

2024 CT - 5143

ARREST / NOTICE TO APPEAR
Juvenile Referral Report

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

OBTS Number	Agency ORI Number FLO 5 0 0 2 0 0		Agency Name BOCA RATON POLICE SERVICES DEPT.	Agency Report Number (N.T.A.'s only) 3, 2, 1
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	Weapon Seized / Type 1. Yes 2. No
Location of Arrest (Including Name of Business) 2700 N. Federal Hwy Boca Raton Palm Beach		Location of Offense (Business Name, Address) 2700 N. Federal Hwy Boca Raton Palm Beach FL		
Date of arrest 0.3.3.0.21	Time of Arrest 2.3.1.4	Booking Date	Booking Time	Jail Date Jail Time Location of Vehicle

Name (Last, First, Middle) Khalil, John W	Alias (Name, DOB, Soc. Sec. #, Etc.)			
Race W - White B - Black	Sex M	Date of Birth 0.1.0.6.7.9	Height 602	Weight 245
Scars, Marks, Tattoos, Unique Physical Features (Location, Type, Description)		Eye Color BRO	Hair Color BRO	Complexion med
Build Large		Marital Status Unk	Religion Unk	Indication of: Alcohol Influence Drug Influence Y <input type="checkbox"/> N <input type="checkbox"/> Unk <input type="checkbox"/>

Local Address (Street, Apt. Number) 10603 Grande Palladium Way	(City) Boynton Beach	(State) FL	(Zip) 33436	Phone (561) 480-7036
Permanent Address (Street, Apt. Number) 10603 Grande Palladium Way	(City) Boynton Beach	(State) FL	(Zip) 33436	Phone (561) 480-7036
Business Address (Name, Street) Retired				Occupation Retired
D/L Number, State K440-479-79-006-D (FL)	Soc. Sec. Number	INS Number	Place of Birth (City, State) Egypt	Citizenship Yes

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

Parent Legal Custodian Name (Last, First, Middle) Address (Street, Apt. Number) City, State, Zip	Residence Phone Business Phone
Notified by (Name) Date, Time	Juvenile Disposition 1. Handled/Processed within Dept. and Released. 2. TOT HRS/DYS 3. Incarcerated

Released To (Name) Relationship Date Time	The above address was provided by <input type="checkbox"/> defendant and/or <input type="checkbox"/> defendant's parents. The child and/or parent was told to keep the Juvenile Court Clerk's Office (Phone 355-2525) informed of any change of address. <input type="checkbox"/> Yes, by (Name) <input type="checkbox"/> No (Reason)	School Attended Grade
Property Crime? <input type="checkbox"/> Yes <input type="checkbox"/> No	Description of Property Value of Property	

Drug Activity N. N/A P. Possess	S. Sell B. Buy T. Traffic	R. Smuggle D. Deliver E. Use	K. Dispense/ Distribute	M. Manufacture/ Produce/ Cultivate	Z. Other	Drug Type N. N/A A. Amphetamine	B. Barbiturate C. Cocaine E. Heroin	H. Hallucinogen M. Marijuana O. Opium/deriv.	P. Paraphernalia/ Equipment S. Synthetic	U. Unknown Z. Other
Charge Description DUI	Counts 1	Domestic Violence <input type="checkbox"/> Y <input type="checkbox"/> N	Statute Violation Number 3.1.6.1.1.9.3.1(1.2)	Violation of ORD #	Warrant / Capias Number	Bond				
Charge Description	Counts	Domestic Violence <input type="checkbox"/> Y <input type="checkbox"/> N	Statute Violation Number	Violation of ORD #	Warrant / Capias Number	Bond				
Charge Description	Counts	Domestic Violence <input type="checkbox"/> Y <input type="checkbox"/> N	Statute Violation Number	Violation of ORD #	Warrant / Capias Number	Bond				

Health/Apparent Physical Condition of Defendant	Property - Rec'd. By	Released By	Released To
Any knowledge of the following, place an "X" and explain: <input type="checkbox"/> Mental: <input type="checkbox"/> Escape Risk: <input type="checkbox"/> Medication: <input type="checkbox"/> Deformities: <input type="checkbox"/> Injuries			
Check which applies: <input type="checkbox"/> Released O.R.: <input type="checkbox"/> Posted Bond: <input type="checkbox"/> Released to Parent/Guardian: <input type="checkbox"/> S. County Mental Health: <input type="checkbox"/> T.O.T. County Jail			
Transported By: _____ Date: _____ Time: _____ Other: _____			

