




22CT 1636 CS

OBTS Number		<b>ARREST / NOTICE TO APPEAR</b>				1. Arrest (No Warrant)    3. Request for Warrant 6. Arrest (Warrant)    4. Request for Capias 2. N.T.A.    5. Juvenile Referral		1	JUVENILE
Agency ORI Number <b>0500200</b>		Agency Name <b>Boca Raton Police Department</b>		Agency Report Number (N.T.A.'s only) <b>3, 2   2022-001330</b>					
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		If Weapon Seized Enter Type: <b>UNARMED</b>		Multiple Clearance Indicator					
Location of Arrest (Including Name of Business) <b>1300 NW 4TH AVE, 1300 NW 4TH AVE, BOCA RATON, FL 33432</b>				Location of Offense (Business Name, Address) <b>1300 NW 4TH AVE, BOCA RATON, FL 33432</b>					
Date of Arrest <b>02/01/2022</b>	Time of Arrest <b>02:32</b>	Booking Date <b>02/01/2022</b>	Booking Time <b>02:42</b>	Jail Date <b>02/01/2022</b>	Jail Time <b>03:02</b>	Location of Vehicle <b>EMERALD</b>			
Name (Last, First, Middle) <b>VIDA, JOSEPH ANDREW</b>				Alias (Name, DOB, Soc. Sec. #, Etc.)					
Race W - White    1 - American Indian B - Black    2 - Oriental/Asian <b>W</b>		Sex <b>M</b>	Date of Birth <b>09/29/1970</b>	Height <b>6'00</b>	Weight <b>204</b>	Eye Color <b>BLUE</b>	Hair Color <b>BLACK</b>	Complexion <b>LIGHT</b>	Build <b>M</b>
Scars, Marks, Tattoos, Unique Physical Features (Location, Type, Description) <b>Now</b>				Marital Status <b>S</b>		Religion <b>CATHOLIC</b>		Indication of Alcohol Influence Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unk. <input type="checkbox"/>	
Local Address (Street, Apt. Number) <b>3552 GARDENS EAST DR A, PALM BEACH GARDENS, FL 33410</b>				Phone <b>(561) 405-1800</b>		Residence Type 1. City    3. Florida 2. County    4. Out of State <b>3</b>			
Permanent Address (Street, Apt. Number) <b>3552 GARDENS EAST DR A, PALM BEACH GARDENS, FL 33410</b>				Phone <b>(561) 405-1800</b>		Address Source			
Business Address (Name, Street) <b>REALTOR,</b>				Phone		Occupation			
D/L Number, State <b>V300481703490 / FL</b>		Soc. Sec. Number		INS Number		Place of Birth (City, State) <b>NEW JERSEY, NJ,</b>		Citizenship <b>US</b>	
Co-Defendant Name (Last, First, Middle)				Race	Sex	Date of Birth		<input type="checkbox"/> 1. Arrested <input type="checkbox"/> 3. Felony <input type="checkbox"/> 5. Juvenile <input type="checkbox"/> 2. At Large <input type="checkbox"/> 4. Misdemeanor	
Co-Defendant Name (Last, First, Middle)				Race	Sex	Date of Birth		<input type="checkbox"/> 1. Arrested <input type="checkbox"/> 3. Felony <input type="checkbox"/> 5. Juvenile <input type="checkbox"/> 2. At Large <input type="checkbox"/> 4. Misdemeanor	
<input type="checkbox"/> Parent <input type="checkbox"/> Other <input type="checkbox"/> Legal Custodian				Name (Last, First, Middle)				Residence Phone	
