22CT561858

JKT# 0530697 Pch 1373

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 ☐

ADMINISTRATION

OBTS Number

Agency ORI Number: 0500200

Agency Name: Boca Raton Police Department

Agency Report Number (N.T.A.'s only): 3 | 2 | 2022-004525

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

If Weapon Seized: Enter Type: UNARMED

Multiple Clearance Indicator

Location of Arrest (Including Name of Business): 100 E PALMETTO PARK RD, 100 E PALMETTO PARK RD, BOCA

Location of Offense (Business Name, Address): 100 E PALMETTO PARK RD, BOCA RATON, FL 33432

Date of Arrest	Time of Arrest	Booking Date	Booking Time	Jail Date	Jail Time	Location of Vehicle
04/06/2022	02:11	04/06/2022	02:21	04/06/2022	03:59	EMERALD

DEFENDANT

Name (Last, First, Middle): COX, MARCUS

Alias (Name, DOB, Soc. Sec. #, Etc.): Alias:

Race (W - White, B - Black, I - American Indian, O - Oriental/Asian)	Sex	Date of Birth	Height	Weight	Eye Color	Hair Color	Complexion	Build
W	M	12/28/1997	5'08	150	BROWN	BLACK	MEDIUM	Medium

Scars, Marks, Tattoos, Unique Physical Features (Location, Type, Description):

Marital Status: S

Religion:

Indication of: Alcohol Influence ☒ Yes ☐ No ☐ Unk. Drug Influence ☒ No ☐ Unk.

Local Address (Street, Apt. Number) (City) (State) (Zip): 1450 SW 18TH TER, FORT LAUDERDALE, FL 33312

Phone: (720) 352-6899

Residence Type: 1. City 3. Florida 2. County 4. Out of State: 3

Permanent Address (Street, Apt. Number) (City) (State) (Zip): 1450 SW 18TH TER, FORT LAUDERDALE, FL 33312

Phone: (720) 352-6899

Address Source: PERSON

Business Address (Name, Street) (City) (State) (Zip):

Phone:

Occupation:

D/L Number, State	Soc. Sec. Number	INS Number	Place of Birth (City, State)	Citizenship
C200540974680 / FL	[redacted]		BOLDER, CO, United	US

CO-DEF

Co-Defendant Name (Last, First, Middle) | Race | Sex | Date of Birth | ☐ 1. Arrested ☐ 2. At Large ☐ 3. Felony ☐ 4. Misdemeanor ☐ 5. Juvenile

Co-Defendant Name (Last, First, Middle) | Race | Sex | Date of Birth | ☐ 1. Arrested ☐ 2. At Large ☐ 3. Felony ☐ 4. Misdemeanor ☐ 5. Juvenile

JUVENILE

☐ Parent ☐ Other: ☐ Legal Custodian

Name (Last, First, Middle) | Residence Phone

Address (Street, Apt. Number) (City) (State) (Zip) | Business Phone

Notified by: (Name) | Date | Time | JUVENILE DISPOSITION 1. Handled/Processed within Department and Released 2. TOT JAC 3. Incarcerated

Released To: (Name) Relationship | Date | Time

The above address was provided by ☐ defendant and/or ☐ 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.
☐ Yes, by: ☐ No

School Attended | Grade

Property Crime? ☐ Yes ☒ No | Description of Property | Value of Property

CODE

Drug Activity: N. N/A P. Possess S. Sell B. Buy T. Traffic R. Smuggle D. Deliver E. Use K. Disperses/ 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

Charge Description	Statute Violation Number	Violation of ORD #
DRIVE UNDER INFLUENCE ALC	316.193(1A)	

Drug Activity	Drug Type	Amount	Unit	Offense #	Counts	Domestic Violence	Warrant Capias Number	Bond
	N		/		1	☐ Y ☒ N		

CHARGE

Charge Description	Statute Violation Number	Violation of ORD #

Drug Activity	Drug Type	Amount	Unit	Offense #	Counts	Domestic Violence	Warrant Capias Number	Bond
			/			☐ Y ☐ N		

CHARGE

Charge Description	Statute Violation Number	Violation of ORD #

Drug Activity	Drug Type	Amount	Unit	Offense #	Counts	Domestic Violence	Warrant Capias Number	Bond
			/			☐ Y ☐ N		

