0501095 18C715593 P# 6777

ARREST / NOTICE TO APPEAR
Juvenile Referral Report

OBTS Number

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

ADMINISTRATIVE

Agency ORI Number: FLO 500000
Agency Name: PALM BEACH COUNTY SHERIFF'S OFFICE
Agency Report Number (N.T.A.'s only): 06- 18114790

Charge Type: Check as many as apply: ☐ 1. Felony ☐ 2. Traffic Felony ☐ 3. Misdemeanor ☒ 4. Traffic Misdemeanor ☐ 5. Ordinance ☐ 6. Other

Weapon Seized / Type: 1. Yes 2. No
Multiple Clearance Indicator

Location of Arrest (Including Name of Business): Silverbell Ln/Columbine Ave Wellington Fl 33414
Location of Offense (Business Name, Address): Silverbell Ln/Columbine Ave Wellington FL 33414

Date of Arrest	Time of Arrest	Booking Date	Booking Time	Jail Date	Jail Time	Location of Vehicle
08/29/2018	23:14					Westway Towing

DEFENDANT

Name (Last, First, Middle): Marulli Robert T
Alias (Name, DOB, Soc. Sec. #, Etc.)

Race (W - White I - American Indian B - Black O- Oriental/Asian)	Sex	Date of Birth	Height	Weight	Eye Color	Hair Color	Complexion	Build
W	M	10/08/1992	5'10	227	Bro	Bro	Med	Med

Scars, Marks, Tatoos, Unique Physcal Features (Location, Type, Description)

Marital Status: Married | Religion: None | Indication of: Alcohol Influence [Y] Drug Influence [ ] | N [ ] [ ] | Unk. [ ] [X]

Local Address (Street, Apt. Number) (City) (State) (Zip): 13709 Columbine Ave Wellington FL 33414
Phone: (617) 529 3188
Residence Type: 1. City 2. County 3. Florida 4. Out of State: 2

Permanent Address (Street, Apt. Number) (City) (State) (Zip): ,
Phone: ( )
Address Source: FL DL

Business Address (Name, Street) (City) (State) (Zip):
Phone: ( )
Occupation: Sales

D/L Number, State	Soc. Sec. Number	INS Number	Place of Birth (City, State)	Citizenship
M640778923681	[redacted]		Newton, MA	US

CO-DEF

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

JUVENILE

☐ Parent ☐ Legal Custodian ☐ Other:
Residence Phone: ( )
Address (Street, Apt. Number) (City) (State) (Zip):
Business Phone: ( )
Notified by: (Name): 1 OR
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 ☐ defendant and / or ☐ defendant's parents The child and / or parent was told to keep the Juvenile Court Clerk (Phone 355-2526) informed of any change of address. ☐ Yes, by: (Name) ☐ No: (Reason)
School Attended | Grade

Property Crime? ☐ Yes ☐ No | Description of Property | Value of Property

CODE

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/Deriv. P. Paraphernalia/ Equipment S. Synthetics U. Unknown Z. Other

CHARGE

Charge Description	Counts	Domestic Violence	Statute Violation Number	Violation of ORD #
DUI	1	☐Y ☒N	316.193(1)	

Drug Activity	Drug Type	Amount / Unit	Offense #	Warrant / Capias Number	Bond
N	N		18114790	AUG 30 AM 12:52	

CHARGE

Charge Description	Counts	Domestic Violence	Statute Violation Number	Violation of ORD #
		☐Y ☐N		

Drug Activity	Drug Type	Amount / Unit	Offense #	Warrant / Capias Number	Bond

CHARGE

Charge Description	Counts	Domestic Violence	Statute Violation Number	Violation of ORD #
		☐Y ☐N		

Drug Activity	Drug Type	Amount / Unit	Offense #	Warrant / Capias Number	Bond

CHARGE

Charge Description	Counts	Domestic Violence	Statute Violation Number	Violation of ORD #
		☐Y ☐N		

