

SKT # 0363501

				ARREST / NOTICE TO APPEAR					1. Arrest 2. N.T.A.		3. Request for Warrant 4. Request for Capias		Juvenile 1 N	
ADMINISTRATIVE	OBTS Number		Agency Name <b>PALM BEACH COUNTY SHERIFF'S OFFICE</b>					Agency Report Number (N.T.A.'s only) <b>06- 17-026825</b>						
	Agency ORI Number <b>FLO 500000</b>													
	ChargeType: Check as many as apply: 1. Felony 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 <b>2</b>		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>					
	Name (Last, First, Middle) <b>Devecchis, Zachary, Arthur</b>													
	Alias (Name, DOB, Soc. Sec. #, Etc.)													
	Race W - White 1 - American Indian B - Black 0 - Oriental/Asian      Sex M      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, Tatoos, Unique Physical Features (Location, Type, Description)													
	Marital Status <b>Married</b>		Religion <b>CATHOLIC</b>		Indication of: Alcohol Influence <input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/> Unk. Drug Influence <input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/>									
DEFENDANT	Local Address (Street, Apt. Number) <b>8087 Severn Dr Unit D, Boca Raton, FL 33428</b>		(City) <b>(</b> (State) <b>)</b> (Zip) <b>(</b> (		Phone <b>(561) 699 1508</b>		Residence Type: 1. City 2. County 3. Florida 4. Out of State <b>2</b>							
	Permanent Address (Street, Apt. Number) ,		(City) <b>(</b> (State) <b>)</b> (Zip) <b>(</b> (		Phone <b>(</b> (		Address Source <b>verbal</b>							
	Business Address (Name, Street)		(City) <b>(</b> (State) <b>)</b> (Zip) <b>(</b> (		Phone <b>(</b> (		Occupation							
	D/L Number, State <b>D122981881770, FL</b>		Soc. Sec. Number <b>[REDACTED]</b>		INS Number		Place of Birth (City, State) <b>Alisburg, PA</b>		Citizenship <b>US</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			
	<input type="checkbox"/> Parent <input type="checkbox"/> Legal Custodian <input type="checkbox"/> Other:								Residence Phone <b>(</b> (					
	Address (Street, Apt. Number)		(City) <b>(</b> (State) <b>)</b> (Zip) <b>(</b> (						Business Phone <b>(</b> (					
	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		Description of Property		Value of Property										
CO-DEF	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/Derv.	P. Paraphernalia/ Equipment S. Synthetics	U. Unknown Z. Other			
	Charge Description <b>Driving Under the Influence</b>				Counts <b>1</b>	Domestic Violence <input type="checkbox"/> Y <input checked="" 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	Offense # <b>17-026825</b>		Counts	Domestic Violence <input type="checkbox"/> Y <input checked="" type="checkbox"/> N	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 #		Counts	Domestic Violence <input type="checkbox"/> Y <input checked="" type="checkbox"/> N	Warrant / Capias Number		Bond				
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	Charge Description				Counts	Domestic Violence <input type="checkbox"/> Y <input checked="" type="checkbox"/> N	Statute Violation Number		Violation of ORD #					
Signature of Defendant (or Juvenile and Parent /Custodian)		Date Signed												
NOTICE TO APPEAR	HOLD for other Agency Name			Signature of Arresting Officer <b>[Signature]</b>			Name Verification (Printed by Arrestee) <b>Zack Devecchis</b>							
	<input type="checkbox"/> Dangerous Suicidal			<input type="checkbox"/> Resisted Arrest Other:			(PRINT) <b>Zack Devecchis</b>							
DISTRIBUTION: WHITE - COURT		COPY		GREEN - STATE ATTORNEY		YELLOW - AGENCY		PINK - AGENCY		GOLD - DEFENDANT (N.T.A.'s ONLY)				
PBSO #148 REV. 8/97														

# 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 jeans, gray shoes

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

STATE OF FLORIDA  
COUNTY OF PALM BEACH

**D/S POINTU P.**

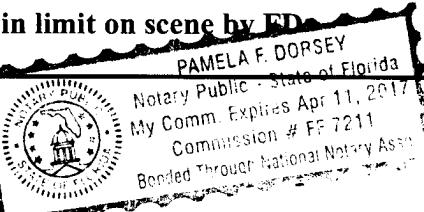
(Signature of Arresting/Investigative Officer)

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)



