J# 050572 P# 1148

ARREST / NOTICE TO APPEAR
Juvenile Referral Report

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

ADMINISTRATIVE

Agency ORI Number	Agency Name	Agency Report Number (N.T.A.'s only)
FLO 500000	PALM BEACH COUNTY SHERIFF'S OFFICE	06- 19-038563

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

Weapon Seized / Type: 1. Yes 2. No

Multiple Clearance Indicator: 1

Location of Arrest (Including Name of Business)	Location of Offense (Business Name, Address)
13410 SOUTH SHORE BV WELLINGTON FL 33414	13410 SOUTH SHORE BLVD WELLINGTON FL 33414

Date of Arrest	Time of Arrest	Booking Date	Booking Time	Jail Date	Jail Time	Location of Vehicle
02/18/2019	0306					

DEFENDANT

Name (Last, First, Middle): CASTELLANO III MAURICE M

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	08/02/1980	508	160	GRN	BRO	MED	MED

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

Marital Status: S | Religion: CHRISTIAN | 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
23475 RIO DEL MAR DR	BOCA RATON	FL	33486	(917) 803 3535	1

Permanent Address (Street, Apt. Number)	(City)	(State)	(Zip)	Phone	Address Source
P.O. BOX				( )	DEFENDANT

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

D/L Number, State	Soc. Sec. Number	INS Number	Place of Birth (City, State)	Citizenship
(FL)C234553802820	[redacted]		BOYNTON BCH FL	US

CO-DEF

Co-Defendant Name (Last, First, Middle)	Race	Sex	Date of Birth	1. Arrested 2. At Large	3. Felony 4. Misdemeanor 5. Juvenile
				☐ 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
				☐ 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 #
DUI WITH PROPERTY DAMAGE		☐ Y ☒ N	316.193(3)C1	

Drug Activity	Drug Type	Amount / Unit	Offense #	Warrant I Capias Number	Bond
/	/	N/A	19-038563		

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

FILED
FEB 19 2019
SHARON R. BOCK
Clerk & Comptroller

NOTICE TO APPEAR

Location (Court, Room Number, Address)
3228 GUN CLUB RD WPB FL 33406

Court Date and Time
Month MARCH Day 14 Year 2019 Time 0830 AM ☒ PM ☐

Received WB FEB 18 2019

I AGREE TO APPEAR AT THE TIME AND PLACE DESIGNATED TO ANSWER THE OFFENSE CHARGED OR TO PAY THE FINE SUBSCRIBED. I UNDERSTAND THAT I 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) 02/18/2019 Date Signed

ADMIN

HOLD for other Agency Name:

☐ Dangerous ☐ Resisted Arrest ☐ Suicidal ☐ Other:

Signature of Arresting Officer: X

Name of Arresting Officer (Print): INV E. K. WHITE I.D. #: 7209

Name Verification (Printed by Arrestee) (PRINT)

Intake Deputy: Donna G.P.O. I.D. #: 6510 Pouch #:

Transporting Officer: E. K. WHITE ID #: 7209 Agency: PBSO

Witness here if subject signed with an -X"

PAGE OF

DISTRIBUTION: WHITE - COURT COPY GREEN - STATE ATTORNEY YELLOW - AGENCY PINK - AGENCY GOLD - DEFENDANT (N.T.A.'s ONLY)

PBSO #148 REV. 8/97

2019CJ 3197

FEB 18 AM 6:30

NOT A CERTIFIED COPY

PROBABLE CAUSE AFFIDAVIT

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

ADMIN

Agency ORI Number	Agency Name	Agency Report Number
FLO 500000	PALM BEACH COUNTY SHERIFF'S OFFICE	06- 19-038563

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

Special Notes:

DEF

Name (Last, First, Middle)	Alias	Race	Sex	Date of Birth
CASTELLANO III, MAURICE, M		W	M	08/02/1980

CHARGES

Charge Description		Charge Description	
DUI WITH PROPERTY DAMAGE	316.193(3)C1		
Charge Description		Charge Description	

VICTIM

Victim's Name (Last, First, Middle)				Race	Sex	Date of Birth
, ,				/	/	/
Local Address (Street, Apt. Number)	(City)	(State)	(zip)	Phone ( )	Address Source	
,						
Business Address (Name, Street)	(City)	(State)	(zip)	Phone ( )	Occupation	

PROBABLE CAUSE STATEMENT

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 commited the below acts, resulting from my (described) investigation.