INTAKE

Health Apparent Physical Condition of Defendant: GOOD

Any knowledge of the following: ☐ Mental ☐ Escape Risk ☐ Medication ☐ Deformities ☐ Injuries

Explain:

Check which applies: ☐ Released O.R. ☐ Posted Bond ☐ Released to Parent/Guardian ☐ South County Mental Health ☒ T.O.T. County Jail

PROPERTY - Received By: 850 | Released By: 850 | Released To: PBCJ

Transported By: 850 | Date Transported: 04/06/2022 | Time Transported: 03:59 | Other

NOTICE TO APPEAR

☒ INSTRUCTION NO. 1 - Mandatory appearance in court
☐ 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: 05/09/2022 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 COMTEMPT OF COURT AND A WARRANT FOR MY ARREST SHALL BE ISSUED.

Signature of Defendant (or Juvenile and Parent/Custodian) | Date Signed

No Photo Available

ADMIN

HOLD for Other Agency

☐ Dangerous ☐ Resisted Arrest ☐ Suicidal ☐ Other

Signature of Arresting Officer

Name of Arresting Officer (Print): WILLIAMS, D. | I.D. #: 868

Name Verification (Printed by Arrestee) (PRINT)

Intake Officer: D.B. Thomas 1534 | I.D. #

Transporting Officer: SORIA | I.D. #: 850 | Agency: BOCA

Witness here if subject signed [illegible]

PAGE 1 OF 1

SCANNED

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

APR 07 2022

PROBABLE CAUSE AFFIDAVIT

ADMIN

OBTS Number:

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

JUVENILE:

Agency ORI Number	Agency Name	Agency Report Number
FL FL0500200	BOCA RATON POLICE DEPARTMENT	3 | 2 | 2022-004525

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

Special Notes:

DEF

Name (Last, First, Middle)	Alias	Race	Sex	Date of Birth
COX, MARCUS		W	M	12/28/1997

CHARGES

Charge Description	Charge Description
316.193(1A) DUI	
Charge Description	Charge Description

VICTIM

Victim's Name (Last, First, Middle)	Race	Sex	Date of Birth
STATE OF FLORIDA,	U	U	

Local Address (Street, Apt. Number) (City) (State) (Zip)	Phone	Address Source
100 NW 2ND AVE, BOCA RATON, FL 33432	(561) 338-1234	
Business Address (Name, Street) (City) (State) (Zip)	**Phone**	**Occupation**
	(561) -	

PROBABLE CAUSE STATEMENT

The undersigned certifies and swears that he/she has just and resonable 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 committ 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 6 day of April, 2022 at 02:11 (Specifically include facts constituting cause for arrest.)

MVR Available

On 4/6/2022, at approximately 0200 hours, I was traveling southbound in the outside lane of N Federal Hwy approaching the intersection of NW 2nd St. I observed a white in color Jeep (Fl BMYD33) traveling southbound directly ahead of me. The vehicle suddenly decelerated without signaling and entered into the right turn lane before suddenly re-entering back into the southbound lane nearly missing a vehicle already traveling in that lane. I activated my emergency equipment and conducted a traffic stop on the vehicle where it came to a complete stop at approximately 100 E Palmetto Park Rd.

I approached the vehicle from the driver`s side. The driver was identified by his FL DL# C200540974680 as Marcus Cox. In speaking with Cox, I was able to observe an extremely strong smell of alcohol emanating from his person as well as Bloodshot/Watery eyes. Based upon Cox`s erratic driving pattern combined with clues observed during my conversation with him I requested Cox participate in Field Sobriety Exercises (FSE`s) which he denied. I explained to Cox twice that his failure to participate in FSE`s can be used as evidence against him and after acknowledging he understood, Cox again declined to participate.

Due to the totality of the circumstances and my training/experience I felt the driver is too impaired to operate a motor vehicle safely. The driver was placed under arrest at 0211 hours, for driving under the influence.

Cox was transported to BRPD DUI Room. Reference Intoxilyzer 8000 S# 80-006622 results were (Refused).

Cox was read implied consent at 0303 hours on 4/6/2022. After acknowledging he understood everything, he refused to supply a breath sample as required.

