

0498156

NH

410

ARREST / NOTICE TO APPEAR  
Juvenile Referral Report

1. Arrest 3. Request for Warrant  
2. N.T.A. 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>06-18072932</b>  |                                       |   |  |   |                        |
|   | Charge Type:<br>Check as many as apply.  |   | 1. Felony <input type="checkbox"/> 2. Traffic Felony <input type="checkbox"/>                                 |  | 3. Misdemeanor <input type="checkbox"/> 4. Traffic Misdemeanor <input checked="" type="checkbox"/> |   | 5. Ordinance <input type="checkbox"/> 6. Other <input type="checkbox"/>   |                                       |   |  |   |                        |
|   | Location of Arrest (Including Name of Business)<br><b>Southern Blvd at Military Trail West Palm Beach FL 33406</b> |   | Location of Offense (Business Name, Address)<br><b>Southern Blvd at Military Trl West Palm Beach FL 33406</b> |  | Weapon Seized / Type<br>1. Yes <input type="checkbox"/> 2. No <input type="checkbox"/>             |   | Multiple Clearance Indicator  |                                       |   |  |   |                        |
|   | Date of Arrest<br><b>05/10/2018</b>  | Time of Arrest<br><b>20:55</b>  | Booking Date  | Booking Time   | Jail Date  | Jail Time   | Location of Vehicle<br><b>Gardens Towing</b>  |                                       |   |  |   |                        |
| Name (Last, First, Middle)<br><b>Carbutt Robert</b>   |  |   |   | Alias (Name, DOB, Soc. Sec. #, Etc.)   |  |   |   |                                       |   |  |   |                        |
| Race<br>W - White I - American Indian<br>B - Black O - Oriental/Asian   |  | Sex<br><b>M</b>   | Date of Birth<br><b>10/14/1956</b>  | Height<br><b>6'</b>  | Weight<br><b>225</b>   | Eye Color<br><b>Bro</b>   | Hair Color<br><b>Gry</b>  | Complexion<br><b>Med</b>              | Build<br><b>Med</b>                       |  |   |                        |
| Scars, Marks, Tattoos, Unique Physical Features (Location, Type, Description)   |  |   |   | Marital Status<br><b>Sing</b>  | Religion<br><b>Methodist</b>   | Indication of Alcohol Influence Drug Influence<br>Y <input type="checkbox"/> N <input type="checkbox"/> Unk. <input type="checkbox"/> |   |                                       |   |  |   |                        |
| DEFENDANT   | Local Address (Street, Apt. Number)<br><b>1380 Apple Blossom Rd</b>  |   | (City)<br><b>West Palm Beach FL 33415</b>   | (State)  | (Zip)  | Phone   | Residence Type:<br>1. City 2. County 3. Florida 4. Out of State   |                                       |   |  |   |                        |
|   | Permanent Address (Street, Apt. Number)  |   | (City)  | (State)  | (Zip)  | Phone   | Address Source<br><b>FL DL</b>  |                                       |   |  |   |                        |
|   | Business Address (Name, Street)  |   | (City)  | (State)  | (Zip)  | Phone   | Occupation<br><b>Property Manager</b>   |                                       |   |  |   |                        |
|   | D/L Number, State<br><b>C613-761-56-374-0</b>  | Soc. Sec. Number  | INS Number  |  | Place of Birth (City, State)<br><b>Jacksonville NC</b>   |   | Citizenship<br><b>US</b>  |                                       |   |  |   |                        |
| Co-Defendant Name (Last, First, Middle)   |  |   |   | Race   | Sex  | Date of Birth   | <input type="checkbox"/> 1. Arrested <input type="checkbox"/> 3. Felony<br><input type="checkbox"/> 2. At Large <input type="checkbox"/> 4. Misdemeanor<br><input type="checkbox"/> 5. Juvenile |                                       |   |  |   |                        |
| Co-Defendant Name (Last, First, Middle)   |  |   |   | Race   | Sex  | Date of Birth   | <input type="checkbox"/> 1. Arrested <input type="checkbox"/> 3. Felony<br><input type="checkbox"/> 2. At Large <input type="checkbox"/> 4. Misdemeanor<br><input type="checkbox"/> 5. Juvenile |                                       |   |  |   |                        |
| <input type="checkbox"/> Parent<br><input type="checkbox"/> Legal Custodian<br><input type="checkbox"/> Other:  |  | Address (Street, Apt. Number)   |   | (City)   | (State)  | (Zip)   | Residence Phone   |                                       |   |  |   |                        |
