

90-2021-CF-003481-AMD

ADMINISTRATIVE	OBT Number 0296464		ARREST / NOTICE TO APPEAR		1. Arrest 2. N.T.A.		3. Request for Warrant 4. Request for Copies		1		JUVENILE	
	Agency ORI Number 0500800		Agency Name West Palm Beach Police Department		Agency Report Number (N.T.A.'s only) 9, 4 2021-0007109							
DEFENDANT	Charge Type Check as many as apply: <input type="checkbox"/> 1. Felony <input type="checkbox"/> 2. Traffic Felony		<input type="checkbox"/> 3. Misdemeanor <input type="checkbox"/> 4. Traffic Misdemeanor		<input type="checkbox"/> 5. Ordinance <input type="checkbox"/> 6. Other		If Weapon Seized		Multiple Clearance Indicator			
	Location of Arrest (Including Name of Business) GEORGIA AVE & ROSELAND DR WPB FL 33405		Location of Offense (Business Name, Address) 3649 GEORGIA AVE/ROSELAND DR, WEST PALM BEACH, FL		Date of Arrest 05/12/2021		Time of Arrest 17:22		Booking Date 05/12/2021		Booking Time 17:32	
JUVENILE	Name (Last, First, Middle) KNOWLES, JASON RYAN		Alias:		Date of Birth 10/17/1979		Height 5'07		Weight 178		Eye Color BLUE	
	Sex M		Race W - White		Build Medium		Complexion FAIR		Hair Color BLOND OR		Indication of Alcohol Influence Yes <input type="checkbox"/> No <input type="checkbox"/> Unk <input type="checkbox"/>	
CODE	Local Address (Street, Apt. Number) 3077 EGREMONT DR, WEST PALM BCH, FL 33406		(City) WEST PALM BEACH, FL		(State) FL		(Zip) 33406		Home Phone (561) 568-6700		Residence Type: 1. City <input type="checkbox"/> 2. County <input type="checkbox"/> 3. Florida <input type="checkbox"/> 4. Out of State <input type="checkbox"/> 5. Juvenile <input type="checkbox"/>	
	Permanent Address (Street, Apt. Number) 3077 EGREMONT DR, WEST PALM BCH, FL 33406		(City) WEST PALM BEACH, FL		(State) FL		(Zip) 33406		Mobile Phone		Address Source DAVID	
JUVENILE	Business Address (Name, Street) DAVID		(City) WEST PALM BEACH, FL		(State) FL		(Zip) 33406		Work Phone		Occupation Unknown	
	DL Number, State KS42436793770 / FL		Sec. Sec. Number		INS Number		Place of Birth (City, State) WEST PALM BEACH, FL		Citizenship US			
JUVENILE	Co-Defendant Name (Last, First, Middle)		Race		Sex		Date of Birth		<input type="checkbox"/> 1. Arrested <input type="checkbox"/> 2. At Large		<input type="checkbox"/> 3. Felony <input type="checkbox"/> 4. Misdemeanor <input type="checkbox"/> 5. Juvenile	
	Co-Defendant Name (Last, First, Middle)		Race		Sex		Date of Birth		<input type="checkbox"/> 1. Arrested <input type="checkbox"/> 2. At Large		<input type="checkbox"/> 3. Felony <input type="checkbox"/> 4. Misdemeanor <input type="checkbox"/> 5. Juvenile	
JUVENILE	<input type="checkbox"/> Parent <input type="checkbox"/> Other: _____		Name (Last, First, Middle)		Residence Phone							
	<input type="checkbox"/> Legal Custodian		Address (Street, Apt. Number)		(City)		(State)		(Zip)		Business Phone	
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							
	<input type="checkbox"/> Yes, by: _____		<input type="checkbox"/> No		Property Crime? <input type="checkbox"/> Yes <input type="checkbox"/> No		Description of Property		Value of Property			
JUVENILE	Drug Activity N. N/A P. Possession		S. Sell B. Buy T. Traffic		R. Smuggle D. Deliver E. Use		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			
JUVENILE	Charge Description POSSESSION OF SCHEDULE IV SUBSTANCE		State Violation Number 893.13(6)(A)		Violation of ORD #							
	Drug Activity N		Drug Type N		Amount / Unit /		Offense # 1		Counts 1		Domestic Violence <input type="checkbox"/> Y <input type="checkbox"/> N	
JUVENILE	Charge Description DUI-DAMAGE TO PERSON/PROPERTY		State Violation Number 316.193(3C1)		Violation of ORD #							
	Drug Activity N		Drug Type N		Amount / Unit /		Offense # 1		Counts 1		Domestic Violence <input type="checkbox"/> Y <input type="checkbox"/> N	
JUVENILE	Charge Description		State Violation Number		Violation of ORD #							
	Drug Activity		Drug Type		Amount / Unit		Offense #		Counts		Domestic Violence <input type="checkbox"/> Y <input type="checkbox"/> N	
JUVENILE	Health / Apparent Physical Condition of Defendant		Any knowledge of the following: <input type="checkbox"/> Mental <input type="checkbox"/> Escape Risk <input type="checkbox"/> Medication <input type="checkbox"/> Deformities <input type="checkbox"/> Injuries		Explain:							
	Check which applies: <input type="checkbox"/> Released O.R. <input type="checkbox"/> Released to Parent/Custodian <input type="checkbox"/> T.O.T. County Jail <input type="checkbox"/> South County Mental Health		PROPERTY - Received By		Released By		Released To					
JUVENILE	Transported By		Date Transported // ::		Time Transported		Other					
	<input type="checkbox"/> INSTRUCTION NO. 1 - Mandatory appearance in court <input checked="" type="checkbox"/> INSTRUCTION NO. 2 - You need not appear in Court but must comply with instructions on Page 2.		Location (Court, Room)		Court Date and Time							
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) Amur		Date Signed		INITIAL					
	I CONSENT TO RECEIVE REMINDERS OF COURT DATE(S) AND TIMES FOR THIS CASE BY TEXT MESSAGE TO THE NUMBER IDENTIFIED HERE. I UNDERSTAND THAT STANDARD TEXT MESSAGE RATES MAY APPLY AND THAT I MAY REVOKE THIS CONSENT VIA THE TEXT MESSAGE SYSTEM IF I CHOOSE.		(561) 568-6700									
JUVENILE	HOLD for Other Agency		Signature of Arresting Officer DILLARD, DANIEL		ID # 01843		Name Verification (Printed by Arrestee)					
	<input type="checkbox"/> Dangerous <input type="checkbox"/> Restricted Arrest <input type="checkbox"/> Satisfactory <input type="checkbox"/> Other		Name of Arresting Officer (Print) DILLARD, DANIEL		ID # 01843		Agency WPBPD		Witness here if subject signed with an "X"		PAGE 1 OF 1	

