0502538 (NH) 1307

ARREST / NOTICE TO APPEAR

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

ADMINISTRATION

OBTS Number

Agency ORI Number: 0502000
Agency Name: Lantana Police Department
Agency Report Number (N T A 's only): 6 4 18-002553

Charge Type Check as many as apply: ☐ 1 Felony ☒ 3 Misdemeanor ☐ 5 Ordinance ☐ 2 Traffic Felony ☐ 4 Traffic Misdemeanor ☐ 6 Other
If Weapon Seized Enter Type: None/not Applicable
Multiple Clearance Indicator: 1

Location of Arrest (Including Name of Business): 700-BLK W. LANTANA RD, LANTANA, FL 33462
Location of Offense (Business Name, Address): 700 W LANTANA RD BLK, LANTANA, FL 33462

Date of Arrest	Time of Arrest	Booking Date	Booking Time	Jail Date	Jail Time	Location of Vehicle
10/26/2018	03:15					

DEFENDANT

Name (Last, First, Middle): NASTASE, MICHAEL VITO
Alias (Name, DOB, Soc Sec #, Etc): Alias:

Race (W - White, B - Black, I - American Indian, U - Unknown)	Sex	Date of Birth	Height	Weight	Eye Color	Hair Color	Complexion	Build
W	M	01/13/1992	5'11	160	BLUE	BROWN	LIGHT	Medium

Scars, Marks, Tattoos, Unique Physical Features (Location, Type, Description):
Marital Status: S
Religion: CHRISTIAN
Indication of Alcohol Influence: ☒ Yes ☐ No ☐ Unk
Drug Influence: ☐

Local Address (Street, Apt Number) (City) (State) (Zip): 1817 CORAL RIDGE DR, CORAL SPRINGS, FL 33071
Phone: (954) 464-6004
Residence Type (1 City 2 Florida 3 County 4 Out of State): 3

Permanent Address (Street, Apt Number) (City) (State) (Zip): 1817 CORAL RIDGE DR, CORAL SPRINGS, FL 33071
Phone: (954) 464-6004
Address Source:

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

DL Number, State	Soc Sec Number	FIC Number	Place of Birth (City, State)	Citizenship
N232558920130 / FL	[redacted]		CORAL SPRINGS, 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
Co-Defendant Name (Last, First, Middle) | Race | Sex | Date of Birth | ☐ 1 Arrested ☐ 2 At Large ☐ 3 Felony ☐ 4 Misdemeanor ☐ 5 Juvenile

JUVENILE

☐ Parent ☐ Other ☐ Legal Custodian
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 Department and Released 2 TOT JAC 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 Clerk's Office (Phone 355-2526) informed of any change of address.
☐ Yes, by ☐ No

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
S Smuggle D Deliver E Use
D 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-DRIVING UNDER THE INFLUENCE
Statute Violation Number: 316.193(1)
Violation of ORD #:

Drug Activity	Drug Type	Amount / Unit	Offense #	Counts	Domestic Violence	Warrant / Capias Number	Bond
	N	/		1	☐ Y ☒ N		OR

Charge Description:
Statute Violation Number:
Violation of ORD #:

Drug Activity	Drug Type	Amount / Unit	Offense #	Counts	Domestic Violence	Warrant / Capias Number	Bond
		/			☐ Y ☐ N		

Charge Description:
Statute Violation Number:
Violation of ORD #:

Drug Activity	Drug Type	Amount / Unit	Offense #	Counts	Domestic Violence	Warrant / Capias Number	Bond
		/			☐ Y ☐ N		

FILED
OCT 27 2018
SHARON R. BOCK
Clerk & Comptroller

INTAKE

Health / Apparent Physical Condition of Defendant:
Any knowledge of the following? ☐ Illness ☐ Drug Abuse ☐ Medication ☐ Deformities ☐ Injuries
Explain:

Check which applies: ☐ Released O.R. ☐ Released to Parent/Guardian ☐ T.O.T. County Jail ☐ Posted Bond ☐ South County Mental Health
PROPERTY - Received By: Released By: Released To:

Transported By: Date Transported: Time Transported: Other:

NOTICE TO APPEAR

☒ INSTRUCTION NO. 1 - Mandatory appearance in court
☐ INSTRUCTION NO. 2 - You need not appear in Court but must comply with instructions on Page 2.

