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|--|--|--|--|---|--|--|--|---|--|--|--|--|--|
| OBTS Number | | ARREST / NOTICE TO APPEAR Juvenile Referral Report | | 1. Arrest 2. N.T.A. | | 3. Request for Warrant 4. Request for Capias | | 1 | | Juvenile | | N | |
| Agency ORI Number FLO 500000 | | Agency Name PALM BEACH COUNTY SHERIFF'S OFFICE | | | | Agency Report Number (N.T.A.'s only) 06-16153921 | | | | | | | |
| Charge Type: Check as many as apply. | | <input type="checkbox"/> 1. Felony <input type="checkbox"/> 2. Traffic Felony | | <input type="checkbox"/> 3. Misdemeanor <input checked="" type="checkbox"/> 4. Traffic Misdemeanor | | <input type="checkbox"/> 5. Ordinance <input type="checkbox"/> 6. Other | | Weapon Seized / Type 2. 1. Yes 2. No | | Multiple Clearance Indicator | | 01 | |
| Location of Arrest (Including Name of Business) Orange Blvd and 140th Ave North, Loxahatchee FL 33412 | | | | | | Location of Offense (Business Name, Address) Orange Blvd and 140th Ave North, Loxahatchee FL 33412 | | | | | | | |
| Date of Arrest 11/18/2016 | | Time of Arrest 2203 | | Booking Date | | Booking Time | | Jail Date | | Jail Time | | Location of Vehicle Removed from scene by girlfriend | |
| Name (Last, First, Middle) Ciceroni Jr., Robert Frederick | | | | | | Alias (Name, DOB, Soc. Sec. #, Etc.) | | | | | | | |
| Race W - White I - American Indian B - Black O - Oriental/Asian | | Sex M | | Date of Birth 08/16/1964 | | Height 5'11" | | Weight 215 | | Eye Color Brown | | Hair Color Grey | |
| | | | | | | | | | | Complexion Light | | Build Medium | |
| Scars, Marks, Tattoos, Unique Physical Features (Location, Type, Description) Multiple tattoos on body | | | | | | Marital Status Divorced | | Religion NONE | | Indication of: Alcohol Influence Drug Influence | | Y <input checked="" type="checkbox"/> N <input type="checkbox"/> Unk. <input type="checkbox"/> | |
| Local Address (Street, Apt. Number) 7504 Grapeview Blvd, Loxahatchee FL 33470 | | | | | | (City) | | (State) | | (Zip) | | Phone (561) 543-6506 | |
| Permanent Address (Street, Apt. Number) Same as above | | | | | | (City) | | (State) | | (Zip) | | Address Source FL DL | |
| Business Address (Name, Street) Same as above | | | | | | (City) | | (State) | | (Zip) | | Occupation Electrical contractor | |
| D/L Number, State C265766642960, FL | | | | Soc. Sec. Number [REDACTED] | | INS Number | | Place of Birth (City, State) Framingham, Mass | | Citizenship USA | | | |
| Co-Defendant Name (Last, First, Middle) | | | | | | Race | | Sex | | Date of Birth | | <input type="checkbox"/> 1. Arrested <input type="checkbox"/> 2. At Large <input checked="" 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 | |
| Name (Last) | | | | | | (First) | | (Middle) | | Residence Phone () | | | |
| Address (Street, Apt. Number) | | | | | | (City) | | (State) | | (Zip) | | 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. 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 crash with property damage | | | | | | Counts 1 | | Domestic Violence <input type="checkbox"/> Y <input checked="" type="checkbox"/> N | | Statute Violation Number 316.193(3)(c)(1) | | Violation of ORD # | |
| Drug Activity N | | Drug Type N | | Amount / Unit | | Offense # 16153921 | | 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 # | | 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 # | | 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 # | | Warrant / Capias Number | | Bond | | | |
| Location (Court, Room Number, Address) Criminal Justice Complex: 3228 Gun Club Road, West Palm Beach FL 33406 | | | | | | | | | | | | | |
| Court Date and Time Month December Day 15th Year 2016 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 11/18/16 | |
| HOLD for other Agency Name: | | | | Signature of Arresting Officer [Signature] | | | | Name Verification (Printed by Arrestee) Nov 19 am 1:35 | | | | | |
| <input type="checkbox"/> Dangerous <input type="checkbox"/> Suicidal <input type="checkbox"/> Resisted Arrest <input type="checkbox"/> Other: | | | | Name of Arresting Officer (Print) Inv. Christopher Ficarra 8368 | | | | I.D. # 8368 | | | | PAGE 1 | |
| Intake Deputy [Signature] | | | | Transporting Officer Inv. Christopher Ficarra 8368 | | | | ID # PBSO | | | | Witness here if subject signed with an "X" 1 OF 1 | |

