

21mm 22MB

ARREST / NOTICE TO APPEAR
Juvenile Referral Report

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

OBTS Number		Agency ORI Number FLO 500000		Agency Name PALM BEACH COUNTY SHERIFF'S OFFICE		Agency Report Number (N.T.A.'s only) 06-21021144	
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		Weapon Seized / Type 2 <input type="checkbox"/> 1. Yes <input checked="" type="checkbox"/> 2. No	
Location of Arrest (Including Name of Business) 2976 S Military Trail West Palm Beach, FL 33415		Location of Offense (Business Name, Address) 2976 S Military Trail West Palm Beach, FL 33415					
Date of Arrest 01/01/2021	Time of Arrest 0652	Booking Date	Booking Time	Jail Date	Jail Time	Location of Vehicle D & D Towing	
Name (Last, First, Middle) Reyes-Barahona Danilo		Alias (Name, DOB, Soc. Sec. #, Etc.)					
Race W - White - American Indian B - Black O - Oriental/Asian W	Sex M	Date of Birth 9/23/85	Height 5'09"	Weight 200	Eye Color brown	Hair Color brown	Complexion medium
Scars, Marks, Tattoos, Unique Physical Features (Location, Type, Description) None		Marital Status Married	Religion CATHOLIC	Indication of Alcohol Influence Drug Influence Y <input type="checkbox"/> N <input type="checkbox"/> Int. <input type="checkbox"/>			
Local Address (Street, Apt. Number) At Large		(City) Palm Beach County Florida 12345	(State)	(Zip)	Phone (561) none	Residence Type: 1. City 2. County 3. Florida 4. Out of State 2	
Permanent Address (Street, Apt. Number)		(City)	(State)	(Zip)	Phone	Address Source Verbal	
Business Address (Name, Street)		(City)	(State)	(Zip)	Phone	Occupation Drywall Labor	
DL Number, State None	Soc. Sec. Number None	INS Number None	Place of Birth (City, State) Tegucigalpa, Honduras		Citizenship Honduras		
Co-Defendant Name (Last, First, Middle)		Race	Sex	Date of Birth	<input type="checkbox"/> 1. Arrested <input type="checkbox"/> 3. Felony <input type="checkbox"/> 2. At Large <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"/> 3. Felony <input type="checkbox"/> 2. At Large <input type="checkbox"/> 4. Misdemeanor <input type="checkbox"/> 5. Juvenile		
Parent Legal Custodian Other:		Address (Street, Apt. Number)		(City)	(State)	(Zip)	Residence Phone Business Phone
Notified by: (Name)		Date	Time	Juvenile Disposition 1. Handed/processed within Dept. and Released. 2. TOT HRS / DYS 3. Incarcerated			
Released To: (Name)		Relationship		Date	Time		
The above address provided by <input type="checkbox"/> defendant and / or <input type="checkbox"/> defendant's parents. The child and / or parent was told to keep the Juvenile Court Clerk (Phone 355-2526) informed of any change of address. <input type="checkbox"/> Yes, by: (Name) <input type="checkbox"/> No: (Reason)				School Attended		Grade	
Property Crime? <input type="checkbox"/> Yes <input type="checkbox"/> No		Description of Property		Value of Property			
CODE Drug Activity N. N/A P. Possess		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. Paraphernalia/ Equipment S. Synthetics		U. Unknown Z. Other	
Charge Description DUI		Counts 1	Domestic Violence <input type="checkbox"/> Y <input checked="" type="checkbox"/> N	Statute Violation Number 316.193(1)		Violation of ORD #	
Drug Activity N	Drug Type N	Amount / Unit N/A	Offense # 21021144	Warrant / Capias Number		Bond	
Charge Description No Driver's License		Counts 1	Domestic Violence <input type="checkbox"/> Y <input checked="" type="checkbox"/> N	Statute Violation Number 322.03(1)		Violation of ORD #	
Drug Activity N	Drug Type N	Amount / Unit N/A	Offense # 21021144	Warrant / Capias Number		Bond	
Charge Description Resist Officer Without Violence		Counts 1	Domestic Violence <input type="checkbox"/> Y <input checked="" type="checkbox"/> N	Statute Violation Number 843.02		Violation of ORD #	
Drug Activity N	Drug Type N	Amount / Unit N/A	Offense # 21021144	Warrant / Capias Number		Bond JAN 14 9:47	
Charge Description		Counts	Domestic Violence <input type="checkbox"/> Y <input checked="" type="checkbox"/> N	Statute Violation Number		Violation of ORD #	
Drug Activity	Drug Type	Amount / Unit	Offense #	Warrant / Capias Number		Bond	
Location (Court, Office Number, Address) Palm Beach County Courthouse 3228 Gun Club Rd							
Court Date and Time Month January Day 28th Year 2021 Time 0830 AM <input checked="" type="checkbox"/> PM							
I AGREE TO APPEAR AT THE TIME AND PLACE DESIGNATED TO ANSWER THE OFFENSE CHARGED OR TO PAY THE FINE SUBSCRIBED. I UNDERSTAND THAT SHOULD I WILLFULLY FAIL TO APPEAR BEFORE THE COURT AS REQUIRED BY THIS NOTICE TO APPEAR, THAT I MAY BE HELD IN CONTEMPT OF COURT AND A WARRANT FOR MY ARREST SHALL BE ISSUED 01/01/2021							
Signature of Defendant (or Juvenile and Parent /Custodian)				Date Signed			
HOLD for other Agency Name:		Signature of Arresting Officer X		Name Verification (Printed by Arrestee)			
<input type="checkbox"/> Dangerous <input type="checkbox"/> Resisted Arrest <input type="checkbox"/> Hospital <input type="checkbox"/> Other:		Name of Arresting Officer (Print) Cpl. J. Derby		I.D. # 16611		(PRINT)	
Intake Deputy 501		I.D. #		Transporting Officer Cpl. J. Derby		I.D. # 16611 Agency PBSO	
Witness here if subject signed with an "X"						PAGE 1 OF 1	

