

0519248

21CT15479  
ARREST / NOTICE TO APPEAR

2611

OBTS Number	Agency ORI Number <b>0500200</b>		Agency Name <b>Boca Raton Police Department</b>		Agency Report Number (N.T.A.'s only) <b>3, 2   2021-010744</b>		1	JUVENILE		
Charge Type: Check as many as apply:	<input type="checkbox"/> 1. Felony	<input checked="" type="checkbox"/> 3. Misdemeanor	<input type="checkbox"/> 5. Ordinance	If Weapon Seized Enter Type <b>UNARMED</b>		Multiple Clearance Indicator				
Location of Arrest (Including Name of Business) <b>59 SE 3RD ST, BOCA RATON, 59 SE 3RD ST, BOCA RATON, FL</b>				Location of Offense (Business Name, Address) <b>59 SE 3RD ST, BOCA RATON, FL 33432</b>						
Date of Arrest <b>09/14/2021</b>	Title of Arrest <b>19:48</b>	Booking Date <b>09/14/2021</b>	Booking Time <b>19:58</b>	Jail Date <b>09/14/2021</b>	Jail Time <b>16:00</b>	Location of Vehicle <b>WESTWAY TOWING</b>				
Name (Last, First, Middle) <b>FARRINGTON, GREGORY</b>				Alias (Name, DOB, Soc. Sec. #, Etc.)						
Race W - White B - Black	Sex <b>M</b>	Date of Birth <b>12/16/1956</b>	Height <b>5'09</b>	Weight <b>175</b>	Eye Color <b>BROWN</b>	Hair Color <b>GRAY</b>	Complexion <b>LIGHT</b>	Build <b>Medium</b>		
Scars, Marks, Tattoos, Unique Physical Features (Location, Type, Description)				Marital Status <b>M</b>	Religion <b>CATHOLIC</b>	Indication of Alcohol Influence Drug Influence: Yes <input type="checkbox"/> No <input type="checkbox"/> Unk. <input checked="" type="checkbox"/>				
Local Address (Street, Apt. Number) <b>3600 NW 2ND AVE, BOCA RATON, FL 33431</b>				Phone <b>(561) 628-8214</b>	Residence Type: 1. City 3. Florida 2. County 4. Out of State   <b>1</b>					
Permanent Address (Street, Apt. Number) <b>3600 NW 2ND AVE, BOCA RATON, FL 33431</b>				Phone <b>(561) 628-8214</b>	Address Source <b>FL DL</b>					
Business Address (Name, Street) <b>COOPER APPLIANCE, 3600 NW 2ND AVE</b>				Phone <b>(561) 391-1995</b>	Occupation <b>Owner</b>					
D/L Number, State <b>F652280564560 / FL</b>	Soc. Sec. Number	DNS Number	Place of Birth (City, State) <b>MOUNT VERNON, NY,</b>		Citizenship <b>US</b>					
Co-Defendant Name (Last, First, Middle)		Race	Sex	Date of Birth	<input type="checkbox"/> 1. Arrested <input type="checkbox"/> 3. Felony <input type="checkbox"/> 5. Juvenile <input type="checkbox"/> 2. At Large <input type="checkbox"/> 4. Misdemeanor					
Co-Defendant Name (Last, First, Middle)		Race	Sex	Date of Birth	<input type="checkbox"/> 1. Arrested <input type="checkbox"/> 3. Felony <input type="checkbox"/> 5. Juvenile <input type="checkbox"/> 2. At Large <input type="checkbox"/> 4. Misdemeanor					
<input type="checkbox"/> Parent <input type="checkbox"/> Other: _____ Name (Last, First, Middle)				Residence Phone						
<input type="checkbox"/> Legal Custodian				Business Phone						
Address (Street, Apt. Number) (City) (State) (Zip)										
Notified by: (Name)				Date	Time	JUVENILE DISPOSITION 1. Handled/Processed within Department and Released 2. TOT JAC 3. Incarcerated				
Released To: (Name)				Relationship	Date	Time				
The above address was provided by <input type="checkbox"/> defendant and/or <input type="checkbox"/> defendant's parents. The child and/or parent was told to keep the Juvenile Court Clerk's Office (Phone 355-2526) informed of any change of address.				School Attended		Grade				
<input type="checkbox"/> Yes, by: _____ <input type="checkbox"/> No.				Property Crime? <input type="checkbox"/> Yes <input checked="" 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/Deriv.	P. Paracetamol/ Equipment S. Synthetic	U. Unknown Other
Charge Description <b>DRIVE UNDER INFLUENCE ALC</b>						Statute Violation Number <b>316.193(1A)</b>	Violation of ORD #			
Drug Activity	Drug Type <b>N</b>	Amount / Unit <b>/</b>	Offense # <b>2021-010744</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 #			
Drug Activity	Drug Type	Amount / Unit	Offense #	Counts	Domestic Violence <input type="checkbox"/> Y <input type="checkbox"/> N	Warrant / Capias Number	Bond <b>SEP 14 PM 9:51</b>			
Charge Description						Statute Violation Number	Violation of ORD #			
Drug Activity	Drug Type	Amount / Unit	Offense #	Counts	Domestic Violence <input type="checkbox"/> Y <input type="checkbox"/> N	Warrant / Capias Number	Bond			
Health / Apparent Physical Condition of Defendant <b>GOOD</b>						Any knowledge of the following: <input type="checkbox"/> Mental <input type="checkbox"/> Escape Risk <input type="checkbox"/> Medication <input type="checkbox"/> Deformities <input type="checkbox"/> Injuries Explain:				
Check which applies: <input type="checkbox"/> Released O.R. <input type="checkbox"/> Released to Parent/Guardian <input checked="" type="checkbox"/> T.O.T. County Jail						PROPERTY - Received By <b>GOLDEN</b>	Released By <b>GOLDEN</b>	Released To <b>TOT CJ</b>		
Transported By <b>GOLDEN</b>						Date Transported <b>09/14/2021</b>	Time Transported <b>20:00</b>	Other		
<input checked="" type="checkbox"/> INSTRUCTION NO. 1 - Mandatory appearance in court <input type="checkbox"/> INSTRUCTION NO. 2 - You need not appear in Court but must comply with instructions on Page 2.						Location (Court, Room) <b>South County 200 W Atlantic Ave Delray Beach, FL 33444</b> Court Date and Time <b>10/19/2021 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 COMTEMPT OF COURT AND A WARRANT FOR MY ARREST SHALL BE ISSUED.						No Photo Available				
Signature of Defendant (or Juvenile and Parent/Custodian)						Date Signed				
HOLD for Other Agency						Signature of Arresting Officer <b>GOLDEN, L. J.</b>		Name Verification (Printed by Arrestee)		
<input type="checkbox"/> Detainee <input checked="" type="checkbox"/> Released Arrestee						Name of Arresting Officer (Print) <b>GOLDEN, L. J.</b>		(PRINT)		
Initials of Defendant						Transporting Officer <b>GOLDEN</b>	I.D. # <b>823</b>	Agency <b>BRPD</b>		
Pouch #						I.D. # <b>823</b>	Witness here-if subject signed with an "X"			

