

| ADDITIONAL INFORMATION  |  | ARREST / NOTICE TO APPEAR   |  | 1. Arrest<br>2. N.T.A.  |  | 3. Request for Warrant<br>4. Request for Capias   |  | 1  |  | JUVENILE  |  |
|---|--|---|--|---|--|---|--|--|--|---|--|
| Agency ORI Number<br><b>0500400</b>   |  | Agency Name<br><b>Delray Beach Police Department</b>  |  | Agency Report Number (N.T.A.'s only)<br><b>4 0 21-005409</b>                                      |  |   |  |  |  |   |  |
| Charge Type:<br>Check as many<br><input type="checkbox"/> 1. Felony<br><input type="checkbox"/> 2. Traffic Felony<br><input type="checkbox"/> 3. Misdemeanor<br><input checked="" type="checkbox"/> 4. Traffic Misdemeanor<br><input type="checkbox"/> 5. Ordinance<br><input type="checkbox"/> 6. Other        |  | Location of Arrest (Including Name of Business)<br><b>90 W ATLANTIC AVE DELRAY BEACH, FL</b>  |  | Location of Offense (Business Name, Address)<br><b>900 W ATLANTIC AVE, DELRAY BEACH, FL 33444</b> |  | If Weapon Seized<br>Enter Type <b>None/not Applicable</b>   |  | Multiple Clearance Indicator<br><b>1</b>   |  |   |  |
| Date of Arrest<br><b>05/01/2021</b>   |  | Time of Arrest<br><b>00:50</b>  |  | Booking Date<br><b>05/01/2021</b>   |  | Booking Time<br><b>01:00</b>  |  | Jail Date<br><b>05/01/2021</b>   |  | Jail Time<br><b>03:36</b>   |  |
| Name (Last, First, Middle)<br><b>KREMER, ALAN STEWART</b>   |  | Alias:<br><b>Alias (Name, DOB, Soc. Sec. #, Etc.)</b>   |  |   |  |   |  |  |  |   |  |
| Race<br>W - White<br>B - Black<br>O - Oriental/Asian<br><b>W</b>  |  | Sex<br><b>M</b>   |  | Date of Birth<br><b>04/04/1990</b>  |  | Height<br><b>6'00</b>   |  | Weight<br><b>202</b>   |  | Eye Color<br><b>BROWN</b>   |  |
| Scars, Marks, Tattoos, Unique Physical Features (Location, Type, Description)   |  | Marital Status<br><b>S</b>  |  | Religion<br><b>NOT INDICA</b>   |  | Indication of Alcohol Influence<br>Yes <input type="checkbox"/> No <input type="checkbox"/> Unk. <input type="checkbox"/> |  | Indication of Drug Influence<br>Yes <input type="checkbox"/> No <input type="checkbox"/> Unk. <input type="checkbox"/> |  | Build<br><b>MEDIUM</b>  |  |
| Local Address (Street, Apt. Number)<br><b>101 PLAZA REAL S 923, BOCA RATON, FL 33432</b>  |  | (City)<br><b>(City)</b>   |  | (State)<br><b>(State)</b>   |  | (Zip)<br><b>(Zip)</b>   |  | Phone<br><b>(610) 613-0011</b>   |  | Residence Type:<br>1. City<br>2. County<br>3. Florida<br>4. Out of State<br><b>2</b>                                  |  |
| Permanent Address (Street, Apt. Number)<br><b>101 PLAZA REAL S 923, BOCA RATON, FL 33432</b>  |  | (City)<br><b>(City)</b>   |  | (State)<br><b>(State)</b>   |  | (Zip)<br><b>(Zip)</b>   |  | Phone<br><b>(610) 613-0011</b>   |  | Address Source<br><b>FL DL</b>  |  |
| Business Address (Name, Street)<br><b></b>  |  | (City)<br><b>(City)</b>   |  | (State)<br><b>(State)</b>   |  | (Zip)<br><b>(Zip)</b>   |  | Phone<br><b></b>   |  | Occupation<br><b>Real Estate</b>  |  |
| D/L Number, State<br><b>K656017901240 / FL</b>  |  | Soc. Sec. Number<br><b></b>   |  | INS Number<br><b></b>   |  | Place of Birth (City, State)<br><b>PHILADELPHIA, PA,</b>  |  | Citizenship<br><b>US</b>   |  |   |  |
| Co-Defendant Name (Last, First, Middle)<br><b></b>  |  | Race<br><b></b>   |  | Sex<br><b></b>  |  | Date of Birth<br><b></b>  |  | <input type="checkbox"/> 1. Arrested<br><input type="checkbox"/> 2. At Large   |  | <input type="checkbox"/> 3. Felony<br><input type="checkbox"/> 4. Misdemeanor<br><input type="checkbox"/> 5. Juvenile |  |
| Co-Defendant Name (Last, First, Middle)<br><b></b>  |  | Race<br><b></b>   |  | Sex<br><b></b>  |  | Date of Birth<br><b></b>  |  | <input type="checkbox"/> 1. Arrested<br><input type="checkbox"/> 2. At Large   |  | <input type="checkbox"/> 3. Felony<br><input type="checkbox"/> 4. Misdemeanor<br><input type="checkbox"/> 5. Juvenile |  |
| <input type="checkbox"/> Parent<br><input type="checkbox"/> Other:<br><b></b>   |  | Name (Last, First, Middle)<br><b></b>   |  | Residence Phone<br><b></b>  |  |   |  |  |  |   |  |
| <input type="checkbox"/> Legal Custodian<br><b></b>   |  | Address (Street, Apt. Number)<br><b></b>  |  | (City)<br><b></b>   |  | (State)<br><b></b>  |  | (Zip)<br><b></b>   |  | Business Phone<br><b></b>   |  |
| Notified by: (Name)<br><b></b>  |  | Date<br><b></b>   |  | Time<br><b></b>   |  | JUVENILE DISPOSITION<br>1. Handled/Processed within Department and Released<br>2. TOT JAC<br>3. Incarcerated              |  |  |  |   |  |
