

#0487100

ARREST / NOTICE TO APPEAR

Juvenile Referral Report

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

1

Juvenile

P#2664

OBTS Number			Agency ORI Number			Agency Name			Juvenile Referral Report			Signature			Agency Report Number (N.T.A.'s only)					
FLO 500000			PALM BEACH COUNTY SHERIFF'S OFFICE			06-			16-127157											
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 01					
Location of Arrest (Including Name of Business)			ATLANTIC AVE/HAGEN RANCH RD DELRAY BEACH, FL 33446			Location of Offense (Business Name, Address)			ATLANTIC AVE/HAGEN RANCH RD DELRAY BEACH, FL 33446											
Date of Arrest 09/15/2016		Time of Arrest 0002		Booking Date		Booking Time		Jail Date		Jail Time		Location of Vehicle								
Name (Last, First, Middle)			Alias (Name, DOB, Soc. Sec. #, Etc.)																	
COLUCCI, ROCCO																				
Race W - White I - American Indian B - Black O - Oriental/Asian			Sex W M			Date of Birth 11/13/1956			Height 5'7		Weight 165		Eye Color HAZ		Hair Color GRAY		Complexion FAIR		Build MED	
Scars, Marks, Tattoos, Unique Physical Features (Location, Type, Description)			TATTOOS ON BOTH FOREARMS						Marital Status SINGLE		Religion CATHOLIC		Indication of: Alcohol Influence Drug Influence			Y N Unk.				
Local Address (Street, Apt. Number)			(City) DELRAY BEACH			(State) FL			(Zip) 33446		(516) 779-3499		Residence Type: 1. City 2. County			3. Florida 4. Out of State		2		
9535 BARLETTA WINDS POINT																				
Permanent Address (Street, Apt. Number)			(City) DELRAY BEACH			(State) FL			(Zip) 33446		(516) 779-3499		Address Source NY DL							
Business Address (Name, Street)			(City)			(State)			(Zip)		Phone ()		Occupation RETIRED							
D/L Number, State 448-150-275			Soc. Sec. Number			INS Number			Place of Birth (City, State) NY, NY			Citizenship								
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		
Parent Legal Custodian 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 / DYS 3. Incarcerated											
Released To: (Name)			Relationship									Date			Time					
The above address provided by <input type="checkbox"/> defendant and / or <input type="checkbox"/> defendant's parents The child and / or parent was told to keep the Juvenile Court Clerk (Phone 355-2526) informed of any change of address. <input type="checkbox"/> Yes, by: (Name) <input type="checkbox"/> No: (Reason)												School Attended			Grade					
Property Crime? <input type="checkbox"/> Yes <input type="checkbox"/> No			Description of Property						Value of Property											
Drug Activity N. N/A P. Possess			S. Sell B. Buy T. Traffic			R. Smuggle D. Deliver E. Use			K. Dispense/ Distribute			M. Manufacture/ Produce/ Cultivate			Z. Other					
Drug Type N N			Counts 1			Domestic Violence <input type="checkbox"/> Y <input checked="" type="checkbox"/> N			Drug Type N. N/A A. Amphetamine			B. Barbiturate C. Cocaine E. Heroin			H. Hallucinogen M. Marijuana O. Opium/Deriv.					
Charge Description DUI												Statute Violation Number 316.193(1)			Violation of ORD #					
Drug Activity N N			Amount / Unit			Offense # 16-127157						Warrant / Capias Number			Bond OR					
Charge Description									Counts			Domestic Violence <input type="checkbox"/> Y <input type="checkbox"/> N			Statute Violation Number			Violation of ORD #		
Drug Activity N N			Amount / Unit			Offense #						Warrant / Capias Number			SEP 15 AM 3:15			Bond		
Charge Description									Counts			Domestic Violence <input type="checkbox"/> Y <input type="checkbox"/> N			Statute Violation Number			Violation of ORD #		
Drug Activity N N			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 N N			Amount / Unit			Offense #						Warrant / Capias Number						Bond		
Location (Court, Room Number, Address)			SOUTH COUNTY COURT HOUSE 200 W ATLANTIC AVE DELRAY BEACH, FL																	
Court Date and Time Month OCT Day 17 Year 2016 Time 8:30 AM ✓																				
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 SCANNED					
HOLD for other Agency Name:			Signature of Arresting Officer X			Signature of Arresting Officer X			Name Verification (Printed by Arrestee)											
<input type="checkbox"/> Dangerous <input type="checkbox"/> Resisted Arrest <input type="checkbox"/> Suicidal <input type="checkbox"/> Other:			Name of Arresting Officer (Print) JESUS PUJOL			I.D. # 8530			(PRINT)			SEP 15 2016								
Intake Deputy WBF/8000			I.D. #			Pouch #			Transporting Officer JESUS PUJOL 8530			Agency PBSO			PAGE 1 OF 1					
Witness here if subject signed with an -X"																				