SEP 15 2021

29

PROBABLE CAUSE AFFIDAVIT

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

1 JUVENILE

Agency ORI Number: FL 0500200 Agency Name: BOCA RATON POLICE DEPARTMENT Agency Report Number: 3 | 2 | 2021-010744

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

Name (Last, First, Middle): FARRINGTON, GREGORY Race: W Sex: M Date of Birth: 12/16/1956

Charge Description: 316.193(1A) DUI

Victim's Name (Last, First, Middle): State Of Florida

Local Address (Street, Apt. Number) (City) (State) (Zip) Phone Address Source

Business Address (Name, Street) (City) (State) (Zip) Phone Occupation

The undersigned certifies and swears that he/she has just and reasonable grounds to believe, and does believe that the above named Defendant committed the following violation of law. The Person taken into custody... was observed by OFC. DESIDERATO who told OFC. GOLDEN that he/she saw the arrested person commit the below acts. was found to have committed the below acts, resulting from my (described) investigation. On the 14 day of September, 2021 at 18:17 (Specifically include facts constituting cause for arrest.)

MVR available.

On 09/14/2021 at approximately 1715 hours, I responded to the area of 59 SE 3rd St to assist Ofc. Desiderato on a traffic stop. This traffic stop was in response to a call received by Dispatch that a red Lincoln SUV was possibly being driven erratically by an impaired driver.