| | | PROBABLE CAUSE AFFIDAVIT | | 1. Arrest 2. N.T.A. | | 3. Request for Warrant 4. Request for Capias | | 1 | Juvenile | N |
|--|--|--|---------|------------------------|-------|---|----------------|-----------------------------|----------|---|
| ADMIN | OBTS Number | | | Agency ORI Number | | Agency Name | | Agency Report Number | | |
| | FLO 500000 | PALM BEACH COUNTY SHERIFF'S OFFICE | | 06- | | 16153921 | | | | |
| CHARGES | Charge Type: Check as many as apply. | <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 | | Special Notes: | | | | | | |
| | Name (Last, First, Middle) Ciceroni Jr., Robert Frederick | Alias | | Race W | | Sex M | | Date of Birth 08/16/1964 | | |
| VICTIM | Charge Description | DUI crash with property damage 316.193(3)(c)(1) | | Charge Description | | | | | | |
| | Charge Description | | | Charge Description | | | | | | |
| ADMINISTRATIVE | Victim's Name (Last, First, Middle) | State of Florida | | 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. The Person taken into custody</p> <div style="display: flex; justify-content: space-between;"> <div> <input type="checkbox"/> committed the below acts in my presence. <input type="checkbox"/> confessed to _____ admitting to the below facts. </div> <div> <input type="checkbox"/> was observed by _____ who told _____ that he/she saw the arrested person commit the below acts. <input checked="" type="checkbox"/> was found to have committed the below acts, resulting from my (described) investigation. </div> </div> <p>On the <u>18th</u> day of <u>November</u> 20<u>16</u> at <u>2039</u> <input type="checkbox"/> A.M. <input checked="" type="checkbox"/> P.M. (Specifically include facts constituting cause for arrest.)</p> | | | | | | | | | | |
| <p>Post Constitutional Warnings Robert stated the following: He was not injured. He took several prescription medication for things such as blood pressure and cholesterol. He did not take any further prescription medication. He stated he did not have any physical defects or injuries. Robert stated his vision sucked because he had gotten older, did not have any other issues, and wore prescription sunglasses. Robert again stated he had no physical defects or injuries and only had prescriptions for his blood pressure and cholesterol. He did not take any illegal drugs or smoke any marijuana. Robert stated in regards to the crash that the other vehicle stopped and took off which made Robert think he was leaving. The other vehicle then stopped again. Robert stated he was driving the Ford and his daughter was a passenger in the vehicle at the time of the crash. Robert stated that the Ford was registered to him. Robert did not have anything to drink since getting in the crash but stated that he drank two shots of "Crown" approximately an hour and a half prior to the crash. He stated that he drank at his friend's house and he was heading home. Robert ate prior to getting to his friend's house, he ate grilled chicken broccoli and coleslaw. Robert did not have any beer to drink just the shots that night.</p> <p>Based on my above observations I asked Robert to submit to standardized field sobriety tasks which he stated he would do. Robert stated that his knees had been "jacked up" prior to the tasks but stated that they were not bothering him at that point. Robert stated that he missed the point that I asked him if he had any physical defects or injuries. I repositioned my patrol vehicle onto 140th Ave North just north of the intersection and blocked an entire lane of traffic. Robert stated he was okay to walk in his boots and decided to keep them on for the tasks. Robert stated that he did not have diabetes or seizure issues that he knew of. He assisted in placing a white tape line on the roadway for the tasks. The overhead police blue lights were turned off prior to the tasks. **See DUI Roadside task page for further**</p> | | | | | | | | | | |
| <p>STATE OF FLORIDA COUNTY OF PALM BEACH Inv. Christopher Ficarra (Signature of Arresting/Investigative Officer)</p> <p style="text-align: right;">18th day of November 2016 by Inv. Christopher Ficarra 8368</p> <p>The foregoing instrument was sworn to or affirmed and subscribed before me this _____ day of _____, 2016 by _____ Known</p> <p>(Print name of Arresting/Investigative Officer, who is personally known to me and who produced identification. Type of identification produced)</p> <p>Notary Public, Clerk of Court, Officer (F.S.S. 117.10)</p> <div style="border: 1px solid black; padding: 5px; width: fit-content;"> <p style="text-align: center;">B. SUE OWEN State of Florida-Notary Public Commission # FF093160 My Commission Expires May 30, 2018</p> </div> | | | | | | | | | | |
| <div style="border: 1px solid black; padding: 5px; display: inline-block;"> PAGE 1 OF 1 </div> | | | | | | | | | | |

