

0313740

17CT 20680

682

ARREST / NOTICE TO APPEAR  
Juvenile Referral Report

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

Juvenile

OBTS Number		Agency ORI Number FLO 5 0 1 6 0 0		Agency Name JUNO BEACH POLICE DEPARTMENT		Agency Report Number 5 2 1 1 7 1 0 0 0 5 2 0 1 1	
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 1. Yes 2. No NONE	
Location of Arrest (Including Name of Business) 13981 US HIGHWAY 1				Location of Offense (Business Name, Address) 13981 US HIGHWAY 1			
Date of Arrest 11/12/17		Time of Arrest 1434		Booking Date 11/12/17		Booking Time	
Name (Last, First, Middle) DISE, Robert		Mias (Name, DOB, Soc. Sec. #) PATRICK THOMAS 11/21/86		Jail Date		Jail Time	
Race W - White B - Black		Sex M		Date of Birth 01/21/86		Height 509	
Weight 190		Eye Color GREEN		Hair Color BROWN		Complexion LIGHT	
Build MED		Scars, Marks, Tattoos, Unique Physical Features (Location, Type, Description) TRIBAL TATTOOS ON BOTH ARMS		Marital Status S		Religion N/A	
Local Address (Street, Apt. Number) 2021 N. PALM CIR		(City) NPB		(State) FL		(Zip) 33408	
Permanent Address (Street, Apt. Number) S/A/A		(City)		(State)		(Zip)	
Business Address (Street, Apt. Number)		(City)		(State)		(Zip)	
D/L Number State D200-778-86-021-0		INS Number		Place of Birth GRAND		Citizenship MICHIGAN US	
Co-Defendant Name (Last, First, Middle)		Race		Sex		Date of Birth	
Co-Defendant Name (Last, First, Middle)		Race		Sex		Date of Birth	
<input type="checkbox"/> Parent <input type="checkbox"/> Legal Custodian <input type="checkbox"/> Other		Name (Last)		(First)		(Middle)	
Address (Street, Apt. Number)		(City)		(State)		(Zip)	
Notified by: (Name)		Date		Time		Juvenile Disposition 1. Handle/Processed within Dept. and Released. 2. TOT HRS/CYF 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. <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/Deriv.		P. Parahemial/ Equipment S. Synthetic		U. Unknown Z. Other			
Charge Description DUI		Counts 1		<input type="checkbox"/> FSS <input type="checkbox"/> ORD		Statute Violation Number 31161193	
Drug Activity N		Drug Type		Amount / Unit		Offense # 17-000520	
Charge Description		Counts		<input type="checkbox"/> FSS <input type="checkbox"/> ORD		Statute Violation Number	
Drug Activity		Drug Type		Amount / Unit		Offense #	
Charge Description		Counts		<input type="checkbox"/> FSS <input type="checkbox"/> ORD		Statute Violation Number	
Drug Activity		Drug Type		Amount / Unit		Offense #	
Charge Description		Counts		<input type="checkbox"/> FSS <input type="checkbox"/> ORD		Statute Violation Number	
Drug Activity		Drug Type		Amount / Unit		Offense #	
Instruction No. 1 Mandatory Appearance in Court		Location (Court, Room Number, Address)					
Instruction No. 2 You need not appear in Court but must comply with instructions on Reverse Side.		Court Date and Time Month DEC Day 20 Year 2017 Time 8:30 P.M.					
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 11/12/17	
HOLD for other Agency Name		Signature of Arresting Officer X [Signature] 283		Name Verification (Printed by Arrestee)			
<input type="checkbox"/> Dangerous <input type="checkbox"/> Suicidal		<input type="checkbox"/> Resisted Arrest <input type="checkbox"/> Other		(PRINT)			
Intake Dept #		Pouch #		Name of Arresting Officer (Print) FLEMING 283			
Transporting Officer FLEMING 283		ID # JBPD		Witness here if subject signed with an "X".			

D.U.I. PROBABLE CAUSE AFFIDAVIT

ON THE 12 DAY OF Nov 20 17 AT 2:56 AM PM

SUBJECT: Robert DISE CASE NUMBER: 17-000520

AGENCY: Juno Beach PD ARRESTING OFFICER: Fleming

PERSONAL CONTACT

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

DEFT WAS INVOLVED IN A CRASH AND WITNESS OBSERVED HIM BEHIND THE WHEEL OF HIS VEHICLE

OBSERVATION OF DRIVER:

DRIVER HAD A STRONG ODOR OF AN UNKNOWN TYPE OF ALCOHOLIC BEVERAGE EMANATING FROM HIS BREATH

DRIVER'S STATEMENTS:

NONE

ODORS:

STRONG ODOR OF AN UNKNOWN TYPE OF ALCOHOLIC BEVERAGE

GENERAL OBSERVATIONS

SCANNED

NOV 16 2017

SPEECH: SLURRED, SLOW

ATTITUDE: COOPERATIVE

CLOTHING: NEAT

MEDICAL/OTHER:

NONE

STATE OF FLORIDA COUNTY OF PALM BEACH

OFC: FL

(Signature of Arresting/Investigative Officer)