Upon my arrival, Ofc. Desiderato informed me that he observed the red Lincoln SUV bearing FL tag JREM91 traveling northbound on S Federal Hwy from E Camino Real. Ofc. Desiderato informed me that he observed this vehicle traveling consistently with the two right side tires in the bicycle lane. Ofc. Desiderato also advised he observed the vehicle swerving within its lane. Ofc. Desiderato subsequently initiated a traffic stop on the vehicle, which stopped in the area of 59 SE 3rd Ave.

I approached the driver side of the vehicle where I observed the sole occupant and driver of the vehicle sitting in the driver seat. The driver, later identified as Gregory Farrington, stated that he was on his way home from a client's house in Boca Raton. Farrington also stated that he has lived in Boca for the past 34 years. I asked Farrington which road he was traveling on before turning onto Federal Hwy, to which he replied 18th St. When I told Farrington that he was observed on Camino Real and not SW 18th St, Farrington replied that he was flustered because he had a hard day at work.

When I asked Farrington why he was driving erratically, he advised he was flustered and was on the phone with his girlfriend while driving. I asked Farrington if he had consumed alcohol today and he said no. I then asked Farrington to step out of the vehicle. I asked Farrington if he would be willing to submit to Standardized Field Sobriety Tasks to ensure that he was not driving while impaired by alcohol or other chemical substances, and he stated that he would be willing to participate.

SWORN AND SUBSCRIBED BEFORE ME. NOTARY PUBLIC / CLERK OF COURT / OFFICER (F.S.S. 117.10) 8/14/21 DATE. SIGNATURE OF ARRESTING / INVESTIGATING OFFICER: GOLDEN, LISA JEANNINE (823) NAME OF OFFICER (PLEASE PRINT). 09/14/2021 DATE. PAGE 1 OF 3

PROBABLE CAUSE AFFIDAVIT  
SUPPLEMENT

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

1

JUVENILE

OBTS Number	Agency ORI Number <b>FL 0500200</b>		Agency Name <b>BOCA RATON POLICE DEPARTMENT</b>		Agency Report Number <b>3 2 2021-010744</b>	
Charge Type: <input type="checkbox"/> 1. Felony <input checked="" type="checkbox"/> 3. Misdemeanor <input type="checkbox"/> 5. Ordinance <input type="checkbox"/> 2. Traffic Felony <input type="checkbox"/> 4. Traffic Misdemeanor <input type="checkbox"/> 6. Other						Special Notes:

Name (Last, First, Middle) <b>FARRINGTON, GREGORY</b>	Alias	Race <b>W</b>	Sex <b>M</b>	Date of Birth <b>12/16/1956</b>
--	-------	------------------	-----------------	------------------------------------

Before commencing the Standardized Field Sobriety Tasks, I asked Farrington if he was diabetic, epileptic, or had any injury that would impede his ability to walk or stand, to which he replied no. Farrington also affirmed that his vision was fine, that he was comfortable performing the exercises in his sandals as opposed to being barefoot, and that he was well fed and hydrated.

The first exercise I conducted was to check Farrington's eyes for Horizontal Gaze Nystagmus. While conducting this exercise, I observed the presence of HGN in both of Farrington's eyes. Farrington also had difficulty following the instructions I gave him prior to the exercise, which was not to follow the stimulus with his head but with his eyes only.

The second exercise I conducted was the one-legged stand. I gave Farrington the instructions and demonstrated the exercise prior to having him perform it. During the one-legged stand, Farrington placed his elevated foot on the ground 5 times and failed to maintain his balance.

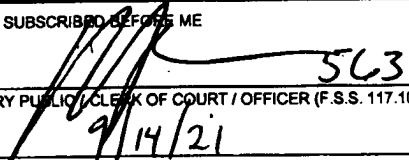

The third exercise I conducted was the walk and turn. I gave Farrington the instructions and demonstrated the exercise prior to having him perform it. During the walk and turn, Farrington walked with his hands on his hips rather than at his sides, was not placing his feet heel-to-toe as instructed, and took 13 steps after the turn rather than the instructed 9. Farrington also stepped off the line during the exercise to catch his balance.

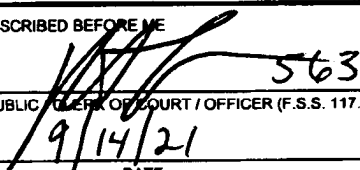
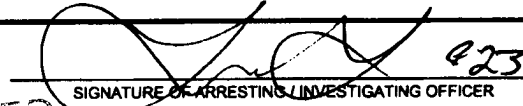
The fourth exercise I conducted was the finger-to-nose exercise. I gave Farrington the instructions and demonstrated the exercise prior to having him perform it. The sequence I called out during the exercise was Left, Right, Left, Left, Right. The second time I called out Left, Farrington opened his eyes while performing the exercise. The third time I called out Left, Farrington's head was no longer tilted back as instructed.