<input type="checkbox"/> Instruction No. 1 Mandatory Appearance in Court	Location (Court, Room Number, Address) South County
<input type="checkbox"/> Instruction No. 2 You need not appear in Court but must comply with instructions on Reverse Side.	Court Date and Time Month 4 Day 22 Year 21 Time 8:30 A.M.
I AGREE TO APPEAR AT THE TIME AND PLACE DESIGNATED TO ANSWER THE OFFENSE CHARGED OR TO PAY THE FINE SUBSCRIBED. I UNDERSTAND THAT SHOULD I WILLFULLY FAIL TO APPEAR BEFORE THE COURT AS REQUIRED BY THIS NOTICE TO APPEAR, THAT I MAY BE HELD IN CONTEMPT OF COURT AND A WARRANT FOR MY ARREST SHALL BE ISSUED.	
Signature of Defendant (or Juvenile and Parent/ Custodian)	Date Signed

HOLD for other Agency Name: <input type="checkbox"/> Dangerous <input type="checkbox"/> Resisted Arrest <input type="checkbox"/> Suicidal <input type="checkbox"/> Other:	Signature of Arresting Officer Name of Arresting Officer (Print) SUPER	Name Verification (Printed by Arrestee) (PRINT)
Intake Deputy D. M. S. 6980	Transporting Officer SUPER 845	Agency GRPD
I.D. #	Pouch #	Witness here if subpoenaed with an "X"

PROBABLE CAUSE AFFIDAVIT

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

Juvenile

N

OBTS Number	Agency ORI Number FLO 5 0 0 2 0 0		Agency Name BOCA RATON POLICE SERVICES DEPT.	Agency Report Number 3 2 2021-003847
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Charge Type: Check as many as apply.	<input type="checkbox"/> 1. Felony	<input checked="" 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:
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Name (Last, First, Middle) Khalil, John W	Alias	Race W	Sex M	Date of Birth 0 1 0 6 7 9
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Charge Description DUI	Charge Description FSS 316.193(1)
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Victim's Name (Last, First, Middle) State of Florida	Race	Sex	Date of Birth
Local Address (Street, Apt. Number) (City) (State) (Zip) Phone	Address Source		
Business Address (Name, Street) (City) (State) (Zip) Phone	Occupation		

The undersigned certifies and swears that he/she has just and reasonable grounds to believe, and does believe that the above named Defendant committed the following violation of law. The Person taken into custody ...

committed the below acts in my presence. was observed by _____ who told _____ that he/she saw the arrested person commit the below acts.

confessed to _____ admitting to the below facts. was found to have committed the below acts, resulting from my (described) investigation.

On the 30 day of March 2021 at 2314 A.M. P.M. (Specifically include facts constituting cause for arrest.)

ON 3-30-21 at or about 2314 at the location of 2700 N Federal Hwy which is within the Jurisdictional limits of the city of Boca Raton, in the State of Florida, and Palm Beach County, the above named defendant (Khalil) did commit the violation of Driving Under the Influence of Alcoholic beverage / controlled substance. John W. Khalil did then and there unlawfully drive, or was in actual physical control of a motor vehicle, to-wit. Blue ford Mustang (two door) bearing Florida Tag: US62W, while he ~~is~~ was under the influence of an alcoholic beverage or a controlled substance to the extent that his normal faculties were impaired. ~~John W. Khalil~~ John W. Khalil was also going 76 mph in 35 mph zone which was calculated on Kustom Probeser SN: LFO1217. Khalil refused BFSE and refused breath test.

SWORN AND SUBSCRIBED BEFORE ME <i>Bill</i> NOTARY PUBLIC / CLERK OF COURT / OFFICER [F.S. 447.10] Bonded through 1st State Insurance 03/31/21 DATE	JOSHUA BELL MY COMMISSION #GG346008 EXPIRES: JUN 18, 2023	<i>[Signature]</i> 845 SIGNATURE OF ARRESTING / INVESTIGATING OFFICER M. Super 845 NAME OF OFFICER (PLEASE PRINT) 3-31-21 DATE	SCANNED PAGE 1 OF 1
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**PALM BEACH COUNTY SHERIFF'S OFFICE
DUI TESTING FACILITY
INFORMATION SHEET**