P2067

No Photo Available

MAY 13 PM 3:11

DUI PROBABLE CAUSE AFFIDAVIT

On the 12th Day of May, 2021 at 5:22 A.M. P.M.
Subject: Knowles, Jason Case Number: 2021-0007109
Agency: West Palm Beach Police Department Arresting Officer: Inv. D. Dillard #1843

Personal Contact

Driving Pattern

Actual physical control (physical evidence putting the driver behind the wheel)

I responded to the area of Georgia Ave. and Roseland Dr. in reference to a 2 vehicle collision involving a possible impaired driver. Upon arrival I made contact with Jennifer Estrada who was an involved driver. Estrada stated she was traveling South on Georgia Ave. when she observed a white Chrysler 300 traveling North toward her and crossing over the double yellow line into her lane. She stated the vehicle kept drifting over into her lane and she swerved to the right in an attempt to avoid a collision however the vehicle kept coming in her direction and struck the front of her vehicle with the front. Estrada stated the driver who was the sole occupant of the vehicle exited the driver seat. I made contact with a witness Brantley Mitchell who stated he first observed the driver at the gas station at Forest Hill Blvd. and Georgia Avenue. He stated the driver had difficulty getting the gas pump in the gas tank and forgot to close his gas cap. Mitchell stated he followed the driver North on Georgia Ave. and observed him having difficulty maintaining his lane of travel. Mitchell stated the white Chrysler struck a parked Amazon truck South of Nottingham Blvd. and blew the red light continuing North on Georgia Avenue. Mitchell said by the time he caught up to the Chrysler the crash with the grey Chrysler had already happened. The driver of the vehicle who was the sole occupant of the vehicle verbally identified himself as Jason Knowles. This was verified by DAVID.

