

04444116

2004

ARREST / NOTICE TO APPEAR
Juvenile Referral Report

1 Arrest
2 N.T.A.

3. Request for Warrant
4. Request for Capias

1

Juvenile

ADMINISTRATIVE	OBTS Number		Agency ORI Number FLO 500000		Agency Name PALM BEACH COUNTY SHERIFF'S OFFICE		Agency Report Number (N.T.A.'s only) 06-18099047														
	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																
DEFENDANT	Location of Arrest (Including Name of Business) Lake Avenue and North G Street Lake Worth, FL 33460				Location of Offense (Business Name, Address) Lake Avenue and North G Street Lake Worth, FL 33460																
	Date of Arrest 07/20/2018	Time of Arrest 03:34	Booking Date	Booking Time	Jail Date	Jail Time	Location of Vehicle Blake's Towing														
CO-DEF	Name (Last, First, Middle) Quaglia, Rocco Anthony				Alias (Name, DOB, Soc. Sec. #, Etc.)																
	Race W - White I - American Indian B - Black O - Oriental/Asian	Sex M	Date of Birth 02/23/1959	Height 5'08"	Weight 230	Eye Color Blue	Hair Color Brown	Complexion Light	Build Heavy												
	Scars, Marks, Tattoos, Unique Physical Features (Location, Type, Description) NONE				Martial Status	Religion NONE	Indication of Alcohol Influence Drug Influence Y <input type="checkbox"/> N <input type="checkbox"/> Unk. <input type="checkbox"/>														
	Local Address (Street, Apt. Number) 13841 Via DaVinci		(City) Delray Beach,	(State) Florida	(Zip) 33446	Phone (561) 235-8212	Residence Type: 1. City 2. County 3. Florida 4. Out of State														
	Permanent Address (Street, Apt. Number) Same		(City)	(State)	(Zip)	Phone	Address Source Florida DL														
	Business Address (Name, Street)		(City)	(State)	(Zip)	Phone	Occupation Realtor														
	DL Number, State Q-240-721-59-068-0 / FL		Soc. Sec. Number		INS Number		Place of Birth (City, State) Newark, New Jersey		Citizenship U.S.												
	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													
	JUVENILE	<input type="checkbox"/> Parent <input type="checkbox"/> Legal Custodian <input type="checkbox"/> Other		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 / OYS 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																	
<table border="1"> <tr> <td>Drug Activity N. N/A P. Possess</td> <td>S. Sell B. Buy T. Traffic</td> <td>R. Smuggle D. Deliver E. Use</td> <td>K. Dispense/ Distribute</td> <td>M. Manufacture/ Produce/ Cultivate</td> <td>Z. Other</td> <td>Drug Type N. N/A A. Amphetamine</td> <td>B. Barbiturate C. Cocaine E. Heroin</td> <td>H. Hallucinogen M. Marijuana O. Opium/Derm.</td> <td>P. Paraphernalia/ Equipment S. Synthetics</td> <td>U. Unknown Z. Other</td> </tr> </table>										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/Derm.	P. Paraphernalia/ Equipment S. Synthetics	U. Unknown Z. Other	
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Charge Description DUI		Counts 1	Domestic Violence <input type="checkbox"/> Y <input checked="" type="checkbox"/> N	Statute Violation Number 316.193 (1)		Violation of ORD #															
Drug Activity N		Drug Type N	Amount / Unit N/A	Offense # 18099047	Warrant / Capias Number		Bond														
Charge Description		Counts	Domestic Violence <input type="checkbox"/> Y <input 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 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 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 WPB, FL																					
Court Date and Time Month August Day 16th Year 2018 Time 8:30 AM <input checked="" type="checkbox"/> 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																
ADMIN	HOLD for other Agency Name		Signature of Arresting Officer		Name Verification (Printed by Arrestee) Rocco Quaglia																
	<input type="checkbox"/> Dangerous <input type="checkbox"/> Suicidal		<input type="checkbox"/> Repeated Arrest <input type="checkbox"/> Other		Name of Arresting Officer (Print) Inv. CHIQUITO-RODRIGUEZ #18334 18334		I.D. #														
	Intake Deputy SPAWN Z...		I.D. #	Pouch #	Transporting Officer Same		ID #	Agency PBSO													
Witness here if subject signed with an -X-								PAGE 1 OF 1													