PBSO CASE # 21-050491 PBSO ZONE 7-11

AGENCY CASE # 2021-003847 CRASH CASE # N/A

TIME OF STOP/CRASH 2251 DATE 03/30/2021 DAY TUESDAY

SUBJECT'S NAME KHALIL, JOHN WASSFY RACE W SEX M

HGT 6'2 WGT 245 DOB 01/06/1979

LOCATION 2700 N FEDERAL HWY BOCA RATON FL

ARRESTING OFFICER'S NAME & ID SUPER #845 AGENCY BRPD

DIVISION: _____

NOTIFIED BY COMMO YES

ARRIVAL AT FACILITY 0024

Arrest Time 2314

BREATH RESULTS:

1. REFUSED
2. REFUSED
3. REFUSED
4. REFUSED

TESTING OFFICER'S ID BELL 8656

NOT A CERTIFIED COPY

SCANNED
MAR 31 2021

SUBJECT: Khalil, John W 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? YES

WHERE WERE YOU GOING? Home

WHAT STREET OR HIGHWAY WERE YOU ON? Federal Hwy

DIRECTION OF TRAVEL? N WHERE DID YOU START? Deerfield Beach

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? SCANNED

DO YOU TAKE INSULIN? _____ IF SO, WHEN WAS YOUR LAST INJECTION? MAR 31

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

INTERVIEWER: Ofc. Super #845

SUBJECT: Khalil, John W

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) _____

Read on camera

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) _____

Read on camera

SCANNED

MAR 31 2021

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

I, M. Super (845), a duly certified Law Enforcement Officer or Correctional Officer,
(Name of Officer reading Implied Consent Warning)

am a member of Boca Raton Police Department, and I do swear
(Name of law enforcement agency)

or affirm that on or about the 31 day of March, 20 21, at 0049 P.M. A.M.

DRIVER Sohn W Khalil
(Type or Print) FIRST NAME MIDDLE OR MAIDEN NAME LAST NAME

DL# K440479790060, state of Florida, was placed under lawful arrest for

the offense of DUI by M. Super 845 and
(Name of Arresting Officer)

issued Citation # AGLQCXE.

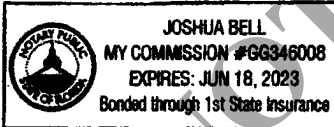
That on or about the 30 day of March, 20 21, at 2314 P.M. A.M.

in Palm Beach County 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]
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 31 day of March, 20 21,
by OFC. Super
who is personally known to me or who has produced

Known as identification
Notary Public [Signature]

HSMV-BAR1001 (REV. 10/2016)

Signature of Attesting Officer _____
Title _____
Date _____

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.

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MAR 31 2021

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 30 day of March 2021 at 2214 AM/PM

Subject: Khalil, John W. Case Number: 2021-003847

PERSONAL CONTACT

Driving Pattern: Speeding; John Khalil was driving his blue Ford Mustang Bearing FL Tag: USQAW at a speed of 76 mph in a 35 mph zone, on Federal hwy. around the 800 block OP, Green ID 735 visually and laser visually clocked him using laser Kustom ProLaser SN: LFO127. Also was changing lanes and following too closely to other vehicles

Observation of Driver: Bloodshot and watery eyes, disheveled clothes, swaying and could not walk straight.

Driver's Statement: John Khalil spontaneously stated he had been drinking. Khalil was extremely belligerent and was slurring his words.

Odors: An alcoholic beverage (moderate) and body odor

GENERAL OBSERVATIONS

Speech: Slurred, incomplete and slow to respond

Attitude: Angry/belligerent,

Clothing: Sweaty and disheveled.

Medical Problems: excess back, leg, and other problems.

Medications: Oxycodone 30mg

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? Refused

Walk and turn: Refused

Can not do, Why? _____

One leg stand: Refused

Can not do, Why? _____

Finger to nose: Refused

Can not do, Why? _____

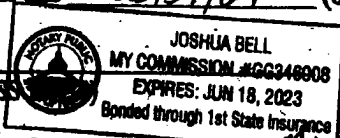
Alphabet (speech pattern): Refused

Can not do, Why? _____

Breath/Blood test results: Refused

State of Florida, County of Palm Beach,
Sworn and subscribed before me this 03/31/21 (date) by OFC. Super

[Signature]
Notary/Clerk of Court/ Officer (FSS) _____ Date 03/31/21



[Signature] 075 _____ Michael Super
Signature of Arresting Officer Name of Officer (print)

SCANNED
MAR 31 2021

ARRESTING OFFICER: M. Super 845

Name: K. Green Phone # 561-368-5201 Work # _____

Address: 100 NW 2nd Ave Boca Raton

Can testify to: Driving pattern and speed.