The fifth and final exercise I conducted was the estimation of the passage of 30 seconds of time. I gave Farrington the instructions and demonstrated the exercise prior to having him perform it. At the 33 second mark, Farrington announced that 30 seconds had passed.

Based upon my investigation, Ofc. Desiderato's observations which he relayed to me, and my observations of Farrington's performance of the Standardized Field Sobriety Tasks, I determined that probable cause existed to articulate that Farrington was driving while impaired by alcohol or other chemical substance. I then placed Farrington under arrest for DUI per F.S.S. 316.193(1A).

While conducting an inventory search of Farrington's vehicle prior to it being

SWORN AND SUBSCRIBED BEFORE ME		
NOTARY PUBLIC / CLERK OF COURT / OFFICER (F.S.S. 117.10)	563	823
DATE 9/14/21	SCANNED SEP 15 2021	GOLDEN, LISA JEANNINE (823) NAME OF OFFICER (PLEASE PRINT)
		DATE 09/14/2021
		PAGE 2 OF 3

OBTS Number  Agency ORI Number <b>FL 0500200</b>	<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 Name <b>BOCA RATON POLICE DEPARTMENT</b>	Agency Report Number <b>3   2   2021-010744</b>			
Charge Type: Check as many as apply. <input type="checkbox"/> 1. Felony <input checked="" type="checkbox"/> 3. Misdemeanor <input type="checkbox"/> 5. Ordinance <input type="checkbox"/> 2. Traffic Felony <input type="checkbox"/> 4. Traffic Misdemeanor <input type="checkbox"/> 6. Other			Special Notes:	
Name (Last, First, Middle) <b>FARRINGTON, GREGORY</b>			Race <b>W</b>	Sex <b>M</b>
Alias			Date of Birth <b>12/16/1956</b>	
<p>towed, I observed a large red and white cooler sitting on the front passenger seat of the vehicle. Inside the cooler was one open container of beer and seven sealed bottles of beer. I also discovered three beer bottle caps in the center console of the vehicle.</p> <p>Farrington was transported to the BRPD BAT room, where he blew 0.000 and 0.000 on the Intoxilyzer 8000. Farrington also provided a urine sample, the results of which are pending. Farrington was TOT to PBSO County Jail.</p>				
NOT A CERTIFIED COPY				
A D M I N I S T R A T I V E	SWORN AND SUBSCRIBED BEFORE ME <div style="display: flex; justify-content: space-between; align-items: flex-end;"> <div style="text-align: center;">             NOTARY PUBLIC / CLERK OF COURT / OFFICER (F.S.S. 117.10)            9/14/21            DATE         </div> <div style="text-align: center;">             SIGNATURE OF ARRESTING / INVESTIGATING OFFICER  <b>GOLDEN, LISA JEANNINE (823)</b>            NAME OF OFFICER (PLEASE PRINT)            09/14/2021            DATE         </div> </div>			
SCANNED SEP 15 2021				
				PAGE <b>3 OF 3</b>

Breath Tech. Horne 7a1

Arrest - Gregory Farrington

1015 Time - 1738

BRPD - 21-10744

## DUI INFLUENCE REPORT



BOCA RATON POLICE SERVICES DEPARTMENT

100 NW 2<sup>nd</sup> Avenue

Boca Raton, FL 33432

SCANNED

SEP 15 2021



BOCA RATON POLICE SERVICES DEPARTMENT  
DUI INFLUENCE REPORT - PART I

On the 14<sup>th</sup> day of September, at 1738 AM/PM

Subject: Gregory Farrington Case Number: 21-10794

PERSONAL CONTACT

Driving Pattern: see PC

Observation of Driver: see PC

Driver's Statement: see PC

Odors: see PC

GENERAL OBSERVATIONS

Speech: talkative

Attitude: upset, ~~Angry~~ Angry

Clothing: Blue shirt, multi-colored swim shorts.

