

J# 0516743

ARREST / NOTICE TO APPEAR
Juvenile Referral Report

20CT6960

P# 3508

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

1

Juvenile N

ADMINISTRATIVE	OBTS Number		Agency ORI Number FLO 500000		Agency Name PALM BEACH COUNTY SHERIFF'S OFFICE		Agency Report Number (N.T.A.'s only) 06-20-073551			
	Charge Type: Check as many as apply.		1. Felony <input type="checkbox"/> 2. Traffic Felony <input type="checkbox"/>		3. Misdemeanor <input type="checkbox"/> 4. Traffic Misdemeanor <input checked="" type="checkbox"/>		5. Ordinance <input type="checkbox"/> 6. Other <input type="checkbox"/>			
	Location of Arrest (Including Name of Business) 6TH AVE S (E) OF CONGRESS AVE LAKE WORTH FL 33461		Location of Offense (Business Name, Address) 6TH AVE S (E) CONGRESS AVE, LAKE WORTH FL 33461		Weapon Seized / Type 1. Yes <input type="checkbox"/> 2. No <input type="checkbox"/>		Multiple Clearance Indicator			
	Date of Arrest 05/31/2020	Time of Arrest 0101	Booking Date	Booking Time	Jail Date	Jail Time	Location of Vehicle GARDENS TOWING			
Name (Last, First, Middle) Rice, Charles, Paul								Alias (Name, DOB, Soc. Sec. #, Etc.)		
DEFENDANT	Race	Sex	Date of Birth	Height	Weight	Eye Color	Hair Color	Complexion	Build	
	W - White / B - Black / O - Oriental/Asian	W / M	5/21/1977	5'11"	170	BRN	BRO	FAIR	THIN	
	Scars, Marks, Tattoos, Unique Physical Features (Location, Type, Description) TAT LEFT ARM/RT ARM/RT SHLDR				Marital Status Married	Religion NONE	Indication of: Alcohol Influence <input type="checkbox"/> Drug Influence <input type="checkbox"/>			
	Local Address (Street, Apt. Number) 13705 54st N, West Palm Beach, FL 33411				Phone (561) 714 3584	Residence Type: 1. City <input type="checkbox"/> 2. County <input type="checkbox"/> 3. Florida <input type="checkbox"/> 4. Out of State <input type="checkbox"/>				
	Permanent Address (Street, Apt. Number)				Phone	Address Source DEFENDANT				
	Business Address (Name, Street) 6800 OKEECHOBEE BV WEST PALM BEACH FL 33411				Phone	Occupation TOOL RENTAL ASSOCIATE				
	D/L Number, State R200155771810, FL		Soc. Sec. Number		INS Number		Place of Birth (City, State) MONROE MI		Citizenship US	
	Co-Defendant Name (Last, First, Middle)				Race	Sex	Date of Birth	<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"/> 3. Felony <input type="checkbox"/> 4. Misdemeanor <input type="checkbox"/> 5. Juvenile		
	CO-DEF	Parent Name (Last, First, Middle)		Residence Phone		Relationship				
Legal Custodian		Business Phone		Relationship						
Other		Business Phone		Relationship						
Address (Street, Apt. Number)		City (State) (Zip)		Relationship						
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 parent. The child and / or parent was told to keep the Juvenile Court Clerk (Phone 355-2528) informed of any change of address. <input type="checkbox"/> Yes, by: (Name) <input type="checkbox"/> No: (Reason)				School Attended		Grade				
Property Crime? <input type="checkbox"/> Yes <input type="checkbox"/> No		Description of Property		Value of Property						
Drug Activity N. N/A B. Buy P. Possess		S. Sell R. Smuggle D. Deliver T. Traffic 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. Synthetics U. Unknown Z. Other		
Charge Description DUI W/PROPERTY DAMAGE		Counts 1	Domestic Violence <input type="checkbox"/> Y <input checked="" type="checkbox"/> N	Statute Violation Number 316.193(3)C1		Violation of ORD #				
Drug Activity N	Drug Type N	Amount / Unit N/A	Offense # 20-073551	Warrant / Capias Number		Bond				
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		Bond				
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		Bond				
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		Bond				
Location (Court, Room Number, Address) 3228 GUN CLUB RD WEST PALM BEACH FL 33406										
Court Date and Time Month JULY Day 16 Year 2020 Time 0830 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) _____ Date Signed 05/31/2020										
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 E. K. WHITE I.D. # 7209				(PRINT)				
Intervenor Deputy I.D. # Pouch #		Transporting Officer ID # Agency INV E. K. WHITE 7209 PBSO				Witness here if subject signed with an "X" 1 OF 1				

