



**7th Judicial Circuit
Flagler County Sheriff's Office 767**

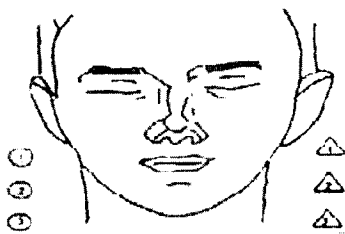

Court Case #:
Agency ORI: FL180000
Agency Report # 2016-00103369

Date of Arrest: 11/08/2016	Day:	Time of Arrest: 00:38	UCR:	Arresting Deputy: STOGDON BRAD	ID# 727
Arrest #	OBTS # 15064725	BK# 16-2244	FCIC/NCIC Check? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		
Defendant	Name Last: PRIOTTI	First: DANIEL	Middle: OSVALDO		
	Alias:		SS#: [REDACTED]		
	Address: 1 CHESNEY CT	City: Palm Coast	St: Florida	Zip: 32137-	
	Place of Birth:	Home Phone: (386)931-0008	Cell Phone:		
	DL#: P63017472530	St: Florida	US Citizen: <input checked="" type="checkbox"/> Y <input type="checkbox"/> N If no, list Country:		
	Date of Birth: 07/13/1977	Age: 39	Height: 5 11	Weight: 185	Race: White
					Sex: Male
					Hair Color: Bald
	Scars, Marks, Tattoos		Eye Color: Green	Complexion:	Teeth:
	Occupation and work address:				Work Phone #
	Probation <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	English <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Deaf/Mute <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Influence of <input type="checkbox"/> Alcohol <input type="checkbox"/> Drugs	Video Documentation? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Vehicle	Year: 2002	Make: Chevrolet	Model: S10	Color: Black	Tag: DZDT48
					VIN #: 1GCCS19W928116290
Charge: 316.193.2b2	<input type="checkbox"/> Felony <input checked="" type="checkbox"/> Misdemeanor		Citation # A3MZDKE	Bond Amount: 1000	
DUI Detection Guide (Check all applicable boxes)					
<input type="checkbox"/> Turning with wide radius <input type="checkbox"/> Straddling center or lane marker <input type="checkbox"/> Appearing to be drunk <input type="checkbox"/> Almost striking object or vehicle <input type="checkbox"/> Weaving <input type="checkbox"/> Driving on other than designated roadway <input type="checkbox"/> Swerving		<input type="checkbox"/> Slow speed (More than 10 mph below limit) <input type="checkbox"/> Stopping (without cause) in traffic lane <input type="checkbox"/> Following too closely <input type="checkbox"/> Drifting <input type="checkbox"/> Tires on center line or lane marker <input type="checkbox"/> Braking erratically <input type="checkbox"/> Driving into opposing or crossing traffic		<input type="checkbox"/> Signaling inconsistent with driving actions <input type="checkbox"/> Slow response to traffic signals <input type="checkbox"/> Stopping inappropriately (other than in lane) <input type="checkbox"/> Turning abruptly or illegally <input checked="" type="checkbox"/> Rapid acceleration or deceleration <input type="checkbox"/> Driving with headlights off <input checked="" type="checkbox"/> Other SPEEDING	
Observations (Describe each Area: Type, Color, Appearance; N/A if not Applicable)					
Clothes	Condition of Clothing	Attitude	Speech		
Shoes	<input type="checkbox"/> Disorderly <input type="checkbox"/> Soiled <input type="checkbox"/> Mussed <input checked="" type="checkbox"/> Orderly	<input type="checkbox"/> Good <input type="checkbox"/> Fair <input checked="" type="checkbox"/> Excited <input type="checkbox"/> Carefree <input type="checkbox"/> Talkative <input type="checkbox"/> Profanity <input type="checkbox"/> Sleepy <input type="checkbox"/> Cooperative <input checked="" type="checkbox"/> Poor <input type="checkbox"/> Combative <input checked="" type="checkbox"/> Other	<input type="checkbox"/> Mumbled <input checked="" type="checkbox"/> Slurred <input type="checkbox"/> Stuttered <input checked="" type="checkbox"/> Thick Tongued <input type="checkbox"/> Fair <input type="checkbox"/> Good <input type="checkbox"/> Not Understandable		
Sneakers					
Clothes description	Eyeglasses: <input type="checkbox"/> Yes <input type="checkbox"/> No Contacts: <input type="checkbox"/> Yes <input type="checkbox"/> No				
HOODIE, T-SHIRT, SHORTS					
	Odor of Alcoholic Beverage	Eyes	Unusual Actions		
	<input checked="" type="checkbox"/> Strong <input type="checkbox"/> Moderate <input type="checkbox"/> Faint <input type="checkbox"/> None	<input checked="" type="checkbox"/> Watery <input type="checkbox"/> Bloodshot <input type="checkbox"/> Normal Color GREEN <input type="checkbox"/> Dilated <input type="checkbox"/> Not Equal <input type="checkbox"/> Contracted <input type="checkbox"/> Normal	<input type="checkbox"/> Belching <input type="checkbox"/> Vomiting <input type="checkbox"/> Fighting <input type="checkbox"/> Crying <input type="checkbox"/> Laughing <input type="checkbox"/> Hiccapping <input type="checkbox"/> Other		
	Color of Face				
	<input type="checkbox"/> Pale <input checked="" type="checkbox"/> Flushed <input type="checkbox"/> Normal <input type="checkbox"/> Other				
Surface Conditions: 01 Dry	DUI Crash: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		If yes, Miranda given at _____ am / pm.		
Lighting: 4 Dark-Lighted	Crash Case #		Investigating Agency		
Weather Conditions: 1 Clear	Investigating Officer:		ID #		
Other Comments:	Probable cause to believe crash caused death or serious bodily injury to a human being? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, Blood Drawn at				