| Released To: (Name)<br><b></b>  |  | Relationship<br><b></b>   |  | Date<br><b></b>   |  | Time<br><b></b>   |  |  |  |   |  |
| The above address was provided by <input type="checkbox"/> defendant and/or <input type="checkbox"/> defendant's parents.<br>The child and/or parent was told to keep the Juvenile Court Clerk's Office<br>(Phone 355-2526) informed of any change of address.  |  | School Attended<br><b></b>  |  | Grade<br><b></b>  |  |   |  |  |  |   |  |
| <input type="checkbox"/> Yes, by:<br><b></b>  |  | <input type="checkbox"/> No:<br><b></b>   |  | Property Crime?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No            |  | Description of Property<br><b></b>  |  | Value of Property<br><b></b>   |  |   |  |
| Drug Activity<br>N. N/A<br>P. Possess   |  | S. Sell<br>B. Buy<br>T. Traffic   |  | R. Struggle<br>D. Deliver<br>E. Use   |  | K. Disperse/<br>Distribute  |  | M. Manufacture/<br>Produce/<br>Cultivate   |  | Z. Other  |  |
| Drug Type<br>N. N/A<br>A. Amphetamine   |  | B. Barbiturate<br>C. Cocaine<br>E. Heroin   |  | H. Hallucinogen<br>M. Marijuana<br>O. Opiate/Deriv.   |  | P. Paraphernalia/<br>Equipment<br>S. Synthetic  |  | U. Unknown<br>Z. Other   |  |   |  |
| Charge Description<br><b>DRIVING WHILE UNDER INFLUENCE</b>  |  | Statute Violation Number<br><b>316.193(1)(A)</b>  |  | Violation of ORD #<br><b></b>   |  |   |  |  |  |   |  |
| Drug Activity<br><b>N</b>   |  | Drug Type<br><b></b>  |  | Amount / Unit<br><b>/</b>   |  | Offense #<br><b></b>  |  | Counts<br><b>1</b>   |  | Domestic Violence<br><input type="checkbox"/> Y <input checked="" type="checkbox"/> N                                 |  |
| Charge Description<br><b></b>   |  | Statute Violation Number<br><b></b>   |  | Violation of ORD #<br><b></b>   |  |   |  |  |  |   |  |
| Drug Activity<br><b></b>  |  | Drug Type<br><b></b>  |  | Amount / Unit<br><b>/</b>   |  | Offense #<br><b></b>  |  | Counts<br><b></b>  |  | Domestic Violence<br><input type="checkbox"/> Y <input type="checkbox"/> N  |  |
| Charge Description<br><b></b>   |  | Statute Violation Number<br><b></b>   |  | Violation of ORD #<br><b></b>   |  |   |  |  |  |   |  |
| Drug Activity<br><b></b>  |  | Drug Type<br><b></b>  |  | Amount / Unit<br><b>/</b>   |  | Offense #<br><b></b>  |  | Counts<br><b></b>  |  | Domestic Violence<br><input type="checkbox"/> Y <input type="checkbox"/> N  |  |
| Health / Apparent Physical Condition of Defendant<br><b></b>  |  | Any knowledge of the following:<br><input type="checkbox"/> Mental <input type="checkbox"/> Escape Risk <input type="checkbox"/> Medication <input type="checkbox"/> Deformation <input type="checkbox"/> Injuries<br>Explain:<br><b></b> |  |   |  |   |  |  |  |   |  |
| Check which applies:<br><input type="checkbox"/> Released O.R.<br><input type="checkbox"/> Released to Parent/Guardian<br><input type="checkbox"/> Posted Bond<br><input type="checkbox"/> South County Mental Health   |  | <input checked="" type="checkbox"/> T.O.T. County Jail  |  | PROPERTY - Received By<br><b></b>   |  | Released By<br><b></b>  |  | Released To<br><b></b>   |  |   |  |
| Transported By<br><b></b>   |  | Date Transported<br><b></b>   |  | Time Transported<br><b></b>   |  | Other<br><b></b>  |  |  |  |   |  |
| <input checked="" type="checkbox"/> INSTRUCTION NO. 1 - Mandatory appearance in court<br><input type="checkbox"/> INSTRUCTION NO. 2 - You need not appear in Court<br>but must comply with instructions on Page 2.  |  | Location (Court, Room)<br><b>South County 200 W Atlantic Ave Delray Beach, FL 33444</b>   |  | Court Date and Time<br><b>05/27/2021 08:30:00</b>   |  |   |  |  |  |   |  |
| 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)<br><b></b>  |  | Date Signed<br><b></b>  |  |   |  |  |  |   |  |
| HOLD for Other Agency<br><input type="checkbox"/> Dangerous<br><input type="checkbox"/> Suicidal  |  | Signature of Arresting Officer<br><b></b>   |  | Name of Arresting Officer (Print)<br><b>WINDSOR, NICHOLAS</b>                                     |  | ID.#<br><b>1029</b>   |  | Name Verification (Printed by Arrestee)<br><b></b>   |  | PAGE<br><b>1 OF 1</b>   |  |
| Transporting Officer<br><b>WINDSOR</b>  |  | ID.#<br><b>1029</b>   |  | Agency<br><b>DBPD</b>   |  | Witness here if subject signed with an "X".<br><b></b>  |  |  |  |   |  |