Location (Court, Room): 200 W Atlantic Ave, DELRAY BEACH
Court Date and Time: 11/19/2018 08:30:00

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

Received WB OCT 29 2018

Signature of Defendant (or Juvenile and Parent/Custodian) Date Signed

No Photo Available

ADMIN

HOLD for Other Agency:
☐ Dangerous ☐ Resisted Arrest ☐ Suicidal ☐ Other
Intake Deputy: ID #: Pouch #:

Signature of Arresting Officer: A. Harvey 590
Name of Arresting Officer (Print): HARVEY, ANTHONY STEVEN ID #: 890
Transporting Officer: A. Harvey ID #: 890 Agency: LPD

Name Verification (Printed by Arrestee) (PRINT):
Witness here if subject signed with an "X":

PAGE 1 OF 1

☐ COURT ☐ STATE ATTORNEY ☐ AGENCY ☐ CENTRAL RECORDS ☐ JAIL ☐ CRIME ANALYSIS ☐ P. I. O. ☐ DEFENDANT

OCT 26 AM 5:58

2018 CT 19398

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D.U.I. PROBABLE CAUSE AFFIDAVIT

ON THE 26 DAY OF October 20 18, AT 0301 AM / PM

SUBJECT: Michael V, Nastase CASE NUMBER: 18-002553

AGENCY: Lantana PD ARRESTING OFFICER: A. Harvey

PERSONAL CONTACT

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

I was on patrol and observed a red Mazda with FL TAG GJF-R18 come to the intersection of S 4th St and W. Lantana Rd. The Red Mazda made a left turn without stopping for the stop sign at S 4th St. The Red Mazda then proceeded westbound on W. Lantana Rd. The red Mazda then came to the next intersection of W. Lantana Rd and S Broadway. The light was red for the red Mazda. The red Mazda then ran the red light still heading westbound on W. Lantana Rd. A traffic stop was conducted. I approached the red Mazda came made contact with the driver W/M Michael Nastase (DOB 01/12/1992)

OBSERVATION OF DRIVER:

The driver was sitting in the driver seat. I asked for his driver license which he provided. I could smell an odor of alcohol coming from Nastase. I then asked for insurance and vehicle registration. Nastase was not able to find or provided the items I requested. Nastase was then asked to step out of the vehicle. Nastase had a slightly difficult time getting out of the vehicle, but manage getting out on his own.

DRIVER'S STATEMENTS:

I read Nastase his Miranda rights which he stated that he understood. I then asked Nastase how much have you had to drink which he replied "six vodkas and water."

ODORS:

I could smell an odors.

GENERAL OBSERVATIONS

SPEECH: Slurred

ATTITUDE: Respectful

CLOTHING: Blue shirt, tan short, blue shoes.

MEDICAL / OTHER:

STATE OF FLORIDA
COUNTY OF PALM BEACH

A. Harvey 890

(Signature of Arresting / Investigative Officer)

The foregoing instrument was sworn to or affirmed and subscribed before me this 26th day of October 20 18 by Anthony Harvey

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

Notary Public, Clerk of Court, Officer (F.S.S 1 17.10)

NOT A CERTIFIED COPY

SUBJECT: Michael V, Nastase **CASE NUMBER:** 18-002553

ROADSIDE TASKS

HORIZONTAL GAZE NYSTAGMUS :

✓ LT EYE-LACK OF SMOOTH PURSUIT

✓ LT EYE-DISTINCT & SUSTAINED NYSTAGMUS AT MAX DEVIATION

✓ LT EYE-ONSET OF NYSTAGMUS PRIOR TO 45 DEGREES

✓ RT EYE-LACK OF SMOOTH PURSUIT

✓ RT EYE-DISTINCT & SUSTAINED NYSTAGMUS AT MAX DEVIATION

✓ RT EYE- ONSET OF NYSTAGMUS PRIOR TO 45 DEGREES

Other Observations:
swaying side to side.

WALK & TURN:

Stopped walking to steady self. Misses heel-to-toe. Steps off the line.

ONE LEG STAND:

Sways while balancing. Uses arms to balance. Puts foot down.

FINGER TO NOSE :

Did not keep head lifted as instructed.

ROMBERG / ALPHABET :

The instructs were to start a c and end with the letter m. Nastase instead started with A was not able to state the alphabet.

