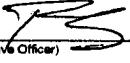


20CT15033 ASB

ARREST / NOTICE TO APPEAR			1. Arrest	3. Request for Warrant	2. N.T.A.	4. Request for Capias	1	Juvenile			
OBTS Number			Juvenile Referral Report								
Agency ORI Number		Agency Name		Agency Report Number (N.T.A.'s only)							
FLO 500000		PALM BEACH COUNTY SHERIFF'S OFFICE		06-20-129040							
Charge Type: Check as many as apply		<input type="checkbox"/> 1. Felony <input type="checkbox"/> 3. Misdemeanor <input type="checkbox"/> 5. Ordinance <input type="checkbox"/> 2. Traffic Felony <input checked="" type="checkbox"/> 4. Traffic Misdemeanor <input type="checkbox"/> 6. Other		Weapon Seized / Type		Multiple Clearance Indicator		01			
Location of Arrest (Including Name of Business)		Location of Offense (Business Name, Address)									
BOYNTON BEACH BLVD & MILITARY TRAIL, BOYNTON BEACH FL, 33436		BOYNTON BEACH BLVD & MILITARY TRAIL, BOYNTON BEACH FL, 33436									
Date of Arrest		Time of Arrest		Booking Date	Booking Time	Jail Date	Jail Time	Location of Vehicle			
11/21/2020		0359						TOWED BY BIG CITY			
Name (Last, First, Middle)											
Wagner Murphy, Jonathan, Blake											
Race		Sex	Date of Birth	Height	Weight	Eye Color	Hair Color	Complexion			
W - White 1 - American Indian B - Black 0 - Oriental/Asian		W	M	4/22/1985	5'10	170	BRWN	BRWN			
Build											
MED											
Scars, Marks, Tattoos, Unique Physical Features (Location, Type, Description)											
2 ARROWS AND FAMILY OVER EVERYTHING ON LEFT ARM											
Local Address (Street, Apt. Number)			(City)	(State)	(Zip)	Marital Status	Religion	Indication of:			
9325 Dundee Dr, LAKE WORTH FL, 33467						Married	CATHOLIC	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> Unk. <input type="checkbox"/> Alcohol Influence <input type="checkbox"/> Drug Influence			
Permanent Address (Street, Apt. Number)			(City)	(State)	(Zip)	Phone	Residence Type:				
						(954) 6584271	1. City <input type="checkbox"/> 3. Florida 2. County <input type="checkbox"/> 4. Out of State				
Business Address (Name, Street)			(City)	(State)	(Zip)	Phone	Address Source				
						( )	FL DL				
D/L Number, State						Phone	Occupation				
W256422851420, FL						( )	CONSTRUCTION				
INS Number			Place of Birth (City, State)			Citizenship					
			ROAKE, VIRGINIA			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      Name (Last) (First) (Middle) <input type="checkbox"/> Legal Custodian <input type="checkbox"/> Other							Residence Phone ( )				
Address (Street, Apt. Number)				(City)	(State)	(Zip)	Business Phone ( )				
Notified by: (Name)				Date	Time	Juvenile Disposition:	2. TOT HRS / DYS				
						1. Handled/ processed within Dept. and Released.	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.				School Attended			Grade				
<input type="checkbox"/> Yes, by: (Name) <input type="checkbox"/> No: (Reason)											
Property Crime?		Description of Property			Value of Property						
<input type="checkbox"/> Yes <input type="checkbox"/> No											
Drug Activity		S. Sell	R. Smuggle	K. Dispense/ Distribute	M. Manufacture/ Produce/ Cultivate	Z. Other	Drug Type	B. Barbiturates	H. Hallucinogen	P. Paraphernalia/ Equipment	U. Unknown
N. N/A		B. Buy	D. Deliver	E. Use			N. N/A	C. Cocaine	M. Marijuana	S. Opium/Deriv.	Z. Other
P. Possess		T. Traffic					A. Amphetamine	E. Heroin			
Charge Description				Counts	Domestic Violence <input type="checkbox"/> Y <input type="checkbox"/> N	Statute Violation Number			Violation of ORD #		
Driving Under The Influence				01		316.193(1A)					
Drug Activity		Drug Type	Amount / Unit	Offense #		Warrant / Capias Number			Bond		
N		N		20-129040							
Charge Description				Counts	Domestic Violence <input type="checkbox"/> Y <input 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 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 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)				20							
South County Courthouse, Courtroom #1, 200 W. Atlantic Ave., Delray Beach, FL 33444 - Ph: (561) 355-2996											
Court Date and Time				20							
Month 12 Day 14 Year 2020 Time 0830 AM				20							
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)				Date Signed NOV 21 AM 8:15							
HOLD for other Agency Name:				Signature of Arresting Officer <i>W. C. Lewis</i>				Name Verification (Printed by Arresting Officer) NOV 21 AM 8:15			
<input type="checkbox"/> Dangerous <input type="checkbox"/> Resisted Arrest <input type="checkbox"/> Suicidal <input type="checkbox"/> Other				Name of Arresting Officer (Print) I.D. #				(PRINT)			
D/S N. MACHIN 35654											
Intake Deputy # Pouch #				Transporting Officer ID # Agency				PAGE			
D/S N. MACHIN 35654 PBSO								Witness here if subject signed with an "X" 1 OF 1			
DISTRIBUTION: WHITE - COURT COPY GREEN - STATE ATTORNEY YELLOW - AGENCY INMATE AGENT GOLD - DEFENDANT (N.T.A.'s ONLY)											