Drug Activity	Drug Type	Amount / Unit	Offense #	Warrant / Capias Number	Bond

Location (Court, Room Number, Address)

NOTICE TO APPEAR

PALM BEACH COUNTY COURTHOUSE CRIMINAL JUSTICE COMPLEX, 3228 GUN CLUB RD, WEST PALM BEACH, FL 33406 - PH: (561) 355-2996

Court Date and Time: Month Sept Day 20 Year 2018 Time 08:30 AM X PM

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

Signature of Defendant (or Juvenile and Parent / Custodian) | Date Signed: 08/29/2018

ADMIN

HOLD for other Agency Name:
Signature of Arresting Officer: X
Name Verification (Printed by Arrestee) (PRINT)
☐ Dangerous ☐ Resisted Arrest ☐ Suicidal ☐ Other:
Name of Arresting Officer (Print): Inv. J. Schneider I.D. #: 8501
Intake Deputy I.D. # Pouch #: SANN 810
Transporting Officer: Inv. J. Schneider ID #: 8501 Agency: PBSO
Witness here if subject signed with an "X"
PAGE 1 OF 1

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

PBSO #148 REV. 8/97

n/s OM 2-6 6857 1376

2018 AUG 30 AM 12:52 PALM BEACH COUNTY FL

NOT A CERTIFIED COPY

OB"S Number

PROBABLE CAUSE AFFIDAVIT

1 Arres: 3 Reques: For Warran: 2 N.T.A. 4 Request For Capias | 1 | Juvenile | N

Agency ORI Number	Agency Name	Agency Report Number
FLO 5 0 0 0 0 0	PALM BEACH COUNTY SHERIFF'S OFFICE	06 18-114790

Charge Type: Check as many as apply — 1. Felony; 2 Traffic Felony; [x] 3 Misdemeanor; 4 Traffic Misdemeanor; 5 Ordinance; 6 Other

Special Notes

Defendant Name (Last, First, Middle)	Race	Sex	Date of Birth
Murulli Robert Thomas	w	m	10/8/1992

Charge: DUI

Charge

Charge

Charge

Victim Name (Last, First, Middle)	Race	Sex	Date of Birth
State of Florida			

Local Address (Street, Apt. Number)	City	State	Zip	Phone	Address Source

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...

- [ ] committed the below acts in my presence.
- [ ] confessed to admitting to the below facts.
- [ ] was observed by _____ who told _____ that he/she saw the arrested person commit the below acts.
- [x] was found to have committed the below acts, resulting from (described) investigation.

On the 29 day of August 20 18 at 10:30 [ ] AM [x] PM

On 8/29/18 at approximately 2230 hrs, I (D/S Estavien 27531) was in an unmarked vehicle in the 13400 blk of Wellington Trace stationary with my emergency lights on facing east bound. While stationary, I observed a gray Volkswagen also traveling east in the 13400 blk of Wellington Trace. As the vehicle continued traveling it veered into the lane I was stationary in and came within a few feet of striking the rear of my patrol vehicle. The vehicle then suddenly veered away from my vehicle and avoided colliding into me. After observing this, I activated my sirens and initiated a traffic stop to further investigate why the vehicle almost collided into me. The vehicle had a FL Tag of HMLX09. Upon making contact with the driver, later identified as Robert Marulli (w/m-adult) I requested to see his license. Robert then asked me why he was stopped. As Robert spoke I smelled the odor of an alcoholic beverage emanating from his breath. I also observed that his speech was slurred. I then asked Robert if he had anything to drink. In response, Robert stated that he had a couple beers. At that point I request a PBSO DUI Investigator for further investigation.

