

ARREST / NOTICE TO APPEAR

21CT5465

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

Agency ORI Number <b>0501700</b>	Agency Name <b>Jupiter Police Department</b>	Agency Report Number (N.T.A.'s only) <b>514   21-001161</b>
Charge Type: Check as many as apply: <input type="checkbox"/> 1. Felony <input type="checkbox"/> 2. Traffic Felony <input type="checkbox"/> 3. Misdemeanor <input checked="" type="checkbox"/> 4. Traffic Misdemeanor <input type="checkbox"/> 5. Ordinance <input type="checkbox"/> 6. Other	If Weapon Seized Enter Type: <b>UNARMED</b>	Multiple Clearance Indicator
Location of Arrest (Including Name of Business) <b>4299 MILITARY TRL JUPITER, FL 33458</b>		Location of Offense (Business Name, Address) <b>4299 MILITARY TR/PROMENADE WAY, JUPITER, FL 33458</b>
Date of Arrest <b>04/04/2021</b>	Time of Arrest <b>21:47</b>	Booking Date <b>04/04/2021</b>
Booking Time <b>21:57</b>	Jail Date	Jail Time
Name (Last, First, Middle) <b>MARAZZITA, DANIELLE</b>		
Alias:		
Race W - White B - Black O - Oriental/Asian S - Scars, Marks, Tattoos, Unique Physical Features (Location, Type, Description)	Sex <b>F</b>	Date of Birth <b>01/03/1986</b>
Height <b>5'01</b>	Weight <b>130</b>	Eye Color <b>BROWN</b>
Hair Color <b>BROWN</b>	Complexion <b>LIGHT</b>	Build <b>SMALL</b>
Marital Status <b>S</b>	Religion <b>OTHER</b>	Indication of: Alcohol Influence Yes <input type="checkbox"/> No <input type="checkbox"/> Drug Influence Yes <input type="checkbox"/> No <input type="checkbox"/> Unk. <input type="checkbox"/>
Local Address (Street, Apt. Number) <b>326 JUPITER LAKES BLVD 2300D, JUPITER, FL 33458</b>	(City) <b>JUPITER</b>	(State) <b>FL</b>
(Zip) <b>33458</b>	Phone <b>(561) 302-7846</b>	Residence Type: 1. City 3. Florida 2. County 4. Out of State <b>1</b>
Permanent Address (Street, Apt. Number) <b>326 JUPITER LAKES BLVD 2300D, JUPITER, FL 33458</b>	(City) <b>JUPITER</b>	(State) <b>FL</b>
(Zip) <b>33458</b>	Phone <b>(561) 302-7846</b>	Address Source <b>SPOKEN</b>
Business Address (Name, Street) <b>J</b>	(City) <b>J</b>	(State) <b>FL</b>
(Zip) <b>J</b>	Phone	Occupation
DL Number, State <b>M623160865030 / FL</b>	Soc. Sec. Number	INS Number
Place of Birth (City, State) <b>QUEENS, NY, United</b>	Citizenship <b>US</b>	
Co-Defendant Name (Last, First, Middle)	Race	Sex
Date of Birth	<input type="checkbox"/> 1. Arrested <input type="checkbox"/> 2. At Large <input type="checkbox"/> 3. Felony <input type="checkbox"/> 4. Misdemeanor <input type="checkbox"/> 5. Juvenile	
Co-Defendant Name (Last, First, Middle)	Race	Sex
Date of Birth	<input type="checkbox"/> 1. Arrested <input type="checkbox"/> 2. At Large <input type="checkbox"/> 3. Felony <input type="checkbox"/> 4. Misdemeanor <input type="checkbox"/> 5. Juvenile	
<input type="checkbox"/> Parent <input type="checkbox"/> Other: _____	Name (Last, First, Middle)	
<input type="checkbox"/> Legal Custodian	Residence Phone	
Address (Street, Apt. Number)	(City)	(State) (Zip)
Business Phone		
Notified by: (Name)	Date	Time
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.		JUVENILE DISPOSITION 1. Handled/Processed within Department and Released 2. TOT JAC 3. Incarcerated
Property Crime? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Description of Property	Value of Property
<input type="checkbox"/> Yes, by: _____	<input type="checkbox"/> No.	
Drug Activity N. N/A F. Possession	S. Sell B. Buy T. Traffic	R. Smuggle D. Deliver 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. Psychotropic/Equipment S. Synthetic	U. Unknown Z. Other	
Charge Description <b>DUI - BREATH .08 OR ABOVE</b>	State Violation Number <b>316.193(1)(C)</b>	Violation of ORD #
Drug Activity	Drug Type	Amount / Unit
Offense # <b>21-001161</b>	Counts <b>1</b>	Domestic Violence <input type="checkbox"/> Y <input checked="" type="checkbox"/> N
Warrant / Citation Number	Bond	
Charge Description	State Violation Number	Violation of ORD #
Drug Activity	Drug Type	Amount / Unit
Offense #	Counts	Domestic Violence <input type="checkbox"/> Y <input type="checkbox"/> N
Warrant / Citation Number	Bond	
Charge Description	State Violation Number	Violation of ORD #
Drug Activity	Drug Type	Amount / Unit
Offense #	Counts	Domestic Violence <input type="checkbox"/> Y <input type="checkbox"/> N
Warrant / Citation Number	Bond	
Health / Apparent Physical Condition of Defendant	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"/> Pooled Bond	<input type="checkbox"/> Released to Parent/Guardian <input type="checkbox"/> South County Mental Health	<input type="checkbox"/> T.O.Y. County Jail
Transported By	Date Transported	Time Transported
Other	Released By	Released To
<input type="checkbox"/> INSTRUCTION NO. 1 - Mandatory appearance in court <input checked="" type="checkbox"/> INSTRUCTION NO. 2 - You need not appear in Court but must comply with instructions on Page 2.	Location (Court, Room) <b>North County PALM BEACH GARD</b>	
	Court Date and Time <b>05/12/2021 08:30:00</b>	
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	Name Verification (Printed by Arrestee)
<input type="checkbox"/> Dangerous <input type="checkbox"/> Suicidal	<input type="checkbox"/> Resisted Arrest <input type="checkbox"/> Other	(PRINT)
Instalor Deputy <b>Dunn 6820</b>	Name of Arresting Officer (Print) <b>YOCHUM, CRAIG</b>	ID # <b>1185</b>
LD #	Transporting Officer <b>YOCHUM, CRAIG</b>	ID # <b>383</b>
Pouch #	Agency <b>JPD</b>	Agency
	Witness here if subject signed with an "X"	

