05061647 2019CT006050ANB 2826

ARREST / NOTICE TO APPEAR

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

ADMINISTRATION

OBTS Number	Agency ORI Number	Agency Name	Agency Report Number (N.T.A.'s only)
	0501700	Jupiter Police Department	5 4 19-001543

Charge Type: Check as many as apply. ☐ 1. Felony ☐ 2. Traffic Felony ☐ 3. Misdemeanor ☒ 4. Traffic Misdemeanor ☐ 5. Ordinance ☐ 6. Other

If Weapon Seized: Enter Type NONE

Multiple Clearance Indicator: 01

Location of Arrest (Including Name of Business)	Location of Offense (Business Name, Address)
I-95/DONALD ROSS RD, JUPITER FL 33458	7899 INTERSTATE 95/DONALD ROSS, JUPITER, FL 33458

Date of Arrest	Time of Arrest	Booking Date	Booking Time	Jail Date	Jail Time	Location of Vehicle
03/31/2019	02:04	03/31/2019	02:14			ALL HOOKED UP TOWING

DEFENDANT

Name (Last, First, Middle): TRIOLA, THOMAS JOSEPH

Alias (Name, DOB, Soc. Sec. #, Etc.): Alias:

Race (W - White, B - Black, I - American Indian, O - Oriental/Asian)	Sex	Date of Birth	Height	Weight	Eye Color	Hair Color	Complexion	Build
W	M	11/11/1982	6'05	270	BROWN	BROWN	LIGHT	Medium

Scars, Marks, Tatoos, Unique Physical Features (Location, Type, Description):

Marital Status: S

Religion:

Indication of: Alcohol Influence ☒ Yes ☐ No ☐ Unk. Drug Influence ☐ ☒ ☐

Local Address (Street, Apt. Number)	(City)	(State)	(Zip)	Phone	Residence Type: 1. City 2. County 3. Florida 4. Out of State
5938 MONTERRA CLUB DRIVE, LAKE WORTH, FL 33463					2

Permanent Address (Street, Apt. Number)	(City)	(State)	(Zip)	Phone	Address Source
5938 MONTERRA CLUB DRIVE, LAKE WORTH, FL 33463					DL

Business Address (Name, Street)	(City)	(State)	(Zip)	Phone	Occupation

D/L Number, State	Soc. Sec. Number	INS Number	Place of Birth (City, State)	Citizenship
T640830824110 / FL	[redacted]		BELMORE, NY	

CO-DEF

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
				☐ ☐ ☐ ☐ ☐

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 Department and Released 2. TOT JAC 3. Incarcerated

Released To: (Name)	Relationship	Date	Time

The above address was provided by ☐ defendant and/or ☐ defendant's parents.
The child and/or parent was told to keep the Juvenile Court Clerk's Office (Phone 355-2526) informed of any change of address.
☐ Yes, by: ☐ No:

School Attended: | Grade:

Property Crime? ☐ Yes ☒ No | Description of Property: | Value of Property:

CODE

Drug Activity: N. N/A P. Possess S. Sell B. Buy T. Traffic R. Smuggle D. Deliver E. Use K. Disperses/ 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. Synthetic U. Unknown Z. Other

CHARGE

Charge Description	Statute Violation Number	Violation of ORD #
DUI-ENHANCED BAC OVER .15	316.193(4)	

Drug Activity	Drug Type	Amount / Unit	Offense #	Counts	Domestic Violence	Warrant / Capias Number	Bond
	N	/		1	☐ Y ☒ N		OR

CHARGE

Charge Description	Statute Violation Number	Violation of ORD #

Drug Activity	Drug Type	Amount / Unit	Offense #	Counts	Domestic Violence	Warrant / Capias Number	Bond
		/			☐ Y ☐ N		

CHARGE

Charge Description	Statute Violation Number	Violation of ORD #

Drug Activity	Drug Type	Amount / Unit	Offense #	Counts	Domestic Violence	Warrant / Capias Number	Bond
		/			☐ Y ☐ N		

INTAKE

Health / Apparent Physical Condition of Defendant:

Any knowledge of the following: ☐ Mental ☐ Escape Risk ☐ Medication ☐ Deformities ☐ Injuries
Explain:

Check which applies: ☐ Released O.R. ☐ Released to Parent/Guardian ☐ T.O.T. County Jail ☐ Posted Bond ☐ South County Mental Health

PROPERTY - Received By	Released By	Released To

Transported By	Date Transported	Time Transported	Other
	/ /	: :	

NOTICE TO APPEAR

☒ INSTRUCTION NO. 1 - Mandatory appearance in court
☐ INSTRUCTION NO. 2 - You need not appear in Court but must comply with instructions on Page 2.

