

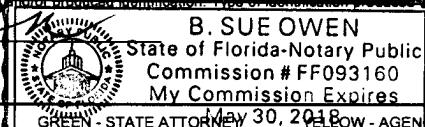
0192102

## ARREST / NOTICE TO APPEAR

Juvenile Referral Report

1. Arrest  
2. N.T.A.3. Request for Warrant  
4. Request for Capias494  
Juvenile

OBTS Number			ARREST / NOTICE TO APPEAR Juvenile Referral Report						1														
Agency ORI Number		Agency Name			Agency Report Number (N.T.A.'s only)			17-045351															
FLO 500000		PALM BEACH COUNTY SHERIFF'S OFFICE			06-																		
ChargeType: Check as many as apply.		<input type="checkbox"/> 1. Felony <input type="checkbox"/> 3. Misdemeanor <input type="checkbox"/> 5. Ordinance <input type="checkbox"/> 2. Traffic Felony <input checked="" type="checkbox"/> 4. Traffic Misdemeanor <input type="checkbox"/> 6. Other			Weapon Seized / Type			Multiple Clearance Indicator															
					1. Yes 2. No																		
Location of Arrest (Including Name of Business)		Location of Offense (Business Name, Address)																					
2500 VILLAGEWALK BLVD WELLINGTON FL 33414		2500 VILLAGEWALK BLVD WELLINGTON FL 33414																					
Date of Arrest		Time of Arrest	Booking Date	Booking Time	Jail Date	Jail Time	Location of Vehicle																
02/27/17		2220																					
Name (Last, First, Middle) CAHILL ROBERT EDWARD																							
Race W - White 1 - American Indian B - Black 0- Oriental/Asian		Sex W M		Date of Birth 07/16/1965		Height 510		Weight 160		Eye Color HAZ													
										Hair Color BRO													
										Complexion FAIR													
										Build THIN													
Scars, Marks, Tattoos, Unique Physical Features (Location, Type, Description)						Marital Status S		Religion CATHOLIC		Indication of Alcohol Influence Drug Influence													
TAT ON BACK						S		CATHOLIC		Y N Unk.													
Local Address (Street, Apt. Number)		(City)		(State)		(Zip)		Phone (561) 339-4280		Residence Type: 1. City 2. County 3. Florida 4. Out of State													
8311 DOMENICO PL		WELLINGTON		FL		33414				2													
Permanent Address (Street, Apt. Number)		(City)		(State)		(Zip)		Phone ( )		Address Source DEFENDANT													
610 JEFFERSON DR UNIT 105		DEERFIELD BCH		FL		33442				Occupation RESTAURANT CONSULTANT													
Business Address (Name, Street)		(City)		(State)		(Zip)		Phone ( )															
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		<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 Legal Custodian Other Name (Last) (First) (Middle)						Residence Phone ( )																	
Address (Street, Apt. Number)						Business Phone ( )																	
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 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/Derv.		P. Paraphernalia/ Equipment S. Synthetics		U. Unknown Z. Other			
Charge Description DUI/ WITH PROP DAMAGE-MINOR INJURIES						Counts 1		Domestic Violence <input type="checkbox"/> Y <input checked="" type="checkbox"/> N				Statute Violation Number 316.193(3)C1		Violation of ORD #									
Drug Activity N		Drug Type N		Amount / Unit N/A		Offense # 17-045351				Warrant / Capias Number		Bond											
Charge Description						Counts		Domestic Violence <input type="checkbox"/> Y <input type="checkbox"/> N				Violation of ORD #											
Drug Activity		Drug Type		Amount / Unit		Offense #				Warrant / Capias Number		Bond											
Charge Description						Counts		Domestic Violence <input type="checkbox"/> Y <input type="checkbox"/> N				Violation of ORD #											
Drug Activity		Drug Type		Amount / Unit		Offense #				Warrant / Capias Number		Bond											
Charge Description						Counts		Domestic Violence <input type="checkbox"/> Y <input type="checkbox"/> N				Violation of ORD #											
Drug Activity		Drug Type		Amount / Unit		Offense #				Warrant / Capias Number		Bond											
Location (Court, Room Number, Address)						3228 GUN CLUB RD WEST PALM BEACH FL 33406										FEB 28 AM 3:25							
Court Date and Time						Month MARCH		Day 23		Year 2011		Time 0830		AM <input checked="" type="checkbox"/>		PM <input type="checkbox"/>		2011					
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												2011											
Signature of Defendant (or Juvenile and Parent /Custodian)												Date Signed 2011											
HOLD for other Agency Name:				Signature of Arresting Officer X				Name Verification (Printed by Arrestee) FEB 28 AM 3:25															
<input type="checkbox"/> Dangerous <input type="checkbox"/> Resisted Arrest <input type="checkbox"/> Suicidal <input type="checkbox"/> Other:				Name of Arresting Officer (Print) Inv. E.K. White 7209				I.D. # 7209				(PRINT)											
Initials/Deputy				Transporting Officer Inv. E.K. White				ID # 7209				Agency PBSO											
DISTRIBUTION: WHITE - COURT COPY				GREEN - STATE ATTORNEY				YELLOW - AGENCY				PINK - AGENCY				GOLD - DEFENDANT (N.T.A.'s ONLY)							
PBSO #148 REV. 8/97												1 OF 1											

