

0510948

19 OCT 17 04

1765

OBTS Number		ARREST / NOTICE TO APPEAR Juvenile Referral Report		1. Arrest 2. N.T.A.		3. Request for Warrant 4. Request for Capias		1	Juvenile	N	
Agency ORI Number FLO 500000		Agency Name PALM BEACH COUNTY SHERIFF'S OFFICE		Agency Report Number (N.T.A.'s only) 06-19114962							
Charge Type: Check as many as apply.		1. Felony <input type="checkbox"/> 2. Traffic Felony <input type="checkbox"/>		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 2. No N/A		Multiple Clearance Indicator 01	
Location of Arrest (Including Name of Business) 2300 BLOCK U.S. HIGHWAY 27 SOUTH						Location of Offense (Business Name, Address) 2300 BLOCK US HIGHWAY 27 SOUTH / BELLE GLADE/FL/33430					
Date of Arrest 09/14/2019		Time of Arrest 0418		Booking Date		Booking Time		Jail Date		Jail Time MOSS TOWING	
Name (Last, First, Middle) ALAVAREZ MURSULI YOEL A						Alias (Name, DOB, Soc. Sec. #, Etc.)					
Race W - White 1 - American Indian B - Black 0 - Oriental/Asian		Sex M	Date of Birth 09/14/1975		Height 5'07"	Weight 175	Eye Color BROWN	Hair Color BLACK	Complexion MED	Build MED	
Scars, Marks, Tattoos, Unique Physical Features (Location, Type, Description)						Marital Status		Religion		Indication of: Alcohol Influence <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> Unk. <input type="checkbox"/> Drug Influence <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> Unk. <input type="checkbox"/>	
Local Address (Street, Apt. Number) 10013 WOKECHOBEE RD APT 102 HIALEAH FL 33016				Phone () () ()		Residence Type: 1. City 2. County 3. Florida 4. Out of State		1			
Permanent Address (Street, Apt. Number)				Phone		Address Source DRIVER LICENSE					
Business Address (Name, Street)				Phone		Occupation LANDSCAPER					
DL Number, State A416961753340, FL		/ Soc. Sec. Number		INS Number		Cuban System to CUBA		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"/> 2. At Large <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"/> 3. Felony <input type="checkbox"/> 2. At Large <input type="checkbox"/> 4. Misdemeanor <input type="checkbox"/> 5. Juvenile	
<input type="checkbox"/> Parent <input type="checkbox"/> Legal Custodian <input type="checkbox"/> Other:		Residence Phone () () ()						Business Phone () () ()			
Address (Street, Apt. Number)				(City)		(State)		(Zip)			
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 355-2528) 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					
Drug Activity S. Sell N. N/A P. Possess		R. Smuggle D. Deliver T. Traffic		K. Dispense/ Distribute		M. Manufacture/ Produce/ Cultivate		Z. Other		Drug Type X. N/A A. Amphetamine	
B. Barbiturate C. Cocaine E. Heroin		H. Hallucinogen M. Marijuana O. Opium/Derv.		P. Paraphernalia/ Equipment S. Synthetics		U. Unknown Z. Other					
Charge Description DUI		Counts 1		Domestic Violence <input type="checkbox"/> Y <input checked="" type="checkbox"/> N		Statute Violation Number 316.193(1)		Violation of ORD #			
Drug Activity N		Drug Type N		Amount / Unit		Offense # 19 114962		Warrant / Capias Number		Bond	
Charge Description DUI		Counts		Domestic Violence <input type="checkbox"/> Y <input checked="" 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 checked="" 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 checked="" 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) PALM BEACH COUNTY COURTHOUSE CRIMINAL JUSTICE COMPLEX, 2950 STATE ROAD 15, BELLE GLADE FL, 33430, (561) 996-4843											
Court Date and Time Month OCTOBER Day 8 Year 2019 Time 8:30 AM <input checked="" type="checkbox"/> PM <input type="checkbox"/>											
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 09/14/2019			
HOLD for other Agency Name:		Signature of Arresting Officer <i>D/S W. Amadon #9440</i>				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) D/S W. AMADON				(PRINT)					
I.D. #		Pouch #		ID # 9440		Agency PBSO		PAGE 1 OF 1			