Field Sobriety Evaluations Performed: Yes No Refused Date: _____ Time: _____

Subject's ability to understand instructions:
 Good Fair Poor Unable

Horizontal Gaze Nystagmus	Walk and Turn	One Leg Stand	Finger to Nose
<input type="checkbox"/> Lack of smooth pursuit; L eye <input type="checkbox"/> Lack of smooth pursuit; R eye <input type="checkbox"/> Distinct/sustained Nystagmus at maximum deviation; left eye <input type="checkbox"/> Distinct/sustained Nystagmus at maximum deviation; right eye <input type="checkbox"/> L eye onset before 45 degrees <input type="checkbox"/> R eye onset before 45 degrees Total score (Decision Point 4) <input type="checkbox"/> Vertical Gaze Nystagmus	<input type="checkbox"/> Can't keep balance while listening to instructions <input type="checkbox"/> Starts before instructions are finished <input type="checkbox"/> Stops walking to steady self <input type="checkbox"/> Does not touch heel-to-toe <input type="checkbox"/> Steps off the line <input type="checkbox"/> Uses arms for balance (raising over 6 inches) <input type="checkbox"/> Incorrect number of steps <input type="checkbox"/> Improper turn <input type="checkbox"/> Cannot perform. Danger of falling <input type="checkbox"/> Cannot do test (steps off the line 3 or more times) Total score (Decision Point 2)	<input type="checkbox"/> Sways while balancing <input type="checkbox"/> Uses arms to balance; Raises arms over 6 inches <input type="checkbox"/> Hops <input type="checkbox"/> Puts foot down <input type="checkbox"/> Cannot do evaluation (puts foot down 3 times) <input type="checkbox"/> Cannot perform evaluation (danger of falling) Total score (Decision Point 2)	<input type="checkbox"/> Does not keep eyes closed. <input type="checkbox"/> Brings head forward to finger <input type="checkbox"/> Misses tip of nose with tip of index finger. <input type="checkbox"/> Uses wrong hand for evaluation <input type="checkbox"/> Sways <input type="checkbox"/> Unable to perform evaluation <p style="text-align: center;">Use the chart in the middle to plot the location of the hits</p>

