


0584607

21CT11723 SB

3602

AD M I N I S T R A T I O N	OBTS Number		ARREST / NOTICE TO APPEAR		1. Arrest (No Warrant) 3. Request for Warrant 2. Arrest (Warrant) 4. Request for Capias 2. N.T.A. 5. Juvenile Referral		1	JUVENILE			
D E F E N D A N T	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 2021-008215</b>						
	Charge Type: Check as many <input type="checkbox"/> 1. Felony <input type="checkbox"/> 2. Traffic Felony <input type="checkbox"/> 3. Misdemeanor <input type="checkbox"/> 4. Traffic Misdemeanor <input type="checkbox"/> 5. Ordinance <input type="checkbox"/> 6. Other		If Weapon Seized Enter Type <b>UNARMED</b>		Multiple Charge Indicator						
	Location of Arrest (Including Name of Business) <b>2050 NW EXECUTIVE CENTER CIR, 2050 NW EXECUTIVE</b>				Location of Offense (Business Name, Address) <b>2050 NW EXECUTIVE CENTER CIR, BOCA RATON, FL 33431</b>						
	Date of Arrest <b>07/14/2021</b>	Time of Arrest <b>23:29</b>	Booking Date <b>07/15/2021</b>	Booking Time <b>00:01</b>	Jail Date <b>07/15/2021</b>	Jail Time <b>00:01</b>	Location of Vehicle <b>EMERALD TOWING</b>				
	Name (Last, First, Middle) <b>SIMCOE, JUSTIN SCOTT</b>				Alias (Name, DOB, Soc. Sec. #, Etc.)						
	Race W - White I - American Indian B - Black O - Oriental/Asian <b>W M</b>				Date of Birth <b>06/05/1980</b>	Height <b>5'07</b>	Weight <b>220</b>	Eye Color <b>HAZEL</b>	Hair Color <b>BALD</b>	Complexion <b>LIGHT</b>	Build <b>Medium</b>
	Local Address (Street, Apt. Number) <b>5479 QUEENSHIP CT, GREENACRES, FL 33463</b>				(City) <b>GREENACRES</b>	(State) <b>FL</b>	(Zip) <b>33463</b>	Phone <b>(518) 763-1980</b>	Residence Type: 1. City 3. Florida 2. County 4. Out of State <b>2</b>		
	Permanent Address (Street, Apt. Number) <b>5479 QUEENSHIP CT, GREENACRES, FL 33463</b>				(City) <b>GREENACRES</b>	(State) <b>FL</b>	(Zip) <b>33463</b>	Phone <b>(518) 763-1980</b>	Address Source <b>FL DL</b>		
	Business Address (Name, Street) <b>BRAMAN HONDA,</b>				(City) <b>GREENACRES</b>	(State) <b>FL</b>	(Zip) <b>33463</b>	Phone	Occupation <b>Service Tech</b>		
	DL Number / State <b>S520437802050 / FL</b>		INS Number		Place of Birth (City, State) <b>NEW YORK, NY, United</b>		Citizenship <b>US</b>				
C O D E D E F E N D A N T	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			
	Parent <input type="checkbox"/> Other: _____ Name (Last, First, Middle)				Residence Phone						
	Legal Custodian _____				Business Phone						
	Address (Street, Apt. Number) (City) (State) (Zip)										
	Notified by: (Name) _____ Date _____ Time _____				JUVENILE DISPOSITION 1. Resolved/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						
	Drug Activity				Drug Type	Amount / Unit	Offense #	Counts	Domestic Violence	Warrant / Capias Number	
C H A R G E	Charge Description <b>DRIVE UNDER INFLUENCE ALC</b>				State Violation Number <b>316.193(1A)</b>				Violation of ORD #		
	Drug Activity				Drug Type	Amount / Unit	Offense #	Counts	Domestic Violence	Warrant / Capias Number	
	Charge Description				State Violation Number				Violation of ORD #		
	Drug Activity				Drug Type	Amount / Unit	Offense #	Counts	Domestic Violence	Warrant / Capias Number	
	Charge Description				State Violation Number				Violation of ORD #		
	Drug Activity				Drug Type	Amount / Unit	Offense #	Counts	Domestic Violence	Warrant / Capias Number	
	Health / Apparent Physical Condition of Defendant <b>FAIR</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>J. CASAS 818</b>				Released By <b>J. CASAS 818</b>	Released To <b>TOT CT</b>	
	Transported By <b>J. CASAS 818</b>				Date Transported	Time Transported	Other				
	N O T I C E T O A P P E A R	<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>				Not 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.				Court Date and Time <b>08/16/2021 08:30:00</b>							
Signature of Defendant (or Juvenile and Parent/Custodian)				Date Signed							
HOLD for Other Agency				Signature of Arresting Officer <b>J. CASAS, J.</b>				SCANNED JUL 15 2021			
Name of Arresting Officer (Print) <b>J. CASAS, J.</b>				ID # <b>818</b>							
Transporting Officer <b>J. CASAS</b>				ID # <b>818</b>				Agency <b>BRPD</b>			
Witness here if subject signed with an "X".				PAGE <b>1 of 1</b>							