Location (Court, Room): North County PALM BEACH GARD

Court Date and Time: 05/01/2019 08:30:00

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 COMTEMPT OF COURT AND A WARRANT FOR MY ARREST SHALL BE ISSUED.

Signature of Defendant (or Juvenile and Parent/Custodian) | Date Signed: 3/31/19

No Photo Available

ADMIN

HOLD for Other Agency	Signature of Arresting Officer	Name Verification (Printed by Arrestee)
☐ Dangerous ☐ Resisted Arrest ☐ Suicidal ☐ Other	Name of Arresting Officer (Print): BORROWS, ANDREW I.D. #: 1138	(PRINT)

Intake Deputy	I.D. #	Pouch #	Transporting Officer	I.D. #	Agency	Witness here if subject signed with an 'X'
DS Collins	7622		OFC A BORROWS	380	JPD	

PAGE 1 OF 1

☒ COURT ☒ STATE ATTORNEY ☐ AGENCY ☒ CENTRAL RECORDS ☐ JAIL ☐ CRIME ANALYSIS ☐ P.T.O. ☒ DEFENDANT

NOT A CERTIFIED COPY

APR 2019 14:17

PROBABLE CAUSE AFFIDAVIT

ADMIN

OBTS Number:

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

JUVENILE:

Agency ORI Number	Agency Name	Agency Report Number
FL 0501700	JUPITER POLICE DEPARTMENT	5 4 19-001543

Charge Type: Check as many as apply. ☐ 1. Felony ☐ 2. Traffic Felony ☒ 4. Traffic Misdemeanor ☐ 3. Misdemeanor ☐ 5. Ordinance ☐ 6. Other

Special Notes:

DEF

Name (Last, First, Middle)	Alias	Race	Sex	Date of Birth
TRIOLA, THOMAS JOSEPH		W	M	11/11/1982

CHARGES

Charge Description	Charge Description
DUI ENHANCED BAC OVER .15	
Charge Description	Charge Description

VICTIM

Victim's 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 (Name, Street)	(City)	(State)	(Zip)	Phone	Occupation

PROBABLE CAUSE STATEMENT

The undersigned certifies and swears that he/she has just and resonable 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 committ 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 31 day of March, 2019 at 01:47 (Specifically include facts constituting cause for arrest.)

On the above date at approximately 0147 hours I was on routine patrol in the area of Donald Ross Road and Parkside Drive in the Town of Jupiter, Palm Beach County, Florida.

I observed a 2010 Mercury bearing Florida license plate 828QMK traveling west in front of me. I saw the vehicle swerving in its lane, though this did not affect other traffic. At first the vehicle appeared to be traveling near the speed limit of 45 miles per hour. I then saw that the vehicle sped up appreciably and visually estimated its speed at 60 miles per hour. I activated my in car radar (Stalker Dual SL s/n DD005051) in same direction moving mode. My patrol speed matched my certified speedometer and the digital target speed indicated an increasing speed of 58 miles per hour to 60 miles per hour. I heard a clear audio Doppler tone. I caught up to the vehicle as it turned onto the northbound I-95 on ramp, I initiated a traffic stop. The driver was slow to respond but did eventually stop near the end of the on ramp.

As I exited my vehicle, the driver, shortly thereafter identified to me as Thomas Triola, put his keys car keys on the roof. I walked up to the driver`s side door and spoke to Triola. I immediately noticed Tiola had heavily slurred speech and I could smell the strong odor of an unknown alcoholic beverage on his breath. Triola`s eyes were bloodshot and glassy. I asked Triola how much he`d had to drink. Triola stated, "five or six". I asked Triola if he felt like he should be driving right now. Triola responded, "no, not at all".

