

0192102

494
Juvenile

ARREST / NOTICE TO APPEAR
Juvenile Referral Report

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

1

ADMINISTRATIVE	OBTS Number		Agency ORI Number FLO 500000				Agency Name PALM BEACH COUNTY SHERIFF'S OFFICE				Agency Report Number (N.T.A.'s only) 06-17-045351			
	Charge Type: 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) 2500 VILLAGEWALK BLVD WELLINGTON FL 33414		Location of Offense (Business Name, Address) 2500 VILLAGEWALK BLVD WELLINGTON FL 33414		Date of Arrest 02/27/17		Time of Arrest 2220		Booking Date		Booking Time		Jail Date	
	Weapon Seized / Type 1. Yes 2. No		Multiple Clearance Indicator 1		Name (Last, First, Middle) CAHILL ROBERT EDWARD		Alias (Name, DOB, Soc. Sec. #, Etc.)		Race W - White 1 - American Indian B - Black 0 - Oriental/Asian W		Sex M		Date of Birth 07/16/1965	
DEFENDANT	Scars, Marks, Tattoos, Unique Physical Features (Location, Type, Description) TAT ON BACK		Marital Status S		Religion CATHOLIC		Indication of Alcohol Influence <input type="checkbox"/>		Indication of Drug Influence <input checked="" type="checkbox"/>		Y <input type="checkbox"/> N <input type="checkbox"/> Unk. <input type="checkbox"/>		Residence Type: 1. City 2. County 3. Florida 4. Out of State 2	
	Local Address (Street, Apt. Number) 8311 DOMENICO PL WELLINGTON FL 33414		Phone (561) 339-4280		Permanent Address (Street, Apt. Number) 610 JEFFERSON DR UNIT 105 DEERFIELD BCH FL 33442		Address Source DEFENDANT		Business Address (Name, Street) () ()		Occupation RESTAURANT CONSULTANT		D/L Number, State (FL)C400765652560	
	Soc. Sec. Number () () () () () ()		INS Number		Place of Birth (City, State) BROOKLYN NY		Citizenship US		Co-Defendant Name (Last, First, Middle)		Race		Sex	
	Date of Birth		1. Arrested 2. At Large		3. Felony 4. Misdemeanor 5. Juvenile		Co-Defendant Name (Last, First, Middle)		Race		Sex		Date of Birth	
	1. Arrested 2. At Large		3. Felony 4. Misdemeanor 5. Juvenile		Parent Name (Last, First, Middle) () () () () () ()		Residence Phone () () () ()		Legal Custodian <input type="checkbox"/>		Other <input type="checkbox"/>		Address (Street, Apt. Number) () () () () () ()	
CO-DEF	Notified by: (Name)		Date		Time		Juvenile Disposition 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. <input type="checkbox"/> Yes, by: (Name) <input type="checkbox"/> No: (Reason)		School Attended		Grade		Property Crime? <input type="checkbox"/> Yes <input type="checkbox"/> No	
	Description of Property		Value of Property		Drug Activity S. Sell 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		H. Hallucinogen M. Marijuana O. Opium/Deriv.		P. Paraphernalia/ Equipment S. Synthetics		U. Unknown Z. Other		Charge Description DUI/ WITH PROP DAMAGE-MINOR INJURIES	
CHARGE	Counts		Domestic Violence <input type="checkbox"/> Y <input checked="" type="checkbox"/> N		Statute Violation Number 316.193(3)C1		Violation of ORD #		Drug Activity		Drug Type		Amount / Unit	
	Offense # 17-045351		Warrant / Capias Number		Bond		Charge Description		Counts		Domestic Violence <input type="checkbox"/> Y <input checked="" type="checkbox"/> N		Statute Violation Number	
	Violation of ORD #		Warrant / Capias Number		Bond		Charge Description		Counts		Domestic Violence <input type="checkbox"/> Y <input checked="" type="checkbox"/> N		Statute Violation Number	
	Violation of ORD #		Warrant / Capias Number		Bond		Charge Description		Counts		Domestic Violence <input type="checkbox"/> Y <input checked="" type="checkbox"/> N		Statute Violation Number	
	Violation of ORD #		Warrant / Capias Number		Bond		Charge Description		Counts		Domestic Violence <input type="checkbox"/> Y <input checked="" type="checkbox"/> N		Statute Violation Number	
NOTICE TO APPEAR	Location (Court, Room Number, Address) 3228 GUN CLUB RD WEST PALM BEACH FL 33406		Court Date and Time Month MARCH Day 23 Year 2017 Time 0830 AM <input checked="" type="checkbox"/> PM <input type="checkbox"/>		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) (Signature)		Date Signed 2/28/17		HOLD for other Agency Name: <input type="checkbox"/> Dangerous <input type="checkbox"/> Resisted Arrest <input type="checkbox"/> Suicidal <input type="checkbox"/> Other:		Signature of Arresting Officer (Signature)	
	Name Verification (Printed by Arrestee) FEB 28 AM 3:25		Name of Arresting Officer (Print) Inv. E.K. White 7209		I.D. # 7209		Name of Arresting Officer (Print) Inv. E.K. White 7209		ID # 7209		Agency PBSO		Witness here if subject signed with an -X- 1 OF 1	
ADMIN	Initials (Signature)		Pouch #		Transporting Officer Inv. E.K. White 7209		ID # 7209		Agency PBSO		PAGE 1 OF 1		DISTRIBUTION: WHITE - COURT COPY GREEN - STATE ATTORNEY YELLOW - AGENCY PINK - AGENCY GOLD - DEFENDANT (N.T.A.'s ONLY)	