OBTS Number		PROBABLE CAUSE AFFIDAVIT				1 Arrest 2 NTA	3 Request for Warrant 4 Request for Capias	1	Juvenile
ADMIN	Agency ORI Number FLO 5 0 0 0 0 0 0	Agency Name PALM BEACH COUNTY SHERIFF'S OFFICE	Agency Report Number 16-127157						
CHARGES	Charge Type Check as many as apply <input type="checkbox"/> 1 Felony <input checked="" type="checkbox"/> 2 Traffic Felony	<input type="checkbox"/> 3 Misdemeanor <input type="checkbox"/> 4 Traffic Misdemeanor	<input type="checkbox"/> 5 Ordinance <input type="checkbox"/> 6 Other	Special Notes					
DEF	Name (Last, First, Middle) COLUCCI, ROCCO, P		Alias		Race W	Sex M	Date of Birth 11/13/1956		
CHARGES	Charge Description DUI		Charge Description						
CHARGES	Charge Description		Charge Description						
VICTIM	Victim's Name (Last, First, Middle) STATE OF FL				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									
<input type="checkbox"/> committed the below acts in my presence. <input type="checkbox"/> was observed by _____ who told _____ <input type="checkbox"/> confessed to _____ <input type="checkbox"/> that he/she saw the arrested person commit the below acts. admitting to the below facts. <input type="checkbox"/> was found to have committed the below acts, resulting from my (described) investigation.									
On the <u>14TH</u> day of <u>SEPTEMBER</u> <u>16</u> at <u>11:29PM</u> <input type="checkbox"/> A.M <input checked="" type="checkbox"/> P.M (Specifically include facts constituting cause for arrest.) <p>On the above date and approximate time I was conducting speed enforcement in the area of S Jog Rd and West Atlantic Avenue in unincorporated Delray Beach in my marked PBSO vehicle facing westbound. With my PBSO issued certified Stallker 2 radar I observed a white vehicle pass me traveling westbound at a high rate of speed. My radar locked an approximate speed of 63mph in a 45mph zone. I conducted a traffic stop on a white Bentley convertible bearing a FL tag of GSQY38 in the area West Atlantic Ave and Hagen Ranch Road. As the vehicle continued westbound on Atlantic Ave I observed the vehicle slightly fail to maintain the lane and then come to a complete stop. I made contact with driver who was later identified by his New York Drivers License as Rocco Colucci. I identified myself as a Palm Beach County Deputy and he immediately handed me his vehicle registration. I stated to Rocco that I did not ask for his registration and he began slurring his words. I asked Rocco if he knew the reason I stopped him and while slurring he stated "he cut me off". During my interaction with Rocco he was constantly slurring his words and could not make eye contact with me. I then contacted D/S Pujol #8530 who arrived on scene to conduct a DUI investigation. I also gave a citation for speeding on a county road.</p>									
PROBABLE CAUSE STATEMENT									
ADMINISTRATIVE									
SCANNED									
SEP 15 2016									
<p>STATE OF FLORIDA COUNTY OF PALM BEACH</p> <p><i>13918</i></p> <p>(Signature of Arresting/Investigative Officer)</p> <p>The foregoing instrument was sworn to or affirmed and subscribed before me this <u>14TH</u> day of <u>SEPTEMBER</u> <u>16</u> by <u>PUJOL #8530</u></p> <p>(Print name of Arresting/Investigative Officer), who is personally known to me and/or produced identification. Type of identification produced <u>LEO</u></p> <p>Notary Public, Clerk of Court, Officer (F.S.S.), 117.10 <i>8530</i></p>									
<p>PAGE <u>1</u> OF <u>1</u></p>									

