

J # 0525055


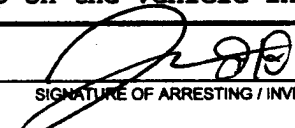
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1401

ADMINISTRATOR	OBTS Number		ARREST / NOTICE TO APPEAR		1. Arrest (No Warrant) 3. Request for Warrant 6. Arrest (Warrant) 4. Request for Capias 2. N.T.A. 5. Juvenile Referral		1	JUVENILE
	Agency ORI Number 0500200		Agency Name Boca Raton Police Department		Agency Report Number (N.T.A.'s only) 3, 2 2021-009097			
DEFENDANT	Charge Type: Check as many as apply: <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		If Weapon Seized Enter Type UNARMED		Multiple Charge Indicator			
	Location of Arrest (Including Name of Business) 4900 N DIXIE HWY, BOCA RATON, FL		Location of Offense (Business Name, Address) 4900 N DIXIE HWY, BOCA RATON, FL 33431					
JUVENILE	Date of Arrest 08/06/2021	Time of Arrest 00:26	Booking Date 08/06/2021	Booking Time 00:45	Jail Date 08/06/2021	Jail Time 00:45	Location of Vehicle WESTWAY TOWING	
	Name (Last, First, Middle) MALONEY, JAMES LAWRENCE		Alias: Alias (Name, DOB, Soc. Sec. #, Etc.)					
JUVENILE	Race W - White 1 - American Indian B - Black O - Oriental/Asian	Sex M	Date of Birth 09/21/1978	Height 5'07	Weight 220	Eye Color HAZEL	Hair Color BLACK	Complexion LIGHT
	Build Medium		Marital Status M		Religion PRESBYTERI		Indication of Alcohol Influence Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unk. <input type="checkbox"/>	
JUVENILE	Local Address (Street, Apt. Number) 2811 LIBERTY DR, FLORENCE, SC 29501		(City)	(State)	(Zip)	Phone (843) 409-2207		Residence Type: 1. City 3. Florida 2. County 4. Out of State
	Permanent Address (Street, Apt. Number) 2811 LIBERTY DR, FLORENCE, SC 29501		(City)	(State)	(Zip)	Phone (843) 409-2207		Address Source DEFENDANT
JUVENILE	Business Address (Name, Street) ADMA BIOLOGICS,		(City)	(State)	(Zip)	Phone (561) 989-5745		Occupation Chemist
	D/L Number, State 102564572 / SC	Soc. Sec. Number [REDACTED]	INS Number		Place of Birth (City, State) PITTSBURGH, PA,		Citizenship US	
JUVENILE	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		
JUVENILE	Name (Last, First, Middle)		Residence Phone		Business Phone			
	Address (Street, Apt. Number) (City) (State) (Zip)							
JUVENILE	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			
JUVENILE	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			
	Property Crime? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Description of Property		Value of Property			
JUVENILE	Drug Activity N. N/A S. Sell B. Buy P. Possess T. Traffic R. Sniffle 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. Paraphernalia/ Equipment S. Synthetic U. Unknown Z. Other					
	Charge Description DRIVE UNDER INFLUENCE ALC		Statute Violation Number 316.193(1A)		Violation of ORD #			
JUVENILE	Drug Activity	Drug Type	Amount / Unit	Offense #	Counts	Domestic Violence	Warrant / Capias Number	Bond
	N	N	/	2021-009097	1	<input type="checkbox"/> Y <input checked="" type="checkbox"/> N		
JUVENILE	Charge Description	Statute Violation Number	Violation of ORD #					
	Drug Activity	Drug Type	Amount / Unit	Offense #	Counts	Domestic Violence	Warrant / Capias Number	Bond
JUVENILE	Charge Description	Statute Violation Number	Violation of ORD #					
	Drug Activity	Drug Type	Amount / Unit	Offense #	Counts	Domestic Violence	Warrant / Capias Number	Bond
JUVENILE	Health / Apparent Physical Condition of Defendant GOOD	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 J. CASAS 818		Released By J. CASAS 818		Released To TOT CJ		
JUVENILE	Transported By A. RICCIARDI 817	Date Transported	Time Transported	Other		AUG 6 AM 4:31		
	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 09/06/2021 08:30:00			
JUVENILE	I AGREE TO APPEAR AT THE TIME AND PLACE DESIGNATED TO ANSWER THE OFFENSE CHARGED OR TO PAY THE FINE SUBSCRIBED. I UNDERSTAND THAT SHOULD I WILLFULLY FAIL TO APPEAR BEFORE THE COURT AS REQUIRED BY THIS NOTICE TO APPEAR, THAT I MAY BE HELD IN CONTEMPT OF COURT AND A WARRANT FOR MY ARREST SHALL BE ISSUED.		Signature of Defendant (or Juvenile and Parent/Custodian) [Signature]		Date Signed 06 AUG 2021			
	HOLD for Other Agency		Signature of Arresting Officer [Signature]		Name Verification (Printed by Arrestee) (PRINT) JAMES MALONEY		PAGE 1 of 1	
JUVENILE	<input type="checkbox"/> Dangerous <input type="checkbox"/> Resisted Arrest <input type="checkbox"/> Suicidal <input type="checkbox"/> Other	Name of Arresting Officer (Print) CASAS, J.		I.D. # 818				
	Intake Deputy [Signature]	A.D. # [Signature]	Pouch #	Transporting Officer A. RICCIARDI	I.D. # 817	Agency BRPD	Witness here if subject signed with an "X".	