PROBABLE CAUSE/AFFIDAVIT

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

1 Juvenile

Agency ORI Number: FLO 500000 Agency Name: PALM BEACH COUNTY SHERIFF'S OFFICE Agency Report Number: 06-17-045351

Name (Last, First, Middle): CAHILL ROBERT EDWARD Race: W Sex: M Date of Birth: 07/16/1965

Charge Description: DUI/ WITH PROP DAMAGE-MINOR INJURIES 316.193(3)C1

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

The undersigned certifies and swears that he/she has just and reasonable grounds to believe, and does believe that the above named Defendant committed the following violation of law. The Person taken into custody [] committed the below acts in my presence. [] was observed by _____ who told _____ that he/she saw the arrested person commit the below acts. [] confessed to _____ admitting to the below facts. [] was found to have committed the below acts, resulting from my (described) investigation. On the 27 day of FEBRUARY 20 17 at 2057 [] A.M. [x] P.M. (Specifically include facts constituting cause for arrest.)

I made contact with the driver who was later identified as Robert Edward Cahill by his driver license. He was sitting in the back of Rescue 230 being assessed by paramedics. He had visible injuries to the right side of his face. This area was swollen and bleeding. I could also see blood forming in the inside of his mouth which oozed down his face on occasion. His eyes were red, watery and glossy. His face was flushed and he appeared dazed and disoriented. I could smell a strong odor of an unknown alcoholic beverage emanating from his breath that intensified when he spoke to me. I advised him his Constitutional Rights. He told me he understood his "rights". I asked if he would consent to an interview. He obliged. I heard the paramedics were advising him to go to the hospital for additional treatment. Cahill refused to be transported and said his injuries were not severe. After several attempts to convince him to go to the hospital, the paramedics accepted his refusal. Cahill got out of the ambulance and began walking a few paces up the roadway, before turning around and walking back to the ambulance. Afterward he said he was fine. He swayed while standing and was unable to maintain his balance while walking. During my encounter with him I asked what happened. He told me he was waiting behind a vehicle at the entrance gate to his complex. He said the security officer was inexperienced. Cahill said he inadvertently stepped on the gas pedal instead of the brakes and struck the car ahead of his. I explained that I was assisting D/S Tejada with the crash investigation. Subsequently I asked if he had been drinking alcoholic beverages. He told me he sold wine to a customer and he drank a half of a glass. I told him I had completed my assistance with the crash investigation and would now be conducting a criminal investigation for DUI. I asked if he would consent to performing Standardized Field Sobriety Evaluations (SFSTs) for the purpose of determining if he was impaired while operating a motor vehicle. He consented to performing the SFSTs. Prior to his performance I asked if he had any physical problems with his body that would inhibit him from performing light physical movements. I also asked if he was on medication. The defendant conveyed he neither had anything wrong with him physically, nor was he on medication. During the SFSTs, however, he remembered a hip injury that he sustained 25 years ago while playing football. He told me he was not being treated for the injury. The following SFSTs were explained, demonstrated and acknowledged by him prior to his performance: HGN, The Walk and Turn, The One Leg Stand, The Finger to Nose and The Romberg Alphabet Recitation. The SFSTs were administered on a smooth and level surface in a parking lot. This area was free from obstructions and debris. It was well lit by ambient lighting and the lighting from my patrol car. His deficiencies were recorded on another portion of this packet.

