

20CT15033 ASB


OBTS Number		ARREST / NOTICE TO APPEAR Juvenile Referral Report		1. Arrest 2. N.T.A.		3. Request for Warrant 4. Request for Capias		1		Juvenile		N	
Agency ORI Number FLO 500000		Agency Name PALM BEACH COUNTY SHERIFF'S OFFICE				Agency Report Number (N.T.A.'s only) 06- 20-129040							
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 checked="" type="checkbox"/> 4. Traffic Misdemeanor <input type="checkbox"/> 5. Ordinance <input type="checkbox"/> 6. Other		Weapon Seized / Type 1. Yes 2. No		Multiple Clearance Indicator		01							
Location of Arrest (Including Name of Business) BOYNTON BEACH BLVD & MILITARY TRAIL, BOYNTON BEACH FL, 33436						Location of Offense (Business Name, Address) BOYNTON BEACH BLVD & MILITARY TRAIL, BOYNTON BEACH FL, 33436							
Date of Arrest 11/21/2020		Time of Arrest 0359		Booking Date		Booking Time		Jail Date		Jail Time		Location of Vehicle TOWED BY BIG CITY	
Name (Last, First, Middle) Wagner Murphy, Jonathan, Blake												Alias (Name, DOB, Soc. Sec. #, Etc.)	
Race W - White 1 - American Indian B - Black O - Oriental/Asian		Sex W M		Date of Birth 4/22/1985		Height 5'10		Weight 170		Eye Color BRWN		Hair Color BRWN	
Complexion LIGHT		Build MED		Scars, Marks, Tattoos, Unique Physical Features (Location, Type, Description) 2 ARROWS AND FAMILY OVER EVERYTHING ON LEFT ARM		Marital Status Married		Religion CATHOLIC		Indication of: Alcohol Influence Drug Influence Y N Unk. <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>			
Local Address (Street, Apt. Number) 9325 Dundee Dr, LAKE WORTH FL, 33467				(City) (State) (Zip)		Phone (954) 6584271		Residence Type: 1. City 2. County 3. Florida 4. Out of State					
Permanent Address (Street, Apt. Number)				(City) (State) (Zip)		Phone		Address Source FL DL					
Business Address (Name, Street)				(City) (State) (Zip)		Phone		Occupation CONSTRUCTION					
D/L Number, State W256422851420, FL				INS Number		Place of Birth (City, State) ROAKE, VIRGINIA		Citizenship USA					
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	
<input type="checkbox"/> Parent <input type="checkbox"/> 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. Handled/processed within Dept and Released. 2. TOT HRS / DYS 3. Incarcerated					
Released To: (Name)				Relationship		Date		Time					
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. <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 Driving Under The Influence		Counts 01		Domestic Violence <input type="checkbox"/> Y <input checked="" type="checkbox"/> N		Statute Violation Number 316.193(1A)		Violation of ORD #					
Drug Activity N		Drug Type N		Amount / Unit		Offense # 20-129040		Warrant / Capias Number		Bond			
Charge Description		Counts		Domestic Violence <input type="checkbox"/> Y <input checked="" type="checkbox"/> N		Statute Violation Number		Violation of ORD #					
Drug Activity		Drug Type		Amount / Unit		Offense #		Warrant / Capias Number		Bond			
Charge Description		Counts		Domestic Violence <input type="checkbox"/> Y <input checked="" type="checkbox"/> N		Statute Violation Number		Violation of ORD #					
Drug Activity		Drug Type		Amount / Unit		Offense #		Warrant / Capias Number		Bond			
Charge Description		Counts		Domestic Violence <input type="checkbox"/> Y <input checked="" type="checkbox"/> N		Statute Violation Number		Violation of ORD #					
Drug Activity		Drug Type		Amount / Unit		Offense #		Warrant / Capias Number		Bond			
Location (Court, Room Number, Address) South County Courthouse, Courtroom #1, 200 W. Atlantic Ave., Delray Beach, FL 33444 - Ph: (561) 355-2996													
Court Date and Time Month 12 Day 14 Year 2020 Time 0830 (AM) 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. 11/21/2020													
Signature of Defendant (or Juvenile and Parent /Custodian) BS										Date Signed			
HOLD for other Agency Name:				Signature of Arresting Officer [Signature]				Name Verification (Printed by Arresting Officer) NOV 21 AM 8:15					
<input checked="" type="checkbox"/> Dangerous <input type="checkbox"/> Suicidal				<input type="checkbox"/> Resisted Arrest <input type="checkbox"/> Other:				Name of Arresting Officer (Print) D/S N. MACHIN I.D. # 35654					
Intake Deputy [Signature]				Pouch #				Transporting Officer D/S N. MACHIN I.D. # 35654 Agency PRSO					
DISTRIBUTION: WHITE - COURT COPY GREEN - STATE ATTORNEY YELLOW - AGENCY										WITNESS here if subject signed with an "X" 1 Of 1			

