

J-0491142

ARREST / NOTICE TO APPEAR
Juvenile Referral Report1. Arrest
2. N.T.A.
3. Request for Warrant
4. Request for Capias

Juvenile

ADMINISTRATIVE	OBTS Number	Agency ORI Number FLO, 5, 0, 2, 6, 0, 0		Agency Name PALM BEACH GARDENS POLICE DEPT.		Agency Report Number (N.T.A.'s only) 7, 8, 1, 1, 7, 10, 0, 5, 2, 4, 7, 11						
	Charge Type: Check as many as apply. <input type="checkbox"/> 1. Felony <input type="checkbox"/> 2. Traffic Felony <input checked="" 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		Multiple Clearance Indicator						
DEFENDANT	Location of Arrest (Including Name of Business) I-95 NB North of Military Trl.				Location of Offense (Business Name, Address) Kyoto Gardens Dr / Military Trl.							
	Date of arrest 0, 9, 0, 4, 1, 7, 0, 2, 3, 2	Time of Arrest	Booking Date	Booking Time	Jail Date	Jail Time	Location of Vehicle					
CO-DEF.	Name (Last, First, Middle) Lanciano, Vincent M				Alias (Name, DOB, Soc. Sec. #, Etc.)							
	Race W - White B - Black I - American Indian O - Oriental/Asian	Sex M	Date of Birth 0, 9, 1, 8, 9, 3	Height 5'06	Weight 150	Eye Color Bro	Hair Color Blk	Complexion Lgt	Build Sml			
JUVENILE	Scars, Marks, Tattoos, Unique Physical Features (Location, Type, Description)				Marital Status S	Religion Cath	Indication of: Alcohol Influence Drug Influence <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> Unk					
	Local Address (Street, Apt. Number) 14892 67th Trl N PBG FL 33418		(City) PBG	(State) FL	(Zip) 33418	Phone (861) 427-3157	Residence Type: 1. City 2. County 3. Florida 4. Out of State 11					
JUVENILE	Permanent Address (Street, Apt. Number) 14892 67th Trl N PBG FL 33418		(City) PBG	(State) FL	(Zip) 33418	Phone ()	Address Source FL DL					
	Business Address (Name, Street) ()		(City) ()	(State) ()	(Zip) ()	Phone ()	Occupation Entertainer					
JUVENILE	D/L Number, State L525873933380 FL		Soc. Sec. Number ()		INS Number ()		Place of Birth (City, State) Philadelphia, PA		Citizenship US			
	Co-Defendant Name (Last, First, Middle) ()				Race	Sex	Date of Birth <input type="checkbox"/> 1. Arrested <input type="checkbox"/> 2. At Large <input type="checkbox"/> 3. Felony <input type="checkbox"/> 4. Misdemeanor <input type="checkbox"/> 5. Juvenile					
JUVENILE	Co-Defendant Name (Last, First, Middle) ()				Race	Sex	Date of Birth <input type="checkbox"/> 1. Arrested <input type="checkbox"/> 2. At Large <input type="checkbox"/> 3. Felony <input type="checkbox"/> 4. Misdemeanor <input type="checkbox"/> 5. Juvenile					
	Name (Last) (First) (Middle) () () ()				Residence Phone ()		Business Phone ()					
JUVENILE	Address (Street, Apt. Number) () (City) (State) (Zip)				Notified by: (Name) ()		Date ()		Time ()			
	Released To: (Name) ()				Relationship ()		Date ()		Time ()			
JUVENILE	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 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 ()					
CHARGE	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. Synthetic	U. Unknown Z. Other
	Charge Description DUI		Counts 1	Domestic Violence <input type="checkbox"/> Y <input checked="" type="checkbox"/> N	Statute Violation Number 3, 1, 6, 1, 1, 9, 3, 1(1)		Violation of ORD # ()					
CHARGE	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 #					
CHARGE	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 #					
CHARGE	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 #					
CHARGE	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 #					
NOTICE TO APPEAR	<input type="checkbox"/> Instruction No. 1 Mandatory Appearance in Court <input type="checkbox"/> Instruction No. 2 You need not appear in Court but must comply with instructions on Reverse Side.		Location (Court, Room Number, Address) North County Courthouse 3188 PGA Blvd, PBG, FL 33410									
	Court Date and Time Month 10 Day 04 Year 2017 Time 10:00 P.M.		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.									
ADMIN	Signature of Defendant (or Juvenile and Parent/ Custodian)		Date Signed 4:46:34									
	HOLD for other Agency Name: <input type="checkbox"/> Dangerous <input type="checkbox"/> Resisted Arrest <input type="checkbox"/> Suicidal <input type="checkbox"/> Other:		Signature of Arresting Officer X [Signature] 452		Name Verification (Printed by Arrestee) (PRINT)		SCANNED		PAGE			
ADMIN	Intake Deputy JAWN 801		I.D. #	Pouch #	Name of Arresting Officer (Print) Robert Artola 452		I.D. #	Witness here if subject signed		SEP 06 2017		1 OF 1
	Transporting Officer Robert Artola 452		I.D. #	Agency PBGPD	Witness here if subject signed		SEP 06 2017		1 OF 1			