Address (Street, Apt. Number)				(City)	(State)	(Zip)		Business Phone	
Notified by: (Name)				Date	Time	JUVENILE DISPOSITION 1. Handled/Processed within 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	
Drug Activity N. N/A    S. Sell    R. Smuggle    K. Disperse/Distribute    M. Manufacture/Produce/Cultivate    Z. Other P. Possess    B. Buy    D. Deliver    E. Use		Drug Type N. N/A    A. Amphetamine		B. Barbiturate    C. Cocaine    E. Heroin		H. Hallucinogen    M. Marijuana    O. Opium/Deriv.		P. Paraphernalia/Equipment    S. Synthetic	U. Unknown    Z. Other
Charge Description <b>DRIVE UNDER INFLUENCE ALC</b>				Statute Violation Number <b>316.193(1A)</b>		Violation of ORD #			
Drug Activity	Drug Type <b>N</b>	Amount/Unit	Offense #	Counts	Domestic Violence <input type="checkbox"/> Y <input checked="" type="checkbox"/> N	Warrant / Capias Number		Bond	
Charge Description				Statute Violation Number		Violation of ORD #			
Drug Activity	Drug Type	Amount/Unit	Offense #	Counts	Domestic Violence <input type="checkbox"/> Y <input type="checkbox"/> N	Warrant / Capias Number		Bond	
Charge Description				Statute Violation Number		Violation of ORD #			
Drug Activity	Drug Type	Amount/Unit	Offense #	Counts	Domestic Violence <input type="checkbox"/> Y <input type="checkbox"/> N	Warrant / Capias Number		Bond	
Health: Apparent Physical Condition of Defendant <b>GOOD</b>				Any knowledge of the following: <input type="checkbox"/> Mental <input type="checkbox"/> Escape Risk <input type="checkbox"/> Medication <input type="checkbox"/> Deformities <input type="checkbox"/> Injuries					
Check which applies: <input type="checkbox"/> Released O.R. <input type="checkbox"/> Released to Parent/Guardian <input checked="" type="checkbox"/> T.O.T. County Jail				PROPERTY - Received By <b>868</b>		Released By <b>868</b>		Released To <b>PBCJ</b>	
<input type="checkbox"/> Posted Bond <input type="checkbox"/> South County Mental Health				Transported By		Date Transported <b>02/01/2022</b>	Time Transported <b>03:02</b>	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) <b>South County 200 W Atlantic Ave Delray Beach, FL 33444</b>		Court Date and Time <b>03/07/2022 08:30:00</b>			
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			
HOLD for Other Agency <input type="checkbox"/> Dangerous <input type="checkbox"/> Resisted Arrest <input type="checkbox"/> Suicidal <input type="checkbox"/> Other				Signature of Arresting Officer <b>WILLIAMS, D.</b>		Name Verification (Printed by Arrestee) <b>868</b>		PAGE <b>1 OF 1</b>	
Intake Deputy <b>Dung 86</b>		I.D. #		Pouch #		Transporting Officer <b>POSSAT</b>		Witness here if subject signed with an "X".	