2018 CT 012740 SB

OCTS Number		PROBABLE CAUSE AFFIDAVIT		1 Arrest	3 Request For Warrant	1	Juvenile	<input type="checkbox"/>
Agency ORI Number	Agency Name	Agency Report Number						
FLO 500000	PALM BEACH COUNTY SHERIFF'S OFFICE	06	180990471					
Charge Type Check as many as apply		Special Notes						
<input type="checkbox"/> 1 Felony <input type="checkbox"/> 2 Traffic Felony <input checked="" type="checkbox"/> 3 Misdemeanor <input type="checkbox"/> 4 Traffic Misdemeanor <input type="checkbox"/> 5 Ordinance <input type="checkbox"/> 6 Other								
Defendant Name (Last, First, Middle)		Race	Sex	Date of Birth				
QUAGLIA ROCCO ANTHONY		W	M	2/28/1959				
Charge		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 undersigned swears that he/she has just and reasonable grounds to believe, and does believe that the above named Defendant committed the following violation of law The person taken into custody								
<input type="checkbox"/> committed the below acts in my presence <input type="checkbox"/> confessed to admitting to the below facts			<input type="checkbox"/> was observed by _____ who told _____ that he/she saw the arrested person commit the below acts <input checked="" type="checkbox"/> was found to have committed the below acts, resulting from (described) investigation					
On the <u>20th</u> day of <u>JULY</u> 20 <u>18</u> at <u>0220</u> <input checked="" type="checkbox"/> AM <input type="checkbox"/> PM								

On 7/20/2018 at 0219 hours I arrived at the intersection of N G St. and Lake Avenue in the City of Lake Worth, Florida located in Palm Beach County in reference to a vehicle stuck on the train tracks.

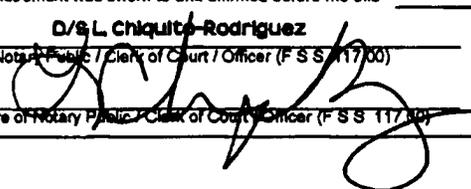
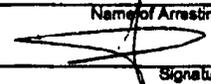
Upon my arrival I observed a gold Chrysler Town and Country van bearing tag number #ZQ05U lodged on top of the western most train tracks approximately forty feet south of the intersection. On the east side of the Lake Ave, I observed a white male standing, wearing a blue button down dress shirt and dark blue slacks with black shoes. I crossed the tracks and walked towards the white male who would later be identified via his Florida Driver's license as Rocco Anthony Quaglia. As I neared Rocco he spontaneously uttered, while pointing at the vehicle "I tried to make a right hand turn".

As I came nearer to Rocco, in the light of my flashlight and ambient adequate illumination from road lamps, I observed bloodshot, glassy eyes that were hooded and heavy. Rocco's speech was slurred as he continued telling me that he was "trying to get to Boca". As I came within arms reach of Rocco I observed the over powering odor of an unknown alcoholic beverage emanating from his person as well as his breath. For the entire interaction, Rocco was unable to maintain his balance and he continued to sway from side to side as we spoke.

I asked Rocco to please stand on the sidewalk as I did not want any of the inbound trains to harm him.

DUI Investigator Chiquito-Rodriguez ID # 18334 responded to the scene at this time.

This is a supplement to the original case.

The foregoing instrument was sworn to and affirmed before me this <u>20th</u> day of <u>JULY</u> 20 <u>18</u> , by	
<u>D/S L. Chiquito-Rodriguez</u>	<u>D/S L. GOODMAN</u> 28788
Name of Notary Public / Clerk of Court / Officer (F S S 117.00)	Name of Arresting/Investigating Officer
	
Signature of Notary Public / Clerk of Court / Officer (F S S 117.00)	Signature of Arresting/Investigating Officer
Page _____ of _____	

PROBABLE CAUSE AFFIDAVIT

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

1 Juvenile

ADMIN	OBTS Number	Agency ORI Number FLO 500000		Agency Name PALM BEACH COUNTY SHERIFF'S OFFICE	Agency Report Number 06- 18099047
	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	Special Notes:

CHARGES	Name (Last, First, Middle) Quaglia, Rocco Anthony		Aliases	Race W	Sex M	Date of Birth 02/23/1959
	Charge Description DUI	316.193 (1)	Charge Description	Charge Description	Charge Description	Charge Description

VICTIM	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		

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

committed the below acts in my presence. was observed by _____ who told _____ that he/she saw the arrested person commit the below acts.

confessed to _____ admitting to the below facts. was found to have committed the below acts, resulting from my (described) investigation.