SCANNED

NOV 23 2020

2600

		PROBABLE CAUSE AFFIDAVIT		1 Arrest 2 NTA		3 Request for Warrant 4 Request for Capias		1		Juvenile	
ADMIN	OBTS Number			Agency ORI Number		Agency Name		Agency Report Number			
	FLO 5 0 0 0 0 0 0		PALM BEACH COUNTY SHERIFF'S OFFICE		20-129040						
CHARGES	Charge Type	<input type="checkbox"/> 1 Felony <input type="checkbox"/> 2 Traffic Felony <input checked="" type="checkbox"/> 3 Misdemeanor <input type="checkbox"/> 4 Traffic Misdemeanor <input type="checkbox"/> 5 Ordinance <input type="checkbox"/> 6 Other		Special Notes							
	Charge Description										
DEF	Name (Last, First, Middle)	WAGNER MURPHY JONATHAN		Alias		Race W		Sex M		Date of Birth 04/22/1985	
	Charge Description										
VICTIM	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					
<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 _____ <input checked="" type="checkbox"/> that he/she saw the arrested person commit the below acts. was found to have committed the below acts, resulting from my (described) investigation. </div> </div> <p>On the <u>21</u> day of <u>NOVEMBER</u> 20<u>20</u> at <u>0341</u> <input checked="" type="checkbox"/> A.M <input type="checkbox"/> P.M (Specifically include facts constituting cause for arrest.)</p> <p>On above date and time I was traveling west on Boynton Beach Blvd performing traffic control. When I was approaching the intersection of Boynton Beach Blvd and El Clair Ranch Rd I noticed a black vehicle traveling east bound at a high rate of speed. My Dual Stalker Radar read 65 mph. The speed limit on Boynton Beach Blvd is 45mph. I made a u turn never losing site of the vehicle. I got behind the vehicle at Boynton Beach Blvd and Military Trail and initiated a traffic stop. The final stop was in the Boynton Trail Center. I made contact with the driver Jonathan Wagner Murphy identified by his Florida Driver's License. On contacted with Jonathan I could smell an unknown alcoholic beverage coming from his person and I noticed his eyes were glassy and red. I issued Jonathan a citation for driving 65mph in a 45mph. Deputy Machin arrived on scene and took over the investigation for a DUI.</p>											
<div style="display: flex; justify-content: space-between;"> <div> STATE OF FLORIDA COUNTY OF PALM BEACH (Signature of Arresting /Investigative Officer) <u>[Signature]</u> </div> <div> The foregoing instrument was sworn to or affirmed and subscribed before me this <u>20</u> day of <u>NOVEMBER</u> 20<u>20</u> by <u>D/S SIEGEL 12460</u> (Print name of Arresting/Investigative Officer), who is personally known to me and/or produced identification. Type of identification produced <u>KNOWN</u> </div> <div> Notary Public, Clerk of Court, Officer (F.S.S. 117.10) <u>[Signature]</u> </div> </div>											