☐ COURT   
 ☐ STATE ATTORNEY   
 ☐ AGENCY   
 ☐ CENTRAL RECORDS   
 ☐ JAIL   
 ☐ CRIME ANALYSIS   
 ☐ P.I.O.   
 ☐ DEFENDANT

J#0529174    POSSAT #830    PH 846

OBT Number		PROBABLE CAUSE AFFIDAVIT		1 Arrest 2 N.T.A.    3. Request for Warrant 4. Request for Capias		1	JUVENILE
Agency ORI Number <b>FL FLO500200</b>	Agency Name <b>BOCA RATON POLICE DEPARTMENT</b>	Agency Report Number <b>3   2   2022-001330</b>					
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) <b>VIDA, JOSEPH ANDREW</b>		Alias		Race <b>W</b>	Sex <b>M</b>	Date of Birth <b>09/29/1970</b>	
Charge Description <b>316.193(1A)</b>		Charge Description					
Charge Description		Charge Description					
Victim's Name (Last, First, Middle) <b>State of Florida</b>		Race		Sex	Date of Birth		
Local Address (Street, Apt. Number)		(City)	(State)	(Zip)	Phone		Address Source
Business Address (Name, Street)		(City)	(State)	(Zip)	Phone		Occupation
<p>The undersigned certifies and swears that he/she has just and reasonable grounds to believe, and does believe that the above named Defendant committed the following violation of law.</p> <p>The Person taken into custody . . .</p> <div style="display: flex; justify-content: space-between;"> <div> <input type="checkbox"/> committed the below acts in my presence.  <input type="checkbox"/> confessed to _____            admitting to the below facts.         </div> <div> <input type="checkbox"/> was observed by _____ who told _____ that he/she saw the arrested person commit the below acts.  <input checked="" type="checkbox"/> was found to have committed the below acts, resulting from my (described) investigation.         </div> </div> <p>On the <u>1</u> day of <u>February</u>, <u>2022</u> at <u>01:46</u> (Specifically include facts constituting cause for arrest.)</p>							
<p>On 02/01/2022, at 0127 hours, Officer Galazak conducted a traffic stop on a grey Chevrolet Camaro (FL Tag KMYB40) at approximately 1300 NW 4th Ave. As Galazak was conducting the traffic stop I arrived on scene as backup. The driver of the Camaro was identified as a Joseph Vida (FL DL V300481703490). In speaking with Vida, I was able to observe Blood shot / Watery Eyes and the odor of alcohol emanating from his person. I asked Vida where he was coming from to which he explained that he was coming from a bar were one of his friends works at. Once Galazak completed his portion of the traffic stop I asked Vida if he would be willing to participate in Field Sobriety Exercises (FSE's) to which he complied.</p> <p>The FSE's were conducted as follows.</p> <p>Horizontal Gaze Nystagmus (HGN)</p> <p>The defendant identified the stimulus as red. The defendant had equal pupil size and equal tracking in both eyes. The defendant's eyes continued to jump as he attempted to follow the stimulus. In conducting the exercise, I was able to observe Lack of Smooth Pursuit, Distinct and Sustained Nystagmus at Maximum Deviation, onset of Nystagmus prior to 45 degrees, and Vertical Nystagmus.</p> <p>Walk and Turn</p> <p>The surface was flat and hard. The defendant attempted to do the exercise with shoes. The line used was a painted white line. I made sure the defendant both knew the line he would be using and the color of that line. I began the exercise by instructing and demonstrating to the defendant how to complete the exercise. The defendant made an improper turn. The defendant walked the incorrect number of steps on the way up and back. The defendant failed to stay in the starting position and was unable to keep</p>							
<div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> <p>SWORN AND SUBSCRIBED BEFORE ME</p> <p><b>GREEN, KENNETH JOHN</b> </p> <p>NOTARY PUBLIC / CLERK OF COURT / OFFICER (F.S.S. 117.10)</p> <p><u>02/01/2022</u></p> <p>DATE</p> </div> <div style="width: 45%;"> <p>SIGNATURE OF ARRESTING / INVESTIGATING OFFICER</p> <p><b>WILLIAMS, DAVID (868)</b> </p> <p>NAME OF OFFICER (PLEASE PRINT)</p> <p><u>02/01/2022</u></p> <p>DATE</p> </div> </div>							

