

19CF9488AMB

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

1

Juvenile

|                                                               |                                                                                                                                                                                                                                                                                                                                      |                                                          |                                                                                                                                        |                                                                                       |                                                                                       |                                                                                       |                                                                                                                |                                               |
|---------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------|-----------------------------------------------|
| ADMINISTRATIVE                                                | OBTS Number                                                                                                                                                                                                                                                                                                                          |                                                          | Agency ORI Number<br><b>FLO 500000</b>                                                                                                 |                                                                                       | Agency Name<br><b>PALM BEACH COUNTY SHERIFF'S OFFICE</b>                              |                                                                                       | Agency Report Number (N.T.A.'s only)<br><b>06-19-122754</b>                                                    |                                               |
|                                                               | Charge Type:<br>Check as many as apply.<br><input checked="" type="checkbox"/> 1. Felony<br><input type="checkbox"/> 2. Traffic Felony                                                                                                                                                                                               |                                                          | <input checked="" type="checkbox"/> 3. Misdemeanor<br><input checked="" type="checkbox"/> 4. Traffic Misdemeanor                       |                                                                                       | <input type="checkbox"/> 5. Ordinance<br><input type="checkbox"/> 6. Other            |                                                                                       | Weapon Seized / Type<br><input checked="" type="checkbox"/> 1. Yes<br><input type="checkbox"/> 2. No           |                                               |
|                                                               | Location of Arrest (Including Name of Business)<br><b>Southbound Judge Winikoff, just North of Palmetto Park Road</b>                                                                                                                                                                                                                |                                                          | Location of Offense (Business Name, Address)<br><b>SOUTBOUND JUDGE WINIKOFF JUST NORTH OF PALMETTO PARK ROAD, BOCA RATON FL, 33428</b> |                                                                                       |                                                                                       |                                                                                       |                                                                                                                |                                               |
|                                                               | Date of Arrest<br><b>10/04/2019</b>                                                                                                                                                                                                                                                                                                  | Time of Arrest<br><b>22:08</b>                           | Booking Date                                                                                                                           | Booking Time                                                                          | Jail Date                                                                             | Jail Time                                                                             | Location of Vehicle<br><b>Southbound Judge Winikoff, just North of Palmetto Park Road</b>                      |                                               |
| DEFENDANT                                                     | Name (Last, First, Middle)<br><b>Vareles, Peter, Joseph</b>                                                                                                                                                                                                                                                                          |                                                          |                                                                                                                                        |                                                                                       |                                                                                       |                                                                                       |                                                                                                                |                                               |
|                                                               | Alias (Name, DOB, Soc. Sec. #, Etc.)                                                                                                                                                                                                                                                                                                 |                                                          |                                                                                                                                        |                                                                                       |                                                                                       |                                                                                       |                                                                                                                |                                               |
|                                                               | Race<br>W - White I - American Indian<br>B - Black O - Oriental/Asian                                                                                                                                                                                                                                                                | Sex<br><b>W</b>                                          | M<br><b>M</b>                                                                                                                          | Date of Birth<br><b>3/5/1973</b>                                                      | Height<br><b>6'01</b>                                                                 | Weight<br><b>215</b>                                                                  | Eye Color<br><b>HAZEL</b>                                                                                      | Hair Color<br><b>BLACK</b>                    |
|                                                               | Complexion<br><b>LIGHT</b>                                                                                                                                                                                                                                                                                                           |                                                          | Build<br><b>MEDIUM</b>                                                                                                                 |                                                                                       |                                                                                       |                                                                                       |                                                                                                                |                                               |
|                                                               | Scars, Marks, Tattoos, Unique Physical Features (Location, Type, Description)<br><b>EAGLE TATTOO ON UPPER LEFT ARM</b>                                                                                                                                                                                                               |                                                          |                                                                                                                                        |                                                                                       | Marital Status<br><b>Single</b>                                                       |                                                                                       | Religion<br><b>CATHOLIC</b>                                                                                    |                                               |
|                                                               | Local Address (Street, Apt. Number)<br><b>22238 Woodborn Dr, Boca Raton, FL 33428</b>                                                                                                                                                                                                                                                |                                                          | (City)                                                                                                                                 |                                                                                       | (State)                                                                               |                                                                                       | (Zip)                                                                                                          |                                               |
|                                                               | Phone<br><b>(561) 302-8821</b>                                                                                                                                                                                                                                                                                                       |                                                          |                                                                                                                                        |                                                                                       | Residence Type:<br>1. City<br>2. County<br>3. Florida<br>4. Out of State              |                                                                                       | <b>2</b>                                                                                                       |                                               |
|                                                               | Permanent Address (Street, Apt. Number)                                                                                                                                                                                                                                                                                              |                                                          | (City)                                                                                                                                 |                                                                                       | (State)                                                                               |                                                                                       | (Zip)                                                                                                          |                                               |
|                                                               | Business Address (Name, Street)                                                                                                                                                                                                                                                                                                      |                                                          | (City)                                                                                                                                 |                                                                                       | (State)                                                                               |                                                                                       | (Zip)                                                                                                          |                                               |
|                                                               | D/L Number, State<br><b>V642670730850, FL</b>                                                                                                                                                                                                                                                                                        |                                                          | Soc. Sec. Number                                                                                                                       |                                                                                       | INS Number                                                                            |                                                                                       | Place of Birth (City, State)<br><b>EAST MEADOW, NY</b>                                                         |                                               |
