

2020 CT001904 ASB
N/A

0514392

1490

ARREST / NOTICE TO APPEAR

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

1 JUVENILE

OBTS Number: _____

Agency (ORI) Number: **0500200** Agency Name: **BOCA RATON POLICE DEPARTMENT** Agency Report Number (N.T.A.'s only): **3 2 | 2020-001461**

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

Location of Arrest (Including Name of Business): **2000 W YAMATO RD** Location of Offense (Business Name, Address): **2000 W YAMATO RD, BOCA RATON, FL 33496**

Date of Arrest: **01/30/2020** Time of Arrest: **04:19** Booking Date: **01/30/2020** Booking Time: **04:19** Jail Date: **01/30/2020** Jail Time: **06:00** Location of Vehicle: **EMERALD**

Name (Last, First, Middle): **MURDOCH, JAKE RYAN** Alias (Name, DOB, Soc. Sec. #, Etc.): _____

Race: **W** Sex: **M** Date of Birth: **05/17/2000** Height: **5'07** Weight: **165** Eye Color: **BROWN** Hair Color: **BLACK** Complexion: **LIGHT** Build: **Medium**

Scars, Marks, Tattoos, Unique Physical Features (Location, Type, Description): **TATTU THIGH / PIE SYMBOL "KA" IN GREEK LETTERS** Marital Status: **S** Religion: **CATHOLIC** Indication of Alcohol Influence: Yes No Unk

Local Address (Street, Apt. Number): **10615 PLAINVIEW CIR, BOCA RATON, FL 33498** (City) (State) (Zip) Phone: **(561) 729-7732** Residence Type: 1. City 2. County 3. Florida 4. Out of State | **2**

Permanent Address (Street, Apt. Number): **10615 PLAINVIEW CIR, BOCA RATON, FL 33498** (City) (State) (Zip) Phone: **(561) 729-7732** Address Source: **FL DL**

Business Address (Name, Street): **FAU,** (City) (State) (Zip) Phone: _____ Occupation: **Student**

D/L Number, State: **M632436001770 / FL** Soc. Sec. Number: _____ INS Number: _____ Place of Birth (City, State): **DELRAY, FL, United** Citizenship: **US**

Co-Defendant Name (Last, First, Middle): _____ Race: _____ Sex: _____ Date of Birth: _____ 1. Arrested 2. At Large 3. Felony 4. Misdemeanor 5. Juvenile

Co-Defendant Name (Last, First, Middle): _____ Race: _____ Sex: _____ Date of Birth: _____ 1. Arrested 2. At Large 3. Felony 4. Misdemeanor 5. Juvenile

Parent Other: _____ Name (Last, First, Middle) _____ Residence Phone _____

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 IAC 3. Incarcerated

Released To: (Name) _____ Relationship _____ Date _____ Time _____

The above address was provided by defendant and/or 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 _____

Property Crime? Yes No Description of Property _____ Value of Property _____

Drug Activity: S. Sell, N. N/A, P. Possess, R. Snuggle, D. Deliver, T. Traffic, K. Disperse/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

Charge Description: **DUI** Statute Violation Number: **316.193(1)A** Violation of ORD # _____

Drug Activity: **N** Drug Type: _____ Amount / Unit: _____ Offense #: _____ Counts: **1** Domestic Violence: Y N Warrant / Capias Number: _____ Bond: _____

Charge Description: _____ Statute Violation Number: _____ Violation of ORD # _____

Drug Activity: _____ Drug Type: _____ Amount / Unit: _____ Offense #: _____ Counts: _____ Domestic Violence: Y N Warrant / Capias Number: _____ Bond: _____

Charge Description: _____ Statute Violation Number: _____ Violation of ORD # _____

Drug Activity: _____ Drug Type: _____ Amount / Unit: _____ Offense #: _____ Counts: _____ Domestic Violence: Y N Warrant / Capias Number: _____ Bond: _____

Health / Apparent Physical Condition of Defendant: **GOOD** Any knowledge of the following: Mental Escape Risk Medication Deformities Injuries Explain: **NONE**

Check which applies: Released O.R. Released to Parent/Guardian T.O.T. County Jail Posted Bond South County Mental Health

PROPERTY - Received By: **COON** Released By: **COON** Released To: **CJ**

Transported By: _____ Date Transported: _____ Time Transported: _____ Other: _____

INSTRUCTION NO. 1 - Mandatory appearance in court INSTRUCTION NO. 2 - You need not appear in Court but must comply with instructions on Page 2.

