0502771 (NR) 3173 No Palms

ARREST / NOTICE TO APPEAR
Juvenile Referral Report

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

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

ADMINISTRATIVE

Agency ORI Number	Agency Name	Agency Report Number (N.T.A.'s only)
FLO 500000	PALM BEACH COUNTY SHERIFF'S OFFICE	06- 18140768

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

Weapon Seized / Type: 2 | 1. Yes 2. No N/A

Multiple Clearance Indicator: 1

Location of Arrest (Including Name of Business)	Location of Offense (Business Name, Address)
INDIANTOWN RD/ JUPITER FARMS RD, JUPITER, FL, 33478	INDIANTOWN RD/ JUPITER FARMS RD JUPITER, FL, 33478

Date of Arrest	Time of Arrest	Booking Date	Booking Time	Jail Date	Jail Time	Location of Vehicle
11/04/2018	00:45					

DEFENDANT

Name (Last, First, Middle): CETERA MICHAL STANISLAW — Alias (Name, DOB, Soc. Sec. #, Etc.)

Race (W - White I - American Indian B - Black O- Oriental/Asian)	Sex	Date of Birth	Height	Weight	Eye Color	Hair Color	Complexion	Build
W	M	9/29/1968	5'10	230	BRN	BRN	MED	THIN

Scars, Marks, Tatoos, Unique Physcal Features (Location, Type, Description):

Marital Status: Married | Religion: CATHOLIC | 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
17642 113TH TER N	JUPITER, FL, 33478			(954) 972-9730	2

Permanent Address (Street, Apt. Number)	(City)	(State)	(Zip)	Phone	Address Source
,				( )	FL DL

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

DL Number, State	Soc. Sec. Number	INS Number	Place of Birth (City, State)	Citizenship
C360557683490	[redacted]		POLAND	NO

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 ☐ 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/Derv. P. Paraphernalia/ Equipment S. Synthetics U. Unknown Z. Other

CHARGE

Charge Description	Counts	Domestic Violence	Statute Violation Number	Violation of ORD #
DUI	1	☐Y ☒N	316.193(3C1)	

Drug Activity	Drug Type	Amount / Unit	Offense #	Warrant / Capias Number	Bond
N	N	N/A	18140768		OK

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 Description	Counts	Domestic Violence	Statute Violation Number	Violation of ORD #
		☐Y ☐N		

Drug Activity	Drug Type	Amount / Unit	Offense #	Warrant / Capias Number	Bond

Charge Description	Counts	Domestic Violence	Statute Violation Number	Violation of ORD #
		☐Y ☐N		

Drug Activity	Drug Type	Amount / Unit	Offense #	Warrant / Capias Number	Bond

NOTICE TO APPEAR

Location (Court, Room Number, Address)
3228 GUN CLUB RD WEST PALM BEACH FL 33406

Court Date and Time: Month 11 Day 29 Year 2018 Time 0830 AM ☒ PM ☐

FILED
NOV 04 2018
SHARON R. BOCK

I AGREE TO APPEAR AT THE TIME AND PLACE DESIGNATED TO ANSWER THE OFFENSE CHARGED OR TO PAY THE FINE SCHEDULED. 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: 11/04/2018

ADMIN

HOLD for other Agency Name:

☐ Dangerous ☐ Resisted Arrest ☐ Suicidal ☐ Other

Signature of Arresting Officer: X

Name Verification (Printed by Arrestee) (PRINT)

Name of Arresting Officer (Print): INV. G. LYNCH 8568 — I.D. #: 8568

Arrest Deputy: Thomas Tolson — I.D. #: 8568 — Pouch #:

Transporting Officer: INV. G. LYNCH 8568 — ID #: 8568 — Agency: PBSO

Witness name if subject signed with an "X"

