

D.U.I. PROBABLE CAUSE AFFIDAVIT

ON THE 11th DAY OF February 2021 , AT 11.53 A.M./P.M.:

SUBJECT: Brigman, David G

CASE NUMBER: 21000518

AGENCY: Jupiter Police Department

ARRESTING
OFFICER:

J. Turner 321/1098

PERSONAL CONTACT

DRIVING PATTERN: Subject was in the center Westbound lane of E. Indiantown Rd just east of Alt. A1A not moving. The caller said the vehicle was stopped for at least 2 light cycles. I saw the vehicle stopped while there was a green light for westbound traffic.

OBSERVATION OF DRIVER: I saw Brigman in the Driver seat with his head back and eyes closed. I pounded on the driver side window several times to gain his attention. Brigman rolled his window down. Brigman's eyes were glassy. Once outside of the vehicle, subject was swaying on his feet. Brigman's speech was slurred.

DRIVER'S STATEMENTS: Brigman was slow to answer questions about simple things like where he was and was going to.

ODORS: An odor of an unknown alcoholic beverage was detected on Brigman's person.

GENERAL OBSERVATIONS

SPEECH: Slow slurred

ATTITUDE: confused, happy, complacent

CLOTHING: Clean

MEDICAL PROBLEMS: none mentioned at the scene

MEDICATIONS: none

OTHER: stated he was near sighted

2-f2

SUBJECT: David G. Brigman

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ROADSIDE TASKS

HORIZONTAL GAZE NYSTAGMUS:

- LEFT EYE DOES NOT FOLLOW SMOOTHLY
- LEFT EYE JERKS AT 45 DEGREE ANGLE OR LESS
- DISTINCT JERKING LEFT EYE MAXIMUM DEVIATION
- RIGHT EYE DOES NOT FOLLOW SMOOTHLY
- RIGHT EYE JERKS AT 45 DEGREE ANGLE OR LESS
- DISTINCT JERKING LEFT EYE MAXIMUM DEVIATION

CAN NOT DO, WHY?

WALK AND TURN: Brigman was unable to keep feet together while the instructions were given. Brigman stepped off the line on nearly every step, and did not keep heels and toes together, on the 3rd step, Brigman fell to his right and had to hold my patrol car to prevent falling over. Brigman stopped after his 6th step

CAN NOT DO, WHY?

ONE LEG STAND: Brigman seemed to be unable to stand steady while hearing the instructions. Brigman lifted his leg and was only able to count to 1002 before lowering his foot again. Brigman used his arms to steady himself.

CAN NOT DO, WHY?

FINGER TO NOSE: Brigman missed his nose and had to adjust at every count. On the 5th instruction (right, then right again, Brigman moved his left finger to his nose, then corrected himself.

CAN NOT DO, WHY?

RHOMBERG/ALPHABET: Not administered.

CAN NOT DO, WHY?

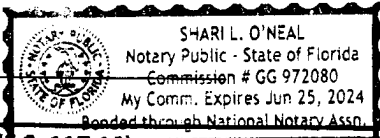
BREATH TEST RESULTS:

STATE OF FLORIDA

COUNTY OF PALM BEACH

THE FOLLOWING INSTRUMENT WAS NOTARIZED OR ATTESTED BEFORE ME THIS Feb 12, 2021

BY: *S. O'Neal*



[Signature] 321/1055
SIGNATURE OF ARRESTING OFFICER

NOTARY/CLERK OF COURT OFFICER (S.S. 117.10)

SUBJECT: David G Brigman CASE NUMBER: 21-518

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? All Refused

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: Ofc J. Turner 321/1098

SUBJECT: David G. Brigman CASE NUMBER: 21-518

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 Officer Turner of the Jupiter PD

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 Camera

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: 21-518

ARRESTING OFFICER J. Turner

ADDRESS 196 Military Trl

PHONE NUMBERS (HOME) 561-759-9995 (WORK) ext 2104

CAN TESTIFY TO: Facts in PC.

NAME: _____

ADDRESS _____

PHONE NUMBERS (HOME) _____ (WORK) _____

CAN TESTIFY TO: _____

NAME: _____

ADDRESS _____

PHONE NUMBERS (HOME) _____ (WORK) _____

CAN TESTIFY TO: _____

NAME: _____

ADDRESS _____

PHONE NUMBERS (HOME) _____ (WORK) _____

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ADDRESS _____

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CAN TESTIFY TO: _____

NAME: _____

ADDRESS _____

PHONE NUMBERS (HOME) _____ (WORK) _____

CAN TESTIFY TO: _____

TESTING FACILITY TASK REPORT

AGENCY: JPD OFC. TURNER #321

SUBJECT: BRIGMAN, DAVID G.

CASE NUMBER: 21-034672

DATE: 02-12-21

VIDEO DVD NUMBER: N/A

BEGINNING TIME: 0140 HRS

ENDING TIME: 0148 HRS

BREATH TESTS RESULTS: 1) **REFUSED** TIME 0:4 A.M. P.M. 2) TIME A.M. P.M.
3) TIME A.M. P.M. 4) TIME A.M. P.M.