NOT A CERTIFIED COPY

SCANNED

The foregoing instrument was sworn to and affirmed before me this 29 day of August 20 18 , by:

Name of Notary Public / Clerk of Court / Officer (F.S.S. 117.00)

Signature of Notary Public / Clerk of Court / Officer (F.S.S. 117.00)

D/ S Estavien 27531
Name of Arresting/Investigating Officer

Signature of Arresting/Investigating Officer

D.U.I. PROBABLE CAUSE AFFIDAVIT

ON THE 29 DAY OF August 20 18, AT 22:34 AM ✓ PM

SUBJECT: Marulli Robert T CASE NUMBER: 18114790

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

PERSONAL CONTACT

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

D/S Estavien #27531 was sitting stationary with his emergency lights activated when a a gray Volkswagen driving on Wellington Trace approached him from the rear. The Volkswagen nearly struck D/S Estavien's unmarked vehicle swerving at the last seconds. Due to his concern about the vehicles operation he exited his stationary location and performed a traffic stop on the vehicle. The vehicle came to rest near the intersection of Silverbell Land and Columbine Ave. Upon making contact with the driver he smelled the odor of a unknown alcoholic beverage and the driver admitted to consuming alcohol therefore he requested a DUI Investigator respond to perform a evaluation. See D/S Estavien's supplemental affidavit for further details.

OBSERVATION OF DRIVER:

On my arrival I found the driver sitting within the driver's seat. After speaking to D/S Estavien I approached the driver's side window and began to speak to the driver. While interacting with him I smelled the strong odor of a unknown alcoholic beverage coming from his breath. He stated he was coming from a business meting and had four beers. After his meeting he was heading home when he nearly struck a vehicle with no lights on. Since both D/S Estavien and D/S J. Brown #8678 confirmed they were stationary with emergency lights activated.

DRIVER'S STATEMENTS:

I have four beers. I do this all the time.

ODORS:

Distinct odor of a unknown alcoholic beverage

GENERAL OBSERVATIONS

SPEECH: **Slurred**

ATTITUDE: **Cooperative**

CLOTHING: **Black shirt, khaki shorts, black shoes**

MEDICAL/OTHER: **Stated none**

NOT A CERTIFIED COPY

STATE OF FLORIDA
COUNTY OF PALM BEACH

Inv. J. Schneider
(Signature of Arresting/Investigative Officer)

The foregoing instrument was sworn to or affirmed and subscribed before me this 29 day of August 20 18 by Inv. J. Schneider

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

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

Notary Public State of Florida
Samantha Palmer
My Commission GG 233762
Expires 10/28/2022

SUBJECT: Marulli Robert CASE NUMBER 18114790

ROADSIDE TASKS

HORIZONTAL GAZE NYSTAGMUS:

- [x] LT EYE-LACK OF SMOOTH PURSUIT
- [x] RT EYE-LACK OF SMOOTH PURSUIT
- [x] LT EYE-DISTINCT & SUSTAINED NYSTAGMUS AT MAX. DEVIATION
- [x] RT EYE-DISTINCT & SUSTAINED NYSTAGMUS AT MAX. DEVIATION
- [x] LT- EYE-ONSET OF NYSTAGMUS PRIOR TO 45 DEGREES
- [x] RT- EYE-ONSET OF NYSTAGMUS PRIOR TO 45 DEGREES

Other Observations:

Swayed while standing stationary.

WALK & TURN:

While in the instructional position he continue to shuffly his feet. Performing the task he took nine heel to toe steps forward, performed a improper turn, and returned ten steps. While returning he did pause and stumble once but did not miss heel to toe.

ONE LEG STAND:

While in the instructional position he swayed back to front. Performing this task he was unable to keep his foot elevated for the duration of thirty seconds. He also began to count improperly after resuming his count by switching from the style 1001 to one one thousands. He duplicated the count of fifteen.

FINGER TO NOSE:

While in the instructional position he swayed back to front. Performing the task he failed to lower his finger from his nose on his own as instructed during every command. Further he nearly fell backwards while standing stationary.

ROMBERG ALPHABET:

While in the instructional position he swayed back to front. Performing this task he failed to recite the alphabet without signing it as instructed.