DISTRIBUTION: WHITE - COURT COPY GREEN - STATE ATTORNEY YELLOW - AGENCY PINK - JAIL GOLD - DEFENDANT

D.U.I. PROBABLE CAUSE AFFIDAVIT

ON THE 04 DAY OF 09 20 17, AT 2:06 AM PM

SUBJECT: Vincent Lanciano CASE NUMBER: 17005247

AGENCY: PALM BEACH GARDENS POLICE DEPT. ARRESTING OFFICER: Robert Artola ID# 452

PERSONAL CONTACT

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

On above listed date I Officer Artola observed a dark colored Honda bearing FL tag 647PDA traveling westbound on PGA Blvd. approaching Lake Victoria Gardens Ave. in lane 2 from the left. Driver crossed all lanes of travel to exit off PGA onto Alt. A1A. Driver was in left turn lane to travel SB on A1A before quickly changing to go NB on Alt. A1A. Driver was traveling WB on Kyoto Gardens Dr. from Alt. A1A at approximately 65 mph in a 35 mph zone. Both lights and siren were activated at Military Trl. and I95 NB, but vehicle continued to drive for approximately 20-30 seconds without activating brakes or slowing before suddenly applying brakes and pulling over.

OBSERVATION OF DRIVER:

Driver had droopy, glassy, watery eyes, Slow slurred speech, and had a strong odor of cologne from his body and the odor of cigarettes from his breath.

DRIVER'S STATEMENTS:

Slow and slurred. Stated he drank two beers three hours prior at Downtown Palm Beach Gardens and was speeding to get home. Driver denied being intoxicated.

ODORS:

Cologne and cigarettes

GENERAL OBSERVATIONS

SPEECH: Slurred

ATTITUDE: Compliant

CLOTHING: V-neck t-shirt, jeans, dress shoes.

MEDICAL/OTHER: None

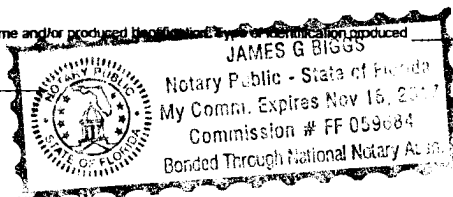
STATE OF FLORIDA
COUNTY OF PALM BEACH

Robert Artola 452
(Signature of Arresting/Investigative Officer)

The foregoing instrument was sworn to or affirmed and subscribed before me this _____ day of _____ 20____ by _____

(Print name of Arresting/Investigative Officer), who is personally known to me and/or produced the Officer's Service Certification produced

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



SCANNED
SEP 06 2017

TESTING FACILITY TASK REPORT

AGENCY: PBG-ARTOLA

SUBJECT: LANCIANO, VINCENT M

CASE NUMBER: 17-122905

DATE: Sep 4, 2017

VIDEO DVD NUMBER: N/A

BEGINNING TIME: 0327

ENDING TIME: 0346

BREATH TESTS RESULTS: 1) .225 TIME 0332 A.M. ☒ P.M. ☐ 2) .212 TIME 0335 A.M. ☒ P.M. ☐
3) XX TIME XX A.M. ☐ P.M. ☐ 4) XX TIME XX A.M. ☐ P.M. ☐

