

0485743

ARREST / NOTICE TO APPEAR				Juvenile Referral Report			
OBTS Number		Agency ORI Number		Agency Name		Agency Report Number (N.T.A.'s only)	
FLO 500000		PALM BEACH COUNTY SHERIFF'S OFFICE		06-		17045837	
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 checked="" type="checkbox"/> 4. Traffic Misdemeanor <input type="checkbox"/> 5. Ordinance <input type="checkbox"/> 6. Other		Weapon Seized / Type 2 1. Yes NA 2. No		Multiple Clearance Indicator 01	
Location of Arrest (Including Name of Business) 2945 S MILITARY TRL, WPB FL 33415				Location of Offense (Business Name, Address) 2945 S MILITARY TRL, WPB FL 33415			
Date of Arrest 3/1/2017		Time of Arrest 0258		Booking Date	Booking Time	Jail Date	Jail Time
				Location of Vehicle PRIORITY TOWING			
Name (Last, First, Middle) HIDALGO LOPEZ, YUVER							
Race W - White 1 - American Indian B - Black 0 - Oriental/Asian		Sex W		Date of Birth 07/09/1982	Height 5'7"	Weight 190	Eye Color BRO
Scars, Marks, Unique Physical Features (Location, Type, Description) NONE				Marital Status SINGLE		Religion NONE	Indication of: Alcohol Influence Drug Influence
Local Address (Street, Apt. Number) 100 NW 54TH CT OAKLAND PARK, FL 33309				(City)	(State)	(Zip)	Phone (999) 999-9999
Permanent Address (Street, Apt. Number) SAME AS LOCAL				(City)	(State)	(Zip)	Phone ( )
Business Address (Name, Street) UNK				(City)	(State)	(Zip)	Phone ( )
D/L Number, State H342-960-82-249-0/FL		Soc. Sec. Number [REDACTED]		INS Number		Place of Birth (City, State) CUBA	
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)			
Address (Street, Apt. Number)				(City)	(State)	(Zip)	Residence Phone ( )
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 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				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 B. Barbiturate C. Cocaine E. Heroin H. Hallucinogen M. Marijuana O. Opium/Deriv. P. Paraphernalia/ Equipment S. Synthetics U. Unknown Z. Other
Charge Description DUI			Counts 01	Domestic Violence <input type="checkbox"/> Y <input checked="" type="checkbox"/> N	Statute Violation Number 316.193(1)		Violation of ORD #
Drug Activity U	Drug Type U	Amount / Unit NA	Offense # 17045837	Warrant / Capias Number			Bond
Charge Description			Counts	Domestic Violence <input type="checkbox"/> Y <input type="checkbox"/> N	Statute Violation Number		
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		
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		
Drug Activity	Drug Type	Amount / Unit	Offense #	Warrant / Capias Number			Bond
Location (Court, Room Number, Address) CRIMINAL JUSTICE COMPLEX @ 3228 GUN CLUB RD WPB, FL 33406							
Court Date and Time Month 3 Day 1 Year 2017 Time 0355 AM ✓ 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							
Refused to Sign							
Signature of Defendant (or Juvenile and Parent /Custodian)				Date Signed			
HOLD for other Agency Name: <input type="checkbox"/> Dangerous <input type="checkbox"/> Resisted Arrest <input type="checkbox"/> Suicidal <input type="checkbox"/> Other:  Intake Deputy Sawyer			Signature of Arresting Officer X [Signature] 8216		Name Verification (Printed by Arrestee)  (PRINT)		
			Name of Arresting Officer (Print) DANIEL MERCIER		I.D. # 8236	PAGE 1	
			Transporting Officer DANIEL MERCIER		I.D. # 8236	Witness here if subject signed with an 'X' P.O. 1 OF 1	
DISTRIBUTION: WHITE - COURT COPY GREEN - STATE ATTORNEY YELLOW - AGENCY PINK - AGENCY GOLD - DEFENDANT (N.T.A.'s ONLY)							

# D.U.I. PROBABLE CAUSE AFFIDAVIT

ON THE 1 DAY OF MARCH 20 17, AT 0253  AM  PM

SUBJECT: HIDALGO LOPEZ, YUVER CASE NUMBER: 17045837

AGENCY: PALM BEACH COUNTY SHERIFF'S OFFICE ARRESTING OFFICER: INV. DANIEL MERCIER 8236

## PERSONAL CONTACT

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

At approximately 0246 hrs, I was called to the scene of a crash near the intersection of Military Trl and Canal 10 Rd, in unincorporated Palm Beach County, Florida.

