

0412200

ARREST / NOTICE TO APPEAR

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


1

JUVENILE

ADMINISTRATIVE	OBTs Number		Agency ORI Number 0500200		Agency Name Boca Raton Police Department		Agency Report Number (N.T.A.'s only) 3, 2 2021-008580	
	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 UNARMED		Multiple Clearances Indicated			
DEFENDANT	Location of Arrest (Including Name of Business) 201 W GLADES RD, BOCA RATON, FL 33432, 201 W GLADES RD, BOCA RATON, FL 33432						Location of Offense (Business Name, Address) 201 W GLADES RD, BOCA RATON, FL 33432	
	Date of Arrest 07/24/2021	Time of Arrest 00:33	Booking Date 07/24/2021	Booking Time 01:10	Jail Date 07/24/2021	Jail Time 01:10	Location of Vehicle WESTWAY TOWING	
JUVENILE	Name (Last, First, Middle) RUBIN, LAWRENCE STEVEN							
	Alias:							
	Race W - White B - Black O - Oriental/Asian	Sex M	Date of Birth 12/31/1962	Height 5'08	Weight 265	Eye Color BROWN	Hair Color BALD	Complexion LIGHT
	Scars, Marks, Tattoos, Unique Physical Features (Location, Type, Description)				Marital Status S	Religion JEWISH	Indication of Alcohol Influence Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unk. <input type="checkbox"/>	
	Local Address (Street, Apt. Number) 6115 FLORAL LAKES DR, DELRAY BEACH, FL 33484				Phone (917) 715-1436		Residence Type: 1. City 3. Florida 2. County 4. Out of State 2	
	Permanent Address (Street, Apt. Number) 6115 FLORAL LAKES DR, DELRAY BEACH, FL 33484				Phone (917) 715-1436		Address Source FL DL	
	Business Address (Name, Street) 6115 FLORAL LAKES DR, DELRAY BEACH, FL 33484				Phone		Occupation Retired	
	DVL Number, State R150537624710 / FL		INS Number		Place of Birth (City, State) NEW YORK, NY, United		Citizenship US	
	Co-Defendant Name (Last, First, Middle)				Race	Sex	Date of Birth	
	Co-Defendant Name (Last, First, Middle)				Race	Sex	Date of Birth	
NOTICE TO APPEAR	<input type="checkbox"/> Parent <input type="checkbox"/> Other: _____ Name (Last, First, Middle) <input type="checkbox"/> Legal Custodian Address (Street, Apt. Number) (City) (State) (Zip) Notified by: (Name) Date Time JUVENILE DISPOSITION 1. Handled/Processed within Department and Released 2. TOT IAC 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. <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 \$3,000 Drug Activity S. Sell R. Smuggle K. Disperse/Distribute M. Manufacture/Produce/Cultivate Z. Other N. N/A B. Buy D. Deliver E. Use Drug Type N. N/A B. Barbiturate C. Cocaine H. Hallucinogen M. Marijuana P. Paraphernalia/Equipment S. Synthetic U. Unknown Z. Other A. Amphetamine E. Heroin O. Opium/Deriv.							
	Charge Description DUI - PROPERTY DAMAGE						Statute Violation Number 316.193(3C1)	
	Drug Activity	Drug Type N	Amount / Unit /	Offense # 2021-008580	Counts 1	Domestic Violence <input type="checkbox"/> Y <input checked="" type="checkbox"/> N	Warrant / Capias Number	
	Charge Description						Statute Violation Number	
	Drug Activity	Drug Type	Amount / Unit	Offense #	Counts	Domestic Violence <input type="checkbox"/> Y <input type="checkbox"/> N	Warrant / Capias Number	
	Charge Description						Statute Violation Number	
	Drug Activity	Drug Type	Amount / Unit	Offense #	Counts	Domestic Violence <input type="checkbox"/> Y <input type="checkbox"/> N	Warrant / Capias Number	
	Health / Apparent Physical Condition of Defendant FAIR						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 <input type="checkbox"/> Posted Bond <input type="checkbox"/> South County Mental Health						PROPERTY - Received By J. CASAS 818 Released By COCCIA 841 Released To TOT CJ	
	Transported By COCCIA 841						Date Transported // : : : Time Transported 08/23/2021 08:30:00	
<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) South County 200 W Atlantic Ave Delray Beach, FL 33444 Court Date and Time 08/23/2021 08:30:00		
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.						No Photo Available		
Signature of Defendant (or Juvenile and Parent/Custodian)						Date Signed		
HOLD for Other Agency						Signature of Arresting Officer		
<input type="checkbox"/> Dangerous <input type="checkbox"/> Resisted Arrest <input type="checkbox"/> Suicidal <input type="checkbox"/> Other						Name of Arresting Officer (Print) CASAS, J. Transporting Officer COCCIA		
LD. # 818 LD. # 841						Name Verification (Printed by Arrestee) (PRINT) Witness here if subject signed with me		

