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1300

ARREST / NOTICE TO APPEAR

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|---|--|-------------------------------------|---|--|--|--|---|---|--|---|------------------------|
| ADMI STR ATION | OBTS Number | Agency ORI Number 0501700 | | Agency Name Jupiter Police Department | | Agency Report Number (N.T.A.'s only) 5, 4 20-004283 | | 1. Arrest 2. N.T.A. 3. Request for Warrant 4. Request for Capias | 1 | JUVENILE | |
| DEF END ANT | Charge Type: Check as many <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 | | If Weapons Seized Enter Type NONE | | Multiple Clearance Indicator | | |
| | Location of Arrest (Including Name of Business) 1203 TOWN CENTER DRIVE | | | | | Location of Offense (Business Name, Address) 1203 TOWN CENTER DR, JUPITER, FL 33458 | | | | | |
| | Date of Arrest 12/21/2020 | Time of Arrest 23:36 | Booking Date 12/21/2020 | Booking Time 23:46 | Jail Date // : : | Jail Time | Location of Vehicle | | | | |
| | Name (Last, First, Middle) MERRELL, JORDAN | | | | | | | | | | |
| Alias: Alias (Name, DOB, Soc. Sec. #, Etc.) | | | | | | | | | | | |
| DEF END ANT | Race W - White I - American Indian B - Black O - Oriental/Asian | Sex F | Date of Birth 07/31/1990 | Height 5'06 | Weight 130 | Eye Color BLUE | Hair Color BLONDE / | Complexion LIGHT | Build Medium | | |
| | Scars, Marks, Tattoos, Unique Physical Features (Location, Type, Description) | | | | | Marital Status S | Religion | Indication of: Alcohol Influence Drug Influence | | Yes <input type="checkbox"/> No <input type="checkbox"/> Unk <input type="checkbox"/> | |
| | Local Address (Street, Apt. Number) 10072 S OCEAN DR 2N, JENSEN BEACH, FL 34957 | | | | | City | State | Zip | Phone | Residence Type: 1. City 2. County 3. Florida 4. Out of State 3 | |
| | Permanent Address (Street, Apt. Number) 10072 S OCEAN DR 2N, JENSEN BEACH, FL 34957 | | | | | City | State | Zip | Phone | Address Source VERBAL/DL | |
| Business Address (Name, Street) ALL SPORTS, | | | | | City | State | Zip | Phone | Occupation Bartender | | |
| DL Number, State M640423907710 / | | Sec. Sec. Number | INS Number | Place of Birth (City, State) JENSEN BEACH, FL, | | Citizenship US | | | | | |
| 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"/> Other | | Name (Last, First, Middle) | | | | | Residence Phone | | | | |
| <input type="checkbox"/> Legal Custodian | | Address (Street, Apt. Number) | | | | | City | | State | | |
| Notified by: (Name) | | Date | Time | JUVENILE DISPOSITION 1. Handled/Processed within Department and Released 2. TOT JAC 3. Incarcerated | | | | | | | |
| Released To: (Name) | | Relationship | Date | Time | | | | | | | |
| The above address was provided by <input type="checkbox"/> defendant and/or <input type="checkbox"/> defendant's parents. The child and/or parent was told to keep the Juvenile Court Clerk's Office (Phone 355-2526) informed of any change of address. | | | | | School Attended | Grade | | | | | |
| <input type="checkbox"/> Yes, by: <input type="checkbox"/> No | | | | | Property Crime? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | Description of Property | | Value of Property | | | |
| COD E | Drug Activity N. N/A P. Possess | S. Sell B. Buy T. Traffic | R. Smuggle D. Deliver E. Use | K. Disperse/ Distribute | M. Manufacture/ Produce/ Cultivate | Z. Other | Drug Type N. N/A A. Amphetamine | B. Barbiturate C. Cocaine E. Heroin | H. Hallucinogen M. Marijuana O. Opium/Deriv. | P. Paraphernalia/ Equipment S. Synthetic | U. Unknown Z. Other |
| | Change Description DUI - DRIVING UNDER THE INFLUENCE/NORMAL FACULTIES IMPAIRED | | State Violation Number 316.193(1)(A) | | Violation of ORD # | | | | | | |
| CHA RGE | Drug Activity | Drug Type | Amount / Unit | Offense # | Counts | Domestic Violence <input type="checkbox"/> Y <input checked="" type="checkbox"/> N | Warrant / Capias Number | Bond | | | |
| | Change Description | | State Violation Number | | Violation of ORD # | | | | | | |
| CHA RGE | Drug Activity | Drug Type | Amount / Unit | Offense # | Counts | Domestic Violence <input type="checkbox"/> Y <input checked="" type="checkbox"/> N | Warrant / Capias Number | Bond | | | |
| | Change Description | | State Violation Number | | Violation of ORD # | | | | | | |
| INT AKE | Health / Apparent Physical Condition of Defendant | | | | | Any knowledge of the following: Mental <input type="checkbox"/> Escape Risk <input type="checkbox"/> Medication <input type="checkbox"/> Deformities <input type="checkbox"/> Injuries <input type="checkbox"/> | | | | | |
| | Check which applies: <input type="checkbox"/> Released O.R. <input type="checkbox"/> Released to Parent/Guardian <input type="checkbox"/> Posted Bond <input checked="" type="checkbox"/> South County Mental Health | | | | | PROPERTY - Received By | | Released By | | Released To | |
| NOT ICE | Transported By | | | | | Date Transported | Time Transported | Other | | | |
| | <input checked="" type="checkbox"/> INSTRUCTION NO. 1 - Mandatory appearance in court <input type="checkbox"/> INSTRUCTION NO. 2 - You need not appear in Court but must comply with instructions on Page 2. | | | | | Location (Court, Room) North County PALM BEACH GARD | | Court Date and Time 01/27/2021 08:30:00 | | No Photo Available | |
| 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 | | | | | | |
| ADM IN | HOLD for Other Agency | | Signature of Arresting Officer 388 | | Name Verification (Printed by Arrestee) DEC 22 AM 3:58 | | | | | | |
| | <input type="checkbox"/> Dangerous <input type="checkbox"/> Suicidal | | <input type="checkbox"/> Resisted Arrest <input type="checkbox"/> Other | | Name of Arresting Officer (Print) MCGILLICUDDY, STEVEN | | ID # 1216 | | PAGE 1 of 1 | | |
| Intake Deputy Diana L... | | ID # | Pouch # | Transporting Officer S. MCGILLICUDDY | | ID # 388 | Agency JUPITER | Witness here if subject signed with an "X" | | | |

