

#0518637

20CT 11695

PCH-676

OBTS Number		ARREST / NOTICE TO APPEAR Juvenile Referral Report				1. Arrest 3. Request for Warrant 2. N.T.A. 4. Request for Capias		1	Juvenile	N	
ADMINISTRATION	Agency ORI Number	Agency Name			Agency Report Number						
	FL 0500300	BOYNTON BEACH POLICE DEPT.			34-20-046760						
	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 type="checkbox"/>		5. Ordinance <input type="checkbox"/> 6. Other <input type="checkbox"/>		If Weapon Seized Enter Type		Multiple Clearance Indicator
Location of Arrest (Including Name of Business)					Location of Offense (Business Name, Address)						
8300 LAWRENCE RD BOYNTON BEACH FL 33436					8300 LAWRENCE RD BOYNTON BEACH FL 33436						
Date of Arrest		Time of Arrest		Booking Date		Booking Time		Jail Date		Jail Time	
09/19/2020		2328								Location of Vehicle BECKS TOWING	
Name (Last, First, Middle) LAYUN, CHRISTOPHER, ROBERT											
Aliases (Name, DOB, Soc. Sec. #, Etc)											
W - White I - American Indian Race Sex Date of Birth Height Weight Eye Color Hair Color Complexion Build											
B - Black O - Oriental / Asian W M 07/29/1985 600 210 BROWN BALD FAIR MED											
Scars, Marks, Tattoos, Unique Physical Features (Location, Type, Description)											
TATTOOS ON STOMACH, CHEST, BACK, ARMS LEGS											
Marital Status Religion Indication of Alcohol Influence Drug Influence											
SINGLE UNK Y N UNK											
Local Address (Street, Apt. Number) (City) (State) (Zip) Phone											
96 CITRUS PARK LANE BOYNTON BEACH FL 33436 (954)317-8485											
Permanent Address (Street, Apt. Number) (City) (State) (Zip) Phone											
SAME AS LOCAL () - VERBAL											
Business Address (Street, Apt. Number) (City) (State) (Zip) Phone											
Occupation CLEANING COMPAN											
DL Number, State Soc. Sec. Number INS Number Place of Birth Citizenship											
L500116852690 [REDACTED] FT LAUDERDALE FL YES											
CO-DEFENDANT											
Co-Defendant Name (Last, First, Middle) Race Sex Date of Birth											
[REDACTED] [REDACTED] [REDACTED] [REDACTED]											
Co-Defendant Name (Last, First, Middle) Race Sex Date of Birth											
[REDACTED] [REDACTED] [REDACTED] [REDACTED]											
Parent Name (Last) (First) (Middle) Residence Phone											
[REDACTED] [REDACTED] [REDACTED]											
Address (Street, Apt. Number) (City) (State) (Zip) Business Phone											
Notified by: (Name) Date Time Juvenile Disposition											
[REDACTED] [REDACTED] [REDACTED] 1. Handled/Processed within Dept. and Released 2. TOT HRS/DYS 3. Incarcerated											
Released To: (Name) Relationship Date Time											
[REDACTED] [REDACTED] [REDACTED] [REDACTED]											
The above address was provided by defendant and/or defendant's parents. The child and/or parent was told to keep the juvenile											
Court Clerk's Office (Phone 561-355-2528) informed of any change of address:											
[REDACTED] [REDACTED] [REDACTED] [REDACTED]											
Property Crime? Description of Property Value of Property											
Yes No [REDACTED] [REDACTED] [REDACTED]											
CODE											
Drug Activity S. Sell R. Smuggle K. Dispense/Distribute M. Manufacture/Produce/Cultivate Z. Other Drug Type B. Barbiturate H. Hallucinogen P. Paraphernalia/Equipment U. Unknown N. N/A B. Buy D. Deliver C. Cocaine M. Marijuana O. Opium/Heroin S. Synthetic P. Possess T. Traffic E. Use A. Amphetamine E. Heroin											
CHARGE											
Charge Description Counts Domestic Violence Statute Violation Number Violation of ORD#											
DUI 1 [REDACTED] 316.193 (1) A											
Drug Activity Drug Type Amount/Unit Offense # Warrant/Capias Number Bond											
[REDACTED] [REDACTED] [REDACTED] 20-046760 [REDACTED] OR											
CHARGE											
Charge Description Counts Domestic Violence Statute Violation Number Violation of ORD#											
[REDACTED] [REDACTED] [REDACTED] [REDACTED]											
Drug Activity Drug Type Amount/Unit Offense # Warrant/Capias Number Bond											
[REDACTED] [REDACTED] [REDACTED] [REDACTED]											
CHARGE											
Charge Description Counts Domestic Violence Statute Violation Number Violation of ORD#											
[REDACTED] [REDACTED] [REDACTED] [REDACTED]											
Drug Activity Drug Type Amount/Unit Offense # Warrant/Capias Number Bond											
[REDACTED] [REDACTED] [REDACTED] [REDACTED]											
NOTICE TO APPEAR											
Instruction No. 1 Mandatory Appearance in Court											
Instruction No. 2 You need not appear in Court but must Comply with instruction on reverse side.											
Location (Court, Room Number, Address)											
South County Courthouse, 200 West Atlantic Ave, Delray Beach, FL 33444											
Court Date and Time											
Month 11 Day 02 Year 2020 Time 0830 A.M. P.M.											
I AGREE TO APPEAR AT THE TIME AND PLACE DESIGNATED TO ANSWER THE OFFENSE CHARGED OR TO PAY THE FINE SUBSCRIBED. I UNDERSTAND THAT SHOULD I UNLAWFULLY 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											
[REDACTED] 9/20/20											
HOLD for other Agency Name: Signature of Arresting Officer Name Verification (Printed by Arrestee)											
[REDACTED] [REDACTED] [REDACTED] (PRINT)											
Dangerous Releated Arrest Suicidal Other: Name of Arresting Officer (Print) I.D.# Agency											
[REDACTED] [REDACTED] [REDACTED] OFC RINI 878 BU#											
Initials Deputy I.D.# Pouch # Transporting Officer I.D.# Agency Witness here is subject Signed with an "X".											
DS/CO/MS 7622 [REDACTED] OFC RINI 878 BBPD											
Page 1 OF 1											