| | | | | | | | |
|--|--|--|--|--|-----------------|---------------------------------|-----------------------------------|
| OBTS Number | | PROBABLE CAUSE AFFIDAVIT | | 1. Arrest 3. Request For Warrant 2. N.T.A. 4. Request For Capias | | 1 | Juvenile <input type="checkbox"/> |
| Agency ORI Number FLO 500000 | | Agency Name PALM BEACH COUNTY SHERIFF'S OFFICE | | Agency Report Number 06 | | | |
| Charge Type: Check as many as apply | | <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 | | Special Notes | | | |
| Defendant Name (Last, First, Middle) CICERONI ROBERT | | F | | Race W | Sex M | Date of Birth 8/16/64 | |
| Charge DUI | | Charge | | | | | |
| Charge | | Charge | | | | | |
| Victim Name (Last, First, Middle) FLORIDA | | | | Race | Sex | Date of Birth | |
| Local Address (Street, Apt. Number) | | City | | State | Zip | Phone | |
| Business Address (Street, Apt. Number) | | City | | State | Zip | Phone | |
| | | | | | | Occupation | |
| The undersign 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 checked="" type="checkbox"/> committed the below acts in my presence. | | | | <input type="checkbox"/> was observed by _____ who told _____ that he/she saw the arrested person commit the below acts. | | | |
| <input type="checkbox"/> confessed to admitting to the below facts. | | | | <input type="checkbox"/> was found to have committed the below acts, resulting from (described) investigation. | | | |
| On the 18 day of NOV 20 16 at 2050 <input type="checkbox"/> AM <input type="checkbox"/> PM | | | | | | | |

ON THE ABOVE DATE AND TIME I RESPONDED TO ORANGE BLVD AND 140TH AVE N IN REFERENCE TO A TRAFFIC CRASH. UPON ARRIVAL I OBSERVED ROBERT CICERONI STANDING NEXT TO A BLACK PICK UP TRUCK TALKING TO THE DRIVER OF THE TRUCK, KENNETH ROCHEFORT. I ASKED THEM IF THEY NEEDED A CRASH REPORT, AND KENNETH SAID YES. ROBERT BEGAN TO TALK AND SAID THAT HE PROMISES TO TAKE CARE OF THE DAMAGE WITHOUT THE REPORT. WHILE HE WAS TALKING I COULD SMELL A STRONG ODOR OF ALCOHOL ON HIS BREATH, HE HAD RED AND GLOSSY EYES, HE WAS SHIFTING HIS WEIGHT SIDE TO SIDE AND SWAYING BACK AND FORTH. I TOLD THEM BOTH TO GET THEIR INFORMATION FOR ME AND ROBERT WALKED BACK TO HIS TRUCK. HE WAS STUMBLING AS HE WALKED AND ALMOST FALLING OVER. KENNETH THEN TOLD ME THAT HE THOUGHT THAT ROBERT WAS DRUNK. I ASKED HIM WHO WAS DRIVING THE CAR THAT HIT HIM AND HE CONFIRMED THAT IT WAS ROBERT.