Name: G. Correia Phone # 561-368-5201 Work # _____

Address: 100 NW 2nd Ave Boca Raton

Can testify to: Traffic Stop

Name: D. Harrison Phone # 561-368-6201 Work # _____

Address: 100 NW 2nd Ave Boca Raton

Can testify to: Traffic Stop

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
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: _____

SCANNED
MAR 31 2021



BOCA RATON POLICE SERVICES DEPARTMENT

TESTING FACILITY TASK REPORT

SUBJECT: _____

CASE #: _____ **DATE:** _____

BREATH TEST RESULTS

1) TIME _____ AM/PM 2) TIME _____ AM/PM

3) TIME _____ AM/PM 4) TIME _____ AM/PM

BREATH OPERATOR: _____

MAINTENANCE TECHNICIAN: _____

TESTING OFFICER'S OBSERVATIONS

SPEECH: _____

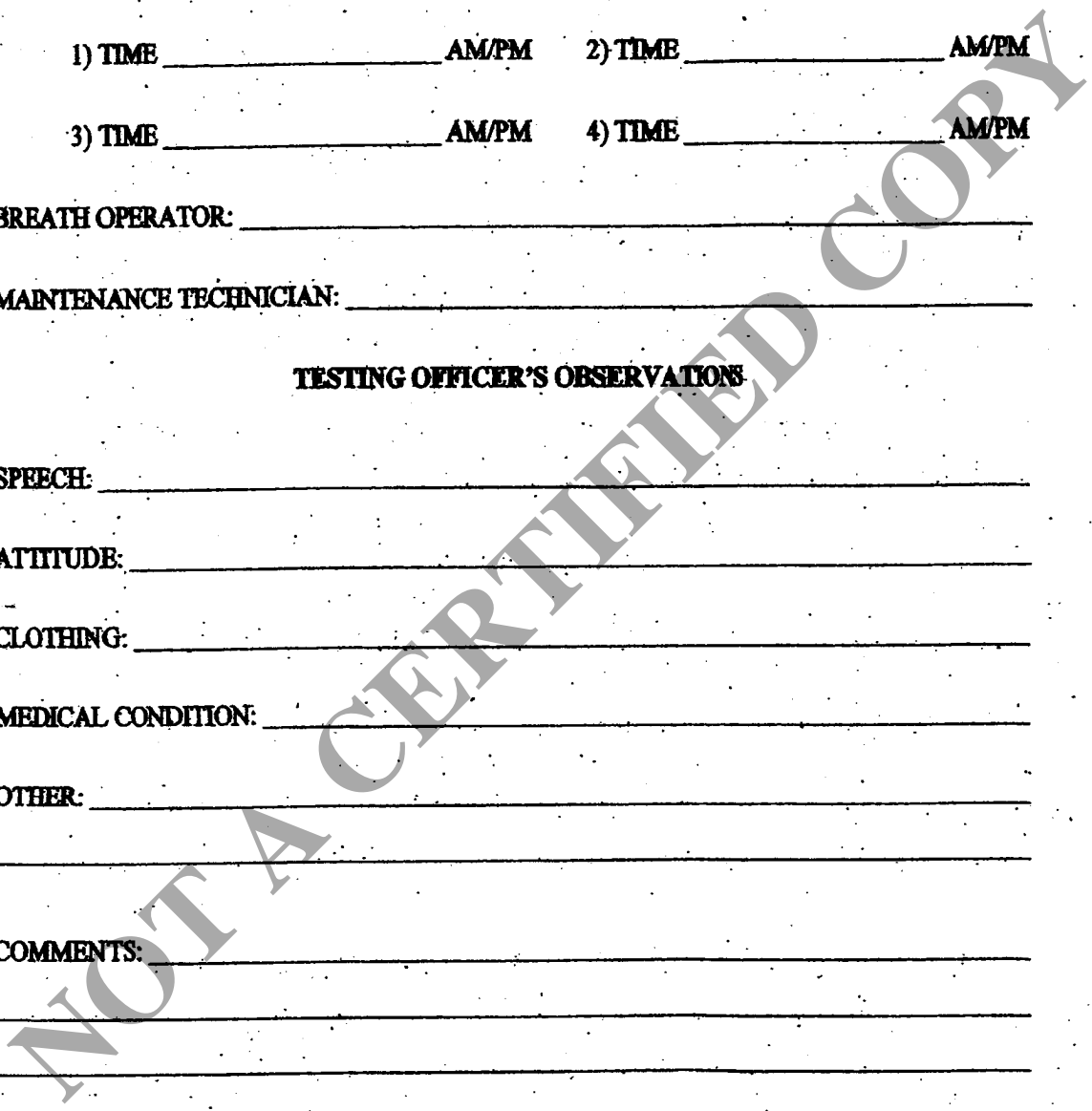
ATTITUDE: _____

CLOTHING: _____

MEDICAL CONDITION: _____

OTHER: _____

COMMENTS: _____



DUI INFLUENCE REPORT - PART II

To be filled out at testing facility

Agency Case # _____

I. INTRODUCTION (Instrument Operator faces video camera)

A. The day is _____
(day) (month) (date) (year)

B. The time is now approximately _____ AM/PM

C. The following is in reference to case number _____

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

E. Officer _____, have you arrested _____ 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? _____

G. Mr./Mrs./Ms. _____, 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./Mrs./Ms. _____ has refused to submit to a breath test.

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

A refusal form will be completed by the arresting officer.

Identify yourself and state:

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

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

Signed: _____ Date: _____ Time: _____

QUESTIONS AND ANSWERS

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

Where were you going? _____

What street or highway were you on? _____

Direction of travel? _____

Where did you start driving from? _____

What city (county) were you stopped in? _____

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

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

When did you last eat? _____ What did you eat? _____

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

How much do you weigh? _____ Have you been drinking? _____ What were you drinking? _____

How much? _____ Where? _____ With whom were you drinking? _____

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

How did you consume your last two drinks? _____

Are you under the influence of alcohol now? Yes No