DEC 22 AM 3:58

7:48

PROBABLE CAUSE AFFIDAVIT

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

1 JUVENILE

| | | | | |
|---|--|--|---|--|
| OBTS Number | Agency ORI Number FL 0501700 | | Agency Name JUPITER POLICE DEPARTMENT | Agency Report Number 5 4 20-004283 |
| Charge Type: Check as many as apply. | | | | Special Notes: |
| <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 | | | | |

| | | | | |
|---|--------------------|------------------|-----------------|------------------------------------|
| Name (Last, First, Middle) MERRELL, JORDAN L | Alias | Race W | Sex F | Date of Birth 07/31/1990 |
| Charge Description 316.193(1)(A) DUI - DRIVING UNDER THE INFLUENCE/NORMAL | Charge Description | | | |
| Charge Description | Charge Description | | | |

| | | | |
|--|-------|----------------|---------------|
| 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 21 day of December, 2020 at 23:18 (Specifically include facts constituting cause for arrest.)

On 12/21/2020 at approximately 2318 hrs I was on routine patrol in the area of 1203 Town Center Drive, when I observed a blue Honda sedan facing east bound on the south side of the street. I observed a female, now identified as Jordan Merrell sitting in the driver seat of the vehicle, with the headlights on. A male subject, now identified as Nicholas Steffen (IO-1) was crouching next to the vehicle, arguing with Merrell. I exited my vehicle and made contact with both subjects in order to make sure that everything was OK.