On the 18 day of FEBRUARY 20 19 at 0225 ☒ A. M. ☐ P.M. (Specifically include facts constituting cause for arrest.)

I made contact with the subject and saw that his shirt was untidy and loose. I saw wetness in front of his pants. He was unsteady while standing and stood with his feet spread more than shoulder width apart. He was later identified as Maurice Mark Castellano III by his Florida driver license. I noticed his eyes were red, watery and glossy. His cheeks were flushed and I could smell a strong odor of an unknown alcoholic beverage emanating from his breath that intensified when he spoke. This was slightly masked by cologne and body odor. I told him I had completed my assistance with the crash investigation and would be conducting a criminal investigation for DUI. I explained the subject sitting in the vehicle identified him as the driver. Moreover, I explained my suspicion was prompt by the previously mentioned indicators of impairment. He told me the witness (Deisan) was trying to scam him by making a false claim. He said the witness hit him as he backed up. He also mentioned being given a "shot" of an alcoholic beverage. I asked if he would consent to performing Standardized Field Sobriety Evaluations (SFSTs) for the purpose of determining if he was impaired while operating a motor vehicle. He ignored my request and continued to speak on being scammed by the Deisan. This ensued for several minutes. A white female exited the vehicle from the passenger side of the vehicle and approached me. She als0 appeared to have been drinking an unspecified amount of alcoholic beverages. I told her to go back to the vehicle and that she was obstructing my investigation. I warned her not to repeat this action or she would be charged with Obstructions. She exited her vehicle again. Another deputy made contact with her to prevent her from obstructing my investigation. I attempted to explain the Taylor Warnings but the defendant continued to speak over me. Ultimately D/S Mercier explained the warnings saying the following: The SFSTs are voluntary and he does not have to comply. However if he do not comply Inv. White would only be left with the evidence before him {previously mentioned indicators} which could be strong basis of him being placed under arrest for DUI. The defendant started to cooperate and assumed the position for the HGN. During my instructions he abandoned the position and told me this was not necessary. He later asked for his lawyer to be present. Based on his lack of cooperation, coupled with the witness's observation of the defendant vehicle striking his and my observation of personal indicators of impairment exhibited by him, probable cause was established for DUI.

NOT A CERTIFIED COPY

ADMINISTRATIVE

STATE OF FLORIDA
COUNTY OF PALM BEACH

INV E. K. WHITE
(Signature of Arresting/Investigative Officer)

The foregoing instrument was sworn to or affirmed and subscribed before me this 18 day of FEBRUARY 20 19 by INV E. K. WHITE

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

Shari O'Neal (#6212)
Notary Public, Clerk of Court, Officer (F.S.S. 117.10)

SHARI L. O'NEAL
Notary Public - State of Florida
Commission # FF 966854
My Comm. Expires Jun 25, 2020
Bonded through National Notary Assn.

PBSO #0004 REV. 04/01 DISTRIBUTION: WHITE - COURT COPY GREEN - STATE ATTORNEY YELLOW - AGENCY PINK - AGENCY

PROBABLE CAUSE AFFIDAVIT

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

ADMIN

Agency ORI Number	Agency Name	Agency Report Number
FLO 500000	PALM BEACH COUNTY SHERIFF'S OFFICE	06- 19-038563

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

Special Notes:

DEF

Name (Last, First, Middle)	Alias	Race	Sex	Date of Birth
CASTELLANO III, MAURICE, M		W	M	08/02/1980

CHARGES

Charge Description		Charge Description
DUI WITH PROPERTY DAMAGE	316.193(3)C1	
Charge Description		Charge Description

VICTIM

Victim's Name (Last, First, Middle)	Race	Sex	Date of Birth
, ,	/	/	/

Local Address (Street, Apt. Number)	(City)	(State)	(zip)	Phone	Address Source
,				( )	
Business Address (Name, Street)	(City)	(State)	(zip)	Phone	Occupation
				( )	

PROBABLE CAUSE STATEMENT

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 commited the below acts, resulting from my (described) investigation.

On the 18 day of FEBRUARY 20 19 at 0225 ☒ A. M. ☐ P.M. (Specifically include facts constituting cause for arrest.)

