

21CT19006MB

ARREST / NOTICE TO APPEAR Juvenile Referral Report		1. Arrest 2. N.T.A.	3. Request for Warrant 4. Request for Capias	Juvenile
OBT Number				
Agency ORI Number <b>FLO 500000</b>		Agency Name <b>PALM BEACH COUNTY SHERIFF'S OFFICE</b>		Agency Report Number (N.T.A.'s only) <b>06- 21127451</b>
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 <b>2</b> 1. Yes 2. No N/A		Multiple Clearance Indicator <b>01</b>
Location of Arrest (Including Name of Business) <b>S JOG RD/ LANTANA RD LAKE WORTH FL, 33463</b>		Location of Offense (Business Name, Address) <b>S JOG RD/ LANTANA RD, LAKE WORTH FL, 33463</b>		
Date of Arrest <b>11/13/2021</b>	Time of Arrest <b>0240</b>	Booking Date	Booking Time	Jail Date <b>D&amp;D TOWING</b>
Name (Last, First, Middle) <b>RODRIGUEZ, JOSE, OSCAR</b>		Alias (Name, DOB, Soc. Sec. #, Etc.)		
Race W - White I - American Indian B - Black O - Oriental/Asian <b>W</b>	Sex <b>M</b>	Date of Birth <b>9/13/1978</b>	Height <b>5'11</b>	Weight <b>185</b>
Eye Color <b>BROWN</b>		Hair Color <b>GRAY</b>	Complexion <b>LIGHT</b>	Build <b>MEDIUM</b>
Scars, Marks, Tattoos, Unique Physical Features (Location, Type, Description)		Marital Status <b>MARRIED</b>	Religion <b>CATHOLIC</b>	Indication of Alcohol Influence Y <input type="checkbox"/> N <input type="checkbox"/> Unk. <input type="checkbox"/>
Local Address (Street, Apt. Number) <b>7014 CHESAPEAKE CIR, BOYNTON BEACH FL, 33436</b>		(City)	(State)	(Zip)
Permanent Address (Street, Apt. Number)		(City)	(State)	(Zip)
Business Address (Name, Street)		(City)	(State)	(Zip)
D/L Number, State <b>R362434783330, FL</b>		INS Number		Place of Birth (City, State) <b>DOMINICAN REPUBLIC</b>
Co-Defendant Name (Last, First, Middle)		Race	Sex	Date of Birth
Co-Defendant Name (Last, First, Middle)		Race	Sex	Date of Birth
Parent Legal Custodian Other		Name (Last)		(First)
Address (Street, Apt. Number)		(City)	(State)	(Zip)
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
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 355-2526) 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/Pres		P. Paraphernalia/ Equipment S. Synthetics	U. Unknown Z. Other	
Charge Description <b>DUI</b>		Counts <b>1</b>	Domestic Violence <input type="checkbox"/> Y <input checked="" type="checkbox"/> N	Statute Violation Number <b>316.193(1)(A)</b>
Drug Activity <b>N</b>		Drug Type <b>N</b>	Amount / Unit <b>N/A</b>	Offense # <b>21127451</b>
Charge Description		Counts	Domestic Violence <input type="checkbox"/> Y <input checked="" type="checkbox"/> N	Statute Violation Number
Drug Activity		Drug Type	Amount / Unit	Offense #
Charge Description		Counts	Domestic Violence <input type="checkbox"/> Y <input checked="" type="checkbox"/> N	Statute Violation Number
Drug Activity		Drug Type	Amount / Unit	Offense #
Charge Description		Counts	Domestic Violence <input type="checkbox"/> Y <input checked="" type="checkbox"/> N	Statute Violation Number
Drug Activity		Drug Type	Amount / Unit	Offense #
Location (Court, Room Number, Address) <b>Criminal Justice Complex, 3228 Gun Club Road, West Palm Beach, FL 33406 - Ph: (561) 688-4600</b>				
Court Date and Time Month <b>DECEMBER</b> Day <b>2ND</b> Year <b>2021</b> Time <b>0830</b> AM <input checked="" type="checkbox"/> PM				
I AGREE TO APPEAR AT THE TIME AND PLACE DESIGNATED TO ANSWER THE OFFENSE CHARGED OR TO PAY THE FINE SUBSCRIBED. I UNDERSTAND THAT SHOULD I FULLY 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 <b>11/13/2021</b>		
HOLD for other Agency Name:		Signature of Arresting Officer <b>X</b>		Name Verification (Printed by Arrestee) <b>JOSEPH A. TEJEDA</b>
<input type="checkbox"/> Dangerous <input type="checkbox"/> Suicidal <input type="checkbox"/> Resisted Arrest <input type="checkbox"/> Other:		Name of Arresting Officer (Print) <b>INV. A. TEJEDA</b>		ID # <b>31814</b>
Inmate Deputy <b>INV. A. TEJEDA</b>		ID # <b>31814</b>		Agency <b>PBSO</b>
Witness here if subject signed with an "X"				PAGE <b>1</b> OF <b>1</b>

