

21CT15615ASB  
0526045 NR #3627

OBTS Number		ARREST / NOTICE TO APPEAR Juvenile Referral Report		1. Arrest 3. Request for Warrant 2. N.T.A. 4. Request for Capias		1	Juvenile	N
Agency ORI Number <b>FL 0500300</b>		Agency Name <b>BOYNTON BEACH POLICE DEPT.</b>		Agency Report Number <b>34-21-040987</b>				
Charge Type: Check as many as Apply. <input type="checkbox"/> 1. Felony <input checked="" type="checkbox"/> 3. Misdemeanor <input type="checkbox"/> 5. Ordinance <input type="checkbox"/> 2. Traffic Felony <input type="checkbox"/> 4. Traffic Misdemeanor <input type="checkbox"/> 6. Other		If Weapon Seized Enter Type		Multiple Clearance Indicator				
Location of Arrest (Including Name of Business) <b>WINCHESTER PARK BLVD/BOYNTON BEACH BLVD</b>				Location of Offense (Business Name, Address) <b>KNUTH RD/BOYNTON BEACH BLVD</b>				
Date of Arrest <b>09/19/2021</b>	Time of Arrest <b>0611</b>	Booking Date	Booking Time	Jail Date	Jail Time	Location of Vehicle		
Name (Last, First, Middle) <b>WHITE, BRIANA NICOLE</b>								
Alias (Name, DOB, Soc. Sec. #, Etc)								
W - White B - Black	I - American Indian O - Oriental / Asian	Race <b>W</b>	Sex <b>F</b>	Date of Birth <b>12/08/1994</b>	Height <b>504</b>	Weight <b>155</b>	Eye Color <b>BLUE</b>	Hair Color <b>BLOND</b>
Scars, Marks, Tattoos, Unique Physical Features (Location, Type, Description) <b>N/A</b>		Marital Status <b>NO</b>		Religion <b>UNK</b>		Indication of Alcohol Influence Y <input type="checkbox"/> N <input type="checkbox"/> Unk. <input type="checkbox"/>		
Local Address (Street, Apt. Number) <b>556 NW 55 TER, BOCA RATON FL 33487</b>				Phone ( ) - ( )		Residence Type 1. City 3. Florida 2. County 4. Out of State		
Permanent Address (Street, Apt. Number) <b>SAME AS LOCAL</b>				Phone ( ) - ( )		Address Source		
Business Address (Street, Apt. Number)				Phone ( ) - ( )		Occupation <b>UNK</b>		
DL Number, State <b>W300074949480</b>		Soc. Sec. Number		INS Number		Place of Birth <b>BOYNTON BCH FL</b>		Citizenship <b>US</b>
Co-Defendant Name (Last, First, Middle)		Race	Sex	Date of Birth		<input type="checkbox"/> 1. Arrested <input type="checkbox"/> 3. Felony <input type="checkbox"/> 5. Juvenile <input type="checkbox"/> 2. At Large <input type="checkbox"/> 4. Misdemeanor		
Co-Defendant Name (Last, First, Middle)		Race	Sex	Date of Birth		<input type="checkbox"/> 1. Arrested <input type="checkbox"/> 3. Felony <input type="checkbox"/> 5. Juvenile <input type="checkbox"/> 2. At Large <input type="checkbox"/> 4. Misdemeanor		
<input type="checkbox"/> Parent Name (Last) (First) (Middle) <input type="checkbox"/> Legal Custodian <input type="checkbox"/> Other		Residence Phone				Business Phone		
Address (Street, Apt. Number)		(City)	(State)	(Zip)				
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 was 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's Office (Phone 561-355-2526) 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		
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. Synthetic		U. Unknown Z. Other				
Charge Description <b>DUI</b>		Counts <b>1</b>	Domestic Violence <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Statute Violation Number <b>316.193 (1) (A)</b>		Violation of ORD#		
Drug Activity <b>N</b>		Drug Type <b>N</b>	Amount/Unit	Offense # <b>21-040987</b>	Warrant/Capias Number		Bond	
Charge Description		Counts	Domestic Violence <input type="checkbox"/> Yes <input type="checkbox"/> No	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"/> Yes <input type="checkbox"/> No	Statute Violation Number		Violation of ORD#		
Drug Activity		Drug Type	Amount/Unit	Offense #	Warrant/Capias Number		Bond	
Charge Description		Counts <b>844</b>	Domestic Violence <input type="checkbox"/> Yes <input type="checkbox"/> No	Statute Violation Number		Violation of ORD#		
Drug Activity		Drug Type	Amount/Unit	Offense #	Warrant/Capias Number		Bond	
<input type="checkbox"/> Instruction No. 1 <input type="checkbox"/> Instruction No. 2 You need not appear in Court but must Comply with instruction on reverse side.		Location (Court, Room Number, Address) <b>South County Courthouse, 200 West Atlantic Ave, Delray Beach, FL 33444</b> Court Date and Time Month <b>NOVEMBER</b> Day <b>1ST</b> Year <b>2021</b> Time <b>0830</b> <input checked="" type="checkbox"/> A.M. <input type="checkbox"/> P.M.						
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)				Date Signed				
HOLD for other Agency Name		Signature of Arresting Officer <b>844</b>		Name Verification (Printed by Arrestee) (PRINT)		Page		
<input type="checkbox"/> Dangerous <input type="checkbox"/> Suicidal <input type="checkbox"/> Resisted Arrest <input type="checkbox"/> Other:		Name of Arresting Officer (Print) <b>SURAJBALLY</b>		I.D. # <b>844</b>		BU#		
Inmate Deputy		Pouch #		Transporting Officer <b>SURAJBALLY</b>		I.D. # <b>844</b>		Agency <b>BBPD</b>
Witness here is subject Signed with an "X".								

