

J# 0523923

21CT9812ANB

P# 1501

AD M I N I S T R A T I O N	OBTS Number		ARREST / NOTICE TO APPEAR		1. Arrest 2. N.T.A.		3. Request for Warrant 4. Request for Capias		1	JUVENILE	
D E F E N D A N T	Agency ORI Number <b>0501700</b>		Agency Name <b>Jupiter Police Department</b>		Agency Report Number (N.T.A.'s only) <b>5 4 21-002088</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 <b>01</b>		
	Location of Arrest (Including Name of Business) <b>PAPI CHULOS, 1556 N US 1, JUPITER 33469</b>				Location of Offense (Business Name, Address) <b>1556 N US HIGHWAY 1, JUPITER, FL 33469</b>						
	Date of Arrest <b>06/13/2021</b>		Time of Arrest <b>17:14</b>		Booking Date <b>06/13/2021</b>		Booking Time <b>17:24</b>		Jail Date		Jail Time <b>PAPI CHULOS</b>
J U V E N I L E	Name (Last, First, Middle) <b>CIFELLI, GINO J</b>										
	Alias (Name, DOB, Soc. Sec. #, Etc.)										
	Race W - White B - Black		I - American Indian O - Oriental/Asian		Sex <b>M</b>		Date of Birth <b>04/04/1976</b>		Height <b>5'06</b>		Weight <b>150</b>
	Eye Color <b>HAZEL</b>		Hair Color <b>BROWN</b>		Complexion <b>LIGHT</b>		Build <b>Thin</b>				
	Scars, Marks, Tattoos, Unique Physical Features (Location, Type, Description)				Marital Status <b>S</b>		Religion		Indication of Alcohol Influence Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Unk. <input type="checkbox"/>		
	Local Address (Street, Apt. Number) <b>242 VILLAGE BLVD 2310, TEQUESTA, FL 33469</b>				(City) <b>TEQUESTA, FL</b>		(State) <b>FL</b>		(Zip) <b>33469</b>		
	Permanent Address (Street, Apt. Number) <b>242 VILLAGE BLVD 2310, TEQUESTA, FL 33469</b>				(City) <b>TEQUESTA, FL</b>		(State) <b>FL</b>		(Zip) <b>33469</b>		
	Business Address (Name, Street) <b>242 VILLAGE BLVD 2310, TEQUESTA, FL 33469</b>				(City) <b>TEQUESTA, FL</b>		(State) <b>FL</b>		(Zip) <b>33469</b>		
	D/L Number, State <b>C140290761240 / FL</b>				Soc. Sec. Number <b>[REDACTED]</b>		INS Number		Place of Birth (City, State) <b>NEWARK, NJ</b>		
	Citizenship										
C O D E F	Co-Defendant Name (Last, First, Middle)				Race		Sex		Date of Birth		
	Co-Defendant Name (Last, First, Middle)				Race		Sex		Date of Birth		
J U V E N I L E	<input type="checkbox"/> Parent <input type="checkbox"/> Other				Name (Last, First, Middle)				Residence Phone		
	<input type="checkbox"/> Legal Custodian				Address (Street, Apt. Number)				Business Phone		
	Address (Street, Apt. Number)				(City)		(State)		(Zip)		
	Notified by: (Name)				Date		Time		JUVENILE DISPOSITION		
	Released To: (Name)				Date		Time		1. Handled/Processed within Department and Released 2. TOT JAC 3. Incarcerated		
	Relationship				Date		Time				
	The above address was provided by <input type="checkbox"/> defendant and/or <input type="checkbox"/> defendant's parents				School Attended		Grade				
	The child and/or parent was told to keep the Juvenile Court Clerk's Office (Phone 355-2526) informed of any change of address.				Property, Crime?		Description of Property		Value of Property		
	<input type="checkbox"/> Yes, by: <input type="checkbox"/> No				<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No						
	Drug Activity N N/A P Possess				S Sell B Buy T Traffic		R Smuggle D Deliver E Use		K Disperses/ Distribute		
M Manufacture/ Produce/ Cultivate				Z Other		Drug Type N N/A A Amphetamine		B Barbiturate C Cocaine E Heroin			
H Hallucinogen M Marijuana O Opium/Deriv				P Paraphernalia/ Equipment		S Synthetic		U Unknown Z Other			
C H A R G E	Charge Description <b>DUI - BREATH .08 OR ABOVE</b>				Statute Violation Number <b>316.193(1)(C)</b>				Violation of ORD #		
	Drug Activity <b>N</b>		Drug Type <b>N</b>		Amount / Unit <b>/</b>		Offense # <b>21-002088</b>		Counts <b>1</b>		
	Domestic Violence <input type="checkbox"/> Y <input checked="" type="checkbox"/> N		Warrant / Capias Number		Bond						
	Charge Description				Statute Violation Number				Violation of ORD #		
C H A R G E	Drug Activity		Drug Type		Amount / Unit		Offense #		Counts		
	Domestic Violence <input type="checkbox"/> Y <input checked="" type="checkbox"/> N		Warrant / Capias Number		Bond						
	Charge Description				Statute Violation Number				Violation of ORD #		
	Drug Activity		Drug Type		Amount / Unit		Offense #		Counts		
I N T A K E	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 OR <input type="checkbox"/> Released to Parent/Guardian <input type="checkbox"/> T.O.T. County Jail				PROPERTY - Received By				Released By		
	Transferred By				Date Transferred				Time Transferred		
	Released To				Other						
N O T I C E T O A P P E A R	<input checked="" type="checkbox"/> INSTRUCTION NO. 1 - Mandatory appearance in court				Location (Court, Room) <b>North County PALM BEACH GARD</b>				No Photo Available		
	<input type="checkbox"/> INSTRUCTION NO. 2 - You need not appear in Court but must comply with instructions on Page 2.				Court Date and Time <b>07/14/2021 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 <b>6/13/2021</b>						
A D M I N	HOLD for Other Agency				Signature of Arresting Officer <b>G. R. I.</b>				Name (Printed by Arrestee)		
	<input type="checkbox"/> Dangerous <input type="checkbox"/> Suicidal				<input type="checkbox"/> Resisted Arrest <input type="checkbox"/> Other				(PRINT)		
	Pouch #				Name of Arresting Officer (Print) <b>BORROWS, ANDREW</b>				I.D. # <b>1138</b>		
	Transporting Officer <b>OFC A BORROWS</b>				I.D. # <b>380</b>				Agency <b>JPD</b>		
Witness here if subject does not sign an "X"				PAGE <b>1 OF 1</b>							

