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21 CT 20515 MB

2908

OBTS Number		ARREST / NOTICE TO APPEAR Juvenile Referral Report		1. Arrest 2. N.T.A.		3. Request for Warrant 4. Request for Capias		1		Juvenile		N									
Agency ORI Number FLO 500000		Agency Name PALM BEACH COUNTY SHERIFF'S OFFICE				Agency Report Number (N.T.A.'s only) 06- 21136826															
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 checked="" type="checkbox"/> 4. Traffic Misdemeanor <input type="checkbox"/> 5. Ordinance <input type="checkbox"/> 6. Other		Weapon Seized / Type 1. Yes 2. No N/A 2		Multiple Clearance Indicator																	
Location of Arrest (Including Name of Business) CRESTWOOD BLVD / CYPRESS LAKE DR, ROYAL PALM BEACH, FL 33411						Location of Offense (Business Name, Address) CRESTWOOD BLVD / CYPRESS LAKE DR, ROYAL PALM BEACH, FL 33411															
Date of Arrest 12/10/2021		Time of Arrest 2232		Booking Date		Booking Time		Jail Date		Jail Time		Location of Vehicle BABBSO TOWING									
Name (Last, First, Middle) GARCIA, DARIO, FERNANDO												Alias (Name, DOB, Soc. Sec. #, Etc.)									
Race W - White I - American Indian B - Black O - Oriental/Asian W		Sex M		Date of Birth 6/26/1965		Height 5'10		Weight 200		Eye Color HAZ		Hair Color WHITE		Complexion MED		Build MED					
Scars, Marks, Tattoos, Unique Physical Features (Location, Type, Description)										Marital Status Married		Religion CATHOLIC		Indication of Alcohol Influence Y <input type="checkbox"/> N <input type="checkbox"/> Unk. <input type="checkbox"/>		Indication of Drug Influence Y <input type="checkbox"/> N <input type="checkbox"/> Unk. <input type="checkbox"/>					
Local Address (Street, Apt. Number) (City) (State) (Zip) 133 BLACK OLIVE CRESENT, ROYAL PALM BEACH, FL 33411						Phone (859) 333-0055		Residence Type 1. City 2. County 3. Florida 4. Out of State 1													
Permanent Address (Street, Apt. Number) (City) (State) (Zip) 1070 COLLEGE RD, PARIS KENTUCKY 40361						Phone ()		Address Source KY DL / VERBAL													
Business Address (Name, Street) (City) (State) (Zip) ()						Phone ()		Occupation HORSE TRAINING													
D/L Number, State G99288137, KY				Sec. Sec. Number ()		INS Number ()		Place of Birth (City, State) ARGENTINA		Citizenship YES											
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 Name (Last) (First) (Middle) <input type="checkbox"/> Legal Custodian <input type="checkbox"/> Other												Residence Phone ()									
Address (Street, Apt. Number) (City) (State) (Zip) ()												Business Phone ()									
Notified by: (Name) (Date) (Time) ()												Juvenile Disposition 1. Handled/ 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 ()													
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/Derv.		P. Paraphernalia/ Equipment S. Synthetics		U. Unknown Z. Other	
Charge Description Driving Under the Influence - Property Damage		Counts 1		Domestic Violence <input type="checkbox"/> Y <input type="checkbox"/> N		Statute Violation Number 316.193(3)(c)(1)						Violation of ORD #									
Drug Activity N		Drug Type N		Amount / Unit		Offense # 21136826		Warrant / Capias Number						Bond							
Charge Description		Counts		Domestic Violence <input type="checkbox"/> Y <input type="checkbox"/> N		Statute Violation Number						Violation of ORD #									
Drug Activity		Drug Type		Amount / Unit		Offense #		Warrant / Capias Number						Bond							
Charge Description		Counts		Domestic Violence <input type="checkbox"/> Y <input type="checkbox"/> N		Statute Violation Number						Violation of ORD #									
Drug Activity		Drug Type		Amount / Unit		Offense #		Warrant / Capias Number						Bond							
Charge Description		Counts		Domestic Violence <input type="checkbox"/> Y <input type="checkbox"/> N		Statute Violation Number						Violation of ORD #									
Drug Activity		Drug Type		Amount / Unit		Offense #		Warrant / Capias Number						Bond							
Location (Court, Room Number, Address) Criminal Justice Complex, 3228 Gun Club Road, West Palm Beach, FL 33406 - Ph: (561) 688-4600																					
Court Date and Time Month JANUARY Day 6th Year 2022 Time 08:30 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.																					
Signature of Defendant (or Juvenile and Parent /Custodian) (Signature)												Date Signed 12/10/2021									
HOLD for other Agency Name: <input type="checkbox"/> Dangerous <input type="checkbox"/> Resisted Arrest <input type="checkbox"/> Suicidal <input type="checkbox"/> Other:		Signature of Arresting Officer (Signature)		Name of Arresting Officer (Print) Inv. Cisson ID# 24091		I.D. # 24091		Name Verification (Printed by Arrestee) ()		(PRINT)		PAGE 1 OF 1									
Intake Deputy (Signature)		I.D. #		Pouch #		Transporing Officer Inv. Cisson		ID # 24091		Agency PBSO		Witness here if subject signed with an -X-									

