

0484961

ARREST / NOTICE TO APPEAR
Juvenile Referral Report1. Arrest
2. N.T.A.3. Request for Warrant
4. Request for Capias

1

Juvenile
N

ADMINISTRATIVE	OBTS Number		Agency ORI Number FLO 500000		Agency Name PALM BEACH COUNTY SHERIFF'S OFFICE		Agency Report Number (N.T.A.'s only) 06- 17-033902		
	Charge Type: Check as many as apply: <input type="checkbox"/> 1. Felony <input type="checkbox"/> 2. Traffic Felony <input checked="" type="checkbox"/> 3. Misdemeanor <input checked="" type="checkbox"/> 4. Traffic Misdemeanor <input type="checkbox"/> 5. Ordinance <input type="checkbox"/> 6. Other		Weapon Seized / Type 2 1. Yes 2. No		Multiple Clearance Indicator 01				
	Location of Arrest (Including Name of Business) 9177 SW 5th St, Boca Raton, FL 33428				Location of Offense (Business Name, Address) 9177 SW 5th St, Boca Raton, FL 33428				
	Date of Arrest 01/31/2017	Time of Arrest 22:02	Booking Date	Booking Time	Jail Date	Jail Time	Location of Vehicle 9235 Sw 5th St Apt B, Boca Raton, FL 33428		
DEFENDANT	Name (Last, First, Middle) Dedominico, Peter, Anthony						Alias (Name, DOB, Soc. Sec. #, Etc.)		
	Race W - White / - American Indian B - Black 0- Oriental/Asian W	Sex M	Date of Birth 05/11/1967	Height 5'11	Weight 210	Eye Color brown	Hair Color brown	Complexion light	Build medium
	Scars, Marks, Tattoos, Unique Physical Features (Location, Type, Description) right arm scar.				Marital Status Married	Religion PROTESTANT	Indication of: Alcohol Influence Drug Influence <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> Unk.		
	Local Address (Street, Apt. Number) 9235 Sw 5th St Apt B, Boca Raton, FL 33428				Phone (561) 558 3983	Residence Type: 1. City 2. County 3. Florida 4. Out of State 2			
	Permanent Address (Street, Apt. Number)				Phone ()	Address Source DL			
	Business Address (Name, Street) Walmart, 4498 Wiles Rd, Coral Springs, FL				Phone ()	Occupation Store manager			
	D/L Number, State D355661671710, FL		Soc. Sec. Number [REDACTED]		INS Number		Place of Birth (City, State) Beaumont, TX		Citizenship US
	Co-Defendant Name (Last, First, Middle)				Race	Sex	Date of Birth	<input type="checkbox"/> 1. Arrested <input type="checkbox"/> 2. At Large <input type="checkbox"/> 3. Felony <input type="checkbox"/> 4. Misdemeanor <input type="checkbox"/> 5. Juvenile	
	Co-Defendant Name (Last, First, Middle)				Race	Sex	Date of Birth	<input type="checkbox"/> 1. Arrested <input type="checkbox"/> 2. At Large <input type="checkbox"/> 3. Felony <input type="checkbox"/> 4. Misdemeanor <input type="checkbox"/> 5. Juvenile	
	JUVENILE	<input type="checkbox"/> Parent <input type="checkbox"/> Legal Custodian <input type="checkbox"/> Other: OR				Residence Phone ()			
Address (Street, Apt. Number) ()				Business Phone ()					
Notified by: (Name) [Signature]		Date	Time	Juvenile Disposition 1. Handled/processed within Dept. and Released. 2. TOT HRS / DYS 3. Incarcerated					
Released To: (Name) [Signature]				Relationship		Date	Time		
The above address provided by <input type="checkbox"/> defendant and / or <input type="checkbox"/> 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. <input type="checkbox"/> Yes, by: (Name) <input type="checkbox"/> No: (Reason)				School Attended		Grade			
Property Crime? <input type="checkbox"/> Yes <input type="checkbox"/> No		Description of Property			Value of Property				
Drug Activity N. N/A S. Sell B. Buy P. Possess 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. Synthetics U. Unknown Z. Other					
Charge Description Driving Under the Influence		Counts 1	Domestic Violence <input type="checkbox"/> Y <input checked="" type="checkbox"/> N	Statute Violation Number 316.193(1)		Violation of ORD #			
Drug Activity N		Drug Type N	Amount / Unit	Offense # 17-033902	Warrant / Capias Number		Bond		
Charge Description		Counts	Domestic Violence <input type="checkbox"/> Y <input checked="" type="checkbox"/> N	Statute Violation Number		Violation of ORD #			
Drug Activity	Drug Type	Amount / Unit	Offense #	Warrant / Capias Number		Bond			
Charge Description		Counts	Domestic Violence <input type="checkbox"/> Y <input checked="" type="checkbox"/> N	Statute Violation Number		Violation of ORD #			
Drug Activity	Drug Type	Amount / Unit	Offense #	Warrant / Capias Number		Bond			
Charge Description		Counts	Domestic Violence <input type="checkbox"/> Y <input checked="" type="checkbox"/> N	Statute Violation Number		Violation of ORD #			
Drug Activity	Drug Type	Amount / Unit	Offense #	Warrant / Capias Number		Bond			
Charge Description		Counts	Domestic Violence <input type="checkbox"/> Y <input checked="" type="checkbox"/> N	Statute Violation Number		Violation of ORD #			
Drug Activity	Drug Type	Amount / Unit	Offense #	Warrant / Capias Number		Bond			
Location (Court Room Number, Address) South County Courthouse, Courtroom #1, 200 W. Atlantic Ave., Delray Beach, FL 33444 - Ph: (561) 355-2996									
Court Date and Time Month February Day 27th Year 2017 Time 08:30 AM <input checked="" type="checkbox"/> PM									
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] 01/31/2017 Signature of Defendant (or Juvenile and Parent /Custodian) Date Signed									
ADMIN	HOLD for other Agency Name:		Signature of Arresting Officer [Signature]		Name Verification (Printed by Arrestee) [Signature]				
	<input type="checkbox"/> Dangerous <input type="checkbox"/> Suicidal <input type="checkbox"/> Resisted Arrest <input type="checkbox"/> Other:		Name of Arresting Officer (Print) D/S POINTU P.		I.D. # 16032				
	Intake Deputy Cpl. [Signature]		Transporting Officer D/S POINTU P.		ID # 16032				
Agency PBSO		Witness here if subject signed with an "X"		PAGE 1 OF					