I told the defendant he was being placed under lawful arrest for DUI. He was searched and handcuffed (double locked and checked for proper fit) prior to being seated into the rear of my patrol car. He allowed his passenger to take custody of his personal effects. I began transport to the main jail breath analysis facility for further processing. Upon our arrival I escorted him into the facility and conducted a 20 minute observation period. During this time he ingested nothing into his body orally or otherwise. He did not regurgitate either. After the observation period I escorted him into the testing room and asked him to provide breath samples for the purpose of determining his alcohol content. He refused. I read him implied consent and asked if he understood it. He asked for a lawyer. I allowed him to read the consent, but he once again asked for a lawyer. Since he continued not to cooperate I deemed him a "refusal". No Q&A was performed since he spoke of his need for a lawyer. The defendant was later booked into the main jail for DUI with property damage.

NOT A CERTIFIED COPY

ADMINISTRATIVE

STATE OF FLORIDA
COUNTY OF PALM BEACH

INV E. K. WHITE
(Signature of Arresting/Investigative Officer)

The foregoing instrument was sworn to or affirmed and subscribed before me this 18 day of FEBRUARY 20 19 by INV E. K. WHITE

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

Shari O'Neal (#6212)
Notary Public, Clerk of Court, Officer (F.S.S. 117.10)

SHARI L. O'NEAL
Notary Public - State of Florida
Commission # FF 966854
My Comm. Expires Jun 25, 2020
Bonded through National Notary Assn.

PBSO #0004 REV. 04/01 DISTRIBUTION: WHITE - COURT COPY GREEN - STATE ATTORNEY PINK - AGENCY

WITNESS LIST

CASE NUMBER: 19-038563

ARRESTING OFFICER: INV E. K . WHITE

ADDRESS: HQ

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

CAN TESTIFY TO: FACTS

NAME: D/S DAN MERCIER

ADDRESS: DIST 8

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

CAN TESTIFY TO: INVESTIGATED THE CRASH

NAME: JONAS DEISAN

ADDRESS 1156 HATTERAS CIR GREEN ACRES FL 33414

PHONE NUMBERS (HOME) 561 502 8359 (WORK) _____

CAN TESTIFY TO: WITNESSING HIS VEH BEING HIT BY THE DEFENDANT'S VEHICLE

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

TESTING FACILITY TASK REPORT

AGENCY: PBSO Jail Unit #1204

SUBJECT: [redacted] CASE NUMBER: 19-[redacted]

DATE: 02-01-19 VIDEO TAPE NUMBER: N/A

BEGINNING TIME: [redacted] ENDING TIME: [redacted]

BREATH TESTS RESULTS: REFUSED 1) TIME [redacted] A.M./P.M. 2) _____ TIME _____ A.M./P.M.

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

BREATH OPERATOR: C. Odell #6012

MAINTENANCE TECHNICIAN: Cpl. Pulice #6167

TESTING OFFICER'S OBSERVATIONS

SPEECH: Heavy Talk

ATTITUDE: Cooperative Upon Arrival

CLOTHING: Shirt - White Pants - Navy Blue

MEDICAL CONDITIONS: —

MEDICATIONS: —

OTHER: Eyes Red, Glassy

COMMENTS: 20 min observation by PBSO Unit #1204
Subject stated that he
would not give a sample.
Subject refused to cooperate at testing
with BAC DataMaster.
Test not given.
No refusal
was issued.

NOT A CERTIFIED COPY

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

SUBJECT: [illegible] CASE NUMBER: [illegible]

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 [illegible] of the [illegible].

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) [illegible]

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) _____

NOT A CERTIFIED COPY

SUBJECT: [illegible] CASE NUMBER: 14-[illegible]