Upon the arrival of my back up I created a safe area to complete my roadside DUI investigation. I used the emergency vehicles and traffic cones. I selected the hard shoulder of the on ramp behind Triola`s vehicle. I had Triola exit his vehicle. Triola was unsteady on his feet. Triola stated he`d had about seven drinks when I asked him again how much he`d had to drink. Triola agreed to complete roadsides.

NOT A CERTIFIED COPY

ADMINISTRATIVE

SWORN AND SUBSCRIBED BEFORE ME

S. O'Neal

NOTARY PUBLIC / CLERK OF COURT / OFFICER (F.S.S. 117.10)

03/31/2019
DATE

SHARI L. O'NEAL
Notary Public - State of Florida
Commission # FF 05 3154

SIGNATURE OF ARRESTING / INVESTIGATING OFFICER

BORROWS, ANDREW (1138)
NAME OF OFFICER (PLEASE PRINT)

03/31/2019
DATE

COURT STATE ATTORNEY CENTRAL RECORDS JAIL CRIME ANALYSIS P. I. O.

ADMIN

OBTS Number	PROBABLE CAUSE AFFIDAVIT SUPPLEMENT	1. Arrest 2. N.T.A. 3. Request for Warrant 4. Request for Capias	1	JUVENILE

Agency ORI Number	Agency Name	Agency Report Number
FL 0501700	JUPITER POLICE DEPARTMENT	5 | 4 | 19-001543

Charge Type: Check as many as apply. ☐ 1. Felony ☐ 2. Traffic Felony ☐ 3. Misdemeanor ☒ 4. Traffic Misdemeanor ☐ 5. Ordinance ☐ 6. Other

Special Notes:

DEF

Name (Last, First, Middle)	Alias	Race	Sex	Date of Birth
TRIOLA, THOMAS JOSEPH		W	M	11/11/1982

PROBABLE CAUSE STATEMENT

I first conducted the Horizontal Gaze Nystagmus. I am a certified Drug Recognition Expert and conducted the exercise in a manner consistent with my training. I observed Lack of Smooth Pursuit, Distinct and Sustained Nystagmus at Maximum Deviation and Onset of Nystagmus prior to 45 degrees in both of Triola`s eyes. Triola was very unsteady during this exercise and was swaying. I had to remind Triola several times to keep his head still during the task.

I next conducted the Walk and Turn using a duct tape line I had prepared prior to the tasks. Triola lost his balance during the instructional phase. Triola started the task early one time. Triola missed heel to toe on the 4th and 8th steps. Triola used his arms for balance during the first leg. Triola turned around and stopped. Triola missed heel to toe on the 2nd, 3rd, 4th, 5th, 6th, 7th, 8th, and 9th steps. Triola used his arms for balance throughout the return leg. Triola missed the line on the 3rd, 4th, 5th, 7th and 8th steps. Triola became progressively more unsteady as he walked, missing the line on either side and by increasing margins.

I then conducted the One Leg Stand. Triola was very unsteady on his feet. Triola did not count as instructed. Triola put his foot down almost immediately, picked it up, counted to "8" and put his foot down again. Triola put his foot down several more times, had to take steps to regain his balance, and was swaying visibly through most of the task.

As the next two tasks normally administered require the subject to close eyes and tilt head back, I terminated the tasks at that time as I was concerned Triola may fall down. I placed Triola under arrest for DUI and advised him. I placed Triola in handcuffs which I checked for spacing and double locked. I secured Triola in the rear of my vehicle. I transported Triola to the Palm Beach County Breath Alcohol Testing Center. I conducted a 20 minute observation period. I then requested Triola provide a sample of his breath. Triola agreed and provided two samples of .261 and .249. I then advised Triola of his Miranda Rights. Triola answered the questions I asked him. I then secured Triola in a holding cell and completed my paperwork. I subsequently booked Triola into the Palm Beach County Jail where I charged him with DUI (BAC over .15) per FSS 316.193(4).

My on scene investigation was captured on my issued body worn camera.