OBTS Number		PROBABLE CAUSE AFFIDAVIT		1. Arrest 2. N.T.A.		3. Request for Warrant 4. Request for Copies		1	Juvenile	N	
ADMIN	Agency ORI Number FLO 500000		Agency Name PALM BEACH COUNTY SHERIFF'S OFFICE		Agency Report Number 06- 20-129040						
	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		Special Notes:						
CHARGES	Name (Last, First, Middle) Wagner Murphy, Jonathan, Blake		Alias		Race W		Sex M		Date of Birth 4/22/1985		
	Charge Description Driving Under The Influence		316.193(1A)		Charge Description						
VICTIM	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				
<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>21</u> day of <u>November</u> 20<u>20</u> at <u>0327</u> <input checked="" type="checkbox"/> A. M. <input type="checkbox"/> P. M. (Specifically include facts constituting cause for arrest.)</p>											
<p>Pen Task (Horizontal Gaze Nystagmus [HGN]):</p> <p>The defendant was placed with their feet together and hands down by their side. The defendant was instructed to await the completion of the instructions prior to beginning the task. The defendant acknowledged that they clearly understood my instructions. I then instructed the defendant on the task. The defendant stated that they clearly understood my instructions for the task. I placed my stimulus in front of the defendant and ask the defendant if they could see it to which he said "yes." Upon commencing the Pen Task (HGN) the defendant moved their head side to side instead of following with their eyes only. I had to reinstruct the defendant multiple times during the task to follow the stimulus with their eyes only. During the task, I observed that the defendant had equal pupil size and did not exhibit resting nystagmus. The defendant's eyes tracked equally.</p> <p>I then checked the defendant for Vertical Gaze Nystagmus (VGN). I did not see distinct and sustained nystagmus at maximum deviation in both of the defendant's left and right eyes.</p> <p>An inventory search of the vehicle was conducted prior to tow per PBSO policy. I located the following items/noting to mention inside the vehicle. The vehicle was towed by rotation by (tow company) to their impound lot.</p>											
ADMINISTRATIVE	STATE OF FLORIDA COUNTY OF PALM BEACH		D/S N. MACHIN								
	(Signature of Arresting/Investigative Officer)										
	The foregoing instrument was sworn to or affirmed and subscribed before me this <u>21</u> day of <u>November</u> 20 <u>20</u> by <u>N. MACHIN</u> (Print name of Arresting/Investigative Officer), who is personally known to me and/or produced identification. Type of identification <u>Known</u>										
	Notary Public, Clerk of Court, Officer (F.S.S. 117.10)		 MY COMMISSION #GG346008 EXPIRES: JUN 18, 2023 Bonded through 1st State Insurance		LEO <div style="float: right;">PAGE 1 OF 1</div>						

D.U.I. PROBABLE CAUSE AFFIDAVIT

ON THE 21 DAY OF November 20 20 AT 0327 AM PM

SUBJECT: Wagner Murphy, Jonathan, Blake CASE NUMBER: 20-129040

AGENCY: PALM BEACH COUNTY SHERIFF'S OFFICE ARRESTING OFFICER: D/S N. MACHIN

PERSONAL CONTACT

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

I was called to the scene of a traffic stop near the intersection of BOYNTON BEACH BLVD & MILITARY TRAIL, in unincorporated Palm Beach County, Florida. I arrived at the scene at approximately 0345 hrs.

D/S P. SIEGEL #12460 told me, in a signed sworn PC Supplement, that he had stopped the defendant's vehicle, a BLACK GMC TRUCK bearing FL tag Y30TWM because the defendant's vehicle was SPEEDING CIT# ADXQSJE. D/S P. SIEGEL noticed that the defendant had articulable indicators of impairment, so he requested me to respond to conduct a possible DUI investigation. D/S P. SIEGEL identified the defendant, to me, as the driver / sole occupant of the defendant's vehicle, at the time of the stop.

OBSERVATION OF DRIVER:

I made contact with the defendant, later identified by their FL DL as, JONATHAN BLAKE WAGNER MURPHY. I observed that the defendant had red, watery, bloodshot eyes. The defendant had slurred, slowed, lethargic, speech, and the odor of an unknown alcoholic beverage, based on my training and life experiences, that came from their breath which intensified as they spoke to me. I asked how much they had had to drink. The defendant said, "SIX DRINKS."

I asked the defendant to exit the vehicle. The defendant swayed while standing, stumbled while walking, and leaned on the car for balance.

I asked the defendant to perform voluntary roadside tasks AND HE AGREED TO PERFORM THEM.