40-L-11-15-2020
MAY 31 7:04

PROBABLE CAUSE AFFIDAVIT

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

1

Juvenile

N

OBTS Number		Agency ORI Number FLO 500000		Agency Name PALM BEACH COUNTY SHERIFF'S OFFICE		Agency Report Number 06-20-073551	
Charge Type: Check as many as apply.		Special Notes:		Race		Sex	
<input type="checkbox"/> 1. Felony		<input type="checkbox"/> 3. Misdemeanor		W		M	
<input type="checkbox"/> 2. Traffic Felony		<input type="checkbox"/> 4. Traffic Misdemeanor					
<input type="checkbox"/> 5. Ordinance		<input type="checkbox"/> 6. Other		Date of Birth		5/21/1977	
Name (Last, First, Middle) Rice, Charles, Paul		Alias		Race		Sex	
Charge Description DUI W/PROPERTY DAMAGE		Charge Description 316.193(3)C1		W		M	
Charge Description		Charge Description					
Victim's Name (Last, First, Middle)		Race		Sex		Date of Birth	
Local Address (Street, Apt. Number)		(City)		(State)		(zip)	
Business Address (Name, Street)		(City)		(State)		(zip)	
<input type="checkbox"/> committed the below acts in my presence. <input type="checkbox"/> confessed to _____ admitting to the below facts.		<input type="checkbox"/> was observed by _____ who told _____ that he/she saw the arrested person commit the below acts.		<input checked="" type="checkbox"/> was found to have committed the below acts, resulting from my (described) investigation.			
On the 31 day of MAY		20 20 at 0009		<input checked="" type="checkbox"/> A.M. <input type="checkbox"/> P.M. (Specifically include facts constituting cause for arrest.)			
<p>On Sunday, May 31, 2020 at approximately 0020 hours, I responded to 6th Avenue South and Congress Avenue, Lake Worth (Palm Beach County) Florida to assist Deputy Jackie Cisson with a traffic crash involving a possible drunk driver. Upon my arrival I noticed several deputies at the scene of the crash with their patrol cars positioned behind three (3) vehicles that were involved in the crash. The patrol cars were in the westbound lane and re-directed westbound traffic around the scene. I made contact with D/S Cisson who was actively investigating the crash. During my assistance I observed severe damage to the front side of the Ford pick up truck(#1 veh). The Ford passenger car (#2 veh)incurred damage to its rear side and front side. The Nissan (#3 veh) incurred damage to its rear side. D/S Cisson and I determined that the crash occurrence was due to a chain reaction from the initial crash. The pick up truck struck the #2 vehicle which caused it to strike the #3 vehicle. The driver of the #2 vehicle identified the defendant as the person driving the pick up truck. He also suspected that driver to have been drinking alcoholic beverages. He also wrote a sworn witness statement regarding the crash.</p> <p>I made contact with the driver of the pick up truck who was currently sitting on a guard rail on the north side of the roadway. He was later identified as Charles Paul Rice III by his Florida driver license. I told Rice that I was assisting D/S Cisson with the crash investigation that involved his vehicle. Moreover, I told him one of the drivers involved in the crash identified him as the driver of the truck that hit his vehicle. While speaking with him I noticed his eyes were red, watery and glossy. His cheeks were flushed, mouth dry and he slurred his speech while speaking. I could smell a strong odor of an unknown alcoholic beverage emanating from his breath that intensified as he spoke. His movements were slow, calculated and lethargic. He was wearing a light colored shirt, blue jean shorts and gray sneakers. I explained that I had completed my assistance with the crash investigation and would now be conducting a criminal investigation for DUI with property damage. I explained my suspicion of his alcoholic beverage consumption was prompt by the previously mentioned indicators of impairment he exhibited. I told him I am required to read him his Constitutional Rights prior to speaking with him further. After advising him of his "rights" in which he acknowledged, I asked if he would consent to an interview. He obliged. Rice told me he was driving his pick up truck when the vehicle in front of him stopped abruptly. He told me he was not injured from the crash. He admitted to drinking 3 to 4 beers at a friend's house.</p>							
STATE OF FLORIDA COUNTY OF PALM BEACH		INV E. K. WHITE					
(Signature of Arresting Investigative Officer)							
The foregoing instrument was sworn to or affirmed and subscribed before me this 31 day of MAY		20 20 by INV E. K. WHITE		KNOWN			
(Print name of Arresting Investigative Officer, who is personally known to me and/or produced identification. Type of identification produced)		JOSHUA BELL					
Notary Public, Clerk of Court, Officer (F.S.S. 117.10)				PAGE 1 OF 3			

