

20CT11179AMB

ARREST / NOTICE TO APPEAR  
Juvenile Referral Report

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

OBTS Number	Agency ORI Number <b>FLO 50000</b>		Agency Name <b>PALM BEACH COUNTY SHERIFF'S OFFICE</b>		Agency Report Number (N.T.A.'s only) <b>06-20105824</b>	
Charge Type: Check as many as apply.	<input type="checkbox"/> 1. Felony <input type="checkbox"/> 2. Traffic Felony	<input type="checkbox"/> 3. Misdemeanor <input checked="" type="checkbox"/> 4. Traffic Misdemeanor	<input type="checkbox"/> 5. Ordinance <input type="checkbox"/> 6. Other	Weapon Seized / Type 2 1. Yes 2. No	NONE	Multiple Clearance Indicator 01
Location of Arrest (Including Name of Business) <b>RIVER BRIDGE BLVD &amp; ISLAND SHORES DR, GREENACRES, FL 33413 33463</b>			Location of Offense (Business Name, Address) <b>RIVER BRIDGE BLVD &amp; ISLAND SHORES DR, GREENACRES, FL 33413 33463</b>			
Date of Arrest <b>09/10/2020</b>	Time of Arrest <b>23:58</b>	Booking Date	Booking Time	Jail Date	Jail Time	Location of Vehicle <b>PRIORITY TOWING</b>

Name (Last, First, Middle) <b>BRASCH, CHARLES, EARL III</b>						Alias (Name, DOB, Soc. Sec. #, Etc.)					
Race W - White 1 - American Indian B - Black 0 - Oriental/Asian	Sex <b>M</b>	Date of Birth <b>04/25/1988</b>	Height <b>5'06"</b>	Weight <b>200</b>	Eye Color <b>BRN</b>	Hair Color <b>BRN</b>	Complexion <b>LIGHT</b>	Build <b>MEDIUM</b>			
Scars, Marks, Tattoos, Unique Physical Features (Location, Type, Description) <b>N/A</b>						Marital Status <b>SINGLE</b>	Religion <b>CATHOLIC</b>	Indication of Alcohol Influence 1. City 2. County 3. Florida 4. Out of State			
Local Address (Street, Apt. Number) (City) (State) (Zip) <b>533 ISLAND SHORES DRIVE, GREENACRES, FL 33413</b>						Phone <b>(561) 255-2630</b>		Residence Type: 1. City 2. County 3. Florida 4. Out of State			
Permanent Address (Street, Apt. Number) (City) (State) (Zip) <b>533 ISLAND SHORES DRIVE, GREENACRES, FL 33413</b>						Phone <b>(561) 255-2630</b>		Address Source <b>DEFENDANT - VERBAL</b>			
Business Address (Name, Street) (City) (State) (Zip) <b>N/A</b>						Phone <b>( ) N/A</b>		Occupation <b>BARTENDER</b>			
D/L Number, State <b>B62145881450, FL</b>		Soc. Sec. Number		INS Number		Place of Birth (City, State) <b>WEST PALM BEACH, FL</b>		Citizenship <b>U.S.A.</b>			

Co-Defendant Name (Last, First, Middle)	Race	Sex	Date of Birth	<input type="checkbox"/> 1. Arrested <input type="checkbox"/> 2. At Large	<input type="checkbox"/> 3. Felony <input type="checkbox"/> 4. Misdemeanor <input type="checkbox"/> 5. Juvenile
Co-Defendant Name (Last, First, Middle)	Race	Sex	Date of Birth	<input type="checkbox"/> 1. Arrested <input type="checkbox"/> 2. At Large	<input type="checkbox"/> 3. Felony <input type="checkbox"/> 4. Misdemeanor <input type="checkbox"/> 5. Juvenile

<input type="checkbox"/> Parent <input type="checkbox"/> Legal Custodian <input type="checkbox"/> Other	Name (Last) (First) (Middle)	Residence Phone
Address (Street, Apt. Number) (City) (State) (Zip)		Business Phone
Notified by: (Name)	Date	Time
Released To: (Name)	Relationship	Date
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 change the address. (Phone 355-2528) 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/ Product/ 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. Synthetics	U. Unknown Z. Other
Charge Description <b>D.U.I.</b>		Counts <b>01</b>	Domestic Violence <input type="checkbox"/> Y <input checked="" type="checkbox"/> N	Statute Violation Number <b>316.193(1)(A)</b>		Violation of ORD #				
Drug Activity <b>N</b>	Drug Type <b>N</b>	Amount / Unit <b>N/A</b>	Offense # <b>20105824</b>	Warrant / Capias Number		Bond <i>OK</i>				
Charge Description		Counts	Domestic Violence <input type="checkbox"/> Y <input type="checkbox"/> N	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"/> Y <input type="checkbox"/> N	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"/> Y <input type="checkbox"/> N	Statute Violation Number		Violation of ORD #				
Drug Activity	Drug Type	Amount / Unit	Offense #	Warrant / Capias Number		Bond				