OBTS Number PROBABLE CAUSE AFFIDAVIT 1. Arrest 2. N.T.A. 3. Request for Warrant 4. Request for Capias 1 Juvenile N

ADMIN Agency ORI Number FLO 500000 Agency Name PALM BEACH COUNTY SHERIFF'S OFFICE Agency Report Number 06- 17-033902

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

DEF Name (Last, First, Middle) DEDOMINICO, PETER, ANTHONY Alias Race W Sex M Date of Birth 05/11/1967

CHARGES Charge Description DUI FSS 316.193(1) Charge Description Charge Description Charge Description

VICTIM Victim's Name (Last, First, Middle) STATE OF FLORIDA, Local Address (Street, Apt. Number) (City) (State) (zip) Phone Address Source Business Address (Name, Street) (City) (State) (zip) Phone Occupation

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. confessed to admitting to the below facts. was observed by who told that he/she saw the arrested person commit the below acts. was found to have committed the below acts, resulting from my (described) investigation.

On the 19TH day of NOVEMBER 20 15 at 12:17 A.M. P.M. (Specifically include facts constituting cause for arrest.)

PETER THEN LOOKED AT ME, PAUSED, AND THEN I REQUESTED HIS VEHICLE REGISTRATION AND PROOF OF INSURANCE FOR THE SECOND TIME. PETER THEN LOOKED IN HIS WALET, HIS CENTER CONSOLE, THEN HIS GLOVE COMPARTMENT, AND THEN PAUSED SEEMINGLY CONFUSED AND FRUSTRATED. PETER THEN LOOKED IN THE SAME PLACES AGAIN, AND THEN LOCATED HIS VEHICLE REGISTRATION.