0527282

410

OBTS Number		<b>PROBABLE CAUSE AFFIDAVIT</b>		1. Arrest 2. N.T.A.		3. Request for Warrant 4. Request for Capias		1	Juvenile	N	
ADMIN	Agency ORI Number <b>FLO 500000</b>		Agency Name <b>PALM BEACH COUNTY SHERIFF'S OFFICE</b>			Agency Report Number <b>06- 21127451</b>					
	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			Special Notes <b>DUI Supplement</b>					
CHARGES	Name (Last, First, Middle) <b>Rodriguez</b>		Alias <b>Jose</b>			Race <b>H</b>		Sex <b>M</b>		Date of Birth <b>09/13/1978</b>	
	D.U.I.		316.193(1)								
VICTIM	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</p> <p>The Person taken into custody</p> <div style="display: flex; justify-content: space-between;"> <div> <input checked="" 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 type="checkbox"/> was found to have committed the below acts, resulting from my (described) investigation.         </div> </div> <p>On the <u>13</u> day of <u>November</u>, 20<u>21</u> at <u>0152</u> <input checked="" type="checkbox"/> A.M. <input type="checkbox"/> P.M. (Specifically include facts constituting cause for arrest.)</p> <p><b>On Saturday November 13th, 2021 at approximately 0152 hrs, while conducting routine proactive Traffic Enforcement in the area of Jog Road and Lake Worth Road which is located in the city of Greenacres within Palm Beach County, Florida. I initiated a traffic stop on the defendant's vehicle, a 2020 Green Color Porche 911 Carrera S Tag # 1765JZ VIN # WP0AB2A95LS226132, for Failing to Maintain Proper Lane. While following the vehicle traveling southbound from Lake Worth road. The defendant Failed to Maintain proper lane multiple times traveling in the number 2 lane (Center Lane) swerving between lanes 1 (Far Left lane) and lane 3 (Far right lane). The driver was identified as Jose Rodriguez H/M 09/13/1978 by his Florida Driver's license. Upon making contact with the driver, I immediately detected an obvious and strong odor of an unknown alcoholic beverage emitting from his person. This odor intensified as I spoke to Mr. Rodriguez he had glassy, glazed eyes. Mr. Rodriguez's speech was slurred, slow, thick, and at times difficult to understand. Mr. Rodriguez's movements were slow while attempting to locate his driver's license and vehicle registration. It should be noted that Mr. Rodriguez stated he was returning from a party and had consumes 2 alcoholic beverages. Due to Mr. Rodriguez's signs of possible impairment I requested a DUI Unit to conduct an assessment. On arrival of the DUI Unit, Inv. A. Tejeda ID 31814.</b></p> <p><b>This affidavit is for supplemental purposes only and is a supplement to the original report.</b></p>											
ADMINISTRATIVE	STATE OF FLORIDA COUNTY OF PALM BEACH <div style="display: flex; justify-content: space-between; align-items: center;"> <div style="border-top: 1px solid black; width: 200px;"></div> <div><b>D/S M. Garza (ID #) 35676</b></div> </div> (Signature of Arresting/Investigative Officer)										
	The foregoing instrument was sworn to or affirmed and subscribed before me this <u>13</u> day of <u>November</u> , 20 <u>21</u> by <u>D/S M. Garza 35676</u> (Print name of Arresting/Investigative Officer), who is personally known to me and/or produced identification. Type of identification produced <u>KNOWN</u> <u>DEPUTY SHERIFF</u>										
	<u>Inv A Tejeda 31814</u> Notary Public, Clerk of Court Officer (F.S.S. 117.10)										
	PAGE OF 1										

