

0525384

21CT14047 SB

3944

ARREST / NOTICE TO APPEAR



1. Arrest (No Warrant) 3. Request for Warrant
6. Arrest (Warrant) 4. Request for Capias
2. N.T.A. 5. Juvenile Referral

1

JUVENILE

AD M I N I S T R A T I O N	OBT Number		Agency ORI Number 0500200		Agency Name Boca Raton Police Department		Agency Report Number (N.T.A.'s only) 3 2 2021-009731		Multiple Clearance Indicator	
	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		If Weapon Seized Enter Type UNARMED							
	Location of Arrest (Including Name of Business) 4550 N OCEAN BLVD, 4550 N OCEAN BLVD, BOCA RATON, FL		Location of Offense (Business Name, Address) 4550 N OCEAN BLVD, BOCA RATON, FL 33431							
	Date of Arrest 08/21/2021	Time of Arrest 01:16	Booking Date 08/21/2021	Booking Time 01:59	Jail Date 08/21/2021	Jail Time 01:59	Location of Vehicle WESTWAY TOWING			
	Alias (Name, DOB, Soc. Sec. #, Etc.)									
	Name (Last, First, Middle) COCCEITI, CHRISTOPHER JAN AMADEUS									
	Alias:									
	Race W - White B - Black O - Oriental/Asian W		Sex M	Date of Birth 04/13/1995	Height 6'02	Weight 160	Eye Color GREEN	Hair Color BROWN	Complexion LIGHT	Build Medium
	Marital Status M		Religion NONE		Indication of Alcohol Influence Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Unk. <input type="checkbox"/>		Drug Influence Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Unk. <input type="checkbox"/>			
	Scars, Marks, Tattoos, Unique Physical Features (Location, Type, Description)									
Local Address (Street, Apt. Number) 1941 NE 51 ST 31, FORT LAUDERDALE, FL 33308										
Permanent Address (Street, Apt. Number) 1941 NE 51 ST 31, FORT LAUDERDALE, FL 33308										
Business Address (Name, Street) 1941 NE 51 ST 31, FORT LAUDERDALE, FL 33308										
D/L Number, State C230110951330 / FL		Sec. Sec. Number		INS Number		Place of Birth (City, State) POMPANO BEACH, FL		Citizenship US		
Co-Defendant Name (Last, First, Middle)										
Co-Defendant Name (Last, First, Middle)										
Name (Last, First, Middle)										
Residence Phone										
Business Phone										
Notified by: (Name)										
Relationship										
Date										
Time										
JUVENILE DISPOSITION 1. Handled/Processed within Department and Released 2. TOT JAC 3. Incarcerated										
Released To: (Name)										
School Attended										
Grade										
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 355-2526) informed of any change of address.										
Property Crime? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No										
Description of Property										
Value of Property										
Yes, by: <input type="checkbox"/> No										
Drug Activity N. N/A P. Possess										
S. Sell B. Buy T. Traffic										
R. Smuggle D. Deliver E. Use										
K. Disperse/ 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 DRIVE UNDER INFLUENCE ALC										
Statute Violation Number 316.193(1A)										
Violation of ORD #										
Bond										
Drug Activity										
Drug Type										
Amount / Unit										
Offense # 2021-009731										
Counts 1										
Domestic Violence <input type="checkbox"/> Y <input checked="" type="checkbox"/> N										
Warrant / Capias Number										
Statute Violation Number										
Violation of ORD #										
Bond										
Charge Description										
Drug Activity										
Drug Type										
Amount / Unit										
Offense #										
Counts										
Domestic Violence <input type="checkbox"/> Y <input checked="" type="checkbox"/> N										
Warrant / Capias Number										
Statute Violation Number										
Violation of ORD #										
Bond										
Health / Apparent Physical Condition of Defendant FAIR										
Any knowledge of the following: <input type="checkbox"/> Mental <input type="checkbox"/> Escape Risk <input type="checkbox"/> Medication <input type="checkbox"/> Deformities <input type="checkbox"/> Injuries										
Explain:										
Check which applies: <input type="checkbox"/> Released O.R. <input type="checkbox"/> Released to Parent/Guardian <input checked="" type="checkbox"/> T.O.T. County Jail										
PROPERTY - Received By J. CASAS 818										
Released By J. CASAS 818										
Released To TOT CJ										
Transported By J. CASAS 818										
Date Transported										
Time Transported										
Other										
Location (Court, Room) South County 200 W Atlantic Ave Delray Beach, FL 33444										
Court Date and Time 09/20/2021 08:30:00										
INSTRUCTION NO. 1 - Mandatory appearance in court										
INSTRUCTION NO. 2 - You need not appear in Court but must comply with instructions on Page 2.										
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										
Signature of Arresting Officer J. CASAS										
Name of Arresting Officer (Print) CASAS, J.										
I.D. # 818										
Transferring Officer J. CASAS										
I.D. # 818										
Agency BRPD										
Name Verification (Printed by Arrestee) CHRISTOPHER COCCETTI										
(PRINT)										
PAGE 1 OF 1										
Witness here if subject signed with an "X"										

