

JKT 400665

ARREST / NOTICE TO APPEAR

PCH 2908 21CT 10369

OBTS Number	Agency ORI Number 0501700		Agency Name Jupiter Police Department		Agency Report Number (N.T.A.'s only) 5 4 21-002196		1. Arrest 2. N.T.A. 3. Request for Warrant 4. Request for Capias 1		JUVENILE <input type="checkbox"/>																																			
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		Multiple Clearance Indicator																																			
Location of Arrest (Including Name of Business) N ALT AIA/CENTER ST, JUPITER FL					Location of Offense (Business Name, Address) 899 N ALT AIA/CENTER ST, JUPITER, FL 33477																																							
Date of Arrest 06/22/2021	Time of Arrest 15:32		Booking Date		Booking Time		Jail Date		Jail Time		Location of Vehicle																																	
Name (Last, First, Middle) ADLEN, CRAIG ROBERT					Alias (Name, DOB, Soc. Sec. #, Etc.) Alias:																																							
Race W - White B - Black O - Oriental/Asian W		Sex M		Date of Birth 03/03/1974		Height 5'06		Weight 155		Eye Color BLUE		Hair Color RED		Complexion FAIR		Build Thin																												
Scars, Marks, Tattoos, Unique Physical Features (Location, Type, Description)					Mental Status ATHEIST		Religion		Indication of Alcohol Influence Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unk. <input type="checkbox"/>		Indication of Drug Influence Yes <input type="checkbox"/> No <input type="checkbox"/> Unk. <input type="checkbox"/>																																	
Local Address (Street, Apt. Number) 141 CARAVELLE DR, JUPITER, FL 33458					(City)		(State)		(Zip)		Phone (561) 799-3043		Residence Type 1. City 3. Florida 2. County 4. Out of State 1																															
Permanent Address (Street, Apt. Number) 141 CARAVELLE DR, JUPITER, FL 33458					(City)		(State)		(Zip)		Phone (561) 799-3043		Address Source VERBAL																															
Business Address (Name, Street) A345116740830 / FL					(City)		(State)		(Zip)		Phone		Occupation																															
D/L Number, State A345116740830 / FL					Sec. Sec. Number		INS Number		Place of Birth (City, State) WILLIAMSBORO, NJ,		Citizenship US																																	
Co-Defendant Name (Last, First, Middle)					Race		Sex		Date of Birth		<input type="checkbox"/> 1. Arrested <input type="checkbox"/> 3. Felony <input type="checkbox"/> 5. Juvenile		<input type="checkbox"/> 2. At Large <input type="checkbox"/> 4. Misdemeanor																															
Co-Defendant Name (Last, First, Middle)					Race		Sex		Date of Birth		<input type="checkbox"/> 1. Arrested <input type="checkbox"/> 3. Felony <input type="checkbox"/> 5. Juvenile		<input type="checkbox"/> 2. At Large <input type="checkbox"/> 4. Misdemeanor																															
<input type="checkbox"/> Parent <input type="checkbox"/> Other _____ <input type="checkbox"/> Legal Custodian					Name (Last, First, Middle)					Residence Phone																																		
Address (Street, Apt. Number)					(City) (State) (Zip)					Business Phone																																		
Notified by: (Name)					Date					Time					JUVENILE DISPOSITION 1. Handled/Processed within Department and Released 2. TOT JAC 3. Incarcerated																													
Released To: (Name)					Relationship					Date					Time																													
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.										School Attended					Grade																													
<input type="checkbox"/> Yes, by <input type="checkbox"/> No										Property Crime? <input type="checkbox"/> Yes <input checked="" 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. 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 DUI - DAMAGE TO PERSON/PROPERTY										Statute Violation Number 316.193(3)(C)(1)					Violation of ORD #																													
Drug Activity N										Drug Type					Amount / Unit					Offense # 21-002196					Counts 1					Domestic Violence <input type="checkbox"/> Y <input checked="" type="checkbox"/> N					Warrant / Capias Number					Bond				
Charge Description										Statute Violation Number					Violation of ORD #																													
Drug Activity										Drug Type					Amount / Unit					Offense #					Counts					Domestic Violence <input type="checkbox"/> Y <input type="checkbox"/> N					Warrant / Capias Number					Bond				
Charge Description										Statute Violation Number					Violation of ORD #																													
Drug Activity										Drug Type					Amount / Unit					Offense #					Counts					Domestic Violence <input type="checkbox"/> Y <input type="checkbox"/> N					Warrant / Capias Number					Bond				
Health / Apparent Physical Condition of Defendant										Any knowledge of the following Explain:					<input type="checkbox"/> Mental <input type="checkbox"/> Escape Risk <input type="checkbox"/> Medication <input type="checkbox"/> Deformities <input type="checkbox"/> Injuries																													
Check which applies <input type="checkbox"/> Released O.R. <input type="checkbox"/> Posted Bond										<input type="checkbox"/> Released to Parent/Guardian <input type="checkbox"/> South County Mental Health					<input type="checkbox"/> T.O.T. County Jail					PROPERTY - Received By					Released By					Released To														
Transported By										Date Transported					Time Transported					Other																								
<input checked="" type="checkbox"/> INSTRUCTION NO. 1 - Mandatory appearance in court <input type="checkbox"/> INSTRUCTION NO. 2 - You need not appear in Court but must comply with instructions on Page 2.										Location (Court, Room) North County					Court Date and Time 07/21/2021 08:30:00																													
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 Juvenile Officer 3/5					Name Verification (Printed by Arrestee) (PRINT)																													
<input type="checkbox"/> Dangerous <input type="checkbox"/> Suicidal										<input type="checkbox"/> Resisted Arrest <input type="checkbox"/> Other					Name of Arresting Officer (Print) BRANDT, NICKOLAS					I.D. # 1121																								
Initials AS TOMMIE 8/13/21										Pouch #					Transporting Officer BRAWN					I.D. # 3/5					Agency JPD																			
Witness here if subject signed with an "X"																																												