PROBABLE CAUSE AFFIDAVIT

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: 06- 20-073551

Charge Type: Check as many as apply. 1. Felony 2. Traffic Felony 3. Misdemeanor 4. Traffic Misdemeanor 5. Ordinance 6. Other

Name (Last, First, Middle): Rice, Charles, Paul Alias: Race: W Sex: M Date of Birth: 5/21/1977

Charge Description: DUT W/PROPERTY DAMAGE 316.193(3)C1

Charge Description

Victim's Name (Last, First, Middle)

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 [] committed the below acts in my presence. [] was observed by who told that he/she saw the arrested person commit the below acts. [] confessed to admitting to the below facts. [X] was found to have committed the below acts, resulting from my (described) investigation. On the 31 day of MAY 20 20 at 0009 [X] A.M. [] P.M. (Specifically include facts constituting cause for arrest.)

Based on my suspicion I asked if he would consent to performing Standardized Field Sobriety Evaluations (SFSTs) for the purpose of determining if he was impaired while operating a motor vehicle. He consented to the SFSTs. Prior to his performance I asked if he had any previous and current physical problems with his body that would inhibit him from performing light physical exercises. I also asked if he was taking medication. He told me he was neither injured from the crash, to include any previous physical problems with him, nor was he taking medication. After administering HGN while he sat on the guard rail, I asked him to walk to the side walk. The surface was level, smooth and free from obstructions and debris. This area was well lighted by my headlights and ambient lighting in the area. While walking to the side walk I noticed he was not able to keep his balance. He swayed while walking and was unsteady on his feet. He stumbled and nearly fell on occasion. I placed a yellow strip of masking tape on the surface that formed a line. The defendant identified the tape by giving its color and placing his left foot on it when prompt to do so. The following SFSTs were explained, demonstrated and acknowledged by him prior to his performance: HGN, The Walk and Turn, The One Leg Stand, The Finger to Nose and The Romberg Alphabet Recitation. His deficiencies were recorded on another form in this work sheet. At the conclusion of the SFSTs, coupled with the other driver's observation and identification of the defendant after the crash and my observation of personal indicators of impairment exhibited by the defendant, probable cause was established for DUI. I told the defendant he was being placed under lawful arrest for DUI with property damage. He was searched and handcuffed (double locked and checked for tightness) prior to being seated into the rear of my patrol car. Back up deputies arranged for the defendant's vehicle to be towed by a tow service from PBSO's rotation list. Guardian's Towing responded and impounded his vehicle to their lot. Meanwhile I began transport to the main jail breath analysis facility for further processing. Upon our arrival I escorted the defendant into the medical facility for an examination for the COVID-19 virus. Afterward I escorted him into the "BAT" facility and began a 20 minute observation period. During this time the defendant did not ingest anything into his body orally or otherwise. Neither did he regurgitate. I escorted him into the testing room and asked him to provide breath samples for the purpose of determining his alcohol content. He obliged.

