

J#0518873 50-2020-CT-012423-ASB

PT# 366

ARREST / NOTICE TO APPEAR

1 Arrest (No Warrant) 3 Request for Warrant
4 Arrest (Warrant) 4 Request for Capias
2 N.T.A. 5 Juvenile Referral

1 JUVENILE

OBTS Number	Agency ORI Number 0500200		Agency Name Boca Raton Police Department		Agency Report Number (M.T.A.'s only) 3, 2 2020-011074	
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	If Weapon Seized	Enter Type	Multiple Clearance Indicator
Location of Arrest (Including Name of Business) 7800 CONGRESS AVE, BOCA RATON, FL 33487			Location of Offense (Business Name, Address) 7800 CONGRESS AVE, BOCA RATON, FL 33487			
Date of Arrest 10/03/2020	Time of Arrest 00:33	Booking Date 10/03/2020	Booking Time 01:16	Jail Date 10/03/2020	Jail Time 01:16	Location of Vehicle WESTWAY TOWING
Name (Last, First, Middle) MC GARITY, JOY LYNN		Alias:		Alias (Name, DOB, Soc. Sec. #, Etc.)		
Race W. White B. Black O. Oriental/Asian	Sex W	Date of Birth 03/30/1970	Height 5'07	Weight 130	Eye Color BLUE	Hair Color BROWN
Completion LIGHT			Build Small			
Local Address (Street, Apt. Number) 2517 NW 4TH CT, BOYTON BEACH, FL 33426			Phone (954) 682-5102			
Permanent Address (Street, Apt. Number) 2517 NW 4TH CT, BOYTON BEACH, FL 33426			Phone (954) 682-5102			
Business Address (Name, Street)			Phone			
DL Number, State M263432706101 / FL		INS Number		Place of Birth (City, State) NUREMBERG, GF, FR		Citizenship US
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
Co-Defendant Name (Last, First, Middle)		Race	Sex	Date of Birth		<input type="checkbox"/> 2. At Large <input type="checkbox"/> 4. Misdemeanor
Parent <input type="checkbox"/> Other <input type="checkbox"/>		Name (Last, First, Middle)		Residence Phone		
Legal Custodian <input type="checkbox"/>		Address (Street, Apt. Number)		Business Phone		
Notified by: (Name)		Date	Time	JUVENILE DISPOSITION		
Released To: (Name)		Relationship	Date	Time	1. Handled/Processed within Department and Released 2. TOT JAC 3. Incorporated	
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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No		Description of Property VEHICLE		Value of Property \$5,000
Drug Activity N. N/A P. Possess		S. Sell B. Buy T. Traffic	R. Seize D. Deliver E. Use	K. Disperse/ Distribute	M. Manufacture/ Produce/ Cultivate	Z. Other
Drug Type N		Amount / Unit	Offense #	Counts	Domestic Violence <input type="checkbox"/> Y <input checked="" type="checkbox"/> N	Warrant / Capias Number
Charge Description DUI- PROPERTY DAMAGE/ INJURY TO PROPERTY OR PERSON ENHANCED		Status Violation Number 316.193(3C1)		Violation of ORD #		
Charge Description		Status Violation Number		Violation of ORD #		
Charge Description		Status Violation Number		Violation of ORD #		
Health / Apparent Physical Condition of Defendant GOOD		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"/> Posted Bond		<input type="checkbox"/> Released to Parent/Guardian <input type="checkbox"/> South County Mental Health		<input checked="" type="checkbox"/> T.O.T. County Jail		
Transported By J CASAS ID818		PROPERTY - Received By J CASAS ID818		Released By J CASAS ID818		
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		Location (Court, Room) South County 200 W Atlantic Ave Delray Beach, FL 33444		
but must comply with instructions on Page 2.		Court Date and Time 11/02/2020 08:30:00		No Photo Available		
I AGREE TO APPEAR AT THE TIME AND PLACE DESIGNATED TO ANSWER THE OFFENSE CHARGED OR TO PAY THE FINE SUBSCRIBED. I UNDERSTAND THAT SHOULD I WILLFULLY FAIL TO APPEAR BEFORE THE COURT AS REQUIRED BY THIS NOTICE TO APPEAR, THAT I MAY BE HELD IN CONTEMPT OF COURT AND A WARRANT FOR MY ARREST SHALL BE ISSUED.						
Signature of Defendant (or Juvenile and Parent/Custodian)				Date Signed 10-3-2020		
HOLD for Other Agency		Signature of Arresting Officer J CASAS, J.		Name Verification (Printed by Arrestee) Joy Lynn McGarity		
<input type="checkbox"/> Dangerous <input type="checkbox"/> Suicidal		<input type="checkbox"/> Resisted Arrest <input type="checkbox"/> Other		I.D.# 818		
I.D.#		Povch #		Agency BRPD		
I.D.#		I.D.#		PAGE 1 OF 1		
Witness here if subject signed with an "X"						