OOTS Number		PROBABLE CAUSE AFFIDAVIT SUPPLEMENT		1. Arrest 2. N.T.A.		3. Request for Warrant 4. Request for Capias		1	JUVENILE
A D M I N I S T R A T I V E	Agency ORI Number <b>FL FL0500200</b>	Agency Name <b>BOCA RATON POLICE DEPARTMENT</b>	Agency Report Number <b>3   2   2022-001330</b>						
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) <b>VIDA, JOSEPH ANDREW</b>		Alias		Race <b>W</b>	Sex <b>M</b>	Date of Birth <b>09/29/1970</b>			
<p>balance as I was giving instructions. The defendant utilized his arms in order to stabilize himself while completing the exercise.</p> <p>One Leg Stand</p> <p>The surface was flat and hard. The defendant attempted to do the exercise with shoes. The defendant raised his right leg. The defendant was not able to keep his leg raised for more than a few seconds before losing balance. The defendant placed his foot down multiple times and utilized his arms to stabilize himself.</p> <p>Time Approximation</p> <p>The surface was flat and hard. The defendant conducted the exercise with shoes. The defendant notified me he completed the exercise after 25 seconds. The defendant continued to sway during the course of the exercise.</p> <p>Alphabet</p> <p>The surface was flat and hard. The defendant conducted the exercise with shoes. The defendant failed to count in a non-rhythmic manner. During the exercise the defendant continued to sway.</p> <p>Due to the totality of the circumstances and my training/experience I felt the driver was unable to perform simple tasks during the exercises due to being impaired. I felt the driver is too impaired to operate a motor vehicle safely. The driver was placed under arrest at 0146 hours, for driving under the influence. Vida was placed in handcuffs that were checked for tightness and double locked.</p> <p>Reference Intoxilyzer 8000 S# 80-006622 Results are (Refused)</p> <p>Vida was transported to Palm Beach County Jail</p>									
<div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> <p>SWORN AND SUBSCRIBED BEFORE ME</p> <p><b>GREEN, KENNETH JOHN</b></p> <p>NOTARY PUBLIC / CLERK OF COURT / OFFICER (F.S.S. 117.10)</p> <p><b>02/01/2022</b></p> <p>DATE</p> </div> <div style="width: 45%; text-align: center;"> <p></p> <p>SIGNATURE OF ARRESTING / INVESTIGATING OFFICER</p> <p><b>WILLIAMS, DAVID (868)</b></p> <p>NAME OF OFFICER (PLEASE PRINT)</p> <p><b>02/01/2022</b></p> <p>DATE</p> </div> </div>									
								PAGE 2 OF 2	

COURT

STATE ATTORNEY

CENTRAL RECORDS

JAIL

CRIME ANALYSIS

P.I.O.

VIDA, JOSEPH ANDREW  
206am 20 min

## DUI INFLUENCE REPORT



BOCA RATON POLICE SERVICES DEPARTMENT  
100 NW 2<sup>nd</sup> Avenue  
Boca Raton, FL 33432



BOCA RATON POLICE SERVICES DEPARTMENT  
DUI INFLUENCE REPORT - PART I

On the 1 day of February, at 0152 (AM) PM:

Subject: Joseph Andrew Vida Case Number: 2022-001330

PERSONAL CONTACT

Driving Pattern: see PC

Observation of Driver: see PC

Driver's Statement: see PC

Odors: see PC

GENERAL OBSERVATIONS

Speech: see PC

Attitude: \_\_\_\_\_

Clothing: \_\_\_\_\_

Medical Problems: \_\_\_\_\_

Medications: \_\_\_\_\_

Other: \_\_\_\_\_

Horizontal Gaze Nystagmus:

- |  |   |
|--|---|
| <input type="checkbox"/> Left eye does not follow smoothly           | <input type="checkbox"/> Right eye does not follow smoothly           |
| <input type="checkbox"/> Left eye jerks at 45 degrees angle or less  | <input type="checkbox"/> Right eye jerks at 45 degrees angle or less  |
| <input type="checkbox"/> Distinct jerking left eye maximum deviation | <input type="checkbox"/> Distinct jerking right eye maximum deviation |

Can not do, Why? \_\_\_\_\_

Walk and turn: \_\_\_\_\_

\_\_\_\_\_ CPC \_\_\_\_\_

Can not do, Why? \_\_\_\_\_

One leg stand: \_\_\_\_\_

\_\_\_\_\_ CPC \_\_\_\_\_

Can not do, Why? \_\_\_\_\_

Finger to nose: \_\_\_\_\_

\_\_\_\_\_ CPC \_\_\_\_\_

Can not do, Why? \_\_\_\_\_

Alphabet (speech pattern): \_\_\_\_\_

Can not do, Why? \_\_\_\_\_

Breath/Blood test results: \_\_\_\_\_ Refused

State of Florida, County of Palm Beach,  
Sworn and subscribed before me this Feb 1, 2022 (date) by Officer Walker

