

ARREST REPORT

Report Date / Time 10/15/2017 12:29 PM	Agency Case/Offense Number FHPL17OFF084719	OCA Number	Originating Agency Case Number	OBTS Number	Offender Based Transaction System	Jail Booking Number	Other Number LWRC17CAD190280
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LOCATION OF OCCURRENCE

County PALM BEACH	Address SB SR-9 N OF SR 806 , DELRAY BEACH, FL	
Range of Occurrence Date/Time 10/15/2017 11:17 AM to 10/15/2017 02:17 PM	Latitude N 26.28.4412	Longitude W 80 5.3040

PERSON: SUSPECT

First Name MICHAEL	Middle Name S	Last Name MOSTEL	Suffix	Date of Birth 03/06/1969	Age 48	Race W	Sex M	Height 605	Weight 200	Hair BRO	Eyes BRO
Master Name Index Number	Place of Birth Moglatto, No	Nation US	SSN	Driver's License or Other ID M234557690860	State FL	Class or Type					
Address 102 NE 2ND STREET APT 224			City BOCA RATON	County PALM BEACH	State FL	Zip Code 33432	Phone				

CHARGES

Counts 1	Charge Number 316.193.1	Charge DUI-UNLAW BLD ALCH
Charge Degree	Charge Level MISDEMEANOR	General Offense Code PRINCIPAL
		<input type="checkbox"/> Hate Crime <input type="checkbox"/> Domestic Violence Bond Amount \$0.00

DUI ALCOHOL OR DRUGS

PROBABLE CAUSE

On the above date while on patrol in Palm Beach county, I was driving southbound on State Road 9 (I-95) in the middle lane. I observed a tan SUV in the middle lane drifting to the left. This vehicle then drifted to the right traveling out of its lane. I pulled up to the drivers side to see if the driver might had been texting. I observed the driver to be looking forward with both hands on the wheel. I then traveled back behind the vehicle to observe it some more. At this time there was a lifted black Chevy truck next to the vehicle in the right lane. The truck slowed down so the SUV wouldn't collided with it. The SUV now went to the left again traveling half a cars width into the other lane. I activated my emergency lights and sirens to stop the vehicle. The vehicle then drifted to the right back into its lane and into the right lane. The black Chevy truck had to travel onto the shoulder and even onto the grass to avoid colliding with the SUV. The SUV went over the solid white line onto the right shoulder and then back into the right lane. After forcing the black truck off the roadway and traveling in the right lane with me behind the SUV it pulled over. The vehicle traveled a little bit on the shoulder before stopping for me. I approached the driver on the passenger side. I noticed he was smoking a cigarette and the ash was longer then normal. I asked the driver if he was ok and he stated yes. I stated the reason I stopped him was because he was swerving. He stated he was texting. I asked the driver if he noticed the black Chevy truck and he stated no. I asked him where is he coming from and he stated a friends house in Boynton. I asked him where is he headed to and he stated home. His face was droopy and responses were slurred and slow. I asked the driver if he takes any medications and he stated yes. He stated he takes Xanax and Zoloft. I asked the driver to step out of his vehicle. When exiting he was unsteady on his feet. I had to tell him to shut the drivers door. He had to use the SUV to balance him as he walked back to me. I observed the driver to have blood on his tshirt on his left side. The blood was at the same height as the elbow joint to his left arm. The driver was wearing a long sleeve shirt. When I asked the driver where is the blood from he stated he cut himself shaving. I didn't see and marks around his face and it looked like the driver didn't shave for 1-2 days. I explained to the driver that I was going to perform SFST to determine if he was ok to drive and he stated ok. Prior to all field sobriety tasks, I gave all the instructions and demonstrated to the driver on what I was going to ask and the driver understood.

HGN: I had the driver sit on the guardrail because of our height difference. A red pen light was used as a stimulus. There was equal pupil size, no resting Nystagmus, and equal tracking. The driver had no lack of smooth pursuit in both eyes. The driver had no distinct and sustained nystagmus at maximum deviation in both eyes. The driver had no nystagmus prior to 45 degrees in both eyes. The drivers eyes were droopy and was partially failing asleep. His pupils seemed constricted.

