH APPLICABLE TO THE TYPE OF TEST YOU ARE REQUESTING.

I now requesting that you submit to a lawful test of your BREATH for the purpose of determining its alcohol ntent.

-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 _____.

f you fail to submit to the test I have requested of you, your privilege to operate a motor vehicle will be suspended for a eriod of one (1) year for a first refusal, or eighteen (18) months if your privilege has been previously suspended as a result f 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 equested of you and if your driving privilege has been previously suspended for a prior refusal to submit to a lawful test f your breath, urine or blood, you will be committing a misdemeanor. Refusal to submit to the test I have requested of you s admissible into evidence in any criminal proceeding.

UBJECT'S SIGNATURE: (X)_____

CONSTITUTIONAL WARNINGS

M REQUIRED TO WARN YOU BEFORE YOU MAKE ANY STATEMENTS THAT YOU HAVE THE FOLLOWING RIGHTS:

You have the right to remain silent and not answer any questions.

Any statement must be freely and voluntarily given.

You have the right to the presence of a lawyer of your choice before you make any statement and during any questioning.

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.

If at any time during the interview you do not wish to answer any questions, you are privileged to remain silent.

I can make no threats or promises to induce you to make a statement. This must be of your own free will.

Any statement can and will be used against you in a court of law.

PECT'S SIGNATURE: (X)_____

NOT A CERTIFIED COPY

SUBJECT: _____ 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: _____

NOT A CERTIFIED COPY

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

I, INV. ZEITZ #24970 , a duly certified Law Enforcement Officer or Correctional Officer,
(Name of Officer reading Implied Consent Warning)

am a member of PALM BEACH COUNTY SHERIFF'S OFFICE , and I do swear
(Name of law enforcement agency)

or affirm that on or about the 15TH day of NOVEMBER , 20 18 , at 0321 ☐ P.M ☒ A.M.

DRIVER LUIS MARCEL DELAPORTILLA ,
(Type or Print) FIRST NAME MIDDLE OR MAIDEN NAME LAST NAME

DL# D416-533-87-227-0 , state of FLORIDA , was placed under lawful arrest for

the offense of DUI by INV ZEITZ #24970 and
(Name of Arresting Officer)

issued Citation # A2G3SOP .

That on or about the 15TH day of NOVEMBER , 20 18 , at 0358 ☐ P.M ☒ A.M.

in PALM BEACH County,

I requested that the driver submit to a ☒**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)

Notary Public State of Florida
Paris Pound
My Commission GG 200028
Expires 03/25/2022

The foregoing instrument was sworn and subscribed before me this 15TH day of NOVEMBER , 20 18 ,

by INV. ZEITZ #24970 ,

who is personally known to me or who has produced

PERSONALLY KNOWN as identification

Notary Public

The foregoing instrument was sworn and subscribed before me:

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.

HSMV-BAR1001 (REV. 10/2016)

NOT A CERTIFIED COPY

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	☐	119.071(2)(d)	Surveillance techniques, procedures and personnel; inventory of law enforcement resources, policies or plans pertaining to mobilization deployment or tactical operations.	
	☐	943.053, 943.0525	NCIC/FCIC/FBI and in-state FDLE/DOC.	
	☐	119.071(4)(c)	Undercover personnel.	
	☐	119.071(2)(f)	Confidential informants (CIs).	
	☐	119.071(2)(e)	Confession.	
Public Info. Exemptions	☐	985.04(1)	Juvenile offender records.	
	☐	119.071(h)(i)	Assets of a crime victim.	
	☐	395.3025(7)(a), 456.057(7)(a)	Medical information.	
	☐	394.4615(7)	Mental health information.	
	☐	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)	☒	(iii) 119.0714(1)(i)-(j), (2)(a)-(e)	Social Security, bank account, charge, debit, and credit card numbers.	2
	☐	(viii) 394.4615(7)	Clinical records under the Baker Act.	
	☐	(xii) 741.30(3)(b)	The victim's address in a domestic violence action on petitioner's request.	
	☐	(xiii) 119.071(2)(h), 119.0714(1)(h)	Protected information regarding victims of child abuse or sexual offenses.	
	☐			
	☐			
	☐			
	☐			
	☐			
Other	☐		Other:	
	☐		Other:	

NOT A CERTIFIED COPY

REVIEW COMPLETED BY

Booking Number: 2018038168	**Date:** 11/16/2018
	Specialist Name/ID: AM/31562