J# 0520540

PROBABLE CAUSE AFFIDAVIT

1 Arrest 2 NTA 3 Request for Warrant 4 Request for Capias

1

Juvenile

OBS Number		Agency ORI Number FL 5 0 0 0 0 0		Agency Name PALM BEACH COUNTY SHERIFF'S OFFICE		Agency Report Number 20-021144	
Charge Type Check as many as apply <input type="checkbox"/> 1 Felony <input type="checkbox"/> 2 Traffic Felony		<input checked="" type="checkbox"/> 3 Misdemeanor <input type="checkbox"/> 4 Traffic Misdemeanor		<input type="checkbox"/> 5 Ordinance <input type="checkbox"/> 6 Other		Special Notes	
Name (Last, First, Middle) REYES BARAHONA, DANIL0				Alias		Race W	Sex M
Date of Birth 09/23/1985							
Charge Description DUI				Charge Description RESISTING WITHOUT VIOLENCE			
Charge Description NO VALID DL				Charge Description			
Victim's Name (Last, First, Middle) STATE OF FL		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
<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 The Person taken into custody</p> <p><input checked="" type="checkbox"/> committed the below acts in my presence. <input type="checkbox"/> was observed by _____ who told _____</p> <p><input type="checkbox"/> confessed to _____ <input type="checkbox"/> that he/she saw the arrested person commit the below acts.</p> <p>admitting to the below facts. was found to have committed the below acts, resulting from my (described) investigation.</p> <p>On the <u>1ST</u> day of <u>JANUARY</u> 20 <u>21</u> at <u>0650</u> <input checked="" type="checkbox"/> A.M <input type="checkbox"/> P.M (Specifically include facts constituting cause for arrest.)</p> <p><u>ON FRIDAY, JANUARY 1ST, 2021 AT APPROXIMATELY 0651 HOURS, WHILE IN THE 2900 BLOCK OF S MILITARY TRAIL IN UNINCORPORATED WEST PALM BEACH, WITHIN PALM BEACH COUNTY FL WITH PBSO VOLUNTEER EMERGENCY RESPONSE TEAM MEMBERS ASSISTING IN TRAFFIC CONTROL I OBSERVED A 2016 GRAY HONDA CIVIC 4 DOOR SEDAN TRAVELING NORTHBOUND ON S MILITARY TRAIL APPROACHING THE CRASH SCENE. I OBSERVED THE VEHICLE FAIL TO DRIVE WITHIN A SINGLE LANE, AND FAIL TO SLOW DOWN FOR TRAFFIC CONTROL DEVICES (CONES) AND VERT MEMBERS DIRECTING THE VEHICLE TO TURN AROUND. I THEN OBSERVED THE VEHICLE TO DRIVE OVER 2 TRAFFIC CONES AND THEN STRIKE THE UNOCCUPIED PARKED PATROL VEHICLE WHICH WAS SLANTED IN THE NUMBER 2 (MIDDLE) LANE.</u></p> <p><u>I THEN MADE CONTACT WITH THE DRIVER AND SOLE OCCUPANT OF THE VEHICLE WHO HAD N ODOR OF AN UNKNOWN ALCOHOLIC BEVERAGE EMANATING FROM HIS BREATH. I ALS OBSERVED THE DRIVERS EYES TO BE BLOOD SHOT AND GLASSY. THE DRIVER WAS ASKED I HE WAS INJURED TO WHICH HE REPLIED NO. THE DRIVER THEN BECAME UNCOOPERATIVE AND ARGUMETNATIVE. THE DRIVER WAS ASKED TO STEP OUT OF THE VEHICLE TO WHICH HE REFUSED MULTIPLE TIMES AFTER BEING ASKED MULTIPLE TIMES TO STEP OUT OF THE VEHICLE.</u></p> <p><u>THE DRIVER WAS FINALLY REMOVED FROM THE VEHICLE AND PLACED INTO HANDCUFFS WHICH WERE CHECKED FOR PROPER FIT AND TIGHTNESS. THE HANDCUFFS WERE THEN DOUBDL LOCKED.</u></p> <p><u>THE DRIVER WAS THEN TRANSPORTED TO THE BREATH ALCOHOL TEST CENTER BY CPL. J. DERBY.</u></p> <p><u>THIS CONCLUDES MY INVOLVEMENT WITH THIS CASE.</u></p>							
<p>STATE OF FLORIDA COUNTY OF PALM BEACH</p> <p>(Signature of Arresting/Investigative Officer)</p> <p>The foregoing instrument was sworn to or affirmed and subscribed before me this <u>1ST</u> day of <u>JANUARY</u> 20 <u>21</u> by <u>D/S ANTHONY TEJEDA</u></p> <p>(Print name of Arresting/Investigative Officer), who is personally known to me and/or produced identification. Type of identification produced <u>CPL. J. DERBY #16611</u></p> <p>Notary Public, Clerk of Court, Officer (F.S.S. 117.10) <u>16611</u></p>							

