

0448719

3099

ARREST / NOTICE TO APPEAR

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

1

JUVENILE

| | | | | | | |
|---|--|---|--|--|---|--|
| ADMINISTRATIVE | Agency ORI Number 0500400 | | Agency Name Delray Beach Police Department | | Agency Report Number (N.T.A.'s only) 4 0 18-011183 | |
| | Charge Type Check as many as apply: <input type="checkbox"/> 1. Felony <input type="checkbox"/> 2. Traffic Felony | | Offense # <input type="checkbox"/> 3. Misdemeanor <input checked="" type="checkbox"/> 4. Traffic Misdemeanor | | If Weapon Seized Enter Type: None/not Applicable | |
| DEFENDANT | Location of Arrest (Including Name of Business) 200 NW 12TH AVE DELRAY BEACH | | | Location of Offense (Business Name, Address) 200 NW 12TH AVE, DELRAY BEACH, FL 33444 | | |
| | Date of Arrest 07/26/2018 | Time of Arrest 20:46 | Booking Date 07/26/2018 | Booking Time 20:56 | Jail Date | Location of Vehicle 200 NW 12TH AVE DELRAY |
| CODER | Name (Last, First, Middle) FORCHETTE, ROBERT MATTHEW | | | | | |
| | Alias: | | | | | |
| | Race <input checked="" type="checkbox"/> W - White <input type="checkbox"/> B - Black | Ethnicity <input type="checkbox"/> 1 - American Indian <input type="checkbox"/> O - Other/Asian | Sex M | Date of Birth 11/21/1975 | Height 5'10 | Weight 170 |
| | Scars, Marks, Tattoos, Unique Physical Features (Location, Type, Description) | | | Eye Color BROWN | Hair Color BROWN | Complexion LIGHT |
| | Local Address (Street, Apt. Number) 1183 CANOE PT, DELRAY BEACH, FL 33444 | | | City Delray Beach | State FL | Zip 33444 |
| Permanent Address (Street, Apt. Number) 1183 CANOE PT, DELRAY BEACH, FL 33444 | | City Delray Beach | | State FL | | |
| Business Address (Name, Street) | | City | | State | | |
| DM Number, State F623773754210 / FL | | FIS Number | | Place of Birth (City, State) FT Lauderdale | | |
| 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 | |
| Name (Last, First, Middle) | | | | | | |
| Residence Phone | | | | | | |
| Address (Street, Apt. Number) | | | | | | |
| Business Phone | | | | | | |
| Notified by: (Name) | | Date | Time | JUVENILE DISPOSITION 1. Released/Paroled within Department and Released 2. TOT IAC 3. Incarcerated | | |
| Released To: (Name) | | Relationship | Date | Time | | |
| The above address was 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's Office (Phone 355-2526) informed of any change of address. | | | | | | |
| Property Crimes? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | Description of Property | | | Value of Property | |
| <input type="checkbox"/> Yes, by: <input type="checkbox"/> No | | | | | | |
| Drug Activity S Sell N N/A P Possess | | S Sell B Buy T Traffic | R Seize 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 | P Pharmaceutical/Equipment S Synthetic | U Unknown Z Other | |
| Charge Description DUI ALCOHOL OR DRUGS 2ND OFF | | State Violation Number 316.193(2)(b) | | Violation of ORD # | | |
| Drug Activity | Drug Type | Amount / Unit | Offense # | Counts | Domestic Violence | Warrant / Citation Number |
| | N | / | 18-011183 | 1 | <input type="checkbox"/> Y <input checked="" type="checkbox"/> N | |
| Charge Description | | State Violation Number | | Violation of ORD # | | |
| Drug Activity | Drug Type | Amount / Unit | Offense # | Counts | Domestic Violence | Warrant / Citation Number |
| | | | | | <input type="checkbox"/> Y <input checked="" type="checkbox"/> N | |
| Charge Description | | State Violation Number | | Violation of ORD # | | |
| Drug Activity | Drug Type | Amount / Unit | Offense # | Counts | Domestic Violence | Warrant / Citation Number |
| | | | | | <input type="checkbox"/> Y <input checked="" type="checkbox"/> N | |
| Health / Apparent Physical Condition of Detainee | | | | | | |
| Any knowledge of the following: <input type="checkbox"/> Mental <input type="checkbox"/> Escape Risk <input type="checkbox"/> Medication <input type="checkbox"/> Dehydration <input type="checkbox"/> Injuries | | | | | | |
| Check which applies: <input type="checkbox"/> Released O.R. <input type="checkbox"/> Released to Parent/Guardian <input checked="" type="checkbox"/> T.O.T. County Jail | | | | | | |
| PROPERTY - Received By | | Released By | | Released To | | |
| Transported By | | Date Transported | Time Transported | Other | | |
| <input checked="" type="checkbox"/> INSTRUCTION NO. 1 - Mandatory appearance in court <input type="checkbox"/> INSTRUCTION NO. 2 - You need not appear in Court but must comply with instructions on Page 2. | | | | Location (Court, Room) South County 200 W Atlantic Ave Delray Beach, FL 33444 Court Date and Time 08/16/2018 08:30:00 | | |
| 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 | | |
| HOLD for Other Agency | | Signature of Arresting Officer [Signature] | | Name Verification (Printed by Arrestee) | | |
| <input type="checkbox"/> Dangerous <input type="checkbox"/> Suicidal | | <input type="checkbox"/> Released Arrest <input type="checkbox"/> Other | | (PRINT) | | |
| Name of Arresting Officer (Print) MOHAMMED, JOSHUA A. | | ID # 1139 | | PAGE 1 of 1 | | |
| Transporting Officer MOHAMMED | | ID # 1139 | | Agency DELRA | | |
| Witness here if subject signed with a mark | | | | | | |