Observation of Driver

Upon making contact with the driver he was standing near a tree away from the crash scene. I immediately observed the drivers eyelids to be droopy. The drivers pupils were constricted and his eyes were bloodshot. The driver's movements were slow and lethargic and his speech was slurred.

Drivers Statements:

I advised the driver the crash investigation was complete and I was now conducting a DUI investigation. Post Miranda the driver stated he was coming from Conniston Middle School and heading toward S. Olive Elementary. It should be noted he was heading toward the middle school and facing away from the elementary school. When confronted with this the driver stated he got lost and turned around so he went around the block. I asked the driver how the crash happened and he stated he got into an accident 2 weeks ago and if he's not paying attention the steering gets stuck. The driver consented to roadside tasks.

Odors:

No odor

General Observations

Speech: slurred

Attitude: passive

Clothing: Green Shirt/Khaki Shorts/White Socks/No Shoes

Medical Problems/Medications: None

Other: The driver stated: No alcohol, Prescribed Trazadone and Marijuana, Last smoked marijuana last night, Lower back and Upper Neck pain from the accident, No diabetes or epilepsy, No prescription glasses, no drug use.

DUI PROBABLE CAUSE AFFIDAVIT

Subject:

Knowles, Jason

Case Number: 2021-0007109

Roadside Tasks

Horizontal Gaze Nystagmus

- | | |
|---|--|
| <input type="checkbox"/> Left Eye Does Not Follow Smoothly | <input type="checkbox"/> Right Eye Does Not Follow Smoothly |
| <input type="checkbox"/> Left Eye Jerks at 45 Degree Angle or Less | <input type="checkbox"/> Right Eye Jerks at 45 Degree Angle or Less |
| <input type="checkbox"/> Distinct Jerking Left Eye at Maximum Deviation | <input type="checkbox"/> Distinct Jerking Right Eye at Maximum Deviation |

While performing this exercise I did not observe Lack of smooth pursuit, Distinct and sustained nystagmus at maximum deviation, angle of onset prior to 45 degrees, or Vertical Nystagmus. I did observe Lack of Convergence in both eyes. The drivers eye lids were very droopy and his pupils were constricted.

Walk and Turn Task

I instructed the driver to stand with his right foot in front of his left foot on a solid white line and to remain in this position until told to begin. I explained and demonstrated the exercise and the driver stated he understood the instructions. Once told to begin the driver took 11 steps instead of the 9 as instructed, the driver took a slight pause between steps and I observed body tremors throughout the exercise. The driver stopped and asked if he should turn around. I advised the driver yes. The driver did not complete the turn as instructed due to the front foot being the left instead of the right. The driver took 9 steps back again pausing between steps. I again observed body tremors. The driver did not count his steps out loud as instructed.

One Leg Stand

I had the driver stand with his feet together and hands down at his side. I explained and demonstrated the exercise and the driver stated he understood the instructions. The driver lifted his left foot off the ground approximately 1-2". The driver set his foot down twice during the exercise. Once the driver counted to 9 he asked if he was supposed to switch feet I advised him not to.

Finger To Nose

I had the driver stand with his feet together and index fingers pointed straight out. I explained and demonstrated the exercise to the driver and he stated he understood. I instructed the driver to close his eyes. On the first left the driver opened his eyes and asked, "huh...left?" I began demonstrating the exercise again and the driver stated he understood. On all lefts and rights the driver brought the correct finger to his nose except the 2nd right. On the 2nd right the driver brought the tip of his right finger to his left nostril then to the tip of his nose. I observed the driver swaying from front to back during this exercise.

Romberg Balance

The driver stated his highest level of education was some college. The driver stated he knew the alphabet but could recite the alphabet in completion from A to Z. I had the driver stand with his feet together and hands down at his side. The driver was instructed to recite the alphabet from A-Z in a non-rhythmic manner when told to begin. The driver stated he understood the instructions. Once told to begin the driver recited the alphabet correctly from A to U then recited: U, W, F, Y, Z. The drivers volume also tapered off from the beginning to the end as if he was falling asleep. The driver was observed swaying from front to back and toward the end leaning backward.