ADMINISTRATIVE

PROBABLE CAUSE STATEMENT

CHARGES

DEF

ADMIN

D.U.I. PROBABLE CAUSE AFFIDAVIT

ON THE 1st DAY OF January 20 21, AT 0652 AM PM

SUBJECT: Reyes-Barahona Danilo CASE NUMBER: 21021144

AGENCY: PALM BEACH COUNTY SHERIFF'S OFFICE ARRESTING OFFICER: Cpl. J. Derby

PERSONAL CONTACT

DRIVING PATTERN: ACTUAL PHYSICAL CONTROL (PHYSICAL EVIDENCE OR STATEMENTS PUTTING DEF. BEHIND WHEEL OF VEHICLE)

Reyes-Barahona was observed by D/S Tejada ID 31814 driving through a police barricade consisting of traffic cones and flashing emergency lights, and crashing his Grey Honda Civic (bearing Florida Tag GCGN16) into a parked an unoccupied Marked Palm Beach County Sheriff's Office Volunteer Emergency Response Team Vehicle.

OBSERVATION OF DRIVER:

Reyes-Barahona had slurred speech, watery bloodshot eyes, and the strong odor of an unknown alcoholic beverage emanating from his breath. Reyes-Barahona appeared lethargic and slow to respond to verbal communication.

DRIVER'S STATEMENTS:

Reyes-Barahona was speaking in Spanish and in English in a slurred manner. He asked me what happened.

ODORS:

Reyes-Barahona had the strong odor of an unknown alcoholic beverage coming from his breath.

GENERAL OBSERVATIONS

SPEECH: slurred

ATTITUDE: emotional, incoherent, slow, argumentative

CLOTHING: ripped shirt, disheveled

MEDICAL/OTHER: none

STATE OF FLORIDA
COUNTY OF PALM BEACH

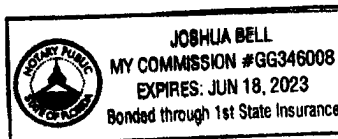
Cpl. J. Derby

(Signature of Arresting/Investigative Officer)

The foregoing instrument was sworn to or affirmed and subscribed before me this 1 day of January 20 21 by Cpl. J. Derby

(Print name of Arresting/Investigative Officer, who is personally known to me and/or produced identification. Type of identification produced Cpl. J. Derby #16611)

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



SUBJECT Reyes-Barahona Danilo

CASE NUMBER 21021144

ROADSIDE TASKS

HORIZONTAL GAZE NYSTAGMUS:

LT EYE-LACK OF SMOOTH PURSUIT

RT EYE-LACK OF SMOOTH PURSUIT

LT EYE-DISTINCT & SUSTAINED NYSTAGMUS AT MAX. DEVIATION

RT EYE-DISTINCT & SUSTAINED NYSTAGMUS AT MAX. DEVIATION

LT- EYE-ONSET OF NYSTAGMUS PRIOR TO 45 DEGREES

RT- EYE-ONSET OF NYSTAGMUS PRIOR TO 45 DEGREES

Other Observations:

refused

WALK & TURN:

refused

ONE LEG STAND:

refused

ROMBERG ALPHABET:

refused

ROMBERG ALPHABET:

refused

BREATH TEST RESULTS:

1)	2)	3)	4)
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STATE OF FLORIDA
COUNTY OF PALM BEACH

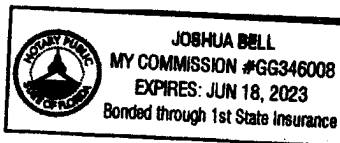
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(Print name of Arresting/Investigative Officer), who is personally known to me and/or produced identification. Type of identification produced Cpl. J. Derby #16611