COURT STATE ATTORNEY AGENCY CENTRAL RECORDS JAIL CRIME ANALYSIS P.I.O. DEFENDANT

JUL 27 2:25

D.U.I. PROBABLE CAUSE AFFIDAVIT

On this 28 DAY of July 2018 at 08:16

Officer Robert Forchetta

CASE NO: 18-011183

Location: Disney Beach

Officer Name: Mohammed #1138

PERSONAL CONTACT

~~REDACTED SECTION~~

Off. Caceres was first to arrive on scene and located the defendant Robert Forchetta outside of a dark green Jeep bearing FL tag 200028. This was her witness Elmer Bowens and Joseph Strapp. Bowens stated she was driving behind the Jeep going northbound on NW 12th Ave when she noticed the Jeep starting to swerve and hit brakes for no apparent reason. Bowens stated that there was no obstruction on the roadway either. The Jeep came to a stop at NW 12th Ave and 2nd St which is when Bowens observed the defendant, who was the only occupant of the Jeep, get out of Jeep and start to stumble towards the front bumper. Once Forchetta got to the front, he stumbled his way back towards the driver side but fell to the ground prior to making it back to the driver side door. Bowens then got back up and went back inside the driver side door. Her contact witness Joseph Strapp was on NW 12th Ave and 2nd St when she saw Forchetta stumbling at the front bumper of the Jeep. Strapp saw Forchetta walk back towards the driver side door but falling prior to going in. Strapp stated that Forchetta was able to get back up and went in the driver seat and put the keys in the ignition turning the vehicle on. At this point, Strapp was able to reach into the vehicle and take the keys out of the ignition turning the vehicle off.

DESCRIPTION OF INCIDENT:

Upon my arrival, Off. Caceres was speaking with Forchetta next to the Jeep. I could immediately notice a strong smell of an alcoholic odor coming from his person. He was leaning against the Jeep. He took several steps at which point he began to stumble and, myself and other officers had to assist Forchetta standing up. Forchetta's eyes were glossy and blood shot red. His speech was slurred, and he was unaware of what was going on. It was after my arrival at the Paris Beach Disney that I took over from officers to get Forchetta out of the Patrol Vehicle at which time he just laid on the ground and was unable to stand on his own. Due to his level of impairment I had to take Forchetta to Wellington Regional Hospital for medical clearance. It then took several more officers to get Forchetta back into the vehicle.

DEFENDANT'S STATEMENT:

Forchetta stated that he had been out for dinner and had several drinks. He was unable to tell me where he was eating at or what he had to drink. It should also be noted that an uncovered cup was located on the driver seat in the vehicle. The cup contained an unknown yellow liquid that had the odor of an alcoholic beverage. It should also be noted while at the hospital Forchetta stated that he wanted to have a conversation with me and admitted that he knows he was drunk.

SMELL:

Strong odor of an unknown alcoholic beverage.

GENERAL OBSERVATIONS

Speech: Slurred Speech and incoherent sentences.

Attitude: Cooperative, but unable to understand directions that were given to him after saying he understood.

Appearance: Shirt was wet.

Medical Issues: Advised: no medications, no medical conditions and no ear infections.

Notary Public State of Florida

Signature of Notary Public

27 July 18

Signature of Defendant

Notary Public State of Florida



SUBJECT: Robert Forchetta

DATE: 18-011183

FOUR-ARMED WALK

CRIMINAL CASE NUMBER:

- LEFT LEG IMPAIRMENT**
- RIGHT LEG IMPAIRMENT**
- LEFT ARM IMPAIRMENT**
- RIGHT ARM IMPAIRMENT**
- HEAD IMPAIRMENT**
- HEARING IMPAIRMENT**
- VISION IMPAIRMENT**
- SMELL IMPAIRMENT**
- TASTE IMPAIRMENT**
- COGNITION IMPAIRMENT**
- EMOTIONAL IMPAIRMENT**
- PHYSICAL IMPAIRMENT**

Other Observations:

Kept moving his head, unable to maintain balance during the course of the task.

