

ARREST / NOTICE TO APPEAR  
Juvenile Referral Report

19 CT 15143

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

1 Juvenile N

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>06-19-104610</b>	
Charge Type: Check as many as apply.	<input type="checkbox"/> 1. Felony	<input type="checkbox"/> 2. Traffic Felony	<input type="checkbox"/> 3. Misdemeanor	<input checked="" type="checkbox"/> 4. Traffic Misdemeanor	<input type="checkbox"/> 5. Ordinance	<input type="checkbox"/> 6. Other
Location of Arrest (Including Name of Business) <b>JFK ER</b>			Location of Offense (Business Name, Address) <b>6th Ave. South/ Congress Ave, Lake Worth FL 33406</b>			Weapon Seized / Type 2 1. Yes 2. No
Date of Arrest <b>08/16/2019</b>	Time of Arrest <b>0153</b>	Booking Date	Booking Time	Jail Date	Jail Time	Location of Vehicle <b>Priority Towing</b>

Name (Last, First, Middle) <b>Velasquez, Yelsi, Udiel</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>1/12/1992</b>	Height <b>5'06</b>	Weight <b>165</b>	Eye Color <b>Br</b>	Hair Color <b>Br</b>
Scars, Marks, Tattoos, Unique Physical Features (Location, Type, Description) <b>Stomach</b>		Marital Status <b>Married</b>	Religion <b>CATHOLIC</b>	Indication of: Alcohol Influence Drug Influence Y <input type="checkbox"/> N <input type="checkbox"/> Unk. <input type="checkbox"/>		
Local Address (Street, Apt. Number) <b>428 Upland Rd, West Palm Beach, FL 33401</b>		Phone <b>(561) 907 0550</b>	Residence Type: 1. City 2. County 3. Florida 4. Out of State <b>2</b>			
Permanent Address (Street, Apt. Number)		Phone	Address Source <b>Def</b>			
Business Address (Name, Street)		Phone	Occupation <b>Lawn Maint</b>			
D/L Number, State <b>V422978920120, FL</b>	Soc. Sec. Number	INS Number	Place of Birth (City, State) <b>San Marcos, Guatemala</b>		Citizenship <b>Guatemala</b>	

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	
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	
Parent Legal Custodian Other:	Name (Last)	(First)	(Middle)	Residence Phone		
Address (Street, Apt. Number)			(City)	(State)	(Zip)	
Notified by (Name)			Date	Time	Business Phone	

Released To (Name)	Relationship	Juvenile Disposition 1. Handled/ processed within Dept. and Released. 2. TOT HRS / DYS 3. Incarcerated
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. <input type="checkbox"/> Yes, by: (Name) <input type="checkbox"/> No: (Reason)		School Attended
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>Driving Under The Influence (DUI)</b>		Counts <b>1</b>	Domestic Violence <input type="checkbox"/> Y <input type="checkbox"/> N	Statute Violation Number <b>316.193(1)</b>		Violation of ORD #				
Drug Activity <b>N</b>	Drug Type <b>N</b>	Amount / Unit <b>NA</b>	Offense # <b>19-104610</b>	Warrant / Capias Number		Bond				

Location (Court, Room Number, Address) <b>Criminal Justice Complex, 3228 Gun Club Road, West Palm Beach, FL 33406 - Ph: (561) 688-4600</b>	
Court Date and Time <b>Month to BE/SET</b> Day Year 19 Time 8:30 AM X 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>08/16/2019</b>

HOLD for other Agency Name:	Signature of Arresting Officer <b>X</b>	Date Signed
<input type="checkbox"/> Dangerous <input type="checkbox"/> Suicidal	Name of Arresting Officer (Print) <b>Inv. A. Soloway #8586</b>	Name Verification (Printed by Arrestee) <b>(PRINT)</b>
<input type="checkbox"/> Resisted Arrest <input type="checkbox"/> Other:	I.D. # <b>8586</b>	Agency <b>PBSO</b>
Intake Deputy I.D. # Pouch #	Inv. A Soloway ID # 8586 Agency PBSO	Witness here if subject signed with an "X"

PALM BEACH COUNTY SHERIFF'S OFFICE - **SWORN STATEMENT**

Per FL statute 837.012, whoever knowingly makes a false statement under oath shall be guilty of a misdemeanor of the first degree punishable by imprisonment up to 1 year.