JH 0404716

PAH 7 30 8:11

PROBABLE CAUSE AFFIDAVIT

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

1

JUVENILE

OSTS Number	Agency ORI Number <b>FL 0501700</b>		Agency Name <b>JUPITER POLICE DEPARTMENT</b>		Agency Report Number <b>5 4 21-001161</b>
Charge Type: Check as many as apply.	<input type="checkbox"/> 1. Felony	<input type="checkbox"/> 2. Traffic Felony	<input type="checkbox"/> 3. Misdemeanor	<input checked="" type="checkbox"/> 4. Traffic Misdemeanor	<input type="checkbox"/> 5. Ordinance <input type="checkbox"/> 6. Other
Name (Last, First, Middle) <b>MARAZZITA, DANIELLE</b>					Alias
Race <b>W</b>					Sex <b>F</b>
Date of Birth <b>01/03/1986</b>					
Charge Description <b>316.193(1)(C) DUI - BREATH .08 OR ABOVE</b>			Charge Description		
Victim's Name (Last, First, Middle) <b>State Of Florida</b>			Race Sex Date of Birth		
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.  was found to have committed the below acts, resulting from my (described) investigation.

On the 4 day of April, 2021 at 21:47 (Specifically include facts constituting cause for arrest)

On 04/04/2021 at approximately 2130 hours, I was conducting routine patrols in the area of C.R. 809 (Military Trl.) and Dakota Dr. in the Town of Jupiter, Palm Beach County, FL. At the time, I was driving an unmarked Jupiter Police Department patrol vehicle (vehicle 1308), I was wearing a JPD uniform clearly identifying myself as a Jupiter Police Officer, and I was wearing my department-issued Axon body camera.