ADMINISTRATIVE

SWORN AND SUBSCRIBED BEFORE ME

RADFORD, STEPHEN THOMAS
NOTARY PUBLIC / CLERK OF COURT / OFFICER (F.S.S. 117.10)

04/06/2022
DATE

SIGNATURE OF ARRESTING / INVESTIGATING OFFICER

WILLIAMS, DAVID (868)
NAME OF OFFICER (PLEASE PRINT)

04/06/2022
DATE

SCANNED

APR 07 2022

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

ADMIN

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	Agency Name	Agency Report Number	Special Notes:
FL FL0500200	BOCA RATON POLICE DEPARTMENT	3 | 2 | 2022-004525	

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

DEF

Name (Last, First, Middle)	Alias	Race	Sex	Date of Birth
COX, MARCUS		W	M	12/28/1997

PROBABLE CAUSE STATEMENT

Cox was transported to Palm Beach County Jail.

ADMINISTRATIVE

SWORN AND SUBSCRIBED BEFORE ME

RADFORD, STEPHEN THOMAS
NOTARY PUBLIC / CLERK OF COURT / OFFICER (F.S.S. 117.10)

04/06/2022
DATE

SIGNATURE OF ARRESTING / INVESTIGATING OFFICER

WILLIAMS, DAVID (868)
NAME OF OFFICER (PLEASE PRINT)

04/06/2022
DATE

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

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

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

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

or affirm that on or about the 6 day of April, 2022, at 0211 ☐ P.M ☑ A.M.

DRIVER Marcus COX,
(Type or Print) FIRST NAME MIDDLE OR MAIDEN NAME LAST NAME

DL# C200540974650, state of Florida, was placed under lawful arrest for

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

issued Citation # A6LQGWE.

That on or about the 6 day of April, 2022, at 1303 ☐ 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 of Law Enforcement Officer or Correctional Officer

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

The foregoing instrument was sworn and subscribed before me:

Signature of Attesting Officer

Title Officer Det. Rc

Date 4 6 22

(AFFIX SEAL)
The foregoing instrument was sworn and subscribed before me this 6 day of April, 2022,

by _____,

who is personally known to me or who has produced _____ as identification

Notary Public _____

Note: Mail or hand deliver to the designated Bureau of Administrative Reviews office, Department of Highway Safety and Motor Vehicles, with the driver's license, the appropriate copy of the UTC, and the probable cause affidavit.

HSMV-BAR1001 (REV. 10/2016)

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

Instrument Type: Intoxilyzer 8000
Instrument Registered To: BOCA RATON PD
Instrument Serial Number: 80-006622 Software: 8100.27
Date of Test: 04/06/2022

Date of Last Agency Inspection: 03/25/2022
Observation Period Began: 02:35
Subject's Name: MARCUS COX DOB: 12/28/1997 Sex: M

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

Test	g/210L	Time
Diagnostics Check	OK	03:01
Air Blank	0.000	03:01
Control Test	0.079	03:02
Air Blank	0.000	03:02
Subject Sample #1	REF*	03:03
Air Blank	0.000	03:04
Control Test	0.080	03:04
Air Blank	0.000	03:04
Diagnostics Check	OK	03:04

*Subject Test Refused

Software Ver.: 8100A1
Calib: 08-05-2021

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 _____, 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: _____ Date: 4-6-22
Signature

Sworn to (or affirmed) before me this 6 day of April, 2022.

_____ Williams Deluca
Notary Public-State of Florida Printed Name of Notary Public-State of Florida

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.

Ob 0225
22-4525
XIS 0211

DUI INFLUENCE REPORT

BOCA RATON POLICE SERVICES DEPARTMENT
100 NW 2nd Avenue
Boca Raton, FL 33432

Revised: July 9, 2018

BOCA RATON POLICE SERVICES DEPARTMENT

DUI INFLUENCE REPORT – PART I

On the 6 day of April, at _____ AM/PM:

Subject: Marcus Cox Case Number: 22-4525

PERSONAL CONTACT

Driving Pattern: _____

CPL

Observation of Driver: _____

CPL

Driver's Statement: _____

CPL

Odors: _____

GENERAL OBSERVATIONS

Speech: _____

Attitude: CPL

Clothing: _____

Medical Problems: _____

Medications: _____

Other: _____

Horizontal Gaze Nystagmus:

☐ Left eye does not follow smoothly
☐ Left eye jerks at 45 degrees angle or less
☐ Distinct jerking left eye maximum deviation

☐ Right eye does not follow smoothly
☐ Right eye jerks at 45 degrees angle or less
☐ Distinct jerking right eye maximum deviation

Can not do, Why? _____

Walk and turn: _____ CPL

Can not do, Why? _____

One leg stand: _____ CPL

Can not do, Why? _____

Finger to nose: _____ CPL

Can not do, Why? _____

Alphabet (speech pattern): _____ CPL

Can not do, Why? _____

Breath/Blood test results: Refused

State of Florida, County of Palm Beach,
Sworn and subscribed before me this 4/6/22 (date) by D EC Williams.