NOT A CERTIFIED COPY

ADMINISTRATIVE

SWORN AND SUBSCRIBED BEFORE ME

NOTARY PUBLIC / CLERK OF COURT / OFFICER (F.S.S. 117.10)

03/31/2019
DATE

SHARI L. O'NEAL
Notary Public - State of Florida
Commission # FF 965854
My Comm. Expires Jun 28, 2020
Bonded through National Notary Assn.

SIGNATURE OF ARRESTING / INVESTIGATING OFFICER

BORROWS, ANDREW (1138)
NAME OF OFFICER (PLEASE PRINT)

03/31/2019
DATE

COURT STATE ATTORNEY CENTRAL RECORDS JAIL CRIME ANALYSIS P. I. O.

BORROWS
(1138)

19001543

FLORIDA DUI UNIFORM TRAFFIC CITATION AATBIWE

COUNTY OF: PALM BEACH
CITY (IF APPLICABLE): JUPITER
☐ (1) F.H.P. ☒ (2) P.D. ☐ (3) S.O. ☐ (4) OTHER
AGENCY NAME: JUPITER POLICE
AGENCY #: 54

IN THE COURT DESIGNATED BELOW THE UNDERSIGNED CERTIFIES THAT HE/SHE HAS JUST AND REASONABLE GROUNDS TO BELIEVE AND DOES BELIEVE THAT ON
COMPLAINT (RETAINED BY COURT)

DAY OF WEEK	MONTH	DAY	YEAR	
SUNDAY	03	31	2019	01:47 ☒ A.M. ☐ P.M.

NAME (PRINT) FIRST: THOMAS MIDDLE: JOSEPH LAST: TRIOLA
STREET: 5938 MONTERRA CLUB DRIVE — IF DIFFERENT THAN ONE ON DRIVER LICENSE "X" HERE ▶
CITY: LAKE WORTH STATE: FL ZIP CODE: 33463
TELEPHONE NUMBER | DATE OF BIRTH: MO 11 DAY 11 YR 1982 | RACE: W | SEX: M | HGT: 603
DRIVER LICENSE NUMBER: T640830824110 | STATE: FL | CLASS: E | CDL LICENSE: ☐ Y ☒ N | YR LICENSE EXP.: 2024 | COMMERCIAL VEHICLE: ☐ YES ☒ NO
YR. VEHICLE: 2010 | MAKE: MERC | STYLE: 4D | COLOR: SIL | PLACARDED HAZARDOUS MATERIAL: ☐ YES ☒ NO
VEHICLE LICENSE NO.: 828OMK | TRAILER TAG NO. | STATE: FL | YEAR TAG EXPIRES: 2019 | > 10 PASSENGERS: ☐ YES ☒ NO
UPON A PUBLIC STREET OR HIGHWAY, OR OTHER LOCATION, NAMELY: 5749 DONALD ROSS RD/HEIGHTS BLVD, JUPITER | MOTORCYCLE: ☐ YES ☒ NO | COMPANION CITATION(S): ☐ YES ☒ NO
FT. ____ MILES ____ ☐ N ☐ S ☐ E ☐ W OF NODE ____

DID UNLAWFULLY COMMIT THE OFFENSE OF DRIVING UNDER THE INFLUENCE OF ALCOHOLIC BEVERAGES, CHEMICAL OR CONTROLLED SUBSTANCES; DID DRIVE, OR WAS IN ACTUAL PHYSICAL CONTROL OF A VEHICLE, WHILE UNDER THE INFLUENCE OF AN ALCOHOLIC BEVERAGE/CHEMICAL SUBSTANCE/CONTROLLED SUBSTANCE TO THE EXTENT NORMAL FACULTIES WERE IMPAIRED, OR WITH A BLOOD OR BREATH ALCOHOL LEVEL OF .08 OR ABOVE OF .249.

COMMENTS PERTAINING TO OFFENSE (Only one offense each citation): DUI-ENHANCED BAC OVER .15 | RE-EXAM: ☐ YES ☒ NO
☐ AGGRESSIVE DRIVER | PASSENGER < 18 YEARS: ☐ YES ☒ NO | STATE STATUTE | SECTION: 316.193 | SUB-SECTION: (4)
CRASH: ☐ YES ☒ NO | DAMAGE TO OTHER PROPERTY: ☐ YES $ ____ ☒ NO | INJURY TO ANOTHER: ☐ YES ☒ NO | SERIOUS BODILY INJURY TO ANOTHER: ☐ YES ☒ NO | FATAL: ☐ YES ☒ NO

THIS IS A CRIMINAL VIOLATION, COURT APPEARANCE REQUIRED, AS INDICATED BELOW.