Breath Results from Instrument

1st Result

0.000

2nd Result

0.000

3rd Result

If Applicable

State of Florida

County of Palm Beach

The Following Instrument was notarized or sworn before me this

5/12/21

(DATE)

Personally

BEVERLY SUTOW Notary Public

MY COMMISSION # GG 188278

EXPIRES: May 30, 2022

Notary Public Underwriters

Notary / Clerk of Courts / Officer (FSS: 117.10)

Signature of Arresting Officer

JUL 18 NUMBER		PROBABLE CAUSE AFFIDAVIT		1. Arrest 2. N.T.A.		3. Request for Warrant 4. Request for Capias		1	JUVENILE
ADMINISTRATIVE	Agency ORI Number FL 0500800		Agency Name WEST PALM BEACH POLICE		Agency Report Number 9 4 2021-0007109				
	Charge Type: Check as many as apply. <input checked="" type="checkbox"/> 1. Felony <input type="checkbox"/> 2. Traffic Felony		<input type="checkbox"/> 3. Misdemeanor <input type="checkbox"/> 4. Traffic Misdemeanor		<input type="checkbox"/> 5. Ordinance <input type="checkbox"/> 6. Other		Special Notes:		
DEFENDANT	Name (Last, First, Middle) KNOWLES, JASON RYAN				Race W		Sex M		Date of Birth 10/17/1979
	Charge Description 893.13(6)(A) SCHED 1V POSSESSION OF SCHEDULE IV				Charge Description				
VICTIM	Victim's Name (Last, First, Middle)				Race		Sex		Date of Birth
	Local Address (Street, Apt. Number) (City) (State) (Zip)				Phone		Address Source		
CHARGES	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> <p><input type="checkbox"/> committed the below acts in my presence. <input type="checkbox"/> was observed by _____ who told _____ that he/she saw the arrested person commit the below acts.</p> <p><input type="checkbox"/> confessed to _____ admitting to the below facts. <input checked="" type="checkbox"/> was found to have committed the below acts, resulting from my (described) investigation.</p> <p>On the <u>12</u> day of <u>May</u>, <u>2021</u> at <u>19:02</u> (Specifically include facts constituting cause for arrest.)</p>								
PROBABLE CAUSE	<p>On Wednesday, May 12, 2021 at approximately 1609 hours I, Inv. Daniel Dillard responded to Georgia Ave. and Roseland Dr. in reference to a 2-vehicle traffic collision involving a possible impaired driver. The driver Jason Knowles (W/M DOB 10/17/1979) identified himself verbally and was verified by DAVID. A DUI investigation was performed on Knowles in which he showed several indicators of impairment. I ascertained that Knowles was driving under the influence and was placed under arrest.</p>								
	<p>Knowles was searched incident to arrest by Ofc. Garic #2232. Ofc. Garic located a small white rectangular pill located in Knowles front right pocket. Ofc. Garic showed the pill to this writer. The pill had 2 vertical scores and an imprint of G3722. As a certified drug recognition expert and training and experience I recognized this pill to be as Alprazolam also known as Xanax. This information was ran in the 2020 drug identifier book which confirmed it was Alprazolam. The Alprazolam weighed 0.0 grams. .</p>								
STATEMENT	<p>At this time I find probable cause to exist to arrest and charge Jason Knowles for (1) count of FSS 893.13(6)(A) Possession of a Schedule IV substance.</p>								
	<p>SWORN AND SUBSCRIBED BEFORE ME:</p> <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> <p><i>[Signature]</i></p> <p>NOTARY PUBLIC / CLERK OF SUPERIOR COURT (F.S. 117.10)</p> <p>BEVERLY SUE OWEN</p> <p>MY COMMISSION # GG 188278</p> <p>EXPIRES: May 30, 2022</p> <p>Bonded Thru Notary Public Underwriters</p> </div> <div style="width: 45%;"> <p><i>[Signature]</i></p> <p>SIGNATURE OF ARRESTING / INVESTIGATING OFFICER</p> <p>DILLARD, DANIEL (01843)</p> <p>NAME OF OFFICER (PLEASE PRINT)</p> <p>05/12/2021</p> <p>DATE</p> </div> </div>								
<div style="display: flex; justify-content: flex-end;"> <div style="border: 1px solid black; padding: 2px;"> PAGE 1 OF 1 </div> </div>									