BREATH TEST RESULTS: .137 .143

STATE OF FLORIDA
COUNTY OF PALM BEACH

Inv. J. Schneider
(Signature of Arresting/Investigative Officer)

The foregoing instrument was sworn to or affirmed and subscribed before me this 29 day of August 2018 by Inv. J. Schneider

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

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

Notary Public State of Florida
Samantha Palmer
My Commission GG 233762
Expires 10/28/2022

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

Instrument Type: Intoxilyzer 8000
Instrument Registered To: PALM BEACH CO SO
Instrument Serial Number: 80-006476 Software: 8100.27
Date of Test: 08/30/2018

Date of Last Agency Inspection: 08/10/2018
Observation Period Began: 23:40
Subject's Name: ROBERT THOMAS MARULLI DOB: 10/08/1992 Sex: M

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

Results:

Test	g/210L	Time
Diagnostics Check	OK	00:05
Air Blank	0.000	00:06
Control Test	0.080	00:06
Air Blank	0.000	00:06
Subject Sample #1	0.137	00:07
Air Blank	0.000	00:08
Air Blank	0.000	00:09
Subject Sample #2	0.143	00:10
Air Blank	0.000	00:11
Control Test	0.079	00:11
Air Blank	0.000	00:12
Diagnostics Check	OK	00:12

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Cylinder Lot: 05218080A3
Exp: 05/05/2020

State of Florida, County of Palm Beach.

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

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

Breath Test Operator: _____ Date: 8/30/18
Signature

Sworn to (or affirmed) before me this 30th day of August, 2018

_____ INV. Schneider #8501
Signature of Notary Public-State of Florida Printed Name of Notary Public-State of Florida

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

FDLE/ATP FORM 38 - MARCH 2004, Ref. 11D-8.007

SUBJECT: Marulli, Robert CASE NUMBER: 12-11479C

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~~? _____

WHERE WERE YOU GOING? _____

WHAT STREET OR ~~HIGHWAY~~ WERE YOU ON? _____

DIRECTION OF TRAVEL? _____ WHERE DID YOU START? _____

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

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

WHAT COUNTY ~~AND CITY~~ ARE YOU IN NOW? _____

WHEN DID YOU LAST EAT? _____ WHAT DID YOU EAT? _____

WHAT HAVE YOU BEEN DOING FOR THE LAST THREE HOURS? _____

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

HOW MUCH? _____ WHERE? _____ WITH WHOM? _____

WHEN DID YOU HAVE YOUR FIRST DRINK? _____ AND YOUR LAST DRINK? _____

HOW DID YOU CONSUME YOUR LAST TWO DRINKS? _____

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

HAVE YOU CONSUMED ANY ALCOHOL SINCE THE ACCIDENT? _____ HOW MUCH? _____

WHAT? _____ WHERE? _____ WHEN? _____

WHAT LINE OF WORK ARE YOU IN? _____ WHEN DID YOU LAST WORK? _____

DO YOU HAVE ANY PHYSICAL DEFECTS OR INJURIES? NO WHAT? _____

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

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

WERE YOU IN AN ACCIDENT TODAY? NO

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

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

ARE YOU TAKING ANY PRESCRIPTION MEDICINES? NO WHAT? _____ WHEN? _____

DO YOU HAVE:

EPILEPSY? NO
GLASS EYE? NO
FALSE TEETH? NO
EAR INFECTION? NO
INNER EAR TROUBLE? NO
DIABETES? NO

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

DO YOU TAKE INSULIN? NO IF SO, WHEN WAS YOUR LAST INJECTION? _____

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

INTERVIEWER: INV. Schneider #1851

NOT A CERTIFIED COPY

SUBJECT: Marulli, Robert CASE NUMBER: 18-111790

IMPLIED CONSENT FOR DUI IN A MOTOR VEHICLE

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

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

-OR-

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

-OR-

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

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

I am _____ of the _____.