No Photo Available

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OBTS Number		PROBABLE CAUSE AFFIDAVIT		1. Arrest 2. N.T.A.		3. Request for Warrant 4. Request for Capias		1	JUVENILE
A D M I N I S T R A T I V E	Agency ORI Number FL 0500200	Agency Name BOCA RATON POLICE DEPARTMENT	Agency Report Number 3 2 2021-009097						
N	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		Special Notes:				
D E F	Name (Last, First, Middle) MALONEY, JAMES LAWRENCE				Race W	Sex M	Date of Birth 09/21/1978		
C H A R G E S	Charge Description 316.193(1A) DUI				Charge Description				
V I C T I M	Victim's Name (Last, First, Middle) State Of Florida				Race	Sex	Date of Birth		
P R O B A B L E	Local Address (Street, Apt. Number) (City) (State) (Zip)				Phone		Address Source		
C A U S E	Business Address (Name, Street) (City) (State) (Zip)				Phone		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> <div style="display: flex; justify-content: space-between;"> <div> <input type="checkbox"/> committed the below acts in my presence. <input type="checkbox"/> confessed to _____ admitting to the below facts. </div> <div> <input type="checkbox"/> was observed by _____ who told _____ that he/she saw the arrested person commit the below acts. <input checked="" type="checkbox"/> was found to have committed the below acts, resulting from my (described) investigation. </div> </div> <p>On the <u>6</u> day of <u>August</u>, <u>2021</u> at <u>00:26</u> (Specifically include facts constituting cause for arrest.)</p> <p>On 8/5/2021, at approximately 2355 hours, I was traveling eastbound, in the center lane, on W Yamato Rd just west of the intersection with NW 2nd Ave. The light at the intersection turned red as I approached, so I stopped to wait for the light to cycle. While waiting for the light to turn green, I observed a small vehicle, later discovered to be a gray 2021 Toyota Corolla (FL - LDQR38), approaching the intersection from behind. The Corolla was positioned in the outside straight lane (one lane to my right). I observed that the Corolla stopped approximately 50-75 feet short of the stop bar and did not get any closer until after the light turned green. There were no other vehicles in front of the Corolla.</p> <p>When the light turned green, I began moving forward but did so in a slowly to allow for the Corolla to pass. Despite driving at only approximately 15 mph in a 45mph zone, the Corolla remained behind me and appeared to not want to pass my unmarked vehicle. After some time, the Corolla sped up to approximately 20mph and began getting closer. As the Corolla approached, it began to enter my lane and the front driver side of the Corolla almost struck the rear passenger side of my vehicle. The driver of the Corolla made an abrupt correction and went back into the outside lane. The Corolla ultimately overtook my vehicle very slowly and I observed that several other vehicles behind it were impeded due to how slow the Corolla was traveling. One of the vehicles was even honking at the Corolla to speed up.</p> <p>The Corolla then made a right turn to travel southbound at the intersection of W Yamato Rd and N Dixie Hwy. I followed behind the Corolla with one other vehicle between us. Immediately after completing the turn, I observed the Corolla swerve abruptly and cross the solid white line on the outside edge of the roadway.</p> <p>Based on my observations, I suspected that the driver of the Corolla may be sick, injured, or impaired. I conducted a traffic stop on the vehicle in the area of 4900 N</p>									
A D M I N I S T R A T I V E	SWORN AND SUBSCRIBED BEFORE ME  HARDING, BRANDON BLAZE NOTARY PUBLIC / CLERK OF COURT / OFFICER (F.S. 117.10) <u>08/06/2021</u> DATE				 SIGNATURE OF ARRESTING / INVESTIGATING OFFICER CASAS, JAVIER (818) NAME OF OFFICER (PLEASE PRINT) <u>08/06/2021</u> DATE				
								PAGE 1 OF 3	