[Signature]  
Notary/Clerk of Court/ Officer (FSS 117.10)

2/1/2022  
Date

\_\_\_\_\_  
Signature of Arresting Officer

\_\_\_\_\_  
Name of Officer (print)

ARRESTING OFFICER: D. Williams

Name: \_\_\_\_\_ Phone # \_\_\_\_\_ Work # \_\_\_\_\_

Address: \_\_\_\_\_

Can testify to: \_\_\_\_\_

Name: \_\_\_\_\_ Phone # \_\_\_\_\_ Work # \_\_\_\_\_

Address: \_\_\_\_\_

Can testify to: \_\_\_\_\_

Name: \_\_\_\_\_ Phone # \_\_\_\_\_ Work # \_\_\_\_\_

Address: \_\_\_\_\_

Can testify to: \_\_\_\_\_

Name: \_\_\_\_\_ Phone # \_\_\_\_\_ Work # \_\_\_\_\_

Address: \_\_\_\_\_

Can testify to: \_\_\_\_\_

Name: \_\_\_\_\_ Phone # \_\_\_\_\_ Work # \_\_\_\_\_

Address: \_\_\_\_\_

Can testify to: \_\_\_\_\_

Name: \_\_\_\_\_ Phone # \_\_\_\_\_ Work # \_\_\_\_\_

Address: \_\_\_\_\_

Can testify to: \_\_\_\_\_

Name: \_\_\_\_\_ Phone # \_\_\_\_\_ Work # \_\_\_\_\_

Address: \_\_\_\_\_

Can testify to: \_\_\_\_\_



BOCA RATON POLICE SERVICES DEPARTMENT  
DUI INFLUENCE REPORT - PART II

To be filled out at testing facility

Agency Case # 2022 - 001330

I. INTRODUCTION (Instrument Operator faces video camera)

A. The day is Tuesday, February, 1, 2022.  
(day) (month) (date) (year)

B. The time is now approximately \_\_\_\_\_ AM/PM.

C. The following is in reference to case number 2022- 001330.

D. Present at this time is Officer Williams of the Boca Raton Police Department.  
(Officer's Name)

E. Officer Williams, have you arrested Joseph Vida in violation of  
Florida State Statute 316.193? (Defendant's name)

F. Did this violation occur within the City of Boca Raton, Palm Beach County, Florida? Yes

G. Mr./Mrs./Ms. Vida, I am required to inform you these  
proceedings are being video recorded.

Operator Note: *Video record breath request, breath sample, and interview.*



## II. AT THIS TIME THE ARRESTING OFFICER WILL REQUEST A BREATH SAMPLE.

*Note: Read only the paragraph applicable to the type of test you are requesting.*

- (A) I am now requesting that you submit to a lawful test of your **BREATH** for the purpose of determining its alcohol content.
- B. I am now requesting that you submit to a lawful test of your **URINE** for the purpose of determining the presence of chemical or controlled substances.
- C. I am now requesting that you submit to a lawful test of your **BLOOD** for the purpose of determining its alcohol content and the presence of chemical or controlled substances.

### IMPLIED CONSENT WARNINGS

*Note: Read only if the subject does not comply with your request.*

I am David Williams of the Bourbon Police.

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 Signature: Refused

*Note: Also read for CDL holders:*

IN ADDITION, your refusal to submit will result in the loss of your commercial privileges for one year from today. If this is your SECOND REFUSAL, you will be permanently disqualified from operating a commercial motor vehicle.

*Note: After reading the implied consent warning, the arresting officer must request a breath sample again.*

### (IF REFUSAL THEN)

At this time Mr./Mrs./Ms. Vida has refused to submit to a breath test.