PAGE 1 OF 1

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

PBSO 8148 REV. 8/07

Received WB
NOV 06 2018

NOT A CERTIFIED COPY

D.U.I. PROBABLE CAUSE AFFIDAVIT

ON THE 4 DAY OF NOV 20 18, AT 23:37 AM ✓ PM

SUBJECT: CETERA MICHAL STANISLAW CASE NUMBER: 18140768

AGENCY: PALM BEACH COUNTY SHERIFF'S OFFICE ARRESTING OFFICER: INV. G. LYNCH 8568

PERSONAL CONTACT

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

On 11/4/18 I responded to Indiantown Rd/ Jupiter Farms Rd, in Palm Beach County, in reference to a vehicle crash (PBSO case 18140755) with a possibly impaired driver. Upon arrival I saw that three cars had been involved in the collision. The rear car, a black Ford edge SUV bearing FL tag BSHV61, had failed to stop and struck the other vehicles from behind.

I spoke with the drivers of the two front vehicles, Africanus Rivera, and Richard Waddington, who provided sworn statements. Both drivers advised they were stopped at a steady red light when they were struck from behind. Both Rivera and Waddington positively identified the driver, Michal Cetera, as the driver of the vehicle that struck them.

OBSERVATION OF DRIVER:

I met with Cetera, who was leaning against his SUV for support. I attempted to have Cetera stand in front of my patrol car but he refused to leave the side of his vehicle. While Cetera was still leaning on his SUV I advised him that the crash investigation was complete and I was going to conduct a criminal DUI investigation, which he advised he understood. I advised Cetera of Miranda warnings, which he advised he understood. Cetera then claimed that the other vehicles had backed into his vehicle. Moments later he claimed that just one of the vehicles had backed into his. While speaking with Cetera, despite using his vehicle for support, he lost his balance and almost fell over. Cetera's eyes were bloodshot and glassy and there was a strong odor of an unknown alcoholic beverage coming from his breath, which got stronger when he spoke. Cetera's speech was slurred and he was very difficult to understand. Cetera advised that he had been drinking but he could not advise me on how much he had to drink. Based on my observations and Cetera's admission to drinking I asked him to perform standard field sobriety tasks.

DRIVER'S STATEMENTS:

Cetera advised that he had been drinking but was unable to tell me how many.

ODORS:

STRONG ODOR OF AN UNKNOWN ALCOHOLIC BEVERAGE COMING FROM SUBJECT'S BREATH.

GENERAL OBSERVATIONS

SPEECH: **Very slurred**

ATTITUDE: **calm/ coopeative**

CLOTHING:

MEDICAL/OTHER:

STATE OF FLORIDA
COUNTY OF PALM BEACH

INV. G. LYNCH 8568
(Signature of Arresting/Investigative Officer)

The foregoing instrument was sworn to or affirmed and subscribed before me this 4 day of NOV 20 18 by INV. G. LYNCH 8568

(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. 117.10)

KERIANE MARIE MOYNIHAN
Notary Public - State of Florida
Commission # GG 036116
My Comm. Expires Oct 5, 2020
Bonded through National Notary Assn

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SUBJECT: CETERA MICHAL CASE NUMBER 18140768

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:

Cetera was asked to stand with his feet together and place his hands by his sides. Cetera was asked to focus on the stimulus and follow it with his eyes. Cetera was told not to move his head to assist in following the stimulus. Cetera showed equal pupil size that tracked equally. Cetera swayed while performing this task and separated his feet for balance. Cetera had to be reminded multiple times to follow the stimulus and not to move his head. After several attempts Cetera would not follow the stimulus and would not keep his head still and the task was not continued.

WALK & TURN:

I performed the walk and turn task. I utilized yellow duct tape to make a straight level line, free of debris, that Cetera advised he could see. Cetera was placed in the instructional stance for the task. While trying to place Cetera in the instructional stance he began to walk the line. I attempted several times to place Cetera in the instructional stance but he was unable to maintain the position and almost fell over. I then had Cetera stand normally for the instructions. I explained and demonstrated the task to Cetera. After completing the instructions Cetera advised he understood and had no questions. During the task Cetera took 2 steps and then stopped. Cetera went back to the beginning and started again. Cetera missed heel-to-toe steps and stepped off the line several times. Cetera paused to steady himself, several times and used his arms for balance. Cetera took the incorrect number of steps, taking 6 steps, and then stopped. Cetera was instructed to continue. Cetera did not turn and took an additional 7 steps. Cetera then advised he was finished with the task.

