

ARREST / NOTICE TO APPEAR

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

1

JUVENILE

OBTS Number	Agency ORI Number 0501700		Agency Name Jupiter Police Department		Agency Report Number (N.T.A.'s only) 5 4 19-004155
Charge Type: <input type="checkbox"/> 1. Felony <input checked="" 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	Location of Arrest (Including Name of Business) 620 W INDIANTOWN RD		Location of Offense (Business Name, Address) 620 W INDIANTOWN RD, JUPITER, FL 33458		
Date of Arrest 09/15/2019	Time of Arrest 03:30	Booking Date 09/15/2019	Booking Time 03:40	Jail Date	Jail Time

Name (Last, First, Middle) PORTARESCU, OLEG		Alias:			
Race W - White B - Black	I - American Indian O - Oriental/Asian	Sex M	Date of Birth 01/23/1983	Height 5'06	Weight 150
Scars, Marks, Tattoos, Unique Physical Features (Location, Type, Description)		Eye Color BROWN	Hair Color BROWN	Complexion LIGHT	Build Med
Local Address (Street, Apt. Number) 9999 SUMMERBREEZE DR 620, SUNRISE, FL 33322		Marital Status M	Religion CHRISTIAN	Indication of Alcohol Influence Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unk. <input type="checkbox"/>	
Permanent Address (Street, Apt. Number) 9999 SUMMERBREEZE DR 620, SUNRISE, FL 33322		Phone		Residence Type: 1. City 2. County 3. Florida 4. Out of State 3	
Business Address (Name, Street) SELF,		Phone		Address Source VERBAL	
DL Number, State P636640830230 / FL		INS Number	Place of Birth (City, State) CHISINAU, FF	Citizenship US	
Co-Defendant Name (Last, First, Middle)		Race	Sex	Date of Birth	<input type="checkbox"/> 1. Arrested <input type="checkbox"/> 3. Felony <input type="checkbox"/> 5. Juvenile
Co-Defendant Name (Last, First, Middle)		Race	Sex	Date of Birth	<input type="checkbox"/> 2. At Large <input type="checkbox"/> 4. Misdemeanor <input type="checkbox"/> 5. Juvenile

Parent <input type="checkbox"/> Other: _____ Name (Last, First, Middle)		Residence Phone	
Legal Custodian <input type="checkbox"/>		Business Phone	
Address (Street, Apt. Number) _____ (City) _____ (State) _____ (Zip) _____		Notified by: (Name) _____ Date _____ Time _____	
Released To: (Name) _____ Relationship _____ Date _____ Time _____		JUVENILE DISPOSITION 1. Handled/Processed within Department and Released 2. TOT JAC 3. Incarcerated	

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.

Property Crime? Yes No

Description of Property _____ Value of Property _____

Drug Activity 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	U. Unknown Z. Other
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Charge Description DUI - BAC/BRAC OVER .15 -OR- MINOR IN VEHICLE					Statute Violation Number 316.193(4)	Violation of ORD #
Drug Activity	Drug Type	Amount / Unit	Offense #	Counts	Domestic Violence <input type="checkbox"/> Y <input checked="" type="checkbox"/> N	Warrant / Capias Number
Charge Description					Statute Violation Number	Violation of ORD #
Drug Activity	Drug Type	Amount / Unit	Offense #	Counts	Domestic Violence <input type="checkbox"/> Y <input type="checkbox"/> N	Warrant / Capias Number
Charge Description					Statute Violation Number	Violation of ORD #
Drug Activity	Drug Type	Amount / Unit	Offense #	Counts	Domestic Violence <input type="checkbox"/> Y <input type="checkbox"/> N	Warrant / Capias Number

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 checked="" type="checkbox"/> T.O.T. County Jail		PROPERTY - Received By		Released By	
<input type="checkbox"/> Posted Bond <input type="checkbox"/> South County Mental Health		Date Transported		Time Transported	

<input checked="" type="checkbox"/> INSTRUCTION NO. 1 - Mandatory appearance in court		Location (Court, Room) North County PALM BEACH GARD	
<input type="checkbox"/> INSTRUCTION NO. 2 - You need not appear in Court but must comply with instructions on Page 2.		Court Date and Time 10/16/2019 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.			
Signature of Defendant (or Juvenile and Parent/Custodian)		Date Signed	

HOLD for Other Agency		Signature of Arresting Officer [Signature]		Name Verification (Printed by Arrestee)	
<input type="checkbox"/> Dangerous <input type="checkbox"/> Resisted Arrest		Name of Arresting Officer (Print) MCGILLICUDDY, STEVEN		(PRINT)	
<input type="checkbox"/> Suicidal <input type="checkbox"/> Other		I.D. # 1216		PAGE 1 OF 1	
Intake Deputy	I.D. #	Pouch #	Transporting Officer S. MCGILLICUDDY	I.D. # 388	Agency JUPITER
Witness here if subject signed with an "X".					