SCANNED

SEP 20 2021

SEP 19 PM 10:20

1 OF 1

OBT Number		PROBABLE CAUSE AFFIDAVIT		1 Arrest 2 NTA		3 Request for Warrant 4 Request for Capias		1	Juvenile	N
Agency ORI Number <b>FL 0500300</b>		Agency Name <b>BOYNTON BEACH POLICE DEPT.</b>		Agency Report Number <b>34-21-040987</b>						
Charge Type Check all that Apply		<input type="checkbox"/> 1 Felony <input type="checkbox"/> 2 Traffic Felony		<input checked="" type="checkbox"/> 3 Misdemeanor <input type="checkbox"/> 4 Traffic Misdemeanor		<input type="checkbox"/> 5 Ordinance <input type="checkbox"/> 6 Other		Special Notes		
Name (Last, First, Middle) <b>WHITE, BRIANA NICOLE</b>				Alias		Race <b>W</b>	Sex <b>F</b>	Date of Birth <b>12/08/1994</b>		
Charge Description <b>DUI</b>				Charge Description						
Charge Description				Charge Description						
Victim's Name (Last, First, Middle) <b>STATE OF FLORIDA</b>				Race		Sex	Date of Birth			
Local Address (Street, Apt Number)				(City)	(State)	(Zip)	Phone		Address Source	
Business Address (Name, Street)				(City)	(State)	(Zip)	Phone		Occupation	
The undersigned certifies and swears that he/she has just and reasonable grounds to believe, and does believe that the above named Defendant committed the following violation of law. The Person taken into custody..										
<input type="checkbox"/> Committed the below acts in my presence. <input type="checkbox"/> Was observed by      Who told      That he/she saw the arrested person commit the below acts. <input type="checkbox"/> Confessed to      Admitting the below facts <input type="checkbox"/> Was found to have committed the below acts, resulting from my (described) investigation.										
On The <b>19TH</b> Day Of <b>SEPTEMBER</b> 20 <b>21</b> At <b>0512</b> <input checked="" type="checkbox"/> A.M. <input type="checkbox"/> P.M.										

