

JKT # 0363501

PLH 4

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 <b>FLO 500000</b>		Agency Name <b>PALM BEACH COUNTY SHERIFF'S OFFICE</b>		Agency Report Number (N.T.A.'s only) <b>06-17-026825</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		Weapon Seized / Type 2 1. Yes 2. No		Multiple Clearance Indicator <b>01</b>		
	Location of Arrest (Including Name of Business) <b>8087 Severn Dr, Boca Raton, FL 33433</b>				Location of Offense (Business Name, Address) <b>8087 Severn Dr, Boca Raton, FL 33433</b>				
	Date of Arrest <b>01/15/2017</b>	Time of Arrest <b>02:26</b>	Booking Date	Booking Time	Jail Date	Jail Time	Location of Vehicle <b>8087 Severn Dr, Boca Raton, FL 33433</b>		
DEFENDANT	Name (Last, First, Middle) <b>Devecchis, Zachary, Arthur</b>								
	Alias (Name, DOB, Soc. Sec. #, Etc.)								
	Race W - White I - American Indian B - Black O - Oriental/Asian <b>W</b>	Sex <b>M</b>	Date of Birth <b>05/17/1988</b>	Height <b>5'10</b>	Weight <b>160</b>	Eye Color <b>brown</b>	Hair Color <b>brown</b>	Complexion <b>light</b>	Build <b>small</b>
	Scars, Marks, Tattoos, Unique Physical Features (Location, Type, Description)				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"/>		
CO-DEF	Local Address (Street, Apt. Number) <b>8087 Severn Dr Unit D, Boca Raton, FL 33428</b>				(City) <b>( )</b>		(State) <b>( )</b>		
	Permanent Address (Street, Apt. Number)				(City) <b>( )</b>		(State) <b>( )</b>		
	Business Address (Name, Street)				(City) <b>( )</b>		(State) <b>( )</b>		
	D/L Number, State <b>D122981881770, FL</b>				Soc. Sec. Number <b>( )</b>		INS Number <b>( )</b>		
JUVENILE	Co-Defendant Name (Last, First, Middle)				Race		Sex		
	Co-Defendant Name (Last, First, Middle)				Race		Sex		
	Parent <input type="checkbox"/> Legal Custodian <input type="checkbox"/> Other: <b>( )</b>				Residence Type: 1. City 2. County 3. Florida 4. Out of State <b>2</b>		Address Source <b>verbal</b>		
	Address (Street, Apt. Number) <b>( )</b>				(City) <b>( )</b>		(State) <b>( )</b>		
CHARGE	Notified by: (Name) <b>( )</b>				Date <b>( )</b>		Time <b>( )</b>		
	Released To: (Name) <b>( )</b>				Relationship <b>( )</b>		Date <b>( )</b>		
	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 <b>( )</b>		Grade <b>( )</b>		
	Property Crime? <input type="checkbox"/> Yes <input type="checkbox"/> No				Description of Property <b>( )</b>		Value of Property <b>( )</b>		
CHARGE	Drug Activity S. Sell N. N/A P. Possess 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				Statute Violation Number <b>316.193(1)</b>		Violation of ORD #		
CHARGE	Charge Description <b>Driving Under the Influence</b>				Counts <b>1</b>		Domestic Violence <input type="checkbox"/> Y <input type="checkbox"/> N		
	Drug Activity <b>N</b>				Drug Type <b>N</b>		Amount / Unit <b>( )</b>		
	Offense # <b>17-026825</b>				Warrant / Capias Number		Bond		
	Charge Description				Counts		Domestic Violence <input type="checkbox"/> Y <input type="checkbox"/> N		
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		
	Drug Activity				Drug Type		Amount / Unit		
CHARGE	Offense #				Warrant / Capias Number		Bond		
	Charge Description				Counts		Domestic Violence <input type="checkbox"/> Y <input type="checkbox"/> N		
	Drug Activity				Drug Type		Amount / Unit		
	Offense #				Warrant / Capias Number		Bond		
NOTICE TO APPEAR	Location (Court, Room Number, Address) <b>South County Courthouse, Courtroom #1, 200 W. Atlantic Ave., Delray Beach, FL 33444 - Ph: (561) 355-2996</b>								
	Court Date and Time Month <b>February</b> Day <b>13</b> Year <b>2016</b> Time <b>08:30</b> 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 <b>01/15/2017</b>								
	Signature of Defendant (or Juvenile and Parent /Custodian) <b>( )</b>				Date Signed <b>( )</b>				
ADMIN	HOLD for other Agency Name				Signature of Arresting Officer <b>( )</b>		Name Verification (Printed by Arrestee) <b>(PRINT) Zack Devecchis</b>		
	<input type="checkbox"/> Dangerous <input type="checkbox"/> Suicidal <input type="checkbox"/> Resisted Arrest <input type="checkbox"/> Other:				Name of Arresting Officer (Print) <b>D/S POINTU P.</b>		I.D. # <b>16032</b>		
	Intake Deputy <b>Q1 Hower / 724</b>				Transporting Officer <b>D/S POINTU P.</b>		ID # <b>16032</b>		
	Agency <b>PBSO</b>				Witness here if subject signed with an "X"		PAGE <b>1</b> OF		

# D.U.I. PROBABLE CAUSE AFFIDAVIT

ON THE 15th DAY OF January 20 17, AT 02:15 ☒ AM ☐ PM

SUBJECT: Devecchis, Zachary, Arthur CASE NUMBER: 17-026825

AGENCY: PALM BEACH COUNTY SHERIFF'S OFFICE ARRESTING OFFICER: D/S POINTU P.