I THEN REQUESTED FOR THE THIRD TIME, FOR PETER TO PROVIDE ME, PROOF OF INSURANCE, AND PETER THEN HANDED ME HIS VISA CREDIT CARD, AND A WALMART BUSINESS CARD. I TOLD PETER I DID NOT NEED THOSE CARDS, BUT THAT I NEEDED HIS PROOF OF INSURANCE. PETER THEN LOCATED HIS INSURANCE CARD IN THE GLOVE COMPARTMENT.

I THEN RELOCATED TO THE DRIVERS SIDE OF PETER'S VEHICLE, AND ASKED PETER IF HE HAD ANYTHING TO DRINK. PETER STATED THAT HE HAD, AND I ASKED HIM IF HE COULD CALL A FRIEND TO DRIVE HIS VEHICLE TO HIS HOUSE, AS I WAS NOT GOING TO ALLOW HIM TO DRIVE.

DURING THIS CONVERSATION, PETER BEGAN TO PROFUSLY SWEAT, HE HAD A HEAVY ODOR OF AN UNKNOWN ALCOHOLIC BEVERAGE EMMITTING FROM HIS PERSON, HIS EYES WERE RED, AND BLOOD SHOT. WHILE PETER ATTEMPTED TO CALL A FRIEND, HE VOMITTED THREE TIMES ON THE FRONT OF HIS CLOTHING.

I THEN REQUESTED D/S POINTU, ID # 16032, TO MEET ME AT THIS LOCATION TO CONDUCT A DUI INVESTIGATION. D/S POINTU ARRIVED ON SCENE, AND I TURNED THE INVESTIGATION OVER TO HIM AT THAT TIME.

THIS IS A SUPPLEMENT PROBABLE CAUSE AFFIDAVIT.

STATE OF FLORIDA COUNTY OF PALM BEACH D/S MCDONOUGH (Signature of Arresting/Investigative Officer)

The foregoing instrument was sworn to or affirmed and subscribed before me this 31 day of JANUARY 20 17 by D/S MCDONOUGH (Print name of Arresting/Investigative Officer), who is personally known to me and/or produced identification. Type of identification produced D/S POINTU 16032

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

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D.U.I. PROBABLE CAUSE AFFIDAVIT

ON THE 31st DAY OF January 20 17, AT 21:09 PM ☒

SUBJECT: Dedominico, Peter, Anthony CASE NUMBER: 17-033902

AGENCY: PALM BEACH COUNTY SHERIFF'S OFFICE ARRESTING OFFICER: D/S POINTU P.

PERSONAL CONTACT

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

D/S McDonough (#14976) observed the vehicle failing to stop at a red light and initiated a traffic stop.

The defendant was the driver and only occupant of the vehicle. Upon my arrival, defendant was still sitting on the driver's seat.

OBSERVATION OF DRIVER:

Had extreme difficulty to produce his driver's license, provided business cards instead. Sweaty, red and glassy eyes. Vomited multiple times on himself. Extremely drowsy.

When exited the vehicle, unsteady gait, had to use the car to maintain his balance, heavy swaying.

DRIVER'S STATEMENTS:

Post Miranda admitted having drinking at least four beers and four vodka at a nearby bar. Admitted being drunk and impaired.

ODORS:

strong odor of unknown alcohol and vomit following him.

GENERAL OBSERVATIONS

SPEECH: slurred

ATTITUDE: cooperative

CLOTHING: green polo shirt. slack pants. black shoes

MEDICAL/OTHER: denied any medical conditions

STATE OF FLORIDA
COUNTY OF PALM BEACH

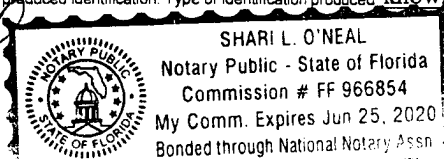
D/S POINTU P.

