

0775 220 21CT13588ASB 76		ARREST / NOTICE TO APPEAR		1. Arrest 2. N.T.A. 3. Request for Warrant 4. Request for Capias		1	JUVENILE
Agency ORI Number 0500400		Agency Name Delray Beach Police Department		Agency Report Number (N.T.A.'s only) 4, 0 21-009738			
Charge Type: <input type="checkbox"/> 1. Felony <input type="checkbox"/> 2. Traffic Felony <input checked="" type="checkbox"/> 3. Misdemeanor <input checked="" type="checkbox"/> 4. Traffic Misdemeanor <input type="checkbox"/> 5. Ordinance <input type="checkbox"/> 6. Other		If Weapon Seized Enter Type UNARMED		Multiple Clearance Indicator		1	
Location of Arrest (Including Name of Business) 10 N OCEAN BLVD, DELRAY BEACH				Location of Offense (Business Name, Address) 10 N OCEAN BLVD, DELRAY BEACH, FL 33483			
Date of Arrest 08/15/2021	Time of Arrest 05:21	Booking Date 08/15/2021	Booking Time 05:31	Jail Date 08/15/2021	Jail Time 07:45	Location of Vehicle WESTWAY TOWING BOCA	
Name (Last, First, Middle) THILEN, MARCUS TRISTAN Alias: _____ Alias (Name, DOB, Soc. Sec. #, Etc.) _____							
Race W - White B - Black O - Oriental/Asian	Sex W	Date of Birth 11/01/1995	Height 5'09	Weight 195	Eye Color BROWN	Hair Color BROWN	Complexion FAIR
Scars, Marks, Tattoos, Unique Physical Features (Location, Type, Description)				Marital Status S	Religion NOT INDICA	Indication of Alcohol Influence Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unk. <input type="checkbox"/>	
Local Address (Street, Apt. Number) 821 N VICTORIA PARK RD 11, FT LAUDERDALE, FL 33304				Phone (954) 326-2827		Residence Type: 1. City 3. Florida 2. County 4. Out of State 2	
Permanent Address (Street, Apt. Number) 821 N VICTORIA PARK RD 11, FT LAUDERDALE, FL 33304				Phone (954) 326-2827		Address Source	
Business Address (Name, Street) BLACKBURN INS,				Phone (954) 326-2827		Occupation Owner/broker	
D/I. Number, State T450558954010 / FL		INS Number		Place of Birth (City, State) RAMSEY, NJ, United		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 <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	
<input type="checkbox"/> Parent <input type="checkbox"/> Other Name (Last, First, Middle) <input type="checkbox"/> Legal Custodian		Address (Street, Apt. Number) (City) (State) (Zip)				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 <input type="checkbox"/> defendant and/or <input type="checkbox"/> defendant's parents. The child and/or parent was told to keep the Juvenile Court Clerk's Office (Phone 355-2526) informed of any change of address.				School Attended		Grade	
<input type="checkbox"/> Yes, by: _____ <input type="checkbox"/> No				Property Crime? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Description of Property	
Drug Activity: S. Sell, B. Buy, P. Possess, R. Smuggle, D. Deliver, E. Use, K. Disperse/Distribute, M. Manufacture/Produce/Cultivate, Z. Other Drug Type: N. N/A, A. Amphetamine, B. Barbiturate, C. Cocaine, E. Heroin, H. Hallucinogen, M. Marijuana, O. Opium/Deriv., P. Paraphernalia/Equipment, S. Synthetic, U. Unknown, 7. Other							
Charge Description DRIVING WHILE UNDER INFLUENCE				Statute Violation Number 316.193(1)A		Violation of ORD #	
Drug Activity	Drug Type	Amount / Unit	Offense #	Counts	Domestic Violence	Warrant / Capias Number	Bond
	N	/	21-009738	1	<input type="checkbox"/> Y <input checked="" type="checkbox"/> N		
Charge Description				Statute Violation Number		Violation of ORD #	
Drug Activity	Drug Type	Amount / Unit	Offense #	Counts	Domestic Violence	Warrant / Capias Number	Bond
					<input type="checkbox"/> Y <input type="checkbox"/> N		
Charge Description				Statute Violation Number		Violation of ORD #	
Drug Activity	Drug Type	Amount / Unit	Offense #	Counts	Domestic Violence	Warrant / Capias Number	Bond
					<input type="checkbox"/> Y <input type="checkbox"/> N		
Health / Apparent Physical Condition of Defendant				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			
<input type="checkbox"/> Posted Bond <input type="checkbox"/> South County Mental Health				Released By			
Transported By				Released To			
Date Transported				Time Transported			
Other							
<input checked="" type="checkbox"/> INSTRUCTION NO. 1 - Mandatory appearance in court <input type="checkbox"/> INSTRUCTION NO. 2 - You need not appear in Court but must comply with instructions on Page 2.				Location (Court, Room) South County 200 W Atlantic Ave Delray Beach, FL 33444 Court Date and Time 09/13/2021 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				Name Verification (Printed by Arresting Officer)			
<input type="checkbox"/> Dangerous <input type="checkbox"/> Resisted Arrest <input type="checkbox"/> Suicidal <input type="checkbox"/> Other				(PRINT)			
Signature of Arresting Officer HERNANDEZ, EDWIN I.D. # 1194				Signature of Transporting Officer E. HERNANDEZ I.D. # 1194 Agency DBPD			
Inmate Deputy IDS Hanks 6760 Pouch #				Witness here if subject signed with an "X"			