1. COURT 2. STATE ATTORNEY 3. AGENCY 4. CENTRAL RECORDS 5. JAIL 6. CRIME ANALYSIS 7. P.I.O. 8. DEFENDANT

OETS Number		PROBABLE CAUSE AFFIDAVIT		1. Arrest 2. N.T.A.		3. Request for Warrant 4. Request for Capias		1	JUVENILE
A D M I N I S T R A T I V E	Agency ORI Number FL 0500200		Agency Name BOCA RATON POLICE DEPARTMENT		Agency Report Number 3 2 2021-009731				
	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		Special Notes:				
D E F E N D E N T	Name (Last, First, Middle) COCSETTI, CHRISTOPHER JAN AMADEUS				Race W	Sex M	Date of Birth 04/13/1995		
	Charge Description 316.193(1A) DUI				Charge Description				
C H A R G E S	Charge Description				Charge Description				
	Charge Description				Charge Description				
V I C T I M	Victim's Name (Last, First, Middle) State Of Florida				Race	Sex	Date of Birth		
	Local Address (Street, Apt. Number) (City) (State) (Zip)				Phone		Address Source		
B U S I N E S S	Business Address (Name, Street) (City) (State) (Zip)				Phone		Occupation		
	<p>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.</p> <p>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 my (described) investigation.</p> <p>On the <u>21</u> day of <u>August</u>, <u>2021</u> at <u>01:16</u> (Specifically include facts constituting cause for arrest.)</p> <p>On 08/21/2021, at approximately 0040 hours, BRPD received a report of a possible drunk driver in the area of N Ocean Blvd and E Palmetto Park Rd. The vehicle was said to be traveling northbound on Ocean Blvd.</p> <p>According to the caller, a U-Haul van had hit a sign in Deerfield Beach and was driving all over the road. The caller also stated that the van was stopping in the middle of the road and also driving off the road. Lastly, the caller advised BRPD communications that the vehicle kept going into the bike lane and then into oncoming traffic.</p> <p>I was able to catch up to the caller and the U-Haul van on N Ocean Blvd as they approached NW Spanish River Blvd. Immediately after placing my unmarked BRPD vehicle behind the U-Haul van (AZ - AL07993), I observed the van swerving in and out of the northbound lane. I witnessed the van cross the double solid yellow lines in the center of the roadway and also drive in the bicycle lane and on the grass. I also noticed that the van was applying its brakes at random times when there were no vehicles in front of it. I initiated a traffic stop on the U-haul van in the area of N Ocean Blvd and NW Spanish River Blvd and the van came to a stop in the area of 4550 N Ocean Blvd.</p> <p>I approached the vehicle from the driver's side and made contact with the driver, Christopher Coccetti (FL DL). Coccetti appeared drowsy, his eyes were red, and his eyelids were droopy. I also observed that Coccetti's speech was slurred when he spoke.</p> <p>I asked Coccetti where he was coming from and where he was headed. Coccetti stated he was at the beach and was on his way to Hillsboro. It should be noted that Coccetti was traveling northbound, and Hillsboro Blvd is located to the south of where we were located.</p> <p>According to Coccetti, he was not sick or injured, he did not limp, and he felt</p>								
S W O R N	SWORN AND SUBSCRIBED BEFORE ME		 JOSHUA BELL MY COMMISSION #GG346808 EXPIRES: JUN 18, 2023 Bonded through 1st State Insurance		SIGNATURE OF ARRESTING / INVESTIGATING OFFICER  CASAS, JAVIER (818) NAME OF OFFICER (PLEASE PRINT)				
	08/21/2021 DATE				08/21/2021 DATE				
PAGE 1 OF 3									