Merrell and Steffen advised that they were having an argument. I asked for their identifications, which they voluntarily provided. While standing near the vehicle, I detected a strong odor of unknown alcoholic beverage emitting from the area of Merrell. This odor intensified whenever she spoke to me. I observed that she had glassy, bloodshot eyes and spoke with slightly slurred speech. Due to the fact that Merrell was in actual physical control of the vehicle and was showing signs of possible impairment, I had Merrell exit the vehicle and I expressed my concerns to her.

Throughout my interaction with Merrell she was confrontational and rude. Merrell did not have an understanding as to why I was concerned about her showing signs of impairment, as she did not believe that she was "driving". Once my backup arrived, I asked Merrell to participate in field sobriety exercises, and she agreed to do so. Merrell advised that the only injury she previously sustained that concerned her was a break to her right ankle. It should be noted that prior to conducting SFST's, I did not notice Merrell favoring either leg while walking and did not previously complain about any leg pain.

HORIZONTAL GAZE NYSTAGMUS
 -Equal tracking and equal pupil sizes
 -No resting nystagmus in either eye

| | | |
|--|---|--|
| SWORN AND SUBSCRIBED BEFORE ME  NOTARY PUBLIC / CLERK OF COURT / OFFICER (F.S. 119.04) <u>12/22/2020</u> DATE | Notary Public State of Florida Paris Pound My Commission <u>CG 200028</u> Expires 03/25/2022 |  SIGNATURE OF ARRESTING / INVESTIGATING OFFICER <u>MC GILICUDDY, STEVEN (1216)</u> NAME OF OFFICER (PLEASE PRINT) |
| | | <u>12/22/2020</u> DATE |

PROBABLE CAUSE AFFIDAVIT
SUPPLEMENT

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

1 JUVENILE

| | | | | |
|---|--|---|--|--|
| OBTS Number | Agency ORI Number FL 0501700 | | Agency Name JUPITER POLICE DEPARTMENT | Agency Report Number 5 4 20-004283 |
| Charge Type: Check as many as apply. | | | | Special Notes: |
| <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 |

| | | | | |
|--|-------|------------------|-----------------|------------------------------------|
| Name (Last, First, Middle) MERRELL, JORDAN L | Alias | Race W | Sex F | Date of Birth 07/31/1990 |
|--|-------|------------------|-----------------|------------------------------------|

-Lack of smooth pursuit in both eyes
 -Distinct and sustained nystagmus at maximum deviation in both eyes
 -Onset of nystagmus prior to forty-five degrees in both eyes
 -No vertical nystagmus in either eye
 -6 of 6 clues

WALK AND TURN
 -Started too soon
 -Lost balance in instructional position
 -Missed heel to toe
 -Stepped off line
 -Used arms for balance
 -Improper turn
 -Improper number of steps
 -Stopped while walking
 -8 of 8 clues

ONE LEG STAND
 -Put foot down
 -Used arms for balance
 -Swayed
 -3 of 4 clues

FINGER TO NOSE
 1L - Pad to tip
 2R - Pad to tip
 3L - Pad to tip
 4R - Pad to tip
 5R - Pad to tip
 6L - Pad to right nostril

RHOMBERG ALPHABET (B TO X)
 - B C D E F G H I J K L M N O P Q R S T U V W X Y Z

CERTIFIED COPY

Based on my investigation, observations and the totality of the circumstances I had probable cause to believe that Merrell had been in actual physical control of a vehicle while under the influence of an alcoholic beverage, chemical or controlled substance to the point that her normal faculties were impaired. I placed her under arrest at 2336 hrs. I then transported her to the Palm Beach County Breath Alcohol Testing (BAT) Center, arriving at 0010 hrs. I then placed her under a 20 minute observation period during which I did not observe her consume nor regurgitate anything.