WAT: The ground was as level as possible and free from debris. The driver started early twice. Missed heel to toe on steps 1/2, 2/3, 4/5, 5/6, 6/7. Took only 8 steps forward. Made an improper turn by spinning. Missed heel to toe on all steps forward.

OLS. Swayed while balancing, Used arms for more balance. The driver was hopping when he was able to keep his foot in the air. Put foot down while standing.

After Field Sobriety Tasks the driver was placed under arrest for DUI. While searching the vehicle there was a prescription for morphine in the center console. In the drivers wallet there was a used packet of Soboxone. In the back seat wrapped in a brown bag was a empty prescription needle with the cap on it. I transported the driver to the PBC Bat. While driving to the BAT, the driver was on the nod. The driver was covered in sweat. At the BAT I conducted a 20 minute observation on the driver. I never lost visual contact of the driver in this time period. I then asked the driver to provide a Breath test. The breath result was .000/.000. I asked the driver for urine. He asked does he have too. I began to read the driver his Implied Consent and he agreed to give Urine. Urine was taken at 13:02. The driver was then booked into the PBC Jail.

The driver consented to a DRE evaluation. A DRE evaluation was conducted by PBCSO Inv R. Stephan #7240
Driving pattern and field sobriety tasks were recorded on my in car camera.

LEO BOND

Bond Amount \$	None	<input type="checkbox"/> ROR	<input type="checkbox"/> Cash	<input type="checkbox"/> Any	<input type="checkbox"/> Pretrial If Qualify
	<input type="checkbox"/> Pro				

COURT APPEARANCE INFORMATION

Court (COUNTY) CRIMINAL JUSTICE COMPLEX	Court Phone 561-355-2994	Court Date & Time 11/02/2017 08:30 AM
Court Address 3228 GUN CLUB ROAD, WEST PALM BEACH, FL 33406		
Instructions		

OCT 16 AM 8:34
 WEST PALM BEACH COUNTY
 CLERK OF COURT
 CLERK'S OFFICE

ARREST REPORT **D/S T. BURNSIDE #5406**

FHP99ARR138820

SCANNED
OCT 17 2017

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ARREST INFORMATION

Arrest Date / Time 10/15/2017 11:37 AM	Residency Within state	Injured None	Extent of Injury N/A	Resist Arrest No
Prior Arrests No	Arrest Jurisdiction Unknown	Alcohol No	Drugs Yes	

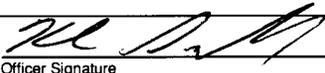
ARREST LOCATION

County PALM BEACH	Address SB SR-9 N OF SR 806 , DELRAY BEACH, FL
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ARREST DELIVERED TO

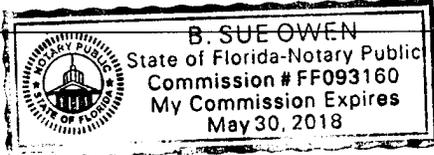
Jail / Booking Facility PALM BEACH COUNTY CORRECTIONS	Location 3228 GUN CLUB ROAD, WEST PALM BEACH, FLORIDA 33406	Phone (561) 688-4400
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ARRESTING OFFICER

Officer Call Number 1059	Officer Name K. GRUEBEL	Officer Signature 
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Subscribed and sworn to (or affirmed) before me this 15 day of Oct A.D., 17 by IP# K.G. 19 who is personally known to me or has produced _____ as identification.