| CO-DEF                                                        | Co-Defendant Name (Last, First, Middle)                                                                                                                                                                                                                                                                                              |                                                          | Race                                                                                                                                   |                                                                                       | Sex                                                                                   |                                                                                       | Date of Birth                                                                                                  |                                               |
|                                                               | Co-Defendant Name (Last, First, Middle)                                                                                                                                                                                                                                                                                              |                                                          | Race                                                                                                                                   |                                                                                       | Sex                                                                                   |                                                                                       | Date of Birth                                                                                                  |                                               |
| JUVENILE                                                      | Parent<br><input type="checkbox"/> Legal Custodian<br><input type="checkbox"/> Other                                                                                                                                                                                                                                                 |                                                          | Name (Last)                                                                                                                            |                                                                                       | (First)                                                                               |                                                                                       | (Middle)                                                                                                       |                                               |
|                                                               | Address (Street, Apt. Number)                                                                                                                                                                                                                                                                                                        |                                                          | (City)                                                                                                                                 |                                                                                       | (State)                                                                               |                                                                                       | (Zip)                                                                                                          |                                               |
|                                                               | Notified by: (Name)                                                                                                                                                                                                                                                                                                                  |                                                          | Date                                                                                                                                   |                                                                                       | Time                                                                                  |                                                                                       | Juvenile Disposition<br>1. Handled/processed within Dept. and Released.<br>2. TOT HRS / DYS<br>3. Incarcerated |                                               |
|                                                               | Released To: (Name)                                                                                                                                                                                                                                                                                                                  |                                                          | 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 355-2528) informed of any change of address.<br><input type="checkbox"/> Yes, by: (Name) <input type="checkbox"/> No. (Reason)    |                                                          |                                                                                                                                        |                                                                                       | School Attended                                                                       |                                                                                       | Grade                                                                                                          |                                               |
|                                                               | Property Crime?<br><input type="checkbox"/> Yes <input type="checkbox"/> No                                                                                                                                                                                                                                                          |                                                          | Description of Property                                                                                                                |                                                                                       | Value of Property                                                                     |                                                                                       |                                                                                                                |                                               |
|                                                               | Drug Activity<br>N. N/A<br>P. Possess                                                                                                                                                                                                                                                                                                |                                                          | S. Sell<br>B. Buy<br>T. Traffic                                                                                                        |                                                                                       | R. Smuggle<br>D. Deliver<br>E. Use                                                    |                                                                                       | K. Dispense/<br>Distribute                                                                                     |                                               |
|                                                               | M. Manufacture/<br>Produce/<br>Cultivate                                                                                                                                                                                                                                                                                             |                                                          | Z. Other                                                                                                                               |                                                                                       | Drug Type<br>N. N/A<br>A. Amphetamine                                                 |                                                                                       | B. Barbiturate<br>C. Cocaine<br>E. Heroin                                                                      |                                               |
|                                                               | H. Hallucinogen<br>M. Marijuana<br>O. Opium/deriv.                                                                                                                                                                                                                                                                                   |                                                          | P. Paraphernalia/<br>Equipment<br>S. Synthetics                                                                                        |                                                                                       | U. Unknown<br>Z. Other                                                                |                                                                                       |                                                                                                                |                                               |
|                                                               | CHARGE                                                                                                                                                                                                                                                                                                                               | Charge Description<br><b>DRIVING UNDER THE INFLUENCE</b> |                                                                                                                                        | Counts<br><b>1</b>                                                                    |                                                                                       | Domestic Violence<br><input type="checkbox"/> Y <input checked="" type="checkbox"/> N |                                                                                                                | Statute Violation Number<br><b>316.193(1)</b> |
| Drug Activity                                                 |                                                                                                                                                                                                                                                                                                                                      | Drug Type                                                |                                                                                                                                        | Amount / Unit                                                                         |                                                                                       | Offense #<br><b>19-122754</b>                                                         |                                                                                                                |                                               |
| Warrant / Capias Number                                       |                                                                                                                                                                                                                                                                                                                                      | Bond<br><b>OR</b>                                        |                                                                                                                                        |                                                                                       |                                                                                       |                                                                                       |                                                                                                                |                                               |
| Charge Description<br><b>DUI REFUSAL TO SUBMIT TO TESTING</b> |                                                                                                                                                                                                                                                                                                                                      | Counts<br><b>1</b>                                       |                                                                                                                                        | Domestic Violence<br><input type="checkbox"/> Y <input checked="" type="checkbox"/> N |                                                                                       | Statute Violation Number<br><b>316.1939</b>                                           |                                                                                                                |                                               |