PROBABLE CAUSE AFFIDAVIT SUPPLEMENT		1. Arrest 2. N.T.A.	3. Request for Warrant 4. Request for Copies	1	JUVENILE
OBT Number					
Agency ORI Number	Agency Name	Agency Report Number			
FL 0500200	BOCA RATON POLICE DEPARTMENT	3 2 2021-009097			
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)		Race	Sex	Date of Birth	
MALONEY, JAMES LAWRENCE		W	M	09/21/1978	
<p>Dixie Hwy to ensure that the driver was not sick, injured, impaired.</p> <p>I approached the vehicle from the driver's side and immediately asked if he was "OK". The driver responded "Yes". I then asked the driver if he was in need of paramedics and he stated "No". I expressed my concerns to the driver, and he claimed he was just lost. According to the driver, he was headed back to his hotel from a restaurant/bar called the Irishman. I observed that the driver was utilizing the GPS on his phone to aid him in his travels and it was apparent that he was having difficulty following the directions given by the GPS.</p> <p>While interacting with the driver, I observed that his eyes were red and glassy, and he had an overwhelmingly strong odor of an unknown alcoholic beverage emanating from his breath when he spoke. When I asked the driver how much alcohol he consumed this evening he confessed to consuming two 12oz bottles of Bud Light while at the Irishman.</p> <p>Based on my observations, Maloney's statements, and the totality of the circumstances, I suspected that Maloney may have been driving a vehicle within the state while impaired by alcohol and/or chemical or controlled substances. I asked Maloney to exit his vehicle for further investigation and the administration of Standardized Field Sobriety Exercises. Maloney exited the vehicle and agreed to participate. I observed that Maloney had difficulty maintaining his balance when he first began walking after exiting his vehicle.</p> <p>According to Maloney he was not diabetic or epileptic. Maloney informed me that he takes numerous medications but said they do not make him feel impaired or affect his motor skills. Maloney also stated he did not have anything wrong with his eyes that isn't corrected by glasses or contacts. He also claimed that he felt comfortable walking in the shoes he was wearing. I then proceeded with the exercises.</p> <p>The first exercise was Horizontal Gaze Nystagmus. I administered the instructions and Maloney stated that he understood. Maloney swayed in a circular motion and moved his head slightly during the exercise. I could also still smell the odor of alcohol emanating from his facial area despite being in an open area.</p> <p>The second exercise was the Walk and Turn. I administered the instructions and demonstrated how it should be completed. Maloney stated that he understood but claimed he did not feel comfortable completing the exercise. When I asked Maloney why he didn't want to complete the exercise he said it was because he felt he could not complete it in his current state. According to Maloney he meant that he was too nervous to complete the exercise, however, I observed that he had great difficulty getting into the starting position and maintaining his balance.</p> <p>At this time, I informed Maloney of his Taylor Warnings and he stated he understood.</p>					
ADMINISTRATIVE	SWORN AND SUBSCRIBED BEFORE ME		SIGNATURE OF ARRESTING / INVESTIGATING OFFICER		
	HARDING BRANDON BLAZE		CASAS, JAVIER (818)		
	NOTARY PUBLIC / CLERK OF COURT / OFFICER (F.S.S. 117.10)		NAME OF OFFICER (PLEASE PRINT)		
	08/06/2021 DATE		08/06/2021 DATE		
PAGE 2 OF 3					