DRIVER'S STATEMENTS:

Pre Miranda/Spontaneous Utterance: "I DID NOT THINK I WAS THAT MESSED UP"

ODORS:

I could smell the odor of an unknown alcoholic beverage, based on my training and life experiences, that came from the defendant's breath and intensified as he spoke to me.

GENERAL OBSERVATIONS

SPEECH:

ATTITUDE: JOKING AND POSITIVE

CLOTHING:

MEDICAL/OTHER: I conducted the Standardized Field Sobriety Tasks (SFSTs) in front of my PBSO patrol vehicle (Asset # 60258) in car video system with the following results. The area appeared flat and even to the naked eye, Well Lit and clear of any large debris. It was Warm and Not Windy. The area was dry.

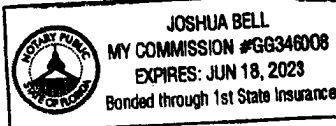
STATE OF FLORIDA
COUNTY OF PALM BEACH

D/S N. MACHIN
(Signature of Arresting/Investigative Officer)

The foregoing instrument was sworn to or affirmed and subscribed before me this 21 day of November 20 20 by D/S N. MACHIN

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

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



SUBJECT: Wagner Murphy, Jonathan, Blake CASE NUMBER 20-129040

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 type="checkbox"/> LT- EYE-ONSET OF NYSTAGMUS PRIOR TO 45 DEGREES | <input type="checkbox"/> RT- EYE-ONSET OF NYSTAGMUS PRIOR TO 45 DEGREES |

Other Observations:

See P.C.

WALK & TURN:

I had the defendant place their left foot on the line with their right foot in front of the left, heel to toe. I instructed the defendant to remain in the position throughout my instructions and demonstration. The defendant was instructed not to start the task prior to me telling them to begin. The defendant acknowledged and stated they completely understood my instructions. The defendant was then instructed on the task which I also demonstrated. The defendant swayed during my instructions. Once the defendant was told to begin the task they missed heel to toe, stepped off the line, made an improper turn, walked the incorrect number of steps, and slowed to balance/steady themselves. The defendant swayed throughout completing the task.

ONE LEG STAND:

The defendant was instructed to stand with their feet together and their hands down by their side. They were then instructed to remain in the position throughout the instructions and demonstration until instructed to begin. The defendant acknowledged and stated that they clearly understood the instructions. The defendant swayed while in the instructional position. After being told to begin the defendant swayed. The defendant did not point their toe or look as their toe as instructed after even after being instructed to do so.

FINGER TO NOSE:

The defendant was instructed to stand with their feet together and their hands down by their side. The defendant was then instructed to remain in the position throughout the instructions and demonstration until instructed to begin. The defendant acknowledged and stated that they clearly understood these instructions. The defendant swayed while in the instructional position. The defendant mimicked me by tilting their head back prior to being told to start. I instructed the defendant on the task and demonstrated the task. The defendant acknowledged the instructions stating that they clearly understood them. The defendant did not bring their hand immediately back as instructed after numerous reminders to do so. The defendant swayed throughout the task.

ROMBERG NUMBERS:

The defendant was instructed to stand with their feet together and their hands down by their side. The defendant was then instructed to remain in the position throughout the instructions and demonstration until instructed to begin. The defendant acknowledged and stated that they clearly understood these instructions. The defendant swayed while in the instructional position. The defendant mimicked me by tilting their head back prior to me telling them to begin. I asked the defendant what his highest level of education was and he advised high school. I then advised him to start counting from 1 to 100 until instructed to stop.

BREATH TEST RESULTS: (1) (2) (3) (4)

STATE OF FLORIDA
COUNTY OF PALM BEACH

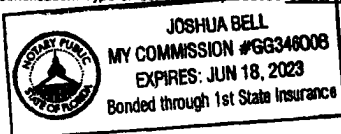
D/S N. MACHIN

(Signature of Arresting/Investigative Officer)

The foregoing instrument was sworn to or affirmed and subscribed before me this 21 day of November 2020 by D/S N. MACHIN