COURT

STATE ATTORNEY

CENTRAL RECORDS

JAIL

CRIME ANALYSIS

P. I. O.

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

I, Daniel Dillard, a duly certified Law Enforcement Officer or Correctional Officer,
(Name of Officer reading Implied Consent Warning)
am a member of West Palm Beach Police Department, and I do swear
(Name of law enforcement agency)
or affirm that on or about the 12th day of May, 20 21, at 5:22 ☒ P.M. ☐ A.M.
DRIVER Jason Ryan Knowles
(Type or Print) FIRST NAME MIDDLE OR MAIDEN NAME LAST NAME
DL# K542436793770, state of Florida, was placed under lawful arrest for
the offense of DUI Damage to Property by Inv. Daniel Dillard and
issued Citation # AC6RSME (Name of Arresting Officer)
That on or about the 12th day of May, 20 21, at 6:28 ☒ 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:

(AFFIX SEAL)
The foregoing instrument was sworn and subscribed before
me this 12th day of May, 20 21,
by ofc Dillard,
who is personally known to me or who has produced

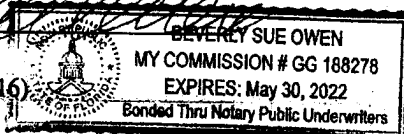
Signature of Attesting Officer

Title _____

Date _____

as identification
Notary Public

HSMV-BAR1001 (REV. 10/2016)



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.

TESTING FACILITY TASK REPORT

AGENCY: WEST PALM BEACH P.D.

SUBJECT: KNOWLES, JASON RYAN

CASE NUMBER: 21064840

DATE: May 12, 2021

VIDEO DVD NUMBER: N/A

BEGINNING TIME: 1816

ENDING TIME: 1831

BREATH TESTS RESULTS: 1) .000 TIME 1818 A.M. ☐ P.M. ☒ 2) .000 TIME 1821 A.M. ☐ P.M. ☒
3) Refused TIME 1828 A.M. ☐ P.M. ☒ 4) TIME A.M. ☐ P.M. ☐

BREATH OPERATOR: S. Owen #3184

MAINTENANCE TECHNICIAN: J. Karlecke #6467

TESTING OFFICER'S OBSERVATIONS

SPEECH:

ATTITUDE: QUIET, CO-OPERATIVE

CLOTHING: WHITE SOCKS, TAN SHORTS, GREEN LS SHIRT

MEDICAL CONDITIONS: NONE

MEDICATIONS: TRAZODONE

OTHER:

DROOPY EYES, UN-STEADY ON FEET, SLEEPY COULDN'T KEEP EYES OPEN

COMMENTS:

DEFENDANT AND OFFICER DILLARD #1843 OF WEST PALM BEACH P.D. ARRIVED AT 1750 HOURS. A/O OBSERVED 20 MINUTES. A/O REQUESTED BREATH, DEFENDANT AGREED. NO PROBLEM WITH TEST, DEFENDANT BLEW .000'S. A/O REQUESTED URINE, DEFENDANT REFUSED. A/O READ I/C, DEFENDANT DIDN'T UNDERSTAND, A/O EXPLAINED I/C DEFENDANT UNDERSTOOD AND STILL REFUSED. A/O READ C/W, DEFENDANT UNDERSTOOD RIGHTS, DEFENDANT REFUSED Q & A AND DRE.

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

Instrument Type: Intoxilyzer 8000
Instrument Registered To: PALM BEACH CO SO
Instrument Serial Number: 80-006027 Software: 8100.27
Date of Test: 05/12/2021

Date of Last Agency Inspection: 04/09/2021

Observation Period Began: 17:50

Subject's Name: JASON R KNOWLES

DOB: 10/17/1979 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		18:16
Air Blank	0.000	18:17
Control Test	0.079	18:17
Air Blank	0.000	18:17
Subject Sample #1	0.000	18:18
Air Blank	0.000	18:18
Air Blank	0.000	18:20
Subject Sample #2	0.000	18:21
Air Blank	0.000	18:21
Control Test	0.080	18:22
Air Blank	0.000	18:22
Diagnostics Check OK		18:22

Cylinder Lot: 22620080A2
Exp: 10/05/2022

State of Florida, County of Palm Beach

Personally appeared before me the undersigned authority, who ☒ is personally known to me or ☐ produced _____ as identification, and who after being placed under oath, states:

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

Breath Test Operator: _____

Signature

Date: 05/12/21

Sworn to (or affirmed) before me this 12th day of May, 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 322.2615, F.S.