COURT

STATE ATTORNEY

CENTRAL RECORDS

JAIL

CRIME ANALYSIS

P.I.O.

OBTS Number		PROBABLE CAUSE AFFIDAVIT SUPPLEMENT		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 2021-009097							
Charge Type: <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		Special Notes:							
Name (Last, First, Middle) MALONEY, JAMES LAWRENCE		Alias		Race W	Sex M	Date of Birth 09/21/1978			

Maloney claimed that he wanted to continue with the exercises but kept saying he did not feel comfortable doing the Walk and Turn. I asked Maloney if he was willing to complete different exercises and he stated he was. I then skipped to the next exercise.

The third exercise was the One-Leg Stand. I administered the instructions and demonstrated how the exercise should be completed. Maloney stated he understood. Maloney swayed greatly and put his foot down multiple times during the exercise.

The fourth exercise was the Finger to Nose. I confirmed that Maloney knew his left from his right by asking him to show me his left hand and then his right hand. I then administered the instructions and Maloney stated he understood. The pattern was L-R-L-R-R-L. Maloney swayed and was slow when approaching his nose with his finger but otherwise displayed no clues.

The final exercise was the modified romberg balance test. I asked Maloney if he felt comfortable estimating the passage of 30 seconds and he stated he did. I demonstrated the passage of 30 seconds using a stop watch. The instructions were administered, and the exercise was conducted. Maloney estimated the passage of 30 second is 24 seconds. He also swayed in a circular motion while completing the exercise.

Based on the totality of the circumstances, I found probable cause to believe that Maloney was operating a vehicle within the state while impaired by alcohol and/or chemical or controlled substances. Maloney was placed under arrest for DUI per F.S.S 316.193(1a).

Maloney was transported to BRPD booking for post arrest processing and the administration of a breath test. Officer Ricciardi (ID817) (Breath Test Operator) responded to BRPD booking and assisted with the BAT room procedures. Maloney was asked to provide a sample of his breath for the purpose of determining the alcohol content. Maloney refused to submit. I informed Maloney of Implied Consent and he stated he understood. Maloney refused to submit a second time. I then informed Maloney of his constitutional warnings (Miranda) and he advised he understood. Maloney answered almost all of my questions. See DUI influence report for further.

SWORN AND SUBSCRIBED BEFORE ME <div style="text-align: center;"> HARDING, BRANDON BLAZE NOTARY PUBLIC / CLERK OF COURT / OFFICER (F.S.S. 117.10) 08/06/2021 DATE </div>	<div style="text-align: center;"> SIGNATURE OF ARRESTING / INVESTIGATING OFFICER CASAS, JAVIER (818) NAME OF OFFICER (PLEASE PRINT) 08/06/2021 DATE </div>
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**STATE OF FLORIDA
DEPARTMENT OF HIGHWAY SAFETY & MOTOR VEHICLES
AFFIDAVIT OF REFUSAL TO SUBMIT TO
BREATH AND/OR URINE TEST**

I, OFFICER JAVIER CASAS, a duly certified Law Enforcement Officer or Correctional Officer,
(Name of Officer reading Implied Consent Warning)

am a member of BOCA RATON POLICE SERVICES DEPARTMENT, and I do swear
(Name of law enforcement agency)

or affirm that on or about the 6TH day of AUGUST, 20 21, at 0026 ☐ P.M. ☐ A.M.