PROBABLE CAUSE AFFIDAVIT

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 ORI Number FL 0500200		Agency Name BOCA RATON POLICE DEPARTMENT		Agency Report Number 3 2 2020-011074		
	Charge Type: Check as many as apply.		Special Note:		Name (Last, First, Middle) MC GARITY, JOY LYNN		Race W	Sex F	Date of Birth 03/30/1970
C H A R G E S	Charge Description 316.193(3C1) DUI- PROPERTY DAMAGE		Charge Description		Victim's Name (Last, First, Middle) STATE OF FLORIDA,		Race U	Sex U	Date of Birth
	Charge Description		Charge Description		Local Address (Street, Apt. Number) (City) (State) (Zip) 100 NW 2ND AVE, BOCA RATON, FL 33432		Phone (561) -		Address Source
V I C T I M	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> <p><input type="checkbox"/> committed the below acts in my presence. <input type="checkbox"/> was observed by _____ who told _____ that he/she saw the arrested person commit the below acts.</p> <p><input type="checkbox"/> confessed to _____ admitting to the below facts. <input checked="" type="checkbox"/> was found to have committed the below acts, resulting from my (described) investigation.</p> <p>On the <u>3</u> day of <u>October</u>, <u>2020</u> at <u>00:33</u> (Specifically include facts constituting cause for arrest.)</p> <p>On 10/2/2020, at approximately 2328 hours, I responded to 7800 Congress Ave as a back-up unit for a motor vehicle crash. Upon arrival, Officer Leyva informed me that the black 2013 VW CC, bearing FL tag HTBI97, was traveling northbound on Congress Avenue when it struck another vehicle traveling northbound, and then drove off the roadway and into a set of bushes. Officer Leyva told me that she observed that the driver, Joy Mc Garity, had red/glassy eyes, slurred speech, and the odor of alcohol emanating from her person. She also stated that Mc Garity was slow to respond to her requests and was unsure of what occurred. I then stood near Mc Garity and Officer Felix while Officer Leva completed her investigation. During this time, I observed that Mc Garity's eyes were red and glassy, and her speech was slurred. I also observed the odor of alcohol emanating from her breath while she spoke with Officer Felix. Upon completing her investigation, Officer Leyva informed Mc Garity that her crash investigation was complete. I then informed Mc Garity that I would be conducting a criminal DUI investigation based on the nature of the crash and my observations. I advised Mc Garity of her constitutional warnings and she stated that she understood.</p> <p>I asked Mc Garity where she was coming from and she stated she was coming from her boyfriend's house in Boca Raton. She said they had been out to dinner at Casa Maya in Deerfield Beach Prior to that. I asked Mc Garity if she had any alcoholic beverages while at dinner and she confessed to consuming a margarita. She denied consuming any alcohol at her boyfriend's house afterwards.</p> <p>I asked Mc Garity if she was sick or injured and she stated she was not. She did not complain of any physical injuries that would affect her ability to walk, stand, or balance. I asked her if she was taking any prescription medication, and she advised she is prescribed 10-20mg of Buspirone and took her last dose during the morning hours. Mc Garity claimed she was not diabetic or epileptic. She also advised she did not have any problems with her eyes that are not corrected by glasses. Lastly, Mc Garity claimed she</p>								
S W O R N	SWORN AND SUBSCRIBED BEFORE ME		Notary Public State of Florida Renee Ragin My Commission GG 966418 Expires 03/05/2024		SIGNATURE OF ARRESTING / INVESTIGATING OFFICER CASAS, JAVIER (818)		NAME OF OFFICER (PLEASE PRINT)		
	DATE 10/03/2020		DATE 10/03/2020		PAGE 1 OF 3				

PROBABLE CAUSE AFFIDAVIT
SUPPLEMENT

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

1

JUVENILE

OBTS Number	Agency ORI Number FL 0500200		Agency Name BOCA RATON POLICE DEPARTMENT	Agency Report Number 3 2 2020-011074
Charge Type: Check as many as apply.				Special Note:
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Name (Last, First, Middle) MC GARITY, JOY LYNN	Race W	Sex F	Date of Birth 03/30/1970
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felt comfortable walking in the sandals she was wearing.

