

0521916

21CT3749 NB 719 4246  
ARREST / NOTICE TO APPEAR

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

ADMI NIST RAT ION	OBTS Number		Agency ORI Number <b>0501700</b>		Agency Name <b>Jupiter Police Department</b>		Agency Report Number (N.T.A.'s only) <b>5 / 4 21-000583</b>		Location of Arrest (Including Name of Business) <b>N AIA/CLEMONS ST</b>		Location of Office (Business Name, Address) <b>1001 N AIA/CLEMONS ST, JUPITER, FL 33477</b>											
DEF END ANT	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		If Weapon Seized Enter Type <b>NONE</b>		Multiple Clearance Indicator		Date of Arrest <b>03/09/2021</b>		Time of Arrest <b>22:44</b>		Booking Date <b>03/09/2021</b>		Booking Time <b>22:54</b>		Jail Date		Jail Time		Location of Vehicle			
	Name (Last, First, Middle) <b>LIANA, JOSEPH M</b>												Alias (Name, DOB, Sec. Sec. #, Etc.)									
J U V E N I L E	Race W - White I - American Indian B - Black O - Oriental/Asian S - Other		Sex <b>M</b>		Date of Birth <b>01/07/1949</b>		Height <b>6'01</b>		Weight <b>250</b>		Eye Color <b>BROW</b>		Hair Color <b>BROWN</b>		Complexion <b>LIGHT</b>		Build <b>Medium</b>					
	Scars, Marks, Tattoos, Unique Physical Features (Location, Type, Description)												Marital Status <b>M</b>		Religion		Indication of Alcohol Influence Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Unk. <input type="checkbox"/>		Indication of Drug Influence Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Unk. <input type="checkbox"/>			
	Local Address (Street, Apt. Number) <b>1127 E SEMINOLE AVE, JUPITER, FL 33477</b>				(City)		(State)		(Zip)		Phone				Residence Type: 1. City 3. Florida 2. County 4. Out of State Address Source <b>VERBAL</b>							
	Permanent Address (Street, Apt. Number) <b>1127 E SEMINOLE AVE, JUPITER, FL 33477</b>				(City)		(State)		(Zip)		Phone				Occupation <b>Retired</b>							
C O D E F	D/L Number, State <b>194164829 / NY</b>		INS Number		Place of Birth (City, State) <b>NEW YORK, NY, United</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													
N O T I C E	<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)		(Zip)		Business Phone					
	Notified by: (Name)		Date		Time		Relationship		Date		Time		JUVENTILE DISPOSITION 1. Identified/Processed within Department and Released 2. TOT JAC 3. Incarcerated									
C H A R G E	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													
C H A R G 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	
	Charge Description <b>DUI - BAC/BRAC OVER .15 -OR- MINOR IN VEHICLE</b>										Statute Violation Number <b>316.193(4)</b>		Violation of ORD #									
C H A R G E	Drug Activity		Drug Type		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 #									
C H A R G E	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 #									
I N T A K E	Health / Apparent Physical Condition of Defendant										Any knowledge of the following: Explain: <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"/> Posted Bond		<input type="checkbox"/> Released to Parent/Guardian		<input checked="" type="checkbox"/> T.O.T. County Jail		PROPERTY - Received By		Released By		Released To											
N O T I C E	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) <b>North County PALM BEACH GARD</b>		Court Date and Time <b>04/14/2021 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									
A D M I N	HOLD for Other Agency		Signature of Arresting Officer <b>[Signature]</b>		Name of Arresting Officer (Print) <b>MCGILLICUDDY, STEVEN</b>		I.D. # <b>1216</b>		Name Verified (Printed) <b>[Signature]</b>		Date Signed <b>MAR 10 2021</b>		PAGE <b>1 OF 1</b>									
	Intake Deputy <b>[Signature]</b>		ID # <b>6200</b>		Pouch #		Transporting Officer <b>S. MCGILLICUDDY</b>		I.D. # <b>388</b>		Agency <b>JUPITE</b>		Witness here if subject signed with an "X"									