BASED ON MY OBSERVATIONS I CALLED INV FICARRA TO THE SCENE TO CONDUCT A DUI INVESTGATION. THE CRASH REPORT WAS COMPLETED UNDER PBSO CASE # 16153901.

| | |
|--|--|
| The foregoing instrument was sworn to and affirmed before me this 18 day of NOV 20 16 , by: | |
| E.K. WHITE Name of Notary Public / Clerk of Court / Officer (F.S.S. 117.00) | P READ Name of Arresting/Investigating Officer |
| Signature of Notary Public / Clerk of Court / Officer (F.S.S. 117.00) | Signature of Arresting/Investigating Officer |
| Page 1 of 1 | |

D.U.I. PROBABLE CAUSE AFFIDAVIT

ON THE 18th DAY OF November 20 16, AT 2039 PM ☒

SUBJECT: Ciceroni Jr., Robert Frederick CASE NUMBER: 16153921

AGENCY: PALM BEACH COUNTY SHERIFF'S OFFICE ARRESTING OFFICER: Inv. Christopher Ficarra

PERSONAL CONTACT

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

On 11/18/2016 at approximately 2124 hours I responded to the intersection of Orange Blvd and 140th Ave North, in unincorporated Palm Beach County, in reference to a DUI crash investigation. Upon my arrival I observed a black Ford F250 bearing Florida tag 520JVX pulling a trailer bearing Florida tag Y22BLC stopped behind a black GMC Denali pickup truck bearing Florida tag N519EH. I observed that the GMC had crash damage done to the rear bumper which appeared fresh. I did not observe any signs of damage to the front of the Ford. Both vehicles were stopped on the north side of Orange Blvd just west of the intersection with 140th Ave North. I observed a white male wearing a hat sitting in the driver's seat of the Ford. I then spoke with the responding deputy, Deputy Read ID: 13022, who stated the following: Upon his arrival he observed the driver who was also the registered owner of the F250, later identified as Robert Frederick Ciceroni Jr by his Florida issued driver's license, standing at the window of the black GMC pickup truck leaning in the window. He appeared to be talking with the other driver, later identified as Kenneth Phillip Rochefort by his Florida issued driver's license. Deputy Read talked to the drivers to see if he was needed for the reported crash. Robert turned around and stumbled and looked at Deputy Read. Robert stated to him that he did not know if he was needed. As he spoke with Robert Deputy Read observed the obvious odor of an unknown alcoholic beverage on Robert's breath. He also observed that Robert's eyes were red and glassy. The driver of the GMC stated that he wanted a crash report completed. As Robert walked back toward his truck Deputy Read observed that he was uneasy on his feet, he walked with a side to side sway. As he spoke Robert slurred his words as well. Kenneth stated to Deputy Read that he could smell the odor of an alcoholic beverage on Robert's breath and he was slurring his words.

OBSERVATION OF DRIVER:

Deputy Read had Kenneth fill out a sworn written statement regarding the incident. He also advised that a female passenger of the Ford had called for a ride because she believed that Robert would be going to jail that night. Deputy Read conducted the crash investigation (reference crash case number 16153901). The passenger also stated to Deputy Read that she did not want to drive home with Robert and she would go home with the ride she called. Deputy Read filled out a supplemental probable cause affidavit regarding the incident. ** See attached** I then spoke with Kenneth who was still sitting in the driver's seat of the GMC. I obtained his sworn written statement from him. **See attached** Kenneth stated that he observed Robert appeared very tired and his words were slurred. He also was able to identify Robert as the driver of the Ford. Kenneth also stated that he could hear Robert's intoxication in his voice. He also advised that as he spoke to Robert, Robert became agitated with him. The passenger of the Ford did not want to give a sworn statement regarding the incident.