☐ COURT ☐ STATE ATTORNEY ☐ AGENCY ☐ CENTRAL RECORDS ☐ JAIL ☐ CRIME ANALYSIS ☐ P.I.O. ☐ DEFENDANT

 SCANNED
JUN 23 2021

OSTS Number		PROBABLE CAUSE AFFIDAVIT		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 0501700		Agency Name JUPITER POLICE DEPARTMENT		Agency Report Number 5 4 21-002196				
	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 A N T	Name (Last, First, Middle) ADLEN, CRAIG ROBERT				Race W	Sex M	Date of Birth 03/03/1974		
	Charge Description 316.193(3)(C)(1) DUI - DAMAGE TO PERSON/PROPERTY				Charge Description				
V I C T I M	Victim's Name (Last, First, Middle) RYAN, JOHN PHILIP				Race W	Sex M	Date of Birth 08/10/1952		
	Local Address (Street, Apt. Number) (City) (State) (Zip) 5066 SE DEVENWOOD WAY, STUART, FL 34997				Phone (772) 781-5914		Address Source		
	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>22</u> day of <u>June</u>, <u>2021</u> at <u>15:32</u> (Specifically include facts constituting cause for arrest.)</p> <p>On 6/22/2021, at 1448 hours, I was dispatched to a crash with injuries at the intersection of N Alt A1A and Center Street. Upon arrival, I observed three vehicles stopped in the center lane of southbound N Alt A1A, just north of the intersection with Center Street. The rear vehicle was a large Isuzu work truck belonging to Bates Exterminating. The Isuzu had significant front end damage. In front of the Isuzu was a Subaru SUV which had rear end damage and was still engaged with a Mercedes SUV. The front of the Subaru had significant damage and the rear of the Mercedes had moderate damage.</p> <p>I first spoke with W/M John Ryan, 8/10/1952. Ryan said he was stopped in traffic when the Isuzu rear ended him. Ryan advised he was sore and I directed him to take a seat until PBFR arrived. I then made contact with the driver of the Isuzu, W/M Craig Adlen, 3/3/1974. Adlen had pinpoint pupils and appeared confused about the crash. When asked what happened, Adlen told me he backed into somebody. Adlen's speech was slurred and nearly incoherent at times.</p> <p>After speaking with Adlen, I spoke with W/F Cassidy Sullivan, 8/26/1975. Sullivan told me the Isuzu had been behind her for some time and was swerving heavily while following her.</p> <p>Upon completing my crash investigation, I informed Adlen that I had completed my crash investigation and he would be receiving a citation for careless driving. I then informed Adlen that I had completed my investigation and was beginning a criminal DUI investigation. I advised Adlen of his Miranda Rights which he stated he understood. I then asked Adlen what happened. Adlen told me he hit someone. I asked Adlen if he had been drinking. Adlen stated he had been drinking. I then asked Adlen how much he had to drink and he told me a couple. I asked Adlen a couple of what and he was initially evasive. Adlen eventually said he had a couple of double shots of Fireball. Adlen told me he had the drinks around noon. While speaking with Adlen, I could smell the odor of unknown alcoholic beverage on his breath.</p> <p>I then asked Adlen to perform roadside tasks. Adlen agreed and I directed him into</p>									
A D M I N I S T R A T I V E	SWORN AND SUBSCRIBED BEFORE ME				SIGNATURE OF ARRESTING / INVESTIGATING OFFICER <i>[Signature]</i> 3/5/12				
	NOTARY PUBLIC / CLERK OF COURT BEVERLY SUE OWEN MY COMMISSION # GG 188278 EXPIRES: May 30, 2022 Bonded Thru Notary Public Underwriters				BRANDT, NICKOLAS (1121) NAME OF OFFICER (PLEASE PRINT) 06/22/2021 DATE				
<div style="display: flex; justify-content: space-between;"> COURT STATE ATTORNEY CENTRAL RECORDS JAIL CRIME ANALYSIS P.I.O. </div> <div style="text-align: right; margin-top: 20px;"> SCANNED JUN 23 2021 </div>									