No Photo Available

RECEIVED  
JUPITER POLICE DEPARTMENT  
MAR 10 2021

PROBABLE CAUSE AFFIDAVIT

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

1 JUVENILE

OBTS Number		
Agency ORI Number <b>FL 0501700</b>	Agency Name <b>JUPITER POLICE DEPARTMENT</b>	Agency Report Number <b>5   4   21-000853</b>

Charge Type: Check as many as apply.  
 1. Felony  2. Traffic Felony  3. Misdemeanor  4. Traffic Misdemeanor  5. Ordinance  6. Other

Name (Last, First, Middle) **LIANA, JOSEPH M** Alias \_\_\_\_\_ Race **W** Sex **M** Date of Birth **01/07/1949**

Charge Description  
**316.193(4) DUI - BAC/BRAC OVER .15 -OR- MINOR IN VEHICLE**

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 9 day of March, 2021 at 22:27 (Specifically include facts constituting cause for arrest.)

On 3/9/2021 at approximately 2227 hrs, I was on patrol in the area of N A1A and Yarborough Street. As I travelled southeast on A1A I observed a black Kia bearing FL tag GWCA43 pull out and continue travelling in front of me. The vehicle put on its' right turn signal (where there is no turn) and made a significant swerve toward the right, almost hitting the sidewalk. The vehicle then briefly abruptly stopped in place obstructing the travel lane. Due to the erratic and dangerous driving behavior I was concerned that the operator was either sick, tired or impaired. The vehicle then continued southeast and made an abrupt left hand turn onto Clemons Street. I conducted a traffic stop on the vehicle at this time.

The vehicle pulled into the parking lot on the northeast side of Clemons Street and pulled nose-in to a parking spot. The driver, now identified as Joseph Liana (DEFENDANT), without being told to do so, exited the vehicle. When I advised him that he was being pulled over and asked why he got out of the car he said "because I drank too much tonight". I had Liana sit back in the seat while I asked him some questions. He advised me that he had several drinks tonight when I asked him how much he had consumed. I asked him to clarify how many drinks he had and he stated "I don't know, a few drinks". As I interacted with Liana I detected that he had slurred speech. He had an odor of unknown alcoholic beverage emitting from his person, which intensified as he spoke. His eyes were glassy and bloodshot red.

I had Liana exit the vehicle to speak to him further. As he exited the car and walked toward the trunk, I observed that he had an unsteady gait. I advised Liana that I had several field sobriety exercises that I would like him to participate in. He said "I'm fine, I had a few drinks, I'm wrong". I again asked him if he would participate in field sobriety exercises and he said that he would not. I then read Liana his Taylor warning and he advised that he was now willing to participate in field sobriety exercises.

SWORN AND SUBSCRIBED BEFORE ME

NOTARY PUBLIC / CLERK OF COURT / OFFICER (F.S. 117.10)  
03/10/2021  
 DATE

SIGNATURE OF ARRESTING / INVESTIGATING OFFICER  
MCGILICUDDY, STEVEN (1216)  
 NAME OF OFFICER (PLEASE PRINT)  
03/10/2021  
 DATE

SCANNED  
 MAR 10 2021

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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 | 21-000853**

Charge Type:  
Check as many as apply.  
 1. Felony  
 2. Traffic Felony  
 3. Misdemeanor  
 4. Traffic Misdemeanor  
 5. Ordinance  
 6. Other

Special Notes:

Name (Last, First, Middle)  
**LIANA, JOSEPH M**

Race Sex Date of Birth  
**W M 01/07/1949**

**HORIZONTAL GAZE NYSTAGMUS (HGN)**  
-No resting nystagmus in either eye  
-Equal pupil size and tracking  
-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  
-The stimulus had to be reset multiple times due to Liana's inability to keep his head still and his tendency to look beyond the stimulus as I moved it from side to side.