☐ COURT ☐ STATE ATTORNEY ☐ AGENCY ☐ CENTRAL RECORDS ☐ JAIL ☐ CRIME ANALYSIS ☐ DEFENDANT

SCANNED

JUN 14 2021

OBTS Number		PROBABLE CAUSE AFFIDAVIT		1. Arrest 2. N.T.A		3. Request for Warrant 4. Request for Capias		<b>1</b>	JUVENILE
A	D	M	I	N	D	E	F		
Agency ORI Number <b>FL 0501700</b>		Agency Name <b>JUPITER POLICE DEPARTMENT</b>		Agency Report Number <b>5   4   21-002088</b>					
Charge Type: Check as many as apply.				Special Notes					
<input type="checkbox"/> 1. Felony <input type="checkbox"/> 3. Misdemeanor <input type="checkbox"/> 5. Ordinance <input type="checkbox"/> 2. Traffic Felony <input checked="" type="checkbox"/> 4. Traffic Misdemeanor <input type="checkbox"/> 6. Other									
Name (Last, First, Middle) <b>CIFELLI, GINO J</b>						Race <b>W</b>		Sex <b>M</b>	
						Date of Birth <b>04/04/1976</b>			
Charge Description <b>316.193(1)(C)</b>		Charge Description							
Charge Description		Charge Description							
Victim's Name (Last, First, Middle)						Race		Sex	
						Date of Birth			
Local Address (Street, Apt. Number)		(City)		(State)		(Zip)		Phone	
Business Address (Name, Street)		(City)		(State)		(Zip)		Phone	
								Address Source	
								Occupation	
<p>The undersigned certifies and swears that he/she has just and reasonable grounds to believe, and does believe that the above named Defendant committed the following violation of law</p> <p>The Person taken into custody</p> <p><input type="checkbox"/> committed the below acts in my presence.      <input type="checkbox"/> was observed by _____ who told _____ that he/she saw the arrested person commit the below acts.</p> <p><input type="checkbox"/> confessed to _____ admitting to the below facts.      <input checked="" type="checkbox"/> was found to have committed the below acts, resulting from my (described) investigation.</p> <p>On the <b>13</b> day of <b>June</b>, <b>2021</b> at <b>16:29</b> (Specifically include facts constituting cause for arrest.)</p> <p>On the above date at approximately 1629 hours, I was dispatched to a just occurred crash at the Papi Chulo's Restaurant located at 1556 North US Highway 1, in the Town of Jupiter, Palm Beach County, Florida.</p> <p>Upon my arrival, I investigated a crash involving a 2012 Toyota bearing Florida license plate Y82ECN and a 2018 Jeep bearing Florida license plate LLUY25. My investigation on scene revealed the Jeep, being driven by Gino Cifelli, reversed into the rear driver's side quarter panel of the Toyota, which was parked. The Toyota was occupied by Guerlande Baptiste and Ilenes Gervelus. During my crash investigation, I noticed Cifelli's speech was very repetitive. Cifelli was obsequious but spent more time agreeing with me "absolutely," "of course" than listening and my conversations with him were circular, covering the same few points repeatedly. Cifelli stumbled to his left and struck the back of another vehicle. Cifelli's eyes were bloodshot and glassy, which I could see when he briefly removed his sunglasses. I got sworn BWC recorded statements from Baptiste and Gervelus. Both identified Cifelli as the driver of the Jeep that reversed into the Toyota they were sitting in.