We then went on video with BAT Technician Ragin (ID #16877) and I requested that Merrell

| | | | |
|----------------|--------------------------------|--|--|
| ADMINISTRATIVE | SWORN AND SUBSCRIBED BEFORE ME | Notary Public State of Florida Palm Beach County My Commission GG 200028 Expires 03/25/2022 | SIGNATURE OF ARRESTING / INVESTIGATING OFFICER <i>[Signature]</i> |
| | 12/22/2020 DATE | McGILICUDDY, STEVEN (1216) NAME OF OFFICER (PLEASE PRINT) | |
| | | 12/22/2020 DATE | |

PROBABLE CAUSE AFFIDAVIT
SUPPLEMENT

1. Arrest
2. N.T.A.
3. Request for Warrant
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1 JUVENILE

| | | | | |
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| OBTS Number | Agency ORI Number FL 0501700 | | Agency Name JUPITER POLICE DEPARTMENT | Agency Report Number 5 4 20-004283 |
| 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 | | | | Special Notes: |
| Name (Last, First, Middle) MERRELL, JORDAN L | | | Alias | Race: W Sex: F Date of Birth: 07/31/1990 |

submit to a breath test. Merrell refused. I read her implied consent from a prepared card (sans CDL language) and again requested a breath sample. She refused, with a marked refusal time of 0034 hrs. I then read her her Miranda rights from a prepared sheet. She did not wish to answer questions. I then placed her in a holding cell while I finished her paperwork.



I issued Merrell a court date of 1/27/2021 at 0830 hrs at the North County Courthouse. BWC.

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|----------------|--|---|--|--|
| ADMINISTRATIVE | SWORN AND SUBSCRIBED BEFORE ME | | SIGNATURE OF ARRESTING / INVESTIGATING OFFICER  | |
| | NOTARY PUBLIC / CLERK OF COURT / OFFICER (P.S. 117.40) | | NAME OF OFFICER (PLEASE PRINT) MCGILICUDDY, STEVEN (1216) | |
| | DATE 12/22/2020 |  | DATE 12/22/2020 | |