**WALK AND TURN**  
-Lost balance in the starting position  
-Started too soon  
-Missed heel to toe on every step  
-Stepped off line multiple times  
-Used arms for balance throughout the exercise  
-Improper turn  
-Took 6 steps up and 7 steps back  
-7 of 8 clues observed

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

**FINGER TO NOSE**  
1L - Pad to tip  
2R - Pad to tip  
3L - Side to under tip, DNP  
4R - Side to tip, DNP  
5R - Started L, corrected finger, pad to tip  
6L - Knuckle to tip

**RHOMBERG ALPHABET (INSTRUCTIONS B TO X)**  
-A B C D E F B A S IN BRAVO X XRAY...

Based on my observations, investigation and the totality of the circumstances, I have probable cause to believe that Joseph Liana was in actual physical control of a vehicle while under the influence of an alcoholic beverage, chemical or controlled substance to the point that his normal faculties are impaired, contrary to F.S.S. 316.193. I placed

SWORN AND SUBSCRIBED BEFORE ME  
*S. O'neil*  
NOTARY PUBLIC / CLERK OF COURT / OFFICER (F.S.S. 117.10)  
**03/10/2021**  
DATE

*Steven McGillicuddy*  
SIGNATURE OF ARRESTING / INVESTIGATING OFFICER  
**MCGILICUDDY, STEVEN (1216)**  
NAME OF OFFICER (PLEASE PRINT)  
**03/10/2021**  
DATE

SCANNED  
MAR 10 2021  
PAGE 2 of 3

PROBABLE CAUSE AFFIDAVIT  
SUPPLEMENT

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

1 JUVENILE

A D M I N I S T R A T I V E	OBTs Number		Agency Name		Agency Report Number	
	Agency ORI Number <b>FL 0501700</b>		<b>JUPITER POLICE DEPARTMENT</b>		<b>5 4 21-000853</b>	
Charge Type: Check as many as apply. <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						Special Notes:

D E E	Name (Last, First, Middle)			Race	Sex	Date of Birth
	<b>LIANA, JOSEPH M</b>			<b>W</b>	<b>M</b>	<b>01/07/1949</b>

him under arrest at 2244 hrs.  
 I then transported him to the Palm Beach County Breath Alcohol Testing (BAT) center, after going through the nurse screening station. We arrived at the BAT at 0000 hrs. I placed Liana under a 20 minute observation period during which I did not observe him consume nor regurgitate anything. We then went on video with BAT Technician O'Neal (ID #6212). I then requested that he submit to a breath test and he consented. He provided breath samples of .207 BrAC and .210 BrAC. I then read him his Miranda rights from a prepared card. I then finished his paperwork and booked him into the county jail. He was issued a court date of 4/14/2021 at 0830 hrs at the North County Courthouse. BWC.

NOT A CERTIFIED COPY

A D M I N I S T R A T I V E	SWORN AND SUBSCRIBED BEFORE ME		SIGNATURE OF ARRESTING / INVESTIGATING OFFICER	
	NOTARY PUBLIC / CLERK OF COURT / OFFICER (F.S.S. 117.10)		NAME OF OFFICER (PLEASE PRINT)	
	<b>03/10/2021</b>		<b>MCGILlicuddy, STEVEN (1216)</b>	
DATE		DATE		
		<b>03/10/2021</b>		
		DATE		
		PAGE		
		<b>3 OF 3</b>		



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

PBSO CASE # 21-043467 PBSO ZONE 3-14  
 AGENCY CASE # 21-000853 CRASH CASE # \_\_\_\_\_  
 TIME OF STOP/CRASH 2227 DATE 03/09/2021 DAY TUESDAY  
 SUBJECT'S NAME LIANA JOSEPH M RACE W SEX M  
LAST FIRST MID  
 HGT 601 WGT 250 DOB 1/7/1949  
 LOCATION N A1A/CLEMONS ST  
 ARRESTING OFFICER'S NAME & ID MCGILlicuddy 388 AGENCY JUPITER PD  
 DIVISION: ROAD PATROL

NOTIFIED BY COMMO Yes  
 ARRIVAL AT FACILITY 0000  
 ARREST TIME 2244

BREATH RESULTS:

- 1) .207
- 2) .210
- 3) \_\_\_\_\_
- 4) \_\_\_\_\_

TESTING OFFICER'S ID 6212 PBSO VIDEOTAPE # /

SCANNED  
MAR 10 2021

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

Instrument Type: Intoxilyzer 8000  
Instrument Registered To: PALM BEACH CO SO  
Instrument Serial Number: 80-006238 Software: 8100.27  
Date of Test: 03/10/2021

Date of Last Agency Inspection: 02/12/2021  
Observation Period Began: 00:00  
Subject's Name: JOSEPH M LIANA

DOB: 01/07/1949 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.