The date is February, 1, 2022, and the time is 242 AMPM.  
(month) (day) (year)

A refusal form will be completed by the arresting officer.



## BOCA RATON POLICE SERVICES DEPARTMENT

### JUVENILE CONSTITUTIONAL WARNINGS

#### **Rights of suspects prior to custodial questioning.** **Identify yourself and state:**

I am required to warn you before you make any statement that you have the following Constitutional rights:

- (1) You have the right to remain silent and not answer any questions. *Tell me in your own words what you think this means.*  
*(You do not have to talk to me or answer any questions about this offense. You can be quiet if you want.)*
- (2) Any statement you make must be freely and voluntarily given. *Tell me in your own words what you think this means.*  
*(If you do talk to me it has to be because you want to and not because anyone is forcing you to speak.)*
- (3) You have a right to the presence and representation of a lawyer of your choice before you make any statement and during any questioning. *Tell me in your own words what you think this means.*  
*(You can talk to a lawyer before we ask you any questions and you can have him/her with you now, during our questioning.)*
- (4) If you cannot afford a lawyer, you are entitled to the presence and representation of a court appointed lawyer before you make any statement and during any questioning. *Tell me in your own words what you think this means*  
*(If you do not have money for a lawyer and you want one, a lawyer will be given to you for free.)*
- (5) If at any time during the interview you do not wish to answer any questions, you are privileged to remain silent. *Tell me in your own words what you think this means.*  
*(If you decide to talk to me then change your mind, you can stop answering my questions at any time.)*
- (6) I can make no threats or promises to induce you to make a statement. This must be of your own free will. *Tell me in your own words what you think this means*  
*(I am not allowed to threaten you or make you any promises to get you to talk to me. If you decide to talk, it must be because you want to.)*
- (7) Any statement can be and will be used against you in a court of law. *Tell me in your own words what you think this means*  
*(Anything you say to me can and will be told to the judge or a jury in court. A judge is a person who decides if you have done something wrong. Sometimes a group of people called a jury decide this, but the Judge is the person who decides what punishment you get.)*
- (8) Do you understand these rights as I have read them to you, and do you wish to speak to me?

Signed: \_\_\_\_\_ Date: \_\_\_\_\_ Time: \_\_\_\_\_



BOCA RATON POLICE SERVICES DEPARTMENT  
TESTING FACILITY TASK REPORT

SUBJECT: Joseph Andrew Vida

CASE #: 2022-001330 DATE: 2/1/2022

BREATH TEST RESULTS

1) TIME Refused 241 (AM/PM) 2) TIME \_\_\_\_\_ AM/PM  
3) TIME Refused 244 (AM/PM) 4) TIME \_\_\_\_\_ AM/PM

BREATH OPERATOR: K. Walker

MAINTENANCE TECHNICIAN: J. Van Camp

TESTING OFFICER'S OBSERVATIONS

SPEECH: quiet

ATTITUDE: \_\_\_\_\_

CLOTHING: \_\_\_\_\_

MEDICAL CONDITION: \_\_\_\_\_

OTHER: \_\_\_\_\_

COMMENTS: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Identify yourself and state:**

I am required to warn you before you make any statement that you have the following Constitutional rights:

- (1) You have the right to remain silent and not answer any questions.
- (2) Any statement you make must be freely and voluntarily given.
- (3) You have a right to the presence and representation 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 and representation of a court appointed lawyer before you make any statement 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 be and will be used against you in a court of law.
- (8) Do you understand these rights as I have read them to you, and do you wish to speak to me?