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



NOT A CERTIFIED COPY

TESTING FACILITY TASK REPORT

AGENCY: PBSO
SUBJECT: REYES BARAHONA, DANILO
CASE NUMBER: 21-021144
DATE: Jan 1, 2021
VIDEO DVD NUMBER: N/A
BEGINNING TIME: 0808
ENDING TIME: 0833

BREATH TESTS RESULTS: 1) .247 TIME 0816 A.M. P.M. 2) .245 TIME 0819 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 TECHNICAN: J. KARLECKE #6467

TESTING OFFICER'S OBSERVATIONS

SPEECH: SPANISH SPEAKING, SLURRED
ATTITUDE: TALKATIVE, REPETITIVE, COOPERATIVE
CLOTHING: BLUE DRESS SHIRT, BLUE JEANS, BLACK SNEAKERS
MEDICAL CONDITIONS: NONE
MEDICATIONS: NONE

OTHER:

EYES: BLOODSHOT
ODOR OF UNKNOWN ALCOHOLIC BEVERAGE COMING FROM BREATH
SUBJECT STATED HE DRANK 6, 6, 12 BEERS Q AND A

COMMENTS:

ARRIVED AT DUI TESTING FACILITY AND BEGAN THE 20 MINUTE OBSERVATION AT 0725 HOURS
SUBJECT STATED HE WOULD TAKE BREATH TEST
A/O READ RIGHTS
SUBJECT STATED HE UNDERSTOOD HIS RIGHTS
TECH READ BREATH TEST RESULTS
SUBJECT ACKNOWLEDGED HE UNDERSTOOD BREATH TEST RESULTS
A/O CONDUCTED Q AND A
SUBJECT ANSWERED Q AND A
INTERPRETATION DONE BY DEPUTY A. TEJEDA PBSO

TESTING FACILITY TASK REPORT

AGENCY:

SUBJECT:

DATE:

BEGINNING TIME:

CASE NUMBER:

VIDEO DVD NUMBER:

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 TECHNICAN:

TESTING OFFICER'S OBSERVATIONS

SPEECH:

ATTITUDE:

CLOTHING:

MEDICAL CONDITIONS:

MEDICATIONS:

OTHER:

EYES: BLOODSHOT
ODOR OF UNKNOWN ALCOHOLIC BEVERAGE COMING FROM BREATH
SUBJECT STATED HE DRANK 6, 6, 12 BEERS Q AND A

COMMENTS:

ARRIVED AT DUI TESTING FACILITY AND BEGAN THE 20 MINUTE OBSERVATION AT 0725 HOURS

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A/O READ RIGHTS
SUBJECT STATED HE UNDERSTOOD HIS RIGHTS

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

A/O CONDUCTED Q AND A
SUBJECT ANSWERED Q AND A

INTERPRETATION DONE BY DEPUTY A. TEJEDA PBSO

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: 80-006240 Software: 8100.27
Date of Test: 01/01/2021

Date of Last Agency Inspection: 12/11/2020
Observation Period Began: 07:25
Subject's Name: DANILO REYES BARAHONA

DOB: 09/23/1985 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	08:13
Air Blank	0.000	08:13
Control Test	0.080	08:13
Air Blank	0.000	08:14
Subject Sample #1	0.247	08:16
Air Blank	0.000	08:17
Air Blank	0.000	08:18
Subject Sample #2	0.245	08:19
Air Blank	0.000	08:20
Control Test	0.080	08:20
Air Blank	0.000	08:21
Diagnostics Check	OK	08:21

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

Breath Test Operator: _____

Signature

Date: 01/01/21

Sworn to (or affirmed) before me this 01 day of January, 2021

Signature of Notary Public-State of Florida

Cpl. J. Derby #16611
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.

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: 80-006240 Software: 8100.27
Date of Test: 01/01/2021

Date of Last Agency Inspection: 12/11/2020

Observation Period Began: 07:25

Subject's Name: DANILO REYES BARAHONA

DOB: 09/23/1985 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	08:13
	Air Blank	0.000	08:13
	Control Test	0.080	08:13
	Air Blank	0.000	08:14
	Subject Sample #1	0.247	08:16
	Air Blank	0.000	08:17
	Air Blank	0.000	08:18
	Subject Sample #2	0.245	08:19
	Air Blank	0.000	08:20
	Control Test	0.080	08:20
	Air Blank	0.000	08:21
	Diagnostics Check	OK	08:21

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

Breath Test Operator: _____

Signature

Date: 01/01/21

Sworn to (or affirmed) before me this 01 day of January, 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.