PROBABLE CAUSE AFFIDAVIT

1. Arrest
2. N.T.A.
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1 JUVENILE

OBTS Number	Agency ORI Number FL 0501700		Agency Name JUPITER POLICE DEPARTMENT	Agency Report Number 5 4 19-004155
Charge Type: Check as many as apply.	<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		

Name (Last, First, Middle) PORTARESCU, OLEG	Alias	Race W	Sex M	Date of Birth 01/23/1983
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Charge Description 316.193(4) DUI - BAC/BRAC OVER .15 -OR- MINOR IN VEHICLE	Charge Description
Charge Description	Charge Description

Victim's Name (Last, First, Middle) State Of Florida	Race	Sex	Date of Birth
Local Address (Street, Apt. Number)	(City)	(State)	(Zip)
Business Address (Name, Street)	(City)	(State)	(Zip)

The undersigned certifies and swears that he/she has just and reasonable grounds to believe, and does believe that the above named Defendant committed the following violation of law. The Person taken into custody.

committed the below acts in my presence. was observed by **MPO MARINUCCI** who told **ME** that he/she saw the arrested person commit the below acts.

confessed to admitting to the below facts. was found to have committed the below acts, resulting from my (described) investigation.

On the **15** day of **September**, **2019** at **02:26** (Specifically include facts constituting cause for arrest.)




On 9/15/2019 at approximately 0226 hrs, I responded to 620 W Indiantown Road at the request of MPO Marinucci (SEE SUPP). Just prior to this I heard MPO Marinucci advise that he was stopping a reckless driver. Upon my arrival, MPO Marinucci advised me that a red Lexus (VEHICLE-1) bearing FL tag drove north bound on S Military Trail and nearly struck his police vehicle at high speed. The driver of the vehicle, Oleg Portarescu (DEFENDANT) was then stopped by MPO Marinucci at the above address. MPO Marinucci advised me that he detected the odor of an unknown alcoholic beverage emitting from Oleg's person and asked that I take over the investigation, which I did.

I made contact with Oleg, who was standing by his vehicle. I immediately observed that he was leaning his back against his car for balance, had red, glassy bloodshot eyes, and there was a strong odor of an unknown alcoholic beverage emitting from his person. As I spoke to him, the odor of an unknown alcoholic beverage intensified as he spoke. He advised me that he was headed home to Sunrise, Florida. I asked him what City he was in and he told me that he was in Sunrise. I asked him if he was in Broward County, Florida and he said "yes, sir". He advised me that he had left a friend's house in Jupiter. I asked him how much he had to drink and he said "a couple of beers". When I asked him on a scale from 1-10 where he would rate himself on a scale of impairment, he stated that he is was "four". I asked him what time he thought it was and he stated it was 12 AM (actual time approximately 0230 AM). He agreed to participate in field sobriety exercises. The following are the results:

HORIZONTAL GAZE NYSTAGMUS (HGN)

- Equal tracking and equal pupil size in both eyes
- Lack of smooth pursuit in both eyes
- Distinct and sustained nystagmus at maximum deviation in both eyes
- Onset of nystagmus prior to 45 degrees in both eyes

SWORN AND SUBSCRIBED BEFORE ME	JOSHUA BELL MY COMMISSION #GG346008 EXPIRES: JUN 18, 2023 Approved through 1st State Insurance	# 308 SIGNATURE OF ARRESTING / INVESTIGATING OFFICER
09/15/2019 DATE	MCGILlicuddy, STEVEN (1216) NAME OF OFFICER (PLEASE PRINT)	09/15/2019 DATE