OBTS Number		PROBABLE CAUSE AFFIDAVIT			1. Arrest <input type="checkbox"/>	3. Request For Warrant <input type="checkbox"/>	Juvenile <input type="checkbox"/>
Agency ORI Number FLO 600000		Agency Name PALM BEACH COUNTY SHERIFF'S OFFICE			Agency Report Number 06		
Charge Type: Check as many as apply		Special Notes					
<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							
Defendant Name (Last, First, Middle)					Race	Sex	Date of Birth
Charge				Charge			
Charge				Charge			
Victim Name (Last, First, Middle)					Race	Sex	Date of Birth
Local Address (Street, Apt. Number)		City	State	Zip	Phone	Address Source	
Business Address (Street, Apt. Number)		City	State	Zip	Phone	Occupation	
The undersign swears that he/she has just and reasonable grounds to believe, and does believe that the above named Defendant committed the following violation of law. The person taken into custody...							
<input checked="" type="checkbox"/> committed the below acts in my presence. <input type="checkbox"/> confessed to admitting to the below facts.				<input type="checkbox"/> was observed by _____ who told that he/she saw the arrested person commit the below acts. <input type="checkbox"/> was found to have committed the below acts, resulting from (described) investigation.			
On the 14th day of September 20 19 at					<input type="checkbox"/> AM <input type="checkbox"/> PM		

On September 14, 2019 at approximately 0230 hours, I was approached by a passerby who informed for of a possible vehicle off the road and needed help. I was told he was located around Mile Marker 66, which is the 8900 block US Hwy 27 S. South Bay, FL. I drove to the location and I did not find a vehicle, as I drove back to the City of South Bay. My self and another deputy made contact with a vehicle matching the description at the 2300 block of US Hwy 27 S approaching the City of South Bay. The vehicle was pulled over on the side of the road. I turned on my emergency lights, to check on the individual of the vehicle. As I approached the vehicle on foot the sole occupant of the vehicle started to take off, I knocked on the window and made the driver stop to place the vehicle in park. Once I started talking to the driver I could see his eyes were blood shot and glassy. I could also smell a faint odor of an unknown alcoholic beverage coming from his person, the unknown alcoholic beverage odor intensified when he spoke.

D/S Amadon arrived on scene to investigate if the driver was cable of operating a motor vehicle on the roadway. See his supplement. This concludes my involvement in this case, this is for supplemental purpose only.

NOT A CERTIFICATE

The foregoing instrument was sworn to and affirmed before me this <u>14th</u> day of <u>September</u> 20 <u>19</u> , by:	
<u>D/S A. Santana</u> Name of Notary Public / Clerk of Court / Officer (F.S.S. 117.00) <u>[Signature]</u> 31780 Signature of Notary Public / Clerk of Court / Officer (F.S.S. 117.00)	<u>D/S M. Hannah</u> Name of Arresting/Investigating Officer <u>[Signature] #21301</u> Signature of Arresting/Investigating Officer
Page <u>1</u> of <u>1</u>	

D.U.I. PROBABLE CAUSE AFFIDAVIT

ON THE 14TH DAY OF SEPTEMBER 20 19, AT 0349 AM PM
SUBJECT: ALAVAREZ MURSULI YOEL A CASE NUMBER: 19 114962

AGENCY: PALM BEACH COUNTY SHERIFF'S OFFICE ARRESTING OFFICER: D/S W. AMADON

PERSONAL CONTACT

DRIVING PATTERN: ACTUAL PHYSICAL CONTROL (PHYSICAL EVIDENCE OR STATEMENTS PUTTING DEF. BEHIND WHEEL OF VEHICLE)
UPON MY ARRIVAL DEFENDANT WAS SEATED IN THE FRONT PASSENGER SEAT OF THE VEHICLE WITH HIS SEATBELT ON AND WAS THE SOLE OCCUPANT. (SEE ATTACHED SUPPLIMENTAL PROBABLE CAUSE)

OBSERVATION OF DRIVER:

DRIVER HAD BLOODSHOT, GLASSY EYES AND HIS EYELIDS APPEARED DROOPY AT TIMES. I DETECTED AN ODOR OF AN UNKNOWN ALCHOLIC BEVERAGE COMING FROM ON OR ABOUT HIS PERSON THAT WOULD INTENSIFY AS THE DRIVER SPOKE. THE DRIVERS HAIR AND CLOTHING BOTH APPEARED DISHEVELED.

DRIVER'S STATEMENTS:

ALL VERBAL INTERACTION WAS TRANSLATED ON SCENE BY D/S A. SANTANA #31780 DUE TO THE DEFENDANT STATING HE DID NOT SPEAK ENGLISH. IT WAS RELAYED TO ME THAT THE DEFENDANT ADVISED HIS EYES WERE RED BECAUSE HE DOES LANDSCAPING. THE DEFENDANT STATED HE WAS WILLING TO PERFORM ROADSIDE TASKS.

ODORS:

Odor of an Unk Alcoholic beverage coming from his person that intensified when he spoke.