No Photo Available

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OBTS Number		PROBABLE CAUSE AFFIDAVIT		1. Arrest 2. N.T.A.		3. Request for Warrant 4. Request for Copies		1	JUVENILE	
Agency ORI Number FL 0500200		Agency Name BOCA RATON POLICE DEPARTMENT		Agency Report Number 3 2 2021-008580						
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) RUBIN, LAWRENCE STEVEN								Race W	Sex M	Date of Birth 12/31/1962
Charge Description 316.193(3C1) DUI- PROPERTY DAMAGE				Charge Description						
Charge Description				Charge Description						
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				
<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 24 day of July, 2021 at 00:33 (Specifically include facts constituting cause for arrest.)</p> <p>On 7/23/2021, at approximately 2341 hours, BRPD communications received a report of a motor vehicle crash in the area of W Glades Rd and NW 2nd Ave.</p> <p>I arrived on scene at 1911 hours. Upon arrival, I observed a white Mazda 3 sedan (FL tag - DJBI81) with heavy damage on the NW corner of the intersection and a gold Honda Accord on the NE corner of the intersection. I also observed an older heavysset W/M subject digging through the Mazda from the front driver side and a young W/M subject standing on the NW corner.</p> <p>I first spoke with the younger subject who was identified as John Posgay by FL DL. According to Posgay, he was driving the gold Honda Accord eastbound on W Glades Rd and stopped at a red light at the intersection with NW 2nd Ave. Posgay said he was in the left-most lane to make a left turn to travel northbound on NW 2nd Ave. Posgay claimed that, when the light turned green, he waited a few seconds before making the left turn. Posgay said that while he was in the intersection, he saw that the white Mazda was approaching from the east (traveling westbound on W Glades Rd) and it appeared that the Mazda was not going to stop for the red light. Posgay said he applied his brakes to avoid a collision but was unsuccessful. According to Posgay, the heavysset W/M subject that I saw digging through the Mazda was the driver of the Mazda at the time of the crash. Posgay provided a sworn statement which was captured on my BWD and classified as evidence.</p> <p>Next, I spoke with the heavysset subject which was identified as Lawrence Rubin by FL DL. Upon making contact with Rubin, I immediately observed that his eyes were red and glassy, his speech was slurred, and he had a strong odor of an unknown alcoholic beverage emanating from his breath. Rubin also appeared disoriented and confused about what occurred. When I asked Rubin what happened, he stated he was driving on Glades Rd and there was an accident. He followed up by saying he had no idea what happened. I</p>										
SWORN AND SUBSCRIBED BEFORE ME HARDING, BRANDON BLAZE NOTARY PUBLIC / CLERK OF COURT / OFFICER (F.S.S. 117.10) 07/24/2021 DATE				SIGNATURE OF ARRESTING / INVESTIGATING OFFICER  CASAS, JAVIER (818) NAME OF OFFICER (PLEASE PRINT) 07/24/2021 DATE						

COURT

STATE ATTORNEY

CENTRAL RECORDS

JAIL

CRIME ANALYSIS

P. I. O.

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Name (Last, First, Middle) RUBIN, LAWRENCE STEVEN				Race W	Sex M	Date of Birth 12/31/1962	

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offered Rubin the option of being assessed by BRFR and he declined.