I observed a white 2020 Jeep SUV bearing FL tag # LFXA24 traveling southbound in the outside lane of C.R. 809 just south of the intersection with Dakota Dr. at a speed I believed to be in excess of the posted 45 MPH speed limit. I activated the front antenna of my Applied Concepts, Inc. Stalker DSR2X (S/N DP 004005) in moving mode, confirmed my patrol speed matched my speedometer, and received a target speed of 61 MPH. My radar unit emitted a clear, constant audio Doppler tone which was consistent with a vehicle traveling the aforementioned speed. When the vehicle passed the driver side of my patrol car, both the digital speed readout and audio Doppler tone ceased indicating the vehicle had traveled outside of my radar unit's operational range.

I followed behind the vehicle which stopped for the red light at the intersection with W Frederick Small Rd. When the light turned green, I notified dispatch of the traffic stop and observed the vehicle drift completely out of its lane (traveling with both passenger side tires in the bicycle lane) and almost strike the curb on the west side of the roadway. I activated my overhead interior emergency lights and siren to conduct a traffic stop and the vehicle did not make any indication the driver observed my police vehicle behind it for approximately 2 seconds.

The vehicle stopped (facing south) in the right turn lane just north of the intersection with Promenade Way. I approached the vehicle on the driver side and made contact with the driver and sole-occupant of the vehicle. I identified the driver by her Florida Driver License to be Danielle Marazzita (w/f; 01/03/1986). I observed Marazzita had

SWORN AND SUBSCRIBED BEFORE ME

NOTARY PUBLIC / CLERK OF COURT / OFFICER  
 Notary Public State of Florida  
 Renee Ragin  
 My Commission GG 866418  
 Expires 03/05/2024

04/04/2021  
DATE

SIGNATURE OF ARRESTING / INVESTIGATING OFFICER

**YOHUM, CRAIG (1185)**  
NAME OF OFFICER (PLEASE PRINT)

04/04/2021  
DATE

PAGE  
1 OF 3

COURT

STATE ATTORNEY

CENTRAL RECORDS

JAIL

CRIME ANALYSIS

P.I.O.

Agency ORI Number: **FL 0501700** Agency Name: **JUPITER POLICE DEPARTMENT** Agency Report Number: **5 | 4 | 21-001161**

Charge Type:  1. Felony  2. Traffic Felony  3. Misdemeanor  4. Traffic Misdemeanor  5. Ordinance  6. Other

Name (Last, First, Middle): **MARAZZITA, DANIELLE** Race: **W** Sex: **F** Date of Birth: **01/03/1986**

bloodshot/glassy eyes and the odor of alcohol on her breath. I requested Marazzita produce her license, registration, and proof of insurance. Marazzita handed me her Florida Driver License and a Florida Blue health insurance card. I again requested Marazzita produce her car insurance information and she located it on her phone. After producing her car insurance, I again reminded Marazzita to produce her registration.

Marazzita advised she had two glasses of wine and could not feel the effects of the alcohol. She stated she had just left her girlfriend's residence and she was currently in an argument with her. Based on my observations, I requested Marazzita exit the vehicle and she complied. I advised Marazzita I was concerned based on her driving pattern and my observations during the personal contact phase that she was driving under the influence. I requested Marazzita complete Standardized Field Sobriety Tasks (SFSTs) and she complied.

Marazzita advised she has a tumor for which she takes Caberlogin. She advised her condition sometimes affects her speech but does not affect her balance. Marazzita advised she was not sick or injured.

I first conducted the Horizontal Gaze Nystagmus task. I am a certified Drug Recognition Expert (IACP # 32395) and I conducted this task in accordance with my training. I confirmed Marazzita's pupils appeared to be of equal approximate size, she did not have resting nystagmus, and she was able to track a horizontally moving stimulus equally. I observed Lack of Smooth Pursuit, Distinct and Sustained Nystagmus at Maximum Deviation, and the Onset of Nystagmus prior to 45 Degrees in both Marazzita's eyes. Vertical Gaze Nystagmus was not present.

I next conducted the Walk and Turn task. Marazzita wished to remove her sandals before the task began and I allowed her to do so. While in the Instructions Stage, Marazzita did not keep her feet in the starting position and appeared to "dust off" the line with her foot several times. I explained the task to Marazzita, confirmed she understood, and that she did not have any questions. When told to begin, Marazzita used her arms to balance on step 2. Marazzita missed heel-to-toe on step 4. Marazzita took 9 steps down the line before turning. Before turning, Marazzita asked if she should turn then turned on the balls of both her feet. Marazzita paused to regain her footing and reset her feet (right foot in front of her left). Marazzita walked back down the line and took 10 steps.