STATE OF FLORIDA COUNTY OF PALM BEACH Inv. E.K. White 7209 (Signature of Arresting/Investigative Officer)

The foregoing instrument was sworn to or affirmed and subscribed before me this 27 day of February 20 17 by Inv. E.K. White 7209

(Print name of Arresting/Investigative Officer) who is personally known to me Notary Public, Clerk of Court, Officer (F.S.S. 117.10) B. SUE OWEN State of Florida-Notary Public Commission # FF093160 My Commission Expires MAY 30, 2018

ADMIN	Agency ORI Number FLO 500000	Agency Name PALM BEACH COUNTY SHERIFF'S OFFICE	Agency Report Number 06-17-045351
	Charge Type: <input type="checkbox"/> 1. Felony <input type="checkbox"/> 2. Traffic Felony <input checked="" type="checkbox"/> 3. Misdemeanor <input checked="" type="checkbox"/> 4. Traffic Misdemeanor <input type="checkbox"/> 5. Ordinance <input type="checkbox"/> 6. Other		

NAME	Name (Last, First, Middle) CAHILL ROBERT EDWARD	Alias	Race W	Sex M	Date of Birth 07/16/1965
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CHARGES	Charge Description DUI WITH PROP DAMAGE-MINOR INJURIES 316.193(3)C1	Charge Description
	Charge Description	Charge Description

VICTIM	Victim's Name (Last, First, Middle)	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		

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

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

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

On the 27 day of **FEBRUARY** 2017 at 2057 A.M. P.M. (Specifically include facts constituting cause for arrest.)

After placing Cahill under arrest for DUI I noticed the blood in his mouth continued to ooze and drip down his face. Seeing the blood inside his mouth made breath samples impractical. The paramedics from Rescue 230 were still on scene. I explained to Cahill that breath samples would be impractical due to the blood in his mouth. I told him I am requesting that he submit to a lawful test of his blood for the purpose of detecting its alcohol content and the presence of chemical or controlled substances. He refused. I read him implied consent in its entirety and asked if he understood. He told me he did understand. I asked if he would reconsider his refusal and submit his blood. He consented. I had the the team from Rescue 230 drive over to our location. I escorted Cahill to the back of the rescue unit and secured the doors behind us. At 2230 hours, I witnessed Paramedic M. Jacobs withdraw the first vial of blood from Cahill's left arm. At 2231 hours, he withdrew approximately a half tube from the same arm. The blood was packaged in the test kit and placed into refrigerated evidence.

PROBABLE CAUSE STATEMENT

NOT A CERTIFICATE

STATE OF FLORIDA
 COUNTY OF PALM BEACH
Inv. E.K. White 7209
 (Signature of Arresting/Investigative Officer)

The foregoing instrument was sworn to or affirmed and subscribed before me this 27 day of February 2017 by _____

(Print name of Arresting/Investigative Officer); who is personally known to me and/or produced identification _____

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

State of Florida-Notary Public
 Commission # FF093160
 My Commission Expires
 May 30, 2018