BREATH OPERATOR: J Biggs# 7607

MAINTENANCE TECHNICAN: D/S J Karkleck #6467

TESTING OFFICER'S OBSERVATIONS

SPEECH: SLURRED, DELIBERATE

ATTITUDE: COOPERATIVE

CLOTHING: BLUE SHIRT, BLACK JEANS

MEDICAL CONDITIONS: ALLERGIC TO SHELLFISH

MEDICATIONS: NONE

OTHER:

EYES GLASSY

ODOR OF AN UNKNOWN ALCOHOLIC BEVERAGE ON SUBJECT

COMMENTS:

ARRESTING OFFICER CONDUCTED THE 20 MINUTE OBSERVATION BEGINNING AT 0305
SUBJECT ADVISED HE WOULD SUBMIT TO THE TEST
SUBJECT WAS GIVEN THE INSTRUCTIONS FOR THE TEST
SUBJECT COMPLETED BOTH SAMPLES SUCCESSFULLY
RESULTS WERE GIVEN
MIRANDA WAS READ
SUBJECT COMPLETED QUESTIONS

SCANNED

SEP 06 2017

SUBJECT: Vincent Lenciano CASE NUMBER: 17005247

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? ITS

DIRECTION OF TRAVEL? N WHERE DID YOU START? Downtown PBG

WHAT TIME DID YOU START? 02:15 WHAT TIME IS IT NOW? 03:30

WHAT IS TODAY'S DATE? 9/4/17 WHAT DAY OF THE WEEK IS IT? Monday

WHAT COUNTY AND CITY ARE YOU IN NOW? PBC, WPB

WHEN DID YOU LAST EAT? 23:00 WHAT DID YOU EAT? chicken wings

WHAT HAVE YOU BEEN DOING FOR THE LAST THREE HOURS? Yardhouse WPB, Driving home

HOW MUCH DO YOU WEIGH? 147 HAVE YOU BEEN DRINKING? Yes WHAT? 2 beers

HOW MUCH? 2 WHERE? Yardhouse WITH WHOM? Friends

WHEN DID YOU HAVE YOUR FIRST DRINK? 22:30 AND YOUR LAST DRINK? 23:00

HOW DID YOU CONSUME YOUR LAST TWO DRINKS? Paced

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? Entertainer WHEN DID YOU LAST WORK? Yesterday

DO YOU HAVE ANY PHYSICAL DEFECTS OR INJURIES? No 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? No WHEN? _____

HAVE YOU SEEN A DOCTOR OR DENTIST TODAY? No WHO? _____ WHY? _____

ARE YOU TAKING ANY PRESCRIPTION MEDICINES? No WHAT? _____ WHEN? _____

DO YOU HAVE:

EPILEPSY?	<u>No</u>
GLASS EYE?	<u>No</u>
FALSE TEETH?	<u>No</u>
EAR INFECTION?	<u>No</u>
INNER EAR TROUBLE?	<u>No</u>
DIABETES?	<u>No</u>

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? No WHERE? _____

INTERVIEWER: Robert Artola ID# 452

WHITE - STATE ATTY.

YELLOW - DHSMV

PINK - CENTRAL RECORDS

GOLD - JAIL

SCANNED

SEP 06 2017

SUBJECT: Vincent Lenciano CASE NUMBER: 17005247

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) Didn't sign, rights read on camera **SCANNED**

SEP 06 2017

WHITE - STATE ATTY.

YELLOW - DHSMV

PINK - CENTRAL RECORDS

GOLD - JAIL

DRIVER LICENSE
L525-833



V. J. [Signature]
CHIEF OF POLICE

SAFE DRIVER
Operation of a motor vehicle constitutes
consent to any sobriety test required by law.

NOT A CERTIFICATE

SCANNED
SEP 06 2017