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Name (Last, First, Middle) ADLEN, CRAIG ROBERT				Race W	Sex M	Date of Birth 03/03/1974	

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the instructional position for HGN. Adlen was unable to keep his head still throughout the exercise and was told to remain still during each phase. Adlen continually attempted to close one eye while conducting HGN. Adlen had a lack of smooth pursuit with both eyes, distinct and sustained nystagmus at maximum deviation and onset of nystagmus prior to 45 degrees. He had no vertical nystagmus.

After completing HGN, I began the walk and turn. I directed Adlen into the instructional position and began my demonstration. After completing my demonstration I instructed Adlen to begin. Adlen missed heel to toe on steps 2,3 and 4, then stumbled off the line on step 4. He missed heel to toe on steps 8 and 9. Adlen continued walking until told to stop at 20 steps. Adlen missed heel to toe on each of those steps. I then directed Adlen to complete his turn and take his 9 steps back down the line. Adlen missed heel to toe on the first step, stumbled off the line again on the fourth step, missed heel to toe on his 6th step, and then continued walking to 21 steps before being told to stop.

We then conducted the one leg stand. I directed Adlen into the instructional position and began explaining the exercise. After completing my explanation, I asked Adlen if he understood, Adlen stated he did. I then told Adlen to begin. Adlen began walking forward heel to toe. I told Adlen to stop and told him that I would explain and demonstrate again. I again explained and demonstrated the exercise. Adlen stated he understood. When told to begin, Adlen placed one foot forward with his heel on the ground. A few seconds later, Adlen put the other foot forward with his heel on the ground and toe pointed up for several seconds. Adlen then began walking again before being told to stop.

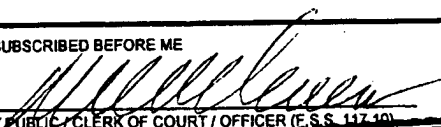
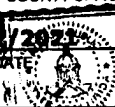

I then placed Adlen in the instructional position for the finger to nose. Adlen had a difficult time making pointers, but was able to raise his left and right arms when told to do so. Adlen continually stepped out of the instructional position and had to be directed back into the instructional position while I was explaining and demonstrating the exercise. When told to begin, I had to tell Adlen to tilt his head back and close his eyes repeatedly throughout the exercise. On the first left, Adlen raised his hand and left it raised without touching his nose. Adlen held his hand in the air for several seconds before being told he is supposed to touch his nose and immediately return his hand to his side. Adlen then touched the top of his nose and put his hand down. On first right, Adlen again raised his right hand and held it in the air until told to put his hand down. On second left and second right, Adlen touched the top of his nose and held his hand there for several seconds each iteration before being told to place his hand down. On the third right, Adlen stumbled out of position. When he returned to the position and was directed to attempt the right side again Adlen raised his right arm in the air and held it there until he was told to drop it. Adlen then opened his eyes again. I directed Adlen to close his eyes and tilt his head back. I then had to tell Adlen to attempt left again multiple times before he finally lifted his left hand. Adlen then raised his hand in the air again and left it there. After completing finger to nose, we began the Rhomberg. I placed Adlen in the instructional position before explaining and demonstrating the exercise. When told to