D.U.I. PROBABLE CAUSE AFFIDAVIT

ON THE 27 DAY OF FEBRUARY 20 17, AT 2057 AM PM

SUBJECT: CAHILL ROBERT EDWARD CASE NUMBER: 17-045351

AGENCY: PALM BEACH COUNTY SHERIFF'S OFFICE ARRESTING OFFICER: Inv. E.K. White 7209

PERSONAL CONTACT

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

On Monday, February 27, 2017 at approximately 2200 hours, I was dispatched to 2500 Villagewalk Boulevard (Bv), Wellington (Palm Beach County) Florida to assist Deputy Albert S. Tejada with a traffic crash that involved a possible drunk driver. Upon my arrival I noticed a brown car stopped in the inside entrance lane to the development beyond the gate facing east. The vehicle had damage to its left side indicating that it was sideswiped by another vehicle. I saw another vehicle resting against a tree. This vehicle had severe front end damage. Both front airbags were deployed. D/S Tejada and I investigated the crash scene. We also located witnesses who came forward with information regarding the crash. The security officer who was working the front gate when the crash occurred sustained injuries from the crash and was transported to Wellington Regional Hospital. The witnesses identified the aforementioned subject as the driver of the vehicle that struck theirs. They pointed him out to me while we were on scene. They also wrote a sworn witness statement.

OBSERVATION OF DRIVER:

SEE PC AFFIDAVITS

DRIVER'S STATEMENTS:

I drank a half glass of wine

ODORS:

Strong odor of an unknown alcoholic beverage coming from subject's breath.

GENERAL OBSERVATIONS

SPEECH: slow

ATTITUDE: lethargic and cooperative

CLOTHING: disheveled pants with zipper partially open, loose shirt and black shoes

MEDICAL/OTHER: none initially...previous hip injury from 25 years ago

STATE OF FLORIDA
COUNTY OF PALM BEACH

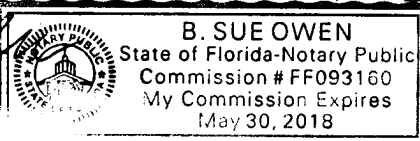
Inv. E.K. White 7209

(Signature of Arresting/Investigative Officer)

The foregoing instrument was sworn to or affirmed and subscribed before me this 27 day of February 20 17 by D/S WHITE

(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)



SUBJECT: CAHILL ROBERT EDWARD

CASE NUMBER 17-045351

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:

Subject was asked to stand with their feet together and place their hands by their side. They were asked to focus on the stimulus and follow it with their eyes. Lastly they were told not to move their head to assist in following the stimulus with their eyes. Subject often turned his head to assist his eyes in following my finger. He swayed while performing this evaluation.

WALK & TURN:

The def was placed in the instructional stance for the Walk & Turn and given instructions. The def stated that they understood my instructions. Subject could not maintain his balance while placed in the instructional position. He trembled and began this evaluation during my instructions. During this evaluation subject did not touch heel to toe, he raised his arms away from his side more, he could not maintain his balance while walking on the line, he stepped off the line and turned improperly.

ONE LEG STAND:

The def was placed in the instructional stance for the One Leg Stand and given instructions. The def stated that they understood my instructions. Subject was asked to stand on his leg of no complaint. During this evaluation subject could not maintain his balance while his leg/foot was elevated. He raised his arms away from his side and dropped his foot on the pavement twice.

FINGER TO NOSE:

The def was placed in the instructional stance for the Finger to Nose and given instructions. The def stated that they understood my instructions. During this evaluation subject continued to sway from side to side. He did not touch the tip of his finger to the tip of his nose. Rather he touched underneath and the bridge of his nose. He did not keep his eyes close as instructed.

ROMBERG ALPHABET:

The def was placed in the instructional stance for the Romberg Alphabet and given instructions. The def stated that they understood my instructions. Swayed during this evaluation. Completed it without flaw.