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

AUG 16 2021 AUG 15 AM 8:38

OBT Number		PROBABLE CAUSE AFFIDAVIT		1. Arrest 2. N.T.A.		3. Request for Warrant 4. Request for Capias		1	JUVENILE
Agency ORI Number FL 0500400		Agency Name DELRAY BEACH POLICE DEPARTMENT		Agency Report Number 4 0 21-009738					
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) THILEN, MARCUS TRISTAN		Alias		Race W	Sex M	Date of Birth 11/01/1995			
Charge Description 316.193(1)A DRIVING WHILE UNDER INFLUENCE		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> <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. <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>15</u> day of <u>August</u>, <u>2021</u> at <u>04:53</u> (Specifically include facts constituting cause for arrest.)</p>									
<p>The following incident occurred in the City of Delray Beach, County of Palm Beach, State of Florida.</p> <p>On August 15th, 2021, at approximately 4:50am, I parked facing northbound on Gleason Rd at its intersection with E Atlantic Ave. From this position, I heard a racing engine and then observed a white sports car traveling eastbound on E Atlantic Ave at a high rate of speed. As I watched it pass, I noticed that the rear of the vehicle had no lights on. I followed the vehicle east to N Ocean Blvd and initiated a traffic stop as it turned northbound. As the vehicle came to a stop, I identified it as a white Porsche GT4 bearing Florida tag GOBYN.</p> <p>I approached the driver, a white male wearing a black shirt and grey shorts, and immediately noticed his eyes were glossy and he had a distant stare. I advised the driver that he was stopped for his speed on E Atlantic Ave and the equipment violation. The driver produced a Florida license, identifying him as Marcus Thilen, but forgot to produce the registration and insurance as requested. I asked Thilen a simple question to divide his attention, and he stopped looking for the required documents to answer. As Thilen spoke, I noticed that his speech was slow and deliberate as well as slurred. I asked Thilen to exit the vehicle and he stumbled as he complied. Thilen's clothing was loose and untucked, and he was not wearing shoes. While speaking with Thilen outside of the vehicle, I smelled the obvious odor of an unknown alcoholic beverage on his breath which intensified as the conversation continued. I noticed that Thilen was sweating, despite the cool breeze, and had difficulty balancing, nearly falling at one point. I also observed Thilen repeatedly lick his lips and a crust forming at the corner of his mouth, both signs of dehydration.</p> <p>Thilen advised that he was at his parents' home near N Swinton Ave and NE 3rd St when he decided to take the Porsche for a joyride. Thilen also advised that he was asleep but</p>									
SWORN AND SUBSCRIBED BEFORE ME		<div style="display: flex; justify-content: space-between;"> <div> <p>NOTARY PUBLIC / CLERK OF COURT / OFFICIAL'S SIGNATURE</p> <p><u>08/15/21</u></p> <p>DATE</p> </div> <div> <p>Notary Public State of Florida Renee Ragin My Commission GG 966418 Expires 03/05/2024</p> </div> <div> <p>SIGNATURE OF ARRESTING / INVESTIGATING OFFICER</p> <p><u>HERNANDEZ, EDWIN (1194)</u></p> <p>NAME OF OFFICER (PLEASE PRINT)</p> </div> </div>							
		DATE		08/15/2021		DATE		<div style="border: 1px solid black; padding: 2px;"> PAGE 1 OF 3 </div>	