ONE LEG STAND:

I performed the one leg stand task. I explained and demonstrated the task to Cetera. After completing the instructions Cetera advised he understood and had no questions. Cetera was advised to begin and he then advised he didn't remember the tasked and asked for it to be repeated. I again explained and demonstrated the task to Cetera. After completing the instructions Cetera advised he understood. During the task Cetera made no attempt to raise his foot. I reminded Cetera that he was to raise his foot during the task. Cetera raised his right foot and immediately put it back down. Cetera made no attempt to raise his foot for the remainder of the task.

FINGER TO NOSE:

I performed the finger to nose task. I explained and demonstrated the task twice to Cetera. After completing the instructions Cetera advised he understood and had no questions. During the task Cetera on the first left command Cetera raised his left hand, making no attempt to touch his nose. I reminded Cetera that he was supposed to touch his nose. Cetera then touched his nose missing the tip of his nose. Cetera failed to return his hand to his side, and then brought his right hand up touching his nose with both hands at the same time. Cetera did not return either hand to his side. Cetera failed to keep his head tilted back and eyes closed. The task was not continued.

ROMBERG ALPHABET:

I performed the Romberg alphabet task. I explained and demonstrated the task to Cetera. After completing the instructions Cetera advised he understood and had no questions. During the task Cetera swayed. Cetera made no attempt to recite the alphabet.

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BREATH TEST RESULTS: | 1) .200 | 2) VNM | 3) REFUSED | 4) |

STATE OF FLORIDA
COUNTY OF PALM BEACH

INV. G. LYNCH 8568
(Signature of Arresting/Investigative Officer)

The foregoing instrument was sworn to or affirmed and subscribed before me this 4 day of NOV 20 18 by INV. G. LYNCH 8568

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

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

KERIANE MARIE MOYNIHAN
Notary Public - State of Florida
Commission # GG 036116
My Comm. Expires Oct 5, 2020
Bonded through National Notary Assn.

TESTING FACILITY TASK REPORT

AGENCY: PBSO

SUBJECT: [illegible] CASE NUMBER: [illegible]

DATE: [illegible] VIDEO TAPE NUMBER: [illegible]

BEGINNING TIME: [illegible] ENDING TIME: [illegible]

BREATH TESTS RESULTS: 1) [illegible] TIME [illegible] A.M./P.M. 2) [illegible] TIME [illegible] A.M./P.M.

3) R TIME [illegible] A.M./P.M. 4) [illegible] TIME — A.M./P.M.

BREATH OPERATOR: [illegible]

MAINTENANCE TECHNICIAN: [illegible]

TESTING OFFICER'S OBSERVATIONS

SPEECH: [illegible]

ATTITUDE: [illegible]

CLOTHING: [illegible]

MEDICAL CONDITIONS: [illegible]

MEDICATIONS: [illegible]

OTHER: [illegible]

COMMENTS: [illegible]

REFUSED

[illegible]

REFUSED

[illegible]

NOT A CERTIFIED COPY

SUBJECT: [redacted] CASE NUMBER: [redacted]

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) [redacted]

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) [redacted]

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

SUBJECT: _____ CASE NUMBER: 13-14[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: _____

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WITNESS LIST

CASE NUMBER: 18140768

ARRESTING OFFICER: INV. G. LYNCH 8568

ADDRESS: HQ

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

CAN TESTIFY TO: FACTS OF CASE

NAME: AFRICANUS RIVERA

ADDRESS: 4424 MAIN ST #1038, JUPITER, FL, 33458

PHONE NUMBERS (HOME) 607-345-9499 (WORK) _____

CAN TESTIFY TO: CRASH/ IDENTIFY DRIVER

NAME: RICHARD WADDINGTON

ADDRESS 1229 UTE ST, JUPITER, FL, 33458

PHONE NUMBERS (HOME) 561 475 7229 (WORK) _____

CAN TESTIFY TO: CRASH/ IDENTIFY DRIVER

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: _____

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FLORIDA DEPARTMENT OF LAW ENFORCEMENT
ALCOHOL TESTING PROGRAM
BREATH ALCOHOL TEST AFFIDAVIT