DRIVER JAMES LAWRENCE MALONEY
(Type or Print) FIRST NAME MIDDLE OR MAIDEN NAME LAST NAME

DL# 102564572, state of SC, was placed under lawful arrest for

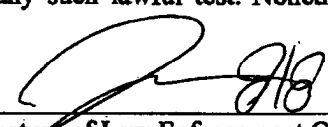
the offense of DUI by OFFICER JAVIER CASAS and

issued Citation # A6LQE8E
(Name of Arresting Officer)

That on or about the 6TH day of AUGUST, 20 21, at 0112 ☐ P.M. ☐ A.M.

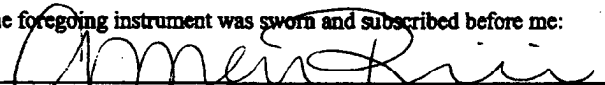
in PALM BEACH County.

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 of Law Enforcement Officer or
Correctional Officer

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

The foregoing instrument was sworn and subscribed before me:


Signature of Attesting Officer

Title OFC. A RICCIARDI ID817

Date 08/06/2021

(AFFIX SEAL)

The foregoing instrument was sworn and subscribed before

me this _____ day of _____, 20 _____,

by _____,

who is personally known to me or who has produced

_____ as identification

Notary Public _____

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.

**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: 08/06/2021

Date of Last Agency Inspection: 07/27/2021

Observation Period Began: 00:45

Subject's Name: JAMES L MALONEY

DOB: 09/21/1978 Sex: M

The subject was observed for at least twenty-minutes prior to the administration of the breath test to ensure that the subject did not take anything orally and did not regurgitate.

Results:

Test	g/210L	Time
Diagnostics Check OK		01:25
Air Blank	0.000	01:25
Control Test	0.078	01:25
Air Blank	0.000	01:26
Subject Sample #1 REF*		01:26
Air Blank	0.000	01:27
Control Test	0.079	01:27
Air Blank	0.000	01:27
Diagnostics Check OK		01:28

*Subject Test Refused

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

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 MANDA L. RICCIARDI, 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: Amber Ricciardi

Signature

Date: 8/6/2021

Sworn to (or affirmed) before me this 6 day of AUGUST, 2021

J. Casas
Signature of Notary Public-State of Florida

J. Casas
Printed Name of Notary Public-State of Florida

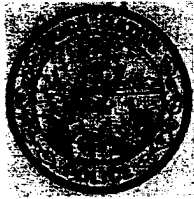
Notes: Pursuant to section 117.10, Florida Statutes, law enforcement officers, correctional officers, traffic accident investigation officers and traffic infraction enforcement officers are notaries public when engaged in the performance of official duties. In accordance with section 316.1934(5), F.S., 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.

observation 0045
10-15 - 0026
case # 21-9097

DUI INFLUENCE REPORT



BOCA RATON POLICE SERVICES DEPARTMENT
100 NW 2nd Avenue
Boca Raton, FL 33432



BOCA RATON POLICE SERVICES DEPARTMENT

DUI INFLUENCE REPORT - PART I

On the 6th day of August, at 0026 AM/PM:

Subject: James Marney Case Number: 2021009097

PERSONAL CONTACT

Driving Pattern: _____

Observation of Driver: _____

stop

Driver's Statement: _____

Odors: _____

GENERAL OBSERVATIONS

Speech: _____

Attitude: _____

Clothing: _____

Medical Problems: _____

Medications: _____

Other: _____

Horizontal Gaze Nystagmus:

☐ Left eye does not follow smoothly

☐ Right eye does not follow smoothly

☐ Left eye jerks at 45 degrees angle or less

☐ Right eye jerks at 45 degrees angle or less

☐ Distinct jerking left eye maximum deviation

☐ Distinct jerking right eye maximum deviation

Can not do, Why? _____

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? _____

Breath/Blood test results: Refused

State of Florida, County of Palm Beach,
Sworn and subscribed before me this 8/6/21 (date) by ofc. Ricciardi