WALK & TURN

Forchetta attempted the task but was unable to get into the starting position. Everytime he would attempt to get into the starting position he would fall towards the sides and Officers on scene would have to prevent him from falling over. Numerous attempts at the tasks were made. Due to the level of impairment Forchetta was unable to complete the task.

ONE LEG STAND:

Forchetta was unable to complete this task. He could not maintain the starting position. When Forchetta was told to begin the task he leaned towards his side and fell on the ground. Due to the level of impairment and for his safety the field sobriety tasks were no longer continued.

FINGER TO NOSE:

For his safety due to the level of impairment this task was not attempted.

ROMBERG ALPHABET:

For his safety due to the level of impairment this task was not attempted.

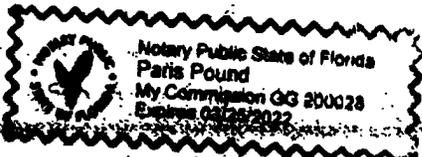
GRAPE TEST RESULTS:

Refused Refused Refused Refused

[Signature]

27 July 18

[Signature]



STATE OF FLORIDA
DEPARTMENT OF HIGHWAY SAFETY & MOTOR VEHICLES
AFFIDAVIT OF REFUSAL TO SUBMIT TO
BREATH AND/OR URINE TEST

I, Sasha Mohammed 1137, a duly certified Law Enforcement Officer or Correctional Officer,
(Name of Officer reading Implied Consent Warning)

am a member of Delray Beach Police, and I do swear
(Name of law enforcement agency)

or affirm that on or about the 27th day of July, 2018, at 2046 P.M. A.M.

DRIVER Robert Matthew Forchette
(Type or Print) FIRST NAME MIDDLE OR MAIDEN NAME LAST NAME

DL# F623-773-75-421-0, state of FL, was placed under lawful arrest for

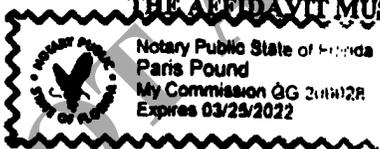
the offense of DUI by Off. S. Mohammed and
issued Citation # A1UR06E
(Name of Arresting Officer)

That on or about the 27 day of July, 2018, at 0005 P.M. A.M.
in Palm Beach County,

I requested that the driver submit to a breath and/or urine test to determine his or her blood alcohol level and/or the presence of chemical or controlled substances. I informed the driver that the refusal to submit to such test(s) would result in the suspension of his or her driving privilege for a period of one (1) year for a first refusal, or for a period of eighteen (18) months if his or her driving privilege had been previously suspended for refusing to submit to a breath, urine or blood test. I also informed the driver that he or she commits a misdemeanor by refusing to submit to a lawful test as requested above if his or her driving privilege has been previously suspended for refusal to submit to a lawful test of his or her breath, urine, or blood. Additionally, I informed the driver that if he or she holds a CDL, or was operating a CMV, refusal will result in the disqualification of the Commercial Driver's License/driving privilege for a period of one (1) year in the case of a first refusal or permanently if he or she has previously been disqualified as a result of a refusal to submit to any such lawful test. Nonetheless, the driver refused to submit to the test(s) requested.

[Signature]
Signature of Law Enforcement Officer or
Correctional Officer

THE AFFIDAVIT MUST BE NOTARIZED OR ATTESTED TO (F.S. 117.10)



(AFFIX SEAL)

The foregoing instrument was sworn and subscribed before

me this 27 day of JULY, 2018

by _____

who is personally known to me or who has produced
_____ as identification

Notary Public [Signature]

HSMV-BAR1001 (REV. 10/2016)

The foregoing instrument was sworn and subscribed before me:

Signature of Attesting Officer

Title _____

Date _____

Note: Mail or hand deliver to the designated Bureau of Administrative Reviews office, Department of Highway Safety and Motor Vehicles, with the driver's license, the appropriate copy of the UTC, and the probable cause affidavit.

TESTING FACILITY TASK REPORT

AGENCY: DEPD

SUBJECT: Forensic Report 4 CASE NUMBER: 18 101690

DATE: 07/21/02 VIDEO TAPE NUMBER: n/a

BEGINNING TIME: 00:02 ENDING TIME: 00:12

BREATH TESTS RESULTS: 1) K TIME 00:05 (A.M./P.M.) 2) n/a TIME --- A.M./P.M.