ADMIN	OBTS Number	PROBABLE CAUSE, AFFIDAVIT			1. Arrest	3. Request for Warrant	2. N.T.A.	4. Request for Capias	1	Juvenile	
	Agency ORI Number	Agency Name	PALM BEACH COUNTY SHERIFF'S OFFICE			06-	17-045351				
FLO 500000											
ChargeType: <input type="checkbox"/> 1. Felony <input type="checkbox"/> 3. Misdemeanor <input type="checkbox"/> 5. Ordinance Check as many as apply: <input type="checkbox"/> 2. Traffic Felony <input type="checkbox"/> 4. Traffic Misdemeanor <input type="checkbox"/> 6. Other					Special Notes:						
DEF	Name (Last, First, Middle) <b>CAHILL ROBERT EDWARD</b>					Alias		Race	Sex	Date of Birth	
W	M	07/16/1965									
CHARGES	Charge Description <b>DUI/ WITH PROP DAMAGE-MINOR INJURIES 316.193(3)C1</b>			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 <input type="checkbox"/> committed the below acts in my presence. <input type="checkbox"/> confessed to _____ admitting to the below facts. <input type="checkbox"/> was observed by _____ who told _____ that he/she saw the arrested person commit the below acts. <input type="checkbox"/> was found to have committed the below acts, resulting from my (described) investigation.											
On the <u>27</u> day of <u>FEBRUARY</u> <u>20 17</u> at <u>2057</u> <input type="checkbox"/> A.M. <input checked="" type="checkbox"/> P.M. (Specifically include facts constituting cause for arrest.)											
<p><b>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 inexperience. 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.</b></p>											
PROBABLE CAUSE STATEMENT											
ADMINISTRATIVE	STATE OF FLORIDA COUNTY OF PALM BEACH <b>Inv. E.K. White 7209</b> (Signature of Arresting/Investigative Officer)										
	<u>27</u> February <u>20 17</u> by <u>Inv. E.K. White 7209</u> The foregoing instrument was sworn to or affirmed and subscribed before me this _____ day of _____ by _____ (Print name of Arresting/Investigative Officer) who is personally known to me or known to me by reputation. Type or print name of witness Notary Public, Clerk of Court, Officer (F.S.S. 117.10)										
	 <b>B. SUE OWEN</b> State of Florida-Notary Public Commission # FF093160 My Commission Expires <u>May 30, 2018</u> <b>GREEN - STATE ATTORNEY FELLOW - AGENDA</b>										
	PAGE _____ OF _____										

OBTS Number		PROBABLE CAUSE, AFFIDAVIT				1. Arrest 2. N.T.A.	3. Request for Warrant 4. Request for Capias	1	Juvenile	
ADMIN	Agency ORI Number <b>FLO 500000</b>	Agency Name <b>PALM BEACH COUNTY SHERIFF'S OFFICE</b>	Agency Report Number <b>06-17-045351</b>		Special Notes:					
	Charge Type: Check as many as apply: 1. Felony 2. Traffic Felony 3. Misdemeanor 4. Traffic Misdemeanor 5. Ordinance 6. Other									
DEF	Name (Last, First, Middle) <b>CAHILL ROBERT EDWARD</b>				Alias		Race <b>W</b>	Sex <b>M</b>	Date of Birth <b>07/16/1965</b>	
CHARGES	Charge Description <b>DUI/ WITH PROP DAMAGE-MINOR INJURIES 316.193(3)C1</b>		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			
<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.</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 type="checkbox"/> was found to have committed the below acts, resulting from my (described) investigation.</p>										
<p>On the <b>27</b> day of <b>FEBRUARY</b> <b>20 17</b> at <b>2057</b> <input type="checkbox"/> A. M. <input checked="" type="checkbox"/> P.M. (Specifically include facts constituting cause for arrest.)</p>										
<p>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.</p>										
PROBABLE CAUSE STATEMENT										
ADMINISTRATIVE	<p>STATE OF FLORIDA COUNTY OF PALM BEACH</p> <p><b>Inv. E.K. White 7209</b> (Signature of Arresting/Investigative Officer)</p> <p><i>[Signature]</i></p> <p>The foregoing instrument was sworn to or affirmed and subscribed before me this <b>27</b> day of <b>February</b> <b>20 17</b> by _____</p> <p>(Print name of Arresting/Investigative Officer), who is personally known to me and/or produced identification type _____ and/or produced _____</p> <p>State of Florida-Notary Public Commission # FF093160 My Commission Expires May 30, 2018</p> <p>PAGE _____ OF _____</p>									