[Signature] Notary/Clerk of Court/ Officer (FSS 117.10) 8/6/21 Date

[Signature] Signature of Arresting Officer J. Casas. Name of Officer (print)

ARRESTING OFFICER: J. CASAS

Name: RICCIARDI Phone # / Work # 5613381234

Address: 100 NW 2nd AVE, BOCA RATON, FL 33432

Can testify to: BREATH TEST

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: _____

Name: _____ Phone # _____ Work # _____

Address: _____

Can testify to: _____



BOCA RATON POLICE SERVICES DEPARTMENT
DUI INFLUENCE REPORT - PART II

To be filled out at testing facility

Agency Case # 2021009097

I. INTRODUCTION (Instrument Operator faces video camera)

A. The day is Friday, August, 6, 2021.
(day) (month) (date) (year)

B. The time is now approximately 110 AM/PM.

C. The following is in reference to case number 2021009097.

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

E. Officer Casas, have you arrested James Maioney 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. Maioney, I am required to inform you these
proceedings are being video recorded.

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

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 _____ 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 Signature: _____

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.

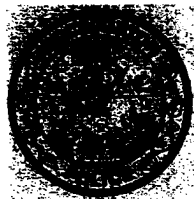
Note: After reading the implied consent warning, the arresting officer must request a breath sample again.

(IF REFUSAL THEN)

At this time Mr. Maione has refused to submit to a breath test.

The date is August, 0, 2021, and the time is 0112 (AM) PM.
(month) (day) (year)

A refusal form will be completed by the arresting officer.



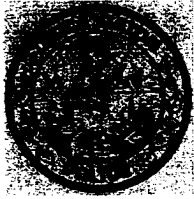
BOCA RATON POLICE SERVICES DEPARTMENT
JUVENILE CONSTITUTIONAL WARNINGS

Rights of suspects prior to custodial questioning.
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. *Tell me in your own words what you think this means.*
(You do not have to talk to me or answer any questions about this offense. You can be quiet if you want.)
- (2) Any statement you make must be freely and voluntarily given. *Tell me in your own words what you think this means.*
(If you do talk to me it has to be because you want to and not because anyone is forcing you to speak.)
- (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. *Tell me in your own words what you think this means.*
(You can talk to a lawyer before we ask you any questions and you can have him/her with you now, during our 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. *Tell me in your own words what you think this means*
(If you do not have money for a lawyer and you want one, a lawyer will be given to you for free.)
- (5) If at any time during the interview you do not wish to answer any questions, you are privileged to remain silent. *Tell me in your own words what you think this means.*
(If you decide to talk to me then change your mind, you can stop answering my questions at any time.)
- (6) I can make no threats or promises to induce you to make a statement. This must be of your own free will. *Tell me in your own words what you think this means*
(I am not allowed to threaten you or make you any promises to get you to talk to me. If you decide to talk, it must be because you want to.)
- (7) Any statement can be and will be used against you in a court of law. *Tell me in your own words what you think this means*
(Anything you say to me can and will be told to the judge or a jury in court. A judge is a person who decides if you have done something wrong. Sometimes a group of people called a jury decide this, but the Judge is the person who decides what punishment you get.)
- (8) Do you understand these rights as I have read them to you, and do you wish to speak to me?

Signed: _____ Date: _____ Time: _____



BOCA RATON POLICE SERVICES DEPARTMENT
TESTING FACILITY TASK REPORT

SUBJECT: James Maloney

CASE #: 2021009097 DATE: 8/6/2021

BREATH TEST RESULTS

1) TIME Refusal AM/PM 2) TIME _____ AM/PM
3) TIME _____ AM/PM 4) TIME _____ AM/PM

BREATH OPERATOR: Ricciardi

MAINTENANCE TECHNICIAN: van camp

TESTING OFFICER'S OBSERVATIONS

SPEECH: clear

ATTITUDE: polite

CLOTHING: Green collared shirt, tan shorts, sneakers

MEDICAL CONDITION: Depression/Anxiety, psoriasis

OTHER: _____

COMMENTS: slight facial redness, glassy eyes

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: _____ Date: _____ Time: _____

