

04695.68 18CT3680 3156

ARREST / NOTICE TO APPEAR  
Juvenile Referral Report

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

OBTS Number	Agency ORI Number <b>FLO 500000</b>		Agency Name <b>PALM BEACH COUNTY SHERIFF'S OFFICE</b>		Agency Report Number (N.T.A.'s only) <b>06-18-043323</b>	
Charge Type: Check as many as apply.		3. Misdemeanor <input type="checkbox"/> 4. Traffic Misdemeanor <input checked="" type="checkbox"/> 5. Ordinance <input type="checkbox"/> 6. Other <input type="checkbox"/>		Weapon Seized / Type 2 1. Yes N/A 2. No		Multiple Clearance Indicator 01
Location of Arrest (Including Name of Business) <b>State Road 7, north of Forest Hill Boulevard, Wellington, Palm Beach County, FL</b>			Location of Offense (Business Name, Address) <b>State Road 7, north of Forest Hill Boulevard, Wellington, Palm Beach County, FL</b>			
Date of Arrest <b>2/25/18</b>	Time of Arrest <b>23:09</b>	Booking Date	Booking Time	Jail Date	Jail Time	Location of Vehicle <b>TOT EX-WIFE, MISTY SHOWERS, PER REQUEST</b>

Name (Last, First, Middle) <b>Caridi, Scott</b>		Alias (Name, DOB, Soc. Sec. #, Etc.)						
Race W - White I - American Indian B - Black O - Oriental/Asian	Sex <b>M</b>	Date of Birth <b>7/20/1962</b>	Height <b>6-02</b>	Weight <b>220</b>	Eye Color <b>BROWN</b>	Hair Color <b>BROWN</b>	Complexion <b>MEDIUM</b>	Build <b>MEDIUM</b>
Scars, Marks, Tattoos, Unique Physical Features (Location, Type, Description)			Marital Status <b>SINGLE</b>	Religion <b>NONE</b>	Indication of: Alcohol Influence <input checked="" type="checkbox"/> Drug Influence <input checked="" type="checkbox"/>			Y <input type="checkbox"/> N <input type="checkbox"/> Unk. <input type="checkbox"/>
Local Address (Street, Apt. Number) <b>3518 COLLONADE DRIVE, WELLINGTON, FLORIDA 33414</b>		(City)	(State)	(Zip)	Phone <b>(813) 618-3167</b>		Residence Type: 1. City 2. County 3. Florida 4. Out of State <b>2</b>	
Permanent Address (Street, Apt. Number)		(City)	(State)	(Zip)	Phone		Address Source <b>FL DL</b>	
Business Address (Name, Street)		(City)	(State)	(Zip)	Phone		Occupation <b>SELF EMPLOYED</b>	
D/L Number, State <b>C630780622600, FL</b>		Soc. Sec. Number		INS Number		Place of Birth (City, State) <b>NEW YORK CITY, NY</b>		Citizenship <b>USA</b>

Co-Defendant Name (Last, First, Middle)	Race	Sex	Date of Birth	<input type="checkbox"/> 1. Arrested <input type="checkbox"/> 3. Felony
Co-Defendant Name (Last, First, Middle)	Race	Sex	Date of Birth	<input type="checkbox"/> 2. At Large <input type="checkbox"/> 4. Misdemeanor <input type="checkbox"/> 5. Juvenile
Parent Name (Last, First, Middle)		Residence Phone		<input type="checkbox"/> 1. Arrested <input type="checkbox"/> 3. Felony
Legal Custodian		Residence Phone		<input type="checkbox"/> 2. At Large <input type="checkbox"/> 4. Misdemeanor <input type="checkbox"/> 5. Juvenile
Other		Residence Phone		<input type="checkbox"/> 1. Arrested <input type="checkbox"/> 3. Felony
Address (Street, Apt. Number)		(City)	(State)	(Zip)
Business Phone		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.		School Attended	Grade
<input type="checkbox"/> Yes, by: (Name) <input type="checkbox"/> No: (Reason)		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. Paraphernalia/ Equipment S. Synthetics	U. Unknown Z. Other
Charge Description <b>DUI</b>		Counts <b>01</b>	Domestic Violence <input type="checkbox"/> Y <input checked="" type="checkbox"/> N	Statute Violation Number <b>316.193(1)</b>		Violation of ORD #				
Drug Activity <b>E</b>	Drug Type <b>Z</b>	Amount / Unit <b>ALCOHOL/UNK. DRUG</b>	Offense # <b>18-043323</b>	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) <b>3188 PGA BOULEVARD, PALM BEACH GARDENS, FLORIDA 33410</b>	
Court Date and Time Month <b>MARCH</b> Day <b>21</b> Year <b>2018</b> Time <b>8:30</b> 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 <b>2/26/18</b>