GENERAL OBSERVATIONS

SPEECH: Slurred speech, low in volume, difficulty forming and then expressing a complete thought

ATTITUDE: COOPERATIVE, CALM

CLOTHING: GRAY T SHIRT / BLUE JEANS / ONE WORK BOOT (RIGHT FOOT)

MEDICAL/OTHER:

ALL ROADSIDES CAPTURED ON IN-CAR VIDEO

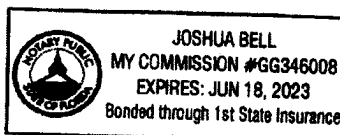
STATE OF FLORIDA
COUNTY OF PALM BEACH

D/S W. AMADON
(Signature of Arresting/Investigative Officer)

The foregoing instrument was sworn to or affirmed and subscribed before me this 14TH day of SEPTEMBER 20 19 by D/S W. AMADON

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

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



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:

DEFENDANT WOULD CONTINUOUSLY LOOK DIRECTLY AT ME AND STATE THAT HE COULD SEE THE LIGHT STIMULUS BUT WAS NOT FOLLOWING IT. AFTER SEVERAL TIMES EXPLAINING THE TASK THE DEFENDANT BECAME COOPERITIVE AND WAS ABLE TO COMPLETE THE TASK. DEFENDANT CONTINUED TO MAKE SMALL ADJUSTMENTS TO HIS STANCE AND WOULD HAVE TO BE TOLD MULTIPLE TIMES TO FOLLOW THE LIGHT.

WALK & TURN:

THE DEF WAS ASKED PRIOR TO BEGINNING THIS TASK IF HE WISHED TO REMOVE HIS BOOT SINCE HE WAS ONLY WEARING ONE (RIGHT) AT THE TIME AND STATED HIS OTHER BOOT WAS AT HOME IN HIALEAH. THE DEF STATED HE WAS OK AND DID NOT WISH TO REMOVE HIS BOOT. THE DEF WAS PLACED INTO THE INSTRUCTIONAL STANCE FOR THE WALK AND TURN AND GIVEN INSTRUCTIONS. THE DEF STATED THAT HE UNDERSTOOD THE INSTRUCTIONS. PRIOR TO BEING TOLD TO BEGIN THE SUBJECT LOST HIS BALANCE AND STEPPED OUT OF THE INSTURCTIONAL STANCE TWICE. THE DEF USED HIS ARMS FOR BALANCE RAISING HIS ARMS MORE THAN SIX INCHES FROM HIS SIDE AND ONE POINT HAVING THEM NEARLY EXTENDED TO HIS SIDES. THE DEF MISSED THE HEEL TO TOE WITH A DISTANCE OF APPROXIMATELY 2 INCHES. ON EACH STEP HIS FEET WERE UNSTEADY AND WOULD LAND POINTING INWARD OR OUTWARD. THE DEFENDANT DID NOT TAKE A SERIES OF SMALL STEPS AS INSTRUCTED ON THE TURN, RATHER HE MADE ONE LARGE STEP PLACING HIS RIGHT FOOT IN FRONT OF HIS LEFT FOOT AND THEN RETURNING A TOTAL OF 10 STEPS DUE TO THE IMPROPER TURN. AGAIN THE STEPS WERE NOT HEEL TO TOE AND THE DEF USED HIS ARMS CONTINUOUSLY FOR BALANCE ON ALL 10 RETURNING STEPS.

ONE LEG STAND:

THE DEF WAS ASKED PRIOR TO BEGINNING THIS TASK IF HE WISHED TO REMOVE HIS BOOT SINCE HE WAS ONLY WEARING ONE (RIGHT) AT THE TIME AND STATED HIS OTHER BOOT WAS AT HOME IN HIALEAH. THE DEF STATED HE WAS OK AND DID NOT WISH TO REMOVE HIS BOOT. THE DEF WAS PLACED INTO THE INSTRUCTIONAL STANCE FOR THE ONE LEG STAND AND GIVEN INSTRUCTIONS. THE DEF STATED THAT HE UNDERSTOOD THE INSTRUCTIONS. THE DEFENDANT RAISED HIS RIGHT FOOT LEAVING HIS BARE FOOT ON THE GROUND AS HIS STANDING FOOT. THE DEF HAD TO BE TOLD SEVERAL TIMES TO RAISE HIS FOOT 6 INCHES OFF THE GROUND BECAUSE HE ONLY RAISED IT APPROXIMATELY ONE INCH. ADDITIONALLY THE DEF FAILED TO COUNT IN THE MANNER INSTRUCTED. THE DEF REACHED "25" IN HIS OUT LOUD COUNTING.