_____ 4/6/22
Notary/Clerk of Court/ Officer (FSS 117.10) Date

_____ D Williams
Signature of Arresting Officer Name of Officer (print)

ARRESTING OFFICER: Williams Davic

Name: B De La Rua Phone # 561.338.1234 Work # _____

Address: 100 NW 2nd Ave, Boca Raton, FL

Can testify to: Breath Tech operator

Name: _____ Phone # _____ Work # _____

Address: _____

Can testify to: _____

Name: _____ Phone # _____ Work # _____

Address: _____

Can testify to: _____

Name: _____ Phone # _____ Work # _____

Address: _____

Can testify to: _____

Name: _____ Phone # _____ Work # _____

Address: _____

Can testify to: _____

Name: _____ Phone # _____ Work # _____

Address: _____

Can testify to: _____

Name: _____ Phone # _____ Work # _____

Address: _____

Can testify to: _____

-END OF PART ONE-

BOCA RATON POLICE SERVICES DEPARTMENT

DUI INFLUENCE REPORT – PART II

To be filled out at testing facility

Agency Case # 2022-004525

I. INTRODUCTION (Instrument Operator faces video camera)

A. The day is Wednesday (day), April (month), 06 (date), 2022 (year).

B. The time is now approximately 0322 AM/PM.

C. The following is in reference to case number 22-4525.

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

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

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

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

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

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

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

A. I am now requesting that you submit to a lawful test of your **BREATH** for the purpose of determining its alcohol content.

B. I am now requesting that you submit to a lawful test of your **URINE** for the purpose of determining the presence of chemical or controlled substances.

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

IMPLIED CONSENT WARNINGS

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

I am Ofc. Williams of the Boston Police Dept.

If you fail to submit to the test I have requested of you, your privilege to operate a motor vehicle will be suspended for a period of one (1) year for a first refusal, or eighteen (18) months if your privilege has been previously suspended as a result of a refusal to submit to a lawful test of your breath, urine, or blood. Additionally, if you refuse to submit to the test I have requested of you and if your driving privilege has been previously suspended for a prior refusal to submit to a lawful test of your breath, urine, or blood, you will be committing a misdemeanor. Refusal to submit to the test I have requested of you is admissible into evidence in any criminal proceeding.

Subject Signature: One Video

Note: Also read for CDL holders:

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

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

(IF REFUSAL THEN)

At this time Mr./Mrs./Ms. (X) has refused to submit to a breath test.

The date is April (month), 06 (day), 2022 (year), and the time is 0303 AM/PM.

A refusal form will be completed by the arresting officer.

BOCA RATON POLICE SERVICES DEPARTMENT

JUVENILE CONSTITUTIONAL WARNINGS

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

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

(1) You have the right to remain silent and not answer any questions. *Tell me in your own words what you think this means.*
(You do not have to talk to me or answer any questions about this offense. You can be quiet if you want.)

(2) Any statement you make must be freely and voluntarily given. *Tell me in your own words what you think this means.*
(If you do talk to me it has to be because you want to and not because anyone is forcing you to speak.)

(3) You have a right to the presence and representation of a lawyer of your choice before you make any statement and during any questioning. *Tell me in your own words what you think this means.*
(You can talk to a lawyer before we ask you any questions and you can have him/her with you now, during our questioning.)

(4) If you cannot afford a lawyer, you are entitled to the presence and representation of a court appointed lawyer before you make any statement and during any questioning. *Tell me in your own words what you think this means*
(If you do not have money for a lawyer and you want one, a lawyer will be given to you for free.)

(5) If at any time during the interview you do not wish to answer any questions, you are privileged to remain silent. *Tell me in your own words what you think this means.*
(If you decide to talk to me then change your mind, you can stop answering my questions at any time.)

