

21CT9186 AMB

ARREST / NOTICE TO APPEAR  
Juvenile Referral Report

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

OBTS Number	Agency ORI Number <b>FLO 500000</b>		Agency Name <b>PALM BEACH COUNTY SHERIFF'S OFFICE</b>		Agency Report Number (N.T.A.'s only) <b>06-21072306</b>	
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
Location of Arrest (Including Name of Business) <b>17120 JUPITER FARMS RD, JUPITER, FL 33478</b>			Location of Offense (Business Name, Address) <b>17120 JUPITER FARMS RD, JUPITER, FL 33478</b>			
Date of Arrest <b>06/03/2021</b>	Time of Arrest <b>1952</b>	Booking Date	Booking Time	Jail Date	Jail Time	Location of Vehicle <b>ALL HOOKED UP TOWING</b>

Name (Last, First, Middle) <b>Woodard, John, Ray</b>		Alias (Name, DOB, Soc. Sec. #, Etc.)						
Race W - White I - American Indian B - Black O - Oriental/Asian	Sex <b>M</b>	Date of Birth <b>11/24/1972</b>	Height <b>5'01</b>	Weight <b>132</b>	Eye Color <b>BROWN</b>	Hair Color <b>BROWN</b>	Complexion <b>MED</b>	Build <b>SMALL</b>
Scars, Marks, Tattoos, Unique Physical Features (Location, Type, Description) <b>LEFT SHOULDER, RIGHT SHOULDER, BACK</b>			Marital Status <b>Married</b>	Religion <b>CHRISTIAN</b>	Indication of Alcohol Influence Drug Influence Y <input type="checkbox"/> N <input type="checkbox"/> Unk. <input type="checkbox"/>			
Local Address (Street, Apt. Number) <b>11357 152nd St N, Jupiter, FL 33478</b>			Phone <b>(561) 644-7759</b>	Residence Type: 1. City 2. County 3. Florida 4. Out of State			<b>2</b>	
Permanent Address (Street, Apt. Number)			Phone	Address Source <b>FL DL / VERBAL</b>				
Business Address (Name, Street)			Phone	Occupation <b>CARPENTER</b>				
D/L Number, State <b>W363476724240, FL</b>	Soc. Sec. Number	INS Number		Place of Birth (City, State) <b>WEST PALM BEACH, FL</b>		Citizenship <b>USA</b>		

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 <input type="checkbox"/> Other	Name (Last)	(First)	(Middle)	Residence Phone				
Address (Street, Apt. Number)			(City)	(State)	(Zip)	Business Phone		
Notified by: (Name)			Date	Time	Juvenile Disposition 1. Handed/processed within Dept. and Released.		2. TOT HRS / DYS 3. Incarcerated	

The above address 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 (Phone 355-2528) informed of any change of address.			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. Synthetics	U. Unknown Z. Other
Charge Description <b>Driving Under the Influence</b>			Counts <b>1</b>	Domestic Violence <input type="checkbox"/> Y <input type="checkbox"/> N	Statute Violation Number <b>316.193(3)(c)1</b>	Violation of ORD #				
Drug Activity <b>N</b>	Drug Type <b>N</b>	Amount / Unit	Offense # <b>21072306</b>	Warrant / Capias Number		Bond				

Location (Court, Room Number, Address) <b>Criminal Justice Complex, 3228 Gun Club Road, West Palm Beach, FL 33406 - Ph: (561) 688-4600</b>		
Court Date and Time Month <b>JUNE</b> Day <b>24th</b> Year <b>2021</b> Time <b>08:30</b> AM <input checked="" type="checkbox"/> PM		
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) <i>[Signature]</i>		Date Signed <b>06/03/2021</b>