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

SUBJECT'S SIGNATURE: (X) _____

CONSTITUTIONAL WARNINGS

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

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

SUSPECT'S SIGNATURE: (X) Read on Camera

NOT A CERTIFIED COPY

SUBJECT: Marulli, Robert CASE NUMBER: 18 114790

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~~? _____

WHERE WERE YOU GOING? _____

WHAT STREET ~~OR HIGHWAY~~ WERE YOU ON? _____

DIRECTION OF TRAVEL? _____ WHERE DID YOU START? _____

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

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

WHAT COUNTY ~~AND CITY~~ ARE YOU IN NOW? _____

WHEN DID YOU LAST EAT? _____ WHAT DID YOU EAT? _____

WHAT HAVE YOU BEEN DOING FOR THE LAST THREE HOURS? _____

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

HOW MUCH? _____ WHERE? _____ WITH WHOM? _____

WHEN DID YOU HAVE YOUR FIRST DRINK? _____ AND YOUR LAST DRINK? _____

HOW DID YOU CONSUME YOUR LAST TWO DRINKS? _____

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

HAVE YOU CONSUMED ANY ALCOHOL SINCE THE ACCIDENT? _____ HOW MUCH? _____

WHAT? _____ WHERE? _____ WHEN? _____

WHAT LINE OF WORK ARE YOU IN? _____ WHEN DID YOU LAST WORK? _____

DO YOU HAVE ANY PHYSICAL DEFECTS OR INJURIES? NO WHAT? _____

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

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

WERE YOU IN AN ACCIDENT TODAY? NO

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

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

ARE YOU TAKING ANY PRESCRIPTION MEDICINES? _____ WHAT? _____ WHEN? _____

DO YOU HAVE:

EPILEPSY?	NO
GLASS EYE?	NO
FALSE TEETH?	NO
EAR INFECTION?	NO
INNER EAR TROUBLE?	NO
DIABETES?	NO

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

DO YOU TAKE INSULIN? NO IF SO, WHEN WAS YOUR LAST INJECTION? _____

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

INTERVIEWER: INV. Schneider #1851

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SUBJECT: Morelli, Robert CASE NUMBER: 16 111790

IMPLIED CONSENT FOR DUI IN A MOTOR VEHICLE

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

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

-OR-

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

-OR-

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

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

I am _____ of the _____.

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

SUBJECT'S SIGNATURE: (X) _____

CONSTITUTIONAL WARNINGS

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

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

SUSPECT'S SIGNATURE: (X) Read on Camera

NOT A CERTIFIED COPY

WITNESS LIST

CASE NUMBER: 18114790

ARRESTING OFFICER: Inv. J. Schneider
ADDRESS: 3228 Gun Club Rd West Palm Beach FL 33406
PHONE NUMBERS (HOME): _____ (WORK) 561 762 - 4714
CAN TESTIFY TO: DUI Investigation

NAME: D/S Estavien #27531
ADDRESS: 3228 Gun Club Rd West Palm Beach FL 33406
PHONE NUMBERS (HOME) _____ (WORK) 561 688 3000
CAN TESTIFY TO: Vehicle in operation and driver ID

NAME: _____
ADDRESS 3228 Gun Club Rd West Palm Beach FL 33406
PHONE NUMBERS (HOME) _____ (WORK) 561 688 3000
CAN TESTIFY TO: Vehicle in operation and driver ID

NAME: _____
ADDRESS _____
PHONE NUMBERS (HOME) 0 (WORK) 0
CAN TESTIFY TO: _____

NAME: _____
ADDRESS _____
PHONE NUMBERS (HOME) _____ (WORK) _____
CAN TESTIFY TO: _____

NAME: _____
ADDRESS _____
PHONE NUMBERS (HOME) _____ (WORK) _____
CAN TESTIFY TO: _____

NAME: _____
ADDRESS _____
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CAN TESTIFY TO: _____

NAME: _____
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PHONE NUMBERS (HOME) _____ (WORK) _____
CAN TESTIFY TO: _____