MAY 02 2021

## D.U.I. PROBABLE CAUSE AFFIDAVIT

ON THE 1st DAY OF May 20 21 AT 0050 ☒ AM ☐ PM  
SUBJECT: KREMER, ALAN STEWART CASE NUMBER: 21-005409  
AGENCY: DELRAY BEACH PD ARRESTING OFFICER: WINDSOR #1029

### PERSONAL CONTACT

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

The following occurred in the City of Delray Beach, County of Palm Beach, FL.

On 05/01/21 at 0050hrs I observed a white 2014 Jeep Grand Cherokee SRT (FL Tag #PDUX96) traveling westbound in the 400 block of W. Atlantic Ave. I estimated the Jeep to be traveling at 50mph. In the 600 block of W. Atlantic Ave. I established a pace of speed of 52mph in a posted 35mph speed zone in my marked DBPD patrol vehicle. The Jeep had to slow down due to slower traffic and followed another too close (within 2-3ft). I conducted a traffic stop by activating my emergency lights of my patrol vehicle and the Jeep stopped in the 900 block of W. Atlantic Ave. I met with the white male driver and identified him by his FL DL as Alan Stewart Kremer. Kremer was sitting in the driver seat of the Jeep with the engine running and the vehicle key fob was in the center console. There was nobody else inside the Jeep.

