

0485743

2824

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

Juvenile

N

ADMINISTRATIVE	OBTS Number		Agency ORI Number FLO 500000		Agency Name PALM BEACH COUNTY SHERIFF'S OFFICE		Agency Report Number (N.T.A.'s only) 06-17045837		
	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		Weapon Seized / Type 2. <input type="checkbox"/> 1. Yes <input checked="" type="checkbox"/> 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		
DEFENDANT	Name (Last, First, Middle) HIDALGO LOPEZ, YUVER								
	Alias (Name, DOB, Soc. Sec. #, Etc.)								
	Race W - White I - American Indian B - Black O - Oriental/Asian W	Sex M	Date of Birth 07/09/1982	Height 5'7"	Weight 190	Eye Color BRO	Hair Color BLK	Complexion MED	Build MED
	Scars, Marks, Tattoos, Unique Physical Features (Location, Type, Description) NONE				Marital Status SINGLE	Religion NONE	Indication of: Alcohol Influence <input checked="" type="checkbox"/> Y <input type="checkbox"/> N Drug Influence <input type="checkbox"/> Y <input type="checkbox"/> N		
	Local Address (Street, Apt. Number) 100 NW 54TH CT OAKLAND PARK, FL 33309		(City)	(State)	(Zip)	Phone (999) 999-9999	Residence Type: 1. City 2. County 3. Florida 4. Out of State 2		
	Permanent Address (Street, Apt. Number) SAME AS LOCAL		(City)	(State)	(Zip)	Phone ()	Address Source DAVID / DL		
	Business Address (Name, Street) UNK		(City)	(State)	(Zip)	Phone ()	Occupation		
	D/L Number, State H342-960-82-249-0/FL		Soc. Sec. Number [REDACTED]		INS Number		Place of Birth (City, State) CUBA	Citizenship USA	
	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	
JUVENILE	Parent <input type="checkbox"/> Legal Custodian <input type="checkbox"/> Other:		Name (Last) [REDACTED]		(First) [REDACTED]	(Middle) [REDACTED]	Residence Phone ()		
	Address (Street, Apt. Number) 1		(City) [REDACTED]	(State) [REDACTED]	(Zip) [REDACTED]	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		Grade		
	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 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		Violation of ORD #			
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 #			
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 #			
Drug Activity	Drug Type	Amount / Unit	Offense #	Warrant / Capias Number		Bond			
NOTICE TO APPEAR	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 <input checked="" type="checkbox"/> 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) Refused to Sign				Date Signed				
ADMIN	HOLD for other Agency Name:		Signature of Arresting Officer [Signature]		Name Verification (Printed by Arrestee)				
	<input type="checkbox"/> Dangerous <input type="checkbox"/> Suicidal		<input type="checkbox"/> Resisted Arrest <input type="checkbox"/> Other:		(PRINT)				
	Name of Arresting Officer (Print) DANIEL MERCIER		I.D. # 8236		PAGE				
	Intake Deputy [Signature]		I.D. # [REDACTED]		Pouch #		Witness here if subject signed with an "X" SCANNER		
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 Olmy

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

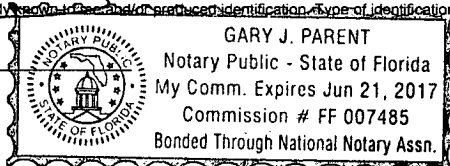
INV. DANIEL MERCIER 8236

(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 produced identification. Type of identification produced KNOWN LEO

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



SUBJECT: HIDALGO LOPEZ, YUVER

CASE NUMBER 17045837

ROADSIDE TASKS

HORIZONTAL GAZE NYSTAGMUS:

- | | |
|--|--|
| <input type="checkbox"/> LT EYE-LACK OF SMOOTH PURSUIT | <input type="checkbox"/> RT EYE-LACK OF SMOOTH PURSUIT |
| <input type="checkbox"/> LT EYE-DISTINCT & SUSTAINED NYSTAGMUS AT MAX. DEVIATION | <input type="checkbox"/> RT EYE-DISTINCT & SUSTAINED NYSTAGMUS AT MAX. DEVIATION |
| <input type="checkbox"/> LT- EYE-ONSET OF NYSTAGMUS PRIOR TO 45 DEGREES | <input type="checkbox"/> 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

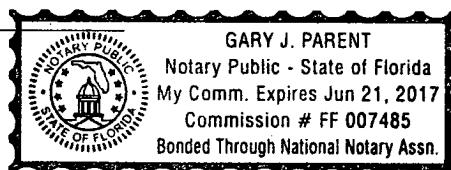
INV. DANIEL MERCIER 8236

(Signature of Arresting/Investigative Officer)

The foregoing instrument was sworn to or affirmed and subscribed before me this 1 day of march 20 17 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

CASE NUMBER: **17045837**

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 _____

PHONE NUMBERS (HOME) _____ (WORK) _____

CAN TESTIFY TO: _____

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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: _____

TESTING FACILITY TASK REPORT

AGENCY: PBSO

SUBJECT: HOWARD, LARRY

CASE NUMBER: 17-045237

DATE: 03/01/17

VIDEO TAPE NUMBER: 62212

BEGINNING TIME: 0902

ENDING TIME: 0914

BREATH TESTS RESULTS: 1) .231 TIME 0908 (A.M.) P.M. 2) .224 TIME 0912 (A.M.) P.M.
3) N/A TIME — A.M./P.M. 4) N/A TIME — A.M./P.M.

BREATH OPERATOR: G. PARENT # 7909

MAINTENANCE TECHNICIAN: KARBECKE # 6467

TESTING OFFICER'S OBSERVATIONS

SPEECH: SPONSOR SPEAKING

ATTITUDE: UPSET, RAMBLING, AGITATED, MOOD SWINGS

CLOTHING: FLAJO SHIRT, WHITE T-SHIRT, BLACK SLACKS

MEDICAL CONDITIONS: NONE

MEDICATIONS: NONE

OTHER: EYES GLAZY AND BLOODSHOT, ODOR OF AN UNKNOWN
ALCOHOLIC BEVERAGE ON BREATH

COMMENTS: ARRIVED AT CENTER A/D RECAL THE 20 MINUTE
OBSERVATION / PARENT AT 1125.

A AGR-50 TO TAKE TEST

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

A/D DID NOT READ RESULTS OR ATTEMPT Q+A

SUBJECT: 11-1007 1012 UNV2V 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 Read on Camera

SUBJECT: Hidalgo Lopez YUVER CASE NUMBER: 17-045837

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



Florida *The Sunshine State*

DRIVER LICENSE CLASS E

YUVER

HIDALGO LOPEZ

100 NW 54TH CT

OAKLAND PARK, FL 33309-0000

DOB: 07-09-1982 SEX: M

ISSUED: 11-09-2015 HGT: 5-09

EXPIRES: 08-29-2017

REST:

ENDORSE:

REPLACED: 04-01-2016

SAFE DRIVER

TEMPORARY

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

NOT A CERTIFIED COPY