FINGER TO NOSE:

THE DEF WAS PLACED INTO THE INSTRUCTIONAL STANCE FOR THE FINGER TO NOSE AND GIVEN INSTRUCTIONS. THE DEF STATED THAT HE UNDERSTOOD THE INSTRUCTIONS. THE DEFENDANT WOULD OPEN HIS EYES SLIGHTLY SEVERAL TIMES THROUGHOUT THE EXERCISE. THE DEF MISSED ON THE RIGHT TOUCHING THE PAD OF HIS INDEX FINGER TO THE LOWER BRIDGE OF HIS NOSE. THE DEF MISSED ON THE LEFT TOUCHING THE PAD OF HIS INDEX FINGER TO THE LOWER BRIDGE OF HIS NOSE. THE DEF MISSED ON THE RIGHT TOUCHING THE PAD OF HIS INDEX FINGER TO THE LOWER BRIDGE OF HIS NOSE TOWARDS HIS RIGHT SIDE. ON THE SECOND CALLING OF "RIGHT" THE DEF RAISED HIS LEFT HAND ABOVE HIS WAIST BEFORE RETURNING HIS LEFT HAND TO HIS SIDE AND CORRECTING HIS MOVEMENT WITH THE RIGHT HAND THAT WAS CALLED. ON THE FINAL CALL OF LEFT THE DEF MISSED HIS NOSE AND TOCHED HIS FINGER TO HIS UPPER LIP JUST BELOW HIS NOSE.

ROMBERG ALPHABET:

THE DEF WAS PLACED INTO THE INSTRUCTIONAL STANCE FOR THE ROMBERG ALPHABET AND GIVEN INSTRUCTIONS. THE DEF STATED THAT HE UNDERSTOOD THE INSTRUCTIONS. THE DEF ATTEMPTED THIS IN SPANISH AND IT BECAME CLEAR HE WAS HAVING DIFFICULTY. I ASKED IF HE COULD COUNT IN SPANISH FROM 1 TO 100 AND HE STATED HE COULD. I HAD HIM COUNT TO FIFTY AND OBSERVED THAT AS THE DEF STOOD WITH HIS EYES CLOSED THAT HE WOULD SWAY IN A CIRULAR FASHION AND WOULD HOOK HIS THUMBS INTO HIS POCKETS GRABBING HIS OUTER LEG AREA FOR BALANCE AND SUPPORT.

BREATH TEST RESULTS: 1) .144 2) .140 3) 4)

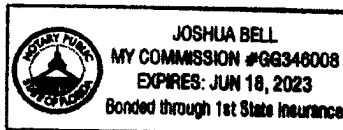
STATE OF FLORIDA
COUNTY OF PALM BEACH

D/S W. AMADON *[Signature]* 9440
(Signature of Arresting/Investigative Officer)

The foregoing instrument was sworn to or affirmed and subscribed before me this 14TH day of SEPTEMBER 20 19 by D/S W. AMADON

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

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



TESTING FACILITY TASK REPORT

AGENCY: PBSO

SUBJECT: ALVAREZ MURSULI, YOEL A

CASE NUMBER: 19-114962

DATE: 09/14/19

VIDEO TAPE NUMBER: N/A

BEGINNING TIME: 0550

ENDING TIME: 0619

BREATH TESTS RESULTS: 1) .144 TIME 0600 A.M./P.M. 2) .140 TIME 0603 A.M./P.M.
3) N/A TIME XX A.M./P.M. 4) N/A TIME XX A.M./P.M.

BREATH OPERATOR: J. BELL #8656

MAINTENANCE TECHNICIAN: J. KARLECKE #6467

TESTING OFFICER'S OBSERVATIONS

SPEECH: SPANISH SPEAKING

ATTITUDE: EMOTIONAL, CRYING

CLOTHING: GREY TEE SHIRT, BLUE JEANS, 1 BROWN WORK BOOT

MEDICAL CONDITIONS: NONE

MEDICATIONS: NONE

OTHER: EYES: BLOODSHOT, WATERY

ODOR OF AN UNKNOWN ALCHOLIC BEVERAGE COMING FROM BREATH

SUBJECT STATED HE DRANK 2, 3 OR 4 BEERS (Q AND A)