### OBSERVATION OF DRIVER:

I smelled an odor of an unknown alcoholic beverage coming from Kremer. Kremer's eyes were red and had a glassy appearance. Kremer's pupils were dilated and did not react to changes in light. Kremer's speech was slurred while he was speaking. While outside the Jeep, Kremer swayed in a circular motion while standing still. Kremer stumbled while walking and appeared to have difficulty maintaining his balance.

### DRIVER'S STATEMENTS:

Kremer stated he was "on the avenue" in Delray Beach, FL. with friends prior to driving. Kremer stated he was on his way home when I stopped him. Kremer stated he did not know he was speeding because the Jeep has a lot of power. Kremer also stated he did not he was following another vehicle too closely. When I questioned Kremer how much he had to drink tonight, Kremer replied "a little". I asked Kremer how much "a little" was and he replied two beers. Kremer stated he began drinking his first beer around 1700hrs and finished his last beer 2-3 hours prior to the traffic stop. Kremer denied having any medical conditions that would affect his ability to operate a motor vehicle. Kremer denied taking any prescription medications or illegal drugs including marijuana prior to driving. During the Q&A at the PBCJ BAT, Kremer stated smoked marijuana at 1630hrs and took a 5mg Adderall pill in the morning.

### ODORS:

I smelled an odor of an unknown alcoholic beverage coming from Kremer.

### GENERAL OBSERVATIONS

SPEECH: Slurred

ATTITUDE: Polite and Respectful

CLOTHING: Black Shirt, Gray Pants with Black Shoes

MEDICAL/OTHER: Attention Disorder

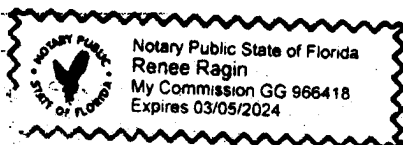
STATE OF FLORIDA  
COUNTY OF PALM BEACH

(Signature of Arresting/Investigative Officer)

The foregoing instrument was sworn to, affirmed and subscribed before me this 1st day of May 20 21 by Ofc. Windsor #1029

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

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



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MAY 02 2021

SUBJECT: KREMER, ALAN STEWART

CASE NUMBER DBPD 21-005409

### 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:

Kremer swayed in a circular motion while standing still.

#### WALK & TURN:

Kremer swayed in a circular motion while standing still. Kremer stated he had several knee surgeries and it may affect his balance. Kremer was unable to maintain his balance after being placed in the instructional phase position. Kremer raised his arms more than 2" away from his body to maintain his balance. Kremer did not touch heel to toe on several steps. Kremer did not turn around as instructed. Kremer stepped off the line once after turning around.

#### ONE LEG STAND:

Roadside was not performed due to stated knee injuries.

#### FINGER TO NOSE:

Kremer swayed in a circular motion while standing still. Kremer raised his arm instead of touching his nose on the first attempt. Kremer had to be instructed again to touch his nose. Kremer missed the tip of his nose on several attempts.

#### ROMBERG ALPHABET:

Kremer swayed in a circular motion while standing still. Kremer did not recite the alphabet correctly and recited the majority of letters wrong.

#### BREATH TEST RESULTS:

(1) .177 (2) .187 (3) (4)

STATE OF FLORIDA  
COUNTY OF PALM BEACH

(Signature of Arresting/Investigative Officer)

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

1st

day of April

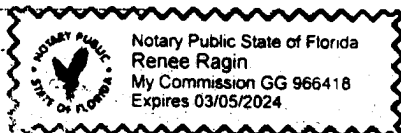
20

by Ofc. Windsor #1029

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

Known

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



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MAY 07 2021

## WITNESS LIST

CASE NUMBER: DBPD 21-005409

ARRESTING OFFICER: OFC. WINDSOR #1029 DBPD

ADDRESS: 300 W ATLANTIC AVE DELRAY BEACH, FL 33444

PHONE NUMBERS (HOME): \_\_\_\_\_ (WORK) 561-243-7800

CAN TESTIFY TO: TRAFFIC STOP AND DUI PC

NAME: OFC. DELICE #1182 DBPD

ADDRESS: 300 W ATLANTIC AVE DELRAY BEACH, FL 33444

PHONE NUMBERS (HOME): \_\_\_\_\_ (WORK) 561-243-7800

CAN TESTIFY TO: BACKUP OFFICER AND VEHICLE TOW

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: \_\_\_\_\_

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: \_\_\_\_\_

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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MAY 02 2021