**PALM BEACH COUNTY SHERIFF'S OFFICE
DUI TESTING FACILITY
INFORMATION SHEET**

PBSO CASE # 20-139226 PBSO ZONE 3-14

AGENCY CASE # 20-004283 CRASH CASE # _____

TIME OF STOP/CRASH 2318 DATE 12/21/2020 DAY MONDAY

SUBJECT'S NAME MERRELL JORDAN C RACE W SEX F
LAST FIRST MID

HGT 506 WGT 120 DOB 7/31/1990

LOCATION 1203 TOWN CENTER DRIVE, JUPITER, FL 33458

ARRESTING OFFICER'S NAME & ID MCGILlicuddy 388 AGENCY JUPITER PD

DIVISION: POLICE

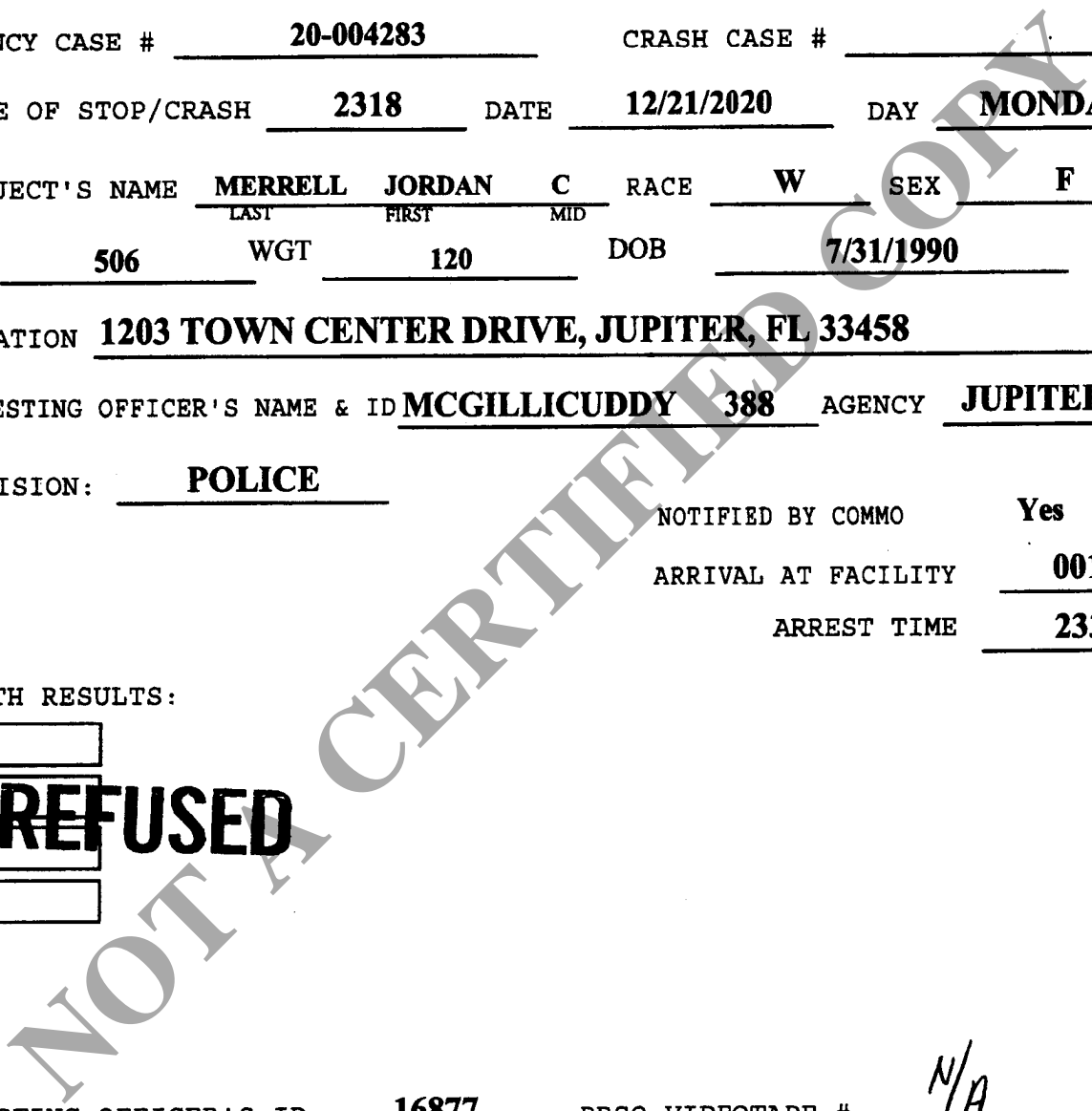
NOTIFIED BY COMMO Yes
 ARRIVAL AT FACILITY 0010
 ARREST TIME 2336

BREATH RESULTS:

- 1)
- 2)
- 3)
- 4)

REFUSED

TESTING OFFICER'S ID 16877 PBSO VIDEOTAPE # N/A



WITNESS LIST

CASE NUMBER: 20-004283

ARRESTING OFFICER: MCGILLICUDDY

ADDRESS: 196 Military Trl. Jupiter, FL 33458

PHONE NUMBERS (HOME): _____ (WORK) (561) 746-6201

CAN TESTIFY TO: PC

NAME: PFC FLESCH

ADDRESS: 196 MILITARY TRAIL, JUPITER, FL 33458

PHONE NUMBERS (HOME) _____ (WORK) _____

CAN TESTIFY TO: BACKUP ON STOP

NAME: OFC SHAFF

ADDRESS 196 MILITARY TRAIL, JUPITER, FL 33458

PHONE NUMBERS (HOME) _____ (WORK) _____

CAN TESTIFY TO: FEMALE SEARCH

NAME: OFC LOWE

ADDRESS 196 MILITARY TRAIL, JUPITER, FL 33458

PHONE NUMBERS (HOME) _____ (WORK) _____

CAN TESTIFY TO: BACKUP ON STOP

NAME: OFC BIGTREE

ADDRESS 196 MILITARY TRAIL, JUPITER, FL 33458

PHONE NUMBERS (HOME) _____ (WORK) _____

CAN TESTIFY TO: BACKUP ON STOP

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: _____

NOT A CERTIFIED COPY

TESTING FACILITY TASK REPORT

AGENCY: JPD
SUBJECT: Merrell, Jordan C.
CASE NUMBER: 20-139226
DATE: Dec 22, 2020
VIDEO DVD NUMBER: N/A
BEGINNING TIME: 00:32
ENDING TIME: 00:35

BREATH TESTS RESULTS: 1) Refusal TIME 00:34 A.M. P.M.
2) N/A TIME _____ A.M. P.M.
3) N/A TIME _____ A.M. P.M.
4) N/A TIME _____ A.M. P.M.