On the 20th day of July 20 18 at 02:20 A.M. P.M. (Specifically include facts constituting cause for arrest.)

UPON COMPLETING THE ROADSIDES, I ADVISED THE MR. QUAGLIA THAT I CONCLUDED MY DUI INVESTIGATION AND, BASED ON THE OBSERVATIONAL CLUES ON THE SFST'S, THE DRIVING PATTERN OBSERVED BY THE WITNESS, THE STRONG ODOR OF AN UNKNOWN ALCOHOLIC BEVERAGE EMANATING FROM HIS BREATH AND MR. QUAGLIA'S ADMISSION OF CONSUMING ALCOHOL, DETERMINED THAT HE WAS TOO IMPAIRED TO OPERATE A MOTOR VEHICLE. I PLACED MR. QUAGLIA UNDER ARREST FOR DUI AND HE VERBALLY STATED THAT HE UNDERSTOOD. I PLACED HIM IN HANDCUFFS THAT WERE CHECKED FOR PROPER FIT AND TIGHTNESS AND DOUBLE LOCKED AND PLACED MR. QUAGLIA IN THE REAR OF MY PBSO MARKED PATROL VEHICLE. I TRANSPORTED HIM TO THE B.A.T. (BREATH ALCOHOL TESTING) FACILITY.

ONCE AT THE B.A.T. MR. QUAGLIA WAS OBSERVED FOR A PERIOD OF TWENTY MINUTES, DURING WHICH TIME HE DID NOT INGEST ANYTHING, PLACE ANYTHING IN HIS MOUTH, REGURGITATE OR VOMIT. AFTER THE TWENTY MINUTE OBSERVATION PERIOD THE MR. QUAGLIA WAS PLACED ON CAMERA AND ASKED IF HE WOULD SUBMIT A BREATH SAMPLE FOR THE PURPOSE OF DETERMINING ITS ALCOHOL CONTENT AND HE CONSENTED. MR. QUAGLIA PROVIDED TWO BREATH SAMPLES AND THE RESULTS WERE .206 FOR THE FIRST SAMPLE AND .213 FOR THE SECOND SAMPLE. THE RESULTS WERE GIVEN, AND EXPLAINED TO MR. QUAGLIA AND HE VERBALLY STATED THAT HE UNDERSTOOD. I READ MR. QUAGLIA HIS CONSTITUTIONAL WARNINGS ON CAMERA AND HE VERBALLY STATED THAT HE UNDERSTOOD HIS RIGHTS. MR. QUAGLIA COOPERATED WITH Q&A.

BASED ON THE ABOVE SET OF FACTS AND CIRCUMSTANCES, PROBABLE CAUSE EXISTS TO FIND ROCCO ANTHONY QUAGLIA DID DRIVE OR BE IN ACTUAL PHYSICAL CONTROL OF A VEHICLE WHILE UNDER THE INFLUENCE OF ALCOHOLIC BEVERAGES, OR CHEMICAL SUBSTANCES AS SET FORTH IN FLORIDA STATUTE 877.111, OR ANY SUBSTANCE CONTROLLED UNDER CHAPTER 893 OR ANY COMBINATION THEREOF, TO THE EXTENT THAT HIS NORMAL FACULTIES WERE IMPAIRED, OR WHILE HAVING A BLOOD ALCOHOL LEVEL OF .08 OR MORE GRAMS OF ALCOHOL PER 100 MILLILITERS OF BLOOD OR BREATH ALCOHOL LEVEL OF .08 OR MORE GRAMS OF ALCOHOL PER 210 LITERS OF BREATH.

I ISSUED MR. QUAGLIA DUI CITATION A2FUK8P. I THEN TRANSPORTED HIM TO THE MAIN DETENTION CENTER, WITHOUT INCIDENT, FOR BOOKING AND PROCESSING.

THIS CASE IS CLEARED BY ARREST.