SCANNED
SEP 20 2020

D.U.I. PROBABLE CAUSE AFFIDAVIT

ON THE 19 DAY OF September 2020 AT 2300 A.M P.M.

CASE #: 20-046760

DEFENDANT: LAYUN, CHRISTOPHER, ROBERT

PERSONAL CONTACT/DRIVING PATTERN/OBSERVATION OF DRIVER:

While working a DUI Saturation Patrol Grant, I observed a black Dodge pick up truck traveling at a high rate of speed westbound on Gateway Blvd in the right lane. I was stopped at the red light at Gateway Blvd and High Ridge Rd facing north. I made the left turn and proceeded to travel westbound keeping visual of the Dodge pickup as the vehicle traveled westbound. I was able to get behind the truck at Gateway Blvd and N Congress Ave. The vehicle was a black Dodge Ram bearing Fl tag KXHH43. As the light turned green, the vehicle proceeded to travel westbound at a high rate of speed changing lanes from the right lane to the center lane and then back into the right lane. I paced the vehicle from Gateway Blvd and Congress Ave to Lawrence Rd, as the vehicle was traveling at 65 mph in a 45 mph zone. As the Dodge made the right turn onto Lawrence Rd, he made a wide turn entering into the left lane. The vehicle then proceeded to change lanes not signaling and continued at a high rate of speed as I was pacing his vehicle at 64 mph in a 45 mph zone. I activated my marked patrol lights and the vehicle made a right turn onto Citrus Park Blvd. As I approached the vehicle and made contact with the sole occupant, W/M Layun, Christopher, Robert DOB 07/29/85. I advised Layun the reason for the stop and asked him for license, registration and insurance card. Layun provided me his Florida Drivers License, registration, and insurance card. I asked Layun where he was coming from and he advised me the gas station. I then questioned Layun on which gas station as I had observed him coming from Gateway Blvd and High Ridge Rd. Layun then advised me he was in Boca Raton watching the heat game and he was close to home. Layun continued to say he lived in the development and his uncle was a Broward Sheriff Deputy. Layun advised he had two beers when I asked him if he had anything to drink tonight. While speaking with Layun, I could smell the odor of an alcoholic beverage emitting from within the vehicle/ Layun's person which intensified as he spoke. While speaking with Layun, his eyes were glassy/blood shot and he had a thick slurred speech. Layun was sweating profusely while sitting inside the vehicle with the air condition on. Let it be noted that this occurred within the City of Boynton Beach, Palm Beach County Florida.