HOLD for other Agency Name:	Signature of Arresting Officer <i>[Signature]</i>	Name Verification (Printed by Arrestee)
<input type="checkbox"/> Dangerous <input type="checkbox"/> Suicidal	<input type="checkbox"/> Resisted Arrest <input type="checkbox"/> Other	(PRINT)
Name of Arresting Officer (Print) <b>Inv. Cisson</b>	I.D. # <b>24091</b>	PAGE <b>1</b> OF <b>1</b>
Transporting Officer <b>Inv. Cisson</b>	ID # <b>24091</b>	Agency <b>PBSO</b>

DISTRIBUTION: WHITE - COURT COPY GREEN - STATE ATTORNEY YELLOW - AGENCY PINK - AGENCY GOLD - DEFENDANT (N.T.A.'S ONLY)

0219174

JUN 04 2021 3051

OBTS Number		PROBABLE CAUSE AFFIDAVIT		1 Arrest	3 Request for Warrant	1	Juvenile	N
Agency ORI Number FL0500000		Agency Name Palm Beach County Sheriff's Office		2 NTA	4 Request for Capias			
Agency Report Number 06 - 21-072306		Charge Type Check all that 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				
Name (Last, First, Middle) <b>Woodard John</b>		Alias		Race <b>W</b>	Sex <b>M</b>	Date of Birth <b>11-24-1972</b>		
Charge Description <b>DUI</b>		Charge Description						
Charge Description		Charge Description						
Victim's Name (Last, First, Middle) <b>State of Florida</b>		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..								
<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.		
<input type="checkbox"/> Confessed to		Admitting the below facts		<input checked="" type="checkbox"/> Was found to have committed the below acts, resulting from my (described) investigation.				
On The <b>03</b>		Day Of <b>June</b>		<b>2021</b>		At <b>1901</b>		<input type="checkbox"/> A.M. <input checked="" type="checkbox"/> P.M.

On 6-03-2021 I responded to the area of Randolph Siding Road and Jupiter Farms Rd in Jupiter FL 33458 in reference to two car vehicle accident. Upon arrival I made contact with John Woodard the driver of the Black Hyundai SUV bearing Florida tag 470PXG. While speaking with Woodard to ask what happened. I could smell the odor of an unknown alcoholic beverage emitting from him as he spoke. I also observed his eyes to be bloodshot and pupils pinpoint. While speaking with Woodard he was unable to tell me what road he came from saying it had many names. At certain points he was repeating himself multiply times and slurring his speech when trying to tell me the road name. At that time a DUI investigator was contact to respond to the scene of the crash. DUI Investigator J. Cisson 24091 arrived on scene and the investigation was turned over to him.

I spoke with the witness on scene Kimberly Briggs who stated that she was driving South on Jupiter Farms Road behind the Silver Lexus which was the other vehicle involved in the crash. Briggs stated while they were driving South the black SUV was driving North and came over into the southbound lane hitting the silver Lexus.

The foregoing instrument was sworn to and affirmed before me this 03 day of June 20 21, by:

INV Cisson 24901

D/S Dixon

22100

Name of Notary Public / Clerk of Court / Officer (F.S.S. 117.00)

Name of Arresting/Investigating Officer

Signature of Notary Public / Clerk of Court / Officer (F.S.S. 117.00)

Signature of Arresting/Investigating Officer

# D.U.I. PROBABLE CAUSE AFFIDAVIT

ON THE 3rd DAY OF JUNE 20 21, AT 1840 AM  PM

SUBJECT: Woodard, John, Ray CASE NUMBER: 21072306

AGENCY: PALM BEACH COUNTY SHERIFF'S OFFICE ARRESTING OFFICER: Inv. Cisson ID# 24091

## PERSONAL CONTACT

DRIVING PATTERN: Actual physical control (physical evidence or statements putting def. behind wheel of vehicle)

