

2 CT 2718

ARREST / NOTICE TO APPEAR
Juvenile Referral Report

1. Arrest 2. N.T.A. 3. Request for Warrant 4. Request for Capias 1
Juvenile N

OBTS Number	Agency ORI Number FLO 500000		Agency Name PALM BEACH COUNTY SHERIFF'S OFFICE		Agency Report Number (N.T.A.'s only) 06-21037729	
Charge Type: Check as many as apply.	<input type="checkbox"/> 1. Felony	<input type="checkbox"/> 2. Traffic Felony	<input type="checkbox"/> 3. Misdemeanor	<input type="checkbox"/> 4. Traffic Misdemeanor	<input type="checkbox"/> 5. Ordinance	<input type="checkbox"/> 6. Other
Location of Arrest (Including Name of Business) NORTLAKE BLVD/ FLAGLER BLVD LAKE PARK, FL, 33403			Location of Offense (Business Name, Address) NORTLAKE BLVD/ FLAGLER BLVD, LAKE PARK, FL, 33403			
Date of Arrest 02/21/2021	Time of Arrest 01:05	Booking Date	Booking Time	Jail Date	Jail Time	Location of Vehicle KELLE SHEEHANS TOWING

Name (Last, First, Middle) Ray, Chanc, Erik		Aliases (Name, DOB, Soc. Sec. #, Etc.)						
Race W - White I - American Indian B - Black O - Oriental/Asian	Sex M	Date of Birth 12/12/1973	Height 5'09	Weight 170	Eye Color BLUE	Hair Color BRN	Complexion MED	Build MED
Scars, Marks, Tattoos, Unique Physical Features (Location, Type, Description)			Marital Status	Religion	Indication of Alcohol Influence Drug Influence Y <input type="checkbox"/> N <input type="checkbox"/> Unk. <input type="checkbox"/>			
Local Address (Street, Apt. Number) 9200 Highpoint Dr, Lake Park, FL 33403		(City)	(State)	(Zip)	Phone (561) 8761812			Residence Type: 1. City 2. County 3. Florida 4. Out of State 2
Permanent Address (Street, Apt. Number)		(City)	(State)	(Zip)	Phone			Address Source FL DL
Business Address (Name, Street)		(City)	(State)	(Zip)	Phone			Occupation PAINTER
DL Number, State R000105734520, FL	Soc. Sec. Number	INS Number		Place of Birth (City, State)		Citizenship PALM BEACH GARDENS, FL YES		

Co-Defendant Name (Last, First, Middle)	Race	Sex	Date of Birth	<input type="checkbox"/> 1. Arrested <input type="checkbox"/> 3. Felony	<input type="checkbox"/> 2. At Large <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"/> 3. Felony	<input type="checkbox"/> 2. At Large <input type="checkbox"/> 4. Misdemeanor <input type="checkbox"/> 5. Juvenile	
Parent <input type="checkbox"/> Legal Custodian <input type="checkbox"/> Other: <input type="checkbox"/>	Name (Last)	(First)	(Middle)	Residence Phone		
Address (Street, Apt. Number)		(City)	(State)	(Zip)	Business Phone	
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.)		School Attended	Grade
<input type="checkbox"/> Yes, by: (Name) <input type="checkbox"/> No: (Reason)	Value of Property		

Drug Activity S. Sell N. Poss P. Posses	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/Ortv.	P. Paraphernalia/ Equipment S. Synthetics	U. Unknown Z. Other	
Charge Description DUI	Counts 1	Domestic Violence <input type="checkbox"/> Y <input checked="" type="checkbox"/> N	Statute Violation Number 316.193(1A)	Violation of ORD #							
Drug Activity N	Drug Type N	Amount / Unit	Offense # 21037729	Warrant / Capias Number							
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 #	Warrant / Capias Number				
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 #	Warrant / Capias Number				
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 #	Warrant / Capias Number				

Location (Court, Room Number, Address) 3228 GUN CLUB RD WEST PALM BEACH FL 33406	
Court Date and Time Month 3 Day 18 Year 2021 Time 0830 AM <input checked="" type="checkbox"/> PM <input type="checkbox"/>	
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 02/21/2021