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

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



WITNESS LIST

CASE NUMBER: 20-129040

ARRESTING OFFICER: D/S N. MACHIN

ADDRESS: 3228 Gun Club Rd, West Palm Beach, FL 33415

PHONE NUMBERS (HOME): 561-688-3000 (WORK) 561-688-3000

CAN TESTIFY TO: DUI Investigation

NAME: D/S P. SIEGEL

ADDRESS: 3228 Gun Club Rd, West Palm Beach, FL 33415

PHONE NUMBERS (HOME) 561-688-3000 (WORK) _____

CAN TESTIFY TO: TRAFFIC STOP DEPUTY

NAME: _____

ADDRESS _____

PHONE NUMBERS (HOME) _____ (WORK) _____

CAN TESTIFY TO: _____

NAME: _____

ADDRESS _____

PHONE NUMBERS (HOME) _____ (WORK) 0

CAN TESTIFY TO: _____

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 _____

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 _____

PHONE NUMBERS (HOME) _____ (WORK) _____

CAN TESTIFY TO: _____

TESTING FACILITY TASK REPORT

AGENCY: PBSO

SUBJECT: WAGNER MURPHY, JONATHAN BLAKE

CASE NUMBER: 20-129040

DATE: Nov 21, 2020

VIDEO DVD NUMBER: N/A

BEGINNING TIME: 0516

ENDING TIME: 0522

BREATH TESTS RESULTS: 1) R TIME 0521 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 TECHNICIAN: J. KARLECKE #6467

TESTING OFFICER'S OBSERVATIONS

SPEECH: SLURRED

ATTITUDE: TALKATIVE, MAKING JOKES, COOPERATIVE

CLOTHING: GREY POLO SHIRT, BLUE JEANS, GREY SHOES

MEDICAL CONDITIONS: NONE

MEDICATIONS: NONE

OTHER:

EYES: GLASSY

ODOR OF UNKNOWN ALCOHOLIC BEVERAGE COMING FROM BREATH

COMMENTS:

ARRIVED AT DUI TESTING FACILITY AND BEGAN THE 20 MINUTE OBSERVATION AT 0448 HOURS

SUBJECT STATED HE WOULD NOT TAKE BREATH TEST

A/O READ I.C 2 TIMES AND EXPLAINED

SUBJECT ACKNOWLEDGED HE UNDERSTOOD I.C AND REFUSED TO TAKE BREATH TEST

A/O READ RIGHTS

SUBJECT STATED HE UNDERSTOOD HIS RIGHTS

SUBJECT DECLINED TO ANSWER Q AND A

SUBJECT: Wagner, Murphy, Jonathan B CASE NUMBER: 20-129040

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

SUBJECT: Wagner, Murphy, Jonathan B CASE NUMBER: 20-129040

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: DIS N. Machin #35654

WHITE - STATE ATTY.

YELLOW - DHSMV

PINK - CENTRAL RECORDS

GOLD - JAIL

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

20-129040

I, D/S N. MACHIN, a duly certified Law Enforcement Officer or Correctional Officer,

(Name of Officer reading Implied Consent Warning)

am a member of Palm Beach County Sheriff's Office, and I do swear

(Name of law enforcement agency)

or affirm that on or about the 21 day of November, 20 20, at 0359 ☐ P.M. ☐ A.M.

DRIVER Jonathan Blake Wagner Murphy
(Type or Print) FIRST NAME MIDDLE OR MAIDEN NAME LAST NAME

DL# W256422851420, state of Florida, was placed under lawful arrest for

the offense of Driving Under The Influence by D/S N. MACHIN and

(Name of Arresting Officer)

issued Citation # A2GCNHP

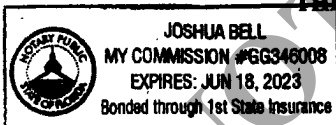
That on or about the 21 day of NOVEMBER, 20 20, at 0521 ☐ P.M. ☒ A.M.

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]
Signature of Law Enforcement Officer or
Correctional Officer

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



(AFFIX SEAL)

The foregoing instrument was sworn and subscribed before
me this 21 day of November, 20 20,

by D/S N. MACHIN,

who is personally known to me or who has produced

Known LEO as identification

Notary Public [Signature]

The foregoing instrument was sworn and subscribed before me:

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.



**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: 2020027422

Date: 11/22/2020

Specialist Name/ID: B Evans / 23649