Location (Court, Room): **South County 200 W Atlantic Ave Delray Beach, FL 33444** Court Date and Time: **03/02/2020 08:30:00**

I AGREE TO APPEAR AT THE TIME AND PLACE DESIGNATED TO ANSWER THE OFFENSE CHARGED OR TO PAY THE FINE SUBSCRIBED. I UNDERSTAND THAT IF I FULLY 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: **01/30/2020**

HOLD for Other Agency: _____ Signature of Arresting Officer: _____ Name Verification (Printed by Arrestee): _____

Dangerous Released Arrest Other: _____ Name of Arresting Officer (Print): **COON, R.** I.D. #: **794**

Intake Deputy: _____ Pouch #: _____ Transporting Officer: **Towler** I.D. #: **764**

Page: **1 OF 1**

COURT STATE ATTORNEY AGENCY CENTRAL RECORDS JAIL CRIMINAL DIV. P.I.C. DEFENDANT

SCANNED JAN 31 2020

JAN 30 AM 8:59

PROBABLE CAUSE AFFIDAVIT

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

1 JUVENILE

OBT? Number	Agency ORI Number FL 0500200		Agency Name BOCA RATON POLICE DEPARTMENT	Agency Report Number 3 2 2020-001461
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Charge Type: Check as many as apply	<input type="checkbox"/> 1. Felony	<input checked="" type="checkbox"/> 3. Misdemeanor	<input type="checkbox"/> 5. Ordinance	Special Notes:
	<input type="checkbox"/> 2. Traffic Felony	<input type="checkbox"/> 4. Traffic Misdemeanor	<input type="checkbox"/> 6. Other	

Name (Last, First, Middle) MURDOCH, JAKE RYAN	Race W	Sex M	Date of Birth 05/17/2000
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Charge Description 316.193(1) DUI	Charge Description
Charge Description	Charge Description

Victim's Name (Last, First, Middle) STATE OF FLORIDA,	Race U	Sex U	Date of Birth
Local Address (Street, Apt. Number) 100 NW 2ND AVE, BOCA RATON, FL 33432	(City)	(State)	(Zip)
Business Address (Name, Street)	(City)	(State)	(Zip)

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 ...

committed the below acts in my presence.

confessed to _____ admitting to the below facts.

was observed by _____ who told _____ 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 **30** day of **January**, **2020** at **04:19** (Specifically include facts constituting cause for arrest.)

The following was captured on MVR.

On 01/30/2020, at approximately 0401 hours, I conducted a traffic stop at 2000 W Yamato Rd on a silver BMW 528i bearing FL tag# 601TKY.

I observed the vehicle attempt to make a left hand turn to drive west bound on W Yamato Rd from N Military Trl. The vehicle over turned and began driving into the east bound lanes. The vehicle came to an abrupt stop and backed up into the intersection to correct the error. The vehicle began to drive westbound in the westbound lanes on W Yamato Rd. I attempted to conduct a traffic stop on the vehicle and the vehicle slowed down and got into the left through lane then came to a stop in the left turning lane.

I approached the driver and sole occupant of the vehicle, W/M Jake Murdoch. Murdoch was already attempting to take out his drivers license before I made contact with him. He was fumbling with his wallet and was finally able to get it out. I asked Murdoch why he thought he got pulled over. Murdoch replied that he fell asleep behind the wheel and drove into the wrong lanes. I advised Murdoch that I had pulled him over due to the fact that he had driven on the wrong side of the divider and for backing up in the intersection. I observed Murdoch's eyes and they were very red and glassy. Murdoch was speaking with a very slow and slurred speech pattern. I could smell the strong smell of an alcoholic beverage emitting from Murdoch's person. I asked Murdoch for his vehicle registration and it took him several attempts to open the glove compartment. Murdoch was finally able to retrieve the registration. Murdoch said he could pull his insurance up on his phone, but was unable to. Murdoch advised that he was coming home from a friend's house near FAU and he was just tired. Murdoch stated that he had not had anything to drink tonight.

