

ARREST / NOTICE TO APPEAR

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

1

JUVENILE

ADMI NIST RAT ION	OBTS Number	Agency ORI Number 0501700	Agency Name Jupiter Police Department	Agency Report Number (N.T.A.'s only) 5 4 18-001881		
DEF END ANT	Change Type: Check as many as apply.	Location of Arrest (Including Name of Business) 2999 MILITARY TRI/INDIAN CREEK PARKWAY			Location of Offense (Business Name, Address) 2999 MILITARY TRI/INDIAN CREEK PKWY, JUPITER, FL	
	<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 NONE			Multiple Clearance Indicator	
	Date of Arrest 04/04/2018	Time of Arrest 21:17	Booking Date	Booking Time	Jail Date	Jail Time
	Name (Last, First, Middle) FEROLA, MICHAEL B		Alias (Name, DOB, Soc. Sec. #, Etc.)			
	Race W - White B - Black O - Oriental/Asian W	Sex M	Date of Birth 11/20/1974	Height 5'09G	Weight 175	Eye Color BROWN
	Scars, Marks, Tattoos, Unique Physical Features (Location, Type, Description) TATT L SHOULDER / TRIBAL; TATT R SHOULDER / FLAMING		Marital Status S	Religion OTHER	Complexion FAIR	Build Medium
	Local Address (Street, Apt. Number) 2796 W COMMUNITY DR, JUPITER, FL 33458		Phone (508) 922-2768	Indication of Alcohol Influence Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unk. <input type="checkbox"/>		
	Permanent Address (Street, Apt. Number) 2796 W COMMUNITY DR, JUPITER, FL 33458		Phone (508) 922-2768	Residence Type: 1. City 3. Florida 2. County 4. Out of State 1		
	Business Address (Name, Street) 2796 W COMMUNITY DR, JUPITER, FL 33458		Phone (508) 922-2768	Address Source VERBAL		
	D/L Number, State S58504783 / MA		Soc. Sec. Number	INS Number	Place of Birth (City, State) BOSTON, MA, United	Citizenship US
CO DEF	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
JU VE NI LE	Name (Last, First, Middle)					Residence Phone
	Address (Street, Apt. Number) (City) (State) (Zip)					Business Phone
NE E	Notified by: (Name)		Date	Time	JUVENILE DISPOSITION 1. Handled/Processed within Department and Released 2. TOT IAC 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 355-2526) informed of any change of address.					Grade
	Property Crime? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Description of Property MPR 5 APR 12 17		Value of Property	
CO DE E	Drug Activity S. Sell N. N/A P. Possess	S. Sell B. Buy T. Traffic	R. Smuggle D. Deliver E. Use	K. Disperse/ 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	
CH AR GE	Charge Description DUI - DRIVING WHILE UNDER INFLUENCE				Statute Violation Number 316.193(1)	Violation of ORD #
	Drug Activity	Drug Type N	Amount / Unit	Offense # 18-001881	Counts I	Bond OR
CH AR GE	Charge Description				Statute Violation Number	Violation of ORD #
	Drug Activity	Drug Type	Amount / Unit	Offense #	Counts	Bond
CH AR GE	Charge Description				Statute Violation Number	Violation of ORD #
	Drug Activity	Drug Type	Amount / Unit	Offense #	Counts	Bond
IN TA KE	Health / Apparent Physical Condition of Defendant			Any knowledge of the following: <input type="checkbox"/> Mental <input type="checkbox"/> Escape Risk <input type="checkbox"/> Medication <input type="checkbox"/> Deformities <input type="checkbox"/> Injuries		
	Check which applies: <input type="checkbox"/> Released O.R. <input type="checkbox"/> Released to Parent/Guardian <input type="checkbox"/> T.O.T. County Jail			PROPERTY - Received By		Released To
NO TI CE	Transported By			Date Transported	Time Transported	Other
	<input checked="" type="checkbox"/> INSTRUCTION NO. 1 - Mandatory appearance in court <input type="checkbox"/> INSTRUCTION NO. 2 - You need not appear in Court but must comply with instructions on Page 2.			Location (Court, Room) North County PALM BEACH GARD		No Photo Available
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.			Court Date and Time 05/09/2018 08:30:00			
AD MI N	Signature of Defendant (or Juvenile and Parent/Custodian)		Signature of Arresting Officer 340		Name Verification (Printed by Arrestee) (PRINT) X Mike Ferola	
	<input type="checkbox"/> Dangerous <input type="checkbox"/> Suidicial <input type="checkbox"/> Resisted Arrest <input type="checkbox"/> Other		Name of Arresting Officer (Print) FANDREY, CHRISTOPHER		I.D. # 1182	
	Intake Deputy DS THOMPSON	I.D. #	Pouch #	Transporting Officer Fandrey	I.D. # 340	Agency JPD
	Witness here if subject signed with an "X"					PAGE 1 OF 1

