

# Arrest Report

FLORIDA HIGHWAY PATROL  
P.O. BOX 540007, GREENACRES, FL 33454

|                                            |                                                       |                                                                |                                   |
|--------------------------------------------|-------------------------------------------------------|----------------------------------------------------------------|-----------------------------------|
| Report Date / Time<br>5/12/2019 11:18:15PM | Report Number<br>FHP98ARR797531                       | Case Number/CAD Number<br>FHPL19OFF031302 /<br>LWRC19CAD085813 | Reporting Officer Name<br>Z. TODD |
| Originating Agency ORI<br>FL0509000        | Occurrence Date Time Range<br>5/12/2019 10:41:56 PM - | Jurisdiction                                                   | Clearance                         |

## Location of Occurrence

|                                      |                                               |
|--------------------------------------|-----------------------------------------------|
| Location Type<br><b>PUBLIC PLACE</b> | Location Description<br><b>ROADWAY</b>        |
| Street Number<br>920                 | Street<br><b>EB OLD BOYNTON/ CONGRESS AVE</b> |
| County<br><b>PALM BEACH</b>          | City<br><b>BOYNTON BEACH</b>                  |
| State<br><b>FL</b>                   | Zip<br><b>33426</b>                           |

## Defendant

|                                          |                             |                                                                     |                                  |                                    |                     |                      |                    |
|------------------------------------------|-----------------------------|---------------------------------------------------------------------|----------------------------------|------------------------------------|---------------------|----------------------|--------------------|
| First Name<br><b>ROLANDO</b>             | Middle Name<br><b>X</b>     | Last Name<br><b>FERNANDEZ DE CASTRO</b>                             | Suffix                           | Date Of Birth<br><b>11/25/1980</b> | Age<br><b>38</b>    | Race<br><b>WHITE</b> | Sex<br><b>MALE</b> |
| SSN.                                     | MNI #                       | Place of Birth<br><b>DOMINICAN REPUBLIC, FF, DOMINICAN REPUBLIC</b> | Height<br><b>601</b>             | Weight<br><b>190</b>               | Hair<br><b>BLK</b>  | Eyes<br><b>BRO</b>   |                    |
| DL or ID Number<br><b>F655739804250</b>  | ID State<br><b>FL</b>       | ID Type<br><b>E</b>                                                 | Address Type<br><b>RESIDENCE</b> |                                    |                     |                      |                    |
| Street Number<br><b>920</b>              | Street<br><b>NEWLAKE DR</b> | County<br><b>PALM BEACH</b>                                         | City<br><b>BOYNTON BEACH</b>     | State<br><b>FL</b>                 | Zip<br><b>33426</b> | Phone Number         | Extension          |
| Location Description<br><b>RESIDENCE</b> |                             |                                                                     |                                  |                                    |                     |                      |                    |

## Arrest

|                                          |                                               |                                               |
|------------------------------------------|-----------------------------------------------|-----------------------------------------------|
| Arrest Date/Time<br>5/12/2019 11:10:15PM | Arrest Location Type<br><b>PUBLIC PLACE</b>   | Arrest Location Description<br><b>ROADWAY</b> |
| Street Number<br>920                     | Street<br><b>EB OLD BOYNTON/ CONGRESS AVE</b> | Apt/Lot/Bldg                                  |
| City<br><b>BOYNTON BEACH</b>             | State<br><b>FL</b>                            | Zip<br><b>33426</b>                           |
| County<br><b>PALM BEACH</b>              |                                               |                                               |