(Signature of Arresting/Investigative Officer)

The foregoing instrument was sworn to or affirmed and subscribed before me this 1st day of February 20 17 by D/S POINTU P.

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

Shari O'Neal (#6212)



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

SUBJECT: Dedominico, Peter, Anthony

CASE NUMBER 17-033902

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:

No VGN. Glassy and bloodshot eyes. Heavy sway.

WALK & TURN:

Unable to maintain the instructional stance, started the task before being asked to do so. Abandoned the task saying that he could not perform it because he was drunk.

ONE LEG STAND:

Not performed has stated that he could not perform it.

FINGER TO NOSE:

not offered

ROMBERG ALPHABET:

Missed multiple letters. heavy sway. did not keep his head tilted backwards, rhymed it.

BREATH TEST RESULTS: 0.157 0.155

STATE OF FLORIDA
COUNTY OF PALM BEACH

D/S POINTU P.

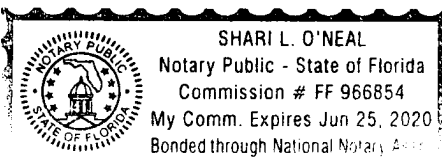
(Signature of Arresting/Investigative Officer)

The foregoing instrument was sworn to or affirmed and subscribed before me this 1st day of February 20 17 by D/S POINTU P.

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

Shari O'Neal (#6212)

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



WITNESS LIST

CASE NUMBER: 17-033902

ARRESTING OFFICER: D/S POINTU P.

ADDRESS: Palm Beach County Sheriff's Office - 3228 Gun Club Rd - West Palm Beach, FL 33406

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

CAN TESTIFY TO: see report

NAME: D/S McDonough P. (#14976)

ADDRESS: Palm Beach County Sheriff's Office - 3228 Gun Club Rd - West Palm Beach, FL 33406

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

CAN TESTIFY TO: _____

NAME: _____

ADDRESS _____

PHONE NUMBERS (HOME) _____ (WORK) _____

CAN TESTIFY TO: _____

NAME: _____

ADDRESS _____

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PHONE NUMBERS (HOME) _____ (WORK) _____

CAN TESTIFY TO: _____

NAME: _____

ADDRESS _____

PHONE NUMBERS (HOME) _____ (WORK) _____

CAN TESTIFY TO: _____

TESTING FACILITY TASK REPORT

AGENCY: PPSC AIO Pointe #100-2

SUBJECT: DeJonghe, Peter A. CASE NUMBER: 17-033402

DATE: 01-31-17 VIDEO TAPE NUMBER: 62065

BEGINNING TIME: 2:45 hrs ENDING TIME: 0002 hrs

BREATH TESTS RESULTS: 1) .157 TIME 2351 A.M./P.M. 2) .155 TIME 2354 A.M./P.M.
3) _____ TIME _____ A.M./P.M. 4) _____ TIME _____ A.M./P.M.

BREATH OPERATOR: S. O'Neil #0212

MAINTENANCE TECHNICIAN: W. J. ... #...

TESTING OFFICER'S OBSERVATIONS

SPEECH: Normal, Slurred

ATTITUDE: Calm, Cooperative

CLOTHING: Shirt: Green / Vest: Tan / Shoes: Black

MEDICAL CONDITIONS: None

MEDICATIONS: Blod ...

OTHER: Eyes: Very Red & Glassy

Text: Very ...

Strong odor of ...

COMMENTS: 20 min observation done by AIO Pointe

AIO requested ...

D submitted ...

D completed the test correctly.

CIV read ...

QTA conducted

SUBJECT: DeJongh, Peter A. CASE NUMBER: 17-033902

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) Red on Scene

SUBJECT: CASE NUMBER: 17-033902

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? yes

WHERE WERE YOU GOING?

WHAT STREET OR HIGHWAY WERE YOU ON?

DIRECTION OF TRAVEL? WHERE DID YOU START?