At the conclusion of my crash investigation, I informed Rubin that the crash investigation was over and that I would be asking him additional questions pertaining to a criminal DUI investigation. Rubin stated he understood. I then informed Rubin of his constitutional warnings and he stated he understood.

According to Rubin, he was on his way home to Delray Beach from Funky Biscuit which is a local bar/restaurant. I observed that Rubin had a wristband on his right wrist which read "Funky Biscuit". I asked Rubin how much alcohol he consumed this evening and initially he only confessed to drinking one "Jack and Coke".

Based on my observations, Rubin's confession of having consumed alcohol, and the overall totality of the circumstances, I suspected that, at the time of the crash, Rubin was operating a vehicle within the state while impaired by alcohol and/or controlled or chemical substances. I informed Rubin of my suspicion and asked if he was willing to submit to Standardized Field Sobriety Exercises. Rubin agreed to participate.

Prior to the exercises I asked Rubin a series of questions. According to Rubin, he was not sick or injured, did not have any physical defects or injuries, did not limp, and felt comfortable in the shoes he was wearing. Rubin stated that, although he was in a crash, he did not bump his head. Rubin informed me that he is prescribed Abilify, Lamictal, and Pristiq but had not taken any of them today. He also denied consuming any drugs or smoking marijuana today. Rubin also said he had not seen a doctor or dentist today. Lastly, Rubin stated he was not diabetic or epileptic and did not have anything wrong with his eyes that isn't corrected by glasses or contacts. I then proceeded with the exercises.

The first exercise was Horizontal Gaze Nystagmus. I administered the instructions and Rubin stated that he understood. Rubin swayed in a circular motion and moved his head slightly during the exercise. I could also smell the odor of an unknown alcoholic beverage emanating from his facial area.

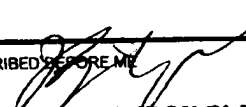

The second exercise was the Walk and Turn. I administered the instructions and demonstrated how it should be completed. Rubin stated that he understood. Initially, Rubin had difficulty getting into the starting position. Rubin also attempted to begin the exercise before being instructed to do so. While doing the exercise, stepped off the line on three occasions and used his arms for balance.

The third exercise was the One-Leg Stand. I administered the instructions and demonstrated how the exercise should be completed. Rubin stated he understood. Rubin swayed and was unable to keep his foot off the ground for more a few seconds at a time during the exercise.