The foregoing instrument was sworn to or affirmed and subscribed before me this 12 day of November 20 17 by OFC. Fleming

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

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



Samantha Palmer Commission # FF172377 Expires: OCT 28, 2018 BONDED THRU

**ROADSIDE TASKS**

**HORIZONTAL GAZE NYSTAGMUS:**

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

**Other Observations:**

**WALK & TURN:**

Subject MISSED front step # 8 + MISSED 4 step on BACK  
Subject STARTED TASK too SOON

**ONE LEG STAND:**

*[Handwritten mark]*

**FINGER TO NOSE:**

Subject DID NOT keep hand back when performing Task  
AND WAS UNSTEADY on his feet

**ROMBERG/ALPHABET:**

Subject INCORRECTLY recited NUMBERS AND WENT FROM 55  
To 60 without counting numbers in between

SCANNED  
NOV 15 2017

**BREATH TEST RESULTS:**

STATE OF FLORIDA  
COUNTY OF PALM BEACH

ofc. FQ

(Signature of Arresting/Investigative Officer)  
The foregoing instrument was notarized or sworn before me this 12 day of November, 2017 by ofc. Fleming

who is personally known to me and/or produced identification. Type of identification produced \_\_\_\_\_

*[Handwritten signature]*

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



Samantha Palmer  
Commission # FF172377  
Expires: OCT 28, 2018  
BONDED THRU  
1ST FLORIDA NOTARY, LLC

# WITNESS LIST

CASE NUMBER: 17-000520

ARRESTING OFFICER Fleming

ADDRESS 340 OCEAN DR

PHONE NUMBERS (HOME) \_\_\_\_\_ (WORK) 561-626-2100

CAN TESTIFY TO: ARREST

NAME: SGT LUSCAVICH

ADDRESS 340 OCEAN DR

PHONE NUMBERS (HOME) \_\_\_\_\_ (WORK) 561-626-2100

CAN TESTIFY TO: CRASH + ARREST

NAME: \_\_\_\_\_

ADDRESS \_\_\_\_\_

PHONE NUMBERS (HOME) \_\_\_\_\_ (WORK) \_\_\_\_\_

CAN TESTIFY TO: \_\_\_\_\_

NAME: \_\_\_\_\_

ADDRESS \_\_\_\_\_

PHONE NUMBERS (HOME) \_\_\_\_\_ (WORK) \_\_\_\_\_

CAN TESTIFY TO: \_\_\_\_\_

NAME: \_\_\_\_\_

ADDRESS \_\_\_\_\_

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NAME: \_\_\_\_\_

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CAN TESTIFY TO: \_\_\_\_\_

NAME: \_\_\_\_\_

ADDRESS \_\_\_\_\_

PHONE NUMBERS (HOME) \_\_\_\_\_ (WORK) \_\_\_\_\_

CAN TESTIFY TO: \_\_\_\_\_

NAME: \_\_\_\_\_

ADDRESS \_\_\_\_\_

PHONE NUMBERS (HOME) \_\_\_\_\_ (WORK) \_\_\_\_\_

CAN TESTIFY TO: \_\_\_\_\_

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# TESTING FACILITY TASK REPORT

AGENCY: JUNO PD/FLEMING

SUBJECT: DISE, ROBERT

CASE NUMBER: 17-150819

DATE: Nov 12, 2017

VIDEO DVD NUMBER: N/A

BEGINNING TIME: 1648

ENDING TIME: 1659

BREATH TESTS RESULTS: 1) .263 TIME 1653 A.M.  P.M.  2) .271 TIME 1656 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 TECHNICIAN: J Karlecke #6467

## TESTING OFFICER'S OBSERVATIONS

SPEECH: SLURRED

ATTITUDE: QUIET, CALM, UPSET, COOPERATIVE

CLOTHING: DARK BLUE BUTTON UP SHIRT, BLACK SHORTS, BLACK SNEAKERS

MEDICAL CONDITIONS: NONE

MEDICATIONS: NONE

## OTHER:

EYES GLASSY AND BLOODSHOT, ODOR OF UNKNOWN ALCOHOLIC BEVERAGE ON BREATH

## COMMENTS:

ARRESTING OFFICER CONDUCTED THE 20 MINUTE OBSERVATION BEGINNING AT 1600  
SUBJECT AGREED TO TAKE BREATH TEST  
A/O EXPLAINED TEST INSTRUCTIONS  
SUBJECT STATED HE UNDERSTOOD  
AND PROVIDED TWO ADEQUATE SAMPLES SUCCESSFULLY  
TECH READ TEST RESULTS  
SUBJECT STATED HE UNDERSTOOD  
A/O READ RIGHTS  
SUBJECT STATED HE UNDERSTOOD HIS RIGHTS  
AND REFUSED QUESTIONING WITHOUT COUNSEL

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NOV 15 2017

SUBJECT: D. R. B. L. I. I. CASE NUMBER: 17000520

## 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.

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SUSPECT'S SIGNATURE: (X) \_\_\_\_\_

SUBJECT: 110 KODOL CASE NUMBER: IT 000520

# 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: OTC T...

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

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