I requested that Mc Garity perform Standardized Field Sobriety Exercises to dispel my alarm that she was driving impaired. Mc Garity initially refused, but later chose to participate in the exercises.

The first exercise was Horizontal Gaze Nystagmus. I administered the instructions and Mc Garity stated that she understood. I observed that Mc Garity was swaying in a circular motion while the exercise was being conducted. She also moved her head from side to side while following the stimulus despite being reminded not to do so.

The second exercise was the Walk and Turn. I administered the instructions and demonstrated how the exercise should be completed. The instruction/demonstration phase was completed twice to ensure that Mc Garity understood all of the instructions. I noticed that Mc Garity had difficulty aligning her feet heel-to-toe and also observed that she had fallen out of the starting position. Mc Garity also began the exercise before being instructed to do so. While taking her steps, I observed that Mc Garity did not walk along the line, missed heel-to-toe on every step, and used her arms for balance. She also took an incorrect number of steps and stated she had completed the exercise before completing the turn.



The third exercise was the One-Leg Stand. I administered the instructions and demonstrated how it should be completed. Mc Garity stated she understood. Mc Garity put her foot down several times throughout the 30 second exercise. She also used her arms for balance, swayed, and fell out of position during the exercise.

The fourth exercise was the Finger to Nose. I confirmed that Mc Garity knew her left from her right by asking her to show me her left hand and then her right hand. I then administered the instructions. The pattern was L-R-L-R-R-L.

L - Missed the tip of her nose and held her finger on her nose.
R - Held her finger on her nose.
L - Missed the tip of her nose and held her finger on her nose.
R - Missed the tip of her nose and held her finger on her nose.
R - Began to lift her left hand but then used the correct hand to touch her nose. Missed the tip of her nose and held her finger on her nose.
L - Missed the tip of her nose and held her finger on her nose.

I also observed that Mc Garity opened her eyes briefly before touching her nose each time.

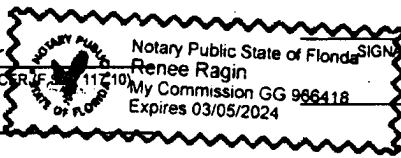

The fifth exercise was the modified romberg balance test. I asked Mc Garity if she felt comfortable estimating the passage of 30 seconds and she stated she did. I demonstrated the passage of 30 seconds using a stop watch. The instructions were administered, and the exercise was conducted. Mc Garity estimated the passage of 30 seconds in 31 seconds.

SWORN AND SUBSCRIBED BEFORE ME		SIGNATURE OF ARRESTING / INVESTIGATING OFFICER  CASAS, JAVIER (818) NAME OF OFFICER (PLEASE PRINT)
NOTARY PUBLIC / CLERK OF COURT / OFFICER OF THE COURT 10/03/2020 DATE	10/03/2020 DATE	PAGE 2 OF 3

OBTS Number	PROBABLE CAUSE AFFIDAVIT SUPPLEMENT	1. Arrest 2. N.T.A.	3. Request for Warrant 4. Request for Capias	1	JUVENILE
Agency ORI Number FL 0500200	Agency Name BOCA RATON POLICE DEPARTMENT	Agency Report Number 3 2 2020-011074			
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			
Name (Last, First, Middle) MC GARITY, JOY LYNN		Race W	Sex F	Date of Birth 03/30/1970	

Based on the totality of the circumstances, I found probable cause to believe that, at the time of the crash, Mc Garity was operating a motor vehicle while under the influence of drugs or alcohol. Mc Garity was placed under arrest for DUI per F.S.S 316.193(3C1). She was transported to Palm Beach County Sheriff's Office DUI Testing Facility where Breath Operator P. Pound (#24638) completed the BAT room procedures. Mc Garity provided three breath samples of .222, .198, and .216. She was advised of her constitutional warnings, advised she understood, and chose to answer all of my questions. Her answers were documented on the DUI influence report. Mc Garity was then transported to Wellington Regional Hospital for medical clearance before being turned over to PBSO at Palm Beach County Jail.

A sworn witness statement placing Mc Garity behind the wheel of her vehicle at the time of the crash was collected from the driver of the other vehicle, Benjamin Wilson. See Officer Leyva's crash report (HSVM 24096806) for more information regarding the crash and the subjects/witnesses involved.