PALM BEACH COUNTY SHERIFF'S OFFICE  
DUI TESTING FACILITY  
INFORMATION SHEET

PBSO CASE # 21-060891 PBSO ZONE 4-11

AGENCY CASE # 21-005409 CRASH CASE # N/A

TIME OF STOP/CRASH 0050 DATE 05/01/21 DAY SATURDAY

SUBJECT'S NAME KREMER, ALAN STEWART RACE W SEX M

HGT 6'0" WGT 202 DOB 04/04/90

LOCATION 900 W ATLANTIC AVE, DELRAY BEACH, FL

ARRESTING OFFICER'S NAME & ID WINDSOR #1029 AGENCY DELRAY BEACH PD

DIVISION: CRD

NOTIFIED BY COMMO YES

ARRIVAL AT FACILITY 0137

ARREST TIME 0113

BREATH RESULTS:

- 1) .177
- 2) .187
- 3) N/A
- 4) N/A

TESTING OFFICER'S ID 24639 PBSO VIDEOTAPE # N/A

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MAY 02 2021

FLORIDA DEPARTMENT OF LAW ENFORCEMENT  
ALCOHOL TESTING PROGRAM  
BREATH ALCOHOL TEST AFFIDAVIT

Instrument Type: Intoxilyzer 8000  
Instrument Registered To: PALM BEACH CO SO  
Instrument Serial Number: 80-006240 Software: 8100.27  
Date of Test: 05/01/2021

Date of Last Agency Inspection: 04/09/2021  
Observation Period Began: 01:37  
Subject's Name: ALAN S KREMER

DOB: 04/04/1990 Sex: M

The subject was observed for at least twenty-minutes prior to the administration of the breath test to ensure that the subject did not take anything orally and did not regurgitate.

| Results: | Test                 | g/210L | Time  |
|----------|----------------------|--------|-------|
|          | Diagnostics Check OK |        | 02:03 |
|          | Air Blank            | 0.000  | 02:04 |
|          | Control Test         | 0.080  | 02:04 |
|          | Air Blank            | 0.000  | 02:04 |
|          | Subject Sample #1    | 0.177  | 02:05 |
|          | Air Blank            | 0.000  | 02:05 |
|          | Air Blank            | 0.000  | 02:07 |
|          | Subject Sample #2    | 0.187  | 02:08 |
|          | Air Blank            | 0.000  | 02:09 |
|          | Control Test         | 0.080  | 02:09 |
|          | Air Blank            | 0.000  | 02:09 |
|          | Diagnostics Check OK |        | 02:10 |

Cylinder Lot: 22620080A2  
Exp: 10/05/2022

State of Florida, County of Palm Beach

Personally appeared before me the undersigned authority, who (☒) is personally known to me or (☐) produced \_\_\_\_\_ as identification, and who after being placed under oath, states:

I PARIS D POUND, hold a valid Breath Test Operator permit issued by the Florida Department of Law Enforcement, I administered the above breath test to the subject named above in accordance with Chapter 11D-8, Florida Administrative Code, and this form is a true and accurate report of that breath test.

Breath Test Operator: \_\_\_\_\_

Signature

Date: 05/01/21

Sworn to (or affirmed) before me this 1st day of MAY, 2021

Signature of Notary Public-State of Florida

Printed Name of Notary Public-State of Florida

Note: Pursuant to section 117.10, Florida Statutes, law enforcement officers, correctional officers, traffic accident investigation officers and traffic infraction enforcement officers are notaries public when engaged in the performance of official duties. In accordance with section 316.1934(5), F.S., this completed form is admissible without further authentication and is presumptive proof of the results herein. To be used in accordance with Section 316.1934(5), F.S., and in administrative proceedings pursuant to 322.15 F.S.