Signed: Refused Date: \_\_\_\_\_ Time: \_\_\_\_\_

**QUESTIONS AND ANSWERS**

Were you operating a motor vehicle at the time of the accident/stop? \_\_\_\_\_

Where were you going? \_\_\_\_\_

What street or highway were you on? \_\_\_\_\_

Direction of travel? \_\_\_\_\_

Where did you start driving from? \_\_\_\_\_

What city (county) were you stopped in? \_\_\_\_\_

What time did you start? \_\_\_\_\_ AM/PM What time is it now? \_\_\_\_\_

What is today's date? \_\_\_\_\_ What day of the week is it? \_\_\_\_\_

When did you last eat? \_\_\_\_\_ What did you eat? \_\_\_\_\_

What have you been doing the past three hours prior to this stop/accident? \_\_\_\_\_

How much do you weigh? \_\_\_\_\_ Have you been drinking? \_\_\_\_\_ What were you drinking? \_\_\_\_\_

How much? \_\_\_\_\_ Where? \_\_\_\_\_ With whom were you drinking? \_\_\_\_\_

When did you have your first drink? \_\_\_\_\_ AM/PM When did you stop drinking? \_\_\_\_\_ AM/PM

How did you consume your last two drinks? \_\_\_\_\_

Are you under the influence of alcohol now? ☐ Yes ☐ No

Can you feel the effects of alcohol? ☐ Yes ☐ No

Have you consumed alcohol since the accident? ☐ Yes ☐ No

Can you feel the effects of alcohol? ☐ Yes ☐ No

Have you consumed alcohol since the accident? ☐ Yes ☐ No How much? \_\_\_\_\_

What? \_\_\_\_\_ Where? \_\_\_\_\_

What line of work are you in? \_\_\_\_\_

When did you last work? \_\_\_\_\_

Do you have any physical defects or injuries? ☐ Yes ☐ No If yes, explain: \_\_\_\_\_

Are you sick or injured? ☐ Yes ☐ No If yes, explain: \_\_\_\_\_

Do you limp? ☐ Yes ☐ No Did you get a bump on the head? ☐ Yes ☐ No

Were you in an accident today? \_\_\_\_\_

Have you taken any drugs or smoked marijuana today? \_\_\_\_\_

What? \_\_\_\_\_ When? \_\_\_\_\_

Have you seen a doctor or dentist today? ☐ Yes ☐ No Who? \_\_\_\_\_

Are you taking any prescription medications? ☐ Yes ☐ No What? \_\_\_\_\_ When? \_\_\_\_\_

Do you have: Epilepsy? ☐ Yes ☐ No Inner ear trouble? ☐ Yes ☐ No

Glass eye? ☐ Yes ☐ No Ear infection? ☐ Yes ☐ No

False teeth? ☐ Yes ☐ No Diabetes? ☐ Yes ☐ No

Any problems not correctable by glasses or contact lenses? \_\_\_\_\_

Do you take insulin? ☐ Yes ☐ No If yes, when was your last injection? \_\_\_\_\_

Have you ever had a driver's license in any other state? \_\_\_\_\_

I am now ending this video recording. The time is now approximately 242 AM PM.

The date is February, 1, 2022.  
(month) (day) (year)

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

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

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

or affirm that on or about the 1 day of February, 20 22, at 0146 ☐ P.M. ☒ A.M.

DRIVER Joseph Andrew Vida,  
(Type or Print) FIRST NAME MIDDLE OR MAIDEN NAME LAST NAME

DL# V300481703490, state of Florida, was placed under lawful arrest for

the offense of DUI by David Williams and  
(Name of Arresting Officer)

issued Citation # ABLG8E

That on or about the 1 day of February, 20 22, at 2:42 ☐ P.M. ☒ A.M.  
in Palm Beach County,

I requested that the driver submit to a ☒breath and/or ☐urine test to determine his or her blood alcohol level and/or the presence of chemical or controlled substances. I informed the driver that the refusal to submit to such test(s) would result in the suspension of his or her driving privilege for a period of one (1) year for a first refusal, or for a period of eighteen (18) months if his or her driving privilege had been previously suspended for refusing to submit to a breath, urine or blood test. I also informed the driver that he or she commits a misdemeanor by refusing to submit to a lawful test as requested above if his or her driving privilege has been previously suspended for refusal to submit to a lawful test of his or her breath, urine, or blood. Additionally, I informed the driver that if he or she holds a CDL, or was operating a CMV, refusal will result in the disqualification of the Commercial Driver's License/driving privilege for a period of one (1) year in the case of a first refusal or permanently if he or she has previously been disqualified as a result of a refusal to submit to any such lawful test. Nonetheless, the driver refused to submit to the test(s) requested.