</p> <p>Based on my observations, I started a DUI investigation and advised Cifelli. I read Cifelli his Miranda Rights from a prepared text and advised him I was starting a DUI investigation. Cifelli stated he has no medical conditions, had not been drinking, had not been in a crash, and agreed to complete roadside tasks.</p> <p>I first conducted the Horizontal Gaze Nystagmus task. I am a certified Drug Recognition Expert and completed the task in a manner consistent with my training. I observed all six standardized clues of HGN: Lack of smooth pursuit, distinct and sustained nystagmus at maximum deviation, and onset of nystagmus prior to 45 degrees in both of Cifelli's eyes. Cifelli had some difficulty keeping his head still and continually spoke in general platitudes and expressions of cooperation.</p>									
<p>SWORN AND SUBSCRIBED BEFORE ME</p> <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> <p><i>[Signature]</i></p> <p>NOTARY PUBLIC / CLERK OF COURT</p> <p><b>06/13/2021</b></p> <p>DATE</p> </div> <div style="width: 45%; text-align: center;"> <p><i>[Signature]</i></p> <p>SIGNATURE OF ARRESTING / INVESTIGATING OFFICER</p> <p><b>BORROWS, ANDREW (1138)</b></p> <p>NAME OF OFFICER (PLEASE PRINT)</p> <p><b>06/13/2021</b></p> <p>DATE</p> </div> </div> <div style="display: flex; justify-content: space-between; margin-top: 10px;"> <div style="width: 45%;"> <p>BEVERLY SUE OWEN</p> <p>MY COMMISSION # GG 188278</p> <p>EXPIRES: May 30, 2022</p> <p>Bonded Thru Notary Public Underwriters</p> </div> <div style="width: 45%; text-align: right;"> <p>PAGE</p> <p><b>1 of 3</b></p> </div> </div>									

COURT

STATE ATTORNEY

CENTRAL RECORDS

JAIL

CRIME ANALYSIS

P. I. O.

OBTS Number		<b>PROBABLE CAUSE AFFIDAVIT SUPPLEMENT</b>		1. Arrest 2. N.T.A.	3. Request for Warrant 4. Request for Capias	<b>1</b>	JUVENILE
Agency ORI Number <b>FL 0501700</b>		Agency Name <b>JUPITER POLICE DEPARTMENT</b>		Agency Report Number <b>5 4 21-002088</b>			
Charge Type: Check as many as apply.		Special Notes					
<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>CIFELLI, GINO J</b>				Race <b>W</b>	Sex <b>M</b>	Date of Birth <b>04/04/1976</b>	

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I next conducted the Walk and Turn task. Cifelli's logorrhea continued during the instructional phase of the task. Cifelli lost his balance twice and started early twice. Cifelli started the task correctly through the fourth step. He then put his arms out to the side and became impatient. He stopped counting his steps, continued walking while declaring his sobriety. Cifelli took 20 steps while expressing his frustration. Cifelli missed heel to toe several times, used his arms for balance, and made no attempt to turn or continue the task, though I had just demonstrated a few moments before.

I next conducted the One Leg Stand Task. I had to tell Cifelli more than once to look down at his foot as he kept staring directly at me, again apparently unable to control his emotions. Cifelli was swaying visibly and using his arms for balance during most of the task. The second time I asked Cifelli to look at his foot, Cifelli bent over at the waist and stared at his foot, which he placed on the ground and continued counting.