OETS Number		PROBABLE CAUSE AFFIDAVIT		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 0500200</b>		Agency Name <b>BOCA RATON POLICE DEPARTMENT</b>		Agency Report Number <b>3   2   2021-008215</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 F	Name (Last, First, Middle) <b>SIMCOE, JUSTIN SCOTT</b>				Race <b>W</b>	Sex <b>M</b>	Date of Birth <b>06/05/1980</b>		
	Charge Description <b>316.193(A) DUI</b>				Charge Description				
C H A R G E S	Charge Description				Charge Description				
	Charge Description				Charge Description				
V I C T I M	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		
P R O B A B L E	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 <b>14</b> day of <b>July</b>, <b>2021</b> at <b>23:29</b> (Specifically include facts constituting cause for arrest.)</p> <p>On 7/14/2021, at approximately 2259 hours, I responded to the area of 2050 NW Executive Center Cir as a back-up unit for a traffic stop conducted by Officer Van Camp.</p> <p>Upon arrival, Officer Van Camp informed me that, while driving westbound in the area of 1500 W Glades Rd, he observed a red 2008 Honda Ridgeline driving without headlights. Officer Van Camp stated he then witnessed the vehicle drive in the bicycle lane and later make a wide right turn and almost strike a raised median. Officer Van Camp advised that he conducted a traffic stop on the vehicle following his observations, and the vehicle came to a stop in the parking lot of 2050 NW Executive Center Cir.</p> <p>I approached the Honda and made contact with the driver, Justin Simcoe (identified via FL DL), who was standing outside of the vehicle. I immediately observed that Simcoe's eyes were red and glassy, and he relied on the vehicle for support when standing. While speaking with Simcoe, I also observed that his speech was thick, slow, and slurred, and he had an overwhelmingly strong over of an unknown alcoholic beverage emanating from his breath when he spoke.</p> <p>I asked Simcoe where he was coming from and where he was headed. Simcoe stated he was on his way to his residence in Greenacres from Extreme Action Park in Fort Lauderdale. Simcoe did not know what street he was traveling on, or what city he was in. According to Simcoe, he has lived in south Florida for approximately 11 years, is familiar with the area, and did not require a GPS to make it home.</p> <p>I asked Simcoe how much alcohol he consumed this evening and, initially, he stated he consumed three Bourbon drinks. Simcoe changed his answer to two beers and two Bourbon drinks at a later time.</p> <p>According to Simcoe, he was not sick or injured, did not have any physical defects or</p>								
S T A T E	SWORN AND SUBSCRIBED BEFORE ME				SIGNATURE OF ARRESTING / INVESTIGATING OFFICER				
	 <p><b>JOSHUA BELL</b> MY COMMISSION #GG346008 EXPIRES: JUN 18, 2023 Bonded through 1st State Insurance</p>				<p><b>CASAS, JAVIER (818)</b> NAME OF OFFICER (PLEASE PRINT)</p>				
A D M I N I S T R A T I V E	DATE <b>07/15/2021</b>				DATE <b>07/15/2021</b>				
					PAGE 1 OF 2				