OBTS Number		PROBABLE CAUSE AFFIDAVIT		1 Arrest 2 N.T.A. 3 Request for Warrant 4 Request for Capias		Juvenile <input type="checkbox"/>	
ADMIN.	Agency ORI Number FLO 5 0 0 0 0 0	Agency Name PALM BEACH COUNTY SHERIFF'S OFFICE		Agency Report Number 0 6			
	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				
CHARGES DEF.	Name (Last, First, Middle) GARCIA, DARIO, FERNANDO		Alias		Race W	Sex M	Date of Birth 0.6.26.65
	Charge Description DUI		Charge Description				
	Charge Description		Charge Description				
	Charge Description		Charge Description				
VICTIM	Victim's Name (Last, First, Middle) FLORIDA		Race		Sex	Date of Birth	
	Local Address (Street, Apt. Number)		(City)	(State)	(Zip)	Phone	
	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 ... <input checked="" type="checkbox"/> committed the below acts in my presence. <input type="checkbox"/> confessed to _____ admitting to the below facts. <input type="checkbox"/> was observed by _____ who told that he/she saw the arrested person commit the below acts. <input type="checkbox"/> was found to have committed the below acts, resulting from my (described) investigation. On the <u>10</u> day of <u>December</u> 20 <u>21</u> at <u>950</u> <input type="checkbox"/> A.M. <input checked="" type="checkbox"/> P.M. (Specifically include facts constituting cause for arrest.)							
On December 10 th , 2021 at approx 2150 hours I was located at 100 Crestwood Blvd when I heard a vehicle skidding and a loud crash coming from just South of my location. I immediately went to the scene of the incident and found a white GMC Denali SUV crashed into a palm tree on Cypress Lake Drive in the median just east of Crestwood Blvd. The GMC tag # PUF34 had significant damage and I found Mr Garcia sitting in the front driver's seat of the vehicle along with a female adult in the passenger seat. Mr. Garcia exited the car with a large laceration on his nose and asked me "how do I look?" I stayed with Mr. Garcia until additional PBSO units arrived including DUI units. This includes my involvement in this case.							
ADMINISTRATIVE	STATE OF FLORIDA COUNTY OF PALM BEACH <u>[Signature]</u> 5081 (Signature of Arresting/Investigative Officer)						
	The foregoing instrument was sworn to or affirmed and subscribed before me this <u>10</u> day of <u>December</u> 20 <u>21</u> by <u>D/S CURCI</u> (Print name of Arresting/Investigative Officer), who is personally known to me and/or produced identification. Type of identification produced <u>KNOWN</u>						
	<u>[Signature]</u> #24107 Notary Public, Clerk of Court, Officer (F.S.S. 117.10)						
	PAGE 1 OF 1						

D.U.I. PROBABLE CAUSE AFFIDAVIT

ON THE 10TH DAY OF DECEMBER 20 21, AT 2152 AM ☒ PM
SUBJECT: GARCIA, DARIO, FERNANDO CASE NUMBER: 21136826

AGENCY: PALM BEACH COUNTY SHERIFF'S OFFICE ARRESTING OFFICER: Inv. Cisson ID# 24091

PERSONAL CONTACT

DRIVING PATTERN: Actual physical control (physical evidence or statements putting def. behind wheel of vehicle)