On Thursday June 3rd 2021 at approximately 1902 hours, I responded to a crash at 17120 Jupiter Farms Rd in unincorporated Jupiter, FL 33478 reference PBSO case# 21072291. Upon arrival I spoke with Deputy Dixon ID# 22100. He relayed to me the following: On 6-03-2021 I responded to the area of Randolph Siding Road and Jupiter Farms Rd in Jupiter FL 33458 in reference to two car vehicle accident. Upon arrival I made contact with John Woodard the driver of the Black Kia SUV bearing Florida tag 470PXXG. While speaking with Woodard to ask what happened. I could smell the odor of an unknown alcoholic beverage emitting from him as he spoke. I also observed his eyes to be bloodshot and pupils pinpoint. While speaking with Woodard he was unable to tell me what road he came from saying it had many names. At certain points he was repeating himself multiply times and slurring his speech when trying to tell me the road name. I spoke with the witness on scene Kimberly Briggs who stated that she was driving South on Jupiter Farms Road behind the Silver Lexus which was the other vehicle involved in the crash. Briggs stated while they were driving South the black SUV was driving North and came over into the southbound lane hitting the silver Lexus.

This concludes his supplement.

### OBSERVATION OF DRIVER:

I spoke with the witness Kimberly Briggs who said she was behind the Lexus sedan involved in the accident. She said she was present at the time of the accident and observed the driver of the black Hyundai exit from the driver side of the vehicle. I observed the defendant, John Ray Woodard who was wearing a green tee shirt, blue shorts and brown sandals. The defendant was standing outside the vehicle, on the passenger side chugging water from a water bottle. I asked the defendant to walk over to the front of my vehicle and speak with me. While walking over to my vehicle, the defendant was unsteady on his feet and staggered as he walked. While standing stationary the defendant had an orbital sway. I could see the defendants eyes were bloodshot and glossy. He had an obvious odor of an unknown alcoholic beverage emitting from his breath that grew stronger as he spoke.

### DRIVER'S STATEMENTS:

I explained to the defendant, the crash investigation was complete and I was now conducting a criminal investigation for DUI. I read him his Miranda Warnings to which he stated he understood. The defendant said he did not have any physical defects, diabetes, or receive a bump on the head. He had a minor cut on his fore head and redness on his forearm from the airbag deployment. He said he did not have anything wrong with he legs that would prohibit him from walking or standing. The defendant said he had 4 Bud Light can beers to drink. The defendant said he was coming from home and going to a job. He said he was driving the vehicle. I asked the defendant to submit to roadside field sobriety tasks to which he agreed.

### ODORS:

An obvious odor of an unknown alcoholic beverage

## GENERAL OBSERVATIONS

SPEECH: Slow, Slurred

ATTITUDE: Calm, Compliant

CLOTHING: DIRTY

MEDICAL/OTHER: Ibuprofen

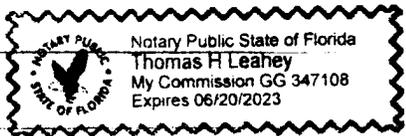
STATE OF FLORIDA  
COUNTY OF PALM BEACH

Inv. Cisson ID# 24091  
Signature of Arresting/Investigative Officer

The foregoing instrument was sworn to or affirmed and subscribed before me this 3rd day of June 2021 by Inv. Cisson ID# 24091

Print name of Arresting/Investigative Officer, who is personally known to me and/or produced identification. Type of identification produced Known

Thomas Leahey (#19183)  
Notary Public, Clerk of Court, Officer (F.S. 117.10)



SUBJECT: Woodard, John, Ray

CASE NUMBER 21072306

**ROADSIDE TASKS**

**HORIZONTAL GAZE NYSTAGMUS:**

- |   |   |
|---|---|
| <input checked="" type="checkbox"/> LT EYE-LACK OF SMOOTH PURSUIT                           | <input checked="" type="checkbox"/> RT EYE-LACK OF SMOOTH PURSUIT                           |
| <input checked="" type="checkbox"/> LT EYE-DISTINCT & SUSTAINED NYSTAGMUS AT MAX. DEVIATION | <input checked="" type="checkbox"/> RT EYE-DISTINCT & SUSTAINED NYSTAGMUS AT MAX. DEVIATION |
| <input checked="" type="checkbox"/> LT- EYE-ONSET OF NYSTAGMUS PRIOR TO 45 DEGREES          | <input checked="" type="checkbox"/> RT- EYE-ONSET OF NYSTAGMUS PRIOR TO 45 DEGREES          |