HOLD for other Agency Name:	Signature of Arresting Officer	Name Verification (Printed by Arrestee)
<input type="checkbox"/> Dangerous <input type="checkbox"/> Resisted Arrest <input type="checkbox"/> Suicidal <input type="checkbox"/> Other:	Name of Arresting Officer (Print) INV G. LYNCH 8568 I.D. # 8568	(PRINT)
Intake Deputy Dum... I.D. # Pouch #	Transporting Officer INV G. LYNCH 8568 I.D. # 8568 Agency PBSO	Witness here if subject signed with an X

0181508

SCANNED
R# 14 FEB 21 2021

OBTS Number		PROBABLE CAUSE AFFIDAVIT			1	Juvenile
Agency ORI Number FLO 5 0 0 0 0 0		Agency Name PALM BEACH COUNTY SHERIFF'S OFFICE		Agency Report Number 06 - 21037729		
Charge Type: <input type="checkbox"/> 1. Felony <input checked="" type="checkbox"/> 3. Misdemeanor <input type="checkbox"/> 5. Ordinance Check as many <input type="checkbox"/> 2. Traffic Felony <input type="checkbox"/> 4. Traffic Misdemeanor <input type="checkbox"/> 6. Other as apply.				Special Notes:		
Defendant's Name (Last, First, Middle) Ray Chanc				Race W	Sex M	Date of Birth 12/12/73
Charge Description DUI		Charge Description				
Charge Description		Charge Description DUI				
Victim's Name (Last, First, Middle) State of Florida				Race	Sex	Date of Birth
Victim's Local Address (Street, Apt. Number)		(City)	(State)	(Zip)	Phone	Address Source
Victim's 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 checked="" 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 to the below facts.		<input type="checkbox"/> was found to have committed the below acts, resulting from my (described) investigation.				
On the 21day of JFeb, 20021 at 12:22 <input type="checkbox"/> A.M. <input checked="" type="checkbox"/> P.M. (Specifically include facts constituting cause for arrest).						

NARRATIVE:

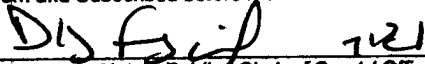

I was working for the Palm Beach County Sheriff's Office Road Patrol Division driving a marked Sheriff's Office vehicle and wearing a full Sheriff's Uniform and full duty belt.

As I patrolled east on Northlake Blvd in Lake Park Florida I was following a silver Lexus SUV bearing Florida tag, 434QLK. As we traveled in the same direction I observed that it made an erratic lane change from the outside lane into the inside turn lane at Southwind Drive. The vehicle's driver then made a U-turn, running a steady red light.

Upon stopping the vehicle and making contact with the driver I asked him if everything was Okay. The driver replied that he was only trying to get home. The driver's speech was very slow and deliberate. I also noticed that his eyes appeared to be bloodshot and glassy. I asked the male if had had been drinking and he stated, "I'm only trying to get home".

NARRATIVE CONTINUATION

I had the male step out of his vehicle and upon doing so he was unsteady on his feet. Based on my observations I requested I felt that the male was under the influence so I requested for a DUI investigator to respond. The male was identified by his Florida license as Chanc Ray.

Sworn and Subscribed before me	
	
Signature Notary Public / Clerk of Court / Officer (F.S.S 117.10)	Signature of Arresting / Investigating Officer
D/S Florexii #7121	Alfredo Araujo #2576
Name of Notary Public / Clerk of Court / Officer (F.S.S 117.10)	Name of Officer (Please Print)
02/21/21	02/21/21
Date	Date

NOT A CERTIFIED COPY

D.U.I. PROBABLE CAUSE AFFIDAVIT

ON THE 21 DAY OF FEB 20 21, AT 00:22 AM PM

SUBJECT: Ray, Chanc, Erik CASE NUMBER: 21037729

AGENCY: PALM BEACH COUNTY SHERIFF'S OFFICE ARRESTING OFFICER: INV G. LYNCH 8568

PERSONAL CONTACT

DRIVING PATTERN: Actual physical control (physical evidence or statements putting def. behind wheel of vehicle)

On 2/21/21 I responded to Northlake Blvd/ Flagler Blvd., Lake Park, in Palm Beach County, in reference to a traffic stop, with a possibly impaired driver. Upon my arrival I met with D/S Araujo id 2576, who conducted the stop.