On Friday December 10th 2021 at approximately 2152 hours, I responded to a vehicle crash that occurred at at Crestwood Blvd and Cypress Lake Dr in the City of Royal Palm Beach, FL 33411. Upon arrival I spoke with Deputy Curci ID# 8081. He said he heard a vehicle skid and then a loud crash coming from just south of his location. He responded to the scene immediately and found a white in color GMC Denali SUV stopped in the center island of the entrance to a neighborhood at Crestwood Blvd and Cypress Lake Dr. He observed a white male in the driver seat of the vehicle who was later identified as Dario Fernandez Garcia by his Kentucky driver license. He also observed a female passenger in the front passenger seat. He said Garcia exited the driver seat and asked how he looked. He said he had a laceration to his nose. I observed blood spatter on the driver seat area floor board, driver step, dash board in front of the driver seat. The female passenger did not sustain any injuries and was not bleeding. The driver Garcia sustained a laceration to his nose from striking the steering wheel. The above evidence of fresh blood on the steering wheel, dash and driver side of the vehicle, is consistent with the laceration to Garcia's nose and leads me to believe he was operating the vehicle at the time of the crash. Post Miranda Warnings he stated he was driving the vehicle. The passenger Jill Winters completed a sworn written statement, that she was a passenger in the vehicle at the time of the crash. The GMC Suv bearing FL tag PTVF34 is registered to the defendant Garcia.

OBSERVATION OF DRIVER:

I observed the defendant, Dario Fernandez Garcia who was wearing a green button down shirt, blue jean pants and brown sandals. The defendant was standing next to the driver side of the vehicle. I asked the defendant to walk over to the front of my vehicle and speak with me. While walking over to my vehicle, the defendant was unsteady on his feet and staggered as he walked. While standing stationary the defendant swayed. I could see the defendants eyes were bloodshot and glossy. He had an obvious odor of an unknown alcoholic beverage emitting from his breath that grew stronger as he spoke. I explained to him the crash investigation was complete and I was now conducting a criminal investigation for DUI, he said he understood and I explained to him his Miranda Warnings to which he said he understood.

DRIVER'S STATEMENTS:

The defendant said he did not have any physical defects or preexisting injuries, diabetes, wear glasses or receive a bump on the head. The defendant said he had 2 beers and one Jack (Jack Daniels Whisky) to drink. He said he was driving the vehicle. I asked the defendant to submit to roadside field sobriety tasks to which he agreed.

ODORS:

An obvious odor of an unknown alcoholic beverage

GENERAL OBSERVATIONS

SPEECH: Slow, Slurred, Thick, Unclear

ATTITUDE: Calm, Compliant, Repetitive, Resistive

CLOTHING: Dirty, Disheveled, bloody

MEDICAL/OTHER: None

STATE OF FLORIDA
COUNTY OF PALM BEACH

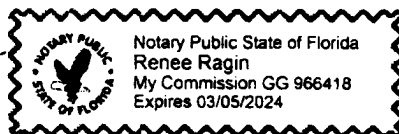
Inv. Cisson ID# 24091
(Signature of Arresting/Investigative Officer)

The foregoing instrument was sworn to or affirmed and subscribed before me this 10th day of December 20 21 by Inv. Cisson ID# 24091

(Print name of Arresting/Investigative Officer), who is personally known to me and/or produced identification. Type of identification produced Known

Renee Ragin (#16877)

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



SUBJECT: GARCIA, DARIO, FERNANDO

CASE NUMBER 21136826

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:

The defendant swayed while standing stationary. I had to remind the defendant to not turn his head multiple times. I had to remind him to follow the red light as he would stop following the red light and look at other objects behind me. He could not maintain the instructional stance and kept flailing his arms and moving his feet.

WALK & TURN:

I began to instruct the defendant to stand in the instructional stance. While asking him to stand on the yellow line, he turned around and said he did not want to do it. He said just take me to jail. (Taylor) I said to the defendant, if you fail to submit to the roadside tasks I am requesting, it can be used against you in court. If you fail to submit to the roadside tasks I am requesting, I will be forced to conclude my investigation and base my decision as to your impairment solely on the facts at hand. He said he understood and again refused to do the task.

ONE LEG STAND:

The defendant refused to do the task.

FINGER TO NOSE:

The defendant refused to do the task.

ROMBERG ALPHABET:

The defendant refused to do the task.