WITNESS  VICTIM  OTHER

CASE #: 190104610	ZONE: 1-32	SUSPECT: Yels; Valerosquez	DATE & TIME OF ORIGINAL EVENT/OFFENSE: 8/16/19 0010
EVENT TYPE: D42	DEPUTY: D/SCCone	ID#: 31766	

COMPLETE EVERYTHING BELOW - PRINT LEGIBLY

LAST NAME: Flatt	FIRST NAME: Jeffrey	MIDDLE INITIAL: D	RACE: W	SEX: M
DATE OF BIRTH: 10-5-90 (MM/DD/YYYY)	YOUR HEIGHT: 5' 11"	YOUR WEIGHT: 290	YOUR HAIR COLOR: Brown	YOUR EYE COLOR: Blue
YOUR HOME ADDRESS: 5355 Foxvalley trail	<input type="checkbox"/> CHECK IF HOMELESS	CITY: Lake Worth	STATE: FL	ZIP: 33463
YOUR WORK NAME & ADDRESS:	<input type="checkbox"/> CHECK IF UNEMPLOYED OR RETIRED	CITY:	STATE:	ZIP:
WORK PHONE: <input type="checkbox"/> CHECK IF NONE	CELL PHONE: 1732 644 9763 <input type="checkbox"/> CHECK IF NONE	HOME PHONE: <input type="checkbox"/> CHECK IF NONE	EMAIL:	<input type="checkbox"/> CHECK IF NONE

WRITE WHAT HAPPENED IN YOUR WORDS IN FULL DETAIL - PRINT LEGIBLY

YOUR NAME: Jeffrey Flatt	DO HEREBY VOLUNTARILY MAKE THE FOLLOWING STATEMENT WITHOUT THREAT, COERCION, OFFER OF BENEFIT, OR FAVOR BY ANY PERSONS WHOMSOEVER...
--------------------------	--

I was behind silver russian SUV and the light turned green and the SUV didn't go. I then beeped and pulled around to the side of him and he was sleeping. I then pulled over called 911 and then opened SUV door. Driver unresponsive he looked dead. I pulled him out of the car and did CPR on him. Then the police arrived.

PAGE 1 OF 1

READ AND SIGN	I SWEAR AND AFFIRM THIS AND/OR THE ATTACHED STATEMENTS ARE CORRECT AND TRUE:	<input checked="" type="checkbox"/> DEPUTY SHERIFF <input type="checkbox"/> NOTARY PUBLIC FSS: 117.10
YOUR SIGNATURE: X [Signature]	SWORN TO AND SUBSCRIBED BEFORE ME TODAY:	DATE: 8/18/19 TIME: 0023
	SIGNATURE: [Signature]	ID: 31766

IF YOU DO NOT WISH TO PROSECUTE, COMPLETE THE ABOVE STATEMENT, READ THIS DISCLAIMER AND INITIAL BELOW. I AM OF LEGAL AGE AND I AM THE REPORTED VICTIM OF A CRIME UNDER FLORIDA LAW. I HEREBY STATE THAT I WILL NOT COOPERATE ANY FURTHER WITH THE INVESTIGATION OF THE ALLEGED CRIME. I FURTHER RELEASE THE PALM BEACH COUNTY SHERIFF'S OFFICE OF ANY PRESENT OR FUTURE RESPONSIBILITY AS TO MY CASE. I ACKNOWLEDGE THAT I UNDERSTAND MY RIGHTS AS A CRIME VICTIM, PARTICULARLY REGARDING VICTIM COMPENSATION ELIGIBILITY, WHICH INCLUDES SUCH BENEFITS AS REIMBURSEMENT FOR: DISABILITY; LOST WAGES; LOSS OF SUPPORT; MEDICAL, DENTAL, MENTAL HEALTH COUNSELING AND FUNERAL EXPENSES. I AM AWARE I MAY BE GIVING UP THESE RIGHTS FOR MY FAMILY AND MYSELF BY INITIALLING BELOW. I AM TAKING THIS POSITION OF MY OWN FREE WILL KNOWING THAT THE CASE CAN ONLY BE FURTHER INVESTIGATED AND PROSECUTED WITH MY COOPERATION.  DO NOT WISH TO PROSECUTE (INITIAL \_\_\_\_\_)