DRIVER'S STATEMENTS:

I then spoke with Robert who was in the driver's seat of the Ford. I observed that he had what appeared to be chewing tobacco in his mouth at that time. I also observed over that smell the obvious odor of an unknown alcoholic beverage coming from the vehicle. I asked Robert to step out of the vehicle and asked him to spit out his chewing tobacco which he did. I had Robert walk to the front of my marked PBSO patrol vehicle so that I could speak with him. As he walked I observed he had a side to side staggered walk. I observed he was wearing a black polo shirt, blue jeans, brown boots, and a black hat. I then talked with Robert about the crash. While speaking with him I observed that his speech was slow, low, unclear, and slurred. His eyes appeared red, bloodshot, glassy, and droopy. I also could smell the obvious odor of an unknown alcoholic beverage on his breath more clearly. As he stood still he had a side to side sway. I asked Robert if he had any injuries or needed to go to the hospital which he stated he did not. Once I finished talking to him about the crash I stated my concerns and observations to him. I then explained I was going from a crash to a DUI investigation. I explained I had to read him his Constitutional Warnings which he stated he understood. **See attached PC page for further**

ODORS:

The obvious odor of an unknown alcoholic beverage coming from his mouth

GENERAL OBSERVATIONS

SPEECH: Slurred, unclear, low, slow

ATTITUDE: Calm, compliant

CLOTHING: Black polo shirt, Blue Jeans, Brown boots

MEDICAL/OTHER: No medial issues (no diabetes or seizures), no physical defects or injuries (stated prior knee issue which was not bothering at that time), no issues with eyes (except old age seeing issue) and had prescription sunglasses, stated okay to walk in boots, no prescription medications besides blood pressure and cholesterol meds taken, no illegal drugs or marijuana taken, stated had two shots at a friends house

STATE OF FLORIDA
COUNTY OF PALM BEACH

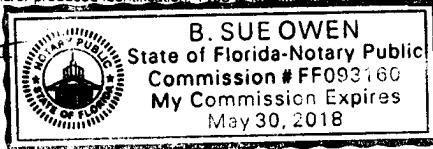
Inv. Christopher Ficarra

(Signature of Arresting/Investigative Officer)

The foregoing instrument was sworn to or affirmed and subscribed before me this 18th day of November 20 16 by Inv. Christopher Ficarra 8368

(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: Ciceroni Jr., Robert Frederick

CASE NUMBER 16153921

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:

Robert's eyes tracked equally, the pupils were the same size and appropriate for the lighting conditions, and no resting nystagmus was observed. Vertical gaze nystagmus was administered and was observed. Lack of convergence was administered and was observed. His eyes began to converge with his right eye shooting back out and his left eye staying converged. Robert had difficulty keeping his head still during the task and stopped focusing on the stimulus as well. He swayed from side to side and front to back during the task. Robert moved from the instructed position during the LOC explanation.

WALK & TURN:

I explained and demonstrated the instructions for the walk and turn task to Robert who stated that he understood. During the task I observed that Robert had the following cues: couldn't keep balance while listening to instructions (moved from line multiple times, could not stand in position without stepping off line); started too soon; stops walking to steady self/regain balance on steps: 1 on the first set then 2 on the return; missed heel-to-toe on steps: 3, 5, 7, 9 on the first set then on steps 2, 6, 7, 8, 9, 10 on the return; stepped off the line on steps: 1 on the first set then on steps 2, 6, 7, 8, 9, 10 on the return; used arms for balance (raises arms over six inches); improper turn (did not keep front foot on ground as instructed); took incorrect number of steps: 10 steps on the return; did not count as instructed; swayed side to side during the instructions.

ONE LEG STAND:

I explained and demonstrated the instructions for the one leg stand task to Robert who stated that he understood. During the task I observed that Robert had the following cues: swayed while balancing; used arms for balance (raises arms over six inches); put foot down: left foot on count of 1003, 1001, and 1003 (before 30 seconds); task was stopped after third time placing foot down for safety reasons; swayed from side to side during the instructions.

FINGER TO NOSE:

I explained and demonstrated the instructions for the finger to nose task to Robert. I explained what is considered the tip of the finger and tip of the nose to Robert who stated that he understood. Robert also knew his left from his right. During the task I observed that Robert had the following cues: did not keep eyes closed (peaked throughout task); used pad of finger instead of tip as instructed on 2nd, 4th, 5th, and 6th instructed hand; used wrong hand for task: began raising right on 1st instructed hand instead of left; swayed side to side and front to back during task; lowered head during task did not keep it back as instructed.