| Notified by: (Name)   |  | Date  | Time  | Juv. Disposition<br>1. Handled/processed within Dept. and Released. 2. TOT HRS / DYS 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 355-2526) informed of any change of address.   |  |   |   |  |  | School Attended   |   | Grade                                 |   |  |   |                        |
| Property Crime?<br><input type="checkbox"/> Yes <input type="checkbox"/> No   |  | Description of Property   |   | Value of Property  |  |   |   |                                       |   |  |   |                        |
| CHARGE  | 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 Description<br><b>DUI</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>  |   | Violation of ORD #  |                                       |   |  |   |                        |
|   | Drug Activity<br><b>N</b>  | Drug Type<br><b>N</b>   | Amount / Unit   | Offense #<br><b>18072932</b>   | Warrant / Capias Number  |   | Bond  |                                       |   |  |   |                        |
|   | Charge Description   |   | Counts  | Domestic Violence<br><input type="checkbox"/> Y <input checked="" type="checkbox"/> N                | Statute Violation Number   |   | Violation of ORD #  |                                       |   |  |   |                        |
|   | Drug Activity  | Drug Type   | Amount / Unit   | Offense #  | Warrant / Capias Number  |   | Bond  |                                       |   |  |   |                        |
| Charge Description  |  | Counts  | Domestic Violence<br><input type="checkbox"/> Y <input checked="" type="checkbox"/> N                         | Statute Violation Number   |  | Violation of ORD #  |   |                                       |   |  |   |                        |
| Drug Activity   | Drug Type  | Amount / Unit   | Offense #   | Warrant / Capias Number  |  | Bond  |   |                                       |   |  |   |                        |
| Charge Description  |  | Counts  | Domestic Violence<br><input type="checkbox"/> Y <input checked="" type="checkbox"/> N                         | Statute Violation Number   |  | Violation of ORD #  |   |                                       |   |  |   |                        |
| Drug Activity   | Drug Type  | Amount / Unit   | Offense #   | Warrant / Capias Number  |  | Bond  |   |                                       |   |  |   |                        |
| Location (Court Room Number, Address)<br><b>PALM BEACH COUNTY COURTHOUSE CRIMINAL JUSTICE COMPLEX, 3228 GUN CLUB RD, WEST PALM BEACH, FL 33406 - PH: (561) 355-2996</b>   |  |   |   |  |  |   |   |                                       |   |  |   |                        |
| Court Date and Time<br>Month <b>June</b> Day <b>7</b> Year <b>2018</b> Time <b>08:30</b> AM <input checked="" type="checkbox"/> PM  |  |   |   |  |  |   |   |                                       |   |  |   |                        |
| I AGREE TO APPEAR AT THE TIME AND PLACE DESIGNATED TO ANSWER THE OFFENSE CHARGED OR TO PAY THE FINE SUBSCRIBED. I UNDERSTAND THAT SHOULD I WILLFULLY FAIL TO APPEAR BEFORE THE COURT AS REQUIRED BY THIS NOTICE TO APPEAR, THAT I MAY BE HELD IN CONTEMPT OF COURT AND A WARRANT FOR MY ARREST SHALL BE ISSUED. |  |   |   |  |  |   |   |                                       |   |  |   |                        |
| Signature of Defendant (or Juvenile and Parent /Custodian)  |  |   |   |  |  |   |   | Date Signed<br><b>05/10/2018</b>      |   |  |   |                        |
| HOLD for other Agency Name:   |  | Signature of Arresting Officer  |   |  |  | Name Verification (Printed by Arrestee)   |   |                                       |   |  |   |                        |
| <input type="checkbox"/> Dangerous<br><input type="checkbox"/> Suicidal<br><input type="checkbox"/> Intake Denial   |  | <input type="checkbox"/> Resisted Arrest<br><input type="checkbox"/> Not On |   | Name of Arresting Officer (Print)<br><b>Inv. J. Schneider</b>  |  | I.D. #<br><b>8501</b>   |   | (PRINT)                               |   |  |   |                        |
| Intake Denial   |  | Pouch #   |   | Transporting Officer<br><b>Inv. J. Schneider</b>   |  | ID #<br><b>8501</b>   |   | Agency<br><b>PBSO</b>                 |   | Witness here if subject signed with                |   |                        |