# 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

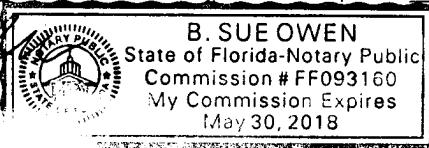
Inv. E.K. White 7209

(Signature of Arresting/Investigative Officer)

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



## 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:**

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

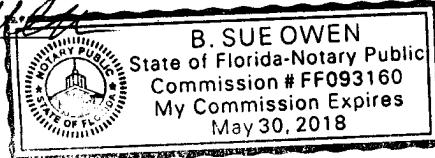
Inv. E.K. White 7209

(Signature of Arresting/Investigative Officer)

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



drives through the camp. At 10pm 35 minutes after the first shot, a 1000kg truck carrying a child and side table  
hits a mine. The child is killed. The driver is  
dazed and bleeding from the head.

Digitized by srujanika@gmail.com

**STATEMENT MADE SOLEMNLY AND TRUE:**

## YOUR SIGNATURE

2019-2020 CATALOGUE PAGE 171

THE WORLD'S LARGEST AND MOST EXPENSIVE BOOK TODAY.

DATE 7/7/17 TIME 7:30

19. *Leucosia* (Leucosia) *leucostoma* (Fabricius) (Fig. 19)

EXCELSIOR'S EXCELSIOR LINE OF EQUIPMENT

#### THE PRACTICAL USE OF THE INDIVIDUALISATION OF THE ALLEGORY

THEY ARE THE LEADERS TO MY EYES, AND I WOULD TRY THEM.

THE 1970'S: A DECADE WHICH ENLIGHTENED MANY COMMUNITIES AS TO THE

19. *Leucosia* (Leucosia) *leucostoma* (Fabricius) (Fig. 19)

19. *Leucosia* (Leucosia) *leucostoma* (Fabricius) (Fig. 19)

卷之三

10. *Leucosia* (Leucosia) *leucostoma* (Fabricius) (Fig. 10)

10. *Leucosia* (Leucosia) *leucostoma* (Fabricius) (Fig. 10)

111

## Parties of Govt.

Figure 1. A 2D grayscale image of a textured surface. The image is 1000 pixels wide and 1000 pixels high. It contains a complex, high-frequency texture that is mostly uniform in color but with some subtle variations in tone and structure.

1990-1991

1980-1981

1408

## 1. *Introduction*

## How to Draw a Line Through Any One of a Set of Points

March 19, 1948, 1948

and Dick and I are off to the beach.

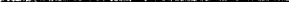
He got out of the car dozing.

10. *Leucosia* (Leucosia) *leucostoma* (Fabricius) (Fig. 10)

STAY HOME AND STAY SAFE AND TONE

YOUR SIGNATURE X *Ex 55000*

DATE 2/27/17 // TIME 7:30

**SEIGNAIRE** 

1/103

THE BIRDS OF THE SOLOMON ISLANDS

10. *Leucosia* (Leucosia) *leucostoma* (Fabricius) (Fig. 10)

# WITNESS LIST

17-045351

ARRESTING OFFICER: **Inv. E.K. White 7209**

CASE NUMBER: \_\_\_\_\_

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: \_\_\_\_\_

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: \_\_\_\_\_

PALM BEACH COUNTY

NICK BRADSHAW, SHERIFF

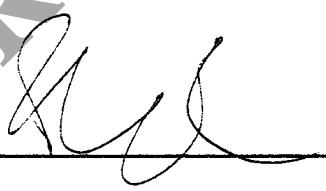
1<sup>st</sup>  
LFT ARM 263 TPS

Date: 2/27/17

PBSO Case # 17-045351

I, Robert C. Hill 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: 

Witness by:

J.W. E.K. WHITE  
A M Yers

# WITNESS LIST

17-045351

CASE NUMBER:

Inv. E.K. White 7209

ARRESTING OFFICER: \_\_\_\_\_

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 \_\_\_\_\_

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: \_\_\_\_\_



▲

SUBJECT: Robert CATHILL

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: 

## 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: 