## Charge(s)

|                                                                       |                                    |                                                              |                               |                                  |
|-----------------------------------------------------------------------|------------------------------------|--------------------------------------------------------------|-------------------------------|----------------------------------|
| Counts<br><b>1</b>                                                    | Charge<br><b>316.193.1</b>         | General Offense Code                                         | Bond Amount<br><b>\$ 0.00</b> | <input type="checkbox"/> No Bond |
| Charge Degree<br><b>N</b>                                             | Charge Level<br><b>MISDEMEANOR</b> | Arrest Offense Code Description<br><b>DUI-UNLAW BLD ALCH</b> | <b>OR</b>                     |                                  |
| Charge Description<br><b>DUI ALCOHOL OR DRUGS</b>                     |                                    |                                                              |                               |                                  |
| Counts<br><b>1</b>                                                    | Charge<br><b>316.1939</b>          | General Offense Code                                         | Bond Amount<br><b>\$ 0.00</b> | <input type="checkbox"/> No Bond |
| Charge Degree<br><b>F</b>                                             | Charge Level<br><b>MISDEMEANOR</b> | Arrest Offense Code Description<br><b>DUI-UNLAW BLD ALCH</b> | <b>OR</b>                     |                                  |
| Charge Description<br><b>REFUSE TO SUBMIT DUI TEST AFTER LIC SUSP</b> |                                    |                                                              |                               |                                  |

MAY 15 04 2:33

## Probable Cause

On May 12, 2019 I was on routine patrol in my marked patrol car in Palm Beach County. I arrived on the scene of a traffic crash that occurred in the intersection of Old Boynton and Congress Ave in the city of Boynton Beach Florida. I was briefed on scene by officer Nalerio of Boynton Beach Police Department as to the events of the traffic crash. He stated to me that he was conducting the traffic crash investigation he observed that the driver of the black Mercedes had bloodshot glassy.

## Arrest Report

DS Collins 7622

Todd, Z #4441

|                                            |                                                       |                                                                |                                   |
|--------------------------------------------|-------------------------------------------------------|----------------------------------------------------------------|-----------------------------------|
| Report Date / Time<br>5/12/2019 11:18:16PM | Report Number<br>FHP99ARR797531                       | Case Number/CAD Number<br>FHPL19OFF031302 /<br>LWRC19CAD085813 | Reporting Officer Name<br>Z. TODD |
| Originating Agency ORI<br>FL0509000        | Occurrence Date Time Range<br>5/12/2019 10:41:56 PM - | Jurisdiction                                                   | Clearance                         |

eyes, slurred speech and the odor of an unknown alcoholic beverage was emitting from his breath as he talked. The driver was later identified as Rolando Fernandez De Castro by his FL DL. An independent witness of the crash Taylor Matchton stated that he observed Mr. Fernandez behind the wheel of the vehicle immediately after the crash occurred. He also stated that he observed him getting out of the vehicle from behind the wheel. Officer Nalerio concluded the crash investigation and I began the DUI investigation. I stated to Mr. Fernandez that I was conducting the DUI investigation and that the crash investigation was concluded. He stated that he understood. I also read Miranda Warning to him from my state issued Miranda Warning card and he stated that he understood. I asked how the crash occurred and he stated the following, he said he was traveling north to south and coming from a friend's house and going home. He stated that he looked and then hit the other vehicle. As he talked I observed that he had the odor of an unknown alcoholic beverage emitting from his breath as he talked as well as an orbital sway and slurred speech. I also observed that he had bloodshot glassy eyes as he stood in front of me. I requested that he conduct field sobriety exercises and he refused. Taylor warnings were stated to him and he stated that he understood and refused again. He was then placed under arrest for DUI and secured inside of my patrol car. I then conducted a 20-minute observation of Mr. Fernandez. At no time did he regurgitate or take anything by mouth. I requested that he provide a lawful sample of his breath and he refused. Implied consent was read and he stated that he understood and refused again. He was then booked into the county jail.

The above incident occurred in Palm Beach County.

