0505374 19CT3078 3361

☑ Check if Supplement is Attached

ARREST / NOTICE TO APPEAR
Juvenile Referral Report

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

Juvenile: N

ADMINISTRATIVE

OBTS Number:

Agency ORI Number: FLO 5 0 0 0 0 0 0

Agency Name: PALM BEACH COUNTY SHERIFF'S OFFICE

Agency Report Number (N.T.A.'s only): 0 6 - 1 9 - 0 0 0 1 9 6 6

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

If Weapon Seized — Enter Type:

Multiple Clearance Indicator:

Location of Arrest (Including Name of Business): Northlake Blvd / Macarthur Blvd PBG 33410

Location of Offense (Business Name, Address): Northlake / Macarthur PBG FL 33410

Date of Arrest: 0 2 1 4 1 9 Time of Arrest: 2 3 5 4

Booking Date: Booking Time: Jail Date: Jail Time:

Location of Vehicle: Northlake / Macarthur

DEFENDANT

Name (Last, First, Middle): Silvester, Michael, Vincent

Alias (Name, DOB, Soc. Sec. #, Etc.):

Race (W - White, B - Black, I - American Indian, O - Oriental/Asian)	Sex	Date of Birth	Height	Weight	Eye Color	Hair Color	Complexion	Build
W	M	0 2 2 1 6 3	5-10	220	BLU	BRO	Lgt	Med

Scars, Marks, Tatoos, Unique Physical Features (Location, Type, Description): Scars on Back

Marital Status: Divorced Religion: Catholic

Indication of: Alcohol Influence ☐ Y ☐ N ☐ Unk; Drug Influence ☐ Y ☐ N ☐ Unk

Local Address (Street, Apt. Number): 2003 20th Ln (City): PBG (State): FL (Zip): 33418 Phone: (561) 801 1995

Residence Type: 1. City 2. County 3. Florida 4. Out of State: 1

Permanent Address (Street, Apt. Number): 2003 20th Ln (City): PBG (State): FL (Zip): 33418 Phone: ( )

Address Source: FL DL

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

Occupation: Disabled

D/L Number, State: S412538630610 Soc. Sec. Number: [redacted] INS Number:

Place of Birth (City, State): Englewood, NJ Citizenship: US

CO-DEF

Co-Defendant (Last, First, Middle) | Race | Sex | Date of Birth | ☐ 1. Arrested ☐ 2. At Large | ☐ 3. Felony ☐ 4. Misdemeanor ☐ 5. Juvenile

Co-Defendant (Last, First, Middle) | Race | Sex | Date of Birth | ☐ 1. Arrested ☐ 2. At Large | ☐ 3. Felony ☐ 4. Misdemeanor ☐ 5. Juvenile

JUVENILE

☐ Parent ☐ Legal Custodian ☐ Other: Name (Last) (First) (Middle) 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 was provided by ☐ defendant and / or ☐ defendant's parents. The child and / or parent was told to keep the Juvenile Court Clerks Office (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. Synthetic U. Unknown Z. Other

CHARGE

Charge Description: DUI | Counts | Domestic Violence ☐Y ☐N | Statute Violation Number: 316193 | Violation of ORD # | Drug Activity: N | Drug Type: N | Amount / Unit | Offense # | Warrant / Capias Number | Bond: OR

CHARGE

Charge Description | Counts | Domestic Violence ☐Y ☐N | Statute Violation Number | Violation of ORD # | Drug Activity | Drug Type | Amount / Unit | Offense # | Warrant / Capias Number | Bond

CHARGE

Charge Description | Counts | Domestic Violence ☐Y ☐N | Statute Violation Number | Violation of ORD # | Drug Activity | Drug Type | Amount / Unit | Offense # | Warrant / Capias Number | Bond

CHARGE

Charge Description | Counts | Domestic Violence ☐Y ☐N | Statute Violation Number | Violation of ORD # | Drug Activity | Drug Type | Amount / Unit | Offense # | Warrant / Capias Number | Bond

NOTICE TO APPEAR

Location (Court, Room Number, Address): North County Gov Complex / 3188 PGA Blvd 5th Floor

Court Date and Time: Month March Day 20th Year 2019 Time 10:00 A.M. P.M.