Based on the above facts, and Layun's driving pattern, I requested Layun to exit the vehicle. Layun exited the vehicle and proceeded to walk to the rear of his truck. I requested Layun to submit to a

series of Field Sobriety Tasks as I had a suspicious Layun was operating a motor vehicle while under the influence of an alcoholic beverage.



HORIZONTAL GAZE NYSTAGMUS:

- | | |
|---------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------|
| <input checked="" type="checkbox"/> Left eye does not follow smoothly | <input checked="" type="checkbox"/> Right eye does not follow smoothly |
| <input checked="" type="checkbox"/> Left eye prior to 45 degrees | <input checked="" type="checkbox"/> Right eye prior to 45 degrees |
| <input checked="" type="checkbox"/> Distinct jerking in left eye at maximum deviation | <input checked="" type="checkbox"/> Distinct jerking in right eye at maximum deviation |
| <input type="checkbox"/> Vertical Nystagmus in left eye | <input type="checkbox"/> Vertical Nystagmus in right eye |

WALK AND TURN:

This exercise was explained and demonstrated to LAYUN. LAYUN advised he understood. LAYUN could not keep his balance during the instructional phase and proceeded to start to soon. LAYUN proceeded to take 9 steps forward at which time he stepped off line and had to get back into the position to continue to walk forward. LAYUN proceeded to take 9 steps forward without counting out loud. Once he reached the 9th step, LAYUN proceeded to walk backwards taking 8 steps without counting out loud.

ONE LEG STAND:

This exercise was explained and demonstrated to LAYUN. LAYUN advised he understood. LAYUN advised he had a knee injury in football but his knee was ok. During the instructional phase, LAYUN began to sway from side to side. LAYUN proceeded to start to soon at which time I advised him to get back into position. Once LAYUN began, he began to use his arms for balance, and put his foot down three times during the 30 second time frame.

FINGER TO NOSE:

This exercise was explained and demonstrated to LAYUN. LAYUN advised he understood. During this task, LAYUN missed the first finger to nose with left finger, and the last two fingers to nose.

ROMBERG/ALPHABET:

This exercise was explained and demonstrated to LAYUN. LAYUN advised he was dyslexic when asked if he knew the alphabet. I then asked LAYUN if he knew how to count and he advised yes. I advised LAYUN to count from 37 to 60. LAYUN proceeded to count from 37 to 60, then continued from 61 to 83 before stopping and opening his eyes.

Based on the above facts I've established probable cause for the arrest of Christopher Layun, with charges of Driving Under the Influence pursuant with F.S.S. 316.193 (1)(A). Layun was placed into cuffs and transported to PBSO for further processing. While at the PBSO Booking area (Bat), a 20 minute observation was completed. Layun was then asked to provide a breath sample to determine if he was operating a motor vehicle while under the influence. Layun advised no. I read Implied Consent and asked Layun a second time to provide a breath sample and he again refused to provide a breath sample. I read Layun his Miranda Rights which he advised he understood. Layun completed the questions and answers. LAYUN was TOT to PBCJ.

NOT A CERTIFIED COPY

The following instrument was sworn to before me this 19 day of September 2020

By: _____

SCANNED
SEP 20 2020

Debra 332/1225
Notary/Police Officer (F.S.S. 117.10)

OPR [Signature] 878
Signature of Arresting Officer

NOT A CERTIFIED COPY

SCANNED
SEP 20 2020

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

I, OFC RINI #878, a duly certified Law Enforcement Officer or Correctional Officer,
(Name of Officer reading Implied Consent Warning)

am a member of BOYNTON BEACH PD, and I do swear
(Name of law enforcement agency)

or affirm that on or about the 19 day of SEPTEMBER, 20 20, at 2328 HOURS P.M. A.M.