BREATH TEST RESULTS: 0.124 0.119

STATE OF FLORIDA
COUNTY OF PALM BEACH

Inv. Cisson ID# 24091

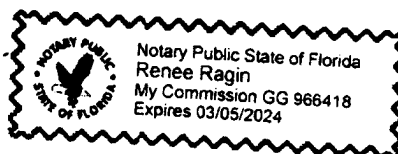
(Signature of Arresting/Investigative Officer)

The foregoing instrument was sworn to or affirmed and subscribed before me this 10th day of December 2021 by Inv. Cisson ID# 24091

(Print name of Arresting/Investigative Officer), who is personally known to me and/or produced identification. Type of identification produced Known

Renee Ragin (#16877)

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



WITNESS LIST

CASE NUMBER: **21136826**

ARRESTING OFFICER: **Inv. Cisson ID# 24091**

ADDRESS: **3228 Gun Club Rd, West Palm Beach, FL 33406**

PHONE NUMBERS (HOME): _____ (WORK) **561 688 3000**

CAN TESTIFY TO: **Facts of the case**

NAME: **Deputy Curci ID# 8081**

ADDRESS: **3228 Gun Club Rd, West Palm Beach, FL 33406**

PHONE NUMBERS (HOME) _____ (WORK) **561 688 3000**

CAN TESTIFY TO: **Witness to the driver Garcia in the driver seat.**

NAME: **Deputy Maccaron ID# 36183**

ADDRESS **pbso**

PHONE NUMBERS (HOME) _____ (WORK) _____

CAN TESTIFY TO: **Crash investigation**

NAME: _____

ADDRESS _____

PHONE NUMBERS (HOME) _____ (WORK) _____

CAN TESTIFY TO: _____

NAME: _____

ADDRESS _____

PHONE NUMBERS (HOME) _____ (WORK) _____

CAN TESTIFY TO: _____

NAME: _____

ADDRESS _____

PHONE NUMBERS (HOME) _____ (WORK) _____

CAN TESTIFY TO: _____

NAME: _____

ADDRESS _____

PHONE NUMBERS (HOME) _____ (WORK) _____

CAN TESTIFY TO: _____

NAME: _____

ADDRESS _____

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CAN TESTIFY TO: _____

NAME: _____

ADDRESS _____

PHONE NUMBERS (HOME) _____ (WORK) _____

CAN TESTIFY TO: _____

NAME: _____

ADDRESS _____

PHONE NUMBERS (HOME) _____ (WORK) _____

CAN TESTIFY TO: _____

NAME: _____

ADDRESS _____

PHONE NUMBERS (HOME) _____ (WORK) _____

CAN TESTIFY TO: _____

TESTING FACILITY TASK REPORT

AGENCY: PBSO

SUBJECT: Garcia, Dario F. CASE NUMBER: 21-136826

DATE: Dec 11, 2021 VIDEO DVD NUMBER: N/A

BEGINNING TIME: 01:14 ENDING TIME: 01:34

BREATH TESTS RESULTS: 1) .124 TIME 01:20 A.M. ☒ P.M. ☐ 2) .119 TIME 01:23 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, Accent

ATTITUDE: Talkative, cooperative

CLOTHING: Blue jeans, green shirt, brown sandals

MEDICAL CONDITIONS: Allergies

MEDICATIONS: Claritin D

OTHER:

Eyes are glassy & bloodshot
odor of unknown alcoholic beverage on breath
Subject stated he had 3 Jack Daniels in Q&A.

COMMENTS:

Arrived at center A/O started 20 minute observation period at 00:52 hrs.

Subject agreed to perform breath test.
Subject asked what are my consequence if he doesn't.

A/O read I/C and subject stated understood I/C.

Subject agreed to take test.

Tech read breath test results.

A/O read rights.
Subject acknowledged he understood rights.