I next conducted the Finger to Nose task. I observed the following: L1: Cifelli touched the pad of his finger to the tip of his nose. Cifelli did not bring his finger back down to the side. I reminded him to. R2: Cifelli touched the tip of his nose as instructed. Cifelli did not bring his finger back down to the side. L3: Cifelli touched his nose just above the tip. R4: Cifelli touched the bridge of his nose at the approximate mid-point. R5: Cifelli touched the bridge of his nose at the approximate mid-point. L6: Cifelli touched the bridge of his nose at the approximate mid-point.


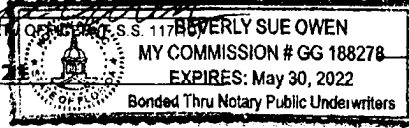

I then conducted the Romberg and Alphabet task. Cifelli stated he graduated with a Bachelor's Degree from Seton Hall University and is comfortable with the alphabet. Cifelli sang the alphabet even though I asked him not to and stated the alphabet as follows: A B C D F G H I J J I K I don't even know the rest of the alphabet A B C D F G er W J K I personally don't know the alphabet.

Based on the totality of my investigation, I placed Cifelli under arrest for DUI. I secured Cifelli in handcuffs, which I checked for spacing and double locked. He expressed surprise and then continued to attempt to state the alphabet, without success.

I spoke briefly to Cifelli's passenger, Lissette Ormachea. Ormachea expressed surprise that he was being arrested for DUI and stated he'd only had, "a couple" of drinks.

I then transported Cifelli to the Palm Beach County Breath Alcohol Testing Facility. I conducted a 20 minute observation period facing Cifelli. I then requested Cifelli provide a sample of his breath. Cifelli said "absolutely" and provided a sample of .147. Cifelli then became agitated when providing a second sample and refused to continue. I read Implied Consent to Cifelli which he stated he understood. Cifelli then agreed to provide a sample, which was .151. I did not interview Cifelli due to his

SWORN AND SUBSCRIBED BEFORE ME  NOTARY PUBLIC / CLERK OF COURT, OFFICE NO. S.S. 117  <b>06/13/2021</b> DATE	SIGNATURE OF ARRESTING / INVESTIGATING OFFICER  <b>BORROWS, ANDREW (1138)</b> NAME OF OFFICER (PLEASE PRINT) <b>06/13/2021</b> DATE
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**2 OF 3**

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STATE ATTORNEY

CENTRAL RECORDS

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CRIME ANALYSIS

P. I. O.

A D M I N I S T R A T I V E	OBTS Number		PROBABLE CAUSE AFFIDAVIT SUPPLEMENT		1. Arrest 2. N.T.A.		3. Request for Warrant 4. Request for Capias		<b>1</b>	JUVENILE
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prior requests for legal representation.

I secured Cifelli in a holding cell, completed my paperwork, and charged him with DUI per FSS 316.193(2)(C). I booked Cifelli into the Palm Beach County Jail.

NOT A CERTIFIED COPY

A D M I N I S T R A T I V E	SWORN AND SUBSCRIBED BEFORE ME		 SIGNATURE OF ARRESTING / INVESTIGATING OFFICER	
	NOTARY PUBLIC / CLERK OF COURT OFFICER (F.S.S. 117.16) <b>BEVERLY SUE OWEN</b> MY COMMISSION # GG 188278 EXPIRES: May 30, 2022 Bonded Thru Notary Public Underwriters		<b>BORROWS, ANDREW (1138)</b> NAME OF OFFICER (PLEASE PRINT)	
	<b>06/13/2021</b> DATE		<b>06/13/2021</b> DATE	
			PAGE <b>3 OF 3</b>	

COURT

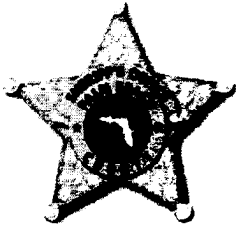
STATE ATTORNEY

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P. I. O.



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

PBSO CASE # 21075703 PBSO ZONE 3-11  
AGENCY CASE # 21-002088 CRASH CASE # \_\_\_\_\_  
TIME OF STOP/CRASH 1629 DATE 06/13/2021 DAY Sunday  
SUBJECT'S NAME Cifelli Gino J RACE W SEX M  
LAST FIRST MID  
HGT 506 WGT 150 DOB 4/4/1976  
LOCATION 1556 North US Highway 1, Jupiter Fl 33477  
ARRESTING OFFICER'S NAME & ID Ofc. A. Borrows 380 /1138 AGENCY Jupiter PD  
DIVISION: Traffic  
NOTIFIED BY COMMO Yes  
ARRIVAL AT FACILITY 1755  
ARREST TIME 1714

BREATH RESULTS:

1)	<u>.147</u>
2)	<u>.157</u>
3)	<u>/</u>
4)	<u>/</u>

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

# TESTING FACILITY TASK REPORT

AGENCY: JUPITER P.D.