DRIVER CHRISTOPHER ROBERT LAYUN
(Type or Print) FIRST NAME MIDDLE OR MAIDEN NAME LAST NAME

DL# L500116852690, state of FLORIDA, was placed under lawful arrest for

the offense of DUI by OFC RINI #878 and
(Name of Arresting Officer)

issued Citation # AC861GE.

That on or about the 19 day of SEPTEMBER, 20 20, at 0018 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)



The foregoing instrument was sworn and subscribed before

me this 19 day of SEPTEMBER, 20 20,

by OFC RINI #878,

who is personally known to me or who has produced
FLORIDA DL as identification

Notary Public [Signature]

HSMV-BAR1001 (REV. 10/2016)

The foregoing instrument was sworn and subscribed before me:

Signature of Attesting Officer

Title OFFICER

Date 09/019/2020

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
SEP 20 2020**

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

I, OFC RINI #878, a duly certified Law Enforcement Officer or Correctional Officer,
(Name of Officer reading Implied Consent Warning)

am a member of BOYNTON BEACH PD, and I do swear
(Name of law enforcement agency)

or affirm that on or about the 19 day of SEPTEMBER, 20 20, at 2328 HOURS P.M. A.M.

DRIVER CHRISTOPHER ROBERT LAYUN,
(Type or Print) FIRST NAME MIDDLE OR MAIDEN NAME LAST NAME

DL# L500116852690, state of FLORIDA, was placed under lawful arrest for

the offense of DUI by OFC RINI #878 and
(Name of Arresting Officer)

issued Citation # AC861GE

That on or about the 19 day of SEPTEMBER, 20 20, at 0018 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 19 day of SEPTEMBER, 20 20,

by OFC RINI #878,

who is personally known to me or who has produced

FLORIDA DL as identification

Notary Public [Signature]

HSMV-BAR1001 (REV. 10/2016)

The foregoing instrument was sworn and subscribed before me:

Signature of Attesting Officer

Title OFFICER

Date 09/019/2020

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
SEP 20 2020**



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

PBSO CASE # 20-108769 PBSO ZONE 6-31

AGENCY CASE # 20-046760 CRASH CASE # _____

TIME OF STOP/CRASH 23:00 DATE 09/19/2020 DAY _____

SUBJECT'S NAME LAYUN CHRISTOPHER ROBERT RACE WHITE SEX MALE
LAST FIRST MID

HGT 600 WGT 210 DOB 07/29/1985

LOCATION 8300 LAWRENCE RD BOYNTON BEACH FL 33436

ARRESTING OFFICER'S NAME & ID OFC RINI 878 AGENCY BOYNTON BEACH PD

DIVISION: TRAFFIC

NOTIFIED BY COMMO Y

ARRIVAL AT FACILITY 2352 HOURS

ARREST TIME 2328 HOURS

BREATH RESULTS:

- 1)
- 2)
- 3)
- 4)

REFUSED

TESTING OFFICER'S ID 16877 PBSO VIDEOTAPE # N/A

**SCANNED
SEP 20 2020**

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 Red

REFUSED

COMMENTS:

Arrived at center A/O started 20 minute observation period at 23:52 hrs.
Subject refused to take breath test.
A/O read I/C and subject stated he understood I/C.
Subject refused to take test.
A/O read rights.
Subject stated he understood rights.
A/O conducted Q&A.
Subject answered questions.

REFUSED

SCANNED
SEP 20 2020

WITNESS LIST

CASE NUMBER: _____

ARRESTING OFFICER: **OFC RINI #878**

ADDRESS: **2100 HIGH RIDGE RD BOYNTON BEACH FL 33436**

PHONE NUMBERS (HOME): _____ (WORK) **561742 6853**

CAN TESTIFY TO: **ARREST, FACTS IN REPORT**

NAME: **OFC CASTRO**

ADDRESS: **2100 HIGH RIDGE RD BOYNTON BEACH FL 33436**

PHONE NUMBERS (HOME) _____ (WORK) **561 742 6100**

CAN TESTIFY TO: **FACTS LISTED IN REPORT**

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: _____

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ADDRESS _____

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ADDRESS _____

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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
SEP 20 2020