| CHARGE                                                        | Drug Activity                                                                                                                                                                                                                                                                                                                        |                                                          | Drug Type                                                                                                                              |                                                                                       | Amount / Unit                                                                         |                                                                                       | Offense #                                                                                                      |                                               |
|                                                               | Warrant / Capias Number                                                                                                                                                                                                                                                                                                              |                                                          | Bond<br><b>OR</b>                                                                                                                      |                                                                                       |                                                                                       |                                                                                       |                                                                                                                |                                               |
|                                                               | Charge Description<br><b>POSSESSION OF CONTROLLED SUBSTANCE (COCAINE)</b>                                                                                                                                                                                                                                                            |                                                          | Counts<br><b>1</b>                                                                                                                     |                                                                                       | Domestic Violence<br><input type="checkbox"/> Y <input checked="" type="checkbox"/> N |                                                                                       | Statute Violation Number<br><b>893.13(6)(a)</b>                                                                |                                               |
|                                                               | Drug Activity<br><b>P</b>                                                                                                                                                                                                                                                                                                            |                                                          | Drug Type<br><b>C</b>                                                                                                                  |                                                                                       | Amount / Unit                                                                         |                                                                                       | Offense #                                                                                                      |                                               |
| CHARGE                                                        | Warrant / Capias Number                                                                                                                                                                                                                                                                                                              |                                                          | Bond<br><b>3000</b>                                                                                                                    |                                                                                       |                                                                                       |                                                                                       |                                                                                                                |                                               |
|                                                               | Charge Description                                                                                                                                                                                                                                                                                                                   |                                                          | Counts                                                                                                                                 |                                                                                       | Domestic Violence<br><input type="checkbox"/> Y <input checked="" type="checkbox"/> N |                                                                                       | Statute Violation Number                                                                                       |                                               |
|                                                               | Drug Activity                                                                                                                                                                                                                                                                                                                        |                                                          | Drug Type                                                                                                                              |                                                                                       | Amount / Unit                                                                         |                                                                                       | Offense #                                                                                                      |                                               |
|                                                               | Warrant / Capias Number                                                                                                                                                                                                                                                                                                              |                                                          | Bond                                                                                                                                   |                                                                                       |                                                                                       |                                                                                       |                                                                                                                |                                               |
| NOTICE TO APPEAR                                              | Location (Court, Room Number, Address)<br><b>South County Courthouse, Courtroom #1, 200 W. Atlantic Ave., Delray Beach, FL 33444 - Ph: (561) 355-2996</b>                                                                                                                                                                            |                                                          |                                                                                                                                        |                                                                                       |                                                                                       |                                                                                       |                                                                                                                |                                               |
|                                                               | Court Date and Time<br><b>Month TO BE SET</b> Day Year Time AM 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.<br><b>10/04/2019</b> |                                                          |                                                                                                                                        |                                                                                       |                                                                                       |                                                                                       |                                                                                                                |                                               |
|                                                               | Signature of Defendant (or Juvenile and Parent/Custodian)                                                                                                                                                                                                                                                                            |                                                          |                                                                                                                                        |                                                                                       | Date Signed                                                                           |                                                                                       |                                                                                                                |                                               |
| ADMIN                                                         | HOLD for other Agency Name                                                                                                                                                                                                                                                                                                           |                                                          | Signature of Arresting Officer<br><b>X</b>                                                                                             |                                                                                       | Name Verification (Printed by Arrestee)<br><b>OCT 5 AM 4:14</b>                       |                                                                                       |                                                                                                                |                                               |
|                                                               | <input type="checkbox"/> Dangerous<br><input type="checkbox"/> Suicidal                                                                                                                                                                                                                                                              |                                                          | <input type="checkbox"/> Resisted Arrest<br><input type="checkbox"/> Other                                                             |                                                                                       | Name of Arresting Officer (Print)<br><b>D/S J. PINZON</b>                             |                                                                                       | I.D. #<br><b>33100</b>                                                                                         |                                               |
|                                                               | Transporting Officer<br><b>D/S J. PINZON</b>                                                                                                                                                                                                                                                                                         |                                                          | ID #<br><b>33100</b>                                                                                                                   |                                                                                       | Agency<br><b>PBSO</b>                                                                 |                                                                                       | PAGE                                                                                                           |                                               |
|                                                               | Witness here if subject signed with an "X"                                                                                                                                                                                                                                                                                           |                                                          |                                                                                                                                        |                                                                                       |                                                                                       |                                                                                       |                                                                                                                |                                               |