COURT

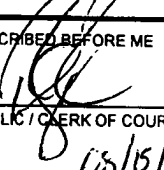
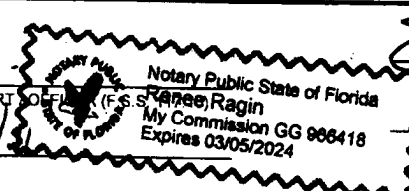
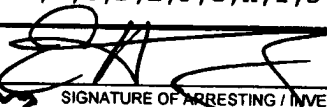
STATE ATTORNEY

CENTRAL RECORDS

JAIL

CRIME ANALYSIS

P. I. O.

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 0500400		Agency Name DELRAY BEACH POLICE DEPARTMENT		Agency Report Number 4 0 21-009738			
Charge Type: <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) THILEN, MARCUS TRISTAN		Alias		Race W	Sex M	Date of Birth 11/01/1995	
<p>woke up earlier in the night to listen to music. When asked about the use of any drugs or alcohol, Thilen stated he had not used any. Believing that Thilen may be impaired I requested that he perform the Standardize Field Sobriety Tasks to dispel my suspicion. Thilen agreed and the following observations were made:</p> <p>It should be noted that Thilen advised that he had no relevant medical conditions and was taking no medications.</p> <p>HORIZONTAL GAZE NYSTAGMUS: 6 of 6 clues Thilen's eyes were checked for pupil size and equal tracking; no abnormalities were noted. I observed the following in both eyes; lack of smooth pursuit, distinct and sustained nystagmus at maximum deviation and onset of nystagmus prior to 45 degrees. Thilen had to be reminded to keep his head still during this task. Thilen did exhibit vertical gaze nystagmus for an instant before losing focus on the stimulus. It should be noted that Thilen swayed in all directions during this task.</p> <p>WALK & TURN: 6 of 8 clues Thilen was given all instructions and advised that he understood before starting this task. Thilen was unable to maintain his balance during the instructions. Thilen missed heel-to-toe steps and stepped off-line multiple times both before and after the turn. Thilen raised her arms for balance as he nearly fell over before on step 9 before the turn and step 6 after the turn. Thilen stopped walking before the turn and asked how to proceed. Thilen stepped off-line after the turn and turned improperly.</p> <p>ONE LEG STAND: 4 of 4 clues Thilen was given all instructions and advised that he understood before starting this task. Thilen made several attempts to start this task due to his difficulty balancing. Thilen had to be stopped during this task because none of the instructions were being followed. The instructions were repeated again, and Thilen again stated he understood. Thilen had to be reminded again to extend his leg and raise his foot 6 inches off the ground. Thilen swayed during this task and used his arms for balance at the count of 10. At the count of 11, Thilen lost his balance, hopped and placed his foot down to keep from falling.</p> <p>FINGER TO NOSE: 2 of 4 clues Thilen was given all instructions and advised that he understood before starting this task. Thilen had to be reminded to return his arms to the side for every prompt. Thilen also missed touching the tip of his nose on the first, second, fourth, and sixth prompt. It should be noted that Thilen swayed during this task.</p> <p>ROMBERG ALPHABET: 2 of 4 clues Thilen was given all instructions and advised that he understood before starting this task. Thilen recited his alphabet as follows: "A,B,C,D,E,F,G,H,I,J,H... sorry</p>							
SWORN AND SUBSCRIBED BEFORE ME  NOTARY PUBLIC / CLERK OF COURT DATE 03/15/21		 <div style="float: right;">  SIGNATURE OF ARRESTING / INVESTIGATING OFFICER HERNANDEZ, EDWIN (1194) NAME OF OFFICER (PLEASE PRINT) 08/15/2021 DATE </div>					