Modified Romberg Balance	Lack of Convergence Evaluation
<input type="checkbox"/> Uses arms for balance (raises over 6 inches) <input type="checkbox"/> Sways forward-backward more than 2" /30 sec. <input type="checkbox"/> Eyes do not remain closed <input type="checkbox"/> Body tremors <input type="checkbox"/> Cannot perform evaluation or loses balance	<p style="text-align: center;"> 0=Tip of Right Index Finger Δ = Tip of Left Index Finger Draw lines to spots touched </p> <div style="text-align: center;">  </div> <p style="text-align: center;"> Wearing glasses <input type="checkbox"/> Yes <input type="checkbox"/> No Wearing contacts <input type="checkbox"/> Yes <input type="checkbox"/> No Previous eye problems <input type="checkbox"/> Yes <input type="checkbox"/> No </p> <p style="text-align: center;">Lack of Convergence Evaluation</p> <div style="text-align: center;">  </div> <p style="text-align: center;"> Only use if you are certified to perform the exercise. Draw arrows in the direction that the eye moves. </p>

Test Data

Implied Consent read on **11/08/2016** (date) at **01:49** (time) by **PRIEMER**

Specimen	<input type="checkbox"/> Blood <input type="checkbox"/> Breath <input type="checkbox"/> Urine <input type="checkbox"/> None <input checked="" type="checkbox"/> Refused <input type="checkbox"/> Unable				
Breath	Instrument: INTOXILYER 8000	Operator: PRIEMER	ID # 623	Agency: FCSO	
	Refused: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Results: #1 #2 Other			

Interview (Quote all answers)

Miranda Read: Yes No By: _____ at _____ (time) on _____ (date).

Interviewer to fill in actual	Date: _____	Time: _____	Interviewer name: _____
Were you operating a vehicle? REFUSED	Where were you going?		
What street/highway were you on?	Direction of travel?		
Where did you start from?	Where are you going?	What is the date?	
What time is it now?	What day of the week is it?	What city/county are we in?	
Have you been drinking?	What?	How much?	Where?
What time did you start?	What time did you stop?	With whom?	
Can you feel the effects of the alcoholic beverage?	Are you under the influence?		
Did you experience any mechanical problems?			
When did you last eat?	What did you eat?	Where?	
What were you doing during the last three hours?			

What kind of drug?	Last dose?	
Are you wearing an artificial limb?	Do you have false teeth?	Do you have a glass eye?
Other comments:		

Property Sheet Attached Yes No Tow Sheet Attached Yes No Towed By

Probable Cause Statement

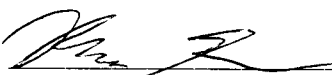
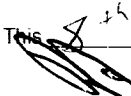
That on the **8th** day of **November**, 2020**16**, at **12:38** a.m. p.m., the defendant, at within Flagler County, Florida, violated the law and did then and there:

On Tuesday, November 08, 2016, at approximately 0010 hours, I, Deputy Stogdon, was on routine patrol at the intersection of Palm Coast Pkwy and Cypress Point Pkwy when I observed a black Chevrolet S10 bearing Florida Tag DZDT48 traveling west bound on Palm Coast Pkwy at a high rate of speed. I got in behind the vehicle which and began to pace its speed. I paced the vehicle at 51 miles per hour in a posted 40 mile per hour zone for approximately .25 miles with my speedometer which was just recently recertified to be accurate. I then initiated a traffic stop on the vehicle by activating my emergency lights on my patrol vehicle with Flagler County Sheriff's Office markings prominently displayed at the intersection of Palm Coast Pkwy and Old Kings Rd. It should be noted the vehicle in question did not immediately react to my lights and failed to turn into the Walgreens parking lot which was the closest safe place to stop. After the vehicle failed to stop at the Walgreens, I activated my siren to try to get the driver's attention. The vehicle then made a left turn into the Racetrac Gas Station located at 305 Palm Coast Pkwy and continued to be in motion until it came to a final stop at a gas pump.