D/S Araujo advised that while on routine patrol he observed a silver Lexus RX300, bearing FL tag 434QLK, traveling eastbound on Northlake Blvd. D/S Araujo observed an erratic lane change from the outside lane, across all lanes of travel, into the inside turn lane. The SUV then made a U-turn, at Southwind Dr., running the steady red light. D/S Araujo conducted a traffic stop for the infraction and made contact with the driver, Chanc Ray. D/S Araujo observed Ray's eyes to be bloodshot and glassy. Ray's speech was slow and deliberate. Upon exiting the SUV, Ray appeared unsteady.

OBSERVATION OF DRIVER:

I met with Ray, who was standing in front of D/S Araujo's patrol car. I observed Ray's eyes to be bloodshot and glassy. Ray's eyes appeared constricted. Ray was unsteady while standing and exhibited a sway while standing still. I could smell a strong odor of an unknown alcoholic beverage coming from Ray's breath, which got stronger when he spoke. Ray's speech was slow and slurred. Ray advised that he had no medical conditions. Ray advised that he had been drinking and had a couple of beers approximately 1-2 hours prior. Based on my observations and Ray's admission to drinking I asked him to perform standard field sobriety tasks. Ray asked if he had to perform the tasks and I advised him of Taylor warnings, which he advised he understood. Ray then claimed to have back and bowel issues. I gave Ray a second opportunity to perform standard field sobriety tasks, to which he agreed.

DRIVER'S STATEMENTS:

Ray advised that he had been drinking and had a couple of beers approximately 1-2 hours prior.

ODORS:

ODOR OF AN UNKNOWN ALCOHOLIC BEVERAGE COMING FROM SUBJECT'S BREATH.

GENERAL OBSERVATIONS

SPEECH: Slurred

ATTITUDE: Calm/ Cooperative

CLOTHING: _____

MEDICAL/OTHER: NONE

STATE OF FLORIDA
COUNTY OF PALM BEACH

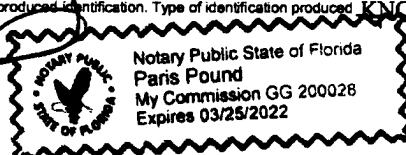
INV G. LYNCH 8568
(Signature of Arresting/Investigative Officer)

The foregoing instrument was sworn to or affirmed and subscribed before me this 21 day of FEB 20 21 by INV G. LYNCH 8568

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

Paris Pound (#24639)

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



SCANNED
FEB 21 2021

SUBJECT: Ray, Chanc, Erik

CASE NUMBER 21037729

ROADSIDE TASKS

HORIZONTAL GAZE NYSTAGMUS:

- | | |
|---------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------|
| <input checked="" type="checkbox"/> LT EYE-LACK OF SMOOTH PURSUIT | <input checked="" type="checkbox"/> RT EYE-LACK OF SMOOTH PURSUIT |
| <input checked="" type="checkbox"/> LT EYE-DISTINCT & SUSTAINED NYSTAGMUS AT MAX. DEVIATION | <input checked="" type="checkbox"/> RT EYE-DISTINCT & SUSTAINED NYSTAGMUS AT MAX. DEVIATION |
| <input checked="" type="checkbox"/> LT- EYE-ONSET OF NYSTAGMUS PRIOR TO 45 DEGREES | <input checked="" type="checkbox"/> RT- EYE-ONSET OF NYSTAGMUS PRIOR TO 45 DEGREES |

Other Observations:

Ray was asked to stand with his feet together and place his hands by his sides. Ray was asked to focus on the stimulus and follow it with his eyes. Ray was told not to move his head to assist in following the stimulus. I observed a lack of smooth pursuit in both of Ray's eyes and distinct and sustained nystagmus at maximum deviation. I observed onset of nystagmus prior to 45 degrees. I observed vertical nystagmus in both of Ray's eyes. Ray exhibited a sway throughout the task and had to be reminded to follow the stimulus and not to move his head, several times.