Officer Festa ID#1102, was redirecting traffic heading eastbound on Boynton Beach Blvd/Knuth Rd, due to a TH1 crash at Winchester Park Blvd/Boynton Beach Blvd, where eastbound traffic on Boynton Beach Blvd was completely blocked off with traffic cones at the intersection of Knuth Rd.

Officer Festa stated that as she was behind the traffic cones facing westbound on Boynton Beach Blvd in lane #1, wearing her traffic vest, she had observed a dark colored SUV traveling at a high rate of speed in her direction, in said lane. Officer Festa stated she tried to get the driver attention to make a U-turn and the vehicle continued in her direction. Officer Festa stated that she had to quickly move out of the lane as the vehicle, later identified as a 2009 Hyundai Santa Fe bearing FL tag#JEHX71, continued over the traffic cone on lane#1 heading eastbound. Officer Festa stated that she immediately called out the incident over the Police radio and Officer Castro subsequently conducted a traffic stop on said vehicle and it came to a final stop at the intersection of Boynton Beach Blvd/Winchester Park Blvd.

Contact was made with Officer Castro who stated that once Officer Festa had dispatched the information of the vehicle that had continued east on Boynton Beach Blvd that continued over the traffic cone, he subsequently conducted a traffic stop on said vehicle and made contact with the driver w/f White, Briana dob 12-08-94. Officer Castro advised that upon making contact with White, he had observed her eyes as they were red and glassy, as she was speaking with a slurred speech and she had an odor of an alcoholic beverage emanating from her person and when she spoke the odor became stronger. Officer Castro stated that he had instructed her to wait for my arrival.

Upon my arrival, I made contact with driver (White), who was still seated in the driver's seat of the aforementioned vehicle, who provided FL DL #W300074949480, to me. I further observed White as her eyes were bloodshot red as they were glassy, as she was speaking with a slurred speech and she had an odor of an alcoholic beverage emanating from her person. When White was speaking to me the odor of an alcoholic beverage became stronger.

Based on my observation I requested White to step out of her vehicle. I requested White to submit to a series of road side sobriety tasks to determine if she was safe to drive or if she was impaired. During my conversation with White prior to starting the tasks, White stated she had approximately 2 beers previously.

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

Devin Wong 4672  
Notary Public, Clerk of Court, Officer (F.S.S. 117.10)

09/19/2021  
Date

(Signature of Arresting/Investigative Officer)

**SURAJBALLY**

(Print name of Arresting/Investigative Officer)

09/19/2021  
Date

Page  
1 OF 2

OBTS Number		PROBABLE CAUSE AFFIDAVIT		1 Arrest 2 NTA		3 Request for Warrant 4 Request for Capias		1	Juvenile	N
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Charge Type Check all that Apply		<input type="checkbox"/> 1 Felony <input type="checkbox"/> 2 Traffic Felony <input checked="" type="checkbox"/> 3 Misdemeanor <input type="checkbox"/> 4 Traffic Misdemeanor <input type="checkbox"/> 5 Ordinance <input type="checkbox"/> 6 Other		Special Notes						
Name (Last, First, Middle) <b>WHITE, BRIANA NICOLE</b>				Race <b>W</b>		Sex <b>F</b>		Date of Birth <b>12/08/1994</b>		
Charge Description <b>DUI</b>				Charge Description						
Charge Description				Charge Description						
Victim's Name (Last, First, Middle) <b>STATE OF FLORIDA</b>				Race		Sex		Date of Birth		
Local Address (Street, Apt Number)				(City)		(State)		(Zip)		Phone
Business Address (Name, Street)				(City)		(State)		(Zip)		Phone
The undersigned certifies and swears that he/she has just and reasonable grounds to believe, and does believe that the above named Defendant committed the following violation of law. The Person taken into custody... <input type="checkbox"/> Committed the below acts in my presence. <input type="checkbox"/> Confessed to				<input type="checkbox"/> Was observed by <input type="checkbox"/> Was found to have committed the below acts, resulting from my (described) investigation.		Who told		That he/she saw the arrested person commit the below acts.		
On The <b>19TH</b> Day Of <b>SEPTEMBER</b> 20 <b>21</b> At <b>0512</b>				<input checked="" type="checkbox"/> A.M.		<input type="checkbox"/> P.M.				