COURT




STATE ATTORNEY

CENTRAL RECORDS

JAIL

CRIME ANALYSIS

SCANNED  
JUL 15 2021  
P.16

OBT Number		<b>PROBABLE CAUSE AFFIDAVIT SUPPLEMENT</b>		1. Arrest 2. N.T.A.	3. Request for Warrant 4. Request for Copies	<b>1</b>	JUVENILE
Agency ORI Number <b>FL 0500200</b>	Agency Name <b>BOCA RATON POLICE DEPARTMENT</b>	Agency Report Number <b>3   2   2021-008215</b>					
Charge Type: <input type="checkbox"/> 1. Felony <input type="checkbox"/> 3. Misdemeanor <input type="checkbox"/> 5. Ordinance Check as many as apply: <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>SIMCOE, JUSTIN SCOTT</b>					Race <b>W</b>	Sex <b>M</b>	Date of Birth <b>06/05/1980</b>
<p>injuries, did not limp, and felt comfortable in the shoes he was wearing. Simcoe stated he had not bumped his head recently, been in a car accident today, or seen a doctor or dentist today. Simcoe stated he was not taking any medications other than Claritin and had not consumed any other drugs or smoked any marijuana today. Lastly, Simcoe stated he was not diabetic or epileptic and did not have anything wrong with his eyes that isn't corrected by glasses or contacts.</p> <p>Based on Officer Van Camp's observations, my observations, Simcoe's statements, and the overall totality of the circumstances, I suspected that, at the time of the stop, Simcoe was operating a vehicle within the state while impaired by alcohol and/or chemical or controlled substances. I asked Simcoe to submit to Standardized Field Sobriety Exercises and he refused to participate. I then informed Simcoe of his Taylor Warnings and he stated he understood. Simcoe continued to refuse to participate in the exercises.</p> <p>At this time, I found probable cause to believe that, at the time of the stop, Simcoe was operating a vehicle within the state while impaired by alcohol and/or chemical or controlled substances. Simcoe was placed under arrest for DUI per F.S.S. 316.193(1a).</p> <p>Simcoe was transported to Palm Beach County Sheriff's Office DUI Testing Facility where PBSO Breath Operator Leahey (#19183) conducted the BAT room procedures. Simcoe was asked to provide a breath sample for the purpose of determining its alcohol content and he refused to submit. I then informed Simcoe of implied consent and he stated he understood. Simcoe continued to refuse to submit to a breath test. Simcoe was then informed of his constitutional warnings (Miranda) and he refused to answer any further questions. See DUI influence report for further.</p>							
NOT A CERTIFICATE							
SWORN AND SUBSCRIBED BEFORE ME  NOTARY PUBLIC / CLERK OF COURT / OFFICER <b>07/15/2021</b> DATE		 JOSHUA BELL MY COMMISSION #GG346008 EXPIRES: JUN 18, 2023 <small>1-Bonded through 1st State Insurance</small>		 SIGNATURE OF ARRESTING / INVESTIGATING OFFICER <b>CASAS, JAVIER (818)</b> NAME OF OFFICER (PLEASE PRINT) <b>07/15/2021</b> DATE			

SCANNED  
JUL 15 2021



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

PBSO CASE # 21-085846 PBSO ZONE 7-11  
AGENCY CASE # 32-2021-008215 CRASH CASE # \_\_\_\_\_  
TIME OF STOP/CRASH 2256 DATE 07/14/2021 DAY \_\_\_\_\_  
SUBJECT'S NAME SIMCOE JUSTIN S RACE W SEX M  
LAST FIRST MID  
HGT 5'07" WGT 220 DOB 06/05/1980  
LOCATION 2050 NW EXECUTIVE CENTER CIR, BOCA RATON, FL, 33431  
ARRESTING OFFICER'S NAME & ID J. CASAS 818 AGENCY BRPD  
DIVISION: SPSV NOTIFIED BY COMMO YES  
ARRIVAL AT FACILITY 0001  
ARREST TIME 2329