SCANNED

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340 OCT 07 2019

| OBTS Number                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | <b>PROBABLE CAUSE AFFIDAVIT</b> |                                                                                                                                                                                                                                                                         | 1. Arrest<br>2. N.T.A. |                                              | 3. Request for Warrant<br>4. Request for Capias |                    | 1               | Juvenile                         | N |  |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------|----------------------------------------------|-------------------------------------------------|--------------------|-----------------|----------------------------------|---|--|
| ADMIN                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | Agency ORI Number<br><b>FLO 500000</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                 | Agency Name<br><b>PALM BEACH COUNTY SHERIFF'S OFFICE</b>                                                                                                                                                                                                                |                        | Agency Report Number<br><b>06- 19-122754</b> |                                                 |                    |                 |                                  |   |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | Charge Type<br>Check as many as apply.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                 | <input type="checkbox"/> 1. Felony<br><input type="checkbox"/> 2. Traffic Felony<br><input checked="" type="checkbox"/> 3. Misdemeanor<br><input type="checkbox"/> 4. Traffic Misdemeanor<br><input type="checkbox"/> 5. Ordinance<br><input type="checkbox"/> 6. Other |                        | Special Notes:                               |                                                 |                    |                 |                                  |   |  |
| DEF                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | Name (Last, First, Middle)<br><b>Vareles, Peter, Joseph</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                 |                                                                                                                                                                                                                                                                         |                        | Alias                                        |                                                 | Race<br><b>H</b>   | Sex<br><b>M</b> | Date of Birth<br><b>3/5/1973</b> |   |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | Charge Description<br><b>DUI</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                 |                                                                                                                                                                                                                                                                         |                        | 316.193 (1)                                  |                                                 | Charge Description |                 |                                  |   |  |
| CHARGES                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | Charge Description                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                 |                                                                                                                                                                                                                                                                         |                        | Charge Description                           |                                                 | Charge Description |                 |                                  |   |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | Charge Description                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                 |                                                                                                                                                                                                                                                                         |                        | Charge Description                           |                                                 | Charge Description |                 |                                  |   |  |
| VICTIM                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | Victim's Name (Last, First, Middle)<br><b>STATE, OF, FLORIDA</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                 |                                                                                                                                                                                                                                                                         |                        | Race                                         |                                                 | Sex                | Date of Birth   |                                  |   |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | Local Address (Street, Apt. Number) (City) (State) (zip)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                 |                                                                                                                                                                                                                                                                         |                        | Phone ( ) ( )                                |                                                 | Address Source     |                 |                                  |   |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | Business Address (Name, Street) (City) (State) (zip)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                 |                                                                                                                                                                                                                                                                         |                        | Phone ( ) ( )                                |                                                 | Occupation         |                 |                                  |   |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                 |                                                                                                                                                                                                                                                                         |                        |                                              |                                                 |                    |                 |                                  |   |  |
| <p>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.</p> <p><input checked="" type="checkbox"/> The Person taken into custody</p> <p><input checked="" type="checkbox"/> committed the below acts in my presence.</p> <p><input type="checkbox"/> confessed to _____ admitting to the below facts.</p> <p><input type="checkbox"/> was observed by _____ who told _____ that he/she saw the arrested person commit the below acts.</p> <p><input checked="" type="checkbox"/> was found to have committed the below acts, resulting from my (described) investigation.</p> <p>On the <u>04</u> day of <u>OCTOBER</u> 20 <u>19</u> at <u>22:08</u> <input type="checkbox"/> A.M. <input checked="" type="checkbox"/> P.M. (Specifically include facts constituting cause for arrest.)</p> <p><b>On October 04, 2019 at approximately 21:44 Hours I was exiting the Loggers Run Plaza located at 11400 block of Palmetto Park Rd, near the west exit, in unincorporated Boca Raton, FL. While at the stop sign, waiting to go southbound on Judge Winikoff Rd, a black 4 door Toyota bearing Fla. Tag 051QXH (who was traveling southbound on Judge Winikoff Rd) turned into the plaza, nearly striking my vehicle, coming within inches of it. I then turned around and got behind the vehicle and noticed that it had an expired tag (expired 03/19). I initiated a traffic stop, activating my blue lights and siren and the vehicle came to rest in front of the Game of Zones business. As the vehicle pulled in, it parked very close to the vehicle on the right, all the meantime having ample room on the left. As I approached the vehicle from the driver's side, I immediately detected a strong odor of an unknown alcoholic beverage being emitted from the driver's facial area. I then asked the driver, who was identified by his Florida Driver's License #V642670730850 as Peter Joseph Vareles w/m DOB 03/05/1973, to step out of the vehicle to which he complied. Upon exiting the vehicle, Vareles (Defendant) lacked stability and had to lean up against his vehicle to not sway. I also confirmed that the Defendant had a strong odor of an unknown alcoholic being emitted from his facial area, along with having blood shot eyes, a flush face and slurred speech. I then requested a DUI unit respond and D/S Pinzon responded and assumed the investigation. This concluded my part of the DUI investigation.</b></p> |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                 |                                                                                                                                                                                                                                                                         |                        |                                              |                                                 |                    |                 |                                  |   |  |
| ADMINISTRATIVE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | <p>STATE OF FLORIDA<br/>COUNTY OF PALM BEACH</p> <p>(Signature of Arresting/Investigative Officer) <i>[Signature]</i> <b>C. UGALDE</b></p> <p>The foregoing instrument was sworn to or affirmed and subscribed before me this <u>04</u> day of <u>October</u> 20 <u>19</u> by <u>Lt. C. Ugalde #7016</u></p> <p>(Print name of Arresting/Investigative Officer), who is personally known to me and/or produced identification. Type of identification produced <u>D/S J. Pinzon #33100</u> <i>[Signature]</i></p> <p>Notary Public, Clerk of Court, Officer (F.S.S. 117.10)</p> |                                 |                                                                                                                                                                                                                                                                         |                        |                                              |                                                 |                    |                 |                                  |   |  |
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|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | <p style="text-align: center;">DISTRIBUTION: WHITE - COURT COPY GREEN - STATE ATTORNEY YELLOW - AGENCY PINK - AGENCY</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                 |                                                                                                                                                                                                                                                                         |                        |                                              |                                                 |                    |                 |                                  |   |  |
