

ARREST / NOTICE TO APPEAR
Juvenile Referral Report

19ct 16/190
1. Arrest
2. N.T.A.
3. Request for Warrant
4. Request for Capias

1 Juvenile N

OBIS Number	Agency ORI Number FL 502600		Agency Name Palm Beach Gardens Police Department		Agency Report Number (N.T.A.'s only) 78 - 19-005180	
Charge Type: Check as many as apply	<input type="checkbox"/> 1. Felony	<input type="checkbox"/> 3. Misdemeanor	<input type="checkbox"/> 5. Ordinance	Weapon Seized / Type		Multiple Clearance Indicator
	<input type="checkbox"/> 2. Traffic Felony	<input checked="" type="checkbox"/> 4. Traffic Misdemeanor	<input type="checkbox"/> 6. Other	<input checked="" type="checkbox"/> 1. Yes	<input type="checkbox"/> 2. No	
Location of Arrest (Including Name of Business) Florida Blvd/Acapulco Ave. PBG. FL			Location of Offense (Business Name, Address) Donald Ross/ALT A1A. PBG. FL			
Date of Arrest 09/03/2019	Time of Arrest 1809	Booking Date	Booking Time	Jail Date	Jail Time	Location of Vehicle

Name (Last, First, Middle) Caruso, Richard		Aliases (Name, DOB, Soc. Sec. #, Etc.)						
Race W - White I - American Indian B - Black O - Oriental/Asian	Sex M	Date of Birth 06/04/57	Height 509	Weight 185	Eye Color BRO	Hair Color BRO	Complexion LGT	Build MEDIUM
Scars, Marks, Tattoos, Unique Physical Features (Location, Type, Description) LEFT ANKLE SCAR			Marital Status S	Religion CHRISTIAN	Indication of Alcohol Influence Drug Influence Y N Unk <input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/>			
Local Address (Street, Apt. Number) 9002 SE PARKWAY DR HOBE SOUND FL 33455		(City)	(State)	(Zip)	Phone (561) 708-2108	Residence Type: 1. City 2. County 3. Florida 4. Out of State 1 3		
Permanent Address (Street, Apt. Number) 9002 SE PARKWAY DR HOBE SOUND FL 33455		(City)	(State)	(Zip)	Phone ()	Address Source VERBAL		
Business Address (Name, Street) ()		(City)	(State)	(Zip)	Phone ()	Occupation BOAT REPAIR		
DL Number, State C620750572040		Soc. Sec. Number ()		INS Number	Place of Birth (City, State) WPB FL	Citizenship US		

Co-Defendant Name (Last, First, Middle)	Race	Sex	Date of Birth	<input type="checkbox"/> 1. Arrested <input type="checkbox"/> 2. At Large	<input type="checkbox"/> 3. Felony <input type="checkbox"/> 4. Misdemeanor <input type="checkbox"/> 5. Juvenile
Co-Defendant Name (Last, First, Middle)	Race	Sex	Date of Birth	<input type="checkbox"/> 1. Arrested <input type="checkbox"/> 2. At Large	<input type="checkbox"/> 3. Felony <input type="checkbox"/> 4. Misdemeanor <input type="checkbox"/> 5. Juvenile
Parent Name (Last, First, Middle)	Legal Custodian	Other	Address (Street, Apt. Number)		Residence Phone
Address (Street, Apt. Number)		(City)	(State)	(Zip)	Business Phone
Released To: (Name)		Relationship	Date	Time	

The above address provided by defendant and / or defendant's parents, the child and / or parent was told to keep the Juvenile Court Clerk (Phone 355-2526) informed of any change of address.