Location (Court, Room Number, Address) <b>CRIMINAL JUSTICE COMPLEX 3228 GUN CLUB DRIVE, WEST PALM BEACH, FL 33406</b>					
Court Date and Time Month <b>OCTOBER</b> Day <b>8TH</b> Year <b>2020</b> Time <b>8:30</b> AM <input checked="" type="checkbox"/> PM					
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) <i>[Signature]</i>				Date Signed <b>9-11-2020</b>	

HOLD for other Agency Name:		Signature of Arresting Officer <i>[Signature]</i>		Name Verification (Printed by Arrestee) <b>SEP 10 2020</b>	
<input type="checkbox"/> Dangerous <input type="checkbox"/> Suicidal	<input type="checkbox"/> Resisted Arrest <input type="checkbox"/> Other:	Name of Arresting Officer (Print) <b>D/S A. SENTMANAT</b>		I.D. # <b>24968</b>	
Waker/Deputy <b>DSC/MS 2622</b>	Pouch #	Transporting Officer <b>A. SENTMANAT</b>		Agency <b>PBSO</b>	
DISTRIBUTION: WHITE - COURT COPY GREEN - STATE ATTORNEY YELLOW - AGENCY PINK - AGENCY GOLD - DEFENDANT (N.T.A.'s ONLY)				PAGE <b>1 OF 1</b>	

05/8483

3224 SCANNED  
SEP 11 2020

OBTS Number		<b>PROBABLE CAUSE AFFIDAVIT</b>			1. Arrest 2. N.T.A.	3. Request For Warrant 4. Request For Capias	1	Juvenile <input type="checkbox"/>
Agency ORI Number <b>FLO 5 0 0 0 0 0</b>	Agency Name <b>PALM BEACH COUNTY SHERIFF'S OFFICE</b>	Agency Report Number <b>06</b>		20105824				
Charge Type Check as many as 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"/> 8. Other		Special Notes					
Defendant Name (Last, First, Middle) <b>Brasch Charles E</b>		Race <b>W</b>	Sex <b>M</b>	Date of Birth <b>04/25/1988</b>				
Charge <b>DUI</b>	Charge							
Charge	Charge							
Victim Name (Last, First, Middle) <b>State of FL</b>		Race	Sex	Date of Birth				
Local Address (Street, Apt. Number)	City	State <b>FL</b>	Zip	Phone	Address Source			
Business Address (Street, Apt. Number)	City	State	Zip	Phone	Occupation			
<p>The undersign 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...</p> <p><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.</p> <p><input type="checkbox"/> confessed to admitting to the below facts. <input checked="" type="checkbox"/> was found to have committed the below acts, resulting from (described) investigation.</p> <p>On the <b>10</b> day of <b>September</b> 20 <b>20</b> at <b>2325</b> <input type="checkbox"/> AM <input type="checkbox"/> PM</p>								

On Thursday, September 10, 2020 at approximately 2325hrs I was conducting patrol in the city of Greenacres, FL.

I was traveling south on S Jog Rd from Purdy lane when I observed a black Chevrolet 2 door coupe bearing FL tag #Y99GTR traveling north in the southbound lanes of S Jog Rd. I turned my vehicle around and caught up the the Chevrolet as it turned west onto Island Shores Dr. I activated my overhead lights and followed it as it turned left towards the Island Shores community. The Chevrolet then pulled off the road into the grass and stopped.

Wearing my agency issued mask, I approached the vehicle on the driver side and made contact with the driver and sole occupant of the vehicle. I asked the driver why he was driving north in the southbound lanes of S Jog Rd. The driver, W/M Charles Brasch seemed confused by the question and did not seem to realize that he had done so. He responded that he was turning into the community and stated that he lived there. I immediately noticed that his eyes were glassy and his speech seemed slurred. I asked him for his drivers license and then vehicle registration and insurance. He found his license and then asked me what else I was looking for. I reminded him that it was the registration and insurance. He searched through the contents of his glovebox and repeatedly apologized to me. He produced his registration and I walked back to my vehicle where my backup had just arrived. D/S Sentmanat, the shift traffic deputy was my backup and I informed him that I suspected Brasch was under the influence and my observations of his demeanor. D/S Sentmanat conducted a DUI investigation and arrested Brasch.

This concluded my involvement in the case.