## 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:**

**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:**

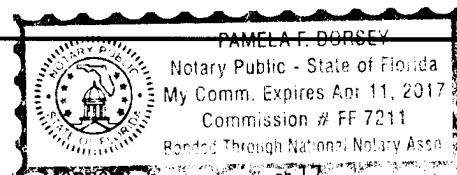
**refusal**

**STATE OF FLORIDA  
COUNTY OF PALM BEACH**

**D/S POINTU P.**

(Signature of Arresting/Investigative Officer)

The foregoing instrument was sworn to or affirmed and subscribed before me this 15



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)

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

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

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

ADDRESS \_\_\_\_\_

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

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

# TESTING FACILITY TASK REPORT

AGENCY: lBS

SUBJECT: Devotion 2016

CASE NUMBER: 17-6-84

DATE: 1-15-17

VIDEO TAPE NUMBER: 61112

BEGINNING TIME: 1336

ENDING TIME: 0515

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.

MAINTENANCE TECHNICIAN: John L. Walker (4167)

## TESTING OFFICER'S OBSERVATIONS

SPEECH: Si dico

ATTITUDE: Optimistic

MEDICAL CONDITIONS:  

**MEDICATIONS:**

OTHER:  type extremely blind

~~100~~ 100

COMMENTS: No One Received The Card or a D  
No request Brach Dosen No At  
Cardinal's request TUD At 6:00  
Eight Person Seen The following list exist

## 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 Devon Z. Bailey 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) Devon Z. Bailey

## 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) Devon Z. Bailey

## 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 house

WHAT STREET OR HIGHWAY WERE YOU ON? 2nd Ave

DIRECTION OF TRAVEL? none WHERE DID YOU START? Rockland

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? 2 hours ago WHAT DID YOU EAT?

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

HOW MUCH DO YOU WEIGH? 180 HAVE YOU BEEN DRINKING? yes WHAT? beer

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

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

HOW DID YOU CONSUME YOUR LAST TWO DRINKS? drank moderately

CAN YOU FEEL THE EFFECTS OF THE ALCOHOL? relax to answer ARE YOU UNDER THE INFLUENCE?

HAVE YOU CONSUMED ANY ALCOHOL SINCE THE ACCIDENT? no HOW MUCH?

WHAT? no WHERE? not yet WHEN?

WHAT LINE OF WORK ARE YOU IN? not yet WHEN DID YOU LAST WORK?

DO YOU HAVE ANY PHYSICAL DEFECTS OR INJURIES? no WHAT?

ARE YOU SICK OR INJURED? no WHAT'S WRONG?

DO YOU LIMP? no 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? no WHEN?

HAVE YOU SEEN A DOCTOR OR DENTIST TODAY? no WHO? not yet WHY?

ARE YOU TAKING ANY PRESCRIPTION MEDICINES? no WHAT? not yet WHEN?

DO YOU HAVE: no EPILEPSY?

no GLASS EYE?

no FALSE TEETH?

no EAR INFECTION?

no INNER EAR TROUBLE?

no DIABETES?

DO YOU HAVE ANY PROBLEMS WITH YOUR EYES THAT ARE NOT CORRECTED BY GLASSES?

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:

WHITE - STATE ATTY.

YELLOW - DHSMV

PINK - CENTRAL RECORDS

GOLD - JAIL

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)

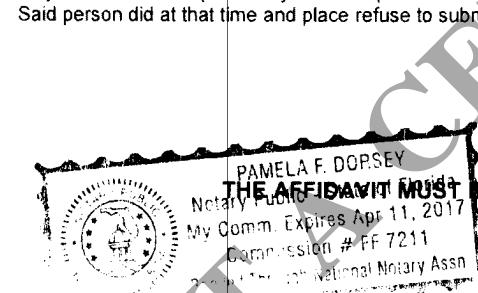
or affirm that on or about the 15 day of January, 20 17, at 02:26  P.M.  A.M.

NAME <u>Zachary</u>	<u>Arthur</u>	<u>Devecchis</u>
(Type or Print)	FIRST	MIDDLE OR MAIDEN
DL# <u>D122981881770, FL</u>	state of <u>Florida</u>	LAST

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.



The foregoing instrument was sworn and subscribed before me

me this 15 day of January, 20 17,

by D/S POINTU P.

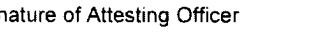
who is personally known to me or who has produced

known as identification

Notary Public Pamela Dorsey (#7064)

  
 Signature of Law Enforcement Officer or  
 Correctional Officer

The foregoing instrument was sworn and subscribed before me:

  
 Signature of Attesting Officer

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

Date: 1/15/2017

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.