Instrument Type: Intoxilyzer 8000
Instrument Registered To: PALM BEACH CO SO
Instrument Serial Number: 80-006240 Software: 8100.27
Date of Test: 11/04/2018

Date of Last Agency Inspection: 10/19/2018
Observation Period Began: 01:13
Subject's Name: MICHAL STANISLAW CETERA DOB: 09/29/1968 Sex: M

The subject was observed for at least twenty-minutes prior to the administration of the breath test to ensure that the subject did not take anything orally and did not regurgitate.

Results:

Test	g/210L	Time
Diagnostics Check	OK	01:49
Air Blank	0.000	01:50
Control Test	0.081	01:50
Air Blank	0.000	01:51
Subject Sample #1	0.200	01:53
Air Blank	0.000	01:54
Air Blank	0.000	01:56
Subject Sample #2	VNM*	01:59
Air Blank	0.000	01:00
Air Blank	0.000	01:02
Subject Sample #3	REF**	01:03
Air Blank	0.000	01:04
Control Test	0.078	01:04
Air Blank	0.000	01:05
Diagnostics Check	OK	01:05

*Volume Not Met (0.198 - Breath Sample Not Reliable to Determine Breath Alcohol Level)
**Subject Test Refused

Cylinder Lot: 05218080A3
Exp: 05/05/2020

State of Florida, County of Palm Beach.

Personally appeared before me the undersigned authority, who (√) is personally known to me or (__) produced _____ as identification, and who after being placed under oath, states:

I KERIANE M MOYNIHAN, hold a valid Breath Test Operator permit issued by the Florida Department of Law Enforcement, I administered the above breath test to the subject named above in accordance with Chapter 11D-8, Florida Administrative Code, and this form is a true and accurate report of that breath test.

Breath Test Operator: Keriane M Moynihan Date: 11/04/18
Signature

Sworn to (or affirmed) before me this 04 day of November, 2018

Signature of Notary Public-State of Florida

Inv. G. Lynch
Printed Name of Notary Public-State of Florida

Note: Pursuant to section 117.10, Florida Statutes, law enforcement officers, correctional officers, traffic accident investigation officers and traffic infraction enforcement officers are notaries public when engaged in the performance of official duties. In accordance with section 316.1934(5), F.S., this completed form is admissible without further authentication and is presumptive proof of the results herein. To be used in accordance with Section 316.1934(5), F.S., and in administrative proceedings pursuant to 322.2615, F.S.

FDLE/ATP FORM 38 - MARCH 2004, Ref. 11D-8.007

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

I, INV. G. LYNCH 8568 , a duly certified Law Enforcement Officer or Correctional Officer,
(Name of Officer reading Implied Consent Warning)

am a member of PALM BEACH COUNTY SHERIFFS OFFICE , and I do swear
(Name of law enforcement agency)

or affirm that on or about the 4 day of NOV , 20 18 , at 00:45 ☐ P.M ☒ A.M.

DRIVER MICHAL STANISLAW CETERA ,
(Type or Print) FIRST NAME MIDDLE OR MAIDEN NAME LAST NAME

DL# C360557683490 , state of FL , was placed under lawful arrest for

the offense of DUI by INV. G. LYNCH 8568 and
(Name of Arresting Officer)

issued Citation # A2FUPVP .

That on or about the 4 day of NOV , 20 18 , at 01:03 ☐ 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

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

KERIANE MARIE MANNAN
Notary Public - State of Florida
Commission # GG 036116
My Comm. Expires Oct 5, 2020
Bonded through National Notary Assn

(AFFIX SEAL)

The foregoing instrument was sworn and subscribed before me this 4 day of NOV , 20 18 , by INV. G. LYNCH 8568 , who is personally known to me or who has produced KNOWN as identification.