BREATH TEST RESULTS: 1) BLOOD CASE 2) 3) 4)

STATE OF FLORIDA COUNTY OF PALM BEACH

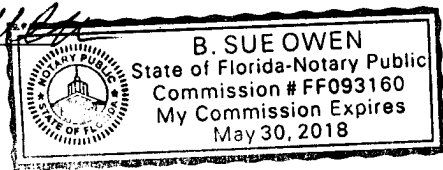
Inv. E.K. White 7209 (Signature of Arresting/Investigative Officer)

[Handwritten Signature]

The foregoing instrument was sworn to or affirmed and subscribed before me this 27 day of February 20 17 by D/S WHITE

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

[Handwritten Signature] Notary Public, Clerk of Court, Officer (F.S.S. 117.10)



STATE OF FLORIDA
SHERIFFS ASSOCIATION



VEHICLE THEFT REPORT

PLATE: 1N0228 VIN: 1G1ZC3G122M12130
VEHICLE: Vehicle Cash MAKE: GM MODEL: 2600B

REPORT MADE BY: [Signature] DATE: 2/27/17 TIME: 21:30
REPORT MADE AT: [Signature] MAKE: GM MODEL: 2600B
VEHICLE TYPE: Body Car MAKE: West Palm FL MODEL: 33406

REPORT MADE BY: [Signature] DATE: 2/27/17 TIME: 21:30
REPORT MADE AT: [Signature] MAKE: GM MODEL: 2600B

Alex Rosado
is going through the auto system around
the car in the auto system
stopped in his gas tank
and a procedure to check into the
the got out of the car loaded and

I SWEAR UNDER PENALTY OF PERJURY THAT THE ABOVE STATEMENTS ARE CORRECT AND TRUE

YOUR SIGNATURE: x Alex Rosado

DEPUTY SHERIFF / DETENTION PUBLIC 150-117-20
SWORN TO AND SUBSCRIBED BEFORE ME TODAY:
DATE: 2/27/17 TIME: 23:0
SIGNATURE: [Signature] 01/6/03

IF YOU DO NOT WISH TO PROSECUTE, COMPLETE THE ABOVE STATEMENT, READ THIS DISCLAIMER AND SIGN BELOW. I AM OF LEGAL AGE AND I AM THE REPORTER
VICTIM OF A CRIME UNDER FLORIDA LAW. I HEREBY STATE THAT I WILL NOT COOPERATE ANY FURTHER WITH THE INVESTIGATION OF THE ALLEGED CRIME. I FURTHER
RELEASE THE PALM BEACH COUNTY SHERIFF'S OFFICE OF ANY AND ALL RESPONSIBILITY AS TO MY CASE. I ACKNOWLEDGE THAT I UNDERSTAND MY
RIGHTS AS A CRIME VICTIM, PARTICULARLY REGARDING VICTIM COMPENSATION BENEFITS, WHICH INCLUDES SUCH BENEFITS AS REIMBURSEMENT FOR
EMERGENCY TRAVEL EXPENSES, LOSS OF SUPPORT, MEDICAL, DENTAL, MENTAL AND/OR COUNSELING AND FUNERAL EXPENSES. I AM AWARE I MAY BE GIVING UP THESE
RIGHTS FOR MYSELF AND MYSELF BY INITIALING BELOW. I AM TAKING THIS DECISION OF MY OWN FREE WILL KNOWING THAT THE CASE CAN ONLY BE FURTHER
INVESTIGATED AND PROSECUTED WITH MY COOPERATION. DO NOT WISH TO PROSECUTE (INITIAL _____)