Signature  Notary Public LEO CO Commission No: _____ My Commission Expires: _____



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WITNESS LIST

Name Tpr. K. Gruebel On Scene Yes No Statement Yes No

Home Address _____

Place of Employment Florida Highway Patrol

Employment Address P.O. BOX 16007 WEST PALM BEACH, FL 33416

Phone Numbers: Primary _____ Secondary _____

Can Testify To: Driving pattern and Road side Tasks

Name _____ On Scene Yes No Statement Yes No

Home Address _____

Place of Employment _____

Employment Address _____

Phone Numbers: Primary _____ Secondary _____

Can Testify To: _____

Name _____ On Scene Yes No Statement Yes No

Home Address _____

Place of Employment _____

Employment Address _____

Phone Numbers: Primary _____ Secondary _____

Can Testify To: _____

Name _____ On Scene Yes No Statement Yes No

Home Address _____

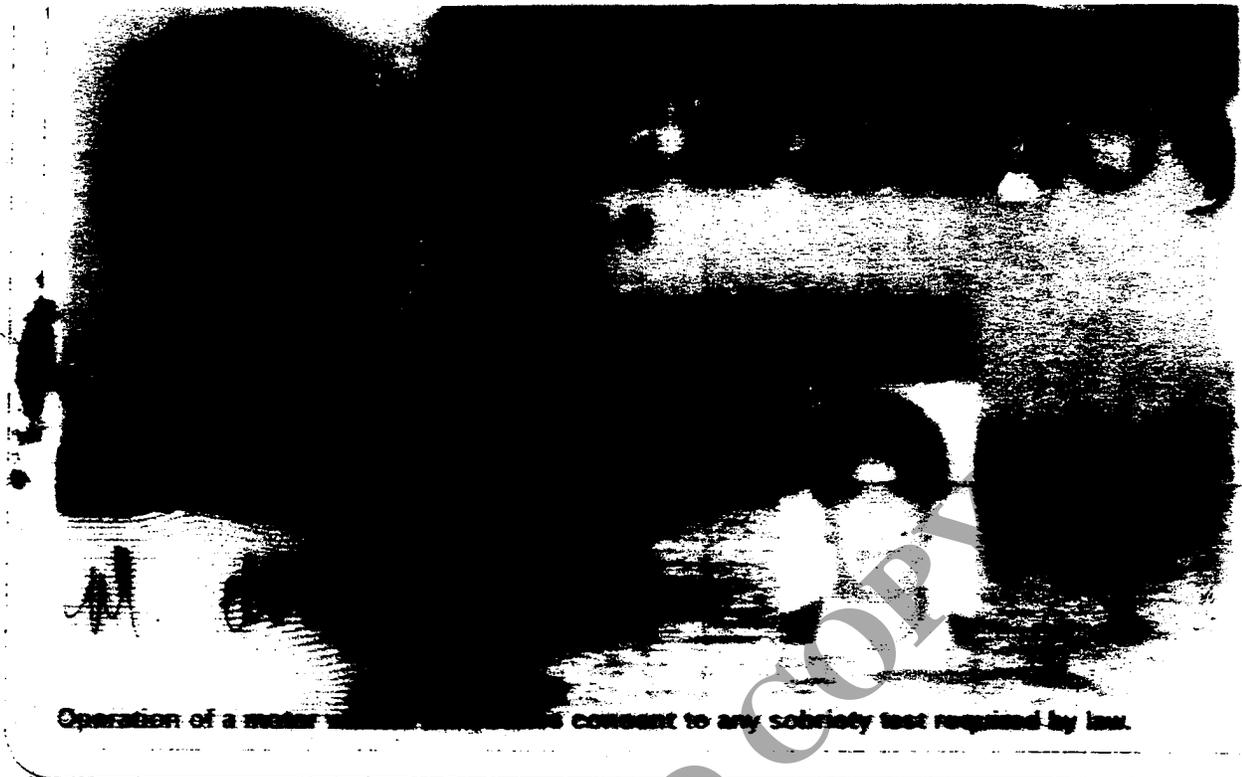
Place of Employment _____

Employment Address _____

Phone Numbers: Primary _____ Secondary _____

Can Testify To: _____

Case Number: _____ THI Case Number: _____ Page _____



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

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OCT 17 2017

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

SPEECH: _____

ATTITUDE: _____

CLOTHING: _____

MEDICAL CONDITIONS: _____

MEDICATIONS: _____

OTHER: _____

COMMENTS: _____

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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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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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