OBT Number A D M I N Charge Type: Check as many as apply <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 D E F Name (Last, First, Middle) PORTARESCU, OLEG	PROBABLE CAUSE AFFIDAVIT SUPPLEMENT	1. Arrest 2. N.T.A. 3. Request for Warrant 4. Request for Copies 1	JUVENILE Agency OR# Number FL 0501700 Agency Name JUPITER POLICE DEPARTMENT Agency Report Number 5 4 19-004155
Special Notes:		Race W	Sex M
		Date of Birth 01/23/1983	
<p>- Vertical nystagmus present in both eyes</p> <p>- 6 of 6 clues observed</p> <p>WALK AND TURN</p> <p>- Stepped off the line on almost every step</p> <p>- Missed heel to toe on almost every step</p> <p>- Used arms for balance</p> <p>- Improper turn</p> <p>- Stopped while walking</p> <p>- 5 out of 8 clues observed</p> <p>ONE LEG STAND</p> <p>- Put foot down multiple times</p> <p>- Used arms for balance</p> <p>- Swayed</p> <p>- 3 of 4 clues observed</p> <p>FINGER TO NOSE</p> <p>1. L - Correct finger, pad to tip</p> <p>2. R - Correct finger, pad to tip</p> <p>3. L - Correct finger, pad to tip</p> <p>4. R - Correct finger, pad to tip</p> <p>5. R - Started with incorrect finger then correct finger, pad to tip</p> <p>6. L - Correct finger, pad to tip</p> <p>MODIFIED RHOMBERG</p> <p>- Estimate the passage of 30 seconds in 51 seconds</p> <p>Based on my investigation, I have probable cause to believe that Oleg Portarescu was in actual physical control of a motor vehicle while under the influence of an alcoholic beverage and/or a chemical or controlled substance to the point where his normal faculties were impaired. I placed him under arrest at 0244 hrs. I then transported him to the Palm Beach County Breath Alcohol Testing Center (BAT), arriving at 0314 hrs. I placed him under a 20 minute observation period during which I did not observe him consume nor regurgitate anything. We then went on video with BAT Technician Bell (ID #8656).</p> <p>I requested Portarescu provide a breath sample and he agreed. The first attempt was a volume not met, at which time I read Portarescu implied consent. The next set of samples were .164 BAC and .179 BAC. I then read Portarescu his Miranda rights but did not ask him any questions as he was having a coughing fit and complaining about being thirsty. I placed Portarescu in a holding cell while I finished my paperwork. I issued him a court date of 10/16/2019 at the North County Courthouse in Palm Beach Gardens. I</p>			
P R O B A B L E C A U S E S T A T E M E N T	SWORN AND SUBSCRIBED BEFORE ME  NOTARY PUBLIC / CLERK OF COURT / OFFICER (F.S.S. 117.06)		
	 JOSHUA BELL MY COMMISSION #GG346008 EXPIRES: JUN 18, 2023 <small>Bonded through 1st State Insurance</small>	 SIGNATURE OF ARRESTING / INVESTIGATING OFFICER MCGILlicuddy, STEVEN (1216) NAME OF OFFICER (PLEASE PRINT)	
	09/15/2019 DATE	09/15/2019 DATE	
	PAGE 2 OF 3		

PROBABLE CAUSE AFFIDAVIT
SUPPLEMENT

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

JUVENILE

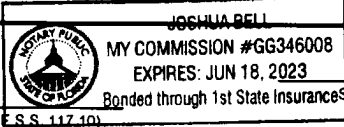


OBTS Number	Agency ORI Number FL 0501700		Agency Name JUPITER POLICE DEPARTMENT	Agency Report Number 5 4 19-004155
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Charge Type: Check as many as apply.	<input type="checkbox"/> 1. Felony	<input type="checkbox"/> 3. Misdemeanor	<input type="checkbox"/> 5. Ordinance	Special Notes
	<input type="checkbox"/> 2. Traffic Felony	<input checked="" type="checkbox"/> 4. Traffic Misdemeanor	<input type="checkbox"/> 6. Other	

Name (Last, First, Middle) PORTARESCU, OLEG	Alias	Race W	Sex M	Date of Birth 01/23/1983
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completed my paperwork and then booked him into the county jail. BWC.
The vehicle was removed from the scene by All Hooked Up.

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A D M I N I S T R A T I V E	SWORN AND SUBSCRIBED BEFORE ME		
	 NOTARY PUBLIC / CLERK OF COURT / OFFICER (F.S.S. 117.10) 09/15/2019 DATE	Bonded through 1st State Insurance MCGILlicuddy, STEVEN (1216) NAME OF OFFICER (PLEASE PRINT) 09/15/2019 DATE	

WITNESS LIST

CASE NUMBER: 19-004155

ARRESTING OFFICER: MCGILLICUDDY

ADDRESS: 210 Military Trl. Jupiter, FL 33458

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

CAN TESTIFY TO: PC

NAME: MPO MARINUCCI

ADDRESS: 210 MILITARY TRL, JUPITER, FL

PHONE NUMBERS (HOME) _____ (WORK) _____

CAN TESTIFY TO: PC FOR STOP

NAME: OFC TAPPIN

ADDRESS 210 MILITARY TRL, JUPITER, FL

PHONE NUMBERS (HOME) _____ (WORK) _____

CAN TESTIFY TO: BACKUP ON STOP

NAME: _____

ADDRESS _____

PHONE NUMBERS (HOME) _____ (WORK) _____

CAN TESTIFY TO: _____

NAME: _____

ADDRESS _____

PHONE NUMBERS (HOME) _____ (WORK) _____

CAN TESTIFY TO: _____

NAME: _____

ADDRESS _____

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CAN TESTIFY TO: _____

NAME: _____

ADDRESS _____

PHONE NUMBERS (HOME) _____ (WORK) _____

CAN TESTIFY TO: _____

NOT A CERTIFIED COPY

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: 80-006476 Software: 8100.27
Date of Test: 09/15/2019