MAY 10 2018 11:37

MAY 11 2018

# D.U.I. PROBABLE CAUSE AFFIDAVIT

ON THE 10 DAY OF May 20 18, AT 20:33 AM  PM

SUBJECT: Carbutt Robert CASE NUMBER: 18072932

AGENCY: PALM BEACH COUNTY SHERIFF'S OFFICE ARRESTING OFFICER: Inv. J. Schneider

## PERSONAL CONTACT

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

I was dispatched to a stationary vehicle in the middle of the travel lanes on Southern Blvd near Military Trail within unincorporated West Palm Beach Florida. Checking the intersection I observed a red Dodge Challenger facing east stationary. The Challenger was west of the intersection on the Southern Ramp. I pulled behind the vehicle and activated my rear emergency lights for oncoming traffic. Exiting the vehicle I observed the Challenger was solely occupied by a white male. I observed there to be no signs of drug influence immediately available and saw the driver was still breathing. He appeared to be asleep at the wheel with the vehicle still in drive and his foot on the break. During this time Palm Beach County Fire Rescue pulled up with me. In order to properly evaluate the driver Fire Rescue and I initiated contact with the driver through the window. The driver had to be advised numerous times to place the vehicle in park and roll down the window. While attempting to do so he was very disoriented and had difficulty in performing these simple tasks. After numerous announcements to place the vehicle in park and open the window the driver finally was able to perform these tasks and Fire Rescue made contact.

## OBSERVATION OF DRIVER:

Fire Rescue escorted the driver to the Rescue Engine to perform some basic medical screening. During this time I accessed the interior of the Engine and heard the driver admit to consuming alcohol and taking the prescription percocet. While performing their screening I sat down on the bench near the driver and smelled the odor of a unknown alcoholic beverage coming from his breath and body. I also noted his speech was slurred at times and he was still slow and lethargic. His eyelids were very droopy and he was generally lethargic. After Fire Rescue screened the driver I was able to identify the driver as Robert Carbutt.

## DRIVER'S STATEMENTS:

I havnt slept in two days

## ODORS:

Distinct and profound odor of a unknown alcoholic beverage

## GENERAL OBSERVATIONS

SPEECH: Slurred at times

ATTITUDE: Cooperative

CLOTHING: Black shirt, blue shorts, brown shoes

MEDICAL/OTHER: Tooth extraction two days ago. No other conditions.

STATE OF FLORIDA  
COUNTY OF PALM BEACH

Inv. J. Schneider

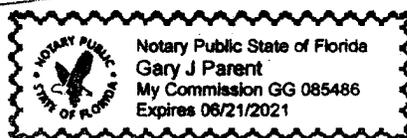
(Signature of Arresting/Investigative Officer)

The foregoing instrument was sworn to or affirmed and subscribed before me this 10 day of May 20 18 by Inv. J. Schneider

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

Gary Parent (#7909)

Notary Public, Clerk of Court, Officer (F.S.S. 117.40)



SUBJECT: Carbutt

Robert

CASE NUMBER 18072932

**ROADSIDE TASKS**

**HORIZONTAL GAZE NYSTAGMUS:**

- |   |   |
|---|---|
| <input checked="" type="checkbox"/> LT EYE-LACK OF SMOOTH PURSUIT                           | <input checked="" type="checkbox"/> RT EYE-LACK OF SMOOTH PURSUIT                           |
| <input checked="" type="checkbox"/> LT EYE-DISTINCT & SUSTAINED NYSTAGMUS AT MAX. DEVIATION | <input checked="" type="checkbox"/> RT EYE-DISTINCT & SUSTAINED NYSTAGMUS AT MAX. DEVIATION |
| <input checked="" type="checkbox"/> LT- EYE-ONSET OF NYSTAGMUS PRIOR TO 45 DEGREES          | <input checked="" type="checkbox"/> RT- EYE-ONSET OF NYSTAGMUS PRIOR TO 45 DEGREES          |

**Other Observations:**

**Vertical nystagmus not present. Had to be reminded numerous times to keep his head still. Swayed while standing stationary.**

**WALK & TURN:**

**Unable to maintain instructional position departing from it numerous times to keep his balance. While performing the task he kept his arms raised for the entire duration contrary to instruction, stopped walking and stepped off the line.**

**ONE LEG STAND:**

**Swayed while in the instructional position. Performing the task he was unable to keep his foot elevated, shook in his lower extremities, raised his arms, hopped and shuffled. He also failed to continue to count up restarting his count during the task.**

**FINGER TO NOSE:**

**Swayed while in the instructional position. Performing the task he missed the tip of his finger to the tip of his nose numerous times, failed to keep his head back and his eyes closed.**