SUBJECT: Royes Barahona, Den 10 CASE NUMBER: 21-021144

QUESTIONS AND ANSWERS

I AM NOW GOING TO ASK YOU SOME QUESTIONS. WITH THESE RIGHTS IN MIND, YOU MAY ANSWER SOME OF, ALL OF, (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? 15111111

DIRECTION OF TRAVEL? WEST WHERE DID YOU START? HOME

WHAT TIME DID YOU START? 3 AM WHAT TIME IS IT NOW? 4:30/5:00

WHAT IS TODAY'S DATE? 11/1/21 WHAT DAY OF THE WEEK IS IT? Sunday

WHAT COUNTY AND CITY ARE YOU IN NOW? West Palm Beach

WHEN DID YOU LAST EAT? 12:30 WHAT DID YOU EAT? PIZZA

WHAT HAVE YOU BEEN DOING FOR THE LAST THREE HOURS? relaxing with family

HOW MUCH DO YOU WEIGH? 27-28 79 HAVE YOU BEEN DRINKING? YES WHAT? WINE

HOW MUCH? 1/2 WHERE? at home WITH WHOM? with my family

WHEN DID YOU HAVE YOUR FIRST DRINK? 10 AND YOUR LAST DRINK? 12:30

HOW DID YOU CONSUME YOUR LAST TWO DRINKS? SIPS

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? Lawyer WHEN DID YOU LAST WORK? Tuesday

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? 2 years ago

WERE YOU IN AN ACCIDENT TODAY? Yes the one you saw

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? NONE
- GLASS EYE? NONE
- FALSE TEETH? NO
- EAR INFECTION? NONE
- INNER EAR TROUBLE? NO
- DIABETES? NO

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: CPL J. Derby #16611 / DAS A. Tejedor #31814

WHITE - STATE ATTY. YELLOW - DHSMV PINK - CENTRAL RECORDS GOLD - JAIL

SUBJECT: Rajes Braham, 10 CASE NUMBER: 21-02114

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? NO

WHERE WERE YOU GOING? HOME

WHAT STREET OR HIGHWAY WERE YOU ON? 101

DIRECTION OF TRAVEL? WEST WHERE DID YOU START? 101

WHAT TIME DID YOU START? 2:00 WHAT TIME IS IT NOW? 3:15

WHAT IS TODAY'S DATE? 4/1/21 WHAT DAY OF THE WEEK IS IT? MONDAY

WHAT COUNTY AND CITY ARE YOU IN NOW? CLATSOP COUNTY ASTORIA

WHEN DID YOU LAST EAT? 12:00 WHAT DID YOU EAT? PIZZA

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

HOW MUCH DO YOU WEIGH? 170 HAVE YOU BEEN DRINKING? NO WHAT? NO

HOW MUCH? NO WHERE? NO WITH WHOM? NO

WHEN DID YOU HAVE YOUR FIRST DRINK? NO AND YOUR LAST DRINK? NO

HOW DID YOU CONSUME YOUR LAST TWO DRINKS? NO

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? NO

WHAT? NO WHERE? NO WHEN? NO

WHAT LINE OF WORK ARE YOU IN? NO WHEN DID YOU LAST WORK? NO

DO YOU HAVE ANY PHYSICAL DEFECTS OR INJURIES? NO WHAT? NO

ARE YOU SICK OR INJURED? NO WHAT'S WRONG? NO

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? NO

HAVE YOU SEEN A DOCTOR OR DENTIST TODAY? NO WHO? NO WHY? NO

ARE YOU TAKING ANY PRESCRIPTION MEDICINES? NO WHAT? NO WHEN? NO

DO YOU HAVE:

- EPILEPSY? NO
- GLASS EYE? NO
- FALSE TEETH? NO
- EAR INFECTION? NO
- INNER EAR TROUBLE? NO
- DIABETES? NO

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? NO

HAVE YOU EVER HAD A DRIVER'S LICENSE IN ANY OTHER STATE? NO WHERE? NO

INTERVIEWER: CPL J. Derby #16611 / 175 11 11 PCD 31811

SUBJECT: Reyes Baranaga, Dan 10 CASE NUMBER: 21-021144

IMPLIED CONSENT FOR DUI IN A MOTOR VEHICLE

NOTE: READ ONLY THE PARAGRAPH APPLICABLE TO THE TYPE OF TEST YOU ARE REQUESTING.

I am now requesting that you submit to a lawful test of your BREATH for the purpose of determining its alcohol content.

-OR-

I am now requesting that you submit to a lawful test of your URINE for the purpose of detecting the presence of chemical or controlled substances.

-OR-

I am now requesting that you submit to a lawful test of your BLOOD for the purpose of detecting its alcohol content and the presence of chemical or controlled substances.

NOTE: READ ONLY IF THE SUBJECT DOES NOT COMPLY WITH YOUR REQUEST.