APR 05 2018

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182 APR 7 2018

D.U.I. PROBABLE CAUSE AFFIDAVIT

ON THE 4 DAY OF April 20 18, AT 2117 AM PM

SUBJECT: Ferola Michael B. CASE NUMBER: 18-001881

AGENCY: JUPITER POLICE DEPARTMENT ARRESTING OFFICER: C Fandrey #340

PERSONAL CONTACT

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

Sgt. Hennessy advised he observed a gray 2017 Toyota Tundra traveling east on SR 706 approaching Military Trail. Sgt. Hennessey advised the truck was failing to maintain its lane swerving back and forth. Sgt Hennessy advised the truck went south on Military Trail and was again swerving to the right of the lane before changing lanes to the middle lane. The truck continued to swerve back and forth in the middle lane crossing the dotted roadway lines several times. The truck then merged to the right lane staying towards the right of the lane and crossing the white fog line on the side of the road. The truck then merged into the right turn lane and turned right on a solid red light without coming to a complete stop. Sgt Hennessy advised he then conducted a traffic stop on the vehicle due to the traffic violation and to check the welfare of the driver. See Sgt Hennessy's Supplemental Report for further.

OBSERVATION OF DRIVER:

I made contact with the driver and sole occupant of the vehicle who was positively identified by Massachusetts Drivers License to be Michael B. Ferola 11/20/1974. Ferola was seated in the drivers seat and was the sole occupant of the vehicle. Upon making contact with Ferola I noticed he had red bloodshot watery eyes. Ferola was slurring his speech. Upon having Ferola exit the vehicle I noticed the strong odor of an unknown alcoholic beverage coming from his person. Ferola also was swaying while standing still.

DRIVER'S STATEMENTS:

Ferola stated he was coming from the Ale House and had a couple of beers. Ferola clarified that he had 4-5 bottles of Miller Light. Ferola stated he was at about a 3 on a scale of 1-10 with 1 being sober and 10 being the most drunk he has ever been. Ferola stated he thought he was ok to be driving. Ferola said he "slightly" felt the effects of alcohol. Ferola stated he thought it was about 10pm and it was actually just after 9pm. Ferola stated he was not under the care of a Dr and did not have any medical issues.

ODORS:

Odor of an unknown alcoholic beverage coming from his person.

GENERAL OBSERVATIONS

SPEECH: mumbled

ATTITUDE: Cooperative, confused

CLOTHING: Black shirt, Gray Shorts, Brown Slides

MEDICAL/OTHER: None stated

STATE OF FLORIDA
COUNTY OF PALM BEACH

C Fandrey #340

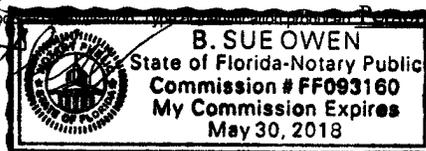
(Signature of Arresting/Investigative Officer)

The foregoing instrument was sworn to or affirmed and subscribed before me this 4 day of April 20 18 by C Fandrey #340

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

S Owen #3184

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



SCANNED
APR 05 2018

ROADSIDE TASKS

HORIZONTAL GAZE NYSTAGMUS:

- | | |
|---|---|
| <input checked="" type="checkbox"/> LT EYE-LACK OF SMOOTH PURSUIT | <input checked="" type="checkbox"/> RT EYE-LACK OF SMOOTH PURSUIT |
| <input checked="" type="checkbox"/> LT EYE-DISTINCT & SUSTAINED NYSTAGMUS AT MAX. DEVIATION | <input checked="" type="checkbox"/> RT EYE-DISTINCT & SUSTAINED NYSTAGMUS AT MAX. DEVIATION |
| <input checked="" type="checkbox"/> LT- EYE-ONSET OF NYSTAGMUS PRIOR TO 45 DEGREES | <input checked="" type="checkbox"/> RT- EYE-ONSET OF NYSTAGMUS PRIOR TO 45 DEGREES |

Other Observations:

WALK & TURN:

Ferola decided to keep his flip flops on during the task. Ferola could not maintain the starting position. Ferola stated that he understood the instructions. Ferola was utilizing his arms for balance. Ferola did not count his steps. Ferola missed heel to toe several times on the first nine steps and stepped off line to balance several times. Ferola made an improper turn. Ferola again failed to count out loud. Ferola missed heel to toe and stepped off line several times. Ferola utilized his arms for balance.

ONE LEG STAND:

Ferola stated that he understood the instructions. Ferola utilized his arms for balance. Ferola re started his counting after placing his foot down on several occasions. Ferola's left leg was shaking as he struggled to maintain his balance.

FINGER TO NOSE:

Ferola stated he understood he understood the instructions. Ferola utilized the pad of his finger several times. Ferola touched the bottom and side of his nose on several occasions. Ferola was swaying backwards and nearly lost his balance.

ROMBERG ALPHABET:

Ferola stated he understood the instructions and had completed the 11th grade. Ferola was swaying backwards to a point where Ferola failed to keep his eyes closed through the entire task. Due to concerns for Ferola possibly falling over I ended the task early.

BREATH TEST RESULTS: **Refused** **Refused**

STATE OF FLORIDA
COUNTY OF PALM BEACH

C Fandrey #340

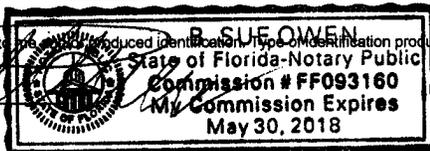
(Signature of Arresting/Investigative Officer)

The foregoing instrument was sworn to or affirmed and subscribed before me this 4 day of April 2018 by C Fandrey #340

(Print name of Arresting/Investigative Officer, who is personally known to me) R SUE OWEN Type of Identification produced Personally Known

S Owen #3184

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



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APR 05 2018

WITNESS LIST

CASE NUMBER: 18-001881

ARRESTING OFFICER: C Fandrey #340

ADDRESS: 210 MILITARY TRAIL JUPITER FL 33458

PHONE NUMBERS (HOME): _____ (WORK) 561-746-6201

CAN TESTIFY TO: SEE PC

NAME: Sgt Hennessy #210

ADDRESS: 210 MILITARY TRAIL JUPITER FL 33458

PHONE NUMBERS (HOME) _____ (WORK) 561-746-6201

CAN TESTIFY TO: PC for traffic stop.

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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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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APR 05 2018

MASSACHUSETTS

DRIVER'S LICENSE

USA
M74



4a ISS 10/19/2016
12 EXP 11/20/2021
CLASS T2 REST NONE
9a END NONE
ID# S58504783
DOB 11/20/1974

1 FEROLA
2 MICHAEL B
8 27 COLUMBIA RD
PLYMOUTH, MA 02360-1704

Michael B. Ferola
MASSACHUSETTS

15 SEX M 16 HGT 5'-09"
5' DD 10/20/2016 Rev 02/22/2016

11/20/74

NOT A CERTIFIED

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APR 05 2018

SUBJECT: _____ 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) _____

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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APR 05 2018**

SUSPECT'S SIGNATURE: (X) _____

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: _____

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

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APR 05 2018