**Other Observations:**

The defendant swayed while standing stationary. I had to remind the defendant not to turn his head multiple times and to follow the red light. I had to remind him to look at the red light multiple times as he would stop looking at it.

**WALK & TURN:**

The task was explained and demonstrated. The defendant stated he understood the instructions. During the task the defendant failed to maintain the instructional stance. The defendant swayed while standing stationary. The defendant used his arms for balance throughout the task, did not touch heel to toe multiple times, stopped to regain balance, and took the incorrect number of steps. He took 10 steps on the second/return 9 steps, after it was explained to him numerous times.

**ONE LEG STAND:**

The task was explained and demonstrated. The defendant stated he understood the instructions. The defendant swayed while standing stationary. During the task the defendant put his foot down multiple times before 30 seconds elapsed. He began the task and stopped and restarted after he failed to count as instructed.

**FINGER TO NOSE:**

The task was explained and demonstrated. The defendant stated he understood the instructions. The defendant swayed while standing stationary. During the task the defendant raised his hand and then slowed down as the tip of his finger approached his nose. He searched for the tip of his nose and once he felt it, he pushed in on it. He did this on multiple attempts. I had to remind him to keep his head tilted back as he dropped from its position.

**ROMBERG ALPHABET:**

The task was explained and demonstrated. The defendant stated he understood the instructions. The defendant swayed while standing stationary. During the task the defendant stopped at D and had to remember the next letter (E).

**BREATH TEST RESULTS:**      0.199                      0.184

STATE OF FLORIDA  
COUNTY OF PALM BEACH

Inv. Cisson ID# 24091

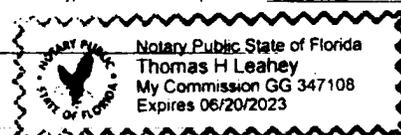
Signature of Arresting/Investigative Officer

foregoing instrument was sworn to or affirmed and subscribed before me this 3rd day of June 2021 by Inv. Cisson ID# 24091

Print name of Arresting/Investigative Officer, who is personally known to me and/or produced identification. Type of identification produced Known

**Thomas Leahey (#19183)**

Notary Public, Clerk of Court, Officer (F.S.S 117.10)