WHAT TIME DID YOU START? 8:00 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? yes

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?	<u> </u>
GLASS EYE?	<u> </u>
FALSE TEETH?	<u> </u>
EAR INFECTION?	<u> </u>
INNER EAR TROUBLE?	<u> </u>
DIABETES?	<u> </u>

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?

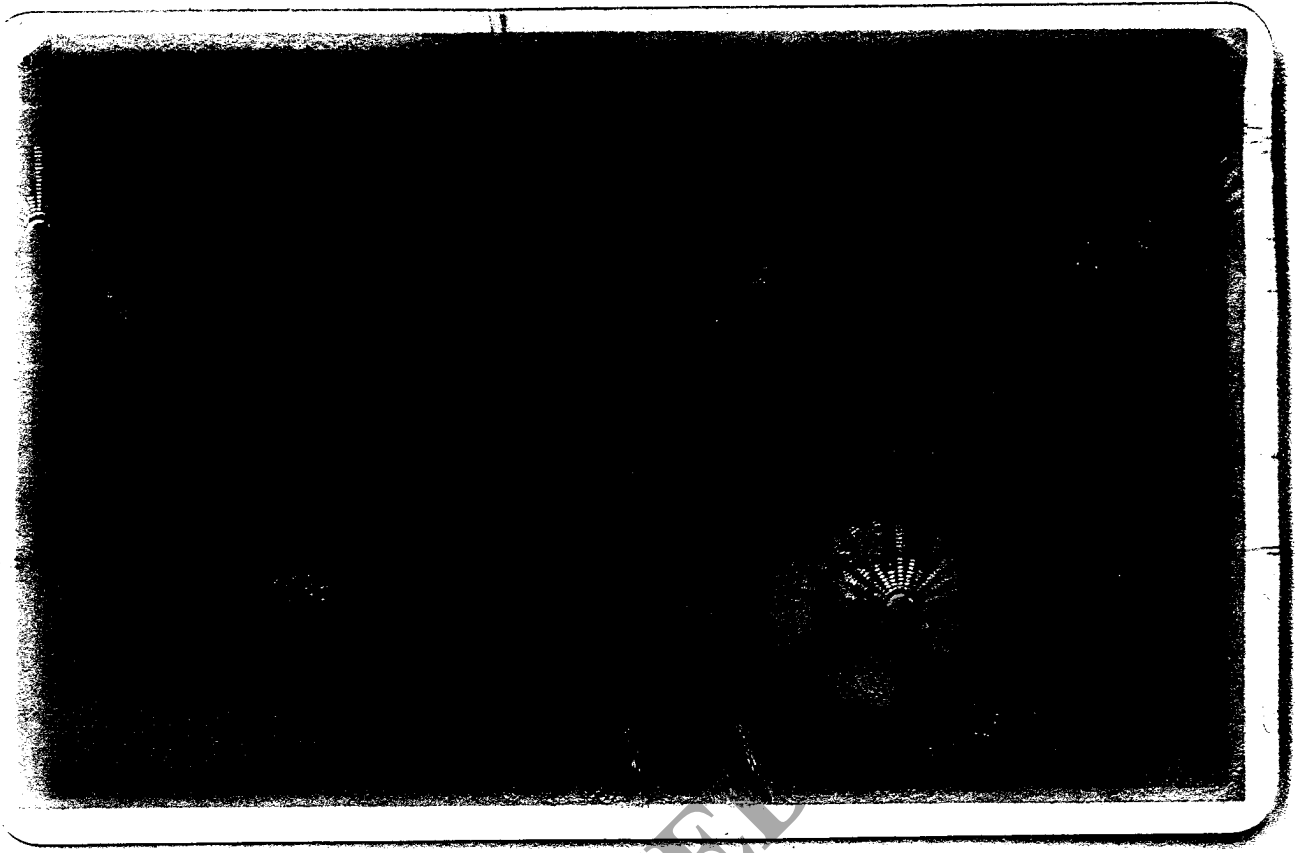
INTERVIEWER:

WHITE - STATE ATTY.

YELLOW - DHSMV

PINK - CENTRAL RECORDS

GOLD - JAIL



NOT A CERTIFIED