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

ADMIN

HOLD for other agency

☐ Dangerous ☐ Resisted Arrest ☐ Suicidal ☐ Other:

Intake Deputy: DSCollins I.D. # 7622 Pouch #

Signature of Arresting Officer: X [signature] 493

Name of Arresting Officer (Print): TRUDEAU I.D. # 493

Transporting Officer: TRUDEAU I.D. # Agency: PBG

Name Verification (Printed by Arrestee) (PRINT)

FEB 15 PM 2:24

FEB 16 2019

Witness here if subject signed with an X

PAGE 1 OF 1

PBSO #0148 REV. 09/07 DISTRIBUTION: WHITE - COURT COPY GREEN - STATE ATTORNEY YELLOW - AGENCY PINK - AGENCY GOLD - DEFENDANT (N.T.A.'s ONLY)

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D.U.I. PROBABLE CAUSE AFFIDAVIT

ON THE 14th DAY OF February 20 19, AT 2304 AM ✓ PM

SUBJECT: Silvester, Michael, Vincent CASE NUMBER: 19-000966

AGENCY: PALM BEACH GARDENS POLICE DEPT. ARRESTING OFFICER: Ofc. Trudeau #493 #493

PERSONAL CONTACT

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

On 02/14/19 at approximately 2300 hours, the Palm Beach Gardens Police Department 911 Communications received a phone call advising a white SUV was stopped at the traffic light of Northlake Blvd/Macarthur Blvd with a white male in the driver's seat, asleep at the wheel. Ofc. Stevenson #353 arrived on scene and observed the male in the driver's seat with the vehicle running and the keys in the ignition. Ofc. Stevenson began knocking on the window with his hands and a flashlight to make loud noises to awaken the male. After multiple knocks and pounds on the driver's door and window, Ofc. Stevenson observed the male wake up. Ofc. Stevenson made contact with the male, who was later identified as Michael Silvester via his FL DL, and noticed his reactions to be slow, and his eyes to be droopy. I then responded to conduct a DUI investigation.

OBSERVATION OF DRIVER:

White male driver, sole occupant of the vehicle. I observed the male, identified as Michael Silvester, sitting in the driver's seat with the keys removed from the vehicle by Ofc. Stevenson prior to my arrival. I observed Michael to have droopy eyelids, slow reaction to commands and directions, slow low and raspy speech, slow and controlled breathing, and chapped lips. Michael also had pupils that were constricted more than a normal person's. When I grabbed Michael to assist him in walking due to his injured back and hip, I noticed his muscle tone was flaccid.

DRIVER'S STATEMENTS:

Michael stated he is prescribed nine different prescription medications such as Gabapentin 800mg (x4 daily), and Morphine Sulfate 60mg (x1 daily), however he stated he did not take any medications today.

ODORS:

No odor.

GENERAL OBSERVATIONS

SPEECH: **Slow, low, and raspy**

ATTITUDE: **Polite**

CLOTHING: **Clean**

MEDICAL/OTHER: **Michael stated he has several back and hip injuries as well as Narcolepsy which was all caused by a vehicle crash.**

STATE OF FLORIDA
COUNTY OF PALM BEACH

(Signature of Arresting/Investigative Officer) 493

The foregoing instrument was sworn to or affirmed and subscribed before me this 15th day of February 20 19 by Ofc. Trudeau #493

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

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

Notary Public State of Florida
Gary J Parent
My Commission GG 085486
Expires 06/21/2021

NOT A CERTIFIED COPY

SCANNED
FEB 16 2019

SUBJECT: Silvester, Michael, Vincent CASE NUMBER 19-000966

ROADSIDE TASKS

HORIZONTAL GAZE NYSTAGMUS:

- ☐ LT EYE-LACK OF SMOOTH PURSUIT
- ☐ RT EYE-LACK OF SMOOTH PURSUIT
- ☐ LT EYE-DISTINCT & SUSTAINED NYSTAGMUS AT MAX. DEVIATION
- ☐ RT EYE-DISTINCT & SUSTAINED NYSTAGMUS AT MAX. DEVIATION
- ☐ LT- EYE-ONSET OF NYSTAGMUS PRIOR TO 45 DEGREES
- ☐ RT- EYE-ONSET OF NYSTAGMUS PRIOR TO 45 DEGREES

Other Observations:

Michael had droopy eyelids and needed to reminded several times to open his eyes and focus on the stimulus. No HGN or VGN was observed. This exercise was conducted by Ofc. Melinda Hanton #305

WALK & TURN:

Michael was unable to perform this exercise due to a medical ailment.