BREATH RESULTS:

1)   
2)   
3)   
4)

**REFUSED**

TESTING OFFICER'S ID 8656 PBSO VIDEOTAPE # N/A

SCANNED  
JUL 15 2021

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

I, OFC. JAVIER CASAS, a duly certified Law Enforcement Officer or Correctional Officer,  
(Name of Officer reading Implied Consent Warning)

am a member of BOCA RATON POLICE SERVICES DEPARTMENT, and I do swear  
(Name of law enforcement agency)

or affirm that on or about the 14TH day of JULY, 20 21, at 2329 ☐ P.M. ☐ A.M.

DRIVER JUSTIN SCOTT SIMCOE  
(Type or Print) FIRST NAME MIDDLE OR MAIDEN NAME LAST NAME

DL# S520437802050, state of FLORIDA, was placed under lawful arrest for  
the offense of DUI by OFC. JAVIER CASAS and  
issued Citation # A6LQE2E  
(Name of Arresting Officer)

That on or about the 15TH day of JULY, 20 21, at 0028 ☐ 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)**



(AFFIX SEAL)

The foregoing instrument was sworn and subscribed before

me this 15 day of July, 20 21,

by OFC. J. Casas,

who is personally known to me or who has produced

Known as identification

Notary Public [Signature]

HSMV-BAR1001 (REV. 10/2016)

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.

SCANNED  
JUL 15 2021

# TESTING FACILITY TASK REPORT

AGENCY: BRPD

SUBJECT: SIMCOE, JUSTIN SCOTT

CASE NUMBER: 21-085846

DATE: Jul 15, 2021

VIDEO DVD NUMBER: N/A

BEGINNING TIME: 0026

ENDING TIME: 0029

**REFUSED**

BREATH TEST RESULTS: 1) R TIME 0028 A.M. ☒ P.M. ☐ 2) N/A TIME XX A.M. ☐ P.M. ☐  
3) N/A TIME XX A.M. ☐ P.M. ☐ 4) N/A TIME XX A.M. ☐ P.M. ☐

BREATH OPERATOR: JOSHUA J BELL #8656

MAINTENANCE TECHNICIAN: J. KARLECKE #6467

## TESTING OFFICER'S OBSERVATIONS

SPEECH: SLURRED

ATTITUDE: REPETITIVE, COOPERATIVE

CLOTHING: GREY TEE SHIRT, GREY SHORTS, BLACK SHOES

MEDICAL CONDITIONS: NONE

MEDICATIONS: CLARITIN D

## OTHER:

EYES: GLASSY, BLOODSHOT

## COMMENTS:

ARRIVED AT DUI TESTING FACILITY AND BEGAN THE 20 MINUTE OBSERVATION AT 0001 HOURS

SUBJECT STATED HE WOULD NOT TAKE BREATH TEST

A/O READ I.C

SUBJECT STATED HE UNDERSTOOD I.C

SUBJECT AGAIN STATED HE WOULD NOT TAKE BREATH TEST

REFUSAL TIME 0028 HOURS

A/O READ RIGHTS

SUBJECT STATED HE UNDERSTOOD HIS RIGHTS

SUBJECT DECLINED TO ANSWER Q AND A

SCANNED  
JUL 15 2021

**REFUSED**

SUBJECT: Simco, Justin S CASE NUMBER: 21-8215

## 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: OFC. J. CASAS #113

WHITE - STATE ATTY.

YELLOW - DHSMV

PINK - CENTRAL RECORDS

GOLD - JAIL

SCANNED  
JUL 15 2021

SUBJECT: Simcoe, Justin S CASE NUMBER: 21-8215

## 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) Read on camera

SCANNED  
JUL 15 2021

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





**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"/>			
	<input type="checkbox"/>			
Other	<input type="checkbox"/>		Other:	
	<input type="checkbox"/>		Other:	

**REVIEW COMPLETED BY**

Booking Number: 2021017462

Date: 7/15/2021

Specialist Name/ID: T Howard/7185