#### Jail Booking Facility

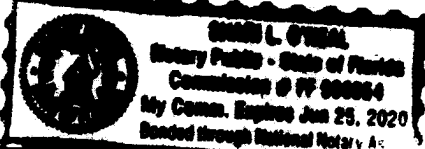
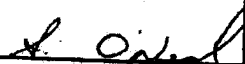
|                                                                                |                              |                                                   |                                                 |
|--------------------------------------------------------------------------------|------------------------------|---------------------------------------------------|-------------------------------------------------|
| Booking Date/Time<br>5/12/2019 11:20:17PM                                      | Booking County<br>PALM BEACH | Booking Facility<br>PALM BEACH COUNTY CORRECTIONS | Booking Facility Phone Number<br>(561) 688-4400 |
| Booking Facility Location<br>3228 GUN CLUB ROAD WEST PALM BEACH, FLORIDA 33406 |                              |                                                   | Booking Number                                  |
| Booking Comments                                                               |                              |                                                   |                                                 |

#### Court

|                                             |                                                                 |                                                  |            |
|---------------------------------------------|-----------------------------------------------------------------|--------------------------------------------------|------------|
| Court County<br>PALM BEACH                  | Court Location<br>200 WEST ATLANTIC AVE. DELRAY BEACH, FL 33444 |                                                  |            |
| Court<br>PALM BEACH SOUTH COUNTY COURTHOUSE | Court Phone<br>561-274-1530                                     | Court Appearance Date / Time<br>6/10/2019 830 AM | Court Fine |
| Comments                                    |                                                                 |                                                  |            |

The undersigned certifies and swears that he/she has just and reasonable grounds to believe that the above named Defendant, committed violation(s), of law, on the below date(s) and time(s), as listed in the probable cause associated with this report.

#### Reporting Officer

|                                                                                      |                         |                       |                                                                                                                                                                    |
|--------------------------------------------------------------------------------------|-------------------------|-----------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Officer Name<br>Z. TODD                                                              | Officer Rank<br>TROOPER | Officer ID No<br>4141 | Sworn and subscribed before me, the undersigned authority<br>This the <u>13</u> day of <u>May</u> , 2019<br>DEPUTY OF THE COURT, NOTARY OR LAW ENFORCEMENT OFFICER |
| Officer Agency<br>FLORIDA HIGHWAY PATROL                                             | Officer Signature       |                       |                                                                                                                                                                    |
|  |                         |                       |                                                                               |

|                                            |                                                       |                                                                |                                   |
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| Report Date / Time<br>5/12/2019 11:18:15PM | Report Number<br>FHP99ARR797531                       | Case Number/CAD Number<br>FHPL19OFF031302 /<br>LWRC19CAD085813 | Reporting Officer Name<br>Z. TODD |
| Originating Agency ORI<br>FL0609000        | Occurrence Date Time Range<br>5/12/2019 10:41:56 PM - | Jurisdiction                                                   | Clearance                         |

**Approving Supervisor**

|                   |              |               |                |
|-------------------|--------------|---------------|----------------|
| Officer Name      | Officer Rank | Officer ID No | Officer Agency |
| Officer Signature |              |               |                |

NOT A CERTIFIED COPY

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

I, Z. TODD 4141, a duly certified Law Enforcement Officer or Correctional Officer,  
(Name of Officer reading Implied Consent Warning)  
am a member of FLORIDA HIGHWAY PATROL, and I do swear  
(Name of law enforcement agency)  
or affirm that on or about the 12 day of MAY, 2019, at 2310 ☒ P.M. ☐ A.M.  
DRIVER ROLANDO X FERNANDEZ DE CASTRO  
(Type or Print) FIRST NAME MIDDLE OR MAIDEN NAME LAST NAME  
DL# F655739804250, state of FL, was placed under lawful arrest for  
316.193(1)  
the offense of D.U.I. - DRIVING UNDER THE INFLUENCE (MISD... by Z. TODD and  
(Name of Arresting Officer)  
issued Citation # A76P2FE  
That on or about the 12 day of MAY, 20 19, at 2335 ☒ 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)**



The foregoing instrument was sworn and subscribed before  
me this 13 day of May, 20 19,  
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.