3) n/a TIME --- A.M./P.M. 4) n/a TIME --- A.M./P.M.

BREATH OPERATOR: P. Powell # 24231

MAINTENANCE TECHNICIAN: J. 19-6666 # 61.7

TESTING OFFICER'S OBSERVATIONS

SPEECH: clear

ATTITUDE: cooperative, calm

CLOTHING: shorts, t-shirt

MEDICAL CONDITIONS: None

MEDICATIONS: None

OTHER: one glass and blood test

one of blood test in hospital

one of blood test in hospital

COMMENTS: Arrived at center at 11:00 AM

and was tested at 11:05 AM

and was tested at 11:10 AM

and was tested at 11:15 AM

and was tested at 11:20 AM

and was tested at 11:25 AM

and was tested at 11:30 AM

and was tested at 11:35 AM

and was tested at 11:40 AM

and was tested at 11:45 AM

and was tested at 11:50 AM

and was tested at 11:55 AM

and was tested at 12:00 PM

and was tested at 12:05 PM

and was tested at 12:10 PM

REFUSED

REFUSED

SUBJECT: Police Report # 11 CASE NUMBER: 11111

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? _____ WHAT? _____

ARE YOU SICK OR INJURED? _____ WHAT'S WRONG? _____

DO YOU LIMP? _____ DID YOU RECEIVE A BUMP ON THE HEAD RECENTLY? _____

WERE YOU IN AN ACCIDENT TODAY? _____

HAVE YOU TAKEN ANY DRUGS OR SMOKED ANY MARIJUANA TODAY? _____ WHEN? _____

HAVE YOU SEEN A DOCTOR OR DENTIST TODAY? _____ WHO? _____ WHY? _____

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

DO YOU HAVE:

- EPILEPSY? _____
- GLASS EYE? _____
- FALSE TEETH? _____
- EAR INFECTION? _____
- INNER EAR TROUBLE? _____
- DIABETES? _____

DO YOU HAVE ANY PROBLEMS WITH YOUR EYES THAT ARE NOT CORRECTED BY GLASSES? _____

DO YOU TAKE INSULIN? _____ IF SO, WHEN WAS YOUR LAST INJECTION? _____

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

INTERVIEWER: _____

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

Florida

DRIVER LICENSE



F623-773-75-021-0

9 CLASS **E**

FOUCHETTE
ROBERT MATTHEW
123 CANOE PT
DELRAY BEACH, FL 33441-1700

DOB 01/21/1975 **SEX M**
EXP 11/21/2025 **HGT 5-10"**
12 REST NONE **9 END NONE**

ISS 11/22/2017
5DC P774711220005



VETERAN

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

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 | <input type="checkbox"/> | 119.071(2)(d) | Surveillance techniques, procedures and personnel; inventory of law enforcement resources, policies or plans pertaining to mobilization deployment or tactical operations. | |
| | <input type="checkbox"/> | 943.053, 943.0525 | NCIC/FCIC/FBI and in-state FDLE/DOC. | |
| | <input type="checkbox"/> | 119.071(4)(c) | Undercover personnel. | |
| | <input type="checkbox"/> | 119.071(2)(f) | Confidential informants (CIs). | |
| | <input type="checkbox"/> | 119.071(2)(e) | Confession. | |
| Public Info. Exemptions | <input type="checkbox"/> | 985.04(1) | Juvenile offender records. | |
| | <input type="checkbox"/> | 119.071(h)(i) | Assets of a crime victim. | |
| | <input type="checkbox"/> | 395.3025(7)(a), 456.057(7)(a) | Medical information. | |
| | <input type="checkbox"/> | 394.4615(7) | Mental health information. | |
| | <input type="checkbox"/> | 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) | <input checked="" type="checkbox"/> | (iii) 119.0714(1)(i)-(j), (2)(a)-(e) | Social Security, bank account, charge, debit, and credit card numbers. | 2 |
| | <input type="checkbox"/> | (viii) 394.4615(7) | Clinical records under the Baker Act. | |
| | <input type="checkbox"/> | (xii) 741.30(3)(b) | The victim's address in a domestic violence action on petitioner's request. | |
| | <input type="checkbox"/> | (xiii) 119.071(2)(h), 119.0714(1)(h) | Protected information regarding victims of child abuse or sexual offenses. | |
| | <input type="checkbox"/> | | | |
| Other | <input type="checkbox"/> | | Other: | |
| | <input type="checkbox"/> | | Other: | |

REVIEW COMPLETED BY

| | |
|-----------------------------------|---|
| Booking Number: 2018024934 | Date: July 27, 2018 |
| | Specialist Name/ID: L. Rosales, 4489 |