HOLD for other Agency Name:	Signature of Arresting Officer <b>X</b>	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) <b>ROBERT STEPHAN</b> I.D. # <b>7240</b>	(PRINT)
Intake Deputy <b>SHAWN B101</b> I.D. #	Transporting Officer <b>ROBERT STEPHAN</b> ID # <b>7240</b> Agency <b>PBSO</b>	Witness here if subject signed with an "X"

SHAWN B. BOCK, CITY PALM BEACH COUNTY, GUN CLUB BRANCH

SCANNED FEB 27 2018

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# D.U.I. PROBABLE CAUSE AFFIDAVIT

ON THE 25TH DAY OF February 20 18, AT 22:48 AM  PM

SUBJECT: Caridi, Scott CASE NUMBER: 18-043323

AGENCY: PALM BEACH COUNTY SHERIFF'S OFFICE ARRESTING OFFICER: Robert Stephan

## PERSONAL CONTACT

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

I was driving northbound on State Road 7, north of Forest Hill Boulevard, within Wellington, Palm Beach County, Florida, when I observed a black BMW sedan bearing Florida tag 039PTA traveling north ahead of my vehicle (this vehicle was in the outside lane). The vehicle swerved over the left lane marker and then the right lane marker (fog line). As the vehicle driver swerved within the lane, the driver traveled at 57 miles per hour within a properly posted 50 miles per hour zone (I utilized my in-car Stalker Radar Serial # DS044365). I pulled behind the vehicle and noticed that the driver again traveled over the fog line by more than a foot and it appeared that the vehicle came very close to impacting into the curb. Based on the aforementioned facts, I activated my emergency lights and siren to conduct a traffic stop to check on the wellbeing of the driver.

## OBSERVATION OF DRIVER:

I made contact with the driver at the driver's window of the BMW. He provided me with his Florida license, which identified him as Scott Caridi (FL DL # C630-780-62-260-0). I smelled the odor of an alcoholic beverage coming from Mr. Caridi's person when he spoke to me. He denied having consumed any alcohol, medications, or street drugs/medicines. I asked him to follow the tip of my finger while he was still in his vehicle and I noted he displayed lack of smooth pursuit and nystagmus at maximum deviation. Thus, I requested Mr. Caridi exit the vehicle and perform roadside field sobriety tasks. Upon exiting the vehicle, I noticed, his balance was poor and his movements were slow.

## DRIVER'S STATEMENTS:

Mr. Caridi told me that he was on his way to drop off his ex-wife at her home. They had come from a movie and he had not had any alcohol to drink. He told me that he did not have any medical conditions other than high blood pressure. He did not have any physical defects. He did not have any problems with his eyes. He wished to have his ex-wife take possession of his vehicle and his belongings. He also said he didn't have any valuable items in his vehicle, which he would want to take with him. I spoke with the defendant's ex-wife, Misty Showers (11/25/79), after the arrest and she told me that they had consumed alcohol earlier in the night. She said the defendant had one glass of wine about five hours ago.

## ODORS:

Mild odor of an alcoholic beverage coming from the defendant's breath.

## GENERAL OBSERVATIONS

SPEECH: Slow

ATTITUDE: Cooperative

CLOTHING: Blue button down dress shirt, white pants, and gray shoes.

MEDICAL/OTHER: High blood pressure. DRIVING PATTERN AND ROADSIDES CAPTURED ON MY IN-CAR VIDEO.

STATE OF FLORIDA  
COUNTY OF PALM BEACH

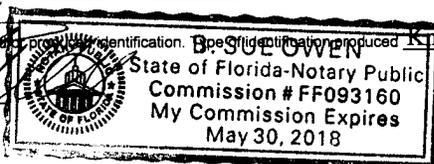
Robert Stephan

(Signature of Arresting/Investigative Officer)

The foregoing instrument was sworn to or affirmed and subscribed before me this 26th day of February 20 18 by Inv. R. Stephan 7240

(Print name of Arresting/Investigative Officer) who is personally known to me and produced identification. BOB OWEN Known Person

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



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SUBJECT: Caridi, Scott

CASE NUMBER 18-043323

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:

The defendant displayed vertical gaze nystagmus also. I estimated his angle of onset at approximately 35 to 40 degrees. I checked the defendant and he had lack of convergence (neither eye converged at all).