**ROMBERG ALPHABET:**

**Swayed while in the instructional position. Performing the task he did not methodically state the alphabet as instructed and rather used a rhythmic pattern contrary to my instructions.**

**BREATH TEST RESULTS:**

STATE OF FLORIDA  
COUNTY OF PALM BEACH

**Inv. J. Schneider**

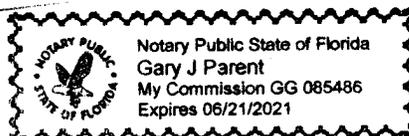
(Signature of Arresting/Investigative Officer)

The foregoing instrument was sworn to or affirmed and subscribed before me this 10 day of May 2018 by Inv. J. Schneider

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

**Gary Parent (#7909)**

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



# WITNESS LIST

CASE NUMBER: 18072932

ARRESTING OFFICER: Inv. J. Schneider

ADDRESS: 3228 Gun Club Rd West Palm Beach FL 33406

PHONE NUMBERS (HOME): \_\_\_\_\_ (WORK) 561 688-4001

CAN TESTIFY TO: DUI Investigation

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

ADDRESS: \_\_\_\_\_

PHONE NUMBERS (HOME) \_\_\_\_\_ (WORK) \_\_\_\_\_

CAN TESTIFY TO: \_\_\_\_\_

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

ADDRESS \_\_\_\_\_

PHONE NUMBERS (HOME) \_\_\_\_\_ (WORK) \_\_\_\_\_

CAN TESTIFY TO: \_\_\_\_\_

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

ADDRESS \_\_\_\_\_

PHONE NUMBERS (HOME) 0 (WORK) 0

CAN TESTIFY TO: \_\_\_\_\_

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

ADDRESS \_\_\_\_\_

PHONE NUMBERS (HOME) \_\_\_\_\_ (WORK) \_\_\_\_\_

CAN TESTIFY TO: \_\_\_\_\_

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

ADDRESS \_\_\_\_\_

PHONE NUMBERS (HOME) \_\_\_\_\_ (WORK) \_\_\_\_\_

CAN TESTIFY TO: \_\_\_\_\_

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

ADDRESS \_\_\_\_\_

PHONE NUMBERS (HOME) \_\_\_\_\_ (WORK) \_\_\_\_\_

CAN TESTIFY TO: \_\_\_\_\_

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

ADDRESS \_\_\_\_\_

PHONE NUMBERS (HOME) \_\_\_\_\_ (WORK) \_\_\_\_\_

CAN TESTIFY TO: \_\_\_\_\_

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

ADDRESS \_\_\_\_\_

PHONE NUMBERS (HOME) \_\_\_\_\_ (WORK) \_\_\_\_\_

CAN TESTIFY TO: \_\_\_\_\_

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

ADDRESS \_\_\_\_\_

PHONE NUMBERS (HOME) \_\_\_\_\_ (WORK) \_\_\_\_\_

CAN TESTIFY TO: \_\_\_\_\_

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

ADDRESS \_\_\_\_\_

PHONE NUMBERS (HOME) \_\_\_\_\_ (WORK) \_\_\_\_\_

CAN TESTIFY TO: \_\_\_\_\_

NOT A CERTIFIED COPY

# TESTING FACILITY TASK REPORT

AGENCY: PBSO  
SUBJECT: CARRUTTE, ROBERT A CASE NUMBER: 18-072932  
DATE: 05/10/18 VIDEO TAPE NUMBER: N/A  
BEGINNING TIME: 22:04 ENDING TIME: 22:21  
BREATH TESTS RESULTS: 1) .160 TIME 22:08 A.M./P.M. (P.M.) 2) .162 TIME 22:11 A.M./P.M. (P.M.)  
3) N/A TIME --- A.M./P.M. 4) N/A TIME --- A.M./P.M.