# TESTING FACILITY TASK REPORT

AGENCY: DBPD

SUBJECT: KREMER, ALAN S

DATE: May 1, 2021

BEGINNING TIME: 02:01

CASE NUMBER: 21-060891

VIDEO DVD NUMBER: N/A

ENDING TIME: 02:20

BREATH TESTS RESULTS: 1) .177 TIME 02:05 A.M. ☒ P.M. ☐ 2) .187 TIME 02:08 A.M. ☒ P.M. ☐  
3) N/A TIME N/A A.M. ☐ P.M. ☐ 4) N/A TIME N/A A.M. ☐ P.M. ☐

BREATH OPERATOR: P.POUND #24639

MAINTENANCE TECHNICAN: J. KARLECKE# 6467

## TESTING OFFICER'S OBSERVATIONS

SPEECH: SLURRED

ATTITUDE: CALM,

CLOTHING: GREY JEANS, BLACK T-SHIRT, BLACK SNEAKERS

MEDICAL CONDITIONS: NONE

MEDICATIONS: NONE

## OTHER:

EYES: GLASSY AND BLOODSHOT

## COMMENTS:

ARRIVED AT CENTER A/O BEGAN THE 20 MINUTE OBSERVATION PERIOD AT 01:37 HRS.

SUBJECT: AGREED TO TAKE TEST

A/O: READ RIGHTS

SUBJECT: STATED HE UNDERSTOOD RIGHTS

TECH: READ TEST RESULTS

SUBJECT: STATED HE UNDERSTOOD TEST RESULTS

A/O: CONDUCTED Q&A

SUBJECT: ANSWER QUESTIONS

SCANNED  
MAY 02 2021

SUBJECT: XXXXXXXXXX CASE NUMBER: DDPD 21-005409

## IMPLIED CONSENT FOR DUI IN A MOTOR VEHICLE

NOTE: READ ONLY THE PARAGRAPH APPLICABLE TO THE TYPE OF TEST YOU ARE REQUESTING.

am now requesting that you submit to a lawful test of your BREATH for the purpose of determining its alcohol content.

-OR-

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-

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.

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

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) \_\_\_\_\_

SCANNED

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SUBJECT: Armed & Dangerous CASE NUMBER: DDPD 21-005709

## 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? NO

WHERE WERE YOU GOING? Home

WHAT STREET OR HIGHWAY WERE YOU ON? Highway 12/11

DIRECTION OF TRAVEL? N WHERE DID YOU START? At the intersection of Highway 12/11 and Highway 12/11

WHAT TIME DID YOU START? 12 WHAT TIME IS IT NOW? 1:00 PM

WHAT IS TODAY'S DATE? 05/01 WHAT DAY OF THE WEEK IS IT? Friday

WHAT COUNTY AND CITY ARE YOU IN NOW? Polk County / Miami

WHEN DID YOU LAST EAT? 7 WHAT DID YOU EAT? Food

WHAT HAVE YOU BEEN DOING FOR THE LAST THREE HOURS? Working at home

HOW MUCH DO YOU WEIGH? 202 HAVE YOU BEEN DRINKING? Y WHAT? Beer

HOW MUCH? 2-4 Cans WHERE? At home WITH WHOM? Friends

WHEN DID YOU HAVE YOUR FIRST DRINK? 6:15 AND YOUR LAST DRINK? 9:10-10

HOW DID YOU CONSUME YOUR LAST TWO DRINKS? Guinness

CAN YOU FEEL THE EFFECTS OF THE ALCOHOL? N ARE YOU UNDER THE INFLUENCE? N

HAVE YOU CONSUMED ANY ALCOHOL SINCE THE ACCIDENT? N HOW MUCH? None

WHAT? None WHERE? None WHEN? None

WHAT LINE OF WORK ARE YOU IN? Police Officer WHEN DID YOU LAST WORK? 4/30/21

DO YOU HAVE ANY PHYSICAL DEFECTS OR INJURIES? Y WHAT? Minor injuries

ARE YOU SICK OR INJURED? N WHAT'S WRONG? None

DO YOU LIMP? N DID YOU RECEIVE A BUMP ON THE HEAD RECENTLY? N

WERE YOU IN AN ACCIDENT TODAY? N

HAVE YOU TAKEN ANY DRUGS OR SMOKED ANY MARIJUANA TODAY? Y WHEN? 4:30

HAVE YOU SEEN A DOCTOR OR DENTIST TODAY? N WHO? None WHY? None

ARE YOU TAKING ANY PRESCRIPTION MEDICINES? Y WHAT? Alcohol WHEN? Today

DO YOU HAVE:

|                    |          |
|--------------------|----------|
| EPILEPSY?          | <u>N</u> |
| GLASS EYE?         | <u>N</u> |
| FALSE TEETH?       | <u>N</u> |
| EAR INFECTION?     | <u>N</u> |
| INNER EAR TROUBLE? | <u>N</u> |
| DIABETES?          | <u>N</u> |