## PERSONAL CONTACT

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

**Was found asleep on the driver seat of his vehicle, engine running, off the roadway in the grass. When Fire Rescue woke him up, he drove forward another 40 feet. Upon my arrival, he was still on the driver seat, while Fire Rescue was evaluating him.**

## OBSERVATION OF DRIVER:

**Drowsy, sluggish, disoriented. Glassy eyes.**

## DRIVER'S STATEMENTS:

**Didn't know where he was, stated that he was driving.**

## ODORS:

**strong odor of unknown alcohol that became stronger when he talked**

## GENERAL OBSERVATIONS

**SPEECH: slurred**

**ATTITUDE: polite but uncooperative**

**CLOTHING: blue shirt, blue jean, gray shoes**

**MEDICAL/OTHER: diabetic. Blood sugar was checked within limit on scene by FD.**

STATE OF FLORIDA  
COUNTY OF PALM BEACH

**D/S POINTU P.**

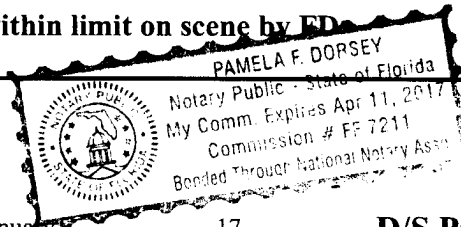
(Signature of Arresting/Investigative Officer)

The foregoing instrument was sworn to or affirmed and subscribed before me this 15 day of January 20 17 by D/S POINTU P.

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

**Pamela Dorsey (#7064)**

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



SUBJECT: Devecchis, Zachary, Arthur

CASE NUMBER 17-026825

**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:**

**swayed. Refused to follow directions after Taylor warnings**

**WALK & TURN:**

**refused**

**ONE LEG STAND:**

**refused**

**FINGER TO NOSE:**

**refused**

**ROMBERG ALPHABET:**

**refused**

**BREATH TEST RESULTS:**

**refusal**

STATE OF FLORIDA  
COUNTY OF PALM BEACH

**D/S POINTU P.**

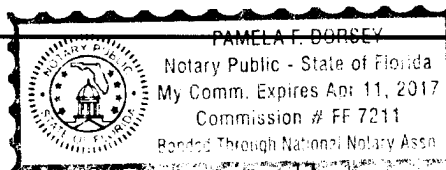
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(Print name of Arresting/Investigative Officer), who is personally known to me and/or produced identification. Type of identification produced known

**Pamela Dorsey (#7064)**

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



# WITNESS LIST

CASE NUMBER: 17-026825

ARRESTING OFFICER: D/S POINTU P.

ADDRESS: Palm Beach County Sheriff's Office - 3228 Gun Club Rd - West Palm Beach, FL 33406

PHONE NUMBERS (HOME): \_\_\_\_\_ (WORK) (561) 688 3000

CAN TESTIFY TO: see report

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) 0 (WORK) 0

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

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

ADDRESS \_\_\_\_\_

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

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

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

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

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

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

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

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

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

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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: \_\_\_\_\_

# TESTING FACILITY TASK REPORT

AGENCY: PBS

SUBJECT: DeVos, J. J. CASE NUMBER: 170060

DATE: 1-15-17 VIDEO TAPE NUMBER: 6112

BEGINNING TIME: 0330 ENDING TIME: 0313

BREATH TESTS RESULTS: 1) ✓ TIME 0338 A.M./P.M. 2) \_\_\_\_\_ TIME \_\_\_\_\_ A.M./P.M.  
3) \_\_\_\_\_ TIME \_\_\_\_\_ A.M./P.M. 4) \_\_\_\_\_ TIME \_\_\_\_\_ A.M./P.M.

BREATH OPERATOR: P. L. L. L.

MAINTENANCE TECHNICIAN: S. L. L. L.

