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3552

OBTS Number		ARREST / NOTICE TO APPEAR Juvenile Referral Report		1. Arrest 3. Request for Warrant 2. N.T.A. 4. Request for Capias		1	Juvenile	N	
Agency ORI Number FL 0500300		Agency Name BOYNTON BEACH POLICE DEPT.		Agency Report Number 34-17-021336					
Charge Type: Check as many as Apply. <input type="checkbox"/> 1. Felony <input 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		If Weapon Seized Enter Type N/A		Multiple Clearance Indicator					
Location of Arrest (Including Name of Business) SW Congress@CR 807 Boynton Beach FL 33436				Location of Offense (Business Name, Address) SW Congress@CR 807 Boynton Beach FL 33436					
Date of Arrest 04/15/2017	Time of Arrest 1758	Booking Date	Booking Time	Jail Date	Jail Time	Location of Vehicle Blake's			
Name (Last, First, Middle) Amaral, Steven Mota		Alias (Name, DOB, Soc. Sec. #, Etc) N/A							
W - White B - Black	I - American Indian O - Oriental / Asian	Race W	Sex M	Date of Birth 09/14/1971	Height 5'06"	Weight 180	Eye Color Brown	Hair Color Black	
Scars, Marks, Tattoos, Unique Physical Features (Location, Type, Description) None		Marital Status Single		Religion Unknown		Indication of: Alcohol Influence <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> Unk. Drug Influence <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> Unk.			
Local Address (Street, Apt. Number) (City) (State) (Zip) 2395 SW 9th Avenue Boynton Beach FL 33428		Phone (561)676-0383		Residence Type 1. City 3. Florida 2. County 4. Out of State 1					
Permanent Address (Street, Apt. Number) (City) (State) (Zip) 2395 SW 9th Avenue Boynton Beach FL 33428		Phone (561)676-0383		Address Source					
Business Address (Street, Apt. Number) (City) (State) (Zip) Declined		Phone () -		Occupation Food/Beverage Mgr					
D/L Number, State A564-793-71-334-0 FL		Soc. Sec. Number 0 [REDACTED]		INS Number N/A		Place of Birth New Fairfield CT US		Citizenship USA	
Co-Defendant Name (Last, First, Middle)		Race	Sex	Date of Birth	<input type="checkbox"/> 1. Arrested <input type="checkbox"/> 3. Felony <input type="checkbox"/> 5. Juvenile <input type="checkbox"/> 2. At Large <input type="checkbox"/> 4. Misdemeanor				
Co-Defendant Name (Last, First, Middle)		Race	Sex	Date of Birth	<input type="checkbox"/> 1. Arrested <input type="checkbox"/> 3. Felony <input type="checkbox"/> 5. Juvenile <input type="checkbox"/> 2. At Large <input type="checkbox"/> 4. Misdemeanor				
<input type="checkbox"/> Parent Name (Last) (First) (Middle) <input type="checkbox"/> Legal Custodian <input type="checkbox"/> Other		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 was provided by <input type="checkbox"/> defendant and/or <input type="checkbox"/> defendant's parents. The child and/or parent was told to keep the Juvenile Court Clerk's Office (Phone 561-355-2526) informed of any change of address: <input type="checkbox"/> Yes, By: (Name) <input type="checkbox"/> No: (Reason)				School Attended		Grade			
Property Crime? Yes <input type="checkbox"/> No <input type="checkbox"/>		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. Barbituate C. Cocaine E. Heroin	H. Hallucinogen M. Marijuana O. Opium/Deriv.
Charge Description DUI/Property Damage		Counts 1(M)	Domestic Violence <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Statute Violation Number 316.193(3c1)		Violation of ORD#			
Drug Activity N	Drug Type N	Amount/Unit 0.00 grams	Offense # 17-021336	Warrant/Capias Number		Bond			
Charge Description		Counts	Domestic Violence <input type="checkbox"/> Yes <input type="checkbox"/> No	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"/> Yes <input type="checkbox"/> No	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"/> Yes <input type="checkbox"/> No	Statute Violation Number		Violation of ORD#			
Drug Activity	Drug Type	Amount/Unit	Offense #	Warrant/Capias Number		Bond			
Instruction No. 1 Mandatory Appearance in Court		Location (Court, Room Number, Address) South County Courthouse, 200 West Atlantic Ave, Delray Beach, FL 33444							
Instruction No. 2 You need not appear in Court but must Comply with instruction on reverse side.		Court Date and Time Month May Day 15th Year 2017 Time 8:30		A.M. <input type="checkbox"/> P.M. <input type="checkbox"/>					
I AGREE TO APPEAR AT THE TIME AND PLACE DESIGNATED TO ANSWER THE OFFENSE CHARGED OR TO PAY THE FINE SUBSCRIBED, 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 APR 17 2017					
HOLD for other Agency Name:		Signature of Arresting Officer 949		Name Verification (Printed by Arrestee) (PRINT)					
<input type="checkbox"/> Dangerous <input type="checkbox"/> Resisted Arrest <input type="checkbox"/> Suicidal <input type="checkbox"/> Other		Name of Arresting Officer (Print) Officer Mailey #949		I.D. #		BU#108750			
Maid Deputy D. # 736		Pouch #		Transporting Officer Mailey #949 BBPD		I.D. #		Agency	
Witness here is subject Signed with an "X"		Page 1 OF 1							

D.U.I. PROBABLE CAUSE AFFIDAVIT

ON THE 15 DAY OF April 2017 AT 5:58 ☐ A.M ☒ P.M.