		PROBABLE CAUSE AFFIDAVIT							
ADMIN	OBTS Number					I Arrest 2 NTA	3 Request for Warrant 4 Request for Capias	1	Juvenile
	Agency ORI Number <b>FLO 5 0 0 0 0 0 0</b>	Agency Name <b>PALM BEACH COUNTY SHERIFF'S OFFICE</b>					Agency Report Number <b>20-129040</b>		
DEF	Charge Type Check as many as apply	1 Felony <input type="checkbox"/>	3 Misdemeanor <input checked="" type="checkbox"/>	5 Ordinance <input type="checkbox"/>	6 Other <input type="checkbox"/>	Special Notes			
CHARGES	Name (Last, First, Middle) <b>WAGNER MURPHY JONATHAN</b>	Alias				Race <b>W</b>	Sex <b>M</b>	Date of Birth <b>04/22/1985</b>	
VICTIM	Charge Description	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			
<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. 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 _____</p> <p><input type="checkbox"/> confessed to _____ <input checked="" type="checkbox"/> that he/she saw the arrested person commit the below acts.</p> <p>admitting to the below facts. _____ was found to have committed the below acts, resulting from my (described) investigation.</p> <p>On the <b>21</b> day of <b>NOVEMBER</b> <b>20</b> at <b>0341</b> <input type="checkbox"/> A.M <input type="checkbox"/> P.M (Specifically include facts constituting cause for arrest.)</p>									
PROBABLE CAUSE STATEMENT	<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>								
ADMINISTRATIVE	<p>STATE OF FLORIDA COUNTY OF PALM BEACH </p> <p>(Signature of Arresting/Investigative Officer) _____</p> <p>The foregoing instrument was sworn to or affirmed and subscribed before me this <b>20</b> day of <b>NOVEMBER</b> <b>20</b> by <b>D/S SIEGEL 12460</b></p> <p>(Print name of Arresting/Investigative Officer), who is personally known to me and/or produced identification. Type of identification produced <b>KNOWN</b></p> <p></p> <p>Notary Public, Clerk of Court, Officer (F.S.S.) 117.10</p> <p>PAGE _____ OF _____</p>								

ADMIN	OBTS Number	PROBABLE CAUSE AFFIDAVIT			1. Arrest	3. Request for Warrant			
	Agency ORI Number	Agency Name	PALM BEACH COUNTY SHERIFF'S OFFICE			2. N.T.A.	4. Request for Capias	1	Juvenile N
	FLO 500000				Agency Report Number			06- 20-129040	
	Charge Type: Check as many as apply.	<input type="checkbox"/> 1. Felony	<input type="checkbox"/> 3. Misdemeanor	<input type="checkbox"/> 5. Ordinance	Special Notes:				
		<input type="checkbox"/> 2. Traffic Felony	<input type="checkbox"/> 4. Traffic Misdemeanor	<input type="checkbox"/> 6. Other					
CHARGES DEF	Name (Last, First, Middle)	Alias			Race	Sex	Date of Birth		
	Wagner Murphy, Jonathan, Blake				W	M	4/22/1985		
VICTIM	Charge Description	Charge Description							
	Driving Under The Influence	316.193(1A)							
	Charge Description	Charge Description							
	Victim's Name (Last, First, Middle)				Race	Sex	Date of Birth		
	State of Florida, ,				-	-	-		
	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. 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 _____</p> <p><input type="checkbox"/> confessed to _____ that he/she saw the arrested person commit the below acts.</p> <p><input checked="" type="checkbox"/> was found to have committed the below acts, resulting from my (described) investigation.</p>									
<p>On the 21 day of November 20 20 at 0327 <input checked="" type="checkbox"/> A. M. <input type="checkbox"/> P.M. (Specifically include facts constituting cause for arrest.)</p>									
<p><b>Pen Task (Horizontal Gaze Nystagmus [HGN]):</b></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>									
PROBABLE CAUSE STATEMENT									
ADMINISTRATIVE	<p>STATE OF FLORIDA COUNTY OF PALM BEACH</p> <p><i>[Signature]</i> D/S N. MACHIN</p> <p>(Signature of Arresting/Investigative Officer)</p> <p>The foregoing instrument was sworn to or affirmed and subscribed before me this 21 day of November 20 20 by N. MACHIN</p> <p>(Print name of Arresting/Investigative Officer), who is personally known to me and/or produced identification. Type of identification: Known LEO</p> <p>Notary Public, Clerk of Court, Officer (F.S.S. 117.10)</p> <p> MY COMMISSION #GG346008 EXPIRES: JUN 18, 2023 Bonded through 1st State Insurance</p> <p>PAGE 1 OF 1</p>								

# 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/Sponetaneous 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 K known LEO

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



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

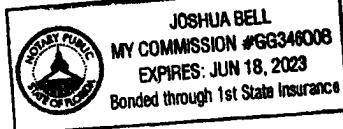
D/S N. MACHIN

(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 Ktown 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: Wayne Murphy, Jonathan B CASE NUMBER: 20-12940

## 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

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

**REVIEW COMPLETED BY**

Booking Number: 2020027422	Date: 11/22/2020
	Specialist Name/ID: B Evans / 23649