## TESTING OFFICER'S OBSERVATIONS

SPEECH: Slurred

ATTITUDE: Adm

CLOTHING: Blue jeans, blue shirt, shoes

MEDICAL CONDITIONS: None

MEDICATIONS: None

OTHER: D eye extremely bright D eye - blurry

COMMENTS: All eyes observed All observed  
All observed breath D observed No All  
Randomized random TUD All seen  
right All seen All passed 10/600

NOT A CERTIFIED COPY

SUBJECT: DeVoe, Zachary CASE NUMBER: 17-02682

## 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 DIS Refused of the PBSO

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) Refused

## 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) DeVoe, Zachary

SUBJECT: Devecchis, Zachary CASE NUMBER: 17-026825

## 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? my home

WHAT STREET OR HIGHWAY WERE YOU ON? avenue drive

DIRECTION OF TRAVEL? none WHERE DID YOU START? Boca Raton

WHAT TIME DID YOU START? no WHAT TIME IS IT NOW? 3:30

WHAT IS TODAY'S DATE? 1/15 WHAT DAY OF THE WEEK IS IT? Sunday

WHAT COUNTY AND CITY ARE YOU IN NOW? \_\_\_\_\_

WHEN DID YOU LAST EAT? 24 hours ago WHAT DID YOU EAT? \_\_\_\_\_

WHAT HAVE YOU BEEN DOING FOR THE LAST THREE HOURS? "slugged his shoulder"

HOW MUCH DO YOU WEIGH? \_\_\_\_\_ HAVE YOU BEEN DRINKING? yes WHAT? beer

HOW MUCH? no WHERE? Fork Lauderdale WITH WHOM? friends

WHEN DID YOU HAVE YOUR FIRST DRINK? 9pm AND YOUR LAST DRINK? not sure

HOW DID YOU CONSUME YOUR LAST TWO DRINKS? drinking moderately sipping

CAN YOU FEEL THE EFFECTS OF THE ALCOHOL? not to answer 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: \_\_\_\_\_

NOT A CERTIFIED

**STATE OF FLORIDA**  
**DEPARTMENT OF HIGHWAY SAFETY & MOTOR VEHICLES**  
**AFFIDAVIT OF**  
**REFUSAL TO SUBMIT TO BREATH, URINE, OR BLOOD TEST**

17-026825

I, D/S POINTU P., a duly certified Law Enforcement Officer or Correctional Officer,  
(Person reading Implied Consent Warning)

am a member of Palm Beach County Sheriff's Office, and I do swear  
(Name of enforcement agency)

or affirm that on or about the 15 day of January, 20 17, at 02:26 ☐ P.M. ☒ A.M.

NAME Zachary Arthur Devecchis  
(Type or Print) FIRST MIDDLE OR MAIDEN LAST

DL# D122981881770, FL state of Florida was placed under lawful arrest for

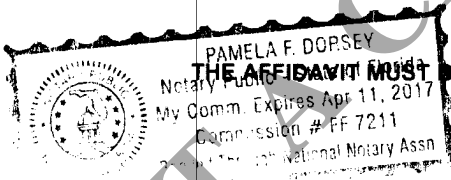
the offense of Driving Under the Influence by D/S POINTU P. and  
(Name of Arresting Officer)

issued Citation # A0ZZXSP

That on or about the 15 day of January, 20 17, at 03:38 ☐ P.M. ☒ A.M.

in Palm Beach County. [PLEASE CHECK THE BOX OR BOXES THAT APPLY] I did request said person  
to submit to a ☒ breath, ☐ urine, or ☐ blood test to determine the content of alcohol in his or her blood or breath or the presence of chemical  
or controlled substances therein. I did inform said person that any refusal to submit to such test or tests would result in the suspension of his or her  
privilege to operate a motor vehicle for a period of one (1) year for a first refusal, or for a period of eighteen (18) months if the driving privilege of such  
person had been suspended previously for refusing to submit to such test or tests. I did inform said person that he or she commits a misdemeanor, if  
said person refuses to submit to a lawful test as requested above, and his or her driving privilege has been previously suspended for a prior refusal to  
submit to a lawful test of his or her breath, urine, or blood. If driver holds a CDL or is operating a CMV. I did inform the driver that this refusal will  
result in the disqualification of the driver's Commercial Driver's License/privilege for a period of one (1) year in the case of a first refusal or  
permanently if he or she has previously been disqualified as a result of a refusal to submit to such test  
Said person did at that time and place refuse to submit to such test or tests.

\_\_\_\_\_  
Signature of Law Enforcement Officer or  
Correctional Officer



THE AFFIDAVIT MUST BE NOTARIZED OR ATTESTED TO (F.S. 117.10)

The foregoing instrument was sworn and subscribed before me:

\_\_\_\_\_  
Signature of Attesting Officer

Title: \_\_\_\_\_

Date: 1/15/2017

The foregoing instrument was sworn and subscribed before

me this 15 day of January, 20 17

by D/S POINTU P.

who is personally known to me or who has produced

known as identification

Notary Public Pamela Dorsey (#7064)

Note: Mail or hand deliver to the designated Bureau of Administrative Reviews office, Department of Highway Safety and Motor Vehicles, with  
the driver's license, the appropriate copy of the UTC, and the probable cause affidavit.