I arrived at the scene at approximately 0253 hrs. My independent crash investigation, based on physical evidence and witness statements, determined that, at approximately 0236 hrs, the defendant veered left for unknown reasons and crashed into a tree. (See PBSO crash case #17-045840 for more detailed information about the crash).

Witness, Maurice Blackstone, identified the defendant, to me, as the driver / sole occupant, of the defendant's vehicle at the time of the crash. (See the sworn video taped interview for more detail).

### OBSERVATION OF DRIVER:

At approximately 0256 hrs, I met the defendant, later identified by FL DL as Yuver Hidalgo Lopez, on scene. The defendant had very red, watery, glassy, bloodshot eyes, slurred speech, and the odor of an unknown alcoholic beverage that came from his breath and intensified as he spoke to me. Upon my arrival the defendant was in a fist fight with the witness, he was behaving in an aggressive manor so I handcuffed him and placed him in the back of my patrol car.

D/S Lizcano read Miranda in Spanish from the PBSO issued sheet, which the defendant said he understood. The defendant then made post Miranda admissions that he was driving his vehicle, Canal 10 rd, after drinking "4 beers", when, the other car "cut him off" and he then crashed into the tree.

I skipped the SFSTs due to the defendants violent behavior.

### DRIVER'S STATEMENTS:

Pre Miranda / spontaneous roadside admissions: N/A

Post Miranda roadside admissions: driving after "4 beers" and crashed

Post Miranda admissions at BAT: Consented to breath. Skipped Q&A due to language barrier.

### ODORS:

Obvious odor of an unknown alcoholic beverage that intensified as the defendant spoke to me.

## GENERAL OBSERVATIONS

SPEECH: slurred, rapid, incessant, pleading, cursing Spanish Only

ATTITUDE: annoyed, pleading, argumentative, resisted, threatening, cursing, cooperative during breath test

CLOTHING: white t shirt, gray shorts, black sneakers.

MEDICAL/OTHER: Skipped SFSTs on in car video. Defendant states no medical problems or medications. Based on my training and experience, and the totality of the circumstances, I determined that probable cause existed for the defendant's arrest for DUI, in violation of FSS 316.193(1).

STATE OF FLORIDA  
COUNTY OF PALM BEACH

INV. DANIEL MERCIER 8236

(Signature of Arresting/Investigative Officer)

The foregoing instrument was sworn to or affirmed and subscribed before me this 1 day of march 20 17 by INV. DANIEL MERCIER

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

GARY J. PARENT

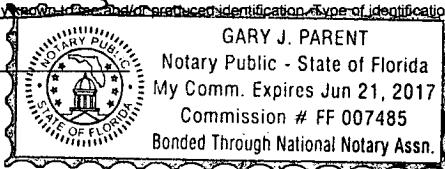
Notary Public - State of Florida

My Comm. Expires Jun 21, 2017

Commission # FF 007485

Bonded Through National Notary Assn.

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



## ROADSIDE TASKS

**HORIZONTAL GAZE NYSTAGMUS:**

LT EYE-LACK OF SMOOTH PURSUIT  
 LT EYE-DISTINCT & SUSTAINED NYSTAGMUS AT MAX. DEVIATION  
 LT- EYE-ONSET OF NYSTAGMUS PRIOR TO 45 DEGREES

RT EYE-LACK OF SMOOTH PURSUIT  
 RT EYE-DISTINCT & SUSTAINED NYSTAGMUS AT MAX. DEVIATION  
 RT- EYE-ONSET OF NYSTAGMUS PRIOR TO 45 DEGREES