BREATH OPERATOR: R. Ragin #16877

MAINTENANCE TECHNICAN: Jason Karlecke #6467

TESTING OFFICER'S OBSERVATIONS

SPEECH: Thick

ATTITUDE: Upset, talkative, agitated

CLOTHING: Black jeans, LS red shirt, gold flip flops

MEDICAL CONDITIONS: Asthma

MEDICATIONS: Inhaler dose not know the name of it

OTHER:
Eyes are glassy & red

REFUSED

COMMENTS:

Arrived at center A/O started 20 minute observation period at 00:10 hrs.
Subject refused to perform breath test.
A/O read I/C and subject stated understood I/C.
Subject refused to take test.
A/O read rights.
Subject stated understood rights.
A/O attempted Q&A
Subject invoked the right to counsel.

REFUSED

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

I, Officer MCGILLICUDDY, a duly certified Law Enforcement Officer or Correctional Officer,
(Name of Officer reading Implied Consent Warning)

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

or affirm that on or about the 21TH day of DECEMBER, 20 20, at 2336 P.M. A.M.

DRIVER JORDAN C MERRELL
(Type or Print) FIRST NAME MIDDLE OR MAIDEN NAME LAST NAME

DL# M640423907710, state of FLORIDA, was placed under lawful arrest for

the offense of DUI by Officer MCGILLICUDDY and
(Name of Arresting Officer)

issued Citation # ADB9B9E

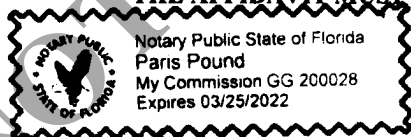
That on or about the 22ND day of DECEMBER, 20 20, at 0010 P.M. A.M.

in Palm Beach County,

I requested that the driver submit to a X 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:

The foregoing instrument was sworn and subscribed before

me this 22ND day of DECEMBER, 20 20,

by Officer MCGILLICUDDY 388,

who is personally known to me or who has produced Personally Known 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.

SUBJECT: Metzall, Jordan C. CASE NUMBER: _____

IMPLIED CONSENT FOR DUI IN A MOTOR VEHICLE

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

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

-OR-

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

-OR-

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

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

I am _____ of the _____

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

SUBJECT'S SIGNATURE: (X) _____

CONSTITUTIONAL WARNINGS

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

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

SUSPECT'S SIGNATURE: (X) Keed on Comeca

SUBJECT: Marshall, Jordan C. CASE NUMBER: _____

QUESTIONS AND ANSWERS

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

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

WHERE WERE YOU GOING? _____

WHAT STREET OR HIGHWAY WERE YOU ON? _____

DIRECTION OF TRAVEL? _____ WHERE DID YOU START? _____

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

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

WHAT COUNTY AND CITY ARE YOU IN NOW? _____

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

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

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

HOW MUCH? _____ WHERE? _____ WITH WHOM? _____

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

HOW DID YOU CONSUME YOUR LAST TWO DRINKS? _____

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

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

WHAT? _____ WHERE? _____ WHEN? _____

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

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

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

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

WERE YOU IN AN ACCIDENT TODAY? _____

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

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

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

DO YOU HAVE:

| | |
|--------------------|-------|
| EPILEPSY? | _____ |
| GLASS EYE? | _____ |
| FALSE TEETH? | _____ |
| EAR INFECTION? | _____ |
| INNER EAR TROUBLE? | _____ |
| DIABETES? | _____ |

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

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

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

INTERVIEWER: _____



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: | |

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| Booking Number: 2020029908 | Date: 12/22/2020 |
| | Specialist Name/ID: T Howard/7185 |