Below are the results of the road side sobriety tasks after they were explained, demonstrated and made sure that White understood. This investigation was captured on my BWC.

#### WNT-

During the instructional phase, she was having a hard time balancing on her feet as she was swaying. She started before telling her to do so two times.

White used her arms for balancing and she had missed heel-to-toe two times on return. OLS-White used her arms for balance. White put her foot down at 6 seconds and had stopped. FINGER TO NOSE-White was touching the middle of her nose and her eyes were open. ROMBERG ALPHABET- White stated ABC DFE EHG, with her eyes open and was unable to continue any further

#### SUMMARY-

Based on my observations of the tasks performed by White, I placed her under arrest for suspicion of DUI pursuant to FSS 316.193.1. I transported White to the Palm Beach County Sheriffs Office BAT.

While at PBSO, the twenty minute observation was conducted. I read White her implied consent and requested a sample of her breath to determine its alcohol content which she refused. I then informed White of Taylor Warnings and once more requested a sample of her breath to determine its alcohol content which she again refused.

White was also read his Miranda warning and declined to answer questions. White was charged with DUI under FSS 316.193. She was issued a citation for the traffic infraction and a DUI Citation. Officer Festa and Officer Castro had observed white driving her vehicle.

The investigation was captured on my BWC.

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

Derrick Wool 4672  
Notary Public, Clerk of Court, Officer (F.S.S. 117.10)

09/19/2021  
Date

(Signature of Arresting/Investigative Officer)

**SURAJBALLY**

(Print name of Arresting/Investigative Officer)

09/19/2021

Date

Page  
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# Florida

## DRIVER LICENSE



W300-074-94-948-0

CLASS E



10 SEX WHITE  
2 FIRST NAME BRIANA NICOLE  
3 LAST NAME  
4 ADDRESS 1419 S L ST  
LAKE WORTH, FL 33460-4515  
5a DOB 12/08/1994 13 SEX F  
16 EXP 12/08/2026 16 HGT 5'-04"  
12 REST NONE 9a END NONE

4a SS 05/21/2018

5DD P791805210243



*[Signature]*

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

NOT A CERTIFIED COPY

# WITNESS LIST

CASE NUMBER:

DUE  
21-040987

ARRESTING OFFICER

S. SURABAILY

ADDRESS

2100 HIGH RIDGE RD

PHONE NUMBERS (HOME)

561 742 6100

(WORK)

CAN TESTIFY TO:

SEE DUE REPORT

NAME:

OFFICER DENNIS CASTRO

ADDRESS

2100 HIGH RIDGE RD

PHONE NUMBERS (HOME)

561 742 6100

(WORK)

CAN TESTIFY TO:

DUE REPORT

NAME:

OFFICER J. FESTA

ADDRESS

2100 HIGH RIDGE RD

PHONE NUMBERS (HOME)

561 742 6100

(WORK)

CAN TESTIFY TO:

DUE REPORT

NAME:

ADDRESS

PHONE NUMBERS (HOME)

(WORK)

CAN TESTIFY TO:

NAME:

ADDRESS

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ADDRESS

PHONE NUMBERS (HOME)

(WORK)

CAN TESTIFY TO:

NAME:

ADDRESS

PHONE NUMBERS (HOME)

(WORK)

CAN TESTIFY TO:

# WITNESS LIST

CASE NUMBER: \_\_\_\_\_

ARRESTING OFFICER \_\_\_\_\_

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: \_\_\_\_\_

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

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

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

ADDRESS \_\_\_\_\_

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

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

# TESTING FACILITY TASK REPORT

AGENCY: BBPD OFC. SURAJBALLY #844

SUBJECT: WHITE, BRIANA N.