BREATH OPERATOR: E. PARENT # 7709  
MAINTENANCE TECHNICIAN: J. KARLECKE # 6467

## TESTING OFFICER'S OBSERVATIONS

SPEECH: PRONOUNCED  
ATTITUDE: CALM QUIET COOPERATIVE  
CLOTHING: BLACK SHORTS BLACK T-SHIRT BROWN SHOES  
MEDICAL CONDITIONS: TOOTH EXTRACTION  
MEDICATIONS: PERIODONT

OTHER: EYES GLASSY AND SLIGHTLY REDDISH  
ODOR OF UNKNOWN ALCOHOLIC BEVERAGE ON BREATH  
D. STATED HE HAD 2 KUMON/CUBE (Q+A)

COMMENTS: ARRIVED AT CENTER A/P REGAN THE 20  
MINUTE OBSERVATION PERIOD AT 21:36 HRS

D. AGREED TO TAKE TEST.

A/P READ RIGHTS

D. STATED HE UNDERSTOOD RIGHTS

TECH. READ TEST RESULTS

D. STATED HE UNDERSTOOD TEST RESULTS

A/P CONDUCTED Q+A

D. ANSWERS QUESTIONS

SUBJECT: CARBUTT ROBERT A CASE NUMBER: 18-072932

## IMPLIED CONSENT FOR DUI IN A MOTOR VEHICLE

**NOTE: READ ONLY THE PARAGRAPH APPLICABLE TO THE TYPE OF TEST YOU ARE REQUESTING.**

I am now requesting that you submit to a lawful test of your BREATH for the purpose of determining its alcohol content.

-OR-

I am now requesting that you submit to a lawful test of your URINE for the purpose of detecting the presence of chemical or controlled substances.

-OR-

I am now requesting that you submit to a lawful test of your BLOOD for the purpose of detecting its alcohol content and the presence of chemical or controlled substances.

**NOTE: READ ONLY IF THE SUBJECT DOES NOT COMPLY WITH YOUR REQUEST.**

I am \_\_\_\_\_ of the \_\_\_\_\_

If you fail to submit to the test I have requested of you, your privilege to operate a motor vehicle will be suspended for a period of one (1) year for a first refusal, or eighteen (18) months if your privilege has been previously suspended as a result of a refusal to submit to a lawful test of your breath, urine or blood. Additionally, if you refuse to submit to the test I have requested of you and if your driving privilege has been previously suspended for a prior refusal to submit to a lawful test of your breath, urine or blood, you will be committing a misdemeanor. Refusal to submit to the test I have requested of you is admissible into evidence in any criminal proceeding.

SUBJECT'S SIGNATURE: (X) \_\_\_\_\_

## CONSTITUTIONAL WARNINGS

**I AM REQUIRED TO WARN YOU BEFORE YOU MAKE ANY STATEMENTS THAT YOU HAVE THE FOLLOWING RIGHTS:**

1. You have the right to remain silent and not answer any questions.
2. Any statement must be freely and voluntarily given.
3. You have the right to the presence of a lawyer of your choice before you make any statement and during any questioning.
4. If you cannot afford a lawyer, you are entitled to the presence of a court appointed lawyer before you make any statements and during any questioning.
5. If at any time during the interview you do not wish to answer any questions, you are privileged to remain silent.
6. I can make no threats or promises to induce you to make a statement. This must be of your own free will.
7. Any statement can and will be used against you in a court of law.

SUSPECT'S SIGNATURE: (X) READ ON CAMERA

SUBJECT: CARBUTT, ROBERT A CASE NUMBER: 18-072932

## QUESTIONS AND ANSWERS

I AM NOW GOING TO ASK YOU SOME QUESTIONS. WITH THESE RIGHTS IN MIND, YOU MAY ANSWER SOME OF, ALL OF, OR NONE OF THE FOLLOWING QUESTIONS AS YOU LIKE.