# D.U.I. PROBABLE CAUSE AFFIDAVIT

ON THE 13TH DAY OF NOVEMBER 20 21, AT 0152 PM

SUBJECT: RODRIGUEZ, JOSE, OSCAR CASE NUMBER: 21127451

AGENCY: PALM BEACH COUNTY SHERIFF'S OFFICE ARRESTING OFFICER: INV. A. TEJEDA

## PERSONAL CONTACT

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

On Saturday November 13th, 2021 at approximately 0152 hrs, while conducting routine proactive Traffic Enforcement in the area of Jog Road and Lake Worth Road which is located in the city of Greenacres within Palm Beach County, Florida. I initiated a traffic stop on the defendant's vehicle, a 2020 Green Color Porche 911 Carrera S Tag # 1765JZ VIN # WP0AB2A95LS226132, for Failing to Maintain Proper Lane. While following the vehicle traveling southbound from Lake Worth road. The defendant Failed to Maintain proper lane multiple times traveling in the number 2 lane (Center Lane) swerving between lanes 1 (Far Left lane) and lane 3 (Far right lane). The driver was identified as Jose Rodriguez H/M 09/13/1978 by his Florida Driver's license. Upon making contact with the driver, I immediately detected an obvious and strong odor of an unknown alcoholic beverage emitting from his person. This odor intensified as I spoke to Mr. Rodriguez he had glassy, glazed eyes. Mr. Rodriguez's speech was slurred, slow, thick, and at times difficult to understand. Mr. Rodriguez's movements were slow while attempting to locate his driver's license and vehicle registration. It should be noted that Mr. Rodriguez stated he was returning from a party and had consumed 2 alcoholic beverages. Due to Mr. Rodriguez's signs of possible impairment I requested a DUI Unit to conduct an assessment. On arrival of the DUI Unit, Inv. A. Tejada ID 31814.

This affidavit is for supplemental purposes only and is a supplement to the original report.

## OBSERVATION OF DRIVER:

Upon making contact with the defendant who was seated in the driver seat of his vehicle. I immediately smelled an obvious odor of an unknown alcoholic beverage coming from the vehicle. I observed the defendant's eyes to be glassy and blood shot. I also observed the defendant to have a slow and slurred speech. The defendant was asked to step out of his vehicle and speak with me in front of my patrol car, as he stepped out of his car he staggered to the side and had an unstable balance. I also observed the defendant to have a sway as he stood normally without walking.

## DRIVER'S STATEMENTS:

The defendant stated he was on his way home from a friend's house. The defendant stated he has no physical defects or injuries. He stated he has no medical conditions. He stated he is not taking any medications. He stated he has not hit his head recently. He stated he was going southbound on S Jog Road. He stated it was either 12 or 1AM it was actually 209AM. He stated it was Saturday, November 13th, 2021. He stated he has not smoked any marijuana or used any illegal drugs. He stated he had 2 or 3 Budlight beer bottles. He stated his first drink was around 9 or 10PM. He stated his last drink was around 30 minutes prior to being pulled over.

## ODORS:

An obvious odor of an unknown alcoholic beverage coming from his breath which intensified as he spoke with me.