The foregoing instrument was sworn to and affirmed before me this <u>11</u> day of <u>September</u> 20 <u>20</u> , by:	
<i>D/S A. Sentmanat</i> Name of Notary Public / Clerk of Court / Officer (F.S.S. 117.00)	<u>24991</u> Name of Arresting/Investigating Officer
<i>[Signature]</i> Signature of Notary Public / Clerk of Court / Officer (F.S.S. 117.00)	<i>[Signature]</i> Signature of Arresting/Investigating Officer
Page <u>1</u> of <u>1</u>	

# D.U.I. PROBABLE CAUSE AFFIDAVIT

ON THE 10TH DAY OF SEPTEMBER 20 20, AT 23:26 AM  PM

SUBJECT: BRASCH, CHARLES, EARL III CASE NUMBER: 20105824

AGENCY: PALM BEACH COUNTY SHERIFF'S OFFICE ARRESTING OFFICER: A. SENTMANAT

## PERSONAL CONTACT

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

On Thursday September 10, 2020 at approximately 2326hrs I responded to Island Dr and River Bridge Blvd, Greenacres, FL 33413 in reference to a traffic stop. Upon arrival D/S Miller #24991 advised that the vehicle had been driving north bound in south bound lanes of travel. See D/S Miller attached supplemental probable cause affidavit.

## OBSERVATION OF DRIVER:

I made contact with the driver W/M Charles Earl Brasch III (04/25/88). While speaking with Brasch he appeared confused and as he spoke I immediately smelled a strong odor of an unknown alcoholic beverage coming from his breath. I observed that his eyes were red, watery, and were glassy. I asked him to exit the vehicle and he used the door frame to steady himself. While he stood in front of me I could see that Brasch was swaying from side to side.

## DRIVER'S STATEMENTS:

I had asked Brasch if he had anything to drink and he said that he had approximately 2 to 3 shots of liquor just prior to leaving work.

## ODORS:

Brasch had a strong odor of an unknown alcoholic beverage coming from his breath.

## GENERAL OBSERVATIONS

SPEECH: Slightly Slurred

ATTITUDE: Cooperative

CLOTHING: Black T-Shirt, Blue Long Shorts, and Black Sneakers

MEDICAL/OTHER: None

STATE OF FLORIDA  
COUNTY OF PALM BEACH

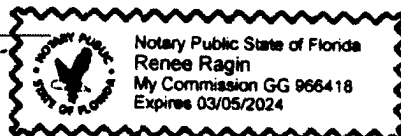
A. SENTMANAT

(Signature of Arresting/Investigative Officer)

The foregoing instrument was sworn to or affirmed and subscribed before me this 10th day of SEPTEMBER 20 20 by A. SENTMANAT

(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)



**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:**

While standing with his feet together for checking his HGN I observed Brasch swaying side to side and at one point appeared to stumble back.

**WALK & TURN:**

Brasch had stumbled to the left four times while in the starting position and three times to the right. He had started without being instructed to start. Several steps he did not work heel to toe and there was at least a 2 to 3 inch separation between feet. On steps two and six he stepped off the line. On step eight his right foot crossed over his left foot. After his ninth step he did not make a turn and just stood there looking ahead. I reminded him that he had to make the turn and walk an additional nine steps. Brasch made an improper turn and on step six his feet crossed over each other.

**ONE LEG STAND:**

Brasch raised his right foot and on count ten his had lowered his foot. He kept leaning to the right and had to be reminded to look down at his foot. Brasch lowered his foot again on count fifteen.

**FINGER TO NOSE:**

Brasch was swaying side to side while in the starting position. He missed all attempts with his left and right hand. He would touch below or above the nose.

**ROMBERG ALPHABET:**

Brasch started the task but was told when he was done to lean his head forward and open his eyes. When he finished he asked if he could open his eyes.

**BREATH TEST RESULTS:**

1) 0.182	2) 0.193	3)	4)
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STATE OF FLORIDA  
COUNTY OF PALM BEACH

A. SENTMANAT

(Signature of Arresting/Investigative Officer)

The foregoing instrument was sworn to or affirmed and subscribed before me this 10th day of SEPTEMBER 2020 by A. SENTMANAT

(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)



# WITNESS LIST

CASE NUMBER: 20105824

ARRESTING OFFICER: A. SENTMANAT

ADDRESS: 3228 GUN CLUB RD, WEST PALM BEACH, FL 33406

PHONE NUMBERS (HOME): \_\_\_\_\_ (WORK) 561-688-3400

CAN TESTIFY TO: ROADSIDE TASKS AND THE B.A.T.