Yes, by: (Name) No: (Reason)

Property Crime? Yes No

Description of Property

Value of Property

Drug Activity N. N/A P. Possess	S. Sell B. Buy T. Traffic	R. Smuggle D. Deliver E. Use	K. Dispense Distribute	M. Manufacture/ Produce/ Cultivate	Z. Other	Drug Type N. N/A A. Amphetamine	B. Barbiturate C. Cocaine E. Heroin	F. Hallucinogen M. Marijuana O. Opium/Deriv.	P. Paraphernalia/ Equipment S. Synthetics	U. Unknown Z. Other
Charge Description DUI	Counts 1	Domestic Violence <input type="checkbox"/> Y <input checked="" type="checkbox"/> N	Statute Violation Number 316.193(1)	Violation of ORD #						
Drug Activity Drug Type	Amount / Unit	Offense #	Statute Violation Number	Warrant / Capias Number	Bond					
Charge Description	Counts	Domestic Violence <input type="checkbox"/> Y <input checked="" type="checkbox"/> N	Statute Violation Number	Violation of ORD #						
Drug Activity Drug Type	Amount / Unit	Offense #	Statute Violation Number	Warrant / Capias Number	Bond					
Charge Description	Counts	Domestic Violence <input type="checkbox"/> Y <input checked="" type="checkbox"/> N	Statute Violation Number	Violation of ORD #						
Drug Activity Drug Type	Amount / Unit	Offense #	Statute Violation Number	Warrant / Capias Number	Bond					

Location (Court, Room Number, Address)
North County Courthouse 3188 PGA Blvd, Palm Beach Gardens, FL 33410

Court Date and Time
Month **October** Day **9th** Year **2019** Time **10:00** AM PM AM

I AGREE TO APPEAR AT THE TIME AND PLACE DESIGNATED TO ANSWER THE OFFENSE CHARGED OR TO PAY THE FINE SUBSCRIBED. I UNDERSTAND THAT SHOULD I WILLFULLY FAIL TO APPEAR BEFORE THE COURT AS REQUIRED BY THIS NOTICE TO APPEAR, THAT I MAY BE HELD IN CONTEMPT OF COURT AND A WARRANT FOR MY ARREST SHALL BE ISSUED

Signature of Defendant (Or, If Paroled/Parent/Guardian)
(Signature) Date Signed **09/03/2019**

HOLD for other Agency Name	Signature of Arresting Officer (Signature)	Name Verification (Printed by Arrestee)
<input checked="" type="checkbox"/> Dangerous <input type="checkbox"/> Suicidal	<input type="checkbox"/> Resisted Arrest <input type="checkbox"/> Other	(PRINT)
Intake Deputy (Signature)	Name of Arresting Officer (Print) Dean Morea	I.D. # 517
Pouch #	Transporting Officer Dean Morea	ID # Agency 517 PBGPD
Witness here if subject signed with an "X"		PAGE 1 OF 1

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

0510665

SCANNED

SEP 04 2019

719

D.U.I PROBABLE CAUSE AFFIDAVIT

ON THE 3rd DAY OF September, 2019, AT 1809 AM PM
SUBJECT: Caruso, Richard CASE NUMBER: 19-005180
AGENCY: PBGPD ARRESTING OFFICER: Dean Morea 517

PERSONAL CONTACT

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

I observed a Red Chevy Truck bearing FL Tag: 681QRA traveling southbound on ALT A1A from Donald Ross Road. I got behind the vehicle and observed the vehicle failing to maintain its lane crossing over the lines numerous times. It should be noted that this vehicle matched the description of a BOLO that was just put out on a Red Chevy Truck at Donald Ross and ALT A1A swerving on the roadway. I initiated a traffic stop on this vehicle and made contact with the sole occupant of the vehicle identified to me verbally as, Richard Caruso (W/M, DOB: 06/04/57).

OBSERVATION OF DRIVER:

Upon contacting Caruso, his speech was slow and slurred and he was unable to locate his driver's license. Caruso also took a long time to locate his registration for the vehicle. Caruso's eyes also kept shutting while I was speaking with him.

DRIVER STATEMENTS:

Caruso stated that he was coming from his house in Hobe Sound to visit his daughter. I asked Caruso if he had anything to drink. Caruso stated that he was drinking rum and beer at his house. Caruso had a cup in his cup holder in the center console. I asked Caruso what was in the cup and he stated that it was rum and juice.