COURT DATE: 5/1/19 TIME: 0830 COURT AND LOCATION: AATBIWE NORTH COUNTY GOVERNMENT CENTER 3188 PGA Boulevard PBG, FL 33410

ARREST DELIVERED TO ____ DATE ____

I AGREE AND PROMISE TO COMPLY AND ANSWER TO THE CHARGES AND INSTRUCTIONS SPECIFIED IN THIS CITATION. WILLFUL REFUSAL TO ACCEPT AND SIGN THE CITATION MAY RESULT IN ARREST. I UNDERSTAND BY SIGNATURE IS NOT AN ADMISSION OF GUILT OR WAIVER OF RIGHTS. IF YOU NEED REASONABLE FACILITY ACCOMMODATIONS TO COMPLY WITH THIS CITATION, CONTACT THE CLERK OF THE COURT.

X ____
X SIGNATURE OF VIOLATOR

EFFECTIVE IMMEDIATELY, YOUR DRIVING PRIVILEGE IS SUSPENDED/DISQUALIFIED FOR:

☒ DRIVING WITH AN UNLAWFUL BLOOD OR BREATH ALCOHOL LEVEL. THIS SUSPENSION IS FOR A PERIOD OF SIX MONTHS IF THIS IS THE FIRST VIOLATION OR ONE YEAR IF PREVIOUSLY SUSPENDED FOR DRIVING WITH AN UNLAWFUL BLOOD OR BREATH ALCOHOL LEVEL. IF YOU HOLD A CDL OR YOU ARE OPERATING A CMV, YOUR COMMERCIAL DRIVER LICENSE/PRIVILEGE WILL ALSO BE DISQUALIFIED FOR ONE YEAR FOR THE FIRST OFFENSE OR PERMANENTLY DISQUALIFIED FOR A SUBSEQUENT OFFENSE.

☐ REFUSAL TO SUBMIT TO LAWFUL BREATH, BLOOD OR URINE TEST SECTION 322.2615, F.S. THIS SUSPENSION IS FOR A PERIOD OF ONE YEAR IF THIS IS A FIRST REFUSAL OR 18 MONTHS IF PREVIOUSLY SUSPENDED FOR THIS OFFENSE. IF YOU HOLD A CDL OR YOU ARE OPERATING A CMV, YOUR COMMERCIAL DRIVER LICENSE/ PRIVILEGE WILL ALSO BE DISQUALIFIED FOR A PERIOD OF ONE YEAR FOR A FIRST REFUSAL OR PERMANENTLY DISQUALIFIED FOR A SUBSEQUENT REFUSAL.

LICENSE SURRENDERED? ☒ YES ☐ NO REASON ____
ELIGIBLE FOR PERMIT? ☒ YES ☐ NO REASON ____

UNLESS INELIGIBLE, THIS CITATION SHALL SERVE AS A TEMPORARY DRIVER LICENSE AND WILL EXPIRE AT MIDNIGHT ON THE 10TH DAY FOLLOWING THE DATE OF SUSPENSION.
AT THE LANTANA 33462-1516 BUREAU OF ADMINISTRATIVE REVIEWS OFFICE, YOU MAY REQUEST, WITHIN 10 DAYS AFTER THE DATE OF SUSPENSION, A REVIEW OF SUSPENSION BY THE DEPARTMENT OF HIGHWAY SAFETY AND MOTOR VEHICLES OR A REVIEW TO DETERMINE ELIGIBILITY FOR A RESTRICTED LICENSE IF THIS IS YOUR FIRST DUI-RELATED OFFENSE. SEE REVERSE SIDE.