WITNESS LIST

CASE NUMBER: 17-045351

ARRESTING OFFICER: Inv. E.K. White 7209

ADDRESS: DUI/Traffic

PHONE NUMBERS (HOME): _____ (WORK) 561 681 4500

CAN TESTIFY TO: DUI Investigation

NAME: D/S Albert Tejada

ADDRESS: Dist 8

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

CAN TESTIFY TO: Investigating the crash

NAME: Paramedic M Jacobs

ADDRESS Station 30 9610 Stribling Way Wellington Fl 33414

PHONE NUMBERS (HOME) _____ (WORK) 561 790 6091

CAN TESTIFY TO: withdrawing the defendants blood

NAME: Taylor r Marcus

ADDRESS 1155 Golfview Rd Lake Worth Fl 33460

PHONE NUMBERS (HOME) 561 907 9633 (WORK) 561 588 4133

CAN TESTIFY TO: witnessing Cahill driving the vehicle that struck theirs

NAME: Alex Rosado

ADDRESS 4356 Purdy Lane West Palm Beach Fl 33406

PHONE NUMBERS (HOME) 561 907 9633 (WORK) _____

CAN TESTIFY TO: witnessing Cahill driving the vehicle that struck theirs

NAME: Guillermo Sanchez

ADDRESS 294 Chatham Bv West Palm Beach Fl 33417

PHONE NUMBERS (HOME) 5612478837 (WORK) _____

CAN TESTIFY TO: _____

NAME: _____

ADDRESS _____

PHONE NUMBERS (HOME) _____ (WORK) _____

CAN TESTIFY TO: _____

NAME: _____

ADDRESS _____

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CAN TESTIFY TO: _____

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ADDRESS _____

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CAN TESTIFY TO: _____

NAME: _____

ADDRESS _____

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CAN TESTIFY TO: _____

NAME: _____

ADDRESS _____

PHONE NUMBERS (HOME) _____ (WORK) _____

CAN TESTIFY TO: _____

NOT A CERTIFIED COPY

PALM BEACH COUNTY

RIC L. BRADSHAW, SHERIFF

LFT ARM 2630 HRS 1ST

Date: 2/27/17

PBSO Case # 17-045351

I, Robert Cahill freely, knowingly and voluntarily give my consent for Doctor /Nurse /Paramedic /Phlebotomist M. JACOBS to obtain a sample (s) of my blood, urine, saliva for DNA, ethanol and/or other analysis or comparison that the Palm Beach County Sheriff's Office may deem necessary.

I consent to the obtaining of sample(s) of my blood, urine or saliva with the full understanding that the results of any such analysis may be used against me in a court of law, and hereby attest that I am not submitting due to coercion, duress, or promises, that I am consenting to the aforementioned of my own free will.

Signature: [Handwritten Signature]

Witness by:

J.W. F.V. WHITE
A. M. JACOBS

WITNESS LIST

CASE NUMBER: 17-045351

ARRESTING OFFICER: Inv. E.K. White 7209

ADDRESS: DUI/Traffic

PHONE NUMBERS (HOME): _____ (WORK) 561 681 4500

CAN TESTIFY TO: DUI Investigation

NAME: D/S Albert Tejada

ADDRESS: Dist 8

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

CAN TESTIFY TO: Investigating the crash

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ADDRESS Station 30 9610 Stribling Way Wellington Fl 33414

PHONE NUMBERS (HOME) _____ (WORK) 561 790 6091

CAN TESTIFY TO: withdrawing the defendants blood

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CAN TESTIFY TO: witnessing Cahill driving the vehicle that struck theirs

NAME: Alex Rosado

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PHONE NUMBERS (HOME) 561 907 9633 (WORK) _____