ODORS: Smelled an odor of alcohol emanating from his person.

GENERAL OBSERVATIONS

SPEECH: Slow, Slurred

ATTITUDE: Compliant but unable to follow instructions

CLOTHING: White T-Shirt, Blue Jeans, Boots

MEDICAL/OTHER: N/A

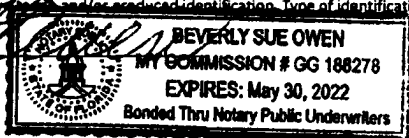
STATE OF FLORIDA
COUNTY OF PALM BEACH

(Signature of Arresting/Investigating Officer)

The forgoing instrument was sworn to or affirmed and subscribed before me this 3rd day of September, 2019 by Dean Morea

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

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



SCANNED
SEP 04 2019

SUBJECT: Caruso, Richard

CASE NUMBER: 19-005180

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:

Caruso was unable to focus on the stimulus and moved his head instead of just his eyes.

WALK & TURN:

Caruso was unable to perform the task. Caruso stumbled off the line and was unable to keep himself balanced and stated that he was unable to perform the task.

ONE LEG STAND:

Caruso was unable to perform the task. He attempted to stand on one leg but was unable to.

FINGER TO NOSE:

Caruso failed to bring his finger back down to his side and kept it on his nose. Caruso failed to touch his nose multiple times.

RHOMBERG/ALPHABET:

Caruso recited half of the alphabet and stopped in the middle of it and was unable to finish it.

BREATH TEST RESULTS:

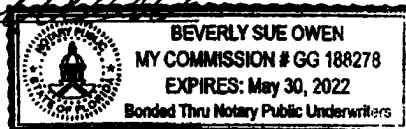
STATE OF FLORIDA
COUNTY OF PALM BEACH

(Signature of Arresting/Investigating Officer)

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



SCANNED
SEP 04 2019

WITNESS LIST

CASE NUMBER: 19-005180

ARRESTING OFFICER: Dean Morea

517

ADDRESS: 10500 N. Military Trail, Palm Beach Gardens, FL 33410

PHONE NUMBERS (HOME): _____ (WORK) (561) 799-4445

CAN TESTIFY TO: Facts of the Case

NAME: Officer O'Brien

ADDRESS: 10500 N. Military Trail, Palm Beach Gardens, FL 33410

PHONE NUMBERS (HOME) _____ (WORK) (561) 799-4445

CAN TESTIFY TO: Facts of the Case

NAME: Officer Valerio

ADDRESS 10500 N. Military Trail, Palm Beach Gardens, FL 33410

PHONE NUMBERS (HOME) _____ (WORK) (561) 799-4445

CAN TESTIFY TO: Fact of the Case

NAME: Officer Guerriero

ADDRESS 10500 N. Military Trail, Palm Beach Gardens, FL 33410

PHONE NUMBERS (HOME) _____ (WORK) (561) 799-4445

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) (561) 799-4445

CAN TESTIFY TO: Facts of the Case

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: _____

SCANNED

SEP 04 2019

C 620 750 57 2040



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

PBSO CASE # 19-111052 PBSO ZONE 3-14

AGENCY CASE # 19-005180 CRASH CASE # _____

TIME OF STOP/CRASH 1741 DATE 9/3/19 DAY Tuesday

SUBJECT'S NAME Caruso, Richard RACE W SEX M

HGT 509 WGT 185 DOB 6/4/57

LOCATION Florida Blvd/Acapulco Ave, PB6, FL

ARRESTING OFFICER'S NAME & ID Dean Moran 517 AGENCY PB6 PD

DIVISION: Patrol

NOTIFIED BY COMMO yes

ARRIVAL AT FACILITY 1830

Arrest Time 1809

BREATH RESULTS:

1. 1000

2. 1000

3. REFUSED

4. _____

TESTING OFFICER'S ID 3184 PBSO VIDEOTAPE # N/A

SCANNED
SEP 04 2019

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

Instrument Type: Intoxilyzer 8000
Instrument Registered To: PALM BEACH CO SO
Instrument Serial Number: 80-006240 Software: 8100.27
Date of Test: 09/03/2019