WALK & TURN:

I utilized yellow duct tape to make a straight and level, free of debris, that Ray advised he could see. I explained and demonstrated the task to Ray. I advised Ray that he could remove his sandals if he wanted. During the instructions Ray was unable to maintain the instructional stance, stepping out of the position. Ray attempted to begin the task, prior to being instructed to do so. After completing the instructions Ray advised he understood and had no questions. During the task Ray stepped off the line multiple times and missed heel-to-toe steps. Ray did not turn as instructed and used his arms for balance. Ray paused several times to regain his balance. Ray took the incorrect number of steps, taking 8 steps down and 10 steps back.

ONE LEG STAND:

I explained and demonstrated the task to Ray. After completing the instructions Ray advised he understood and had no questions. During the task Ray used his arms for balance and exhibited a sway. Ray put his foot down, several times, prior to 30 seconds elapsing. Ray stumbled and almost fell. For Ray's safety the task was not continued.

FINGER TO NOSE:

I explained and demonstrated the task to Ray. After completing the instructions Ray advised he understood and had no questions. During the task Ray used his arms for balance and exhibited a sway. Ray put his foot down, several times, prior to 30 seconds elapsing. Ray lost his balance stumbling backwards. For Ray's safety the task was not continued.

ROMBERG ALPHABET:

Due to Ray advising he did not know the complete alphabet the Romberg alphabet task was not conducted.

BREATH TEST RESULTS:

STATE OF FLORIDA
COUNTY OF PALM BEACH

INV G. LYNCH 8568

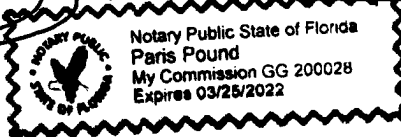
(Signature of Arresting/Investigative Officer)

The foregoing instrument was sworn to or affirmed and subscribed before me this 21 day of FEB 2021 by INV G. LYNCH 8568

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

Paris Pound (#24639)

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



SCANNED
FEB 21 2021

SUBJECT: RAY CHANCE E CASE NUMBER: 21-027749

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 _____ 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 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) Ray Chance E

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.

SCANNED
FEB 21 2021

SUSPECT'S SIGNATURE: (X) Ray Chance E

SUBJECT: RAY CHANCE CASE NUMBER: 21 027727

QUESTIONS AND ANSWERS

I AM NOW GOING TO ASK YOU SOME QUESTIONS. WITH THESE RIGHTS IN MIND, YOU MAY ANSWER SOME OF, ALL OF NONE OF THE FOLLOWING QUESTIONS AS YOU LIKE.

WERE YOU OPERATING A MOTOR VEHICLE AT THE TIME OF THE STOP/ACCIDENT? Y

WHERE WERE YOU GOING? _____

WHAT STREET OR HIGHWAY WERE YOU ON? 1

DIRECTION OF TRAVEL? S WHERE DID YOU START? _____

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

WHAT IS TODAY'S DATE? Feb 21 WHAT DAY OF THE WEEK IS IT? _____

WHAT COUNTY AND CITY ARE YOU IN NOW? _____

WHEN DID YOU LAST EAT? 11:00 WHAT DID YOU EAT? _____

WHAT HAVE YOU BEEN DOING FOR THE LAST THREE HOURS? _____

HOW MUCH DO YOU WEIGH? _____ HAVE YOU BEEN DRINKING? Y WHAT? _____

HOW MUCH? couple WHERE? home WITH WHOM? _____

WHEN DID YOU HAVE YOUR FIRST DRINK? _____ AND YOUR LAST DRINK? 2:00

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? Y

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? Y WHO? _____ WHY? _____

ARE YOU TAKING ANY PRESCRIPTION MEDICINES? Y 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? Y WHERE? _____

INTERVIEWER: _____

SCANNED
FEB 21 2021

STATE OF FLORIDA
DEPARTMENT OF HIGHWAY SAFETY & MOTOR VEHICLES
AFFIDAVIT OF REFUSAL TO SUBMIT TO
BREATH AND/OR URINE TEST