BREATH OPERATOR: S.O'NEAL #6212

MAINTENANCE TECHNICAN: J. KARLECKE #6467

TESTING OFFICER'S OBSERVATIONS

SPEECH:

ATTITUDE: CALM, COOPERATIVE, INDECISIVE

CLOTHING: SHIRT- MULTI. COLORED/PRINT SHORTS- NAVY BLUE

MEDICAL CONDITIONS: PAST HEART PROBLEMS, ALLERGIC TO PENICILLIN

MEDICATIONS: VITAMINS, OVER THE COUNTER MEDS

OTHER:

EYES : RED, GLASSY

COMMENTS:

20 MIN. OBSERVATION DONE BY A/O TURNER #321
A/O REQUESTED THE BREATH TEST ON CAMERA.
D REFUSED THE BREATH REQUEST.
A/O READ THE IMPLIED CONSENT A COUPLE OF TIMES.
D WAS INDECISIVE ABOUT THE BREATH REQUEST AFTER THE IMPLIED CONSENT WAS READ SEVERAL TIMES.
D EVENTUALLY DECIDED TO REFUSED THE BREATH REQUEST.
C/W READ ON CAMERA, D REFUSED Q&A.

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BEGINNING TIME: 0140 HRS

ENDING TIME: 0148 HRS

BREATH TESTS RESULT: 1) **REFUSED**

REFUSED

A.M. P.M.

2) [] TIME [] A.M. P.M.

3) [] TIME [] A.M. P.M.

4) [] TIME [] A.M. P.M.

BREATH OPERATOR: S.O'NEAL #6212

MAINTENANCE TECHNICAN: J. KARLECKE #6467

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C/W READ ON CAMERA, D REFUSED Q&A.



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

PBSO CASE # 21-034672 PBSO ZONE 3-14

AGENCY CASE # 21000518 CRASH CASE # _____

TIME OF STOP/CRASH 2353 DATE 2-11-21 DAY Thurs

SUBJECT'S NAME David G. Brigman RACE W SEX M

HGT 5'10 WGT 220 DOB 2-20-68

LOCATION Alt A1A / E. Indian town Rd

ARRESTING OFFICER'S NAME & ID J. Turner 321 AGENCY Jupiter PD

DIVISION: _____

NOTIFIED BY COMMO

ARRIVAL AT FACILITY 0120hrs

BREATH RESULTS:

Arrest Time _____

1. _____
2. _____
3. _____
4. _____

TESTING OFFICER'S ID 6212

NOT A CERTIFIED COPY

REFUSED

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

I, Ofc J. Turner, a duly certified Law Enforcement Officer or Correctional Officer,
 (Name of Officer reading Implied Consent Warning)

am a member of Jupiter Police Department, and I do swear
 (Name of law enforcement agency)

or affirm that on or about the 11th day of February, 2021, at 10:31 P.M. A.M.

DRIVER David Glenn Brisman
 (Type or Print) FIRST NAME MIDDLE OR MAIDEN NAME LAST NAME

DL# B625167680600, state of Florida, was placed under lawful arrest for
 the offense of DUI by Ofc. J. Turner and
 (Name of Arresting Officer)

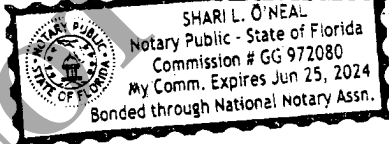
issued Citation # ADB9BYE

That on or about the 12th day of Feb, 2021, at 1:46 P.M. A.M.
 in Palm Beach County.

I requested that the driver submit to a breath and/or urine test to determine his or her blood alcohol level and/or the presence of chemical or controlled substances. I informed the driver that the refusal to submit to such test(s) would result in the suspension of his or her driving privilege for a period of one (1) year for a first refusal, or for a period of eighteen (18) months if his or her driving privilege had been previously suspended for refusing to submit to a breath, urine or blood test. I also informed the driver that he or she commits a misdemeanor by refusing to submit to a lawful test as requested above if his or her driving privilege has been previously suspended for refusal to submit to a lawful test of his or her breath, urine, or blood. Additionally, I informed the driver that if he or she holds a CDL, or was operating a CMV, refusal will result in the disqualification of the Commercial Driver's License/driving privilege for a period of one (1) year in the case of a first refusal or permanently if he or she has previously been disqualified as a result of a refusal to submit to any such lawful test. Nonetheless, the driver refused to submit to the test(s) requested.

[Signature]
 Signature of Law Enforcement Officer or
 Correctional Officer

THE AFFIDAVIT MUST BE NOTARIZED OR ATTESTED TO (F.S. 117.10)



(AFFIX SEAL)

The foregoing instrument was sworn and subscribed before

me this 12 day of February, 2021.

by _____

[Signature] who is personally known to me or who has produced

as identification

Notary Public [Signature]

The foregoing instrument was sworn and subscribed before me:

Signature of Attesting Officer

Title _____

Date _____

Note: Mail or hand deliver to the designated Bureau of Administrative Reviews office, Department of Highway Safety and Motor Vehicles, with the driver's license, the appropriate copy of the UTC, and the probable cause affidavit.



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: 2021003608	Date: 2/12/21
	Specialist Name/ID: A. Pinkney/7796