CASE #: 17-021336

DEFENDANT: Steven Amaral

PERSONAL CONTACT/DRIVING PATTERN/OBSERVATION OF DRIVER:

In the State of Florida, County of Palm Beach, City of Boynton Beach, the defendant was found to have committed the following acts.

I, Officer Malley of the Boynton Beach Police Department, responded to the intersection of South Congress Avenue and SW Congress in reference to a motor vehicle crash with possible injuries. Upon arrival, I observed two vehicles on the east side of the roadway and off the roadway. One of the vehicles/V1, Ford pickup Florida tag Y46BLD, was overturned with the driver trapped inside. I approached the pickup truck, and I observed a W/M with black/gray hair, and all black clothing inside the vehicle on the driver's side. The driver of the other vehicle/V2, Mazda Miata Florida tag Y03RTX, was sitting on the grass north of the final resting spot of her vehicle. I made contact with the driver of the Miata/V2, later identified as Julianne Kelly W/F DOB 10/12/1994, who stated the following in a BBPD Sworn statement. She was traveling northbound on CR 807 approaching the intersection with SW Congress when a gray Ford pickup, traveling, southbound on CR 807, made an aggressive left turn, eastbound, through the intersection on a green light no green arrow. Kelly's car was impacted on the left front door by the pickup. She further stated the truck was being driven by a W/M.

After speaking to Kelly, I was advised the occupant of the truck/V1, Steven Amaral W/M DOB 09/14/1971, had already been transported to Bethesda East for treatment. Upon arrival at Bethesda East, I made contact with Amaral. He stated he had been traveling south on CR 807 approaching the intersection of SW Congress. Upon approaching the intersection, he slowed and entered the intersection on a green light, but no green arrow. As he entered the intersection, he struck Kelly's car/V2. As I spoke to Amaral, I observed his eyes appeared bloodshot and watery, and he had the moderate to strong odor of alcohol emanating from his person. Amaral's speech was also very slurred. These observations led me to believe that Amaral may be under the influence of alcohol. After speaking to Amaral about the crash, I made contact with medical staff responsible for the treatment of Amaral. They advised that Amaral's assessment and treatment would take approximately 3-4 hours to complete, which would make attempting to obtain a breath sample impractical.

After speaking to medical staff, I advised Amaral that I had completed my crash investigation, and I was now conducting a DUI investigation, based upon the indicators of impairment I had observed. Using a BBPD Miranda card, I read Amaral his Miranda Rights, which he stated he understood. After being read his Miranda Rights, Amaral immediately stated he wanted to speak to his lawyer. At this time I requested Amaral submit to a lawful test of his blood for the purpose of determining the alcohol content. He refused. After reading Amaral Florida Implied Consent, I again asked Amaral to submit to a lawful test of his blood for the purpose of determining the alcohol content. He again refused, repeatedly stating he wanted to speak to a lawyer. At this time, I concluded my DUI investigation and I placed Amaral under lawful arrest pursuant to F.S.S. 316.193(3c1) DUI Property Damage.

CASE #: 17-021336

DEFENDANT: Steven Amaral

Arresting Officer: Officer Malley

Address: 100 E. Boynton Beach Boulevard Boynton Beach, FL 33435

Phone Numbers: Home: Work: (561) 742-6100

Name: Officer D. Castro

Address: 100 E. Boynton Beach Boulevard Boynton Beach FL 33435

Phone Numbers: Home: Work: 561-742-6100

Can testify to: Implied consent, appearance

Name: Julianna Kelly

Address: 8815 Indian River Run Boynton Beach FL 33472

Phone Numbers: Home: 561-523-2212 Work:

Can testify to: Driver

Name: Marc Chaine

Address: 3253 Rue Chagall Lava Quebec Canada

Phone Numbers: Home: 514-702-7661 Work:

Can testify to: Driver

Name: Dominic Auger

Address: 3796 Julie Quebec Canada

Phone Numbers: Home: 514-755-4511 Work:

Can testify to: Driver

Name: Richard McClear

Address: 10521 Limeberry Drive Boynton Beach FL 33436

Phone Numbers: Home: 561-742-5724 Work:

Can testify to:

Name:

Address:

Phone Numbers: Home: Work:

Can testify to:

Name:

Address:

Phone Numbers: Home: Work:

Can testify to:

Name:

Address:

Phone Numbers: Home: Work:

Can testify to:

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.

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.

I am now requesting that you submit to a lawful test of your BLOOD for the purpose of determining 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 Officer Malley #949 of the Boynton Beach Police Department

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.

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 statements can and will be used against you in a court of law.

Suspect's Signature: _____

Refused

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CASE #: 17-021336

DEFENDANT: Steven Amaral

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.

Where you operating a motor vehicle at the time of the stop/Accident? REFUSED

Where were you going? _____

What Street or Highway were you on? _____

What was your direction of travel? _____

Where did you start from? _____

What time did you start? _____

What time is it now? _____

What is today's date? _____

What day of the week is it? _____

What City and County 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 have you been drinking? _____

How much? _____

With whom? _____

When did you have your first drink? _____

When did you have your last drink? _____

Can you feel the effects of the alcohol? _____

Are you under the influence? _____

Have you consumed any alcohol since the stop/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? _____

Where 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: _____

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APR 17 2017