Date of Last Agency Inspection: 08/16/2019

Observation Period Began: 18:30

Subject's Name: RICHARD CARUSO

DOB: 06/04/1957 Sex: M

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

Results:

Test	g/210L	Time
Diagnostics Check	OK	19:40
Air Blank	0.000	19:41
Control Test	0.080	19:41
Air Blank	0.000	19:42
Subject Sample #1	0.000	19:43
Air Blank	0.000	19:43
Air Blank	0.000	19:45
Subject Sample #2	0.000	19:46
Air Blank	0.000	19:46
Control Test	0.081	19:46
Air Blank	0.000	19:47
Diagnostics Check	OK	19:47

Cylinder Lot: 00919080A3
Exp: 03/05/2021

State of Florida, County of Palm Beach

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

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

Breath Test Operator: _____

Signature

Date: 09/03/19

Sworn to (or affirmed) before me this 3RD day of Sept, 2019

Signature of Notary Public-State of Florida

Printed Name of Notary Public-State of Florida

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

SUBJECT CRUISE, RICHARD CASE NUMBER 105180

QUESTIONS AND ANSWERS

I AM NOW GOING TO ASK YOU SOME QUESTIONS WITH THESE RIGHTS IN MIND. ANSWER ALL OF THE FOLLOWING QUESTIONS AS YOU LIKE.

WERE YOU OPERATING A MOTOR VEHICLE AT THE TIME OF THE STOP/ACCIDENT? NO

WHERE WERE YOU GOING? Down Hwy

WHAT STREET OR HIGHWAY WERE YOU ON? AA-AAA

DIRECTION OF TRAVEL? _____ WHERE DID YOU START? 11th St

WHAT TIME DID YOU START? _____ WHAT TIME IS IT NOW? _____

WHAT IS TODAY'S DATE? _____ WHAT DAY OF THE WEEK IS IT? SUN

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? Waiting Home

HOW MUCH DO YOU WEIGH? _____ HAVE YOU BEEN DRINKING? Yes

HOW MUCH? 3 beers WHERE? Home WITH WHOM? Alone

WHEN DID YOU HAVE YOUR FIRST DRINK? 11:30 am AND YOUR LAST BEER? _____

HOW DID YOU CONSUME YOUR LAST TWO DRINKS? _____

CAN YOU FEEL THE EFFECTS OF THE ALCOHOL? No 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? _____ WHERE DO YOU WORK? _____

DID YOU HAVE ANY PHYSICAL DEFECTS OR INJURIES? _____ WHAT? _____

ARE YOU SICK OR INJURED? _____ WHAT'S WRONG? _____

DO YOU LIMB? _____ 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? No

HAVE YOU SEEN A DOCTOR OR DENTIST TODAY? _____ WHO? _____

ARE YOU TAKING ANY PRESCRIPTION MEDICINES? No WHAT? _____

- DO YOU HAVE _____ EPILEPSY? _____
- GLASS EYE? _____
- FALSE TEETH? _____
- EAR INFECTION? _____
- INNER EAR TROUBLE? _____
- DIABETES? _____

DO YOU HAVE ANY OTHER PHYSICAL DEFECTS THAT ARE NOT CORRECTED BY GLASSES? NO

DO YOU TAKE BIRTH CONTROL? _____ IF SO WHEN WAS YOUR LAST INJECTION? Jan 1, 2010

HAVE YOU EVER HAD A DRIVER'S LICENSE IN ANY OTHER STATE? _____

INTERVIEWER: _____



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 type="checkbox"/>	943.053, 943.0525	NCIC/FCIC/FBI and in-state FDLE/DOC.	
	<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), 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), (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), 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"/>		Other:	
	<input type="checkbox"/>		Other:	

REVIEW COMPLETED BY

Booking Number: 2019028738	Date: 9/3/2019
	Specialist Name/ID: J. Beck/9007

SCANNED
SEP 04 2019