COURT

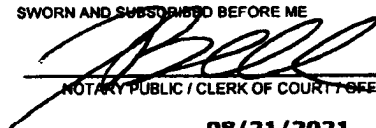


STATE ATTORNEY

CENTRAL RECORDS

JAIL

CRIME ANALYSIS

P. I. O.

OETS Number		PROBABLE CAUSE AFFIDAVIT SUPPLEMENT		1. Arrest 2. N.T.A.	3. Request for Warrant 4. Request for Capias	1	JUVENILE
Agency ORI Number FL 0500200	Agency Name BOCA RATON POLICE DEPARTMENT	Agency Report Number 3 2 2021-009731					
Charge Type: Check as many as apply.		<input type="checkbox"/> 1. Felony <input type="checkbox"/> 3. Misdemeanor <input type="checkbox"/> 5. Ordinance <input type="checkbox"/> 2. Traffic Felony <input checked="" type="checkbox"/> 4. Traffic Misdemeanor <input type="checkbox"/> 6. Other		Special Notes			
Name (Last, First, Middle) COCCEITI, CHRISTOPHER JAN AMADEUS				Race W	Sex M	Date of Birth 04/13/1995	
<p>comfortable walking in the sneakers he was wearing. Coccetti also stated he was not diabetic or epileptic, and he did not have anything wrong with his eyes that isn't corrected by glasses or contacts. Lastly, Coccetti claimed he did not drink any alcohol or consume any drugs or medication tonight.</p> <p>Based on the caller's statements, Coccetti's driving pattern, my observations of Coccetti, and the totality of the circumstances, I suspected that Coccetti may have been operating a vehicle within the state while impaired by alcohol and/or chemical or controlled substances. I requested that Coccetti exit his vehicle and submit to Standardized Field Sobriety Exercises. Coccetti agreed to participate.</p> <p>The first exercise was Horizontal Gaze Nystagmus. I administered the instructions and Coccetti stated that he understood. Coccetti swayed in a circular motion and moved his head during the exercise.</p> <p>The second exercise was the Walk and Turn. I administered the instructions and demonstrated how it should be completed. Coccetti stated that he understood. Coccetti missed heel-to-toe several times, used his arms for balance, took an incorrect number of steps, and made an improper turn.</p> <p>The third exercise was the One-Leg Stand. I administered the instructions and demonstrated how the exercise should be completed. Coccetti stated he understood. Coccetti swayed, used his arms for balance, and put his foot down during the exercise.</p> <p>The fourth exercise was the Finger to Nose. I confirmed that Coccetti knew his left from his right by asking him to show me his left hand and then his right hand. I then administered the instructions and Coccetti stated he understood. The pattern was L-R-L-R-R-L.</p> <p>Before I was given a chance to begin the sequence, Coccetti raised his right hand and placed his finger on the bridge of his nose. He was asked to put his finger back down so that I could begin the sequence.</p> <p>L - No obvious issues. R - No obvious issues. L - Initially missed the tip of his nose and then repositioned his finger to the correct location. R - No obvious issues. R - No obvious issues. L - No obvious issues.</p> <p>The Coccetti exercise was the modified Romberg balance test. I demonstrated the passage of 30 seconds using a stopwatch, administered the instructions and conducted the exercise. Coccetti estimated the passage of 30 seconds in 27 seconds. During this time I observed that Coccetti had body tremors and eyelid tremors.</p>							
SWORN AND SUBSCRIBED BEFORE ME  NOTARY PUBLIC / CLERK OF COURT / OFFICER (Notary Seal) 08/21/2021 DATE		 JOSHUA BELL MY COMMISSION #GG346000 EXPIRES: JUN 18, 2023 Renewed through 1st State Insurance		SIGNATURE OF ARRESTING / INVESTIGATING OFFICER  CASAS, JAVIER (818) NAME OF OFFICER (PLEASE PRINT) 08/21/2021 DATE			
		PAGE 2 OF 3					