SUBJECT: _____

CASE NUMBER: _____

IMPLIED CONSENT FOR DUI IN A MOTOR VEHICLE

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

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

-OR-

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

-OR-

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

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

I am _____ of the _____.

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

SUBJECT'S SIGNATURE: (X) _____

CONSTITUTIONAL WARNINGS

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

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

SUSPECT'S SIGNATURE: (X) Or Video

WHITE - STATE ATTY.

YELLOW - DHSMV

PINK - CENTRAL RECORDS

GOLD - JAIL

SUBJECT: _____ CASE NUMBER: _____

QUESTIONS AND ANSWERS

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

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

WHERE WERE YOU GOING? _____

WHAT STREET OR HIGHWAY WERE YOU ON? _____

DIRECTION OF TRAVEL? _____ WHERE DID YOU START? _____

WHAT TIME DID YOU START? _____ WHAT TIME IS IT NOW? _____

WHAT IS TODAY'S DATE? _____ WHAT DAY OF THE WEEK IS IT? _____

WHAT COUNTY AND CITY ARE YOU IN NOW? _____

WHEN DID YOU LAST EAT? _____ WHAT DID YOU EAT? _____

WHAT HAVE YOU BEEN DOING FOR THE LAST THREE HOURS? _____

HOW MUCH DO YOU WEIGH? _____ HAVE YOU BEEN DRINKING? _____ WHAT? _____

HOW MUCH? _____ WHERE? _____ WITH WHOM? _____

WHEN DID YOU HAVE YOUR FIRST DRINK? _____ AND YOUR LAST DRINK? _____

HOW DID YOU CONSUME YOUR LAST TWO DRINKS? _____

CAN YOU FEEL THE EFFECTS OF THE ALCOHOL? _____ ARE YOU UNDER THE INFLUENCE? _____

HAVE YOU CONSUMED ANY ALCOHOL SINCE THE ACCIDENT? _____ HOW MUCH? _____

WHAT? _____ WHERE? _____ WHEN? _____

WHAT LINE OF WORK ARE YOU IN? _____ WHEN DID YOU LAST WORK? _____

DO YOU HAVE ANY PHYSICAL DEFECTS OR INJURIES? _____ WHAT? _____

ARE YOU SICK OR INJURED? _____ WHAT'S WRONG? _____

DO YOU LIMP? _____ DID YOU RECEIVE A BUMP ON THE HEAD RECENTLY? _____

WERE YOU IN AN ACCIDENT TODAY? _____

HAVE YOU TAKEN ANY DRUGS OR SMOKED ANY MARIJUANA TODAY? _____ WHEN? _____

HAVE YOU SEEN A DOCTOR OR DENTIST TODAY? _____ WHO? _____ WHY? _____

ARE YOU TAKING ANY PRESCRIPTION MEDICINES? _____ WHAT? _____ WHEN? _____

DO YOU HAVE: _____

EPILEPSY? _____

GLASS EYE? _____

FALSE TEETH? _____

EAR INFECTION? _____

INNER EAR TROUBLE? _____

DIABETES? _____

DO YOU HAVE ANY PROBLEMS WITH YOUR EYES THAT ARE NOT CORRECTED BY GLASSES? _____

DO YOU TAKE INSULIN? _____ IF SO, WHEN WAS YOUR LAST INJECTION? _____

HAVE YOU EVER HAD A DRIVER'S LICENSE IN ANY OTHER STATE? _____ WHERE? _____

INTERVIEWER: _____

WHITE - STATE ATTY.

YELLOW - DHSMV

PINK - CENTRAL RECORDS

GOLD - JAIL



**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: 2021011583

Date: 5/13/2021

Specialist Name/ID: J. Beck/9007