**Other Observations:**

**Skipped due to defendants violent behavior.**

**WALK & TURN:**

**Skipped due to defendants violent behavior.**

**ONE LEG STAND:**

**Skipped due to defendants violent behavior.**

**FINGER TO NOSE:**

**Skipped due to defendants violent behavior.**

**ROMBERG ALPHABET:**

**Skipped due to defendants violent behavior.**

**BREATH TEST RESULTS:** 1) .231 2) .224 3)  4)

STATE OF FLORIDA  
COUNTY OF PALM BEACH

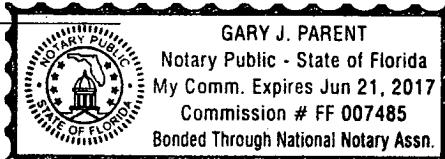
INV. DANIEL MERCIER 8236

(Signature of Arresting/Investigative Officer)

The foregoing instrument was sworn to or affirmed and subscribed before me this 1 day of March 2017 by INV. DANIEL MERCIER

(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)



# WITNESS LIST

17045837

CASE NUMBER: \_\_\_\_\_

ARRESTING OFFICER: **INV. DANIEL MERCIER 8236**

ADDRESS: \_\_\_\_\_

PHONE NUMBERS (HOME): \_\_\_\_\_ (WORK) \_\_\_\_\_

CAN TESTIFY TO: \_\_\_\_\_

NAME: **Maurice Blackstone**

ADDRESS: **2945 S MILITARY TRL WPB, FL 33415**

PHONE NUMBERS (HOME) **(954) 861-9549** (WORK) \_\_\_\_\_

CAN TESTIFY TO: **Wheel witness**

NAME: \_\_\_\_\_

ADDRESS \_\_\_\_\_

PHONE NUMBERS (HOME) \_\_\_\_\_ (WORK) \_\_\_\_\_

CAN TESTIFY TO: \_\_\_\_\_

NAME: \_\_\_\_\_

ADDRESS \_\_\_\_\_

PHONE NUMBERS (HOME) \_\_\_\_\_ (WORK) \_\_\_\_\_

CAN TESTIFY TO: \_\_\_\_\_

NAME: \_\_\_\_\_

ADDRESS \_\_\_\_\_

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NAME: \_\_\_\_\_

ADDRESS \_\_\_\_\_

PHONE NUMBERS (HOME) \_\_\_\_\_ (WORK) \_\_\_\_\_

CAN TESTIFY TO: \_\_\_\_\_

# TESTING FACILITY TASK REPORT

AGENCY: PBSO

SUBJECT: John L. Price delivery CASE NUMBER: 17-045927

DATE: 03/01/17 VIDEO TAPE NUMBER: 62212

BEGINNING TIME: 0402 ENDING TIME: 0414

BREATH TESTS RESULTS: 1) .231 TIME 0402 A.M./P.M. 2) .224 TIME 0412 A.M./P.M.  
3) .114 TIME — A.M./P.M. 4) .11 TIME — A.M./P.M.

BREATH OPERATOR: G. Perez #7909

MAINTENANCE TECHNICIAN: Koebelke #6467

## TESTING OFFICER'S OBSERVATIONS

SPEECH: SLURRED SPEECH

ATTITUDE: WISER, RUMBLE, BILATERAL, MOOD SWINGS

CLOTHING: FLANNEL SHIRT, WHITE T-SHIRT, BLACK PANTS

MEDICAL CONDITIONS: NO

MEDICATIONS: NO

OTHER: EYES GLAZED AND PLUMPED, ODOR OF AN UNKNOWN

ALCOHOLIC BEVERAGE ON BREATH

COMMENTS: ARRIVED AT CENTER A-10 RECALL THE 20 MINUTE  
PERIODIC TESTS 1-2000 AT 1200A 1125.

A AGREED TO TAKE TEST

TECH READ BREATH TEST RESULTS A STATED HE  
DOESN'T UNDERSTAND TEST RESULTS

HE DOES NOT READ SIGNS OR ATTEND Q+A

SUBJECT: DRIVER NAME

CASE NUMBER: 17-045837

## **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) Not Reno or Camela

## 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: \_\_\_\_\_

WHITE - STATE ATTY.

YELLOW - DHSMV

PINK - CENTRAL RECORDS

GOLD - JAIL



NOT A CERTIFIED COPY