I asked Murdoch to step out of his vehicle so that I could speak with him further. Upon

SWORN AND SUBSCRIBED BEFORE ME	SIGNATURE OF ARRESTING / INVESTIGATING OFFICER
AUGELLO, PETER (FTO COORD)	COON, REBECCA (794)
NOTARY PUBLIC / CLERK OF COURT / OFFICER (F.S.S. 117.10)	NAME OF OFFICER (PLEASE PRINT)
01/30/2020	01/30/2020
DATE	DATE

PROBABLE CAUSE AFFIDAVIT
SUPPLEMENT

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

1 JUVENILE

Agency ORI Number FL 0500200	Agency Name BOCA RATON POLICE DEPARTMENT	Agency Report Number 3 2 2020-001461
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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.
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Name (Last, First, Middle) MURDOCH, JAKE RYAN	Alias	Race W	Sex M	Date of Birth 05/17/2000
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exiting his vehicle, I observed that Murdoch was unable to keep his balance and was swaying. Murdoch walked to the back of his vehicle and had issues standing without swaying. I asked Murdoch if he was willing to submit to roadside sobriety tasks to dispel my alarm that he was driving impaired. Murdoch advised he was willing to submit to the tasks.

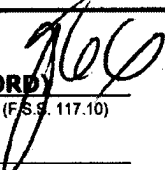

The first field sobriety task was the walk and turn. I asked Murdoch if he had any medical conditions that would prohibit him from walking in a straight line. He advised that he does not. I asked Murdoch to stand in the starting position while I explained the instructions of the task. Murdoch was unable to place his left foot on the line at first. I corrected Murdoch and again told him to place his left foot on the line and his right foot in front of his left heel to toe. Murdoch got into the starting position, but he stepped his right foot off the line and used his arms for balance. Murdoch almost fell over several times while trying to hold the position. I gave Murdoch the instructions and demonstrated the task for him. While walking, Murdoch did not keep his steps heel to toe and left spaces between steps. Murdoch also did not turn in the manner in which he was instructed. Murdoch turned the opposite way and did not keep his lead foot on the line. Murdoch was swaying while he walked and slightly used his arms for balance.

The second field sobriety task was the one leg stand. I asked Murdoch if he had any injuries that would prohibit him from standing on one leg. He advised that he does not. I explained the instructions to Murdoch and demonstrated the task for him. Murdoch advised that he understood the instructions and did not have any questions. Murdoch hopped several times while his foot was elevated. Murdoch also dropped his foot onto the ground during the task multiple times. Murdoch skipped one thousand seventeen when counting aloud.

The third task was the Rhomberg Alphabet. I asked Murdoch I he was familiar with the English alphabet and if he was able to recite it without issue. Murdoch said he was able to. Murdoch began reciting the alphabet, but was swaying during the exercise. Murdoch skipped the letter N during his recitation of the alphabet. Murdoch's leg was shaking because he was trying so hard not to sway or use his arms for balance.

The fourth task was the finger to nose (L-R-L-R-R-L). I gave Murdoch the instructions, to which he advised he understood. Murdoch hesitated before lifting his hand to his nose while performing the task. On several occasions he touched the side of his nose not the tip of his nose and he touched his upper lip as well.

It should be noted that while on scene, Murdoch advised he had to throw up but did not. While transporting Murdoch to the BRPD Holding Facility, he advised he had to throw up. I stopped my vehicle at approximately 1500 W Yamato Rd and assisted him to step out. Murdoch proceeded to throw up on the side of the road. I assisted Murdoch to sit down in

SWORN AND SUBSCRIBED BEFORE ME  AUGELLO, PETER (FTO COORD) NOTARY PUBLIC / CLERK OF COURT / OFFICER (F.S. 117.10) 01/30/2020 DATE	SIGNATURE OF ARRESTING/INVESTIGATING OFFICER  COON, REBECCA (794) NAME OF OFFICER (PLEASE PRINT) 01/30/2020 DATE
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PROBABLE CAUSE AFFIDAVIT
SUPPLEMENT