I am _____ of the _____

If you fail to submit to the test I have requested of you, your privilege to operate a motor vehicle will be suspended for a period of one (1) year for a first refusal, or eighteen (18) months if your privilege has been previously suspended as a result of a refusal to submit to a lawful test of your breath, urine or blood. Additionally, if you refuse to submit to the test I have requested of you and if your driving privilege has been previously suspended for a prior refusal to submit to a lawful test of your breath, urine or blood, you will be committing a misdemeanor. Refusal to submit to the test I have requested of you is admissible into evidence in any criminal proceeding.

SUBJECT'S SIGNATURE: (X) _____

CONSTITUTIONAL WARNINGS

I AM REQUIRED TO WARN YOU BEFORE YOU MAKE ANY STATEMENTS THAT YOU HAVE THE FOLLOWING RIGHTS:

1. You have the right to remain silent and not answer any questions.
2. Any statement must be freely and voluntarily given.
3. You have the right to the presence of a lawyer of your choice before you make any statement and during any questioning.
4. If you cannot afford a lawyer, you are entitled to the presence of a court appointed lawyer before you make any statements and during any questioning.
5. If at any time during the interview you do not wish to answer any questions, you are privileged to remain silent.
6. I can make no threats or promises to induce you to make a statement. This must be of your own free will.
7. Any statement can and will be used against you in a court of law.

SUSPECT'S SIGNATURE: (X) Read on camera

SUBJECT: Regester, Van 10 CASE NUMBER: 21-021144

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) _____

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7. Any statement can and will be used against you in a court of law.

SUSPECT'S SIGNATURE: (X) Read on camera

D.U.I. PROBABLE CAUSE AFFIDAVIT

ON THE 1st DAY OF January 2021, AT 0652 AM PM

SUBJECT: Reyes-Barahona Danilo CASE NUMBER: 21021144

AGENCY: PALM BEACH COUNTY SHERIFF'S OFFICE ARRESTING OFFICER: Cpl. J. Derby

PERSONAL CONTACT

DRIVING PATTERN: ACTUAL PHYSICAL CONTROL (PHYSICAL EVIDENCE OR STATEMENTS PUTTING DEF. BEHIND WHEEL OF VEHICLE)

Reyes-Barahona was observed by D/S Tejada ID 31814 driving through a police barricade consisting of traffic cones and flashing emergency lights, and crashing his Grey Honda Civic (bearing Florida Tag GCGN16) into a parked an unoccupied Marked Palm Beach County Sheriff's Office Volunteer Emergency Response Team Vehicle.

OBSERVATION OF DRIVER:

Reyes-Barahona had slurred speech, watery bloodshot eyes, and the strong odor of an unknown alcoholic beverage emanating from his breath. Reyes-Barahona appeared lethargic and slow to respond to verbal communication.

DRIVER'S STATEMENTS:

Reyes-Barahona was speaking in Spanish and in English in a slurred manner. He asked me what happened.

ODORS:

Reyes-Barahona had the strong odor of an unknown alcoholic beverage coming from his breath.

GENERAL OBSERVATIONS

SPEECH: slurred

ATTITUDE: emotional, incoherent, slow, argumentative

CLOTHING: ripped shirt, disheveled

MEDICAL/OTHER: none

STATE OF FLORIDA
COUNTY OF PALM BEACH

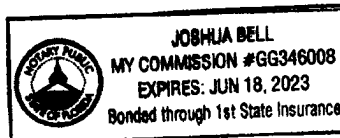
Cpl. J. Derby 16611

(Signature of Arresting/Investigative Officer)

The foregoing instrument was sworn to or affirmed and subscribed before me this 1 day of January 2021 by Cpl. J. Derby

(Print name of Arresting/Investigative Officer, who is personally known to me and/or produced identification. Type of identification produced Cpl. J. Derby #16611)

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



SUBJECT Reyes-Barahona Danilo

CASE NUMBER 21021144

ROADSIDE TASKS

HORIZONTAL GAZE NYSTAGMUS:

- | | |
|--|--|
| <input type="checkbox"/> LT EYE-LACK OF SMOOTH PURSUIT | <input type="checkbox"/> RT EYE-LACK OF SMOOTH PURSUIT |
| <input type="checkbox"/> LT EYE-DISTINCT & SUSTAINED NYSTAGMUS AT MAX. DEVIATION | <input type="checkbox"/> RT EYE-DISTINCT & SUSTAINED NYSTAGMUS AT MAX. DEVIATION |
| <input type="checkbox"/> LT- EYE-ONSET OF NYSTAGMUS PRIOR TO 45 DEGREES | <input type="checkbox"/> RT- EYE-ONSET OF NYSTAGMUS PRIOR TO 45 DEGREES |

Other Observations:

refused

WALK & TURN:

refused

ONE LEG STAND:

refused

ROMBERG ALPHABET:

refused

ROMBERG ALPHABET:

refused

BREATH TEST RESULTS: (1) (2) (3) (4)