SWORN AND SUBSCRIBED BEFORE ME _____ NOTARY PUBLIC / CLERK OF COURT / OFFICER 10/03/2020 DATE		SIGNATURE OF ARRESTING / INVESTIGATING OFFICER  CASAS, JAVIER (818) NAME OF OFFICER (PLEASE PRINT) 10/03/2020 DATE	PAGE 3 of 3
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TESTING FACILITY TASK REPORT

AGENCY: BRPD

SUBJECT: MC GARITY, JOY LYNN

DATE: Oct 3, 2020

BEGINNING TIME: 01:39

ENDING TIME: 02:08

CASE NUMBER: 20-112897

VIDEO DVD NUMBER: N/A

BREATH TESTS RESULTS: 1) .222 TIME 01:44 A.M. P.M. 2) .198 TIME 01:49 A.M. P.M.
3) .216 TIME 01:52 A.M. P.M. 4) N/A TIME N/A A.M. P.M.

BREATH OPERATOR: P.POUND #24639

MAINTENANCE TECHNICAN: J. KARLECKE# 6467

TESTING OFFICER'S OBSERVATIONS

SPEECH: SLURRED

ATTITUDE: TALKATIVE, LOUD

CLOTHING: GREEN DRESS, BROWN SANDALS

MEDICAL CONDITIONS: NONE

MEDICATIONS: BUSPAARINE

OTHER:

EYES: GLASSY AND BLOODSHOT

COMMENTS:

ARRIVED AT CENTER A/O BEGAN THE 20 MINUTE OBSERVATION PERIOD AT 01:16 HRS.

SUBJECT: AGREED TO TAKE TEST

A/O: READ RIGHTS

SUBJECT: STATE SHE UNDERSTOOD RIGHTS

TECH : READ TEST RESUTS

SUBJECT: STATED SHE UNDERSTOOD TEST RIGHTS

A/O: CONDUCTED Q&A

SUBJECT: ANSWERED QUESTIONS



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

PBSO CASE # 20-112897 PBSO ZONE 7-11

AGENCY CASE # 32-2020-011074 CRASH CASE # 24096806

TIME OF STOP/CRASH 2308 DATE 10-2-20 DAY Friday

SUBJECT'S NAME Mc Garity, Joy Lynn RACE W SEX F

HGT 507 WGT 130 DOB 3-30-70

LOCATION 7800 ~~th~~ congress Ave Boca Raton FL 33487

ARRESTING OFFICER'S NAME & ID Javier Casas 818 AGENCY BRPD

DIVISION: Field services

NOTIFIED BY COMMO 0052

ARRIVAL AT FACILITY 0116

Arrest Time 0033

BREATH RESULTS:

1. .222

2. .198

3. .216

4. N/A

TESTING OFFICER'S ID 24639

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: 80-006239 Software: 8100.27
Date of Test: 10/03/2020

Date of Last Agency Inspection: 09/18/2020

Observation Period Began: 01:16

Subject's Name: JOY L MC GARITY

DOB: 03/30/1970 Sex: F

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	01:42
	Air Blank	0.000	01:42
	Control Test	0.079	01:42
	Air Blank	0.000	01:43
	Subject Sample #1	0.222	01:44
	Air Blank	0.000	01:45
	Air Blank	0.000	01:47
	Subject Sample #2	0.198	01:49
	Air Blank	0.000	01:50
	Air Blank	0.000	01:51
	Subject Sample #3	0.216	01:52
	Air Blank	0.000	01:53
	Control Test	0.077	01:53
	Air Blank	0.000	01:54
	Diagnostics Check	OK	01:54

Cylinder Lot: 14020080A1
Exp: 07/05/2022

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 PARIS D POUND, 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

Date: 10/03/20

Sworn to (or affirmed) before me this 3rd day of October, 2020

Signature of Notary Public-State of Florida

Printed Name of Notary Public-State of Florida

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.

SUBJECT: MC GARITY, JOY L CASE NUMBER: 32-2020-011074

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? yes

WHERE WERE YOU GOING? Home - Boynton Beach

WHAT STREET OR HIGHWAY WERE YOU ON? Congress Ave

DIRECTION OF TRAVEL? N WHERE DID YOU START? Boca country club

WHAT TIME DID YOU START? not sure WHAT TIME IS IT NOW? 0130 or 0200

WHAT IS TODAY'S DATE? 10-2-20 WHAT DAY OF THE WEEK IS IT? Saturday

WHAT COUNTY AND CITY ARE YOU IN NOW? Palm Beach county - Palm Beach

WHEN DID YOU LAST EAT? 2:00 WHAT DID YOU EAT? chips/salsa/guac/tacos

WHAT HAVE YOU BEEN DOING FOR THE LAST THREE HOURS? No Idea

HOW MUCH DO YOU WEIGH? 130 HAVE YOU BEEN DRINKING? yes WHAT? Margaritas & Tequila