I, Investigator LE GREGORY LYNCH, a duly certified Law Enforcement Officer or Correctional Officer,
(Person reading Implied Consent Warning)
am a member of Palm Beach County Sheriffs Office, and I do swear
(Name of enforcement agency)

or affirm that on or about the TWENTY-FIRST day of February, 2021, at 1:05 AM

DRIVER CHANC ERIK RAY
(Type or Print) FIRST MIDDLE OR MAIDEN LAST

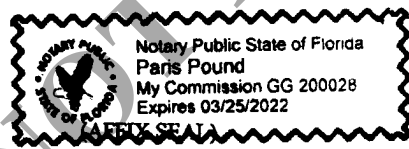
DL # R000105734520, state of FL, was placed under lawful arrest for
the offense of DUI by Investigator LE GREGORY LYNCH and
(Name of Arresting Officer)
issued Citation # AEA7C4E

That on or about the TWENTY-FIRST day of February, 2021, at 2:05 AM
in Palm Beach County,

I requested that the driver submit to a breath and/or urine test to determine his or her blood alcohol level and/or the presence of chemical or controlled substances. I informed the driver that the refusal to submit to such test(s) would result in the suspension of his or her driving privilege for a period of (1) year for a first refusal, or for a period of eighteen (18) months if his or her driving privilege had been previously suspended for refusing to submit to a breath, urine, or blood test. I also informed the driver that he or she commits a misdemeanor by refusing to submit to a lawful test as requested above if his or her driving privilege has been previously suspended for refusal to submit to a lawful test of his or her breath, urine, or blood. Additionally, I informed the driver that if he or she holds a CDL, or was operating a CMV, refusal will result in the disqualification of the Commercial Driver's License/driving 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 any such lawful test. Nonetheless, the driver refused to submit to the test(s) requested.

[Signature]
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:

The foregoing instrument was sworn and subscribed before
me this 21 day of FEBRUARY, 2021
by _____
who is personally known to me or who has produced
_____ as identification.

Signature of Attesting Officer
Title _____
Date _____

Notary Public [Signature]

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.

SCANNED
FEB 21 2021

WITNESS LIST

CASE NUMBER: 21037729

ARRESTING OFFICER: INV G. LYNCH 8568

ADDRESS: HQ

PHONE NUMBERS (HOME): _____ (WORK) 561 688 3000

CAN TESTIFY TO: FACTS OF CASE

NAME: D/S ARAUJO #2576

ADDRESS: DIST. 10

PHONE NUMBERS (HOME) 0 (WORK) 561 688 3000

CAN TESTIFY TO: TRAFFIC STOP

NAME: _____

ADDRESS _____

PHONE NUMBERS (HOME) _____ (WORK) _____

CAN TESTIFY TO: _____

NAME: _____

ADDRESS _____

PHONE NUMBERS (HOME) _____ (WORK) 0

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: _____

SCANNED
FEB 21 2021

TESTING FACILITY TASK REPORT

AGENCY:
SUBJECT:
CASE NUMBER:
DATE:
VIDEO DVD NUMBER:
BEGINNING TIME:
ENDING TIME:

BREATH TESTS RESULTS: 1) TIME A.M. P.M. 2) TIME A.M. P.M.
3) TIME A.M. P.M. 4) TIME A.M. P.M.

BREATH OPERATOR:
MAINTENANCE TECHNICIAN:

TESTING OFFICER'S OBSERVATIONS

SPEECH:
ATTITUDE:
CLOTHING:
MEDICAL CONDITIONS:
MEDICATIONS:

OTHER:

EYES: GLASSY AND BLOODSHOT

COMMENTS:

ARRIVED AT CENTER A/O BEGAN THE 20 MINUTE OBSERVATION PERIOD AT 01:35 HRS.
SUBJECT: REFUSED TO TAKE TEST
A/O: READ I/C TWO TIMES, ALSO EXPLAINED I/C
SUBJECT: STATED HE UNDERSTOOD I/C , BUT REFUSED TO ANSWER IF HE WOULD TAKE TEST.
A/O: CALLED REFUSAL
A/O: READ RIGHTS
SUBJECT: STATED HE UNDERSTOOD RIGHTS
A/O: CONDUCTED Q&A
SUBJECT: ANSWER QUESTIONS

REFUSED

REFUSED

SCANNED
FEB 21 2021



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"/>			
Other	<input type="checkbox"/>		Other:	
	<input type="checkbox"/>		Other:	

REVIEW COMPLETED BY

Booking Number: 2021004354	Date: 02/21/2020
	Specialist Name/ID: T Howard/7185

SCANNED
FEB 21 2021