Medical Problems: NO

Medications: NO

Other: N/A

SCANNED

SEP 15 2021

Horizontal Gaze Nystagmus:

- Left eye does not follow smoothly
- Left eye jerks at 45 degrees angle or less
- Distinct jerking left eye maximum deviation
- Right eye does not follow smoothly
- Right eye jerks at 45 degrees angle or less
- Distinct jerking right eye maximum deviation

Can not do, Why? see PC

Walk and turn: \_\_\_\_\_

Can not do, Why? \_\_\_\_\_

One leg stand: \_\_\_\_\_

Can not do, Why? \_\_\_\_\_

Finger to nose: \_\_\_\_\_

Can not do, Why? \_\_\_\_\_

Alphabet (speech pattern): \_\_\_\_\_

Can not do, Why? see PC

Breath/Blood test results: 0.000 . 0.000 , urine provided

State of Florida, County of Palm Beach,  
Sworn and subscribed before me this September 14th 2021 (date) by \_\_\_\_\_

Notary/Clerk of Court/Officer (FSS 117.10) \_\_\_\_\_ Date 9/14/21

Signature of Arresting Officer \_\_\_\_\_ Name of Officer (print) Lisa Golden

SCANNED  
SEP 15 2021

ARRESTING OFFICER: Off. Golden

Name: Off. Golden Phone # 561-620-0147 Work # \_\_\_\_\_

Address: 100 NW 2nd Ave, Boca Raton, FL

Can testify to: DUI Investigation

Name: Off. Desiderato Phone # 561 368 1234 Work # \_\_\_\_\_

Address: 100 NW 2nd Ave

Can testify to: DUI investigation

Name: Off. Super Phone # 561 368 1234 Work # \_\_\_\_\_

Address: 100 NW 2nd Ave

Can testify to: DUI Investigation

Name: \_\_\_\_\_ Phone # \_\_\_\_\_ Work # \_\_\_\_\_

Address: \_\_\_\_\_

Can testify to: \_\_\_\_\_

Name: \_\_\_\_\_ Phone # \_\_\_\_\_ Work # \_\_\_\_\_

Address: \_\_\_\_\_

Can testify to: \_\_\_\_\_

Name: \_\_\_\_\_ Phone # \_\_\_\_\_ Work # \_\_\_\_\_

Address: \_\_\_\_\_

Can testify to: \_\_\_\_\_

Name: \_\_\_\_\_ Phone # \_\_\_\_\_ Work # \_\_\_\_\_

Address: \_\_\_\_\_

Can testify to: \_\_\_\_\_

SCANNED  
SEP 15 2021



BOCA RATON POLICE SERVICES DEPARTMENT  
DUI INFLUENCE REPORT - PART II

To be filled out at testing facility

Agency Case # 21-10744

I. INTRODUCTION (Instrument Operator faces video camera)

A. The day is Tuesday, September, 14<sup>th</sup>, 2021.  
(day) (month) (date) (year)

B. The time is now approximately 1822 AM/PM.

C. The following is in reference to case number 21-10744.

D. Present at this time is Off. Golden of the Boca Raton Police Department.  
(Officer's Name)

E. Officer Golden, have you arrested Gregory Farrington in violation of Florida State Statute 316.193?  
(Defendant's name)

F. Did this violation occur within the City of Boca Raton, Palm Beach County, Florida? Yes

G. Mr./Mrs./Ms. Gregory Farrington, I am required to inform you these proceedings are being video recorded.

Operator Note: *Video record breath request, breath sample, and interview.*

NOT A CERTIFIED COPY

SCANNED  
SEP 15 2021



**BOCA RATON POLICE SERVICES DEPARTMENT  
TESTING FACILITY TASK REPORT**

SUBJECT: Gregory Farrington

CASE #: 21-10744 DATE: 9/14/21

BREATH TEST RESULTS

1) TIME <u>0.000</u> AM/PM	- 1831	2) TIME <u>0.000</u> AM/PM	Improper Sample - 1833
3) TIME <u>0.000</u> AM/PM	- 1839	4) TIME <u>0.000</u> AM/PM	- 1842

BREATH OPERATOR: Off. Horne

MAINTENANCE TECHNICIAN: Off. Jeff Van Camp

**TESTING OFFICER'S OBSERVATIONS**

SPEECH: talkative

ATTITUDE: Angry, upset

CLOTHING: Blue shirt, multi-colored swim shorts

MEDICAL CONDITION: NO

OTHER: NO

COMMENTS:

---



---



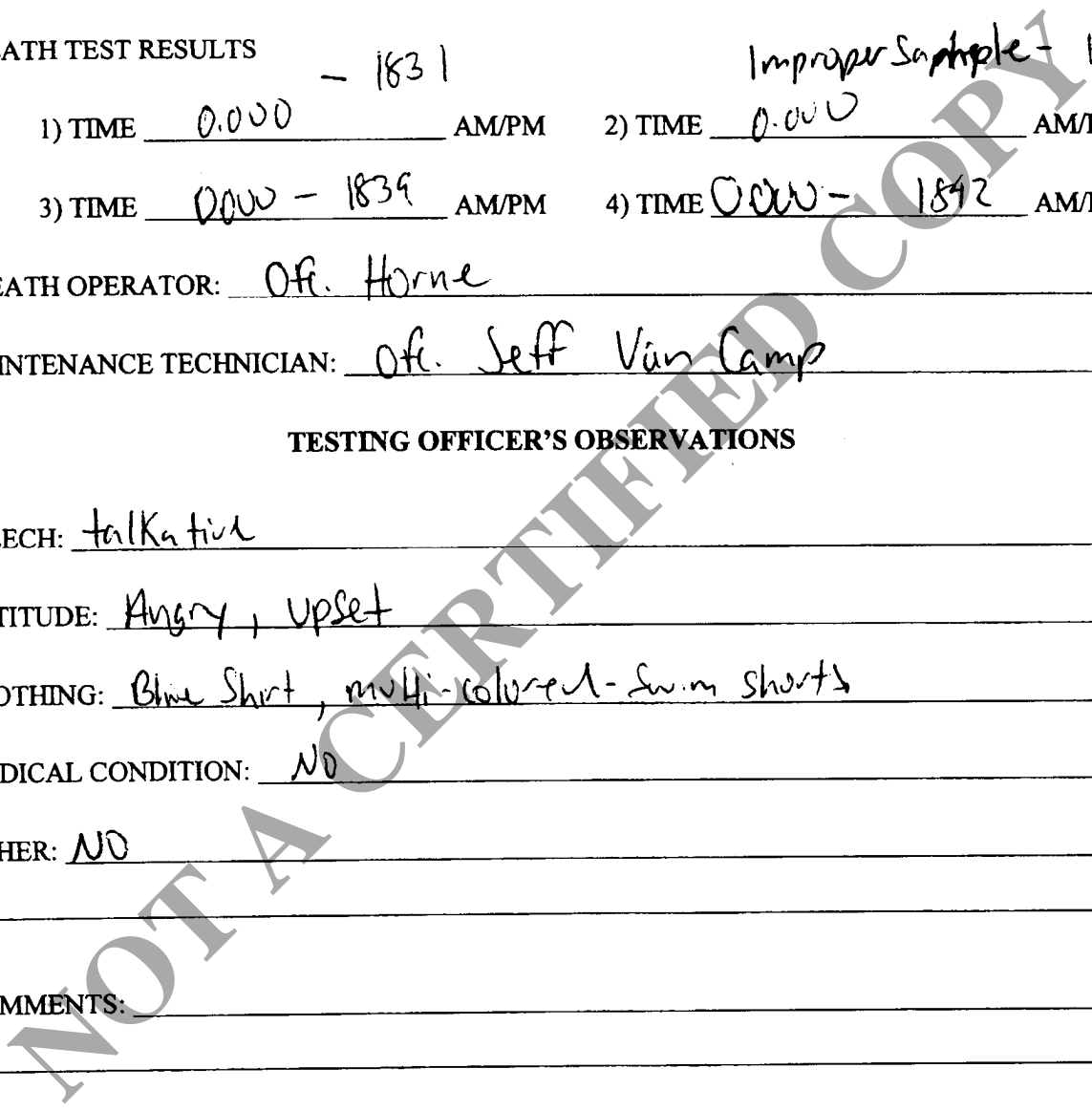
---



---



---



SCANNED  
SEP 15 2021

**II. AT THIS TIME THE ARRESTING OFFICER WILL REQUEST A BREATH SAMPLE.**

*Note: Read only the paragraph applicable to the type of test you are requesting.*

- A. I am now requesting that you submit to a lawful test of your **BREATH** for the purpose of determining its alcohol content.
- B. I am now requesting that you submit to a lawful test of your **URINE** for the purpose of determining the presence of chemical or controlled substances.
- C. I am now requesting that you submit to a lawful test of your **BLOOD** for the purpose of determining its alcohol content and the presence of chemical or controlled substances.