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| OBTS Number                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                        | <b>PROBABLE CAUSE AFFIDAVIT</b>                                                |                                                                                                                                                                                                                                                     | 1. Arrest<br>2. N.T.A. |                                             | 3. Request for Warrant<br>4. Request for Capias |                  | Juvenile <input type="checkbox"/> |                                  |
| ADMIN                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | Agency ORI Number<br><b>FLO 500000</b>                                 |                                                                                | Agency Name<br><b>PALM BEACH COUNTY SHERIFF'S OFFICE</b>                                                                                                                                                                                            |                        | Agency Report Number<br><b>06- 19122754</b> |                                                 |                  |                                   |                                  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | Charge Type:<br>Check as many as apply.                                |                                                                                | 1. Felony <input type="checkbox"/> 2. Traffic Felony <input type="checkbox"/><br>3. Misdemeanor <input type="checkbox"/> 4. Traffic Misdemeanor <input type="checkbox"/><br>5. Ordinance <input type="checkbox"/> 6. Other <input type="checkbox"/> |                        | Special Notes                               |                                                 |                  |                                   |                                  |
| DEF                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | Name (Last, First, Middle)<br><b>Vareles, Peter, Joseph</b>            |                                                                                |                                                                                                                                                                                                                                                     |                        | Alias                                       |                                                 | Race<br><b>H</b> | Sex<br><b>M</b>                   | Date of Birth<br><b>3/5/1973</b> |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | Charge Description                                                     |                                                                                |                                                                                                                                                                                                                                                     |                        | Charge Description                          |                                                 |                  |                                   |                                  |
| CHARGES                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | Charge Description                                                     |                                                                                |                                                                                                                                                                                                                                                     |                        | Charge Description                          |                                                 |                  |                                   |                                  |
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| VICTIM                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | Victim's Name (Last, First, Middle)<br><b>state of florida, ,</b>      |                                                                                |                                                                                                                                                                                                                                                     |                        | Race                                        |                                                 | Sex              | Date of Birth                     |                                  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | Local Address (Street, Apt. Number) (City) (State) (Zip) Phone ( ) ( ) |                                                                                |                                                                                                                                                                                                                                                     |                        | Address Source                              |                                                 |                  |                                   |                                  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | Business Address (Name, Street) (City) (State) (Zip) Phone ( ) ( )     |                                                                                |                                                                                                                                                                                                                                                     |                        | Occupation                                  |                                                 |                  |                                   |                                  |
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| 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.<br>The Person taken into custody<br><input checked="" type="checkbox"/> committed the below acts in my presence. <input type="checkbox"/> was observed by _____ who told _____<br><input type="checkbox"/> confessed to _____ that he/she saw the arrested person commit the below acts<br><input type="checkbox"/> admitting to the below facts <input type="checkbox"/> was found to have committed the below acts, resulting from my (described) investigation.                                                                                                                                                                                                                                                                         |                                                                        |                                                                                |                                                                                                                                                                                                                                                     |                        |                                             |                                                 |                  |                                   |                                  |
| On the <u>04</u> day of <u>10</u> 20 <u>19</u> at <u>2225</u> <input type="checkbox"/> A.M. <input checked="" type="checkbox"/> P.M. (Specifically include facts constituting cause for arrest.)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                        |                                                                                |                                                                                                                                                                                                                                                     |                        |                                             |                                                 |                  |                                   |                                  |
| <p><b>On 10/04/19 I responded as a back up unit to the location of south bound judge winikoff just north of Palmetto Road in unincorporated Boca Raton FL in reference to a traffic stop.</b></p> <p><b>Upon being arrested peter was searched to inventory his belongings on a property sheet to book peter into the county jail. Upon searching Peter, I observed a clear plastic bag to which contained white powdery substance fall out of the subjects black wallet. The bag was stuffed between two hard plastic cards.</b></p> <p><b>I notified DS Pinzon of my findings.</b></p>                                                                                                                                                                                                                                                                                                                                          |                                                                        |                                                                                |                                                                                                                                                                                                                                                     |                        |                                             |                                                 |                  |                                   |                                  |
| <div style="position: relative;"> <div style="position: absolute; top: 0; right: 0; font-size: 4em; opacity: 0.1; transform: rotate(-30deg); pointer-events: none;">NOT A CERTIFIED COPY</div> <div style="position: absolute; bottom: 0; left: 0;"> <div style="display: flex; justify-content: space-between;"> <div>           STATE OF FLORIDA<br/>           COUNTY OF PALM BEACH<br/> <br/>           (Signature of Arresting Investigative Officer)         </div> <div>           The foregoing instrument was sworn to or affirmed and subscribed before me this <u>04</u> day of <u>10</u> 20<u>19</u> by _____<br/>           (Print name of Arresting Investigative Officer, who is personally known to me and/or produced identification. Type of identification produced)<br/> <b>DS J. Pinzon #33100</b><br/>           Notary Public, Clerk of Court, Officer (F.S.S. 117.10)         </div> </div> </div> </div> |                                                                        |                                                                                |                                                                                                                                                                                                                                                     |                        |                                             |                                                 |                  |                                   |                                  |
| ADMINISTRATIVE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                        | <div style="text-align: right;">         PAGE<br/> <b>1</b> OF <b>1</b> </div> |                                                                                                                                                                                                                                                     |                        |                                             |                                                 |                  |                                   |                                  |