COURT

STATE ATTORNEY

CENTRAL RECORDS

JAIL

CRIME ANALYSIS

P. I. O.

OBTS Number		PROBABLE CAUSE AFFIDAVIT SUPPLEMENT		1. Arrest 2. N.T.A.	3. Request for Warrant 4. Request for Copies	1	JUVENILE
A D M I N I S T R A T I V E	Agency ORI Number FL 0500200		Agency Name BOCA RATON POLICE DEPARTMENT		Agency Report Number 3 2 2021-009731		
	Charge Type: Check as many as apply. <input type="checkbox"/> 1. Felony <input type="checkbox"/> 3. Misdemeanor <input type="checkbox"/> 5. Ordinance <input type="checkbox"/> 2. Traffic Felony <input checked="" type="checkbox"/> 4. Traffic Misdemeanor <input type="checkbox"/> 6. Other		Special Notes:				
D E F	Name (Last, First, Middle) COCSETTI, CHRISTOPHER JAN AMADEUS				Race W	Sex M	Date of Birth 04/13/1995
	<p>Based on the totality of the circumstances, I found probable cause to believe that Coccetti was operating a vehicle within the state while impaired by alcohol and/or chemical or controlled substances. Coccetti was placed under arrest for DUI per F.S.S 316.193(1a).</p> <p>Coccetti was transported to Palm Beach County Sheriff's Office DUI Testing Facility where PBSO Breath Operator Bell (#8656) conducted the BAT room procedures. Coccetti was asked to provide a breath sample for the purpose of determining its alcohol content. Coccetti initially asked what would happen if he refused to provide a breath sample. I informed Coccetti of implied consent and he agreed to submit to a breath test. Coccetti provided two breath samples of .000 and .000. I then asked Coccetti to submit to a urine test. Once again, Coccetti asked what would happen if he refused to provide a urine sample. I informed Coccetti of implied consent a second time. At this time, Coccetti asked if he could provide a blood sample. I then requested that Coccetti submit to a blood test and he agreed to provide a blood sample. Coccetti was then informed of his constitutional warnings (Miranda) and refused to answer any questions without an attorney present.</p> <p>Upon exiting the breath testing room, Coccetti changed his mind and stated he no longer wanted to provide a blood sample. Coccetti also refused to provide a urine sample. The refusal was captured on my BWD at 0246 hours. See DUI influence report for further.</p>						
NOT A CERTIFIED COPY							
A D M I N I S T R A T I V E	SWORN AND SUBSCRIBED BEFORE ME NOTARY PUBLIC / CLERK OF COURT / OFFICER (F.S.S. 176.10) 08/21/2021 DATE		JOSHUA BELL MY COMMISSION #GG346008 EXPIRES: JUN 18, 2023 Bonded through 1st State Insurance		 SIGNATURE OF ARRESTING / INVESTIGATING OFFICER CASAS, JAVIER (818) NAME OF OFFICER (PLEASE PRINT)		
					08/21/2021 DATE		
							PAGE 3 OF 3

COURT

STATE ATTORNEY

CENTRAL RECORDS

JAIL

CRIME ANALYSIS

P. I. O.

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

I, OFFICER JAVIER CASAS, a duly certified Law Enforcement Officer or Correctional Officer,
(Name of Officer reading Implied Consent Warning)

am a member of BOCA RATON POLICE SERVICES DEPARTMENT, and I do swear
(Name of law enforcement agency)

or affirm that on or about the 21ST day of AUGUST, 20 21, at 0116 ☐ P.M. ☐ A.M.

DRIVER CHRISTOPHER JAN AMADEUS COCCETTI
(Type or Print) FIRST NAME MIDDLE OR MAIDEN NAME LAST NAME

DL# C230110951330, state of FLORIDA, was placed under lawful arrest for

the offense of DUI by OFFICER JAVIER CASAS and
(Name of Arresting Officer)

issued Citation # A6LQEBE

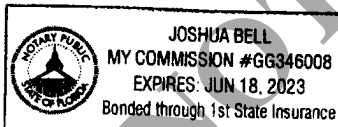
That on or about the 21ST day of AUGUST, 20 21, at 0246 ☐ P.M. ☐ A.M.