I provided Marazzita with the instructions for the One Leg Stand, confirmed her understanding, and Marazzita did not have any questions. Marazzita chose to raise her right leg off the ground, standing planted on her left. After approximately 26 seconds had elapsed, Marazzita reset her gaze to some unknown point off on the horizon and I reminded her to keep her eyes on her foot. Marazzita asked me what I had told her, appeared to have lost her balance, and placed her foot on the ground at the end of the

SWORN AND SUBSCRIBED BEFORE ME

NOTARY PUBLIC / CLERK OF COURT / OFFICER: **04/04/2021** (Signature: Renee Ragin)

Notary Public State of Florida  
 My Commission GG 9664TB  
 Expires 03/05/2024

SIGNATURE OF ARRESTING / INVESTIGATING OFFICER: **Yochum, Craig** (1185)  
 NAME OF OFFICER (PLEASE PRINT): **Yochum, Craig**  
 DATE: **04/04/2021**

PAGE **2** OF **3**

PROBABLE CAUSE AFFIDAVIT  
SUPPLEMENT

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

1

JUVENILE

OST's Number	Agency ORU Number <b>FL 0501700</b>		Agency Name <b>JUPITER POLICE DEPARTMENT</b>	Agency Report Number <b>5   4   21-001161</b>
Charge Type: Check as many as apply. <input type="checkbox"/> 1. Felony <input type="checkbox"/> 2. Traffic Felony <input type="checkbox"/> 3. Misdemeanor <input checked="" type="checkbox"/> 4. Traffic Misdemeanor <input type="checkbox"/> 5. Ordinance <input type="checkbox"/> 6. Other				Special Notes:
Name (Last, First, Middle) <b>MARAZZITA, DANIELLE</b>			Alias	Race: <b>W</b> Sex: <b>F</b> Date of Birth: <b>01/03/1986</b>

timed 30 second period.

Prior to conducting the Finger to Nose task, Marazzita confirmed knowledge of her left and right hands. I provided Marazzita the instructions, confirmed she understood, and she did not have any questions. When told to begin, Marazzita tilted her head back and closed her eyes. The cadence for this task was: Left, Right, Left, Right, Right, Left. On the first call of left, Marazzita touched the pad of her left finger to the tip of her nose. On the first call of right, Marazzita touched the tip of her right finger under the tip of her nose (to her septum). On the second call of left, Marazzita touched the pad of her left finger to the tip of her nose. On the second call of right, Marazzita touched the tip of her right finger to the opening of her right nostril. On the final call of right, Marazzita appropriately touched finger-to-nose. On the final call of left, Marazzita touched the pad of her left finger to the tip of her nose.

I finally conducted the Romberg Alphabet. Marazzita advised she had a high school diploma and that she is comfortable with the alphabet from A to Z. I provided Marazzita with the instructions, confirmed she understood, and she did not have any questions. When told to begin, Marazzita appropriately tilted her head back and closed her eyes. Marazzita appropriately and correctly recited the alphabet in the slow, non-rhythmic manner requested.

Based on the totality of the circumstances, I placed Marazzita under arrest for DUI. I requested at roadside that Marazzita provide a breath sample and she refused - citing that she had lots of friends who where police and firefighters who had told her she would provide a high breath sample if she had just drank a glass of wine. I confirmed to Marazzita that her theory was not entirely accurate, as she would not have the opportunity to consume wine and immediately blow into a testing instrument. I advised Marazzita of Implied Consent (excluding the CDL portion of Implied Consent), confirmed she understood, and again requested she provide a breath sample. Marazzita agreed and I drove her to the Palm Beach County Breath Alcohol Testing Facility.

I conducted a 20 minute observation to ensure Marazzita did not ingest or regurgitate anything. At the conclusion of the observation period, I requested Marazzita provide a lawful sample of her breath for the purpose of determining the alcohol content. Marazzita agreed and ultimately provided two, adequate breath samples of .151 and .145, both over the legal per se limit of .08.

Based on the aforementioned facts resulting from my investigation, I find Probable Cause exists to charge Danielle Marazzita with DUI - BrAC above .08 pursuant to FSS 316.193(1) (c).