# D.U.I. PROBABLE CAUSE AFFIDAVIT

ON THE 16 DAY OF AUGUST 20 19, AT 0009 AM PM

SUBJECT: Velasquez, Yelsi, Udiel

CASE NUMBER: 19-104610

AGENCY: PALM BEACH COUNTY SHERIFF'S OFFICE ARRESTING OFFICER: Inv. A. Soloway #8586

## PERSONAL CONTACT

DRIVING PATTERN: Actual physical control (physical evidence or statements putting def. behind wheel of vehicle)

I responded to a 911 caller in reference to a male passed out behind the wheel. The caller said the male had shallow breathing and was unresponsive. He said the driver "looked dead". When I arrived, the caller told me that PBCFR advised him to remove the driver and begin CPR, of which he did.

## OBSERVATION OF DRIVER:

Upon my arrival the driver was leaning on his vehicle driver's side and being tended to by PBCFR. The driver was attempting to answer simple questions from PBCFR. He was unable to tell them where he was, what the date was, or how much he had been drinking today. He was displaying a very noticeable sway. His eyes were extremely red and glassy. As he spoke, I could smell a strong odor of an unknown alcoholic beverage on his breath. The driver's speech was very slow and slurred.

## DRIVER'S STATEMENTS:

At the hospital I interviewed the driver with DS Sentmanat #24968 who translated from Spanish. The driver said he drank six Corona Beers and started drinking at 6pm and stopped at 8pm. He said current time was 10:30pm-11:00p, it was actually approximately 12:45am. The driver said he fell asleep because he is "not used to driving drunk". He said he was coming from Delray Beach and heading home.

## ODORS:

As he spoke, I could smell a strong odor of an unknown alcoholic beverage on his breath.

## GENERAL OBSERVATIONS

SPEECH: slurred

ATTITUDE: compliant

CLOTHING: tshirt, pants, no shoes

MEDICAL/OTHER: stated none

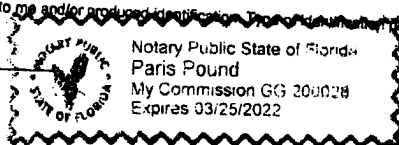
STATE OF FLORIDA  
COUNTY OF PALM BEACH

Inv. A. Soloway #8586  
signature of Arresting/Investigative Officer)

The foregoing instrument was sworn to or affirmed and subscribed before me this 16 day of August 20 19 by Inv. A. Soloway #8586

Print name of Arresting/Investigative Officer, who is personally known to me and/or produced identification. Driver's identification produced Known LEO

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



SCANNED  
AUG 17 2019

SUBJECT: , ,

CASE NUMBER: 19-104610

# 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 o chemical or controlled substances. *8/16/19 0100*

NOTE: READ ONLY IF THE SUBJECT DOES NOT COMPLY WITH YOUR REQUEST

I am Inv. A. Soloway #8586 of the Palm Beach County Sheriff's Office

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: *[Signature]* , ,

## CONSTITUTIONAL WARNINGS

I AM REQUIRED TO WARN YOU BEFORE YOU MAKE ANY STATEMENTS THAT YOU HAVE THE FOLLOWING RIGHTS:

You have the right to remain silent and not answer any questions.

Any statement must be freely and voluntarily given.

You have the right to the presence of a lawyer of your choice before you make any statement and during any questioning.

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.

If at any time during the interview you do not wish to answer any questions, you are privileged to remain silent.

I can make no threats or promises to induce you to make a statement. This must be of your own free will.