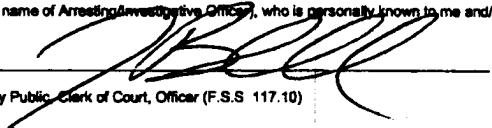
STATE OF FLORIDA
COUNTY OF PALM BEACH

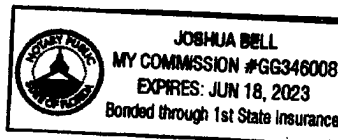
Cpl. J. Derby 

(Signature of Arresting/Investigative Officer)

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(Print name of Arresting/Investigative Officer, who is personally known to me and/or produced identification. Type of identification produced Cpl. J. Derby #16611)


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



NOT A CERTIFIED COPY

TESTING FACILITY TASK REPORT

AGENCY: PBSO
SUBJECT: REYES BARAHONA, DANILO
CASE NUMBER: 21-021144
DATE: Jan 1, 2021
VIDEO DVD NUMBER: N/A
BEGINNING TIME: 0808
ENDING TIME: 0833

BREATH TESTS RESULTS: 1) .247 TIME 0816 A.M. P.M. 2) .245 TIME 0819 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: SPANISH SPEAKING, SLURRED
ATTITUDE: TALKATIVE, REPETITIVE, COOPERATIVE
CLOTHING: BLUE DRESS SHIRT, BLUE JEANS, BLACK SNEAKERS
MEDICAL CONDITIONS: NONE
MEDICATIONS: NONE

OTHER:

EYES: BLOODSHOT
ODOR OF UNKNOWN ALCOHOLIC BEVERAGE COMING FROM BREATH
SUBJECT STATED HE DRANK 6, 6, 12 BEERS Q AND A

COMMENTS:

ARRIVED AT DUI TESTING FACILITY AND BEGAN THE 20 MINUTE OBSERVATION AT 0725 HOURS
SUBJECT STATED HE WOULD TAKE BREATH TEST
A/O READ RIGHTS
SUBJECT STATED HE UNDERSTOOD HIS RIGHTS
TECH READ BREATH TEST RESULTS
SUBJECT ACKNOWLEDGED HE UNDERSTOOD BREATH TEST RESULTS
A/O CONDUCTED Q AND A
SUBJECT ANSWERED Q AND A
INTERPRETATION DONE BY DEPUTY A. TEJEDA PBSO

TESTING FACILITY TASK REPORT

AGENCY: PBSO

SUBJECT: REYES BARAHONA, DANILO CASE NUMBER: 21-021144

DATE: Jan 1, 2021 VIDEO DVD NUMBER: N/A

BEGINNING TIME: 0808 ENDING TIME: 0833

BREATH TESTS RESULTS: 1) .247 TIME 0816 A.M. P.M. 2) .245 TIME 0819 A.M. P.M.
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BREATH OPERATOR: JOSHUA J BELL #8656

MAINTENANCE TECHNICAN: J. KARLECKE #6467

TESTING OFFICER'S OBSERVATIONS

SPEECH: SPANISH SPEAKING, SLURRED

ATTITUDE: TALKATIVE, REPETITIVE, COOPERATIVE

CLOTHING: BLUE DRESS SHIRT, BLUE JEANS, BLACK SNEAKERS

MEDICAL CONDITIONS: NONE

MEDICATIONS: NONE

OTHER:

EYES: BLOODSHOT
ODOR OF UNKNOWN ALCOHOLIC BEVERAGE COMING FROM BREATH
SUBJECT STATED HE DRANK 6, 6, 12 BEERS Q AND A

COMMENTS:

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SUBJECT ACKNOWLEDGED HE UNDERSTOOD BREATH TEST RESULTS

A/O CONDUCTED Q AND A
SUBJECT ANSWERED Q AND A

INTERPRETATION DONE BY DEPUTY A. TEJEDA PBSO

**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: 80-006240 Software: 8100.27
Date of Test: 01/01/2021

Date of Last Agency Inspection: 12/11/2020

Observation Period Began: 07:25

Subject's Name: **DANILO REYES BARRAHONA**

DOB: 09/23/1985 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	08:13
Air Blank	0.000	08:13
Control Test	0.080	08:13
Air Blank	0.000	08:14
Subject Sample #1	0.247	08:16
Air Blank	0.000	08:17
Air Blank	0.000	08:18
Subject Sample #2	0.245	08:19
Air Blank	0.000	08:20
Control Test	0.080	08:20
Air Blank	0.000	08:21
Diagnostics Check	OK	08:21

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

Breath Test Operator: _____

Signature *Joshua J Bell*

Date: 01/01/21

Sworn to (or affirmed) before me this 01 day of January, 2021

Signature of Notary Public-State of Florida *[Signature]*

Printed Name of Notary Public-State of Florida Cpl. J. Derby #16611

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.

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: 80-006240 Software: 8100.27
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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.