(6) I can make no threats or promises to induce you to make a statement. This must be of your own free will. *Tell me in your own words what you think this means*
(I am not allowed to threaten you or make you any promises to get you to talk to me. If you decide to talk, it must be because you want to.)

(7) Any statement can be and will be used against you in a court of law. *Tell me in your own words what you think this means*
(Anything you say to me can and will be told to the judge or a jury in court. A judge is a person who decides if you have done something wrong. Sometimes a group of people called a jury decide this, but the Judge is the person who decides what punishment you get.)

(8) Do you understand these rights as I have read them to you, and do you wish to speak to me?

Signed: _____ Date: _____ Time: _____

BOCA RATON POLICE SERVICES DEPARTMENT

TESTING FACILITY TASK REPORT

SUBJECT: Marcus Cox

CASE #: 2022-00452U DATE: 4 6 2022

BREATH TEST RESULTS

1) TIME 1 AM/PM 2) TIME 1 AM/PM

3) TIME _____ AM/PM 4) TIME _____ AM/PM

BREATH OPERATOR: B. De La Rua

MAINTENANCE TECHNICIAN: J. Vancamp

TESTING OFFICER'S OBSERVATIONS

SPEECH: Slur

ATTITUDE: Good

CLOTHING: Black shirt, Gray pants, black shoes

MEDICAL CONDITION: none

OTHER: red glossy eyes odor of alcohol

COMMENTS:

Identify yourself and state:

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

(1) You have the right to remain silent and not answer any questions.
(2) Any statement you make must be freely and voluntarily given.
(3) You have a right to the presence and representation of a lawyer of your choice before you make any statement and during any questioning.
(4) If you cannot afford a lawyer, you are entitled to the presence and representation of a court appointed lawyer before you make any statement and during any questioning.
(5) If at any time during the interview you do not wish to answer any questions, you are privileged to remain silent.
(6) I can make no threats or promises to induce you to make a statement. This must be of your own free will.
(7) Any statement can be and will be used against you in a court of law.
(8) Do you understand these rights as I have read them to you, and do you wish to speak to me?

Signed: [illegible] Date: _____ Time: _____

QUESTIONS AND ANSWERS

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

Where were you going? _____

What street or highway were you on? _____

Direction of travel? _____

Where did you start driving from? _____

What city (county) were you stopped in? _____

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

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

When did you last eat? _____ What did you eat? _____

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

How much do you weigh? _____ Have you been drinking? _____ What were you drinking? _____

_____

How much? _____ Where? _____ With whom were you drinking? _____

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

How did you consume your last two drinks? _____

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

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

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

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

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

What? _____ Where? _____

What line of work are you in? _____

When did you last work? _____

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

_____

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

_____

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

Were you in an accident today? _____

Have you taken any drugs or smoked marijuana today? _____

What? _____ When? _____

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

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

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

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

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

Any problems not correctable by glasses or contact lenses? _____

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

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

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

The date is _____ (month), _____ (day), _____ (year).

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	☐	119.071(2)(d)	Surveillance techniques, procedures and personnel; inventory of law enforcement resources, policies or plans pertaining to mobilization deployment or tactical operations.	
	☐	943.053, 943.0525	NCIC/FCIC/FBI and in-state FDLE/DOC.	
	☐	119.071(4)(c)	Undercover personnel.	
	☐	119.071(2)(f)	Confidential informants (CIs).	
	☐	119.071(2)(e)	Confession.	
Public Info. Exemptions	☐	985.04(1)	Juvenile offender records.	
	☐	119.071(h)(i)	Assets of a crime victim.	
	☐	395.3025(7)(a), 456.057(7)(a)	Medical information.	
	☐	394.4615(7)	Mental health information.	
	☐	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)	☒	(iii) 119.0714(1)(i)-(j), (2)(a)-(e)	Social Security, bank account, charge, debit, and credit card numbers.	2
	☐	(viii) 394.4615(7)	Clinical records under the Baker Act.	
	☐	(xii) 741.30(3)(b)	The victim's address in a domestic violence action on petitioner's request.	
	☐	(xiii) 119.071(2)(h), 119.0714(1)(h)	Protected information regarding victims of child abuse or sexual offenses.	
	☐			
	☐			
	☐			
	☐			
	☐			
Other	☐		Other:	
	☐		Other:	

REVIEW COMPLETED BY

Booking Number: 2022008885	**Date:** 4/6/2022
	Specialist Name/ID: M. Tooks #8557