1. Arrest
2. N.T.A. 3. Request for Warrant
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1 JUVENILE

A D M I N I S T R A T I V E	OBTS Number		Agency Report Number			
	Agency ORI Number FL 0500200	Agency Name BOCA RATON POLICE DEPARTMENT	3	2	2020-001461	
Charge Type: Check as many as apply			Special Notes:			
<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						
Name (Last, First, Middle) MURDOCH, JAKE RYAN			Alias	Race W	Sex M	Date of Birth 05/17/2000

the vehicle again and continued to transport him to the holding facility.

Based on my investigation, I determined that Murdoch was driving under the influence and he was taken into custody in violation of F.S.S. 316.193(1) DUI. Murdoch was issued a citation for driving on the wrong side of the road. Murdoch was issued a DUI citation with the court date of 03/02/20 at 0830 hours.

Officer Renteria conducted the Intoxilizer 8000 for the breath test in the BAT room. Murdoch refused to submit to a lawful test of his breath and was read implied consent. Murdoch again refused. I read Murdoch his constitutional warnings from the DUI influence report and he advised he understood and would speak with me. Murdoch answered the questions without incident.

Murdoch was transported to 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	
	AUGELLO, PETER (FTO COORD)		COON, REBECCA (794)	
	NOTARY PUBLIC / CLERK OF COURT / OFFICER (F.S.S. 117.10)		NAME OF OFFICER (PLEASE PRINT)	
	01/30/2020 DATE		01/30/2020 DATE	

2020001461

obs: 0440

1015: 0419

DUI INFLUENCE REPORT



BOCA RATON POLICE SERVICES DEPARTMENT

100 NW 2nd Avenue
Boca Raton, FL 33432

ARRESTING OFFICER: ofc. Coan

Name: _____ Phone # _____ Work # _____

Address: _____

Can testify to: Road sides / traffic infraction

Name: ofc. Renteria Phone # _____ Work # _____

Address: _____

Can testify to: Road sides

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: _____

Name: _____ Phone # _____ Work # _____

Address: _____

Can testify to: _____

NOT A CERTIFIED COPY



BOCA RATON POLICE SERVICES DEPARTMENT
DUI INFLUENCE REPORT - PART II

To be filled out at testing facility

Agency Case # 2020001461

I. INTRODUCTION (Instrument Operator faces video camera)

A. The day is Thursday (day), January (month), 30th (date), 2020 (year).

B. The time is now approximately 505 (AM/PM).

C. The following is in reference to case number 2020001461.

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

E. Officer Coon, have you arrested Jake Murdoch 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. Murdoch, 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

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 de. loan 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: See video

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. Murdoch has refused to submit to a breath test.

The date is January, 30th, 2020, and the time is 5:07 AM PM.
(month) (day) (year)

A refusal form will be completed by the arresting officer.



BOCA RATON POLICE SERVICES DEPARTMENT
TESTING FACILITY TASK REPORT

SUBJECT: Jake Murdoch

CASE #: 2020001461 DATE: 1-30-2020

BREATH TEST RESULTS

- 1) TIME Refused AM/PM 2) TIME Refused AM/PM
- 3) TIME _____ AM/PM 4) TIME _____ AM/PM

BREATH OPERATOR: Ofc. Renteria

MAINTENANCE TECHNICIAN: Ofc. Van Kamp

TESTING OFFICER'S OBSERVATIONS

SPEECH: sturred, slow

ATTITUDE: calm

CLOTHING: black shirt, jeans, wt shoes

MEDICAL CONDITION: none

OTHER: no meds

COMMENTS: Jake has blood shot red glassy eyes.
Jake has a strong odor of alcohol coming
from his person. Jake appears unbalanced.

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: [Signature] Date: 1/30/20 Time: 0509

QUESTIONS AND ANSWERS

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

Where were you going? HOME

What street or highway were you on? YAMATO RD.