STATE OF FLORIDA COUNTY OF PALM BEACH INV E. K. WHITE (Signature of Arresting/Investigative Officer)

The foregoing instrument was sworn to or affirmed and subscribed before me this 31 day of MAY 20 20 by INV E. K. WHITE KNOWN

(Print name of Arresting/Investigative Officer, who is personally known to me and/or produced identification. Type or identification produced) JOSHUA BELL MY COMMISSION #GG346008 EXPIRES: JUN 18, 2023 Bonded through 1st State Insurance

Notary Public, Clerk of Court, Officer (F.S.S. 117.10) PAGE 2 OF 3

PROBABLE CAUSE AFFIDAVIT

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 06- 20-073551
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		

Name (Last, First, Middle) Rice, Charles, Paul	Alias	Race W	Sex M	Date of Birth 5/21/1977
Charge Description DUI W/PROPERTY DAMAGE	316.193(3)C1	Charge Description		
Charge Description	Charge Description			

Victim's Name (Last, First, Middle)	Race	Sex	Date of Birth
Local Address (Street, Apt. Number)	(City)	(State)	(zip)
Business Address (Name, Street)	(City)	(State)	(zip)

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
 committed the below acts in my presence. was observed by _____ who told _____ that he/she saw the arrested person commit the below acts.
 confessed to _____ admitting to the below facts. was found to have committed the below acts, resulting from my (described) investigation.
 On the 31 day of MAY 2020 at 0009 A. M. P. M. (Specifically include facts constituting cause for arrest.)

The defendant gave two (2) adequate breath samples that rendered results of .193 and .189. I reminded him of his Constitutional Rights that were read on scene. He remembered his "rights" and agreed to be interviewed. After the interview the defendant was booked into the main jail for the previously mentioned.

NOT A CERTIFIED COPY

PROBABLE CAUSE STATEMENT

ADMINISTRATIVE

STATE OF FLORIDA
COUNTY OF PALM BEACH

(Signature of Arresting Investigative Officer)

INV E. K. WHITE

The foregoing instrument was sworn to or affirmed and subscribed before me this 31 day of MAY 2020 by INV E. K. WHITE

(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)



JOSHUA BELL
MY COMMISSION #GG346008
EXPIRES: JUN 18, 2023
Bonded through 1st State Insurance

PAGE
3 OF **3**

D.U.I. PROBABLE CAUSE AFFIDAVIT

ON THE 31 DAY OF MAY 2020, AT 0009 AM PM

SUBJECT: Rice, Charles, Paul CASE NUMBER: 20-073551

AGENCY: PALM BEACH COUNTY SHERIFF'S OFFICE ARRESTING OFFICER: INV E. K. WHITE

PERSONAL CONTACT

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

SEE PC AFFIDAVIT

OBSERVATION OF DRIVER:

SEE PC AFFIDAVIT

DRIVER'S STATEMENTS:

POST MIRANDA ADMITTED TO DRINKING 3 TO 4 BEERS AT HIS FRIEND'S HOUSE.

ODORS:

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

GENERAL OBSERVATIONS

SPEECH: SLOW AND SLURRED

ATTITUDE: COOPERATIVE AND LETHARGIC

CLOTHING: SHORTS, T SHIRT AND SNEAKERS

MEDICAL/OTHER: NONE

STATE OF FLORIDA
COUNTY OF PALM BEACH

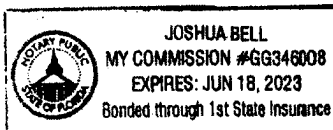
INV E. K. WHITE

(Signature of Arresting/Investigative Officer)

The foregoing instrument was sworn to or affirmed and subscribed before me this 31 day of MAY 2020 by INV E. K. WHITE

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

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



SUBJECT: Rice, Charles, Paul

CASE NUMBER 20-073551

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:

Subject was asked to stand with their feet together and place their hands by their side. They were asked to focus on the stimulus and follow it with their eyes. Lastly they were told not to move their head to assist in following the stimulus with their eyes. Subject showed equal pupil size that tracked equally. Both eyes lacked a smooth pursuit. I saw distinct and sustained Nystagmus at maximum deviation. I also saw an onset of Nystagmus prior to 45 degrees in both eyes. Subject swayed while performing this task. Subject did not track the stimulus as instructed

WALK & TURN:

THE DEFENDANT WAS PLACED IN THE INSTRUCTIONAL STANCE FOR THE WALK AND TURN. THIS TASK WAS EXPLAINED AND DEMONSTRATED TO THE DEFENDANT. THE DEFENDANT ACKNOWLEDGED THE INSTRUCTIONS PRIOR TO PERFORMING THIS TASK: Subject was unable to maintain his balance while placed in the instructional position. He swayed and abandoned the position. He was incapable of assuming the instructional position due to his balance issues. During the task he failed to touch heel to toe, he stopped to steady himself, he stepped off the line, he did not keep his arms by his side as instructed, he took an incorrect number of steps. I did not allow his to continue for safety concerns.

ONE LEG STAND:

THE DEFENDANT WAS PLACED IN THE INSTRUCTIONAL STANCE FOR THE ONE LEG STAND. THIS TASK WAS EXPLAINED AND DEMONSTRATED TO THE DEFENDANT. THE DEFENDANT ACKNOWLEDGED THE INSTRUCTIONS PRIOR TO PERFORMING THIS TASK: Subject was unable to maintain his balance while his leg/foot was elevated. He raised his arms away from his side and dropped his foot once. He leaned and was incapable of keeping his balance. I ceased in continuing this evaluation for safety reasons.

FINGER TO NOSE:

THE DEFENDANT WAS PLACED IN THE INSTRUCTIONAL STANCE FOR THE FINGER TO NOSE. THIS TASK WAS EXPLAINED AND DEMONSTRATED TO THE DEFENDANT. THE DEFENDANT ACKNOWLEDGED THE INSTRUCTIONS PRIOR TO PERFORMING THIS TASK: Subject swayed and could not keep his balance. When instructed to tilt his head back and close his eyes he lost his balance and nearly fell. I did not continue this evaluation for safety reasons.

ROMBERG ALPHABET:

THE DEFENDANT WAS PLACED IN THE INSTRUCTIONAL STANCE FOR THE ROMBERG ALPHABET TASK. THIS TASK WAS EXPLAINED AND DEMONSTRATED TO THE DEFENDANT. THE DEFENDANT ACKNOWLEDGED THE INSTRUCTIONS PRIOR TO PERFORMING THIS TASK: Subject swayed during his performance. He was unsuccessful in reciting the alphabet

BREATH TEST RESULTS: 1) .189 2) .193 3) 4)

STATE OF FLORIDA
COUNTY OF PALM BEACH

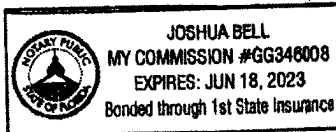
INV E. K. WHITE

(Signature of Arresting/Investigative Officer)

The foregoing instrument was sworn to or affirmed and subscribed before me this 31 day of MAY 20 20 by INV E. K. WHITE

(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)



TESTING FACILITY TASK REPORT

AGENCY: PBSO

SUBJECT: RICE, CHARLES P CASE NUMBER: 20-073551

DATE: May 31, 2020 VIDEO DVD NUMBER: N/A

BEGINNING TIME: 0201 ENDING TIME: 0216

BREATH TESTS RESULTS: 1) .193 TIME 0206 A.M. P.M. 2) .189 TIME 0209 A.M. P.M.

3) TIME A.M. P.M. 4) TIME A.M. P.M.

BREATH OPERATOR: JOSHUA J BELL #8656

MAINTENANCE TECHNICIAN: J. KARLECKE #6467

TESTING OFFICER'S OBSERVATIONS

SPEECH: SLURRED

ATTITUDE: QUIET, COOPERATIVE, POLITE

CLOTHING: LIGHT BLUE TEE SHIRT, BLUE JEAN SHORTS, BLACK SHOES

MEDICAL CONDITIONS: NONE

MEDICATIONS: NONE

OTHER:
EYES: BLOODSHOT, GLASSY
ODOR OF UNKNOWN ALCOHOLIC BEVERAGE COMING FROM BREATH
SUBJECT STATED HE DRANK 4 BEERS (BUD) (Q AND A)

COMMENTS:

ARRIVED AT DUI TESTING FACILITY AND BEGAN THE 20 MINUTE OBSERVATION AT 0138 HOURS

SUBJECT STATED HE WOULD TAKE BREATH TEST

A/O ASKED SUBJECT IF HE REMEMBERED HIS RIGHTS THAT WERE READ ON SCENE
SUBJECT STATED THAT HE REMEMBERED HIS RIGHTS

TECH READ BREATH TEST RESULTS
SUBJECT STATED HE UNDERSTOOD BREATH TEST RESULTS

A/O CONDUCTED Q AND A
SUBJECT ANSWERED QUESTIONS

SUBJECT: Rice, Charles P

CASE NUMBER: 20-073551

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) Read on ^{EW} ~~scene~~ scene

SUBJECT: Rice, Charles P CASE NUMBER: 20-073551

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? Yes SIR

WHERE WERE YOU GOING? Home Arreage

WHAT STREET OR HIGHWAY WERE YOU ON? Lantana Blvd

DIRECTION OF TRAVEL? W WHERE DID YOU START? Pine ST.

WHAT TIME DID YOU START? I don't know WHAT TIME IS IT NOW? Do NOT

WHAT IS TODAY'S DATE? 4/25/30 Mght Fe 5/31 WHAT DAY OF THE WEEK IS IT? was Saturday

WHAT COUNTY AND CITY ARE YOU IN NOW? Lantana FL (18)

WHEN DID YOU LAST EAT? noon WHAT DID YOU EAT? Chicken Nuggets

WHAT HAVE YOU BEEN DOING FOR THE LAST THREE HOURS? Hanging out w/ friends

HOW MUCH DO YOU WEIGH? 200 HAVE YOU BEEN DRINKING? Yes SIR WHAT? Budweiser

HOW MUCH? 4 WHERE? Pine ST WITH WHOM? Friends

WHEN DID YOU HAVE YOUR FIRST DRINK? 5pm AND YOUR LAST DRINK? Can't Remember

HOW DID YOU CONSUME YOUR LAST TWO DRINKS? slow

CAN YOU FEEL THE EFFECTS OF THE ALCOHOL? NO SIR ARE YOU UNDER THE INFLUENCE? Don't Believe

HAVE YOU CONSUMED ANY ALCOHOL SINCE THE ACCIDENT? NO SIR HOW MUCH? /

WHAT? / WHERE? / WHEN? /

WHAT LINE OF WORK ARE YOU IN? Home Depot WHEN DID YOU LAST WORK? Today

DO YOU HAVE ANY PHYSICAL DEFECTS OR INJURIES? Not that I know of 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? Yes

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>NO</u>
DIABETES?	<u>NO</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: INV. White #7209

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: 80-006476 Software: 8100.27
Date of Test: 05/31/2020

Date of Last Agency Inspection: 05/15/2020
Observation Period Began: 01:38
Subject's Name: CHARLES P RICE

DOB: 05/21/1977 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	02:04
	Air Blank	0.000	02:04
	Control Test	0.080	02:04
	Air Blank	0.000	02:05
	Subject Sample #1	0.193	02:06
	Air Blank	0.000	02:07
	Air Blank	0.000	02:08
	Subject Sample #2	0.189	02:09
	Air Blank	0.000	02:10
	Control Test	0.078	02:10
	Air Blank	0.000	02:11
	Diagnostics Check	OK	02:11

Cylinder Lot: 28719080A1
Exp: 12/05/2021

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 JOSHUA J BELL, 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: J Bell Date: 5/31/20
Signature

Sworn to (or affirmed) before me this 31 day of May, 2020
[Signature] INV. White #7209
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.

WITNESS LIST

CASE NUMBER: 20-073551

ARRESTING OFFICER: INV E. K. WHITE

ADDRESS: HQ

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

CAN TESTIFY TO: facts

NAME: D/S JACKIE CISSON

ADDRESS: HQ

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

CAN TESTIFY TO: CRASH INVESTIGATOR

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: _____

NOT A CERTIFIED COPY



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

REVIEW COMPLETED BY

Booking Number: 2020013893	Date: 5/31/2020
	Specialist Name/ID: B Evans / 23649