SUBJECT: CIFELLI, GINO J.

CASE NUMBER: 21075703

DATE: Jun 13, 2021

VIDEO DVD NUMBER: N/A

BEGINNING TIME: 1822

ENDING TIME: 1835

BREATH TESTS RESULTS: 1) .147 TIME 1825 A.M. ☐ P.M. ☒ 2) .151 TIME 1831 A.M. ☐ P.M. ☒  
3) TIME A.M. ☐ P.M. ☐ 4) TIME A.M. ☐ P.M. ☐

BREATH OPERATOR: S. Owen #3184

MAINTENANCE TECHNICAN: J. Karlecke #6467

## TESTING OFFICER'S OBSERVATIONS

SPEECH:

ATTITUDE: PLEASANT, CO-OPERATIVE

CLOTHING: TENNIS SHOES, BLUE SHORTS, GREEN POLO SHIRT

MEDICAL CONDITIONS: NONE

MEDICATIONS: NONE

## OTHER:

SAID HE WORKED FOR MICHAEL JORDAN, KEPT SAYING HE WANTED TO TAKE TEST BECAUSE HE HADN'T BEEN DRINKING.

## COMMENTS:

DEFENDANT AND OFFICER A. BORROWS #380 OF JUPITER P.D. ARRIVED AT 1755 HOURS. A/O OBSERVED 20 MINUTES. A/O REQUESTED BREATH TEST, DEFENDANT AGREED BECAUSE HE WANTED TO PROVE HE HAD NOT BEEN DRINKING. 1ST TEST WAS FINE BUT SECOND TEST HE KEPT STOPPING BEFORE RESULTS CAME UP ON SCREEN. I HAD BEEN START SEVERAL TIMES, HE GOT UPSET AND SAID HE DIDN'T WANT TO BLOW ANYMORE. A/O READ I/C, SO HE SAID HE WANTED TO TRY AGAIN. 3RD TRY WAS OK. C/W READ ON SCENE, NO Q & A. DONE. DEFENDANT WASN'T HAPPY WITH RESULTS.

Y.

FLORIDA DEPARTMENT OF LAW ENFORCEMENT  
ALCOHOL TESTING PROGRAM  
BREATH ALCOHOL TEST AFFIDAVIT

Instrument Type: Intoxilyzer 8000  
Instrument Registered To: PALM BEACH CO SO  
Instrument Serial Number: 80-006238 Software: 8100.27  
Date of Test: 06/13/2021

Date of Last Agency Inspection: 06/11/2021  
Observation Period Began: 17:55  
Subject's Name: GINO J CIFELI

DOB: 04/04/1976 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		18:23
Air Blank	0.000	18:23
Control Test	0.080	18:24
Air Blank	0.000	18:24
Subject Sample #1	0.147	18:25
Air Blank	0.000	18:26
Air Blank	0.000	18:28
Subject Sample #2	0.151	18:31
Air Blank	0.000	18:32
Control Test	0.079	18:32
Air Blank	0.000	18:32
Diagnostics Check OK		18:33

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

State of Florida, County of Palm Beach

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

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

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

Signature

Date: 6/13/21

Sworn to (or affirmed) before me this 13th day of June, 2021

Signature of Notary Public-State of Florida

Ofc A. Barrows  
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: \_\_\_\_\_ CASE NUMBER: \_\_\_\_\_

## QUESTIONS AND ANSWERS

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

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

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: A. Borrow 320/1158



SUBJECT: \_\_\_\_\_ CASE NUMBER: \_\_\_\_\_

## IMPLIED CONSENT FOR DUI IN A MOTOR VEHICLE

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

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

-OR-

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

-OR-

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

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

I am \_\_\_\_\_ of the \_\_\_\_\_.

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

SUBJECT'S SIGNATURE: (X) \_\_\_\_\_

## CONSTITUTIONAL WARNINGS

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

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

SUSPECT'S SIGNATURE: (X) \_\_\_\_\_



**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)
<b>L/E Exemptions</b>	<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.	
<b>Public Info. Exemptions</b>	<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.	
<b>Florida Rules of Judicial Administration 2.420 (Rule of 23)</b>	<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"/>			
<b>Other</b>	<input type="checkbox"/>		Other:	
	<input type="checkbox"/>		Other:	

**REVIEW COMPLETED BY**

**Booking Number:** 2021014417

**Date:** 06/14/2021

**Specialist Name/ID:** C. Denzel/8691