Direction of travel? WEST

Where did you start driving from? PAU

What city (county) were you stopped in? B. CARARON

What time did you start? 0400 AM/PM What time is it now? 0500

What is today's date? 01/30 What day of the week is it? THURSDAY

When did you last eat? WED. @ 1800 What did you eat? TACQUITOS (2)

What have you been doing the past three hours prior to this stop/accident? HANGING W/FRIENDS

How much do you weigh? 165 Have you been drinking? NO What were you drinking? N/A

How much? N/A Where? N/A With whom were you drinking? N/A

When did you have your first drink? N/A AM/PM When did you stop drinking? N/A AM/PM

How did you consume your last two drinks? N/A

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? N/A

What? N/A Where? N/A

What line of work are you in? GOLF COURSE

When did you last work? TUESDAY

Do you have any physical defects or injuries? Yes No If yes, explain:
N/A

Are you sick or injured? Yes No If yes, explain:
N/A

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

Were you in an accident today? NO

Have you taken any drugs or smoked marijuana today? NO

What? N/A When? N/A

Have you seen a doctor or dentist today? Yes No Who? N/A

Are you taking any prescription medications? Yes No What? N/A When? N/A

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? NO

Do you take insulin? Yes No If yes, when was your last injection? N/A

Have you ever had a driver's license in any other state? NO

I am now ending this video recording. The time is now approximately 5:14 AM/PM.

The date is January (month), 30 (day), 2020 (year).



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: 2020003330	Date: 1/30/2020
	Specialist Name/ID: J. Beck/9007



FLORIDA DUI UNIFORM TRAFFIC CITATION **A6LQ9WE**

COUNTY OF PALM BEACH		<input type="checkbox"/> (1) F.H.P. <input checked="" type="checkbox"/> (2) P.D. <input type="checkbox"/> (3) S.O. <input type="checkbox"/> (4) OTHER	
CITY (IF APPLICABLE) BOCA RATON 06/32		AGENCY NAME BOCA RATON POLICE	
AGENCY # 32		COMPLAINT (RETAINED BY COURT)	
DAY OF WEEK THURSDAY	MONTH 01	DAY 30	YEAR 2020
NAME (PRINT) FIRST JAKE		NAME (PRINT) LAST MURDOCH	
STREET 10615 PLAINVIEW CIR			
CITY BOCA RATON		STATE FL	ZIP CODE 33498
TELEPHONE NUMBER	DATE OF BIRTH MO 05 DAY 17 YEAR 2000	RACE W	SEX M HGT 507
DRIVER LICENSE NUMBER M 6 3 2 4 3 6 0 0 1 7 7 0	STATE FL	CLASS E	CDL LICENSE <input type="checkbox"/> Y <input checked="" type="checkbox"/> N
YR. VEHICLE 2010	MAKE BMW	STYLE 4D	COLOR BRZ
VEHICLE LICENSE NO. 601TKY	TRAILER TAG NO.	STATE FL	YEAR TAG EXPIRES 2020
UPON A PUBLIC STREET OR HIGHWAY, OR OTHER LOCATION, NAMELY 2000 W YAMATO RD, BOCA RATON			MOTORCYCLE <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
			COMPARISON CITATION(S) <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
FT. _____ MILE _____ OF ROAD _____			

DID UNLAWFULLY COMMIT THE OFFENSE OF DRIVING UNDER THE INFLUENCE OF ALCOHOLIC BEVERAGES, CHEMICAL OR CONTROLLED SUBSTANCES; DID DRIVE, OR WAS IN ACTUAL PHYSICAL CONTROL OF A VEHICLE, WHILE UNDER THE INFLUENCE OF AN ALCOHOLIC BEVERAGE/CHEMICAL SUBSTANCE/CONTROLLED SUBSTANCE TO THE EXTENT NORMAL FACULTIES WERE IMPAIRED, OR WITH A BLOOD OR BREATH ALCOHOL LEVEL OF .08 OR ABOVE OF

COMMENTS PERTAINING TO OFFENSE (Only use offense each citation) **DUI** RE-EXAM YES NO