ROMBERG ALPHABET:

I explained and demonstrated the instructions for the Romberg with recitation task to Robert who stated that he understood. I asked him to say and not sing his ABCs from start to finish which he stated he could. During the task I observed that Robert had the following cues: did not keep eyes closed; swayed side to side and front to back; incorrectly recites alphabet: stated to V then paused, stated X then laughed, stated X, Y then stopped; peaked throughout task. The modified Romberg balance was explained and demonstrated to Robert who stated that he understood. Robert was asked to estimate the passage of 30 seconds in their head. Robert showed the following cues: swayed side to side and front to back during task; had eyelid tremors; stopped estimating at 24 seconds; stated estimated to 33 seconds because he felt short; stated counted normally.

BREATH TEST RESULTS: 1) Refused

2)

3)

4)

STATE OF FLORIDA
COUNTY OF PALM BEACH

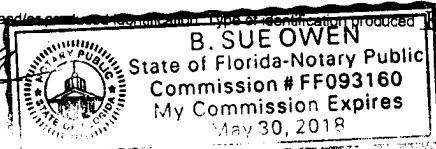
Inv. Christopher Ficarra

(Signature of Arresting/Investigative Officer)

The foregoing instrument was sworn to or affirmed and subscribed before me this 18th day of November 2016 by Inv. Christopher Ficarra 8368

(Print name of Arresting/Investigative Officer, who is personally known to me and/or produces a credible form of identification produced known

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



WITNESS LIST

CASE NUMBER: 16153921

ARRESTING OFFICER: Inv. Christopher Ficarra

ADDRESS: 3228 Gun Club Road, West Palm Beach FL 33406

PHONE NUMBERS (HOME): _____ (WORK) 5616883000

CAN TESTIFY TO: The elements of the crime of DUI

NAME: Deputy P. Read ID:13022

ADDRESS: 3228 Gun Club Road, West Palm Beach FL 33406

PHONE NUMBERS (HOME) _____ (WORK) 5616883000

CAN TESTIFY TO: The elements of the crime of DUI, Crash investigation

NAME: Deputy M. Gitschier ID: 27527

ADDRESS 3228 Gun Club Road, West Palm Beach FL 33406

PHONE NUMBERS (HOME) _____ (WORK) 5616883000

CAN TESTIFY TO: The elements of the crime of DUI

NAME: Kenneth Phillip Rochefort

ADDRESS 15665 71st Place North, Loxahatchee FL 33470

PHONE NUMBERS (HOME) 561-662-1971 (WORK) _____

CAN TESTIFY TO: The crash as well as impairment indicators of Robert

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: _____

PALM BEACH COUNTY SHERIFF'S OFFICE – **SWORN STATEMENT**

Per FL statute 837.012, whoever knowingly makes a false statement under oath shall be guilty of a misdemeanor of the first degree punishable by imprisonment up to 1 year.



☐ WITNESS ☒ VICTIM ☐ OTHER

| | | | | | | | |
|-------------|-----------|---------|---------|----------|--------------------|--|---------------|
| CASE #: | 16153921 | ZONE: | 15-21 | SUSPECT: | ROBERT CIGERONI JR | DATE & TIME OF ORIGINAL EVENT/OFFENSE: | 11/18/16 2039 |
| EVENT TYPE: | DUI CRASH | DEPUTY: | FICARRA | ID#: | 830 | | |

COMPLETE EVERYTHING BELOW – PRINT LEGIBLY

| | | | | | | | | | |
|---------------------------|--|--------------|---|-----------------|--|------------------|--|-----------------|-------|
| LAST NAME: | ROCHFORD | FIRST NAME: | KENNETH | MIDDLE INITIAL: | P | RACE: | W | SEX: | M |
| DATE OF BIRTH: | (MM/DD/YYYY) 10/16/1966 | YOUR HEIGHT: | 5'6" | YOUR WEIGHT: | 140 | YOUR HAIR COLOR: | BROWN | YOUR EYE COLOR: | Brown |
| YOUR HOME ADDRESS: | 15665 71ST PLACE NORTH | | <input type="checkbox"/> CHECK IF HOMELESS | CITY: | LOXAHATCHEE | STATE: | FL | ZIP: | 33470 |
| YOUR WORK NAME & ADDRESS: | | | <input type="checkbox"/> CHECK IF UNEMPLOYED OR RETIRED | CITY: | | STATE: | | ZIP: | |
| WORK PHONE: | <input type="checkbox"/> CHECK IF NONE | CELL PHONE: | <input type="checkbox"/> CHECK IF NONE | HOME PHONE: | <input type="checkbox"/> CHECK IF NONE | EMAIL: | <input type="checkbox"/> CHECK IF NONE | | |
| (561) 662-1971 | () | () | () | | | | | | |