ONE LEG STAND:

Michael was unable to perform this exercise due to a medical ailment.

ROMBERG ALPHABET:

Michael was given the instructions to state the alphabet from "A" to "Z" in a non rhythmic tone. Michael stopped halfway through and forgot what letter came next. He then repeated the alphabet in a rhythmic tone.

FINGER TO NOSE:

After given instructions, Michael began the exercise and touched the pad of his fingers to the bottom portion of his nose underneath the tip. Michael's movements were slow and lethargic.

BREATH TEST RESULTS: 1) Refused | 2) Refused | 3) | 4)

STATE OF FLORIDA
COUNTY OF PALM BEACH

(Signature of Arresting/Investigative Officer)

The foregoing instrument was sworn to or affirmed and subscribed before me this 15th day of February 2019 by Ofc. Trudeau #493

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

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

Notary Public State of Florida
Gary J Parent
My Commission GG 085486
Expires 06/21/2021

SCANNED
FEB 16 2019

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TESTING FACILITY TASK REPORT

AGENCY: PBG

SUBJECT: SILVESTER, MICHAEL V. CASE NUMBER: 19-037464

DATE: 02/15/19 VIDEO TAPE NUMBER: N/A

BEGINNING TIME: 0055 ENDING TIME: 0058

BREATH TESTS RESULTS: 1) R TIME 0057 (A.M.)/P.M. 2) N/A TIME — A.M./P.M.

3) N/A TIME — A.M./P.M. 4) N/A TIME — A.M./P.M.

BREATH OPERATOR: G. PARENT # 7909

MAINTENANCE TECHNICIAN: KARLECKE # 6467

TESTING OFFICER'S OBSERVATIONS

SPEECH: MUFFLED

ATTITUDE: CALM, QUIET, DOZING OFF

CLOTHING: BLUE SHORTS, GREY HOODIE TANK TOP, DARK BLUE CROCKS

MEDICAL CONDITIONS: NARCOLEPSY, BACK PROBLEMS, NECK, HIP

MEDICATIONS: GUAIFENTIN, MORPHINE SULFATE, CIMBALTA, OTHERS NAMES UNKNOWN

OTHER: EYES GLASSY, PUPILS PINPOINT, NEEDED ASSISTANCE TO WALK,

REFUSED

COMMENTS: ARRIVED AT CENTER A/O BEGAN THE 20 MINUTE OBSERVATION PERIOD AT 0033 HRS.

Δ STATED NO HE WOULD NOT TAKE TEST

A/O READ I/C

Δ STATED HE UNDERSTOOD I/C AND REFUSED TEST

A/O READ RIGHTS

Δ STATED HE UNDERSTOOD RIGHTS REFUSED

A/O ATTEMPTED Q+A

SCANNED

FEB 16 20[illegible]

Δ DECLINED TO ANSWER ANY QUESTIONS

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

PBSO #0129A REV.11/02

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SUBJECT: SILVESTER, MICHAEL V CASE NUMBER: 19-000966

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) 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.

SUSPECT'S SIGNATURE: (X) READ ON CAMERA

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FEB 16 2019

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

SUBJECT: SILVESTER, MICHAEL V CASE NUMBER: 19-000966

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: _____

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FEB 16 2019
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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	☐	119.0712(2)	Other: Personal Information contained in a motor vehicle record (s).	
	☐	119.071 (3)(a), (3)(b)(1-3c)	Other: Jail Security Check	

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REVIEW COMPLETED BY

Booking Number: 2019005284	**Date:** February 16, 2019
	Specialist Name/ID: L. Rosales 4489

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FEB 16 2019