## GENERAL OBSERVATIONS

SPEECH: Slow and slurred

ATTITUDE: Calm and cooperative, very talkative

CLOTHING: Black button down shirt, blue jeans, black shoes

MEDICAL/OTHER: No medical conditions  
All roadblocks captured on in car camera

STATE OF FLORIDA  
COUNTY OF PALM BEACH

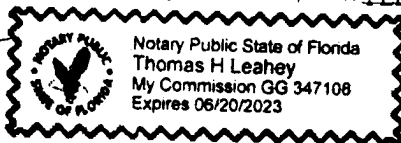
INV. A. TEJEDA  
(Signature of Arresting/Investigative Officer)

The foregoing instrument was sworn to or affirmed and subscribed before me this 13th day of November 2021 by INV. A. TEJEDA

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

Thomas Leahey (#19183)

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



SUBJECT: RODRIGUEZ, JOSE, OSCAR

CASE NUMBER 21127451

### ROADSIDE TASKS

#### HORIZONTAL GAZE NYSTAGMUS:

☒ LT EYE-LACK OF SMOOTH PURSUIT

☒ RT EYE-LACK OF SMOOTH PURSUIT

☒ LT EYE-DISTINCT & SUSTAINED NYSTAGMUS AT MAX. DEVIATION

☒ RT EYE-DISTINCT & SUSTAINED NYSTAGMUS AT MAX. DEVIATION

☒ LT- EYE-ONSET OF NYSTAGMUS PRIOR TO 45 DEGREES

☒ RT- EYE-ONSET OF NYSTAGMUS PRIOR TO 45 DEGREES

#### Other Observations:

The defendant was placed into the instructional stance for the Horizontal Gaze Nystagmus. He verbally identified the blue stimulus that I was holding up. He was told to follow the stimulus with his eyes only and not move his head. I checked his eyes for equal pupil size, equal tracking, and resting nystagmus. He was reminded several times not to move his head. I did not observe any vertical nystagmus in either eye. He swayed from side to side.

#### WALK & TURN:

I explained and demonstrated the instructions for the "Walk & Turn" to him. He stated he understood the instructions and had no questions for me. He failed to maintain the instructional stance by separating his feet to help steady himself. He swayed from side to side. He did not walk heel to toe as instructed. He stepped off the line several times. He did not count on the way back after turning around.

#### ONE LEG STAND:

I explained and demonstrated the instructions for the "One Leg Stand" to him. He stated he understood the instructions and had no questions for me. He failed to maintain the instructional stance by separating his feet to help steady himself. He swayed from side to side. He raised his left leg. He put his foot down several times. He was also reminded several times to look at his elevated foot.

#### FINGER TO NOSE:

I explained and demonstrated the instructions for the "Finger to Nose" task to him. He stated he understood the instructions and had no questions for me. He failed to maintain the instructional stance by separating his feet to help steady himself. He swayed from side to side. He did not use the tip of his finger on each attempt, instead he used the pad of his finger. He did not keep his eyes closed the entire time as instructed.

#### ROMBERG ALPHABET:

I explained and demonstrated the instructions for the "Rhombert Alphabet" task to him. He stated he understood the instructions and had no questions for me. He failed to maintain the instructional stance by separating his feet to help steady himself. He started the task too soon. He swayed from side to side. He incorrectly recited the Spanish Alphabet.

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

STATE OF FLORIDA  
COUNTY OF PALM BEACH

INV. A. TEJEDA

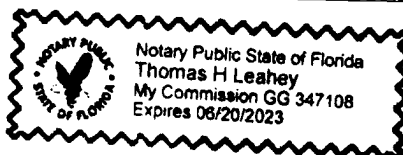
(Signature of Arresting/Investigative Officer)

The foregoing instrument was sworn to or affirmed and subscribed before me this 13th day of November 2021 by INV. A. TEJEDA

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

Thomas Leahey (#19183) T Leahey

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



SUBJECT: Rivera, Sr. Jose O

CASE NUMBER: 21 127451

## 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) \_\_\_\_\_ *in 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) \_\_\_\_\_ *in camera*

SUBJECT: 251 J.C.C. CASE NUMBER: 21 107951

## 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) \_\_\_\_\_

SUBJECT: Adriana Sr. Jose O CASE NUMBER: 21 127451

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

WHITE - STATE ATTY.