WRITE WHAT HAPPENED IN YOUR WORDS IN FULL DETAIL – PRINT LEGIBLY

| | | |
|--|---------------------|--|
| YOUR NAME: | KENNETH P. ROCHFORD | DO HEREBY VOLUNTARILY MAKE THE FOLLOWING STATEMENT WITHOUT THREAT, COERCION, OFFER OF BENEFIT, OR FAVOR BY ANY PERSONS WHOMSOEVER... |
| <p>I WAS DRIVING WEST ON ORANGE BLVD.</p> <p>WHEN I GOT TO THE STOP SIGN AT 140TH & ORANGE I WAS AT A COMPLETE STOP AND I GOT HIT FROM BEHIND. THE DRIVER OF THE TRUCK WAS APPROACHED ME AND ASKED IF HE CAN JUST TAKE CARE OF THE DAMAGE HIMSELF. I TOLLED HIM I WANTED TO MAKE A REPORT OF THE ACCIDENT. HE WAS VERY PROCESED THAT HE WOULD TAK- CARE OF THE DAMAGE. SAID HE WAS VERY TIRED AND WANTED WANTED TO GO HOME. HIS WORDS WERE SLEARY.</p> | | |
| PAGE 1 OF 1 | | |

READ AND SIGN

| | |
|--|--|
| I SWEAR AND AFFIRM THIS AND/OR THE ATTACHED STATEMENTS ARE CORRECT AND TRUE: | <input type="checkbox"/> DEPUTY SHERIFF <input type="checkbox"/> NOTARY PUBLIC FSS: 117.10 |
| YOUR SIGNATURE: <u>X Kenneth P. Rochford</u> | SWORN TO AND SUBSCRIBED BEFORE ME TODAY: |
| | DATE: <u>11/18/16</u> TIME: <u>2131</u> |
| | SIGNATURE: <u>[Signature]</u> ID: <u>8000</u> |

IF YOU DO NOT WISH TO PROSECUTE, COMPLETE THE ABOVE STATEMENT, READ THIS DISCLAIMER AND INITIAL BELOW: I AM OF LEGAL AGE AND I AM THE REPORTED 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 PRESENT OR FUTURE RESPONSIBILITY AS TO MY CASE. I ACKNOWLEDGE THAT I UNDERSTAND MY RIGHTS AS A CRIME VICTIM, PARTICULARLY REGARDING VICTIM COMPENSATION ELIGIBILITY, WHICH INCLUDES SUCH BENEFITS AS REIMBURSEMENT FOR: DISABILITY; LOST WAGES; LOSS OF SUPPORT; MEDICAL, DENTAL, MENTAL HEALTH COUNSELING AND FUNERAL EXPENSES. I AM AWARE I MAY BE GIVING UP THESE RIGHTS FOR MY FAMILY AND MYSELF BY INITIALLING BELOW. I AM TAKING THIS POSITION 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 _____)

(PROSECUTION WAIVER NOT TO BE USED FOR CASES INVOLVING DOMESTIC OR DATING VIOLENCE PER G.O. 508.00)

WHITE - RECORDS COPY CANARY - STATE ATTORNEY COPY PINK - OFFICER'S COPY GOLD - WITNESS / VICTIM COPY

TESTING FACILITY TASK REPORT

AGENCY: PBSO
SUBJECT: Ciceroni Jr, Robert Frederick CASE NUMBER: 16-153921
DATE: 11/18/16 VIDEO TAPE NUMBER: DVD# 61673

BEGINNING TIME: 2309 ENDING TIME: 2319

BREATH TESTS RESULTS: **REFUSED** TIME 2311 A.M. (P.M.) 2) TIME A.M./P.M.
3) TIME A.M./P.M. 4) TIME A.M./P.M.