CASE NUMBER: 21-108206

DATE: 09-19-21

VIDEO DVD NUMBER: N/A

BEGINNING TIME: 07:02 HRS

ENDING TIME: 07:20 HRS

BREATH TESTS RESULTS: 1) REFUSED TIME 07:18 A.M. ☒ P.M. ☐ 2) TIME A.M. ☐ P.M. ☐  
3) TIME A.M. ☐ P.M. ☐ 4) TIME A.M. ☐ P.M. ☐

BREATH OPERATOR: S.O'NEAL #6212

MAINTENANCE TECHNICIAN: J. KARLECKE #6467

## TESTING OFFICER'S OBSERVATIONS

SPEECH: SLURRED

ATTITUDE: COOPERATIVE, EMOTIONAL, POLITE, VERY INDECISIVE

CLOTHING: SHIRT- BLACK/PRINT PANTS-BLUE JEANS

MEDICAL CONDITIONS: NONE

MEDICATIONS: NONE

## OTHER:

EYES: RED, GLASSY, WATERY FROM CRYING

FACE: FLUSHED

ODOR OF UNKNOWN ALCOHOLIC BEVERAGE.

## COMMENTS:

20 MIN. OBSERVATION CONDUCTED BY A/O SURAJBALLY #844

A/O REQUESTED THE BREATH TEST.

A/O READ THE IMPLIED CONSENT ON CAMERA 2X'S.

I/C BROKEN DOWN TO THE D.

D WAS VERY INDECISIVE ABOUT TAKING THE TEST, D EVENTUALLY STATED NO TO THE TEST.

C/W READ ON CAMERA, D REFUSED Q&A.



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

PBSO CASE # 21-108206 PBSO ZONE 6-21  
AGENCY CASE # 21-040987 CRASH CASE # \_\_\_\_\_  
TIME OF STOP/CRASH 0512 DATE 09/19/21 DAY Sunday  
SUBJECT'S NAME BRAVA WHITE RACE W SEX F  
HGT 504 WGT 155 DOB 12/08/94  
LOCATION WINCHESTER PARK BLVD / BOYNTON BEACH BLVD  
ARRESTING OFFICER'S NAME & ID SURABAILY #844 AGENCY BBPD  
DIVISION: \_\_\_\_\_  
NOTIFIED BY COMMO ✓  
ARRIVAL AT FACILITY 0642 HRS  
Breath Results:  
1. \_\_\_\_\_  
2. \_\_\_\_\_  
3. \_\_\_\_\_  
4. \_\_\_\_\_  
Arrest Time 0611 HRS  
TESTING OFFICER'S ID 6212

REFUSED  
NOT A CERTIFIED



SUBJECT: \_\_\_\_\_ CASE NUMBER: \_\_\_\_\_

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

SUBJECT: DAVID WILK CASE NUMBER: 21-010157

## 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 DAVID WILK of the Blue X

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) DAVID WILK

## 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) DAVID WILK



**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)
L/E Exemptions	<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.	
Public Info. Exemptions	<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), 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.	
Florida Rules of Judicial Administration 2.420 (Rule of 23)	<input checked="" type="checkbox"/>	(iii) 119.0714(1)(i)-(j), (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), 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"/>			
	<input type="checkbox"/>			
Other	<input type="checkbox"/>		Other:	
	<input type="checkbox"/>		Other:	

**REVIEW COMPLETED BY**

Booking Number: 2021023413	Date: 9/20/2021
	Specialist Name/ID: M. Meek/33849