Date of Last Agency Inspection: 09/13/2019
Observation Period Began: 03:14
Subject's Name: OLEG PORTARESCU

DOB: 01/23/1983 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	03:37
	Air Blank	0.000	03:38
	Control Test	0.080	03:38
	Air Blank	0.000	03:39
	Subject Sample #1	VNM*	03:42
	Air Blank	0.000	03:43
	Air Blank	0.000	03:44
	Subject Sample #2	0.164	03:45
	Air Blank	0.000	03:46
	Air Blank	0.000	03:48
	Subject Sample #3	0.179	03:49
	Air Blank	0.000	03:49
	Control Test	0.079	03:50
	Air Blank	0.000	03:50
	Diagnostics Check	OK	03:50

*Volume Not Met (0.109 - Breath Sample Not Reliable to Determine Breath Alcohol Level)

Cylinder Lot: 17919080A1
Exp: 08/05/2021

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 JOSHUA J. BELL, 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: _____

Signature

Date: 09/15/19

Sworn to (or affirmed) before me this 15 day of September, 2019

Signature of Notary Public-State of Florida

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.



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

PBSO CASE # 19-115274 PBSO ZONE 3-14

AGENCY CASE # 19-004155 CRASH CASE # _____

TIME OF STOP/CRASH 0226 DATE 09/15/2019 DAY SUNDAY

SUBJECT'S NAME PORTARESCU OLEG RACE W SEX M
LAST FIRST MID

HGT 5'06 WGT 150 DOB 01/23/1983

LOCATION 620 W INDIANTOWN ROAD

ARRESTING OFFICER'S NAME & ID MCGILlicuddy 388 AGENCY JUPITER PD

DIVISION: ROAD PATROL

NOTIFIED BY COMMO Yes
 ARRIVAL AT FACILITY 0314
 ARREST TIME 0244

BREATH RESULTS:

- 1) .109/VNM
- 2) .164
- 3) .179
- 4) N/A

NOT A CERTIFIED COPY

TESTING OFFICER'S ID BELL #8656 PBSO VIDEOTAPE # N/A

TESTING FACILITY TASK REPORT

AGENCY: JPD
SUBJECT: PORTARESCU, OLEG CASE NUMBER: 19-115274
DATE: 09/15/19 VIDEO TAPE NUMBER: N/A
BEGINNING TIME: 0334 ENDING TIME: 0351

BREATH TESTS RESULTS: 1) .134/VNM TIME 0342 A.M./P.M. 2) .164 TIME 0345 A.M./P.M.
3) .179 TIME 0349 A.M./P.M. 4) N/A TIME XX A.M./P.M.

BREATH OPERATOR: J. BELL #8656

MAINTENANCE TECHNICIAN: J. KARLECKE #6467

TESTING OFFICER'S OBSERVATIONS

SPEECH: ACCENT

ATTITUDE: POLITE, COOPERATIVE / ANXIOUS

CLOTHING: RED POLO SHIRT, BLUE JEANS, GREY SNEAKERS

MEDICAL CONDITIONS: NONE

MEDICATIONS: NONE

OTHER: EYES: BLOODSHOT

ODOR OF AN UNKNOWN ALCHOLIC BEVERAGE COMING FROM BREATH

COMMENTS: ARRIVED AT CENTER A/O BEGAN 20 MIN OBSERVATION AT 0312 HRS

SUBJECT STATED HE WOULD TAKE BREATH TEST

AFTER REPEATED INSTRUCTIONS SUBJECT FAILED TO PROVIDE BREATH SAMPLE
A/O READ I.C.

SUBJECT STATED HE UNDERSTOOD I.C. AND AGREED TO CONTINUE BREATH TEST

A/O READ RIGHTS

SUBJECT ACKNOWLEDGED HE UNDERSTOOD HIS RIGHTS

TECH READ BREATH TEST RESULTS AND EXPLAINED

SUBJECT STATED HE UNDERSTOOD BREATH TEST RESULTS

SUBJECT: Portarescu, Oleg CASE NUMBER: 12-04133

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: OFC. McGillicuddy #388

SUBJECT: Portarescu, Oleg

CASE NUMBER: 11-04155

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