Results:

Test	g/210L	Time
Diagnostics Check	OK	00:25
Air Blank	0.000	00:26
Control Test	0.078	00:26
Air Blank	0.000	00:27
Subject Sample #1	0.207	00:27
Air Blank	0.000	00:28
Air Blank	0.000	00:30
Subject Sample #2	0.210	00:30
Air Blank	0.000	00:31
Control Test	0.078	00:31
Air Blank	0.000	00:31
Diagnostics Check	OK	00:31

Cylinder Lot: 22620080A2  
Exp: 10/05/2022

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 SHARI L O'NEAL, 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: S. O'Neal Date: 03-10-21  
Signature

Sworn to (or affirmed) before me this 10 day of March, 2021

Signature of Notary Public-State of Florida

S. P. 388  
Printed Name of Notary Public-State of Florida Ofc. McGillicuddy #388

Note: 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.

# TESTING FACILITY TASK REPORT

AGENCY: JPD OFC. MCGILlicuddy #388

SUBJECT: LIANA, JOSEPH M.

CASE NUMBER: 21-043467

DATE: 03-10-21

VIDEO DVD NUMBER: N/A

BEGINNING TIME: 0023 HRS

ENDING TIME: 0033 HRS

BREATH TESTS RESULTS: 1) .207 TIME 0027 A.M.  P.M.  2) .210 TIME 0030 A.M.  P.M.   
3) TIME A.M.  P.M.  4) TIME A.M.  P.M.

BREATH OPERATOR: S.O'NEAL #6212

MAINTENANCE TECHNICIAN: J. KARLECKE #6467

## TESTING OFFICER'S OBSERVATIONS

SPEECH: MUMBLED, PRONOUNCED

ATTITUDE: FREINDLY, TALKATIVE, COOPERATIVE, RAMBLING

CLOTHING: SHIRT-CORAL SHORTS-LIGHT KAHKI

MEDICAL CONDITIONS: NONE

MEDICATIONS: NONE

## OTHER:

EYES: VERY RED, GLASSY

ODOR OF UNKNOWN ALCOHOLIC BEVERAGE.

## COMMENTS:

20 MIN. OBSERVATION DONE BY THE A/O MCGILlicuddy #388  
A/O REQUESTED THE BREATH TEST.  
D SUBMITTED TO THE BREATH REQUEST.  
D COMPLETED THE TEST CORRECTLY.  
A/O READ THE C/W ON CAMERA.  
EXPALINED THE BREATH RESULTS TO THE D.  
NO Q&A CONDUCTED.

SCANNED  
MAR 10 2021

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

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) V. A. CHAKA

SCANNED  
MAR 10 2021

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: \_\_\_\_\_

WHITE - STATE ATTY.    YELLOW - DHSMV    PINK - CENTRAL RECORDS    GOLD - JAIL

SCANNED  
MAR 10 2021

# WITNESS LIST

CASE NUMBER: 21-000853

ARRESTING OFFICER: MCGILlicuddy

ADDRESS: 196 Military Trl. Jupiter, FL 33458

PHONE NUMBERS (HOME): \_\_\_\_\_ (WORK) (561) 746-6201

CAN TESTIFY TO: PC

NAME: OFC HOBBY

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 \_\_\_\_\_

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

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

ADDRESS \_\_\_\_\_

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

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

NOT A CERTIFIED COPY

SCANNED  
MAR 10 2021



**Palm Beach County Sheriff's Office – Arrests Only**

	X	Florida State Statute	Description	Page Number(s)
I/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:	

REVIEW COMPLETED BY

Booking Number: 2021005911	Date: 03/10/2021
	Specialist Name/ID: T Howard/7185