BREATH TEST RESULTS : **submitted.**

STATE OF FLORIDA
COUNTY OF PALM BEACH

G. O Harvey 890
(Signature of Arresting / Investigative Officer)

The foregoing instrument was notarized or sworn before me this 26th day of October 20 18 by Anthony Harvey

who is personally known to me and/or produced identification. Type of identification produced known

Notary Public, Clerk of Court, Officer F.S.S. 117-10)

NOT A CERTIFIED COPY

PALM BEACH COUNTY SHERIFF'S OFFICE
DUI TESTING FACILITY
INFORMATION SHEET

PBSO CASE # _____ PBSO ZONE _____

AGENCY CASE # 18-002553 CRASH CASE # _____

TIME OF STOP/CRASH 0258 DATE 10/26/2018 DAY Friday

SUBJECT'S NAME Michael Nastase RACE W SEX M

HGT 511 WGT 160 DOB 01/13/1992

LOCATION 700-BLK W. Lantana Rd, Lantana, FL 33462

ARRESTING OFFICER'S NAME & ID A. Harvey 890 AGENCY Lantana PD

DIVISION: Road Patrol

NOTIFIED BY COMMO yes

ARRIVAL AT FACILITY 0400

ARREST TIME 0315

BREATH RESULTS

1. 2.45
2. 2.43
3. _____
4. _____

TESTING OFFICER'S ID 24520 PBSO VIDEOTAPE # N/A

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SUBJECT: Nastase, Michael CASE NUMBER: 18 092553

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

SUBJECT: [redacted] CASE NUMBER: 18 002553

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.

SUSPECT'S SIGNATURE: (X) N/A Read on Camera

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

PBSO #0129B REV. 06/11

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WITNESS LIST

CASE NUMBER: 18-002553

ARRESTING OFFICER A. Harvey
ADDRESS 901 N 8th St, Lantana, FL 33462
PHONE NUMBERS (HOME) 561-540-5700 (WORK) _____
CAN TESTIFY TO: Statements & Actions of defendant

NAME: _____
ADDRESS 901 N 8th St, Lantana, FL 33462
PHONE NUMBERS (HOME) _____ (WORK) _____
CAN TESTIFY TO: Statements & Actions of defendant

NAME: _____
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ADDRESS _____
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CAN TESTIFY TO: _____

NAME: _____
ADDRESS _____
PHONE NUMBERS (HOME) _____ (WORK) _____
CAN TESTIFY TO: _____

NAME: _____
ADDRESS _____
PHONE NUMBERS (HOME) _____ (WORK) _____
CAN TESTIFY TO: Statements & Actions of defendant

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TESTING FACILITY TASK REPORT

AGENCY: LPD/HARVEY

SUBJECT: NASTASE, MICHAEL

CASE NUMBER: 18-137347

DATE: Oct 26, 2018

VIDEO DVD NUMBER: N/A

BEGINNING TIME: 0421

ENDING TIME: 0431

BREATH TESTS RESULTS: 1) .245 TIME 0425 A.M. ☒ P.M. ☐ 2) .243 TIME 0429 A.M. ☒ P.M. ☐

3) XX TIME XX A.M. ☐ P.M. ☐ 4) XX TIME XX A.M. ☐ P.M. ☐

BREATH OPERATOR: S. PALMER #24520

MAINTENANCE TECHNICAN: J Karlecke #6467

TESTING OFFICER'S OBSERVATIONS

SPEECH: SLURRED

ATTITUDE: CALM, QUIET

CLOTHING: GREEN SHIRT, WHITE SHORTS, GREEN SHOES

MEDICAL CONDITIONS: BIPOLAR

MEDICATIONS: DEPAKOTE, CLONAZEPAN, CLONIDINE, GEODON, GUANFACINE, LOMOTIL,

OTHER:

EYES GLASSY AND BLOODSHOT, ODOR OF UNKNOWN ALCOHOLIC BEVERAGE COMING FROM BREATH,

---

COMMENTS:

ARRESTING OFFICER CONDUCTED THE 20 MINUTE OBSERVATION BEGINNING AT 0400
SUBJECT AGREED TO TAKE BREATH TEST
AND PROVIDED TWO ADEQUATE SAMPLES SUCCESSFULLY
TECH READ RESULTS
SUBJECT STATED HE UNDERSTOOD RESULTS
A/O DID NOT READ RIGHTS
OR CONDUCT Q&A

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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	☐		Other:	
	☐		Other:	

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REVIEW COMPLETED BY

Booking Number: 2018035856	**Date:** 10/27/2018
	Specialist Name/ID: AM/31562