SWORN AND SUBSCRIBED BEFORE ME

NOTARY PUBLIC / CLERK OF COURT / OFFICER (F.S.S. 1750)

04/04/2021  
DATE

Notary Public State of Florida  
Renee Ragin  
My Commission GG 966418  
Expires 03/05/2024

SIGNATURE OF ARRESTING / INVESTIGATING OFFICER

**YUCHUM, CRAIG (1185)**  
NAME OF OFFICER (PLEASE PRINT)

04/04/2021  
DATE

PAGE  
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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: 80-006029 Software: 8100.27  
Date of Test: 04/04/2021

Date of Last Agency Inspection: 03/12/2021  
Observation Period Began: 22:30  
Subject's Name: DANIELLE MARAZZITA

DOB: 01/03/1986 Sex: F

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	22:55
	Air Blank	0.000	22:55
	Control Test	0.080	22:56
	Air Blank	0.000	22:56
	Subject Sample #1	0.151	22:58
	Air Blank	0.000	22:59
	Air Blank	0.000	23:00
	Subject Sample #2	0.145	23:01
	Air Blank	0.000	23:02
	Control Test	0.077	23:02
	Air Blank	0.000	23:03
	Diagnostics Check	OK	23:03

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

State of Florida, County of Palm Beach

Personally appeared before me the undersigned authority, who () is personally known to me or () produced \_\_\_\_\_ as identification, and who after being placed under oath, states:

I RENEE M RAGIN, hold a valid Breath Test Operator permit issued by the Florida Department of Law Enforcement, I administered the above breath test to the subject named above in accordance with Chapter 11D-8, Florida Administrative Code, and this form is a true and accurate report of that breath test.

Breath Test Operator: \_\_\_\_\_

Signature

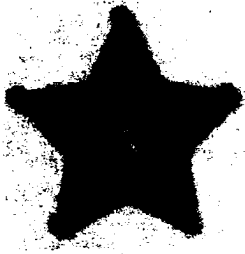
Date: 04/04/21

Sworn to (or affirmed) before me this 04 day of April, 2021

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.