**IMPLIED CONSENT WARNINGS**

*Note: Read only if the subject does not comply with your request.*

I am Off. Golden of the Boca Raton Police Dept.

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

Subject Signature: Read on Camera

*Note: Also read for CDL holders:*

IN ADDITION, your refusal to submit will result in the loss of your commercial privileges for one year from today. If this is your SECOND REFUSAL, you will be permanently disqualified from operating a commercial motor vehicle.

*Note: After reading the implied consent warning, the arresting officer must request a breath sample again.*

**(IF REFUSAL THEN)**

At this time Mr./Mrs./Ms. \_\_\_\_\_ has refused to submit to a breath test.

The date is \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_, and the time is \_\_\_\_\_ AM/PM.  
(month) (day) (year)

A refusal form will be completed by the arresting officer.

**Identify yourself and state:**

I am required to warn you before you make any statement that you have the following Constitutional rights:

- (1) You have the right to remain silent and not answer any questions.
- (2) Any statement you make must be freely and voluntarily given.
- (3) You have a right to the presence and representation 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 and representation of a court appointed lawyer before you make any statement 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 be and will be used against you in a court of law.
- (8) Do you understand these rights as I have read them to you, and do you wish to speak to me?

Signed: Reed on Camera Date: \_\_\_\_\_ Time: \_\_\_\_\_

*Refused*

**QUESTIONS AND ANSWERS**

Were you operating a motor vehicle at the time of the accident/stop? \_\_\_\_\_

Where were you going? \_\_\_\_\_

What street or highway were you on? \_\_\_\_\_

Direction of travel? \_\_\_\_\_

Where did you start driving from? \_\_\_\_\_

What city (county) were you stopped in? \_\_\_\_\_

What time did you start? \_\_\_\_\_ AM/PM What time is it now? \_\_\_\_\_

What is today's date? \_\_\_\_\_ What day of the week is it? \_\_\_\_\_

When did you last eat? \_\_\_\_\_ What did you eat? \_\_\_\_\_

What have you been doing the past three hours prior to this stop/accident? \_\_\_\_\_

How much do you weigh? \_\_\_\_\_ Have you been drinking? \_\_\_\_\_ What were you drinking? \_\_\_\_\_

How much? \_\_\_\_\_ Where? \_\_\_\_\_ With whom were you drinking? \_\_\_\_\_

When did you have your first drink? \_\_\_\_\_ AM/PM When did you stop drinking? \_\_\_\_\_ AM/PM

How did you consume your last two drinks? \_\_\_\_\_

Are you under the influence of alcohol now?  Yes  No

Can you feel the effects of alcohol?  Yes  No

Have you consumed alcohol since the accident?  Yes  No

Can you feel the effects of alcohol?  Yes  No

Have you consumed alcohol since the accident?  Yes  No How much? \_\_\_\_\_

What? \_\_\_\_\_ Where? \_\_\_\_\_

What line of work are you in? \_\_\_\_\_

When did you last work? \_\_\_\_\_

Do you have any physical defects or injuries?  Yes  No If yes, explain: \_\_\_\_\_

Are you sick or injured?  Yes  No If yes, explain: \_\_\_\_\_

Do you limp?  Yes  No Did you get a bump on the head?  Yes  No

Were you in an accident today? \_\_\_\_\_

Have you taken any drugs or smoked marijuana today? \_\_\_\_\_

What? \_\_\_\_\_ When? \_\_\_\_\_

Have you seen a doctor or dentist today?  Yes  No Who? \_\_\_\_\_

Are you taking any prescription medications?  Yes  No What? \_\_\_\_\_ When? \_\_\_\_\_

Do you have: Epilepsy?  Yes  No Inner ear trouble?  Yes  No

Glass eye?  Yes  No Ear infection?  Yes  No

False teeth?  Yes  No Diabetes?  Yes  No

Any problems not correctable by glasses or contact lenses? \_\_\_\_\_

Do you take insulin?  Yes  No If yes, when was your last injection? \_\_\_\_\_

Have you ever had a driver's license in any other state? \_\_\_\_\_

I am now ending this video recording. The time is now approximately 1858 AM/PM.