NAME: D/S MILLER #24991

ADDRESS: 3228 GUN CLUB RD, WEST PALM BEACH, FL 33406

PHONE NUMBERS (HOME) \_\_\_\_\_ (WORK) 561-688-3400

CAN TESTIFY TO: DRIVING PATTERN AND THE TRAFFIC STOP

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

ADDRESS \_\_\_\_\_

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

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

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

ADDRESS \_\_\_\_\_

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

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

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

ADDRESS \_\_\_\_\_

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ADDRESS \_\_\_\_\_

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

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

NOT A CERTIFIED COPY

# 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 bloodshot  
Odor of unknown alcoholic beverage on breath.

## COMMENTS:

Arrived at center A/O started 20 minute observation period at 00:40 hrs.

Subject agreed to take breath test.

A/O read rights.  
Subject stated he understood right.

Tech read breath test results.  
Subject stated he understood test results.

A/O conducted Q&A.  
Subject answered questions.

**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: 80-006238 Software: 8100.27  
Date of Test: 09/11/2020

Date of Last Agency Inspection: 08/14/2020

Observation Period Began: 00:40

Subject's Name: CHARLES EARL III I BRASCH

DOB: 04/25/1988 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	01:05
	Air Blank	0.000	01:05
	Control Test	0.079	01:05
	Air Blank	0.000	01:06
	Subject Sample #1	0.182	01:07
	Air Blank	0.000	01:07
	Air Blank	0.000	01:09
	Subject Sample #2	0.193	01:10
	Air Blank	0.000	01:10
	Control Test	0.078	01:11
	Air Blank	0.000	01:11
	Diagnostics Check	OK	01:11

Cylinder Lot: 14020080A1  
Exp: 07/05/2022

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 RENEE M RAGIN, 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: \_\_\_\_\_ Date: 09/10/20  
Signature

Sworn to (or affirmed) before me this 10 day of Sept., 2020  
A. Sentman D/S A. Sentman # 24968  
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 322.2615, F.S.

SUBJECT: Charles, Charles E III CASE NUMBER: 10-103124

## 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 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

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) \_\_\_\_\_

SUBJECT: Boat, Outboard, Etc. III CASE NUMBER: 0-105-4

### 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? Home

WHAT STREET OR HIGHWAY WERE YOU ON? Island Shores Dr.

DIRECTION OF TRAVEL? S WHERE DID YOU START? \_\_\_\_\_

WHAT TIME DID YOU START? 9:45pm WHAT TIME IS IT NOW? 10:30pm

WHAT IS TODAY'S DATE? 9/11/20 WHAT DAY OF THE WEEK IS IT? Fri but was Thursday

WHAT COUNTY AND CITY ARE YOU IN NOW? W.P.B. FL

WHEN DID YOU LAST EAT? 6:30pm WHAT DID YOU EAT? Chicken Pasta w/ Pasta

WHAT HAVE YOU BEEN DOING FOR THE LAST THREE HOURS? Sitting here w/ you <sup>& Sal</sup>

HOW MUCH DO YOU WEIGH? 195 HAVE YOU BEEN DRINKING? NO WHAT? NO

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? NO ARE YOU UNDER THE INFLUENCE? NO

HAVE YOU CONSUMED ANY ALCOHOL SINCE THE ACCIDENT? - HOW MUCH? -

WHAT? - WHERE? - WHEN? -

WHAT LINE OF WORK ARE YOU IN? Bar tender WHEN DID YOU LAST WORK? This evening

DO YOU HAVE ANY PHYSICAL DEFECTS OR INJURIES? NO WHAT? -

ARE YOU SICK OR INJURED? NO WHAT'S WRONG? -

DO YOU LIMP? NO DID YOU RECEIVE A BUMP ON THE HEAD RECENTLY? NO

WERE YOU IN AN ACCIDENT TODAY? NO

HAVE YOU TAKEN ANY DRUGS OR SMOKED ANY MARIJUANA TODAY? NO WHEN? -

HAVE YOU SEEN A DOCTOR OR DENTIST TODAY? NO WHO? - WHY? -

ARE YOU TAKING ANY PRESCRIPTION MEDICINES? NO WHAT? - WHEN? -

DO YOU HAVE:

EPILEPSY?	<u>NO</u>
GLASS EYE?	<u>NO</u>
FALSE TEETH?	<u>NO</u>
EAR INFECTION?	<u>NO</u>
INNER EAR TROUBLE?	<u>occasionally</u>
DIABETES?	<u>possibly</u>

DO YOU HAVE ANY PROBLEMS WITH YOUR EYES THAT ARE NOT CORRECTED BY GLASSES? NO

DO YOU TAKE INSULIN? NO IF SO, WHEN WAS YOUR LAST INJECTION? -

HAVE YOU EVER HAD A DRIVER'S LICENSE IN ANY OTHER STATE? NO WHERE? -

INTERVIEWER: DIS A. Sembrant #24908