RANK - SIGNATURE OF OFFICER | BADGE NO. | ID NO. | TROOP UNIT
HSMV 75004 (Rev. 10/14)

COMPLAINT

CASE NO. ____ DOCKET NO. ____ PAGE NO. ____

DATE	COURT ACTION AND OTHER ORDERS
	BAIL FIXED AT $ ____ OR CASH DEPOSIT OF $ ____ SIGNATURE OF PERSON GIVING BAIL SIGNATURE OF PERSON TAKING BAIL
	FINE IN THE AMOUNT OF $ ____ RECEIVED AS REQUIRED BY COURT SCHEDULE. SIGNATURE OF CLERK
	CONTINUANCE TO ____ REASON ____
	CONTINUANCE TO ____ REASON ____
	BOND ESTREATED ____
	WARRANT ISSUED ____
	VIOLATOR FAILED TO APPEAR-DRIVER LICENSE SUSPENDED
	VIOLATOR ARRAIGNED ON ____ (DATE) PLEA: ____ FINDING: ____ ADJUDICATION: ____ SENTENCE: FINE ____ COST ____ JAILED ____ DAYS DRIVER IMPROVEMENT SCHOOL ____ OTHER ____ DRIVER LICENSE SUSPENDED OR REVOKED FOR ____ DAYS RECOMMEND DRIVER LICENSE SUSPENSION FOR ____ DAYS RECOMMEND RE-TEST ____ SIGNATURE OF JUDGE
	TESTIMONY - JUDGE'S NOTES (OR OTHER COURT ORDERS):
	APPEAL BOND OF $ ____
	VIOLATOR'S FINGERPRINT WHEN APPLICABLE ⟶

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FLORIDA DEPARTMENT OF LAW ENFORCEMENT
ALCOHOL TESTING PROGRAM
BREATH ALCOHOL TEST AFFIDAVIT

Instrument Type: Intoxilyzer 8000
Instrument Registered To: PALM BEACH CO SO
Instrument Serial Number: 80-006478 Software: 8100.27
Date of Test: 03/31/2019

Date of Last Agency Inspection: 03/15/2019
Observation Period Began: 02:33
Subject's Name: THOMAS J TRIOLA DOB: 11/11/1982 Sex: M

The subject was observed for at least twenty-minutes prior to the administration of the breath test to ensure that the subject did not take anything orally and did not regurgitate.

Results:

Test	g/210L	Time
Diagnostics Check	OK	02:56
Air Blank	0.000	02:57
Control Test	0.079	02:57
Air Blank	0.000	02:57
Subject Sample #1	0.261	02:58
Air Blank	0.000	02:59
Air Blank	0.000	03:01
Subject Sample #2	0.249	03:01
Air Blank	0.000	03:02
Control Test	0.078	03:02
Air Blank	0.000	03:03
Diagnostics Check	OK	03:03

Cylinder Lot: 13518080A5
Exp: 08/05/2020

State of Florida, County of Palm Beach

Personally appeared before me the undersigned authority, who (✓) is personally known to me or (__) produced _____ as identification, and who after being placed under oath, states:

I SAMANTHA M PALMER hold a valid Breath Test Operator permit issued by the Florida Department of Law Enforcement, I administered the above breath test to the subject named above in accordance with Chapter 11D-8, Florida Administrative Code, and this form is a true and accurate report of that breath test.

Breath Test Operator: _____ Date: 3/31/19
Signature

Sworn to (or affirmed) before me this 31 day of March, 2019

_____ OFC. BORROWS #380
Signature of Notary Public-State of Florida Printed Name of Notary Public-State of Florida

Note: Pursuant to section 117.10, Florida Statutes, law enforcement officers, correctional officers, traffic accident investigation officers and traffic infraction enforcement officers are notaries public when engaged in the performance of official duties. In accordance with section 316.1934(5), F.S., this completed form is admissible without further authentication and is presumptive proof of the results herein. To be used in accordance with Section 316.1934(5), F.S., and in administrative proceedings pursuant to 322.2615, F.S.