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

DO YOU TAKE INSULIN? N IF SO, WHEN WAS YOUR LAST INJECTION? MAY 02 2021

HAVE YOU EVER HAD A DRIVER'S LICENSE IN ANY OTHER STATE? Y WHERE? CO

INTERVIEWER: Officer 11050K 11059 11059

WHITE - STATE ATTY. YELLOW - DHSMV PINK - CENTRAL RECORDS GOLD - JAIL



**PALM BEACH COUNTY  
SHERIFF'S OFFICE**  
Florida State Statute Exemption Sheet

**Palm Beach County Sheriff's Office – Arrests Only**

|  | X                                   | Florida State Statute                   | Description  | Page Number(s) |
|--|-------------------------------------|---|--|----------------|
| <b>L/E Exemptions</b>  | <input type="checkbox"/>            | 119.071(2)(d)                           | Surveillance techniques, procedures and personnel; inventory of law enforcement resources, policies or plans pertaining to mobilization deployment or tactical operations. |                |
|  | <input type="checkbox"/>            | 943.053, 943.0525                       | NCIC/FCIC/FBI and in-state FDLE/DOC.   |                |
|  | <input type="checkbox"/>            | 119.071(4)(c)                           | Undercover personnel.  |                |
|  | <input type="checkbox"/>            | 119.071(2)(f)                           | Confidential informants (CIs).   |                |
|  | <input type="checkbox"/>            | 119.071(2)(e)                           | Confession.  |                |
| <b>Public Info. Exemptions</b>                                     | <input type="checkbox"/>            | 985.04(1)                               | Juvenile offender records.   |                |
|  | <input type="checkbox"/>            | 119.071(h)(i)                           | Assets of a crime victim.  |                |
|  | <input type="checkbox"/>            | 395.3025(7)(a),<br>456.057(7)(a)        | Medical information.   |                |
|  | <input type="checkbox"/>            | 394.4615(7)                             | Mental health information.   |                |
|  | <input type="checkbox"/>            | 119.071(4)(d)(2)(a)                     | Home address, telephone, Social Security number, date of birth, or photos of active/former LE personnel, spouses, and children.  |                |
| <b>Florida Rules of Judicial Administration 2.420 (Rule of 23)</b> | <input checked="" type="checkbox"/> | (iii) 119.0714(1)(i)-(j),<br>(2)(a)-(e) | Social Security, bank account, charge, debit, and credit card numbers.   | 2              |
|  | <input type="checkbox"/>            | (viii) 394.4615(7)                      | Clinical records under the Baker Act.  |                |
|  | <input type="checkbox"/>            | (xii) 741.30(3)(b)                      | The victim's address in a domestic violence action on petitioner's request.  |                |
|  | <input type="checkbox"/>            | (xiii) 119.071(2)(h),<br>119.0714(1)(h) | Protected information regarding victims of child abuse or sexual offenses.   |                |
|  | <input type="checkbox"/>            |   |  |                |
|  | <input type="checkbox"/>            |   |  |                |
|  | <input type="checkbox"/>            |   |  |                |
|  | <input type="checkbox"/>            |   |  |                |
|  | <input type="checkbox"/>            |   |  |                |
| <b>Other</b>   | <input type="checkbox"/>            |   | Other:   |                |
|  | <input type="checkbox"/>            |   | Other:   |                |

**REVIEW COMPLETED BY**

|                            |                                   |
|----------------------------|-----------------------------------|
| Booking Number: 2021010523 | Date: 5/2/2021                    |
|                            | Specialist Name/ID: M. Toos #8557 |

**SCANNED**  
**MAY 02 2021**