ADMINISTRATIVE	STATE OF FLORIDA COUNTY OF PALM BEACH Inv. Chiquito-Rodriguez #18334 (Signature of Arresting/Investigative Officer)	<i>[Signature]</i> #18334	20th July 2018	Inv. Chiquito-Rodriguez #18334	
	The foregoing instrument was sworn to or affirmed and subscribed before me on the _____ day of _____, 20____.	SHARI L. O'NEAL Notary Public - State of Florida Commission # FF 966854 My Comm. Expires Jun 25, 2020 Bonded through National Notary Assn.	KNOWN		
	(Print name of Arresting/Investigative Officer), who is personally known to me and whose true identification, type of identification and commission number I have examined and is in full compliance with the provisions of Chapter 119, Florida Statutes.				PAGE 1 OF 1

D.U.I. PROBABLE CAUSE AFFIDAVIT

ON THE 20th DAY OF July 20 18, AT 02:20 AM PM

SUBJECT: Quaglia, Rocco Anthony CASE NUMBER: 18099047

AGENCY: PALM BEACH COUNTY SHERIFF'S OFFICE ARRESTING OFFICER: Inv. Chiquito-Rodriguez #18334

PERSONAL CONTACT

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

On 07/20/2018, at approximately 02:55am, I responded to Lake Avenue and North G Street in the City of Lake Worth, located within Palm Beach County, Florida at the request of Deputy Ian Goodman #26786 reference a vehicle stuck on the railroad tracks. Upon arriving on scene I made contact with Deputy Goodman who advised me of, as well as completed a sworn written probable cause affidavit, he responded to the scene of a vehicle stuck on the railroad tracks. He made contact with the witness, Mr. Metellus, who called 911 and remained on scene. He located the vehicle, a silver Chrysler Town and Country van bearing Florida tag ZQ05U, lodged on the tracks. Standing next to the vehicle was a white male, identified as ROCCO ANTHONY QUAGLIA by his Florida issued driver license, and he advised D/S Goodman that he "tried to make a right hand turn". The witness on scene, who saw Mr. Quaglia drive onto the tracks, assisted with getting him out of the vehicle and called 911. Deputy Goodman observed obvious and articulable signs of impairment and requested a DUI unit respond to the scene.

OBSERVATION OF DRIVER:

When I arrive I observed Mr. Quaglia standing on the sidewalk on the south side of Lake Avenue near the railroad tracks. His silver van was being removed from the tracks by Blake's Towing. I had deputies on scene relocate Mr. Quaglia to an empty parking lot across the street and away from the tracks. I observed Mr. Quaglia stumble and stagger as he walked. He swayed in a front to back motion rocking from his heels to the balls of his feet while standing in a resting position. His speech was heavily slurred, heavy tongued, mush mouthed, slow and mumbled. Mr. Quaglia's eyes were red, glassy and bloodshot and there was a very strong and obvious odor of an unknown alcoholic beverage emanating from his breath that became stronger as he spoke. I had to have deputies stand on either side of Mr. Quaglia because he was unsteady on his feet. He was unaware of where he was at and believed he was in Boca Raton.

DRIVER'S STATEMENTS:

He stated that he was on his way home from Delray Beach and the GPS instructed him to turn right and that is how he ended up on the train tracks. He further stated that he had consumed "a couple of glasses of wine a few hours ago" and he thought it was approximately 11:00pm. I asked Mr. Quaglia if he would submit to voluntary SFST's and he consented. SEE Probable Cause PAGE 2 for further.....

ODORS:

Strong and obvious odor of an unknown alcoholic beverage emanating from defendant's breath that became stronger as the defendant spoke to me

GENERAL OBSERVATIONS

SPEECH: Slow, slurred, mumbled, incoherent, thick tongued, mush mouth

ATTITUDE: Slow, sleepy, cooperative, talkative, disoriented

CLOTHING: Light blue button up, collared shirt, Dark gray slacks, Black dress shoes

MEDICAL/OTHER: Defendant denied having any medical conditions, injuries or physical impairments. Defendant denied being on any medications or taking any medications.

STATE OF FLORIDA
COUNTY OF PALM BEACH

Inv. Chiquito-Rodriguez #18334

(Signature of Arresting/Investigative Officer)

The foregoing instrument was sworn to or affirmed and subscribed before me this 20th day of July 20 18 by Inv. Chiquito-Rodriguez #18334

(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 '17 10)



SUBJECT: Quaglia, Rocco Anthony

CASE NUMBER 18099047

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:

Bloodshot, red, glassy eyes. Swayed in a front to back motion, rocking from his heels to the balls of his feet, while standing in a resting position. Difficulty maintaining his balance without stumbling over.