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? _____

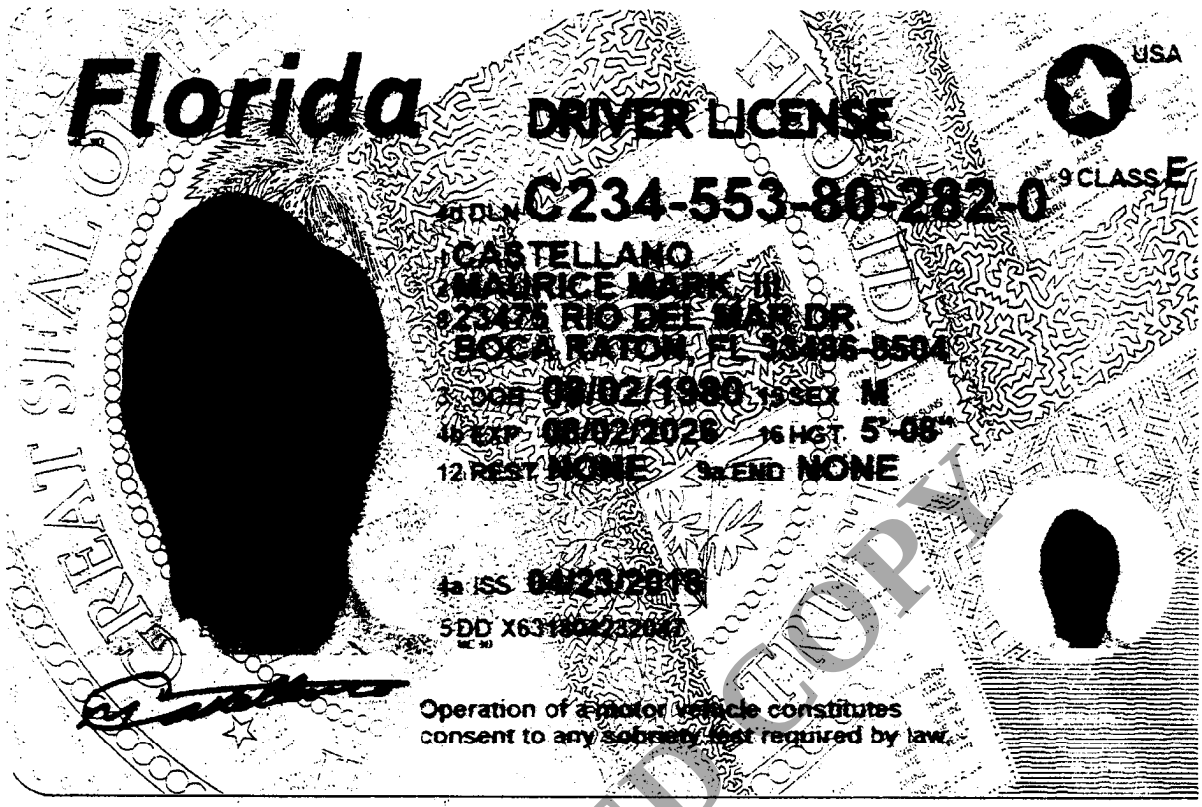
DO YOU HAVE ANY PROBLEMS WITH YOUR EYES THAT ARE NOT CORRECTED BY GLASSES? _____

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



NOT A CERTIFIED COPY

19-038563

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

I, INV E. K. WHITE , a duly certified Law Enforcement Officer or Correctional Officer,
(Name of Officer reading Implied Consent Warning)

am a member of PBSO , and I do swear
(Name of law enforcement agency)

or affirm that on or about the 18 day of FEBRUARY , 20 19 , at 0306 ☐ P.M ☑ A.M.

DRIVER MAURICE M CASTELLANO III ,
(Type or Print) FIRST NAME MIDDLE OR MAIDEN NAME LAST NAME

DL# (FL)C234553802820 , state of FLORIDA , was placed under lawful arrest for

the offense of DUI WITH PROPERTY DAMAGE by INV E. K. WHITE and
(Name of Arresting Officer)

issued Citation # A2G3WOP .

That on or about the 18 day of FEBRUARY , 20 19 , at 0413 ☐ 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

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

SHARI L. O'NEAL
Notary Public - State of Florida
Commission # FF 966854
My Comm. Expires Jun 25, 2020
Bonded through National Notary Assn.

(AFFIX SEAL)

The foregoing instrument was sworn and subscribed before me this 18 day of FEBRUARY , 20 19 , by INV E. K. WHITE , who is personally known to me or who has produced KNOWN as identification

Notary Public Shari O'Neal (#6212)

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
DUI TESTING FACILITY
INFORMATION SHEET

PBSO CASE # 19-038563 PBSO ZONE 8-22

AGENCY CASE # _____ CRASH CASE # 19-038562

TIME OF STOP/CRASH 0225 DATE 02/18/2019 DAY Monday

SUBJECT'S NAME CASTELLANO III (LAST) MAURICE (FIRST) M (MID) RACE W SEX M

HGT 508 WGT 160 DOB 08/02/1980

LOCATION 13410 SOUTH SHORE BV WELLINGTON FL 33414

ARRESTING OFFICER'S NAME & ID INV E. K. WHITE 7209 7209 AGENCY PBSO

DIVISION: VCD/DUI

NOTIFIED BY COMMO YES

ARRIVAL AT FACILITY 0350

ARREST TIME 0306

BREATH RESULTS:

1) REFUSED
2)
3)

TESTING OFFICER'S ID 6212 PBSO VIDEOTAPE # —

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: 2019005632	**Date:** 2/18/2019
	Specialist Name/ID: J. Beck/9007