Notary Public

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 – **SWORN STATEMENT**

Per FL statute 837.012, whoever knowingly makes a false statement under oath shall be guilty of a misdemeanor of the first degree punishable by imprisonment up to 1 year.

☒WITNESS ☐VICTIM ☐OTHER

CASE #: 18-140768	ZONE: 3-16	SUSPECT: Mehal Cetera	DATE & TIME OF ORIGINAL EVENT/OFFENSE: 11/3/18 23:37
EVENT TYPE: DUI	DEPUTY: D/S Dixon		ID#: 22100

COMPLETE EVERYTHING BELOW - PRINT LEGIBLY

LAST NAME: RIVERA	FIRST NAME: AFRICANUS	MIDDLE INITIAL: N.	RACE: H	SEX: M

DATE OF BIRTH: (MM/DD/YYYY) 02.15.1970	YOUR HEIGHT: 6'	YOUR WEIGHT: 215	YOUR HAIR COLOR: BLACK	YOUR EYE COLOR: Brown

YOUR HOME ADDRESS: ☐ CHECK IF HOMELESS	CITY:	STATE:	ZIP:
4424 MAIN St Apt 1038	Jupiter	FL	33458
YOUR WORK NAME & ADDRESS: ☐ CHECK IF UNEMPLOYED OR RETIRED	CITY:	STATE:	ZIP:

WORK PHONE: ☐ CHECK IF NONE	CELL PHONE: ☐ CHECK IF NONE	HOME PHONE: ☐ CHECK IF NONE	EMAIL: ☐ CHECK IF NONE
(wife) (607) 597-9146	(607) 345-9499	( )	

WRITE WHAT HAPPENED IN YOUR WORDS IN FULL DETAIL - PRINT LEGIBLY

1 YOUR NAME: AFRICANUS RIVERA

DO HEREBY VOLUNTARILY MAKE THE FOLLOWING STATEMENT WITHOUT THREAT, COERCION, OFFER OF BENEFIT, OR FAVOR BY ANY PERSONS WHOMSOEVER...

I WAS AT the light IN Indiantown & Jupiter Farm (Red Light) and A car came from Behind A hit our car (AFRICANUS RIVERA (driver) TAMMY RIVERA (front passenger) Jocelyne RIVERA (BACK PASSENGER) ISAIAH Nelson (BACK PASSENGER the guy the hit us had A like orange T-Shirt and some gray Shorts, As soon As he hit the van next To us (got hit first) And than hit us (ACURA RDX) We came out the car... than My lady Asked the Kids if the were Alright (they Are fine for now, And than me And my Lady came out our car to see the Damages and If everyone was fine.

PAGE 1 OF 1

READ AND SIGN

I SWEAR AND AFFIRM THIS AND/OR THE ATTACHED STATEMENTS ARE CORRECT AND TRUE:

YOUR SIGNATURE: X

☐ DEPUTY SHERIFF ☐ NOTARY PUBLIC FSS: 117.10

SWORN TO AND SUBSCRIBED BEFORE ME TODAY:

DATE: 11-4-18 TIME: 0008

SIGNATURE: _____ ID: 22100

IF YOU DO NOT WISH TO PROSECUTE, COMPLETE THE ABOVE STATEMENT, READ THIS DISCLAIMER AND INITIAL BELOW: I AM OF LEGAL AGE AND I AM THE REPORTED VICTIM OF A CRIME UNDER FLORIDA LAW. I HEREBY STATE THAT I WILL NOT COOPERATE ANY FURTHER WITH THE INVESTIGATION OF THE ALLEGED CRIME. I FURTHER RELEASE THE PALM BEACH COUNTY SHERIFF'S OFFICE OF ANY PRESENT OR FUTURE RESPONSIBILITY AS TO MY CASE. I ACKNOWLEDGE THAT I UNDERSTAND MY RIGHTS AS A CRIME VICTIM, **PARTICULARLY REGARDING VICTIM COMPENSATION ELIGIBILITY**, WHICH INCLUDES SUCH BENEFITS AS REIMBURSEMENT FOR: DISABILITY; LOST WAGES; LOSS OF SUPPORT; MEDICAL, DENTAL, MENTAL HEALTH COUNSELING AND FUNERAL EXPENSES. I AM AWARE I MAY BE GIVING UP THESE RIGHTS FOR MY FAMILY AND MYSELF BY INITIALLING BELOW. I AM TAKING THIS POSITION OF MY OWN FREE WILL KNOWING THAT THE CASE CAN ONLY BE FURTHER INVESTIGATED AND PROSECUTED WITH MY COOPERATION.