WALK & TURN:

Instructed and demonstrated. Defendant verbally stated he understood the instructions. Had to be repositioned while explaining task and he could not keep balance while listening to instructions. He used arms for balance, completed improper turn (lost balance, staggered, stumbled) and missed heel to toe and walked with his feet side by side. He took an incorrect number of steps (11 steps forward and 10 on the return), stepped off line and crisscrossed/overlapped his feet.

ONE LEG STAND:

Instructed and demonstrated. Defendant verbally stated he understood the instructions. He swayed while in the instructional stance. He picked up his foot, toe pointed upward and heel almost touching the ground, and stumbled over. He dropped his foot more than once and lost his balance each time. He dropped his foot after each count and only made it to "1003". I had to have a deputy on each side of him. For his safety, and to prevent injury, I stopped the task.

FINGER TO NOSE:

Instructed and demonstrated. Defendant verbally stated he understood the instructions. The defendant demonstrated proficiency with identifying his left from his right hand. He swayed in a front to back motion, rocking from his heels to the balls of his feet. He did not return hand to side.

L- Top of nose with pad R- Septum L- Top of nose with side of finger R- Knuckle to top of nose R- Wrong hand
L- Knuckle to top of nose.

ROMBERG ALPHABET:

Instructed and demonstrated. Defendant verbally stated he understood the instructions. He swayed in a front to back motion, rocking from his heels to the balls of his feet. He repeated and skipped letters and recited out of sequence.

BREATH TEST RESULTS: 1) .206 2) .213 3) 4)

STATE OF FLORIDA
COUNTY OF PALM BEACH

Inv. Chiquito-Rodriguez #18334

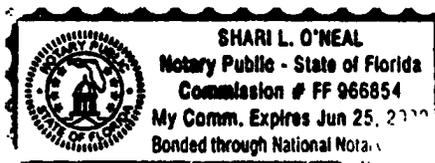
(Signature of Arresting/Investigative Officer)

[Handwritten Signature] #18334

The foregoing instrument was sworn to or affirmed and subscribed before me this 20th day of July, 2018 by Inv. Chiquito-Rodriguez #18334

(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)



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 #:	18-099047	ZONE:	14-11	SUSPECT:	Rocco A. Quaglia	DATE & TIME OF ORIGINAL EVENT/OFFENSE:	8/20/18 0240
EVENT TYPE:	Drunk Driver	DEPUTY:	D/S A. Miranda	ID#:	26971		

COMPLETE EVERYTHING BELOW - PRINT LEGIBLY

LAST NAME:	Metellus	FIRST NAME:	HORAT	MIDDLE INITIAL:	HM	RACE:	Black	SEX:	M
DATE OF BIRTH:	(MM/DD/YYYY) 01-26-1979	YOUR HEIGHT:	5-5	YOUR WEIGHT:	165	YOUR HAIR COLOR:	Black	YOUR EYE COLOR:	Brown
YOUR HOME ADDRESS:	<input type="checkbox"/> CHECK IF HOMELESS		CITY:	LAKE WORTH	STATE:	FL	ZIP:	33460	
YOUR WORK NAME & ADDRESS:	<input type="checkbox"/> CHECK IF UNEMPLOYED OR RETIRED		CITY:	WEST PALM	STATE:	FL	ZIP:	33407	
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		
15611574-9430		13011500-6445		()		metellushorat@yahoo.com			

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

YOUR NAME: 1 Horat Metellus

DO HEREBY VOLUNTARILY MAKE THE FOLLOWING STATEMENT WITHOUT THREAT, COERCION, OFFER OF BENEFIT, OR FAVOR BY ANY PERSONS WHOMSOEVER...

7/20/18 - A white male was driving silver van he turns on the train track I asked him the driver to leave the van he refused to get out I called 911 when I was on the patcher I asked the driver again to get out ~~the~~ the van. he listens to me.

white male, blue shirt, navy blue pants black shoes, his height between 5.5 or 5.6. He was behind wheel.

the man was driving on the train track I saw him that I backing up my vehicle to help ~~him~~ get out the car. ~~top # 7 @ OSU~~ him. the vehicle was stuck on the track

PAGE 1 OF 1

READ AND SIGN	DEPUTY SHERIFF <input checked="" type="checkbox"/> NOTARY PUBLIC <input type="checkbox"/> FSS: 117.10
I SWEAR AND AFFIRM THIS AND/OR THE ATTACHED STATEMENTS ARE CORRECT AND TRUE:	SWORN TO AND SUBSCRIBED BEFORE ME TODAY:
YOUR SIGNATURE: X Horat Metellus	DATE: 8/20/18 TIME: 0240
	SIGNATURE: ID: 26971