NAME: _____
ADDRESS _____
PHONE NUMBERS (HOME) _____ (WORK) _____
CAN TESTIFY TO: _____

NAME: _____
ADDRESS _____
PHONE NUMBERS (HOME) _____ (WORK) _____
CAN TESTIFY TO: _____

NAME: _____
ADDRESS _____
PHONE NUMBERS (HOME) _____ (WORK) _____
CAN TESTIFY TO: _____

NOT A CERTIFIED COPY

TESTING FACILITY TASK REPORT

AGENCY: PBSO/SCHNEIDER

SUBJECT: MARULLI, ROBERT

CASE NUMBER: 18-114790

DATE: Aug 30, 2018

VIDEO DVD NUMBER: N/A

BEGINNING TIME: 0003

ENDING TIME: 0018

BREATH TESTS RESULTS: 1) .137 TIME 0007 A.M. ☒ P.M. ☐ 2) .143 TIME 0010 A.M. ☒ P.M. ☐

3) XX TIME XX A.M. ☐ P.M. ☐ 4) XX TIME XX A.M. ☐ P.M. ☐

BREATH OPERATOR: S. PALMER #24520

MAINTENANCE TECHNICAN: J Karlecke #6467

TESTING OFFICER'S OBSERVATIONS

SPEECH: CLEAR

ATTITUDE: CALM, QUIET, POLITE/ IRRITATED

CLOTHING: BLACK SHIRT, KHAKI SHORTS, BLACK SNEAKERS

MEDICAL CONDITIONS: NONE

MEDICATIONS: NONE

OTHER:

EYES GLASSY AND BLOODSHOT, ODOR OF UNKNOWN ALCOHOLIC BEVERAGE COMING FROM BREATH, SUBJECT ADMITTED TO DRINKING 6 COORS LIGHT (Q&A)

COMMENTS:

ARRESTING OFFICER CONDUCTED THE 20 MINUTE OBSERVATION BEGINNING AT 2340
SUBJECT AGREED TO TAKE BREATH TEST
AND PROVIDED TWO ADEQUATE BREATH SAMPLES SUCCESSFULLY
A/O READ RIGHTS
SUBJECT STATED HE UNDERSTOOD RIGHTS
TECH READ TEST RESULTS
SUBJECT STATED HE UNDERSTOOD RESULTS
A/O CONDUCTED Q&A
SUBJECT ANSWERED QUESTIONS

NOT A CERTIFIED COPY

PALM BEACH COUNTY
SHERIFF'S OFFICE
Florida State Statute Exemption Sheet

Palm Beach County Sheriff's Office – Arrests Only

	X	Florida State Statute	Description	Page Number(s)
L/E Exemptions	☐	119.071(2)(d)	Surveillance techniques, procedures and personnel; inventory of law enforcement resources, policies or plans pertaining to mobilization deployment or tactical operations.	
	☐	943.053, 943.0525	NCIC/FCIC/FBI and in-state FDLE/DOC.	
	☐	119.071(4)(c)	Undercover personnel.	
	☐	119.071(2)(f)	Confidential informants (CIs).	
	☐	119.071(2)(e)	Confession.	
Public Info. Exemptions	☐	985.04(1)	Juvenile offender records.	
	☐	119.071(h)(i)	Assets of a crime victim.	
	☐	395.3025(7)(a), 456.057(7)(a)	Medical information.	
	☐	394.4615(7)	Mental health information.	
	☐	119.071(4)(d)(2)(a)	Home address, telephone, Social Security number, date of birth, or photos of active/former LE personnel, spouses, and children.	
Florida Rules of Judicial Administration 2.420 (Rule of 23)	☒	(iii) 119.0714(1)(i)-(j), (2)(a)-(e)	Social Security, bank account, charge, debit, and credit card numbers.	2
	☐	(viii) 394.4615(7)	Clinical records under the Baker Act.	
	☐	(xii) 741.30(3)(b)	The victim's address in a domestic violence action on petitioner's request.	
	☐	(xiii) 119.071(2)(h), 119.0714(1)(h)	Protected information regarding victims of child abuse or sexual offenses.	
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Other	☐		Other:	
	☐		Other:	

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Booking Number: 2018029038	**Date:** 08/30/2018
	Specialist Name/ID: howardt/7185