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	Diagnostics Check	OK	08:13
	Air Blank	0.000	08:13
	Control Test	0.080	08:13
	Air Blank	0.000	08:14
	Subject Sample #1	0.247	08:16
	Air Blank	0.000	08:17
	Air Blank	0.000	08:18
	Subject Sample #2	0.245	08:19
	Air Blank	0.000	08:20
	Control Test	0.080	08:20
	Air Blank	0.000	08:21
	Diagnostics Check	OK	08:21

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

Breath Test Operator: _____

Signature

Date: 01/01/21

Sworn to (or affirmed) before me this 01 day of January, 2021

Signature of Notary Public-State of Florida

Cpl. J. Derby #16611
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.

SUBJECT: Royce Barahona, Dao 10 CASE NUMBER: 21-021144

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? NORTH AVENUE

DIRECTION OF TRAVEL? WEST WHERE DID YOU START? CHURCH

WHAT TIME DID YOU START? 3:00 PM WHAT TIME IS IT NOW? 4:30 PM

WHAT IS TODAY'S DATE? 1/1/21 WHAT DAY OF THE WEEK IS IT? SUNDAY

WHAT COUNTY AND CITY ARE YOU IN NOW? WEST PALM BEACH

WHEN DID YOU LAST EAT? 12:30 WHAT DID YOU EAT? PIZZA

WHAT HAVE YOU BEEN DOING FOR THE LAST THREE HOURS? celebrating with family

HOW MUCH DO YOU WEIGH? 27-28 HAVE YOU BEEN DRINKING? YES WHAT? WINE

HOW MUCH? 1/2 WHERE? at home WITH WHOM? with my family

WHEN DID YOU HAVE YOUR FIRST DRINK? 10 AND YOUR LAST DRINK? 12:30

HOW DID YOU CONSUME YOUR LAST TWO DRINKS? SWALLOWED

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? DRIVER WHEN DID YOU LAST WORK? THURSDAY

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? 2 YEARS AGO

WERE YOU IN AN ACCIDENT TODAY? NO THE ONE YOU SAW

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? NO
 - GLASS EYE? NO
 - FALSE TEETH? NO
 - EAR INFECTION? NO
 - INNER EAR TROUBLE? NO
 - DIABETES? NO

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: CPL J. Derby #16611 / D/S A. T. Lopez 31814

SUBJECT: Rajes Bwahong, Leo IC CASE NUMBER: 21-02114

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? NO

WHERE WERE YOU GOING? HOME

WHAT STREET OR HIGHWAY WERE YOU ON? 1011

DIRECTION OF TRAVEL? WEST WHERE DID YOU START? 1011

WHAT TIME DID YOU START? 2:00 WHAT TIME IS IT NOW? 11:00

WHAT IS TODAY'S DATE? 4/1/21 WHAT DAY OF THE WEEK IS IT? MONDAY

WHAT COUNTY AND CITY ARE YOU IN NOW? CLATSOP COUNTY ASTORIA

WHEN DID YOU LAST EAT? 12:00 WHAT DID YOU EAT? PIZZA

WHAT HAVE YOU BEEN DOING FOR THE LAST THREE HOURS? WATCHING TV

HOW MUCH DO YOU WEIGH? 170 HAVE YOU BEEN DRINKING? NO WHAT? NO

HOW MUCH? NO WHERE? NO WITH WHOM? NO

WHEN DID YOU HAVE YOUR FIRST DRINK? NO AND YOUR LAST DRINK? NO

HOW DID YOU CONSUME YOUR LAST TWO DRINKS? NO

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? NO

WHAT? NO WHERE? NO WHEN? NO

WHAT LINE OF WORK ARE YOU IN? NO WHEN DID YOU LAST WORK? NO

DO YOU HAVE ANY PHYSICAL DEFECTS OR INJURIES? NO WHAT? NO

ARE YOU SICK OR INJURED? NO WHAT'S WRONG? NO

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? NO

HAVE YOU SEEN A DOCTOR OR DENTIST TODAY? NO WHO? NO WHY? NO

ARE YOU TAKING ANY PRESCRIPTION MEDICINES? NO WHAT? NO WHEN? NO

DO YOU HAVE:

- EPILEPSY? NO
- GLASS EYE? NO
- FALSE TEETH? NO
- EAR INFECTION? NO
- INNER EAR TROUBLE? NO
- DIABETES? NO

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? NO

HAVE YOU EVER HAD A DRIVER'S LICENSE IN ANY OTHER STATE? NO WHERE? NO

INTERVIEWER: CPL J. Derby #16611 / 175 11-11-2021 3:24

SUBJECT: Reyes Barancca, Dan 10 CASE NUMBER: 21-021144

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:

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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

SUBJECT: Reyes, Ramona, van 10 CASE NUMBER: 21-021144

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.

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SUBJECT'S SIGNATURE: (X) _____

CONSTITUTIONAL WARNINGS

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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) Reyes Ramona