YELLOW - DHSMV

PINK - CENTRAL RECORDS

GOLD - JAIL

SUBJECT: \_\_\_\_\_ 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: \_\_\_\_\_



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

I, **Investigator LE ANTHONY TEJEDA**, a duly certified Law Enforcement Officer or Correctional Officer,  
(Person reading Implied Consent Warning)  
am a member of **Palm Beach County Sheriffs Office**, and I do swear  
(Name of enforcement agency)

or affirm that on or about the **THIRTEENTH** day of **November**, **2021**, at **2:40 AM**

DRIVER **JOSE OSCAR RODRIGUEZ**  
(Type or Print) FIRST MIDDLE OR MAIDEN LAST

DL # **R362434783330**, state of **FL**, was placed under lawful arrest for

the offense of **DUI** by **Investigator LE ANTHONY TEJEDA** and  
(Name of Arresting Officer)

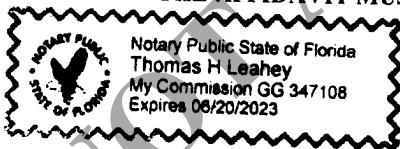
issued Citation # **AEA7V2E**

That on or about the **THIRTEENTH** day of **November**, **2021**, at **3:29 AM**  
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 (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 **13** day of **November**, 20**21**

by **Inu A Tejada #31814**

who is personally known to me or who has produced

**Known** as identification.

Notary Public **T. Leahey**

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.

# TESTING FACILITY TASK REPORT

AGENCY:

SUBJECT:

CASE NUMBER:

DATE:

VIDEO DVD NUMBER:

BEGINNING TIME:

ENDING TIME:

BREATH TESTS RESULTS: 1)  TIME  A.M. ☒ P.M. ☐ 2)  TIME  A.M. ☐ P.M. ☐

3)  TIME  A.M. ☐ P.M. ☐ 4)  TIME  A.M. ☐ P.M. ☐

BREATH OPERATOR:

MAINTENANCE TECHNICIAN:

## TESTING OFFICER'S OBSERVATIONS

SPEECH:

ATTITUDE:

CLOTHING:

MEDICAL CONDITIONS:

MEDICATIONS:

## OTHER:

eyes are glassy & bloodshot  
odor of unknown alcoholic beverage on breath

**REFUSED**

## COMMENTS:

arrived at center A/O conducted 20 minute observation period at 0303 hrs

subject refused to perform breath test

A/O read I/C & subject understood I/C

subject refused to perform breath test

A/O read rights & subject understood rights

A/O attempted Q&A

subject declined to answer questions

**REFUSED**

## WITNESS LIST

CASE NUMBER: 21127451

ARRESTING OFFICER: **INV. A. TEJEDA**

ADDRESS: 3228 GUN CLUB ROAD WEST PALM BEACH FL 33406

PHONE NUMBERS (HOME): \_\_\_\_\_ (WORK) 561 688 3400

CAN TESTIFY TO: FACTS OF THE CASE AND DUI INVESTIGATION

NAME: D/S M. GARZA

ADDRESS: 3228 GUN CLUB ROAD WEST PALM BEACH FL 33406

PHONE NUMBERS (HOME) \_\_\_\_\_ (WORK) 561 688 3400

CAN TESTIFY TO: STOPPING DEPUTY

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: \_\_\_\_\_

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

ADDRESS \_\_\_\_\_

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

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

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

ADDRESS \_\_\_\_\_

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

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



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

PBSO CASE # 21127451 PBSO ZONE 1-42  
AGENCY CASE # \_\_\_\_\_ CRASH CASE # \_\_\_\_\_  
TIME OF STOP/CRASH 0152 DATE 11/13/2021 DAY Saturday  
SUBJECT'S NAME RODRIGUEZ, JOSE, OSCAR RACE W SEX M  
HGT 5'11 WGT 185 DOB 9/13/1978  
LOCATION S JOG RD/ LANTANA RD LAKE WORTH FL, 33463  
ARRESTING OFFICER'S NAME & ID INV. A. TEJEDA (31814) AGENCY PALM BEACH COUNTY SHERIFF'S OFFICE  
DIVISION: CID/DUI  
NOTIFIED BY COMMO NO  
ARRIVAL AT FACILITY 0303  
ARREST TIME 0240

BREATH RESULTS:

1) REFUSED
2) REFUSED
3) _____
4) _____

TESTING OFFICER'S ID 19183 PBSO VIDEOTAPE # N/A



# **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: 2021028525	Date: 11/13/2021
	Specialist Name/ID: T Howard/7185