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

SUSPECT'S SIGNATURE: \_\_\_\_\_ , ,

SCANNED

AUG 17 2019

# Florida Department of Law Enforcement Alcohol Testing Program

## CERTIFICATION OF BLOOD WITHDRAWAL

I certify that as a physician, certified paramedic, registered nurse, licensed practical nurse, or other person authorized by a hospital to draw blood, or as a licensed clinical laboratory director, supervisor, technologist or technician, I am authorized by 316.1932, 316.1933, 322.63, 327.352 and 327.353, Florida Statutes, to withdraw blood at the request of a law enforcement officer. I certify that on 8/16/15 I

withdrew blood from Yelsi Udrol Velssquez at the request of  
(Driver)

Inv. A. Soloway #8586 The blood sample(s) were collected and labeled in accordance  
(Officer)

with the provisions of Rule 11D-8.012, Florida Administrative Code. Before collecting the blood sample(s), the skin was cleansed with an antiseptic that did not contain alcohol. The blood sample(s) were collected in glass evacuation tubes that contained a preservative and an anticoagulant. immediately after collection, the tubes were inverted several times. The blood collection tubes were labeled with the name of the person tested, the date and time the sample(s) were collected and the initials of the person who collected the sample(s).

Marie Charles, RN  
(Printed name of person withdrawing blood)

R.N.  
(Title)

[Signature]  
(Signature)

8/16/15  
(Date)

May also be used in administrative proceedings pursuant to s. 322.2615, Florida Statutes. To be forwarded to the local Bureau of Driver Improvement Office, Division of Driver Licenses, Department of Highway Safety and Motor Vehicles.



BLOOD, URINE, SALIVA CONSENT FORM

Date: 8/16/19

PBSO Case # 19-104610

I, Yelsi Isabel Velasquez freely, knowingly and voluntarily give my consent for Doctor Nurse / Paramedic / Phlebotomist Marie Charles RN to obtain a sample (s) of my blood, urine, saliva for DNA, ethanol and/or other analysis or comparison that the Palm Beach County Sheriff's Office may deem necessary.

I consent to the obtaining of sample(s) of my blood, urine or saliva with the full understanding that the results of any such analysis may be used against me in a court of law, and hereby attest that I am not submitting due to coercion, duress, or promises, that I am consenting to the aforementioned of my own free will.

Signature: Yelsi Velasquez

Witness by:

Jac [Signature] 8586  
A Solano

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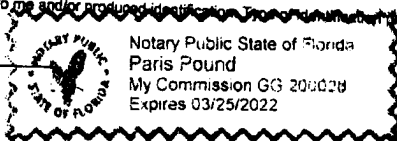
STATE OF FLORIDA  
COUNTY OF PALM BEACH

Inv. A. Soloway #8586  
signature of Arresting/Investigative Officer)

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Print name of Arresting/Investigative Officer, who is personally known to me and/or produced identification. I produced Known LEO

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



SCANNED  
AUG 17 2019

SUBJECT: Velasquez, Yelsi, Udiel

CASE NUMBER 19-104610

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:

Driver displayed Vertical Gaze Nystagmus.

WALK & TURN:

Not attempted due to hospitalization.

ONE LEG STAND:

Not attempted due to hospitalization.

FINGER TO NOSE:

Not attempted due to hospitalization.

ROMBERG ALPHABET:

Not attempted due to hospitalization.

BREATH TEST RESULTS:

Pending Blood

Pending Blood

STATE OF FLORIDA  
COUNTY OF PALM BEACH

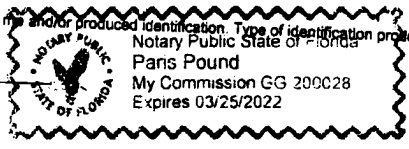
Inv. A. Soloway #8586

Signature of Arresting/Investigative Officer

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

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



SCANNED  
AUG 17 2019



# 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), 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), 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), 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"/>	539.001(b)-(l)FSS, 539.003FSS	Other: Pawn Broker Information.	
	<input type="checkbox"/>	3119.0712 (2)	Other: Personal Information Contained in a Motor Vehicle Record	

REVIEW COMPLETED BY

Booking Number: 2019026785	Date: 8/16/2019
	Specialist Name/ID: M. Tooks #8557

SCANNED  
AUG 17 2019