Can you feel the effects of alcohol? Yes No

Have you consumed alcohol since the accident? Yes No

Can you feel the effects of alcohol? Yes No

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

What? _____ Where? _____

What line of work are you in? _____

When did you last work? _____

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

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

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

Were you in an accident today? _____

Have you taken any drugs or smoked marijuana today? _____

What? _____ When? _____

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

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

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

Glass eye? Yes No Ear infection? Yes No

False teeth? Yes No Diabetes? Yes No

Any problems not correctable by glasses or contact lenses? _____

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

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

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

The date is _____ (month) _____ (day) _____ (year)

SCANNED
MAR 31 2021

TESTING FACILITY TASK REPORT

AGENCY: BRPD

SUBJECT: KHALIL, JOHN WASSFY

CASE NUMBER: 21-050491

DATE: Mar 31, 2021

VIDEO DVD NUMBER: N/A

BEGINNING TIME: 0047

ENDING TIME: 0052

REFUSED

1) R TIME 0049 A.M. P.M.

2) N/A TIME XX A.M. P.M.

3) N/A TIME XX A.M. P.M.

4) N/A TIME XX A.M. P.M.

BREATH OPERATOR: JOSHUA J BELL #8656

MAINTENANCE TECHNICAN: J. KARLECKE #6467

TESTING OFFICER'S OBSERVATIONS

SPEECH: SLURRED

ATTITUDE: TALKATIVE, ARGUMENTATIVE, REPETITIVE

CLOTHING: BLACK TEE SHIRT, GREY SWEAT PANTS

MEDICAL CONDITIONS: BACK INJURY 100% DISABLED

MEDICATIONS: UNKNOWN

OTHER:

EYES : BLOODSHOT

COMMENTS:

ARRIVED AT DUI TESTING FACILITY AND BEGAN THE 20 MINUTE OBSERVATION AT 0024 HOURS

SUBJECT STATED HE WOULD NOT TAKE BREATH TEST

A/O READ I.C

SUBJECT ACKNOWLEDGED HE UNDERSTOOD I.C AND AGAIN STATED HE WOULD NOT TAKE BREATH TEST

REFUSAL TIME CALLED AT 0049 HOURS

A/O READ RIGHTS

SUBJECT STATED HE UNDERSTOOD HIS RIGHTS

A/O CONDUCTED Q AND A

SUBJECT ANSWERED A FEW QUESTIONS BEFORE ASKING IF THIS WAS ON THE RECORD
SUBJECT STATED HE DID NOT WANT TO ANSWER ANY MORE QUESTIONS

REFUSED

MAR 31 2021



Palm Beach County Sheriff's Office – Arrests Only

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

REVIEW COMPLETED BY

Booking Number: 2021007682	Date: 3/31/2021
	Specialist Name/ID: J. Beck/9007

SCANNED
 MAR 31 2021