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 _____)

WITNESS LIST

CASE NUMBER: 18099047

ARRESTING OFFICER: Inv. Chiquito-Rodriguez #18334

ADDRESS: 3228 Gun Club Rd WPB, FL 33406

PHONE NUMBERS (HOME): _____ (WORK) 561-688-3000

CAN TESTIFY TO: Facts of case

NAME: D/S Ian Goodman3

ADDRESS: 3228 Gun Club Rd WPB, FL 33406

PHONE NUMBERS (HOME) _____ (WORK) 561-688-3000

CAN TESTIFY TO: Facts of the case

NAME: D/S Alfonso Miranda #

ADDRESS 3228 Gun Club Rd WPB, FL 33406

PHONE NUMBERS (HOME) _____ (WORK) 561-688-3000

CAN TESTIFY TO: Facts of the case. Obtained witness statement

NAME: Hotat Metellus

ADDRESS 1103 South H Street Lake Worth, FL 33460

PHONE NUMBERS (HOME) (561) 574-9430 (WORK) _____

CAN TESTIFY TO: Facts of the case. Wheel witness/ 911 caller

NAME: _____

ADDRESS _____

PHONE NUMBERS (HOME) _____ (WORK) _____

CAN TESTIFY TO: _____

NAME: _____

ADDRESS _____

PHONE NUMBERS (HOME) _____ (WORK) _____

CAN TESTIFY TO: _____

NAME: _____

ADDRESS _____

PHONE NUMBERS (HOME) _____ (WORK) _____

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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: _____

SUBJECT: _____ CASE NUMBER: _____

DATE: _____ VIDEO TAPE NUMBER: _____

BEGINNING TIME: _____ ENDING TIME: _____

BREATH TESTS RESULTS: 1) _____ TIME _____ A.M./P.M. 2) _____ TIME _____ A.M./P.M.
3) _____ TIME _____ A.M./P.M. 4) _____ TIME _____ A.M./P.M.

BREATH OPERATOR: _____

MAINTENANCE TECHNICIAN: _____

TESTING OFFICER'S OBSERVATIONS

SPEECH: _____

ATTITUDE: _____

CLOTHING: _____

MEDICAL CONDITIONS: _____

MEDICATIONS: _____

OTHER: _____

COMMENTS: _____

NOT A CERTIFIED COPY

SUBJECT: Quaglia, Rocco Anthony CASE NUMBER: 18-011047

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) _____

SUBJECT: Quaglia, Rocco Anthony CASE NUMBER: 18-099047

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? I don't know

DIRECTION OF TRAVEL? Don't know WHERE DID YOU START? BOCA

WHAT TIME DID YOU START? Don't know WHAT TIME IS IT NOW? Don't know

WHAT IS TODAY'S DATE? Friday morning 8th WHAT DAY OF THE WEEK IS IT? Friday

WHAT COUNTY AND CITY ARE YOU IN NOW? Broward county I guess

WHEN DID YOU LAST EAT? Yesterday WHAT DID YOU EAT? N. a. b. l. s. chicken

WHAT HAVE YOU BEEN DOING FOR THE LAST THREE HOURS? Sitting with the cop at your police

HOW MUCH DO YOU WEIGH? 230 HAVE YOU BEEN DRINKING? at the party here

HOW MUCH? couple glasses WHERE? The Key Bar WITH WHOM? Networking party

WHEN DID YOU HAVE YOUR FIRST DRINK? 6:30pm AND YOUR LAST DRINK? 11:00pm

HOW DID YOU CONSUME YOUR LAST TWO DRINKS? at the bar

CAN YOU FEEL THE EFFECTS OF THE ALCOHOL? NO ARE YOU UNDER THE INFLUENCE? NO

HAVE YOU CONSUMED ANY ALCOHOL SINCE THE ACCIDENT? N/A HOW MUCH? N/A

WHAT? --- WHERE? N/A WHEN? ---

WHAT LINE OF WORK ARE YOU IN? h. w. etc WHEN DID YOU LAST WORK? Tu. 1/11

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? YES WHERE? New Jersey

INTERVIEWER: Juv. L. Cingento Rodriguez #15354



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: 2018024165	Date: 07/21/2018
	Specialist Name/ID: howardt/7185