SUBJECT: Layon, Christopher R. 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) _____ *Christopher R. Layon*

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) _____ *Christopher R. Layon*

SCANNED

SEP 20 2023

SUBJECT: Layon, Christopher R. CASE NUMBER: _____

QUESTIONS AND ANSWERS

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

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

WHERE WERE YOU GOING? home

WHAT STREET OR HIGHWAY WERE YOU ON? 371 W 4th

DIRECTION OF TRAVEL? West WHERE DID YOU START? from the street

WHAT TIME DID YOU START? 10:00 WHAT TIME IS IT NOW? 11:00

WHAT IS TODAY'S DATE? 11/11 WHAT DAY OF THE WEEK IS IT? Monday

WHAT COUNTY AND CITY ARE YOU IN NOW? Polk County, Iowa

WHEN DID YOU LAST EAT? 10:00 WHAT DID YOU EAT? chicken sandwich

WHAT HAVE YOU BEEN DOING FOR THE LAST THREE HOURS? Nothing, read game

HOW MUCH DO YOU WEIGH? 210 HAVE YOU BEEN DRINKING? No WHAT? _____

HOW MUCH? _____ WHERE? _____ WITH WHOM? _____

WHEN DID YOU HAVE YOUR FIRST DRINK? 10:00 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? No

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

WHAT? _____ WHERE? _____ WHEN? _____

WHAT LINE OF WORK ARE YOU IN? cleaning WHEN DID YOU LAST WORK? 11/10/20

DO YOU HAVE ANY PHYSICAL DEFECTS OR INJURIES? No WHAT? None

ARE YOU SICK OR INJURED? No WHAT'S WRONG? None

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?	_____
GLASS EYE?	_____
FALSE TEETH?	_____
EAR INFECTION?	_____
INNER EAR TROUBLE?	_____
DIABETES?	_____

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: [Signature] 878

SCANNED
SEP 20 2020
GOLD - JAIL

Bio Data	Employer Address	Warrants	National Rapsheet	Electronic Rapsheet	RISC
----------	------------------	----------	-------------------	---------------------	------

Bio Data

Name: LAYUN, CHRISTOPHER ROBER
 Date of Birth: 7-29-1985
 Place of Birth:
 Race: W
 Gender: M
 Height: ft. in.
 Weight:
 Eye Color: BRO
 Hair Color: BLK

Marks

Aliases

III:

--NCIC--
 7L01FLA0677220011
 FL0500023
 THIS NCIC INTERSTATE IDENTIFICATION INDEX RESPONSE IS THE RESULT OF YOUR
 INQUIRY ON NAM/LAYUN,CHRISTOPHER PUR/C FBI/363811RD1
 NAME FBI NO. INQUIRY DATE
 LAYUN,CHRISTOPHER ROBERT 363811RD1 2020/09/20

SEX RACE BIRTH DATE HEIGHT WEIGHT EYES HAIR PHOTO
 M W 1985/07/29 507 180 BRO BLK N

BIRTH PLACE
 BRAZIL

FINGERPRINT CLASS PATTERN CLASS

SOCIAL SECURITY
 [REDACTED]

IDENTIFICATION DATA UPDATED 2019/11/21

THE CRIMINAL HISTORY RECORD IS MAINTAINED AND AVAILABLE FROM THE
 FOLLOWING:
 FLORIDA - STATE ID/FL07776744

THE RECORD(S) CAN BE OBTAINED THROUGH THE INTERSTATE IDENTIFICATION
 INDEX BY USING THE APPROPRIATE NCIC TRANSACTION.

END
 --END--
 QH FL0500023 363811RD1CHRISTOPHER LAYUN
 C
 --NCIC--
 QH MESSAGE HAS BEEN SENT TO NCIC.
 --END--

SCANNED
SEP 20 2020



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"/>	539.001(B)1, 539.003	Other: PAWM BROKER INFORMATION	
	<input type="checkbox"/>	119.071(2)(j)	Other: MARSY'S LAW PROTECTED INFORMATION REGARDING VICTIM(S).	

REVIEW COMPLETED BY

Booking Number: 2020022217	Date: 9/20/2020
	Specialist Name/ID: M. Tooks #8557

SCANNED
SEP 20 2020