☐ DO NOT WISH TO PROSECUTE (INITIAL _____)

(PROSECUTION WAIVER NOT TO BE USED FOR CASES INVOLVING DOMESTIC OR DATING VIOLENCE PER G.O. 508.00)

WHITE - RECORDS COPY ***CANARY*** - STATE ATTORNEY COPY ***PINK*** - OFFICER'S COPY ***GOLD*** - WITNESS / VICTIM COPY

PBSO #0134 REV. 12/11

NOT A CERTIFIED COPY

PALM BEACH COUNTY SHERIFF'S OFFICE – **SWORN STATEMENT**

Per FL statute 837.012, whoever knowingly makes a false statement under oath shall be guilty of a misdemeanor of the first degree punishable by imprisonment up to 1 year.

☒ WITNESS ☐ VICTIM ☐ OTHER

CASE #: 18140768	ZONE: 3-16	SUSPECT: Michal Cetera	DATE & TIME OF ORIGINAL EVENT/OFFENSE: 11/3/18 23:37
EVENT TYPE: DUI		DEPUTY: D/S D/S Dixon	ID#: 22100

COMPLETE EVERYTHING BELOW – PRINT LEGIBLY

LAST NAME:	FIRST NAME:	MIDDLE INITIAL:	RACE:	SEX:
WADDINGTON.	RICHARD		W	M

DATE OF BIRTH: (MM/DD/YYYY)	YOUR HEIGHT:	YOUR WEIGHT:	YOUR HAIR COLOR:	YOUR EYE COLOR:
09/03/1961	6'4"	275	GREY	BLUE

YOUR HOME ADDRESS: ☐ CHECK IF HOMELESS	CITY:	STATE:	ZIP:
1229 ULE ST JUPITER 33458.	JUPITER	FL	33458

YOUR WORK NAME & ADDRESS: ☐ CHECK IF UNEMPLOYED OR RETIRED	CITY:	STATE:	ZIP:
513 US HWY 1 SUITE 209	N. P. B	FL	33408

WORK PHONE: ☐ CHECK IF NONE	CELL PHONE: ☐ CHECK IF NONE	HOME PHONE: ☐ CHECK IF NONE	EMAIL: ☐ CHECK IF NONE
5614757229	( )	( )	

WRITE WHAT HAPPENED IN YOUR WORDS IN FULL DETAIL – PRINT LEGIBLY

I YOUR NAME: RICHARD WADDINGTON.

DO HEREBY VOLUNTARILY MAKE THE FOLLOWING STATEMENT WITHOUT THREAT, COERCION, OFFER OF BENEFIT, OR FAVOR BY ANY PERSONS WHOMSOEVER...

WE WERE STOPPED AT RED LIGHT: INDIAN TOWN + JUPITER FARMS Rd. EAST BOUND. WE WERE HIT BY A SUV IN REAR LEFT (DRIVER SIDE) WITH ONE MAN DRIVING THE SUV. THE SUV ALSO HIT A BLACK SUV IN REAR TO MY LEFT. THE DRIVER THAT HIT US SEEMED TO BE DRUNK. HE IS APPROX. 6FT TALL ABOUT 250lbs. WITH GLASSES. APPROX 50 YRS OF AGE. HE WAS WEARING T SHIRT + SHORTS AND FLIP FLOPS ON HIS FEET.