D.U.I. PROBABLE CAUSE AFFIDAVIT

ON THE 14th DAY OF September 20 16, AT 2329 HRS AM PM
SUBJECT: COLUCCI, ROCCO CASE NUMBER: 16-127157
AGENCY: PALM BEACH COUNTY SHERIFF'S OFFICE ARRESTING OFFICER: D/S JESUS PUJOL
PERSONAL CONTACT

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

On the above date and time I responded to the area of Atlantic Ave and Hagen Ranch in unincorporated Delray Beach, Fl. to assist D/S J. Rivera ID 13918 with a possibly impaired driver. Upon my arrival D/S J. Rivera stated the following: I was conducting speed enforcement in the area of S Jog Rd and West Atlantic Avenue in unincorporated Delray Beach in my marked PBSO vehicle facing westbound. With my PBSO issued certified Stalker 2 radar I observed a white vehicle pass me traveling westbound at a high rate of speed. My radar locked an approximate speed of 63mph in a 45mph zone. I conducted a traffic stop on a white Bentley convertible bearing a FL tag of GSQY38 in the area West Atlantic Ave and Hagen Ranch Road. As the vehicle continued westbound on Atlantic Ave I observed the vehicle slightly fail to maintain the lane and then come to a complete stop. I made contact with driver who was later identified by his New York Driver's license as Rocco Colucci. I identified myself as a Palm Beach County Deputy and he immediately handed me his vehicle registration. I stated to Rocco that I did not ask for his registration and he began to slur his words. I asked Rocco if he knew the reason I stopped him and while slurring he stated "he cut me off". During my interaction with Rocco he was constantly slurring his words and could not make eye contact with me. I then contacted D/S Pujol #8530 who arrived on scene to conduct a DUI investigation. I also gave a citation for speeding on a county road.

OBSERVATION OF DRIVER:

I made contact with the driver who was identified by his NY driver's license as Rocco Colucci. Colucci was seating in the driver seat behind the wheel and was the sole occupant of the vehicle.

DRIVER'S STATEMENTS:

Colucci stated he had only been drinking coffee tonight.

ODORS:

Colucci had a strong odor of an unknown alcoholic beverage emitting from his person.

GENERAL OBSERVATIONS

SPEECH: Very slurred almost not understandable.

ATTITUDE: Cooperative.

CLOTHING: White shirt, blue jeans, white sneakers.

MEDICAL/OTHER: Colucci stated he was exposed to agent orange in Vietnam.

SCANNED

SEP 15 2016

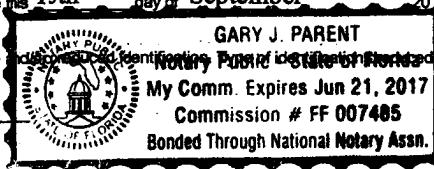
STATE OF FLORIDA
COUNTY OF PALM BEACH

D/S JESUS PUJOL

(signature of Arresting/Investigative Officer)

The foregoing instrument was sworn to or affirmed and subscribed before me this 15th day of September 20 16 by D/S Jesus Pujol

(Print name of Arresting/Investigative Officer) who is personally known to me and whose true identity is, to the best of my knowledge, then and there fully known to me.



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:**

Colucci could not keep his head straight and could not follow my stimulus.

WALK & TURN:

During the walk and turn Colucci missed heel-to-toe, stepped off of the line, raised his arms from his side more than 6 inches to help balance himself and took the incorrect number of steps. After the exercise Colucci stated he wanted to attempt it again. I advised him that he could not but he insisted and began to do the exercise once again.

ONE LEG STAND:

During the walk and turn Colucci swayed while balancing and put his foot down several times before the 30 seconds elapsed.

FINGER TO NOSE:

During the finger to nose Colucci kept touching the side of his nose.