SWORN AND SUBSCRIBED BEFORE ME NOTARY PUBLIC / CLERK OF COURT OFFICER (F.S. 117.01) BEVERLY SUE OWEN MY COMMISSION # GG 188278 EXPIRES: May 30, 2022 Bonded Thru Notary Public Underwriters	 SIGNATURE OF ARRESTING / INVESTIGATING OFFICER BRANDT, NICKOLAS (1121) NAME OF OFFICER (PLEASE PRINT) 06/22/2021 DATE
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COURT _____ STATE ATTORNEY _____ CENTRAL RECORDS _____

JAIL _____ CRIME ANALYSIS _____ P.I.O. _____

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D E F	Name (Last, First, Middle) ADLEN, CRAIG ROBERT				Race W	Sex M	Date of Birth 03/03/1974
	<p>begin, Adlen counted to nine in the prescribed manner. Adlen then delayed for several seconds before starting to count at 10. Adlen counted to twenty and then stopped the exercise.</p> <p>Adlen was placed under arrest for DUI crash with property damage. I transported him to the Jupiter Medical Center for clearance due to the crash. After obtaining medical clearance, I transported Adlen to the Palm Beach County Jail's breath testing facility. Once at the BAT, I conducted a 20 minute observation. I then requested a breath sample from Adlen. Adlen agreed to provide a sample of his breath. He provided two samples of .267 and .265. While conducting the Q and A portion at the BAT, Adlen admitted to drinking whiskey prior to the crash. He then stated he was an alcoholic. Roadside exercises were captured on my body camera and dash camera. Based on the above stated facts and circumstances, W/M Craig Adlen, 3/3/1974, was in actual physical control of a motor vehicle while under the influence, causing or contributing to a crash contrary to F.S.S. 316.193(3) (C) (1).</p>						
<div style="position: relative; width: 100%; height: 100%;"> P R O B A B L E C A U S E S T A T E M E N T <div style="position: absolute; top: 50%; left: 50%; transform: translate(-50%, -50%) rotate(-45deg); opacity: 0.3; font-size: 100px; pointer-events: none;"> NOT A CERTIFIED COPY </div> </div>							
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. 117.10) <div style="border: 1px solid black; padding: 5px; display: inline-block;"> 06/22/2021 DATE  BEVERLY SUE OWEN MY COMMISSION # GG 188278 EXPIRES: May 30, 2022 Bonded Thru Notary Public Underwriters </div>				 SIGNATURE OF ARRESTING / INVESTIGATING OFFICER BRANDT, NICKOLAS (1121) NAME OF OFFICER (PLEASE PRINT) 06/22/2021 DATE		
					PAGE 3 of 3		

COURT _____ STATE ATTORNEY _____ CENTRAL RECORDS _____ JAIL _____ CRIME ANALYSIS _____ P.L.O. _____

SCANNED
JUN 23 2021

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: 06/22/2021

Date of Last Agency Inspection: 06/11/2021

Observation Period Began: 17:15

Subject's Name: CRAIG R ADLEN

DOB: 03/03/1974 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	17:39
	Air Blank	0.000	17:40
	Control Test	0.079	17:40
	Air Blank	0.000	17:40
	Subject Sample #1	0.267	17:41
	Air Blank	0.000	17:42
	Air Blank	0.000	17:44
	Subject Sample #2	0.265	17:44
	Air Blank	0.000	17:45
	Control Test	0.078	17:45
	Air Blank	0.000	17:46
	Diagnostics Check	OK	17:46

Cylinder Lot: 02021080A1
Exp: 03/05/2023

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 SUB OWEN, 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: [Signature]

Signature

Date: 6/22/21

Sworn to (or affirmed) before me this 22ND day of June, 2021

[Signature] 3/5/11/21
Signature of Notary Public-State of Florida

ofc N. Brandt
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.



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

PBSO CASE # 21078535 PBSO ZONE 3-15

AGENCY CASE # 21-002196 CRASH CASE # 21-002196

TIME OF STOP/CRASH 1448 DATE 06/22/2021 DAY Tuesday

SUBJECT'S NAME Adlen Craig Robert RACE W SEX M
LAST FIRST MID

HGT 5-06 WGT 145 DOB 3/3/1974

LOCATION N Alt A1A, Center Street, Jupiter

ARRESTING OFFICER'S NAME & ID Nickolas Brandt 315/1121 AGENCY Jupiter PD

DIVISION: _____

NOTIFIED BY COMMO Yes

ARRIVAL AT FACILITY 1715

ARREST TIME 1532

BREATH RESULTS:

1)	<u>267</u>
2)	<u>265</u>
3)	<u>/</u>
4)	<u>/</u>

TESTING OFFICER'S ID 3184 PBSO VIDEOTAPE # N/A

TESTING FACILITY TASK REPORT

AGENCY: JUPITER P.D.
SUBJECT: ADLEN, CRAIG ROBERT
CASE NUMBER: 21078535
DATE: Jun 22, 2021
VIDEO DVD NUMBER: N/A
BEGINNING TIME: 1738
ENDING TIME: 1753

BREATH TESTS RESULTS: 1) .267 TIME 1741 A.M. ☐ P.M. ☒ 2) .265 TIME 1744 A.M. ☐ P.M. ☒
3) TIME A.M. ☐ P.M. ☐ 4) TIME A.M. ☐ P.M. ☐

BREATH OPERATOR: S. Owen #3184

MAINTENANCE TECHNICIAN: J. Karlecke #6467

TESTING OFFICER'S OBSERVATIONS

SPEECH:

ATTITUDE: QUIET, CO-OPERATIVE

CLOTHING: HIGH TOP RUBBER BOOTS, BLACK JEANS, BLUE LS SHIRT

MEDICAL CONDITIONS: NONE

MEDICATIONS: SUBOXONE

OTHER:

DEFENDANT IN ACCIDENT, CLEARED AT HOSPITAL

COMMENTS:

DEFENDANT AND OFFICER BRANDT #315 OF JUPITER P.D. ARRIVED AT 1715 HOURS. A/O OBSERVED DEFENDANT 20 MINUTES. A/O REQUESTED BREATH TEST, DEFENDANT AGREED. NO PROBLEM WITH TEST. TECHNICIAN EXPLAINED RESULTS. A/O READ C/W, DEFENDANT UNDERSTOOD RIGHTS. ANSWERED Q AND A. SAID HE HAD BEEN DRINKING WHISKEY (1 OR 2 SHOTS) ALSO MENTIONED HE WAS AN ALCOHOLIC. HAD SLIGHT HEARING PROBLEM.

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WITNESS LIST

CASE NUMBER: 21-002196

ARRESTING OFFICER: Nickolas Brandt

ADDRESS: 196 Military Trl. Jupiter, FL 33458

PHONE NUMBERS (HOME): _____ (WORK) (561) 746-6201

CAN TESTIFY TO: Crash Investigation, DUI Investigation

NAME: Jose Arango

ADDRESS: 196 Military Trail, Jupiter Fl 33458

PHONE NUMBERS (HOME) _____ (WORK) (561)746-6201

CAN TESTIFY TO: Back up on scene

NAME: John Ryan

ADDRESS 5066 SE Devenwood Way, Stuart, Fl 34997

PHONE NUMBERS (HOME) _____ (WORK) (772)781-5914

CAN TESTIFY TO: Crash

NAME: Cassidy Sullivan

ADDRESS 2338 Flamingo Rd. Palm Beach Gardens, Fl 33410

PHONE NUMBERS (HOME) _____ (WORK) _____

CAN TESTIFY TO: Crash

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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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
JUN 23

SUBJECT: _____

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: _____ 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? SHOP

WHAT STREET OR HIGHWAY WERE YOU ON? 11A

DIRECTION OF TRAVEL? S WHERE DID YOU START? 11A 1400

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? 11:00 PM WHAT DID YOU EAT? STEAK

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

HOW MUCH DO YOU WEIGH? 155 HAVE YOU BEEN DRINKING? YES WHAT? WILSON

HOW MUCH? 1000 WHERE? TRUCK WITH WHOM? MYSELF

WHEN DID YOU HAVE YOUR FIRST DRINK? 7:00 PM AND YOUR LAST DRINK? 11:00 PM

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? NO 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? 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? 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>N</u>
	GLASS EYE?	<u>N</u>
	FALSE TEETH?	<u>N</u>
	EAR INFECTION?	<u>N</u>
	INNER EAR TROUBLE?	<u>N</u>
	DIABETES?	<u>N</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? JUN 23 2001

HAVE YOU EVER HAD A DRIVER'S LICENSE IN ANY OTHER STATE? Y WHERE? N

INTERVIEWER: _____



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

REVIEW COMPLETED BY

Booking Number: 2021015195	Date: 6/23/2021
	Specialist Name/ID: M. Took #8557

SCANNED
JUN 23