BREATH OPERATOR: S. Owen #3184

MAINTENANCE TECHNICIAN: J. Karlecke #6467

TESTING OFFICER'S OBSERVATIONS

SPEECH:

ATTITUDE: talkative, cooperative, nice

CLOTHING: boots, jeans, black t-shirt

MEDICAL CONDITIONS: Shoulder problems high cholesterol, high blood pressure

MEDICATIONS: lasenapro, & cholesterol med's

OTHER: Δ cuffed in front due to bad shoulders pain.

52 yoa Δ in crash

COMMENTS: Δ/OEA arrived at 2248 hrs

A/O observed 20 minutes

A/O requested breath test, Δ refused

A/O read ILC, Δ understood, still refused

C/W read on scene. Δ answered Q&A

Had couple shots of Crown Could feel effects a little bit, under influence.

SUBJECT: Ciceroni Jr, Robert Frederick CASE NUMBER: 16-153921

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. FICARRA of the RRSO

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

SUBJECT'S SIGNATURE: (X) _____

Read on Camera

CONSTITUTIONAL WARNINGS

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

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

SUSPECT'S SIGNATURE: (X) _____

Read on Scene

SUBJECT: Ciceroni Jr, Robert Frederick CASE NUMBER: 16-153921

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? ORANGE BLVD

DIRECTION OF TRAVEL? W WHERE DID YOU START? FRIEND'S HOME ON 140th

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

WHAT IS TODAY'S DATE? NO, UNK WHAT DAY OF THE WEEK IS IT? FRIDAY

WHAT COUNTY AND CITY ARE YOU IN NOW? PALM BEACH

WHEN DID YOU LAST EAT? 5pm WHAT DID YOU EAT? GRILLED CHICKEN, BROIL, COLESLAW

WHAT HAVE YOU BEEN DOING FOR THE LAST THREE HOURS? HAD DINNER, WENT TO ANOTHER HOME HAD

HOW MUCH DO YOU WEIGH? 215 HAVE YOU BEEN DRINKING? YES WHAT? A COUPLE SHOTS OF CROWN ROYAL

HOW MUCH? 2 SHOTS WHERE? FRIEND'S HOME WITH WHOM? FRIENDS

WHEN DID YOU HAVE YOUR FIRST DRINK? 6pm AND YOUR LAST DRINK? 1/2 HOUR PRIOR TO CRASH

HOW DID YOU CONSUME YOUR LAST TWO DRINKS? ON ICE AND SIPPED

CAN YOU FEEL THE EFFECTS OF THE ALCOHOL? YES A LITTLE BIT ARE YOU UNDER THE INFLUENCE? YES

HAVE YOU CONSUMED ANY ALCOHOL SINCE THE ACCIDENT? NO HOW MUCH? NO

WHAT? NO WHERE? NO WHEN? NO

WHAT LINE OF WORK ARE YOU IN? ELECTRICAL CONTRACTOR WHEN DID YOU LAST WORK? TODAY

DO YOU HAVE ANY PHYSICAL DEFECTS OR INJURIES? ALOT, I'M OLD WHAT? 2 BAD SHOULDERS, KNEES, BAD BACK

ARE YOU SICK OR INJURED? NO WHAT'S WRONG? NO

DO YOU LIMP? SOME TIMES DID YOU RECEIVE A BUMP ON THE HEAD RECENTLY? TONIGHT, HIT HEAD ON WHEEL

WERE YOU IN AN ACCIDENT TODAY? YES

HAVE YOU TAKEN ANY DRUGS OR SMOKED ANY MARIJUANA TODAY? NO WHEN? NO

HAVE YOU SEEN A DOCTOR OR DENTIST TODAY? NO WHO? NO WHY? NO

ARE YOU TAKING ANY PRESCRIPTION MEDICINES? YES WHAT? CHOLESTEROL AND BLOOD PRESSURE WHEN? LISINPAPIL

DO YOU HAVE: NO TAKES BEFORE BED

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? NO

HAVE YOU EVER HAD A DRIVER'S LICENSE IN ANY OTHER STATE? NO WHERE? NO

INTERVIEWER: WHITE - STATE ATTY. YELLOW - DHSMV PINK - CENTRAL RECORDS GOLD - JAIL