FDLE/ATP FORM 38 - MARCH 2004, Ref. 11D-8.007

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TESTING FACILITY TASK REPORT

AGENCY: JPD/BORROWS

SUBJECT: TRIOLA, THOMAS

CASE NUMBER: 19-054126

DATE: Mar 31, 2019

VIDEO DVD NUMBER: N/A

BEGINNING TIME: 0255

ENDING TIME: 0309

BREATH TESTS RESULTS: 1) .261 TIME 258 A.M. ☒ P.M. ☐ 2) .249 TIME 0301 A.M. ☒ P.M. ☐

3) XX TIME XX A.M. ☐ P.M. ☐ 4) XX TIME XX A.M. ☐ P.M. ☐

BREATH OPERATOR: S. PALMER #24520

MAINTENANCE TECHNICAN: J Karlecke #6467

TESTING OFFICER'S OBSERVATIONS

SPEECH: SLURRED

ATTITUDE: CALM, QUIET, COOPERATIVE

CLOTHING: GREY POLO SHIRT, GREY SHORTS, TAN FLIP FLOPS

MEDICAL CONDITIONS: NONE

MEDICATIONS: NONE

OTHER:

EYES GLASSY AND BLOODSHOT, ODOR OF UNKNOWN ALCOHOLIC BEVERAGE COMING FROM BREATH, SUBJECT ADMITTED TO DRINKING 7 MILLER LITE BEERS (Q&A)

COMMENTS:

ARRESTING OFFICER CONDUCTED THE 20 MINUTE OBSERVATION BEGINNING AT 0233
SUBJECT AGREED TO TAKE BREATH TEST
AND PROVIDED TWO ADEQUATE BREATH SAMPLES SUCCESSFULLY
A/O READ RIGHTS
SUBJECT STATED HE UNDERSTOOD RIGHTS
TECH READ TEST RESULTS
SUBJECT STATED HE UNDERSTOOD RESULTS
A/O CONDUCTED Q&A
SUBJECT ANSWERED QUESTIONS

NOT A CERTIFIED COPY

WITNESS LIST

CASE NUMBER: 19-001543

ARRESTING OFFICER: Ofc. A. Borrows 380 / 1138

ADDRESS: 210 Military Trail, Jupiter Fl 33458

PHONE NUMBERS (HOME): _____ (WORK) 561 746 6201

CAN TESTIFY TO: PC

NAME: Sgt. Jason Alexandre

ADDRESS: 210 Military Trail, Jupiter Fl 33458

PHONE NUMBERS (HOME) _____ (WORK) 561 746 6201

CAN TESTIFY TO: Scene

NAME: PFC Joseph Farrinacci

ADDRESS 210 Military Trail, Jupiter Fl 33458

PHONE NUMBERS (HOME) _____ (WORK) _____

CAN TESTIFY TO: Scene, tow of vehicle

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: _____

NAME: _____

ADDRESS _____

PHONE NUMBERS (HOME) _____ (WORK) _____

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NAME: _____

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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: _____

NOT A CERTIFIED COPY

SUBJECT: _____ CASE NUMBER: _____

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: _____

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SUBJECT: _____ CASE NUMBER: _____

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)_____

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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	☐	119.071(2)(d)	Surveillance techniques, procedures and personnel; inventory of law enforcement resources, policies or plans pertaining to mobilization deployment or tactical operations.	
	☐	943.053, 943.0525	NCIC/FCIC/FBI and in-state FDLE/DOC.	
	☐	119.071(4)(c)	Undercover personnel.	
	☐	119.071(2)(f)	Confidential informants (CIs).	
	☐	119.071(2)(e)	Confession.	
Public Info. Exemptions	☐	985.04(1)	Juvenile offender records.	
	☐	119.071(h)(i)	Assets of a crime victim.	
	☐	395.3025(7)(a), 456.057(7)(a)	Medical information.	
	☐	394.4615(7)	Mental health information.	
	☐	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)	☒	(iii) 119.0714(1)(i)-(j), (2)(a)-(e)	Social Security, bank account, charge, debit, and credit card numbers.	2
	☐	(viii) 394.4615(7)	Clinical records under the Baker Act.	
	☐	(xii) 741.30(3)(b)	The victim's address in a domestic violence action on petitioner's request.	
	☐	(xiii) 119.071(2)(h), 119.0714(1)(h)	Protected information regarding victims of child abuse or sexual offenses.	
	☐			
	☐			
	☐			
	☐			
	☐			
Other	☐		Other:	
	☐		Other:	

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REVIEW COMPLETED BY

Booking Number: 2019010736	**Date:** 04/01/2019
	Specialist Name/ID: AM/31562