STATE OF FLORIDA  
IMPLIED CONSENT WARNING  
(\*Not applicable with Voluntary Consents\*)



|                                                                 |                                       |
|-----------------------------------------------------------------|---------------------------------------|
| Defendant Name: <u>ROLANDO FERNANDEZ DE CASTRO</u>              | Agency Case #: <u>FHPL19OFF031302</u> |
| Arresting Officer: <u>TODD 4141</u><br>(Print Name and ID #)    | Agency: <u>FHP L</u>                  |
| Breath Test Operator: <u>TODD 4141</u><br>(Print Name and ID #) | Agency: <u>FHP L</u>                  |
| Implied Consent Read By: <u>TODD 4141</u>                       |                                       |

**SECTION 1 (Note: Read ONLY the paragraph applicable to the type of test you are requesting.)**

☒ **BREATH TEST**

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

☐ **URINE TEST**

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

☐ **BLOOD TEST**

I am now requesting that you submit to a lawful test of your blood for the purpose of determining its alcoholic content or the presence of chemical or controlled substances.

WILL YOU TAKE THE TEST? ☐ YES ☒ NO

**SECTION 2 (Note: Read ONLY if the subject does not comply with your request.)**

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**, in addition to any other penalties. Refusing to submit to testing is admissible as evidence in any criminal proceeding.

DO YOU STILL REFUSE TO SUBMIT TO THIS TEST KNOWING THAT YOUR DRIVING PRIVILEGE WILL BE SUSPENDED FOR A PERIOD OF AT LEAST ONE YEAR FOR FIRST REFUSAL, AND EIGHTEEN MONTHS IF YOUR DRIVING PRIVILEGE HAS BEEN PREVIOUSLY SUSPENDED FOR PRIOR REFUSAL TO SUBMIT TO A LAWFUL TEST OF YOUR BREATH, URINE OR BLOOD? ADDITIONALLY, IF YOUR LICENSE HAS BEEN PREVIOUSLY SUSPENDED FOR FAILURE TO SUBMIT TO A TEST OF YOUR BREATH, BLOOD OR URINE, THAT YOU WILL BE ALSO CHARGED WITH A MISDEMEANOR FOR REFUSING TO SUBMIT TO THIS TEST? ☒ YES ☐ NO

**SECTION 3 (Also read for CDL Holders)**

In addition, your refusal to submit will result in the **loss of your commercial driving privilege** for a period of **one year from today**. If this is your **SECOND REFUSAL**, you will be **permanently disqualified** from operating a **commercial motor vehicle**.

DO YOU STILL REFUSE TO SUBMIT TO THIS TEST KNOWING THAT YOUR COMMERCIAL DRIVING PRIVILEGE WILL BE DISQUALIFIED FOR A PERIOD OF AT LEAST ONE YEAR FOR FIRST REFUSAL, AND PERMANENTLY FOR SECOND REFUSAL TO SUBMIT TO A LAWFUL TEST OF YOUR BREATH, URINE OR BLOOD?  
☐ YES ☐ NO

|                                                                          |      |                |
|--------------------------------------------------------------------------|------|----------------|
| Defendant Signature (Not an Admission of Guilt)<br><u>READ ON CAMERA</u> | Date | Time (am / pm) |
|--------------------------------------------------------------------------|------|----------------|



**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),<br>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),<br>(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),<br>119.0714(1)(h) | Protected information regarding victims of child abuse or sexual offenses.                                                                                                 |                |
|                                                             | <input type="checkbox"/>            |                                         |                                                                                                                                                                            |                |
|                                                             | <input type="checkbox"/>            |                                         |                                                                                                                                                                            |                |
|                                                             | <input type="checkbox"/>            |                                         |                                                                                                                                                                            |                |
|                                                             | <input type="checkbox"/>            |                                         |                                                                                                                                                                            |                |
| Other                                                       | <input type="checkbox"/>            | 948.064 (1) FSS                         | Other: Notification of Status as a Violent Felony Offender of/with Special Concerns.                                                                                       |                |
|                                                             | <input type="checkbox"/>            | 119.0712 (2)                            | Other: Personal Information Contained in a Motor Vehicle Record                                                                                                            |                |

**REVIEW COMPLETED BY**

Booking Number: 2019015892

Date: 5/13/2019

Specialist Name/ID: M. Tooks #8557