SWORN AND SUBSCRIBED BEFORE ME <div style="text-align: center; margin-top: 10px;"> HARDING, BRANDON BLAZE NOTARY PUBLIC / CLERK OF COURT / OFFICER (F.S.S. 117.10) 07/24/2021 DATE </div>	<div style="text-align: center; margin-top: 10px;"> SIGNATURE OF ARRESTING / INVESTIGATING OFFICER CASAS, JAVIER (818) NAME OF OFFICER (PLEASE PRINT) 07/24/2021 DATE </div>
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A D M I N I S T R A T I V E	Agency ORI Number	Agency Name	Agency Report Number						
	FL 0500200	BOCA RATON POLICE DEPARTMENT	3 2 2021-008580						
	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:				
	Name (Last, First, Middle)		Alias		Race	Sex	Date of Birth		
	RUBIN, LAWRENCE STEVEN				W	M	12/31/1962		
<p>The fourth exercise was the Finger to Nose. I confirmed that Rubin knew his left from his right by asking him to show me his left hand and then his right hand. I then administered the instructions and Rubin stated he understood. The pattern was L-R-L-R-R-L.</p> <p>L - Touched bottom his nose. R - Touched bottom of his nose. L - No apparent issues. R - Used the side of his finger to touch his nose. R - Used the side of his finger to touch his nose. L - No apparent issues.</p> <p>The final exercise was the modified romberg balance test. I asked Rubin if he felt comfortable estimating the passage of 30 seconds and he stated he did. I demonstrated the passage of 30 seconds using a stop watch. The instructions were administered, and the exercise was conducted. Rubin estimated the passage of 30 seconds in 27 seconds.</p> <p>Based on the totality of the circumstances, I found probable cause to believe that, at the time of the crash, Rubin was operating a vehicle within the state while impaired by alcohol and/or chemical or controlled substances. Rubin was placed under arrest for DUI per F.S.S 316.193(3c1).</p> <p>An inventory of Rubin's vehicle incident to arrest revealed an orange prescription-type container in the center console which contained several hand-rolled cigarettes filled with a green leafy substance consistent with marijuana. Upon opening the container, I was met with an overwhelming strong odor of what appeared to be marijuana. When I asked Rubin about the cigarettes, he informed me that they were "joints" containing marijuana. Rubin stated that he did not have a medical marijuana card or a prescription for the marijuana. The marijuana cigarettes were submitted to BRPD evidence. Rubin's vehicle was towed by Westway Towing.</p> <p>Rubin was transported to Palm Beach County Sheriff's Office DUI Testing Facility where PBSO Breath Operator O'Neal (#6212) conducted the BAT room procedures. Rubin was asked to provide a breath sample for the purpose of determining its alcohol content. Rubin provided two samples of .047 and .045. I then asked Rubin to provide a urine sample for the purpose of determining the presence of controlled or chemical substances. Rubin agreed to provide a urine sample. Rubin was then informed of his constitutional warnings (Miranda) and he chose to answer all of my questions. See DUI influence report for further.</p> <p>Rubin provided a urine sample at 0157 hours. The urine sample was sealed in the provided kit and then submitted to BRPD evidence with a request for testing.</p>									
	SWORN AND SUBSCRIBED BEFORE ME  HARDING, BRANDON BLAZE NOTARY PUBLIC / CLERK OF COURT / OFFICER (F.S.S. 117.10) 07/24/2021 DATE				 SIGNATURE OF ARRESTING / INVESTIGATING OFFICER CASAS, JAVIER (818) NAME OF OFFICER (PLEASE PRINT) 07/24/2021 DATE				



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

PBSO CASE # 21-088849 PBSO ZONE 7-12

AGENCY CASE # 32-2021-008580 CRASH CASE # 24099575

TIME OF STOP/CRASH 2341 DATE 07/24/2021 DAY

SUBJECT'S NAME RUBIN LAWRENCE S RACE W SEX M
LAST FIRST MID

HGT 5'8" WGT 265 DOB 12/31/1962

LOCATION 201 W GLADES RD. BOCA RATON, FL, 33432

ARRESTING OFFICER'S NAME & ID J. CASAS 818 AGENCY BRPD

DIVISION: SPSV - DUI

NOTIFIED BY COMMO YES

ARRIVAL AT FACILITY 0110

ARREST TIME 0033

BREATH RESULTS:

1) .047

2) .045

3) Urine

4)

Pending

TESTING OFFICER'S ID 6212 PBSO VIDEOTAPE # 1

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: 07/24/2021

Date of Last Agency Inspection: 07/16/2021

Observation Period Began: 01:10

Subject's Name: LAWERENCE S RUBIN

DOB: 12/31/1962 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	01:34
Air Blank	0.000	01:35
Control Test	0.079	01:35
Air Blank	0.000	01:36
Subject Sample #1	0.047	01:36
Air Blank	0.000	01:37
Air Blank	0.000	01:39
Subject Sample #2	0.045	01:39
Air Blank	0.000	01:40
Control Test	0.079	01:40
Air Blank	0.000	01:40
Diagnostics Check	OK	01:40

Cylinder Lot: 02021080A1
Exp: 03/05/2023

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 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: [Signature] Date: 07-24-21
Signature

Sworn to (or affirmed) before me this 24 day of July, 2021

[Signature] Signature of Notary Public-State of Florida Ofc. Casas #818 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.

TESTING FACILITY TASK REPORT

AGENCY: BRPD OFC. CASAS #818

SUBJECT: RUBIN, LAWERENCE S.