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 one (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)



(AFFIX SEAL)

The foregoing instrument was sworn and subscribed before

me this 21 day of August, 20 21,

by OFC. J. CASAS,

who is personally known to me or who has produced

known as identification
Notary Public [Signature]

HSMV-BAR1001 (REV. 10/2016)

The foregoing instrument was sworn and subscribed before me:

Signature of Attesting Officer

Title

Date

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.



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

PBSO CASE # 21-098248 PBSO ZONE 7-11

AGENCY CASE # 32-2021-009731 CRASH CASE # _____

TIME OF STOP/CRASH 0045 DATE 08/21/2021 DAY _____

SUBJECT'S NAME COCSETTI CHRISTOPHER J RACE W SEX M
LAST FIRST MID

HGT 6'02 WGT 160 DOB 04/13/1995

LOCATION 4550 N OCEAN BLVD, BOCA RATON, FL, 33431

ARRESTING OFFICER'S NAME & ID J. CASAS 818 AGENCY BRPD

DIVISION: SPSV - DUI

NOTIFIED BY COMMO YES

ARRIVAL AT FACILITY 0159

ARREST TIME 0116

BREATH RESULTS:

1) .000

2) .000

3) Blood

4) URINE

REFUSED

TESTING OFFICER'S ID 8656 PBSO VIDEOTAPE # N/A

TESTING FACILITY TASK REPORT

AGENCY: **BRPD**

SUBJECT: **COCETTI, CHRISTOPHER JUN AMADEUS** CASE NUMBER: **21-098248**

DATE: **Aug 21, 2021** VIDEO DVD NUMBER: **N/A**

BEGINNING TIME: **0222** ENDING TIME: **0236**

BREATH TESTS RESULTS: 1) **.000** TIME **0227** A.M. ☒ P.M. ☐ 2) **.000** TIME **0230** A.M. ☒ P.M. ☐

3) **N/A** TIME **XX** A.M. ☐ P.M. ☐ 4) **N/A** TIME **XX** A.M. ☐ P.M. ☐

BREATH OPERATOR: **JOSHUA J BELL #8656**

MAINTENANCE TECHNICIAN: **J. KARLECKE #6467**

TESTING OFFICER'S OBSERVATIONS

SPEECH: **SLURRED**

ATTITUDE: **TALKATIVE**

CLOTHING: **BLACK TEE SHIRT, BLUE JEAN SHORTS, RED SHOES**

MEDICAL CONDITIONS: **ALLERGIC TO PEANUTS**

MEDICATIONS: **NONE**

OTHER:

EYES: **BLOODSHOT, GLASSY**

COMMENTS:

ARRIVED AT DUI TESTING FACILITY AND BEGAN THE 20 MINUTE OBSERVATION AT **0159** HOURS

SUBJECT ASKED WHAT IF HE DOES NOT TAKE BREATH TEST

A/O READ I.C / SUBJECT STATED HE UNDERSTOOD / SUBJECT STATED HE WOULD TAKE BREATH TEST

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

A/O REQUESTED A URINE SAMPLE / SUBJECT ASKED WHAT IF HE DOES NOT PROVIDE A URINE SAMPLE

A/O READ I.C AND EXPLAINED / SUBJECT ACKNOWLEDGED HE UNDERSTOOD I.C AND STATED HE WOULD LIKE TO PROVIDE A BLOOD SAMPLE

A/O REQUESTED A BLOOD SAMPLE / SUBJECT STATED HE WOULD PROVIDE A BLOOD SAMPLE

A/O READ RIGHTS / SUBJECT STATED HE UNDERSTOOD HIS RIGHTS AND REQUESTED A LAWYER

VIDEO ENDED

AFTER LEAVING THE BREATH TESTING ROOM SUBJECT CHANGED HIS MIND AND STATED HE WOULD NOT PROVIDE A URINE SAMPLE OR A BLOOD SAMPLE.

A/O DOCUMENTED THE REFUSAL ON HIS BODY WORN CAMERA

REFUSAL TIME **0246** HOURS

REFUSED

SUBJECT: County, Christy J. A. CASE NUMBER: _____

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: CONFIDENTIAL - J. A. CASE NUMBER: 1

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?**

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: G. C. Johnson = 46



**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: 2021020833	Date: 8/22/2021
	Specialist Name/ID: M. Tooks #8557