WERE YOU OPERATING A MOTOR VEHICLE AT THE TIME OF THE STOP/ACCIDENT? Yes

WHERE WERE YOU GOING? Home

WHAT STREET OR HIGHWAY WERE YOU ON? Highway 101

DIRECTION OF TRAVEL? North WHERE DID YOU START? Home

WHAT TIME DID YOU START? 12:00 WHAT TIME IS IT NOW? 1:00

WHAT IS TODAY'S DATE? 1/16 WHAT DAY OF THE WEEK IS IT? Tuesday

WHAT COUNTY AND CITY ARE YOU IN NOW? San Diego

WHEN DID YOU LAST EAT? 12:00 WHAT DID YOU EAT? Nothing

WHAT HAVE YOU BEEN DOING FOR THE LAST THREE HOURS? Nothing

HOW MUCH DO YOU WEIGH? 180 HAVE YOU BEEN DRINKING? Yes WHAT? Beer

HOW MUCH? 2 WHERE? Home WITH WHOM? Alone

WHEN DID YOU HAVE YOUR FIRST DRINK? 12:00 AND YOUR LAST DRINK? 1:00

HOW DID YOU CONSUME YOUR LAST TWO DRINKS? Beer

CAN YOU FEEL THE EFFECTS OF THE ALCOHOL? Yes ARE YOU UNDER THE INFLUENCE? Yes

HAVE YOU CONSUMED ANY ALCOHOL SINCE THE ACCIDENT? Yes HOW MUCH? 2

WHAT? Beer WHERE? Home WHEN? 1:00

WHAT LINE OF WORK ARE YOU IN? None WHEN DID YOU LAST WORK? None

DO YOU HAVE ANY PHYSICAL DEFECTS OR INJURIES? Yes WHAT? None

ARE YOU SICK OR INJURED? No WHAT'S WRONG? None

DO YOU LIMP? No DID YOU RECEIVE A BUMP ON THE HEAD RECENTLY? No

WERE YOU IN AN ACCIDENT TODAY? No

HAVE YOU TAKEN ANY DRUGS OR SMOKED ANY MARIJUANA TODAY? No WHEN? None

HAVE YOU SEEN A DOCTOR OR DENTIST TODAY? No WHO? None WHY? None

ARE YOU TAKING ANY PRESCRIPTION MEDICINES? No WHAT? None WHEN? None

DO YOU HAVE:  
EPILEPSY? No  
GLASS EYE? No  
FALSE TEETH? No  
EAR INFECTION? No  
INNER EAR TROUBLE? No  
DIABETES? No

DO YOU HAVE ANY PROBLEMS WITH YOUR EYES THAT ARE NOT CORRECTED BY GLASSES? No

DO YOU TAKE INSULIN? No IF SO, WHEN WAS YOUR LAST INJECTION? None

HAVE YOU EVER HAD A DRIVER'S LICENSE IN ANY OTHER STATE? No WHERE? None

INTERVIEWER: None



*The Sunshine State*

**DRIVER LICENSE CLASS E**  
**C613-761-56-374-0**

**ROBERT ALAN**  
**GABBITT**

**510 APPLE BLOSSOM RD**  
**WEST PALM BEACH, FL 33415-4001**

**SEX: M**  
**HGT: 5-11**

*R. Gabbitt*

ORGAN DONOR

**SAFE DRIVER**

Operation of a motor vehicle constitutes consent to any sobriety test required by law.

NOT A CERTIFIED COPY



**DRIVER AND VEHICLE  
INFORMATION DATABASE**

# STATE OF FLORIDA

DEPARTMENT OF HIGHWAY SAFETY AND MOTOR VEHICLES

Time printed: 5/10/2018 9:24:05 PM

## Record Detail

|   |   |                    |
|---|---|--------------------|
| <b>Customer Name:</b><br>ROBERT ALAN CARBUTT  | <b>Driver License Status:</b><br>Valid  |                    |
| <b>DL/ID:</b><br>C613-761-56-374-0  | <b>SSN:</b><br>[REDACTED]   | <b>Class:</b><br>E |
| <b>Previous DUI:</b> 0<br><i>This count reflects total DUI convictions on record.</i> | <b>Previous DWLS:</b> 0<br><i>This count reflects total DWLS convictions on record.</i> |                    |

|  |   |   |  |                                 |
|--|---|---|--|---------------------------------|
| <br><br><i>R. Carbutt</i><br><br>ORGAN DONOR<br>SAFE DRIVER<br>REAL ID COMPLIANT | <b>Address:</b><br>1380 APPLE BLOSSOM RD<br>WEST PALM BEACH, FL 33415 | <b>Date of Birth:</b><br>10/14/1956       | <b>Gender:</b><br>MALE                   | <b>Height:</b><br>5' 11"        |
|  | <b>Original License Issue Date:</b><br>05/29/1986                     | <b>Issued:</b><br>09/30/2011              | <b>Expires:</b><br>10/14/2018            | <b>Replaced:</b><br>04/28/2015  |
|  | <b>CDL Status:</b>  |   |  |                                 |
|  | <b>Form Number:</b><br>P791504280067                                  |   |  | <b>EIN:</b><br>0100239999714312 |
|  | <b>Citizen Status:</b><br>US CITIZEN                                  | <b>Country of Birth:</b><br>US OF AMERICA | <b>State of Birth:</b><br>NORTH CAROLINA |                                 |
|  | <b>Race:</b><br>CAUCASIAN   |   |  |                                 |

|                      |                      |                              |
|----------------------|----------------------|------------------------------|
| <b>Restrictions:</b> | <b>Endorsements:</b> | <b>Conditional Messages:</b> |
|----------------------|----------------------|------------------------------|