<input type="checkbox"/> AGGRESSIVE DRIVER	PASSENGER <input type="checkbox"/> 18 YEARS <input type="checkbox"/> NO	STATE STATUTE	SECTION 316.193	SUB-SECTION (1)
CRASH <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	DAMAGE TO OTHER PROPERTY <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	INJURY TO ANOTHER <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	SERIOUS BODILY INJURY TO ANOTHER <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	FATAL <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO

THIS IS A CRIMINAL VIOLATION, COURT APPEARANCE REQUIRED, AS INDICATED BELOW.
03/02/2020 08:30 AM **A6LQ9WE**
COURT DATE TIME
SOUTH COUNTY COURTHOUSE
200 W ATLANTIC AVE, DELRAY BCH, FL 33444

ARREST DELIVERED TO DATE **01/30/2020**
I AGREE AND PROMISE TO COMPLY AND ANSWER TO THE CHARGES AND INSTRUCTIONS SPECIFIED IN THIS CITATION. WILLFUL REFUSAL TO ACCEPT AND SIGN THIS CITATION MAY RESULT IN ARREST. I UNDERSTAND BY SIGNATURE IS NOT AN ADMISSION OF GUILT OR WAIVER OF RIGHTS. IF YOU NEED REASONABLE FACILITY ACCOMMODATIONS TO COMPLY WITH THIS CITATION, CONTACT THE CLERK OF THE COURT.

X SIGNATURE OF VIOLATOR

EFFECTIVE IMMEDIATELY, YOUR DRIVING PRIVILEGE IS SUSPENDED/DISQUALIFIED FOR:

DRIVING WITH AN UNLAWFUL BLOOD OR BREATH ALCOHOL LEVEL. THIS SUSPENSION IS FOR A PERIOD OF SIX MONTHS IF THIS IS THE FIRST VIOLATION OR ONE YEAR IF PREVIOUSLY SUSPENDED FOR DRIVING WITH AN UNLAWFUL BLOOD OR BREATH ALCOHOL LEVEL. IF YOU HOLD A CDL OR YOU ARE OPERATING A CMV, YOUR COMMERCIAL DRIVER LICENSE/PRIVILEGE WILL ALSO BE DISQUALIFIED FOR ONE YEAR FOR THE FIRST OFFENSE OR PERMANENTLY DISQUALIFIED FOR A SUBSEQUENT OFFENSE.

REFUSAL TO SUBMIT TO LAWFUL BREATH, BLOOD OR URINE TEST SECTION 322.2615, F.S. THIS SUSPENSION IS FOR A PERIOD OF ONE YEAR IF THIS IS A FIRST REFUSAL OR 18 MONTHS IF PREVIOUSLY SUSPENDED FOR THIS OFFENSE. IF YOU HOLD A CDL OR YOU ARE OPERATING A CMV, YOUR COMMERCIAL DRIVER LICENSE/PRIVILEGE WILL ALSO BE DISQUALIFIED FOR A PERIOD OF ONE YEAR FOR A FIRST REFUSAL OR PERMANENTLY DISQUALIFIED FOR A SUBSEQUENT REFUSAL.

LICENSE SURRENDERED? YES NO REASON _____

ELIGIBLE FOR PERMIT? YES NO REASON _____

UNLESS INELIGIBLE, THIS CITATION SHALL SERVE AS A TEMPORARY DRIVER LICENSE AND WILL EXPIRE AT MIDNIGHT ON THE 10TH DAY FOLLOWING THE DATE OF SUSPENSION.
AT THE **LANTANA 33462-1516** BUREAU OF ADMINISTRATIVE REVIEWS OFFICE, YOU MAY REQUEST, WITHIN 10 DAYS AFTER THE DATE OF SUSPENSION, A REVIEW OF SUSPENSION BY THE DEPARTMENT OF HIGHWAY SAFETY AND MOTOR VEHICLES OR A REVIEW TO DETERMINE ELIGIBILITY FOR A RESTRICTED LICENSE IF THIS IS YOUR FIRST DUI RELATED OFFENSE. SEE REVERSE SIDE.

NAME, SIGNATURE OF OFFICER *[Signature]* BADGE NO. _____ IS NO. _____ TROOP UNIT _____
HSMV 75904 (Rev. 10/14)

CERTIFIED COPY