After I approached the vehicle, I introduced myself and informed the driver, identified by his Florida Issued Driver's as Daniel Priotti, the reason for my stop. Daniel immediately became argumentative. Daniels speech was extremely slurred and I was able to detect a moderate odor of an alcoholic beverage which became stronger as Daniel spoke. It should be noted, I was able to detect the odor of the alcoholic beverage from the passenger side of the vehicle. I asked Daniel if he had any medical issues that would cause him to have difficulty driving to which Daniel stated he was paralyzed. I then asked Daniel if he had any alcoholic beverages tonight to which he stated, "I'm confused. I just need gas." I then asked Daniel if he is on any medication or drugs that would impair his driving to which Daniel stated, "yeah, I shoot up all the time." I asked Daniel what he meant by that to which Daniel stated, "come on man, I was just kidding." Deputy Colson again asked Daniel if he had been drinking to which Daniel stated he had a couple of Coors Light around 2200 hours. I asked Daniel to exit his vehicle. As Daniel exited his vehicle and continued to speak, the odor of alcoholic beverages became much stronger. I asked Daniel if I could check his eyes to which Daniel stated no. Daniel was unable to complete SFE's based on his physical limitations.

Based on Daniel's driving patterns and my initial contact with Daniel, Daniel was placed under arrest for DUI, 3rd arrest in more than 10 years and transported to the Flagler County Inmate Center without incident. Once Daniel was at the FCIF, he was read implied consent by Deputy Priemer at 0149 hours. Daniel then refused to give a lawful sample of his breath, blood or urine. Prior to Daniel's Miranda warning being read, Daniel requested his lawyer. Daniel was then no longer asked any pertinent questions regarding this incident. Daniel was complaining he felt like he was going to faint; therefore, Daniel was transported to Florida Hospital Flagler where he was medically screened

Supervisor Approved: Reckenwald, Jon Daniel

<p>I swear or affirm the above statements are true and correct.</p>  <p>Deputy Sheriff</p> <p>ID # <u>727</u> Print Last Name <u>STOGDON</u></p>	<p>Sworn to and subscribed before me, the undersigned</p> <p>This <u>8th</u> day of <u>November</u>, 20 <u>16</u></p>  <p>Name _____ ID # _____</p>
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Narrative 707-B Supplement

Arrest
 Affidavit
 Notice to Appear

Adult
 Juvenile

Court Case Number:


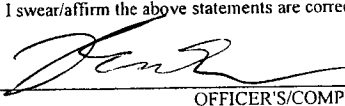
Defendant Name: PRIOTTI, DANIEL OSVALDO			Agency Case Number: 2016-00103369		
CHARGES	DOMESTIC VIOLENCE? YES <input type="checkbox"/>	Attachments: Affidavit(s) <input type="checkbox"/> Statement(s) <input type="checkbox"/> NTA Schedule <input type="checkbox"/> Report <input type="checkbox"/> Traffic Infraction(s) <input checked="" type="checkbox"/>			Total Charges: 1
#	Charge:	FEL <input type="checkbox"/> MISD <input type="checkbox"/> ORD <input type="checkbox"/>	FS/ORD:	Citation No:	Bond:
#	Charge:	FEL <input type="checkbox"/> MISD <input type="checkbox"/> ORD <input type="checkbox"/>	FS/ORD:	Citation No:	Bond:
#	Charge:	FEL <input type="checkbox"/> MISD <input type="checkbox"/> ORD <input type="checkbox"/>	FS/ORD:	Citation No:	Bond:

and cleared prior to completing the booking process. Daniel was then transported to the FCIF without incident. Daniel was issued DUI Citation A3MZDKE in reference to DUI, 3rd arrest in more than 10 years. Daniel was issued a verbal warning reference to speeding 51MPH in a posted 40MPH. Daniel's vehicle was removed from the scene by his friend.

Axon video uploaded to evidence.com.

Nothing further at this time.

Supervisor Approved: Reckenwald, Jon Daniel

Sworn to and subscribed before me, the undersigned this <u>8th</u> day of <u>November</u> , 2016.	I swear/affirm the above statements are correct and true.	Right thumb
Name: 		
Notary Public <input type="checkbox"/> Law Enforcement Officer <input checked="" type="checkbox"/> Personally Known <input type="checkbox"/> Produced Identification <input type="checkbox"/>	OFFICER'S/COMPLAINANT'S SIGNATURE	
Type of Identification:	NAME (PRINTED) BRAD STOGDON	ID NUMBER 727