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

PBSO CASE # 21-052112 PBSO ZONE 3-15

AGENCY CASE # 21-001161 CRASH CASE # \_\_\_\_\_

TIME OF STOP/CRASH 2130 DATE 04/04/2021 DAY Sunday

SUBJECT'S NAME Marazzita Danielle RACE W SEX F  
LAST FIRST MID

HGT 501 WGT 130 DOB 01/03/1986

LOCATION Military Trl./Promenade Way Jupiter, FL 33458

ARRESTING OFFICER'S NAME & ID Craig Yochum #383 AGENCY Jupiter PD

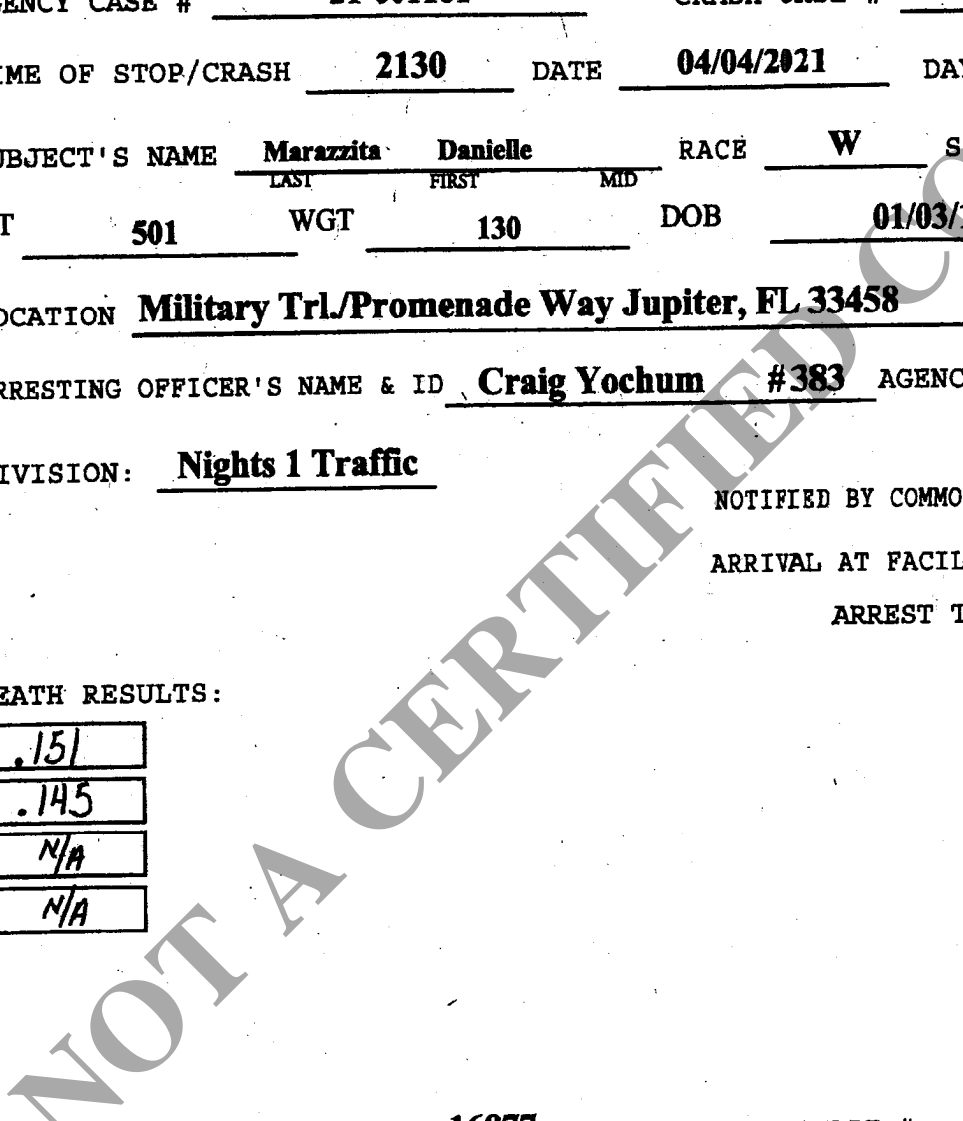
DIVISION: Nights 1 Traffic

NOTIFIED BY COMMO Yes  
 ARRIVAL AT FACILITY 2230  
 ARREST TIME 2147

**BREATH RESULTS:**

- 1) .151
- 2) .145
- 3) N/A
- 4) N/A

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



# TESTING FACILITY TASK REPORT

AGENCY: JPD

SUBJECT: Marazzita, Danielle

CASE NUMBER: 21-052112

DATE: Apr 4, 2021

VIDEO DVD NUMBER: N/A

BEGINNING TIME: 22:53

ENDING TIME: 23:09

BREATH TESTS RESULTS: 1) .151 TIME 22:58 A.M.  P.M.  2) .145 TIME 23:01 A.M.  P.M.   
3) N/A TIME ----- A.M.  P.M.  4) N/A TIME ----- A.M.  P.M.

BREATH OPERATOR: R. Ragin #16877

MAINTENANCE TECHNICIAN: Jason Karlecke #6467

## TESTING OFFICER'S OBSERVATIONS

SPEECH: Slurred, Mumbled

ATTITUDE: Calm, cooperative

CLOTHING: Blue jeans, light blue shirt, brown flip-flops

MEDICAL CONDITIONS: Tumor

MEDICATIONS: Caberlogin

## OTHER:

Eyes are glassy & bloodshot  
odor of unknown alcoholic beverage on breath  
Subject stated she had 2 glasses of wine in Q&A.

## COMMENTS:

Arrived at center A/O started 20 minute observation period at 22:30 hrs.

Subject agreed to perform breath test.

A/O read rights.  
Subject stated she understood rights.

Tech read breath test results.  
Subject acknowledged she understood breath test results.

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

SUBJECT: Marazzita, Danielle CASE NUMBER: 21-001161

**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 Oz Yochum of the JUPITER POLICE DEPT

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) Read on Scene (BWC)

**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 Camera



# WITNESS LIST

CASE NUMBER: 21-001161

ARRESTING OFFICER: Craig Yochum

ADDRESS: 196 Military Trl. Jupiter, FL 33458

PHONE NUMBERS (HOME): \_\_\_\_\_ (WORK) (561) 746-6201

CAN TESTIFY TO: PC

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

ADDRESS: \_\_\_\_\_

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

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

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

ADDRESS \_\_\_\_\_

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

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

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

ADDRESS \_\_\_\_\_

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

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

NOT A CERTIFIED COPY



**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: 2021008140	Date: 04/05/2021
	Specialist Name/ID: C. Denzel/8691