PAGE 1 OF 1

READ AND SIGN

I SWEAR AND AFFIRM THIS AND/OR THE ATTACHED STATEMENTS ARE CORRECT AND TRUE:

YOUR SIGNATURE: X

☐ DEPUTY SHERIFF ☐ NOTARY PUBLIC FSS: 117.10

SWORN TO AND SUBSCRIBED BEFORE ME TODAY:

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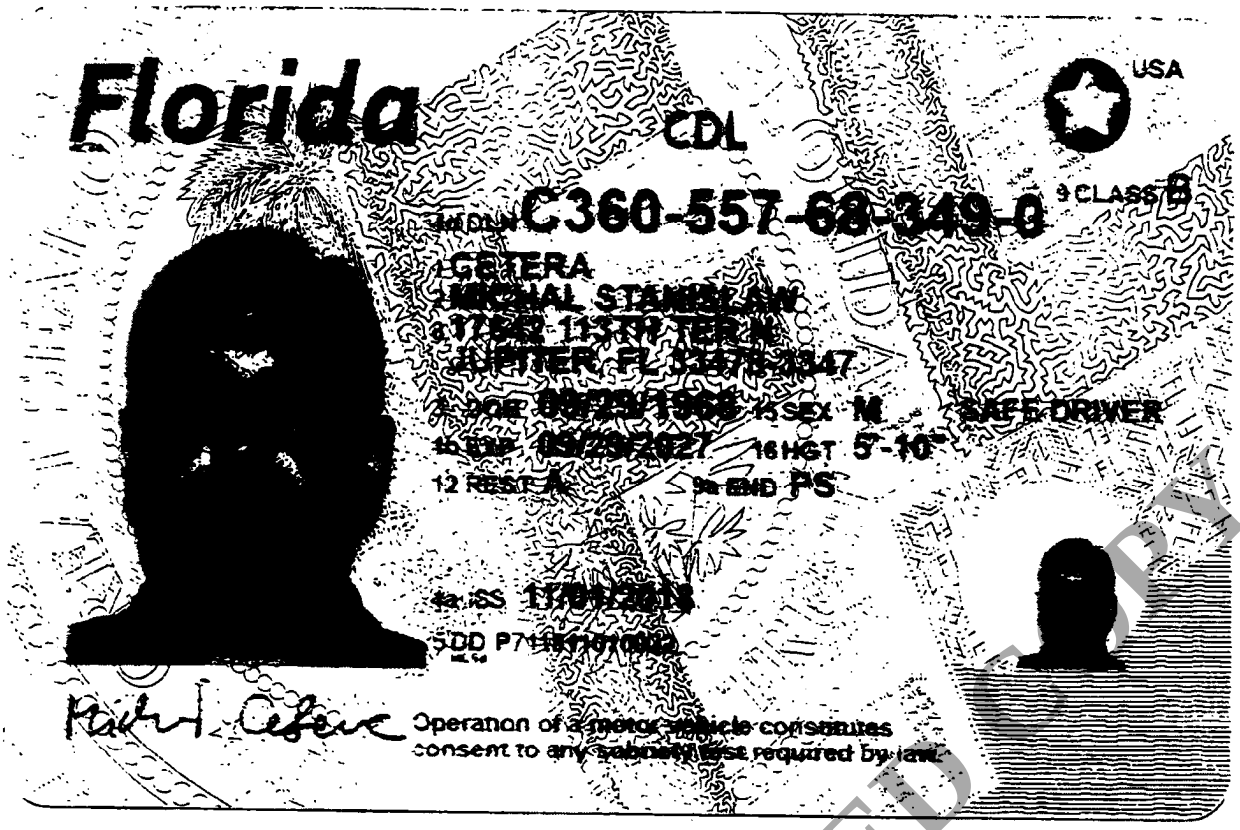
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PALM BEACH COUNTY
SHERIFF'S OFFICE
Florida State Statute Exemption Sheet

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	☐	539.001, F.S., 539.003, F.S.	Other: Pawn Broker Information	
	☐		Other:	

NOT A CERTIFIED COPY

REVIEW COMPLETED BY

Booking Number: 2018036897	**Date:** 11/4/2018
	Specialist Name/ID: M. Tooks #8557