ROMBERG ALPHABET:

Colucci performed the ROMBER ALPHABET.

BREATH TEST RESULTS: 1) .0952) .0903) 4) **STATE OF FLORIDA
COUNTY OF PALM BEACH****D/S JESUS PUJOL**

(Signature of Arresting/Investigative Officer)

The foregoing instrument was sworn to or affirmed and subscribed before me this 15th day of September 2016 by D/S Jesus Pujol(Print name of Arresting/Investigative Officer, who is personally known to me, to whom I have given identification, type of identification produced LEO)GARY J. PARENT

Notary Public - State of Florida

My Comm. Expires Jun 21, 2017

Commission # FF 007485

Bonded Through National Notary Assoc.

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

SCANNED**SEP 15 2016**

TESTING FACILITY TASK REPORT

19

AGENCY: PBSOSUBJECT: COLUCCI, ROCCO P.CASE NUMBER: 16-127157DATE: SEPT. 15th, 2016VIDEO TAPE NUMBER: 61381BEGINNING TIME: 01:16 hrs.ENDING TIME: 01:35 hrs.BREATH TESTS RESULTS: 1) .095 TIME 01:21 A.M./P.M. 2) .090 TIME 01:24 A.M./P.M.
3) TIME A.M./P.M. 4) TIME A.M./P.M.BREATH OPERATOR: J. CAIN #2109MAINTENANCE TECHNICIAN: INV. J. KARLECKE #6467

TESTING OFFICER'S OBSERVATIONS

SPEECH: slurred, thick, slurred (times mumbled)ATTITUDE: talkative, mood swingsCLOTHING: blue jeans, white shirt, white t-shirt, tan sneakersMEDICAL CONDITIONS: agent strangeMEDICATIONS: Xanax, 1 pill "a few hours ago"OTHER: gray shirt (b) VOADr. of unknown alcoholic beverageEyes: GlassyCOMMENTS: 20 Min. observ done by arresting d/sSaid yes to B/I request.Give two samples.Result: B/I +, Δ.

Rightly you read / read by understood them; answered questions.
Wouldn't answer / say if he had been drinking.

SCANNED

SEP 15 2016

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.

SCANNED
SEP 15 2016

SUSPECT'S SIGNATURE: (X) **READ** **ON** **CAMERA**

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? 178, 179C

DIRECTION OF TRAVEL? W WHERE DID YOU START? Beach

WHAT TIME DID YOU START? 4:20 AM WHAT TIME IS IT NOW? 4:30 AM

WHAT IS TODAY'S DATE? June 10, 2016 WHAT DAY OF THE WEEK IS IT? WED

WHAT COUNTY AND CITY ARE YOU IN NOW? BELMONT

WHEN DID YOU LAST EAT? Breakfast WHAT DID YOU EAT? Breakfast

WHAT HAVE YOU BEEN DOING FOR THE LAST THREE HOURS? Bed and eating

HOW MUCH DO YOU WEIGH? 165 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? no ARE YOU UNDER THE INFLUENCE? no

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

WHAT? / WHERE? / WHEN? /

WHAT LINE OF WORK ARE YOU IN? 2017-2018 WHEN DID YOU LAST WORK? /

DO YOU HAVE ANY PHYSICAL DEFECTS OR INJURIES? / 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? / WHEN? /

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

ARE YOU TAKING ANY PRESCRIPTION MEDICINES? yes WHAT? zanax 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? NY WHERE? ONCE NY

INTERVIEWER: John P. Colucci 178-0530

SCANNED
SEP 15 2016

WITNESS LIST

16-127157

CASE NUMBER:

ARRESTING OFFICER: **D/S JESUS PUJOL**

ADDRESS: 3228 GUN CLUB RD WEST PALM BEACH FL 33446

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

CAN TESTIFY TO: PLEASE REFER TO PC AND INCIDENT REPORT

NAME: D/S JOEL RIVERA ID 13918

ADDRESS: 3228 GUN CLUB RD WEST PALM BEACH FL 33446

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

CAN TESTIFY TO: _____

NAME: _____

ADDRESS _____

PHONE NUMBERS (HOME) _____ (WORK) _____

CAN TESTIFY TO: _____

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ADDRESS _____

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CAN TESTIFY TO: _____

NAME: _____

ADDRESS _____

PHONE NUMBERS (HOME) _____ (WORK) _____

CAN TESTIFY TO: _____

NAME: _____

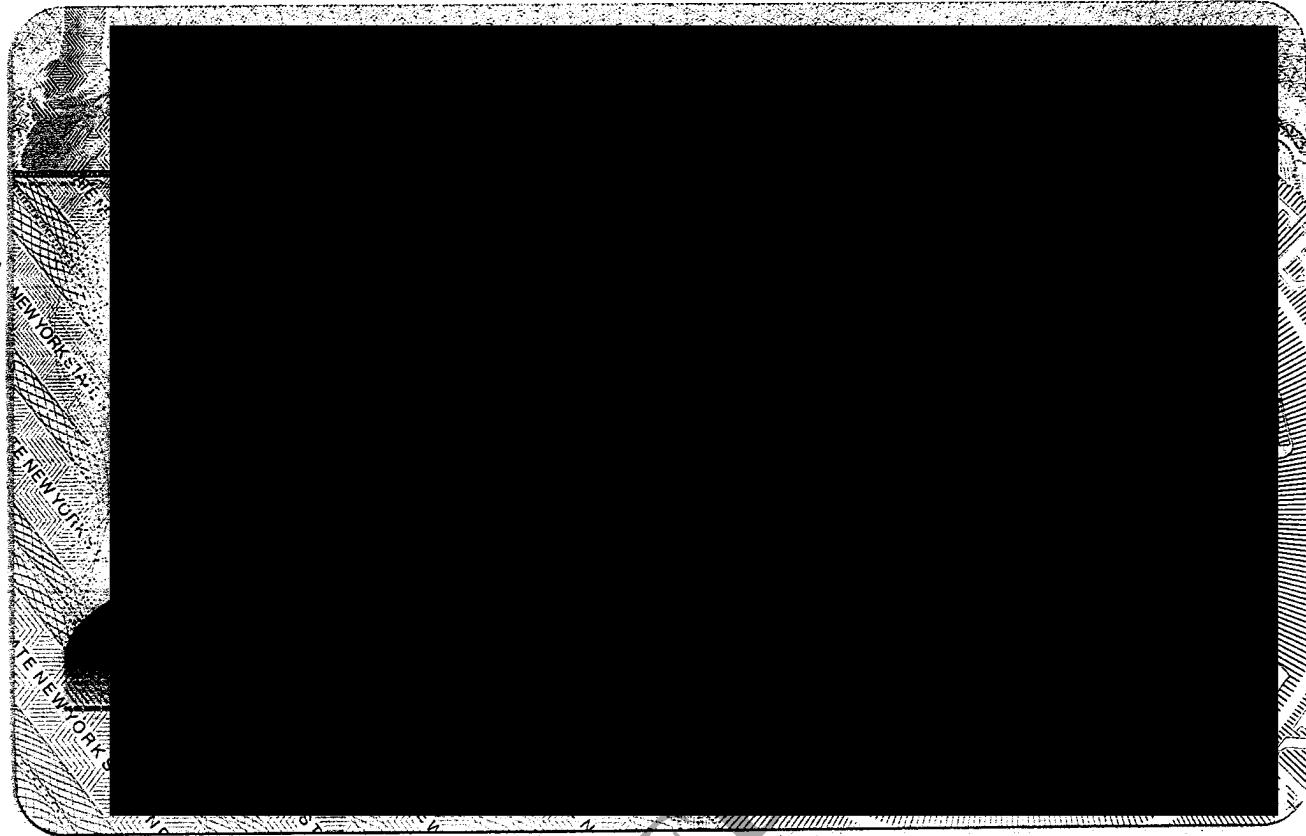
ADDRESS _____

PHONE NUMBERS (HOME) _____ (WORK) _____

CAN TESTIFY TO: _____

SCANNED

SEP 15 2016



NOT A CERTIFICATE

**SCANNED
SEP 15 2016**