WALK & TURN:

The defendant stepped out of the instructional stance at least two times. He missed heel to toe two times forward and stepped off the line one time as he moved forward. He missed heel to toe three times on the return steps. He used his arms for balance during the forward and return steps. He slowed down and stopped on the forward steps just before he stepped off the line.

ONE LEG STAND:

The defendant raised his right leg to perform the task. He did not keep his legs straight as instructed. I had to re-instruct him during the task to keep his legs straight. He lowered his right leg to the ground at least three times. He raised his arms away from his side for balance and he swayed back and forth. While counting, he said 1,001 through 1,010 correctly, he then missed (never said) 1,011, and then he correctly said 1,012 through 1,023.

FINGER TO NOSE:

The task was done as follows: LEFT1, RIGHT2, LEFT3, RIGHT4, RIGHT5, LEFT6. The first four times I asked the defendant to bring his finger to his nose, he forgot to bring his arms down to his sides as he had been directed. I had to re-instruct him each time to bring his arm down. On RIGHT2, RIGHT5, and LEFT6 he touched below the tip of his nose approximately one-half inch.

ROMBERG ALPHABET:

The defendant stated the alphabet correctly, but he did not say it slowly as he had been instructed to. I had him attempt the alphabet again in a slow manner and he was unable to do so in that slow manner.

BREATH TEST RESULTS: REFUSAL

STATE OF FLORIDA  
COUNTY OF PALM BEACH

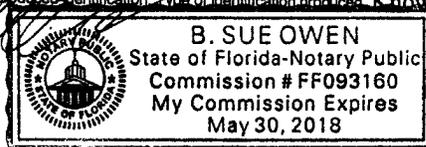
Robert Stephan

(Signature of Arresting/Investigative Officer)

The foregoing instrument was sworn to or affirmed and subscribed before me this 26th day of February 2018 by Inv. R. Stephan 7240

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

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



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# WITNESS LIST

CASE NUMBER: 18-043323

ARRESTING OFFICER: Robert Stephan

ADDRESS: 3228 Gun Club Road, WPB, FL 33406

PHONE NUMBERS (HOME): N/A (WORK) 561-688-3000

CAN TESTIFY TO: Arrest

NAME: D/S Amanda Stoupis 22091

ADDRESS: 3228 Gun Club Road, WPB, FL 33406

PHONE NUMBERS (HOME) N/A (WORK) 561-688-3000

CAN TESTIFY TO: Back-Up Deputy Sheriff / Transported Defendant from Scene to BAT

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: \_\_\_\_\_

ADDRESS \_\_\_\_\_

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

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

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NOT A CERTIFIED COPY

# TESTING FACILITY TASK REPORT

SUBJECT: Caridi, Scott AGENCY: PBSO - VHI  
DATE: 2/26/18 CASE NUMBER: 18-043323  
BEGINNING TIME: 1210 ENDING TIME: 1214  
BREATH TESTS RESULTS: 1) ~~DIS~~ TIME: 1212 A.M./P.M. 2) \_\_\_\_\_ TIME \_\_\_\_\_ A.M./P.M.  
3) \_\_\_\_\_ TIME \_\_\_\_\_ A.M./P.M. 4) \_\_\_\_\_ TIME \_\_\_\_\_ A.M./P.M.  
BREATH OPERATOR: J. Owen #3184  
MAINTENANCE TECHNICIAN: J. Kardecke #6467

## TESTING OFFICER'S OBSERVATIONS

SPEECH: \_\_\_\_\_  
ATTITUDE: quiet, cooperative  
CLOTHING: Tan shoes, white pants, blue LS shirts  
MEDICAL CONDITIONS: high blood pressure  
MEDICATIONS: high blood pressure medicine  
OTHER: at D/S request & cuffed in front for D/S comfort

COMMENTS: A/OE arrived at 2338 hrs  
A/O observed 20 minutes  
A/O requested breath test, & refused  
A/O read I/C & understood, still refused  
A/O read c/w & understood rights  
Refused CEA

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SUBJECT: Caridi, Scott CASE NUMBER: 18-043323

## 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 Inv. Stephans of the PBSO

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) Read on Camera

## 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) Read on Camera

SUBJECT: Caridi, Scott CASE NUMBER: 18-043323

# 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: [Signature]

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FEB 27 2018**