[Signature]  
Signature of Law Enforcement Officer or  
Correctional Officer

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

The foregoing instrument was sworn and subscribed before me:

[Signature]  
Signature of Attesting Officer

Title Officer

Date 2/1/2022

(AFFIX SEAL)

The foregoing instrument was sworn and subscribed before

me this \_\_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_\_,

by \_\_\_\_\_,

who is personally known to me or who has produced

\_\_\_\_\_ as identification

Notary Public \_\_\_\_\_

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.

FLORIDA DEPARTMENT OF LAW ENFORCEMENT  
ALCOHOL TESTING PROGRAM  
BREATH ALCOHOL TEST AFFIDAVIT

Instrument Type: Intoxilyzer 8000  
Instrument Registered To: BOCA RATON PD  
Instrument Serial Number: 80-006622 Software: 8100.27  
Date of Test: 02/01/2022

Date of Last Agency Inspection: 01/28/2022

Observation Period Began: 02:06

Subject's Name: JOSEPH A VIDA

DOB: 09/29/1970 Sex: M

The subject was observed for at least twenty-minutes prior to the administration of the breath test to ensure that the subject did not take anything orally and did not regurgitate.

Test	g/210L	Time
Diagnostics Check OK		02:37
Air Blank	0.000	02:37
Control Test	0.080	02:38
Air Blank	0.000	02:38
Subject Sample #1 NSP*		02:41
Air Blank	0.000	02:42
Air Blank	0.000	02:44
Subject Sample #2 REF**		02:44
Air Blank	0.000	02:44
Control Test	0.080	02:45
Air Blank	0.000	02:45
Diagnostics Check OK		02:45

\*No Sample Provided

\*\*Subject Test Refused

Cylinder Lot: 15421080A1  
Exp: 06/05/2023

State of Florida, County of Palm Beach

Personally appeared before me the undersigned authority, who (☒) is personally known to me or (☐) produced \_\_\_\_\_ as identification, and who after being placed under oath, states:

I, DAVID WILLIAMS, hold a valid Breath Test Operator permit issued by the Florida Department of Law Enforcement, I administered the above breath test to the subject named above in accordance with Chapter 11D-8, Florida Administrative Code, and this form is a true and accurate report of that breath test.

Breath Test Operator: [Signature]

Signature

Date: 2/2/2022

Sworn to (or affirmed) before me this 2 day of February, 2022

[Signature]  
Signature of Notary Public-State of Florida

David Williams  
Printed Name of Notary Public-State of Florida

Notes: Pursuant to Section 117.10, Florida Statutes, law enforcement officers, correctional officers, traffic accident investigation officers and traffic infraction enforcement officers are notaries public when engaged in the performance of official duties. In accordance with section 316.1934(5), F.S., this completed form is admissible without further authentication and is presumptive proof of the results herein. To be used in accordance with Section 316.1934(5), F.S., and in administrative proceedings pursuant to 322.2615, F.S.



**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)
<b>L/E Exemptions</b>	<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.	
<b>Public Info. Exemptions</b>	<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.	
<b>Florida Rules of Judicial Administration 2.420 (Rule of 23)</b>	<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"/>			
<b>Other</b>	<input type="checkbox"/>		Other:	
	<input type="checkbox"/>		Other:	

**REVIEW COMPLETED BY**

<b>Booking Number:</b> 2022002905	<b>Date:</b> 2/1/2022
	<b>Specialist Name/ID:</b> S.Evans/23872