The date is September, 14<sup>th</sup>, 2021.  
(month) (day) (year)

SCANNED  
SEP 15 2021

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

Instrument Type: Intoxilyzer 8000  
Instrument Registered To: BOCA RATON PD  
Instrument Serial Number: 80-006622 Software: 8100.27  
Date of Test: 09/14/2021

Date of Last Agency Inspection: 08/27/2021  
Observation Period Began: 17:57  
Subject's Name: GREGORY FARRINGTON DOB: 12/16/1956 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	18:29
	Air Blank	0.000	18:30
	Control Test	0.078	18:30
	Air Blank	0.000	18:31
	Subject Sample #1	0.000	18:31
	Air Blank	0.000	18:32
	Air Blank	IPS*	18:33
	Air Blank	0.000	18:34
	Control Test	0.081	18:34
	Air Blank	0.000	18:35
	Diagnostics Check	OK	18:35

\*Improper Sample

Cylinder Lot: 22412080A3  
Exp: 10/05/2021

State of Florida, County of Palm Beach

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

I, ASTON BERRY, 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: 9/14/21

Signature

Sworn to (or affirmed) before me this 14<sup>th</sup> day of September, 2021

[Signature]  
Signature of Notary Public-State of Florida

Lisa Golden  
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.

SCANNED

SEP 15 2021

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

Instrument Type: Intoxilyzer 8000  
Instrument Registered To: BOCA RATON PD  
Instrument Serial Number: 80-006622 Software: 8100.27  
Date of Test: 09/14/2021

Date of Last Agency Inspection: 08/27/2021

Observation Period Began: 17:57

Subject's Name: GREGORY FARRINGTON

DOB: 12/16/1956 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	18:37
	Air Blank	0.000	18:38
	Control Test	0.079	18:38
	Air Blank	0.000	18:39
	Subject Sample #1	0.000	18:39
	Air Blank	0.000	18:40
	Air Blank	0.000	18:42
	Subject Sample #2	0.000	18:42
	Air Blank	0.000	18:43
	Control Test	0.079	18:43
	Air Blank	0.000	18:44
	Diagnostics Check	OK	18:44

Cylinder Lot: 22419080A3  
Exp: 10/05/2021

State of Florida, County of Palm Beach

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

I, JUSTIN D. HENNE, 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: 9/14/21

Sworn to (or affirmed) before me this 14<sup>th</sup> day of September, 2021

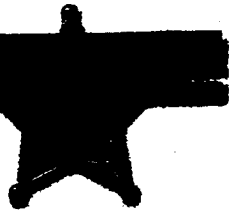
Signature of Notary Public-State of Florida

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 316.1934(5), F.S.

SCANNED

SEP 15 2021



LABORATORY ANALYSIS REQUEST

This Form Must Be Included With the Property Receipt and Accompany the Evidence Submitted for Toxicology Analysis  
PRINT LEGIBLY OR TYPE

Agency: Boca Raton FL Case #: 21-10744

Officer: Ofc. Golden ID#: 823 District: \_\_\_\_\_ Division: \_\_\_\_\_ Phone #: \_\_\_\_\_

Email: \_\_\_\_\_

Specimen Collected By: Ofc. Horne Date: 9/14/21 Time: 1850

Specimen Collected From: Farrington, Gregory Age: 64 Sex: M Hgt: 5'9 Wgt: 165

Specimen Type:  Blood  Urine  Beverage  Other-Describe \_\_\_\_\_

Type of Case:  Traffic Accident  Fatality  DWI/DUI  Other Date: \_\_\_\_\_ Time: \_\_\_\_\_

Was any medication administered by medical personnel prior to sample being drawn:  Yes  No

If yes, name of Medication(s): \_\_\_\_\_

Subject Arrested:  Yes  No

Breath Test Performed?  Yes  No Reading: 0.000

Tests requested:  Blood Alcohol  Blood Drug Screen  Urine Drug Screen

NOTE: Blood Alcohol analysis is performed on all blood specimens. Requested Blood Drug Screen may not be performed based on the laboratory protocol. If you have any questions, please contact the Chemistry/Toxicology Manager at 561-688-4203.

DRE exam performed:  Yes  No DRE Officer: N/A Agency: N/A

DRE Opinion: N/A

Drug History and Signs of Impairment (Please list any drugs, medications, or prescriptions the subject may have taken or were in his/her possession.)

[Empty box for drug history and signs of impairment]

SCANNED

SEP 15 2021



**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: 2021022987	Date: 9/15/21
	Specialist Name/ID: A. Pinkney/7796

SCANNED  
 SEP 15 2021