QUESTIONS AND ANSWERS

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

Where were you going? Embassy suites

What street or highway were you on? Not sure - Following GPS

Direction of travel? North

Where did you start driving from? The Irishman

What city (county) were you stopped in? Boca

What time did you start? 1145 AM/PM What time is it now? 0115 AM

What is today's date? 8-6-21 What day of the week is it? Friday

When did you last eat? Couple hours ago What did you eat? Leftover pf changs

What have you been doing the past three hours prior to this stop/accident? Work - Dinner

How much do you weigh? A lot Have you been drinking? _____ What were you drinking? Bud light

How much? 2 beers Where? Irishman With whom were you drinking? self

When did you have your first drink? 10 30 AM/PM When did you stop drinking? 1200 AM/PM

How did you consume your last two drinks? Sips

Are you under the influence of alcohol now? ☐ Yes ☒ No

Can you feel the effects of alcohol? ☐ Yes ☒ No N/A

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? Pharm

When did you last work? today

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

Are you sick or injured? ☒ Yes ☐ No If yes, explain: _____

Arthritis

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? _____ When? _____

Have you seen a doctor or dentist today? ☐ Yes ☒ No Who? _____

Zoloft, B. isoprolol, Tremfya, Licendrel

Are you taking any prescription medications? ☒ Yes ☐ No What? _____ When? _____ Aspirin

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? _____

Have you ever had a driver's license in any other state? VA, PA, NY

I am now ending this video recording. The time is now approximately 0121 AMPM.

The date is AUGUST, 6, 2021.
(month) (day) (year)



**PALM BEACH COUNTY
SHERIFF'S OFFICE**
Florida State Statute Exemption Sheet

Palm Beach County Sheriff's Office – Arrests Only

	X	Florida State Statute	Description	Page Number(s)
L/E Exemptions	<input type="checkbox"/>	119.071(2)(d)	Surveillance techniques, procedures and personnel; inventory of law enforcement resources, policies or plans pertaining to mobilization deployment or tactical operations.	
	<input type="checkbox"/>	943.053, 943.0525	NCIC/FCIC/FBI and in-state FDLE/DOC.	
	<input type="checkbox"/>	119.071(4)(c)	Undercover personnel.	
	<input type="checkbox"/>	119.071(2)(f)	Confidential informants (CIs).	
	<input type="checkbox"/>	119.071(2)(e)	Confession.	
Public Info. Exemptions	<input type="checkbox"/>	985.04(1)	Juvenile offender records.	
	<input type="checkbox"/>	119.071(h)(i)	Assets of a crime victim.	
	<input type="checkbox"/>	395.3025(7)(a), 456.057(7)(a)	Medical information.	
	<input type="checkbox"/>	394.4615(7)	Mental health information.	
	<input type="checkbox"/>	119.071(4)(d)(2)(a)	Home address, telephone, Social Security number, date of birth, or photos of active/former LE personnel, spouses, and children.	
Florida Rules of Judicial Administration 2.420 (Rule of 23)	<input checked="" type="checkbox"/>	(iii) 119.0714(1)(i)-(j), (2)(a)-(e)	Social Security, bank account, charge, debit, and credit card numbers.	2
	<input type="checkbox"/>	(viii) 394.4615(7)	Clinical records under the Baker Act.	
	<input type="checkbox"/>	(xii) 741.30(3)(b)	The victim's address in a domestic violence action on petitioner's request.	
	<input type="checkbox"/>	(xiii) 119.071(2)(h), 119.0714(1)(h)	Protected information regarding victims of child abuse or sexual offenses.	
	<input type="checkbox"/>			
	<input type="checkbox"/>			
	<input type="checkbox"/>			
	<input type="checkbox"/>			
	<input type="checkbox"/>			
Other	<input type="checkbox"/>		Other:	
	<input type="checkbox"/>		Other:	

REVIEW COMPLETED BY

Booking Number: 2021019456

Date: 8/06/21

Specialist Name/ID: J. Beck/9007