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



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

PBSO CASE # 21136826 PBSO ZONE 9-21

AGENCY CASE # _____ CRASH CASE # 21136824

TIME OF STOP/CRASH 2152 DATE 12/10/2021 DAY Friday

SUBJECT'S NAME GARCIA, DARIO, FERNANDO RACE W SEX M

HGT 5'10 WGT 200 DOB 6/26/1965

LOCATION CRESTWOOD BLVD / CYPRESS LAKE DR, ROYAL PALM BEACH, FL 33411

ARRESTING OFFICER'S NAME & ID Inv. Cisson ID# 24091 (24091) AGENCY Palm Beach County Sheriff's Office

DIVISION: CID / DUI

NOTIFIED BY COMMO YES

ARRIVAL AT FACILITY 0052

ARREST TIME 2232

BREATH RESULTS:

.124
.119

TESTING OFFICER'S ID Renee Ragin (#16877) PBSO VIDEOTAPE # N/A

**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: 80-001741 Software: 8100.27
Date of Test: 12/11/2021

Date of Last Agency Inspection: 12/03/2021
Observation Period Began: 00:52
Subject's Name: DARIO F GARCIA

DOB: 06/26/1965 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	01:18
	Air Blank	0.000	01:19
	Control Test	0.079	01:19
	Air Blank	0.000	01:20
	Subject Sample #1	0.124	01:20
	Air Blank	0.000	01:21
	Air Blank	0.000	01:23
	Subject Sample #2	0.119	01:23
	Air Blank	0.000	01:24
	Control Test	0.078	01:24
	Air Blank	0.000	01:25
	Diagnostics Check	OK	01:25

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 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: _____ Date: 12/11/21
Signature

Sworn to (or affirmed) before me this 11 day of Dec, 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.

☐ WITNESS ☐ VICTIM ☒ OTHER

COMPLETE EVERYTHING BELOW – PRINT LEGIBLY

WRITE WHAT HAPPENED IN YOUR WORDS IN FULL DETAIL – PRINT LEGIBLY

PAGE 1 OF 1

ID: 3443

☐ DO NOT WISH TO PROSECUTE (INITIAL _____)

PBSO #0134 REV. 12/11

SUBJECT: Garcia, Dario F.

CASE NUMBER: 21 130 126

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: Green, David F. CASE NUMBER: 21-5-11

QUESTIONS AND ANSWERS

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

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

WHERE WERE YOU GOING? _____

WHAT STREET OR HIGHWAY WERE YOU ON? _____

DIRECTION OF TRAVEL? _____ WHERE DID YOU START? _____

WHAT TIME DID YOU START? _____ WHAT TIME IS IT NOW? _____

WHAT IS TODAY'S DATE? _____ WHAT DAY OF THE WEEK IS IT? _____

WHAT COUNTY AND CITY ARE YOU IN NOW? _____

WHEN DID YOU LAST EAT? _____ WHAT DID YOU EAT? _____

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

HOW MUCH DO YOU WEIGH? _____ HAVE YOU BEEN DRINKING? _____ WHAT? _____

HOW MUCH? _____ WHERE? _____ WITH WHOM? _____

WHEN DID YOU HAVE YOUR FIRST DRINK? _____ AND YOUR LAST DRINK? _____

HOW DID YOU CONSUME YOUR LAST TWO DRINKS? _____

CAN YOU FEEL THE EFFECTS OF THE ALCOHOL? _____ ARE YOU UNDER THE INFLUENCE? _____

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

WHAT? _____ WHERE? _____ WHEN? _____

WHAT LINE OF WORK ARE YOU IN? _____ WHEN DID YOU LAST WORK? _____

DO YOU HAVE ANY PHYSICAL DEFECTS OR INJURIES? _____ WHAT? _____

ARE YOU SICK OR INJURED? _____ WHAT'S WRONG? _____

DO YOU LIMP? _____ DID YOU RECEIVE A BUMP ON THE HEAD RECENTLY? _____

WERE YOU IN AN ACCIDENT TODAY? _____

HAVE YOU TAKEN ANY DRUGS OR SMOKED ANY MARIJUANA TODAY? _____ WHEN? _____

HAVE YOU SEEN A DOCTOR OR DENTIST TODAY? _____ WHO? _____ WHY? _____

ARE YOU TAKING ANY PRESCRIPTION MEDICINES? _____ WHAT? _____ WHEN? _____

DO YOU HAVE:

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

DO YOU HAVE ANY PROBLEMS WITH YOUR EYES THAT ARE NOT CORRECTED BY GLASSES? _____

DO YOU TAKE INSULIN? _____ IF SO, WHEN WAS YOUR LAST INJECTION? _____

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

INTERVIEWER: _____



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

REVIEW COMPLETED BY

Booking Number: 2021031187

Date: 12/11/2021

Specialist Name/ID: T Howard/7185