CAN TESTIFY TO: witnessing Cahill driving the vehicle that struck theirs

NAME: Guillermo Sanchez

ADDRESS 294 Chatham Bv West Palm Beach Fl 33417

PHONE NUMBERS (HOME) 5612478837 (WORK) _____

CAN TESTIFY TO: _____

NAME: _____

ADDRESS _____

PHONE NUMBERS (HOME) _____ (WORK) _____

CAN TESTIFY TO: _____

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ADDRESS _____

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ADDRESS _____

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CAN TESTIFY TO: _____

NAME: _____

ADDRESS _____

PHONE NUMBERS (HOME) _____ (WORK) _____

CAN TESTIFY TO: _____

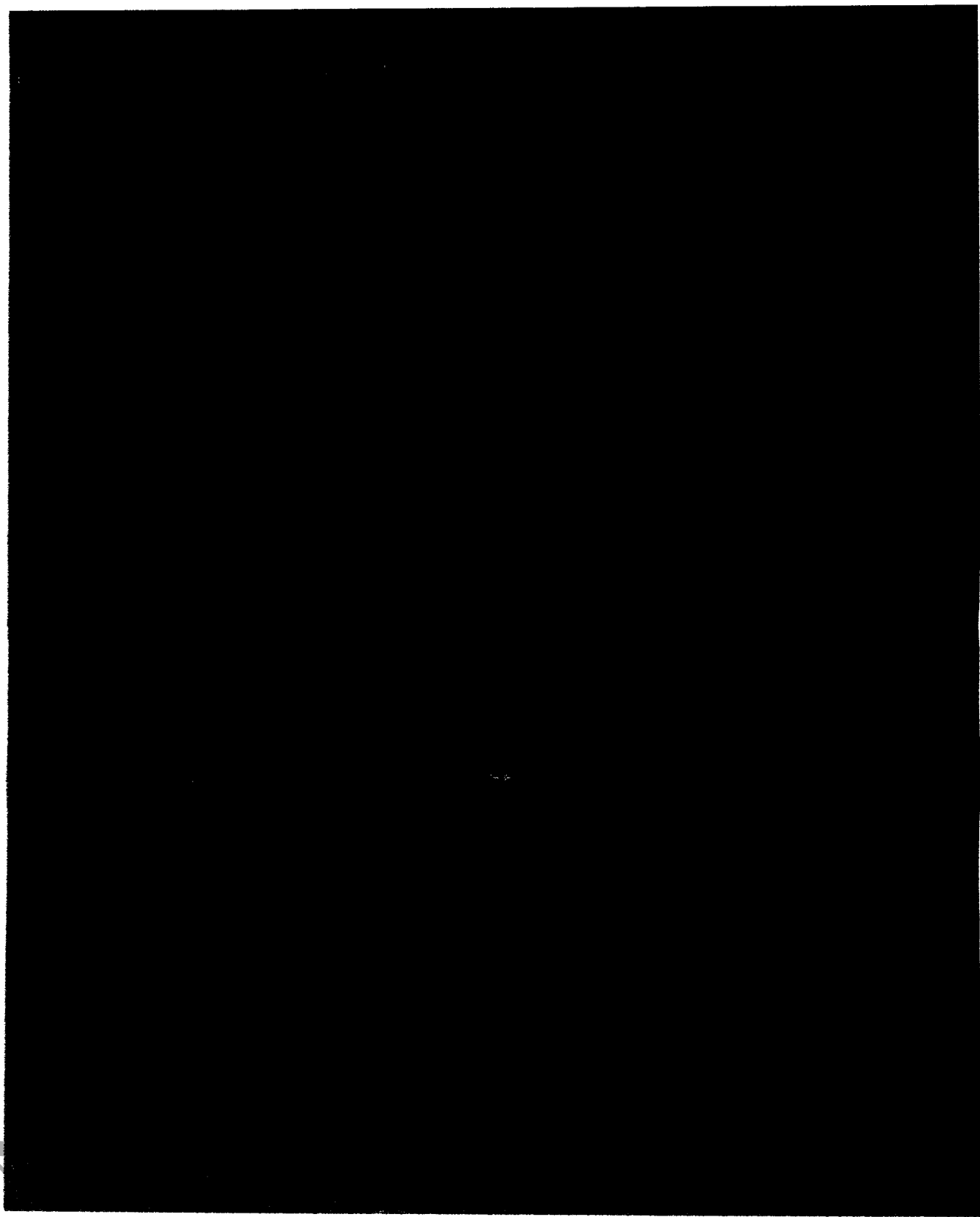
NAME: _____

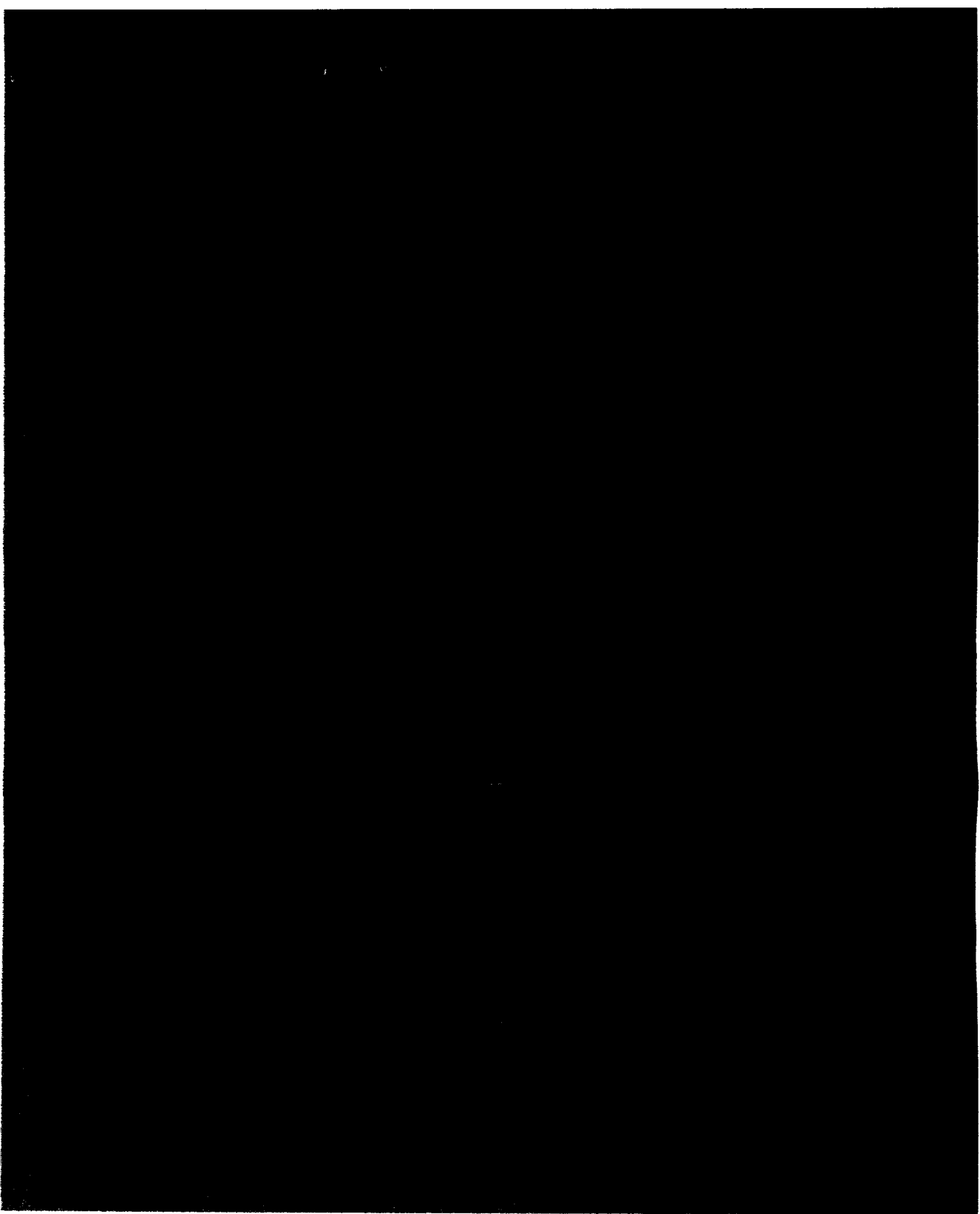
ADDRESS _____

PHONE NUMBERS (HOME) _____ (WORK) _____

CAN TESTIFY TO: _____

NOT A CERTIFIED COPY





SUBJECT: Robert Cahill

CASE NUMBER: 17-045351

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 Inv. E.K. White 7209 of the PALM BEACH COUNTY SHERIFF'S OFFICE

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 as admissible into evidence in any criminal proceeding.

SUBJECT'S SIGNATURE: [Signature]

CONSTITUTIONAL WARNINGS

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

You have the right to remain silent and not answer any questions.

Any statement must be freely and voluntarily given.

You have the right to the presence of a lawyer of your choice before you make any statement and during any questioning.

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.

If at any time during the interview you do not wish to answer any questions, you are privileged to remain silent.

I can make no threats or promises to induce you to make a statement. This must be of your own free will.

Any statement can and will be used against you in a court of law.

SUSPECT'S SIGNATURE: [Signature]