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Arrest<br>2. N.T.A. |                                                               | 3. Request for Warrant<br>4. Request for Capias |                  | 1               | Juvenile                         |
| ADMIN                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  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Felony<br><input checked="" type="checkbox"/> 2. Traffic Felony<br><input checked="" type="checkbox"/> 3. Misdemeanor<br><input checked="" type="checkbox"/> 4. Traffic Misdemeanor<br><input type="checkbox"/> 5. Ordinance<br><input type="checkbox"/> 6. Other |                        | Special Notes:                                                |                                                 |                  |                 |                                  |
| DEF                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | Name (Last, First, Middle)<br><b>Vareles, Peter. Joseph</b>               |                                 |                                                                                                                                                                                                                                                                                                          |                        | Alias                                                         |                                                 | Race<br><b>W</b> | Sex<br><b>M</b> | Date of Birth<br><b>3/5/1973</b> |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | Charge Description<br><b>DRIVING UNDER THE INFLUENCE</b>                  |                                 | 316.193(1)                                                                                                                                                                                                                                                                                               |                        | Charge Description<br><b>DUI REFUSAL TO SUBMIT TO TESTING</b> |                                                 | 316.1939         |                 |                                  |
| CHARGES                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | Charge Description<br><b>POSSESSION OF CONTROLLED SUBSTANCE (COCAINE)</b> |                                 | 893.13(6)(a)                                                                                                                                                                                                                                                                                             |                        | Charge Description                                            |                                                 |                  |                 |                                  |
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                                                                                                       | Victim's Name (Last, First, Middle)<br><b>STATE OF FLORIDA, ,</b>         |                                 |                                                                                                                                                                                                                                                                                                          |                        | Race                                                          |                                                 | Sex              | Date of Birth   |                                  |
| VICTIM                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 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                                                                                                       | Business Address (Name, Street)                                           |                                 | (City)                                                                                                                                                                                                                                                                                                   | (State)                | (zip)                                                         | Phone                                           | Occupation       |                 |                                  |
| <p>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.</p> <p>The Person taken into custody</p> <p><input type="checkbox"/> committed the below acts in my presence. <input type="checkbox"/> was observed by _____ who told _____ that he/she saw the arrested person commit the below acts.</p> <p><input type="checkbox"/> confessed to _____ admitting to the below facts. <input checked="" type="checkbox"/> was found to have committed the below acts, resulting from my (described) investigation.</p> <p>On the <u>4th</u> day of <u>October</u> 20 <u>19</u> at <u>2208</u> <input type="checkbox"/> A.M. <input checked="" type="checkbox"/> P.M. (Specifically include facts constituting cause for arrest.)</p> <p>On Friday, October 4, 2019 at approximately 21:58 hours, I responded as a back up unit to 11400 W. Palmetto Park Road (Loggers Run Plaza) parking lot in front of Game of Zones business in the unincorporated Boca Raton, Palm Beach County Florida, in reference to traffic stop. The traffic stop originated southbound Judge Winikoff Road, just north of Palmetto Park Road by Lieutenant C. Ugalde #7016 (see Lieutenant Ugalde's supplemental probable cause affidavit).</p> <p>I learned the following from LT. Ugalde. As he was exiting the Loggers Run shopping plaza, he observed a black four door Toyota traveling southbound on Judge Winikoff Road who turned into the plaza within inches of colliding with his vehicle. Upon approaching the vehicle after turning around, he noticed the vehicle's Florida tag expired (03/31/2019) which was [REDACTED] through FCIC/NCIC. LT. Ugalde advised me that upon approaching the driver's side door, he immediately detected a strong odor of alcohol beverage coming from the driver's facial area. According to LT. Ugalde's supplement, the driver who was identified by his Florida driver license as Peter Joseph Vareles lacked of stability upon exiting the vehicle and had to lean up against his vehicle to not sway. LT. Ugalde also observed Peter having blood shot eyes and slurred speech.</p> <p>I made contact with Peter Joseph Vareles who was leaned against the rear of a black four door Toyota Camry bearing Florida tag 851QXH. Peter displayed glassy eyes and upon talking to him and explaining the reason of my presence I detected a strong odor of an alcoholic beverage coming from his mouth/facial area as well as slurred speech. I asked Peter if he was willing to perform a series of exercises called field sobriety exercises to what he replied, I would but I'm honestly okay. I then asked Peter to head towards the parking lot white line to begin with the exercises to what he replied "you know what, just take me to jail." I tried to explained several times to Peter the importance of the tasks requested from me to what he kept talking over my words and at times repeating more than once to just take him to jail since I had already made my decision and condemned him. I then requested once again Peter to performed the field sobriety exercises, Peter refused. I explained Peter his Taylor warnings to what he turned around and placed his hands on his back refusing my request stating "just take me to jail." Peter was placed under arrest at 2208 hours, handcuffs were double locked and checked for proper fit before placing him in the rear seat of my marked patrol unit. Peter was transported to the Palm Beach County Jail for booking without incidents.</p> <p>Deputy M. Collura #26708 who was on scene assisted me with the search after the arrest of Peter. While the search was taking place Deputy Collura found a small clear bag with a white powder residue between two plastic cards inside Peter's wallet which was removed from his rear pockets (see Deputy Collura's supplemental probable cause affidavit). I then read Peter his constitutional rights while on camera. Peter refused to answer any question stating that small clear bag containing white powder residue was not his. The white powder was tested using test kit Cobalt #4 turning from a pink liquid into blue which indicates positive for cocaine. The white powder was also tested with test kit Marquis #2 turning from a clear liquid to a dark brown which indicates positive for cocaine. The clear bag was placed into an evidence bag and turned to evidence at the district seven lockers.</p> <p>Once at the jail, while inside the breath alcohol testing (BAT) after the 20 minute observation, Peter refused to submit to sample of his breath while recorded on camera. It should be noted that Peter has a prior refusal to submit to a lawful test.</p> <p>Based on the facts, circumstances, and totality of my investigation I do find probable cause to charge Peter Joseph Vareles with driving under the influence (DUI) Florida State Statute 316.193(1), DUI refusal to submit to testing based on his prior refusal Florida State Statute 316.1939, and possession of a controlled substance (cocaine) Florida State Statute 893.13(6)(a).</p> <p>This case is clear by arrest.</p> |                                                                           |                                 |                                                                                                                                                                                                                                                                                                          |                        |                                                               |                                                 |                  |                 |                                  |
| <p>STATE OF FLORIDA<br/>COUNTY OF PALM BEACH</p> <p style="text-align: center;"><b>D/S J. PINZON</b></p> <p>(Signature of Arresting/Investigative Officer)</p> <p>The foregoing instrument was sworn to or affirmed and subscribed before me this <u>5th</u> day of <u>October</u> 20 <u>19</u> by <u>D/S/J. PINZON</u></p> <p>(Print name of Arresting/Investigative Officer), who is personally known to me and/or produced identification. Type of identification produced <u>known</u></p> <p>Notary Public, Clerk of Court, Officer (F.S.S. 117.10)</p> <div style="border: 1px solid black; padding: 5px; display: inline-block;"> <p>NOTARY PUBLIC</p> <p>Notary Public State of Florida<br/>Thomas H Leahey<br/>My Commission CC 347106<br/>Expires 06/30/2021 ATTORNEY</p> </div> <div style="float: right; text-align: right;"> <p>PAGE<br/>1 OF 1</p> </div>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                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SUBJECT: Vareles, Peter, Joseph