# WITNESS LIST

CASE NUMBER: 21072306

ARRESTING OFFICER: Inv. Cisson ID# 24091

ADDRESS: 3228 Gun Club Rd, West Palm Beach, FL 33406

PHONE NUMBERS (HOME): \_\_\_\_\_ (WORK) 561 688 3000

CAN TESTIFY TO: Facts of the case

NAME: D/S DAVIS ID# 8307

ADDRESS: 3228 Gun Club Rd, West Palm Beach, FL 33406

PHONE NUMBERS (HOME) \_\_\_\_\_ (WORK) 561 688 3000

CAN TESTIFY TO: CRASH INVESTIGATOR

NAME: D/S DIXON ID# 22100

ADDRESS PBSO

PHONE NUMBERS (HOME) \_\_\_\_\_ (WORK) \_\_\_\_\_

CAN TESTIFY TO: SUPPLEMENTAL PC

NAME: KIMBERLY BRIGGS

ADDRESS 15451 129TH PLACE N JUPITER FL 33478

PHONE NUMBERS (HOME) 727-333-1766 (WORK) \_\_\_\_\_

CAN TESTIFY TO: WHEEL WITNESS

NAME: \_\_\_\_\_

ADDRESS \_\_\_\_\_

PHONE NUMBERS (HOME) \_\_\_\_\_ (WORK) \_\_\_\_\_

CAN TESTIFY TO: \_\_\_\_\_

NAME: \_\_\_\_\_

ADDRESS \_\_\_\_\_

PHONE NUMBERS (HOME) \_\_\_\_\_ (WORK) \_\_\_\_\_

CAN TESTIFY TO: \_\_\_\_\_

NAME: \_\_\_\_\_

ADDRESS \_\_\_\_\_

PHONE NUMBERS (HOME) \_\_\_\_\_ (WORK) \_\_\_\_\_

CAN TESTIFY TO: \_\_\_\_\_

NAME: \_\_\_\_\_

ADDRESS \_\_\_\_\_

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CAN TESTIFY TO: \_\_\_\_\_

NAME: \_\_\_\_\_

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ADDRESS \_\_\_\_\_

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CAN TESTIFY TO: \_\_\_\_\_

NAME: \_\_\_\_\_

ADDRESS \_\_\_\_\_

PHONE NUMBERS (HOME) \_\_\_\_\_ (WORK) \_\_\_\_\_

CAN TESTIFY TO: \_\_\_\_\_

NOT A CERTIFIED COPY

# TESTING FACILITY TASK REPORT

AGENCY:

SUBJECT:

CASE NUMBER:

DATE:

VIDEO DVD NUMBER:

BEGINNING TIME:

ENDING TIME:

BREATH TESTS RESULTS: 1)  TIME  A.M.  P.M.  2)  TIME  A.M.  P.M.   
3)  TIME  A.M.  P.M.  4)  TIME  A.M.  P.M.

BREATH OPERATOR:

MAINTENANCE TECHNICIAN:

## TESTING OFFICER'S OBSERVATIONS

SPEECH:

ATTITUDE:

CLOTHING:

MEDICAL CONDITIONS:

MEDICATIONS:

## OTHER:

Eyes are red  
odor of unknown alcoholic beverage on breath  
Subject stated in Q&A he had 4 beers.

## COMMENTS:

Arrived at center A/O started 20 minute observation period at 20:26 hrs.

Subject agreed to perform breath test and asked if he didn't his license would be suspended?

A/O read I/C and subject stated he understood I/C.

Subject agreed to take test.

A/O read rights.  
Subject stated he understood rights.

Tech read breath test results.  
Subject stated he understood breath test results.

A/O conducted Q&A  
Subject answered Q&A.

**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: 80-006029 Software: 8100.27  
Date of Test: 06/03/2021

Date of Last Agency Inspection: 05/14/2021  
Observation Period Began: 20:26  
Subject's Name: JOHN R WOODARD

DOB: 11/24/1972 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	20:52
Air Blank	0.000	20:53
Control Test	0.080	20:53
Air Blank	0.000	20:53
Subject Sample #1	0.199	20:54
Air Blank	0.000	20:55
Air Blank	0.000	20:57
Subject Sample #2	0.187	20:57
Air Blank	0.000	20:58
Control Test	0.080	20:58
Air Blank	0.000	20:59
Diagnostics Check	OK	20:59

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 RENEE M RAGIN, 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: \_\_\_\_\_ Date: 06/03/21  
Signature

Sworn to (or affirmed) before me this 03 day of June, 2021  
Signature of Notary Public-State of Florida: \_\_\_\_\_  
Printed Name of Notary Public-State of Florida: Inv. J. Cisson #24091

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: W. Mark Tom R. CASE NUMBER: 21-072306

## 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) Mark Tom R.

SUBJECT: W. Stant, John A. CASE NUMBER: 1-072306

### 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: \_\_\_\_\_



**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"/>			
Other	<input type="checkbox"/>		Other:	
	<input type="checkbox"/>		Other:	

REVIEW COMPLETED BY

Booking Number: 2021013557	Date: 6/04/21
	Specialist Name/ID: J. Beck/9007