COMMENTS: ARRIVED AT CENTER A/O BEGAN 20 MIN OBSERVATION AT 0525 HRS

SUBJECT STATED HE WOULD NOT TAKE BREATH TEST

A/O READ I.C. IN SPANISH AND EXPLAINED

SUBJECT STATED HE WOULD TAKE BREATH TEST

TECH READ BREATH TEST RESULTS

SUBJECT STATED HE UNDERSTOOD BREATH TEST RESULTS

A/O READ RIGHTS IN SPANISH

SUBJECT STATED HE UNDERSTOOD HIS RIGHTS

A/O CONDUCTED Q AND A

SUBJECT ANSWERED QUESTIONS

INTERPRETATION DONE BY D/S SANTANA #31780 PBSO

SUBJECT: Alvarez Mursuli, Yoel CASE NUMBER: 19-114962

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 MY TRUCK

WHERE WERE YOU GOING? WEST PALM BEACH

WHAT STREET OR HIGHWAY WERE YOU ON? EAST 75

DIRECTION OF TRAVEL? N WHERE DID YOU START? MY HOUSE

WHAT TIME DID YOU START? 12-1 AM WHAT TIME IS IT NOW? 5 OR 6 AM

WHAT IS TODAY'S DATE? MY BIRTHDAY WHAT DAY OF THE WEEK IS IT? SATURDAY

WHAT COUNTY AND CITY ARE YOU IN NOW? WEST PALM BEACH / PALM BEACH COUNTY

WHEN DID YOU LAST EAT? 10 PM WHAT DID YOU EAT? BBQ RIBS

WHAT HAVE YOU BEEN DOING FOR THE LAST THREE HOURS? NOTHING

HOW MUCH DO YOU WEIGH? 175 HAVE YOU BEEN DRINKING? YES WHAT? BEER

HOW MUCH? 2 3 4 WHERE? HOME WITH WHOM? WIFE FAMILY

WHEN DID YOU HAVE YOUR FIRST DRINK? 6-7 PM AND YOUR LAST DRINK? 10 PM

HOW DID YOU CONSUME YOUR LAST TWO DRINKS? SIPPING

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? LANDSCAPING WHEN DID YOU LAST WORK? 6-7 PM

DO YOU HAVE ANY PHYSICAL DEFECTS OR INJURIES? NO WHAT? N/A

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? _____
- GLASS EYE? _____
- FALSE TEETH? _____
- EAR INFECTION? _____
- INNER EAR TROUBLE? _____
- DIABETES? _____

NO

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: D/S W. Amadon #9440

SUBJECT: Alvarez Mursuli, Yoel CASE NUMBER: 19-114962

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) _____

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.

SUSPECT'S SIGNATURE: (X) _____

Read on camera

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: 80-006240 Software: 8100.27
Date of Test: 09/14/2019

Date of Last Agency Inspection: 09/13/2019
Observation Period Began: 05:25
Subject's Name: YOEL A ALVAREZ MURSULI

DOB: 09/14/1975 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	05:58
	Air Blank	0.000	05:58
	Control Test	0.081	05:59
	Air Blank	0.000	05:59
	Subject Sample #1	0.144	06:00
	Air Blank	0.000	06:01
	Air Blank	0.000	06:03
	Subject Sample #2	0.140	06:03
	Air Blank	0.000	06:04
	Control Test	0.080	06:04
	Air Blank	0.000	06:05
	Diagnostics Check	OK	06:05

Cylinder Lot: 00919080A3
Exp: 03/05/2021

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 JOSHUA J BELL, 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: J Bell Date: 09/14/19
Signature

Sworn to (or affirmed) before me this 14 day of September, 2019

D/S W. Amador #9440 Signature of Notary Public-State of Florida
D/S W. Amador #9440 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 222.2615, F.S.

WITNESS LIST

CASE NUMBER: 19 114962

ARRESTING OFFICER: D/S W. AMADON

ADDRESS: PBSO 38840 State Road 80 Belle Glade, FL 33430

PHONE NUMBERS (HOME): _____ (WORK) 561 996 1670

CAN TESTIFY TO: DUI Investigation

NAME: D/S M. HANNAH #21301

ADDRESS: PBSO 38840 State Road 80 Belle Glade, FL 33430

PHONE NUMBERS (HOME) _____ (WORK) 561 996 1670

CAN TESTIFY TO: DUI Investigation

NAME: D/S A. SANTANA

ADDRESS PBSO 38840 State Road 80 Belle Glade, FL 33430

PHONE NUMBERS (HOME) _____ (WORK) 561 996 1670

CAN TESTIFY TO: DUI Investigation /TRANSLATION

NAME: _____

ADDRESS _____

PHONE NUMBERS (HOME) 0 _____ (WORK) 0

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: _____

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) _____

CAN TESTIFY TO: _____

NOT A CERTIFIED COPY



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"/>		Other:	
	<input type="checkbox"/>		Other:	

REVIEW COMPLETED BY

Booking Number: 2019030018	Date: 09/15/2019
	Specialist Name/ID: AM/31562