CASE NUMBER 19-122754

**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:**

**REFUSED FIELD SOBRIETY EXERCISES**

**WALK & TURN:**

**REFUSED FIELD SOBRIETY EXERCISES**

**ONE LEG STAND:**

**REFUSED FIELD SOBRIETY EXERCISES**

**ROMBERG ALPHABET:**

**REFUSED FIELD SOBRIETY EXERCISES**

**ROMBERG ALPHABET:**

**REFUSED FIELD SOBRIETY EXERCISES**

**BREATH TEST RESULTS:      REFUSED**

STATE OF FLORIDA  
COUNTY OF PALM BEACH

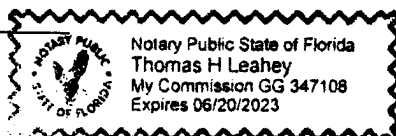
D/S J. PINZON

(Signature of Arresting/Investigative Officer)

The foregoing instrument was sworn to or affirmed and subscribed before me this 5th day of October, 2019 by D/S J. PINZON

(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)



**SCANNED**  
**OCT 07 2019**

# D.U.I. PROBABLE CAUSE AFFIDAVIT

ON THE 4th DAY OF October 20 19 AT 2208 AM ☒ PM

SUBJECT: Vareles, Peter, Joseph CASE NUMBER: 19-122754

AGENCY: PALM BEACH COUNTY SHERIFF'S OFFICE ARRESTING OFFICER: D/S J. PINZON

## PERSONAL CONTACT

DRIVING PATTERN: ACTUAL PHYSICAL CONTROL (PHYSICAL EVIDENCE OR STATEMENTS PUTTING DEF. BEHIND WHEEL OF VEHICLE)  
almost collided with the primary unit's vehicle while turning into the plaza. (see supplemental PC)

## OBSERVATION OF DRIVER:

blood shot eyes, slurred speech, instability while standing.

## DRIVER'S STATEMENTS:

refused field sobriety exercises

## ODORS:

strong odor of alcohol coming from mouth/facial area

## GENERAL OBSERVATIONS

SPEECH: slurred

ATTITUDE: talkative

CLOTHING: white with blue stripes shirt, blue jeans, sneakers

MEDICAL/OTHER: none

STATE OF FLORIDA  
COUNTY OF PALM BEACH

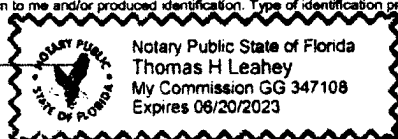
D/S J. PINZON

(Signature of Arresting/Investigative Officer)

The foregoing instrument was sworn to or affirmed and subscribed before me this 5th day of October 20 19 by D/S J. PINZON

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

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



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OCT 07 2019

# WITNESS LIST

CASE NUMBER: 19-122754

ARRESTING OFFICER: D/S J. PINZON

ADDRESS: 17901 US HIGHWAY 441 BOCA RATON FL, 33498

PHONE NUMBERS (HOME): \_\_\_\_\_ (WORK) 561-687-6510

CAN TESTIFY TO: ARREST

NAME: LIEUTENANT C. UGALDE #7016

ADDRESS: 17901 US HIGHWAY 441 BOCA RATON FL, 33498

PHONE NUMBERS (HOME) \_\_\_\_\_ (WORK) 561-687-6510

CAN TESTIFY TO: INITIAL TRAFFIC STOP

NAME: D/S M. COLLURA #26708

ADDRESS 17901 US HIGHWAY 441 BOCA RATON FL, 33498

PHONE NUMBERS (HOME) \_\_\_\_\_ (WORK) 561-687-6510

CAN TESTIFY TO: INVENTORY, SEARCH, CONTROLLED SUBSTANCE FOUND IN WALLET

NAME: \_\_\_\_\_

ADDRESS \_\_\_\_\_

PHONE NUMBERS (HOME) \_\_\_\_\_ (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: \_\_\_\_\_

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

19-122754

I, D/S J. PINZON, a duly certified Law Enforcement Officer or Correctional Officer,  
(Name of Officer reading Implied Consent Warning)

am a member of Palm Beach County Sheriff's Office, and I do swear  
(Name of law enforcement agency)

or affirm that on or about the 4 day of October, 20 19, at 22:08 ☒ P.M. ☐ A.M.