HOW MUCH? 4 WHERE? Casa maya WITH WHOM? Boyfriend

WHEN DID YOU HAVE YOUR FIRST DRINK? 1900 AND YOUR LAST DRINK? 2130

HOW DID YOU CONSUME YOUR LAST TWO DRINKS? sipped

CAN YOU FEEL THE EFFECTS OF THE ALCOHOL? yes ARE YOU UNDER THE INFLUENCE? yes - not sure

HAVE YOU CONSUMED ANY ALCOHOL SINCE THE ACCIDENT? No HOW MUCH? _____

WHAT? _____ WHERE? _____ WHEN? _____

WHAT LINE OF WORK ARE YOU IN? Financial Advising WHEN DID YOU LAST WORK? yesterday

DO YOU HAVE ANY PHYSICAL DEFECTS OR INJURIES? No WHAT? _____

ARE YOU SICK OR INJURED? No WHAT'S WRONG? _____

DO YOU LIMP? No DID YOU RECEIVE A BUMP ON THE HEAD RECENTLY? No

WERE YOU IN AN ACCIDENT TODAY? yes

HAVE YOU TAKEN ANY DRUGS OR SMOKED ANY MARIJUANA TODAY? No WHEN? _____

HAVE YOU SEEN A DOCTOR OR DENTIST TODAY? No WHO? _____ WHY? _____

ARE YOU TAKING ANY PRESCRIPTION MEDICINES? yes WHAT? Busparine WHEN? 0830

DO YOU HAVE:

EPILEPSY?	<u>NC</u>
GLASS EYE?	<u>NC</u>
FALSE TEETH?	<u>NC</u>
EAR INFECTION?	<u>NC</u>
INNER EAR TROUBLE?	<u>No</u>
DIABETES?	<u>No</u>

DO YOU HAVE ANY PROBLEMS WITH YOUR EYES THAT ARE NOT CORRECTED BY GLASSES? No

DO YOU TAKE INSULIN? No IF SO, WHEN WAS YOUR LAST INJECTION? _____

HAVE YOU EVER HAD A DRIVER'S LICENSE IN ANY OTHER STATE? yes WHERE? MS. CA, GA.

INTERVIEWER: Javier Casas

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

SUBJECT: Mc Garity, Joy L CASE NUMBER: 32-2020-011074

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) REMI OW CARLEY



Palm Beach County Sheriff's Office – Arrests Only

	X	Florida State Statute	Description	Page Number(s)
L/E Exemptions	<input type="checkbox"/>	119.071(2)(d)	Surveillance techniques, procedures and personnel; inventory of law enforcement resources, policies or plans pertaining to mobilization deployment or tactical operations.	
	<input type="checkbox"/>	943.053, 943.0525	NCIC/FCIC/FBI and in-state FDLE/DOC.	
	<input type="checkbox"/>	119.071(4)(c)	Undercover personnel.	
	<input type="checkbox"/>	119.071(2)(f)	Confidential informants (CIs).	
	<input type="checkbox"/>	119.071(2)(e)	Confession.	
Public Info. Exemptions	<input type="checkbox"/>	985.04(1)	Juvenile offender records.	
	<input type="checkbox"/>	119.071(h)(i)	Assets of a crime victim.	
	<input type="checkbox"/>	395.3025(7)(a), 456.057(7)(a)	Medical information.	
	<input type="checkbox"/>	394.4615(7)	Mental health information.	
	<input type="checkbox"/>	119.071(4)(d)(2)(a)	Home address, telephone, Social Security number, date of birth, or photos of active/former LE personnel, spouses, and children.	
Florida Rules of Judicial Administration 2.420 (Rule of 23)	<input checked="" type="checkbox"/>	(iii) 119.0714(1)(i)-(j), 2)(a)-(e)	Social Security, bank account, charge, debit, and credit card numbers.	2
	<input type="checkbox"/>	(viii) 394.4615(7)	Clinical records under the Baker Act.	
	<input type="checkbox"/>	(xii) 741.30(3)(b)	The victim's address in a domestic violence action on petitioner's request.	
	<input type="checkbox"/>	(xiii) 119.071(2)(h), 119.0714(1)(h)	Protected information regarding victims of child abuse or sexual offenses.	
	<input type="checkbox"/>			
	<input type="checkbox"/>			
	<input type="checkbox"/>			
	<input type="checkbox"/>			
Other	<input type="checkbox"/>		Other:	
	<input type="checkbox"/>		Other:	

REVIEW COMPLETED BY

Booking Number: 2020023360	Date: 10/04/2020
	Specialist Name/ID: AM/31562