CASE NUMBER: 21-088849

DATE: 07-24-21

VIDEO DVD NUMBER: N/A

BEGINNING TIME: 01:31 HRS

ENDING TIME: 01:50 HRS

BREATH TESTS RESULTS: 1) .047 TIME 01:36 A.M. ☒ P.M. ☐ 2) .045 TIME 01:39 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: SCRATCHY, MUMBLED

ATTITUDE: CALM, QUIET, COOPERATIVE

CLOTHING: SHIRT- MULTI. COLORED/ PRINT SHORTS- NAVY BLUE

MEDICAL CONDITIONS: BI-POLAR

MEDICATIONS: MED FOR THE BI-POLAR

OTHER:

EYES : RED, GLASSY

COMMENTS:

20 MIN. OBSERVATION DONE BY A/O CASAS #818
A/O REQUESTED THE BREATH TEST ON CAMERA.
D SUBMITTED TO THE REQUEST ON CAMERA.
D COMPLETED THE TEST CORRECTLY.
EXPALINED THE RESULTS TO THE D.
A/O REQUESTED URINE ON CAMERA.
D SUBMITTED TO URINE ON CAMERA.
C/W READ ON CAMERA.
D ANSWERED Q&A.
D GAVE URINE @ 01:57 HRS

SUBJECT: Rubin, Lawrence CASE NUMBER: 21-8580

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 - Delray Beach

WHAT STREET OR HIGHWAY WERE YOU ON? Glades Rd

DIRECTION OF TRAVEL? W WHERE DID YOU START? Federal Hwy

WHAT TIME DID YOU START? 2130-2200 WHAT TIME IS IT NOW? 0100

WHAT IS TODAY'S DATE? 7-23-21 WHAT DAY OF THE WEEK IS IT? Friday

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

WHEN DID YOU LAST EAT? 2000-2030 WHAT DID YOU EAT? Chicken

WHAT HAVE YOU BEEN DOING FOR THE LAST THREE HOURS? Restaurant - Funky Bisquit

HOW MUCH DO YOU WEIGH? 265 HAVE YOU BEEN DRINKING? Yes WHAT? Jack & coke

HOW MUCH? 1 or 2 WHERE? Funky Bisquit WITH WHOM? Friends

WHEN DID YOU HAVE YOUR FIRST DRINK? 2000 AND YOUR LAST DRINK? 2130

HOW DID YOU CONSUME YOUR LAST TWO DRINKS? Sip

CAN YOU FEEL THE EFFECTS OF THE ALCOHOL? NO ARE YOU UNDER THE INFLUENCE? NO

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

WHAT? WHERE? WHEN?

WHAT LINE OF WORK ARE YOU IN? Retired WHEN DID YOU LAST WORK?

DO YOU HAVE ANY PHYSICAL DEFECTS OR INJURIES? yes WHAT? Bipolar

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? yes - Marijuana WHEN? afternoon

HAVE YOU SEEN A DOCTOR OR DENTIST TODAY? NO WHO? WHY?

ARE YOU TAKING ANY PRESCRIPTION MEDICINES? yes WHAT? Ability - Lamictal WHEN? Last night

DO YOU HAVE: Prisctique

EPILEPSY?	<u>NO</u>
GLASS EYE?	<u>NO</u>
FALSE TEETH?	<u>NO</u>
EAR INFECTION?	<u>NO</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? NY

INTERVIEWER: afc. J. CASAS 818

WHITE - STATE ATTY.

YELLOW - DHSMV

PINK - CENTRAL RECORDS

GOLD - JAIL

SUBJECT: Rubin, Lawrence CASE NUMBER: 21-8580

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



**PALM BEACH COUNTY
SHERIFF'S OFFICE**
Florida State Statute Exemption Sheet

Palm Beach County Sheriff's Office – Arrests Only

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

REVIEW COMPLETED BY

Booking Number: 2021018351	Date: 7/25/2021
	Specialist Name/ID: T Howard/7185