DRIVER Peter Joseph Vareles  
(Type or Print) FIRST NAME MIDDLE OR MAIDEN NAME LAST NAME

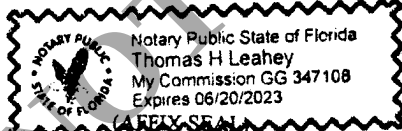
DL# V642670730850, state of Florida, was placed under lawful arrest for  
the offense of DRIVING UNDER THE INFLUENCE by D/S J. PINZON and  
issued Citation # A2GD05P  
(Name of Arresting Officer)

That on or about the 4TH day of OCTOBER, 20 19, at 2208 ☐ 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]  
Signature of Law Enforcement Officer or  
Correctional Officer

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



The foregoing instrument was sworn and subscribed before  
me this 5th day of October, 20 19,

by D/S J. PINZON,

who is personally known to me or who has produced  
known as identification

Notary Public [Signature]

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.

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SUBJECT: VAROLES, PETER J

CASE NUMBER: 19-122754

## **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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SUBJECT: VARILLES PETER J CASE NUMBER: 19-122754

## 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: D/S J. Pitzer #122100

WHITE - STATE ATTY.

YELLOW - DHSMV

PINK - CENTRAL RECORDS

GOLD - JAIL

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# TESTING FACILITY TASK REPORT

AGENCY: P1330  
SUBJECT: VARILLES PETER J CASE NUMBER: 19-122754  
DATE: 10/05/11 VIDEO TAPE NUMBER: N/A  
BEGINNING TIME: 00.36 ENDING TIME: 00.41  
BREATH TESTS RESULTS: 1) R TIME 00.38 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: P. POUND # 61639  
MAINTENANCE TECHNICIAN: J. KARLICK # 6467

## TESTING OFFICER'S OBSERVATIONS

SPEECH: THICK  
ATTITUDE: TALKATIVE  
CLOTHING: FIVE TEAMS WHITE/BLUE STRIPES, BLUE SLACKS  
MEDICAL CONDITIONS: NONE  
MEDICATIONS: NONE  
OTHER: EYES GLASSY + BLOOD-HOT

COMMENTS: ARRIVED AT CENTER A/P. BEGAN THE  
20 MINUTE OBSERVATION PERIOD AT 0014 HRS.

A. REFUSED TO TAKE TEST.

A/P. READ I/P.

A. STATED HE UNDERSTOOD I/P AND WOULD REFUSE  
TEST AGAIN.

A/P. READ RIGHTS

A. STATED HE UNDERSTOOD RIGHTS

A/P. ATTEMPTED Q+A

A. REFUSED QUESTIONS.

REFUSED

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REFUSED



**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                                              | <input type="checkbox"/>            | 119.071(2)(d)                           | Surveillance techniques, procedures and personnel; inventory of law enforcement resources, policies or plans pertaining to mobilization deployment or tactical operations. |                |
|                                                             | <input checked="" type="checkbox"/> | 943.053, 943.0525                       | NCIC/FCIC/FBI and in-state FDLE/DOC.                                                                                                                                       | 5              |
|                                                             | <input type="checkbox"/>            | 119.071(4)(c)                           | Undercover personnel.                                                                                                                                                      |                |
|                                                             | <input type="checkbox"/>            | 119.071(2)(f)                           | Confidential informants (CIs).                                                                                                                                             |                |
|                                                             | <input type="checkbox"/>            | 119.071(2)(e)                           | Confession.                                                                                                                                                                |                |
| Public Info. Exemptions                                     | <input type="checkbox"/>            | 985.04(1)                               | Juvenile offender records.                                                                                                                                                 |                |
|                                                             | <input type="checkbox"/>            | 119.071(h)(i)                           | Assets of a crime victim.                                                                                                                                                  |                |
|                                                             | <input type="checkbox"/>            | 395.3025(7)(a),<br>456.057(7)(a)        | Medical information.                                                                                                                                                       |                |
|                                                             | <input type="checkbox"/>            | 394.4615(7)                             | Mental health information.                                                                                                                                                 |                |
|                                                             | <input type="checkbox"/>            | 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) | <input checked="" type="checkbox"/> | (iii) 119.0714(1)(i)-(j),<br>(2)(a)-(e) | Social Security, bank account, charge, debit, and credit card numbers.                                                                                                     | 2              |
|                                                             | <input type="checkbox"/>            | (viii) 394.4615(7)                      | Clinical records under the Baker Act.                                                                                                                                      |                |
|                                                             | <input type="checkbox"/>            | (xii) 741.30(3)(b)                      | The victim's address in a domestic violence action on petitioner's request.                                                                                                |                |
|                                                             | <input type="checkbox"/>            | (xiii) 119.071(2)(h),<br>119.0714(1)(h) | Protected information regarding victims of child abuse or sexual offenses.                                                                                                 |                |
|                                                             | <input type="checkbox"/>            |                                         |                                                                                                                                                                            |                |
|                                                             | <input type="checkbox"/>            |                                         |                                                                                                                                                                            |                |
|                                                             | <input type="checkbox"/>            |                                         |                                                                                                                                                                            |                |
|                                                             | <input type="checkbox"/>            |                                         |                                                                                                                                                                            |                |
|                                                             | <input type="checkbox"/>            |                                         |                                                                                                                                                                            |                |
| Other                                                       | <input type="checkbox"/>            | 539.001 FS                              | Other: All records relating to pawnbroker transactions.                                                                                                                    |                |
|                                                             | <input type="checkbox"/>            | 119.0712(2)                             | Other: Personal information contained within a motor vehicle record                                                                                                        |                |

**REVIEW COMPLETED BY**

|                            |                                 |
|----------------------------|---------------------------------|
| Booking Number: 2019032531 | Date: 10/06/2019                |
|                            | Specialist Name/ID: howardt7185 |

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OCT 07 2019