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STATE ATTORNEY

CENTRAL RECORDS

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PAGE
2 OF 3

A D M I N I S T R A T I V E	OBTS Number		PROBABLE CAUSE AFFIDAVIT SUPPLEMENT		1. Arrest 2. N.T.A.		3. Request for Warrant 4. Request for Copies		1	JUVENILE	
	Agency ORI Number FL 0500400		Agency Name DELRAY BEACH POLICE DEPARTMENT		Agency Report Number 4 0 21-009738						
	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) THILEN, MARCUS TRISTAN		Alias		Race W		Sex M		Date of Birth 11/01/1995		

wait...abcdefghijklmnopqrstuvwxyz". Thilen also swayed during this task.

Thilen was placed under arrest and transported to the Palm Beach County Jail BAT. At the BAT, Thilen refused to submit to the state administered breath test after being read the implied consent warning. Additionally, Thilen invoked his 5th Amendment and requested an attorney during the interview, post-Miranda.

Based on the totality of the circumstances, probable cause does exist to arrest Marcus T. Thilen for DUI pursuant to FSS 316.193(1A).

NOT A CERTIFIED COPY

A D M I N I S T R A T I V E	SWORN AND SUBSCRIBED BEFORE ME					
	NOTARY PUBLIC / CLERK OF COURT / OFFICE OF F.S.S.		Notary Public State of Florida Renee Ragin My Commission GG 966418 Expires 03/05/2024		SIGNATURE OF ARRESTING / INVESTIGATING OFFICER	
	08/15/21 DATE		HERNANDEZ, EDWIN (1194) NAME OF OFFICER (PLEASE PRINT)		08/15/2021 DATE	
					PAGE 3 OF 3	

COURT

STATE ATTORNEY

CENTRAL RECORDS

JAIL

CRIME ANALYSIS

P. I. O.

SUBJECT:

Thilen, Y' Marcus I.

CASE NUMBER:

21-009738

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) _____

Read on Camera

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

TESTING FACILITY TASK REPORT

AGENCY: DBPD

SUBJECT: Thilen, Marcus T.

CASE NUMBER: 21-096229

DATE: Aug 15, 2021

VIDEO DVD NUMBER: N/A

BEGINNING TIME: 06:12

ENDING TIME: 06:16

BREATH TESTS RESULTS: 1) Refusal TIME 06:15 A.M. ☒ P.M. ☐ 2) N/A TIME ----- A.M. ☐ P.M. ☐
3) N/A TIME ----- A.M. ☐ P.M. ☐ 4) N/A TIME ----- A.M. ☐ P.M. ☐

BREATH OPERATOR: R. Ragin #16877

MAINTENANCE TECHNICAN: Jason Karlecke #6467

TESTING OFFICER'S OBSERVATIONS

SPEECH: Slurred, thick

ATTITUDE: Calm, cooperative, sleepy

CLOTHING: Gray shorts, black t-shirt, black&white flip-flops

MEDICAL CONDITIONS: None

MEDICATIONS: None

OTHER:

Eyes are glassy & bloodshot
odor of unknown alcoholic beverage on breath

REFUSED

COMMENTS:

Arrived at center A/O started 20 minute observation period at 05:50 hrs.

Subject stated is he required to take test.

A/O read I/C and subject stated he understood I/C.

Subject refused to take test.

A/O read rights.

Subject stated he understood rights.

A/O attempted Q&A

Subject invoked the right to counsel.

REFUSED



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

PBSO CASE # 21-096229 PBSO ZONE 4-11

AGENCY CASE # 21-009738 CRASH CASE # _____

TIME OF CRASH/STOP 0453 DATE 8/15/2021 DAY SUNDAY

SUBJECT'S NAME MARCUS TRISTAN THILEN RACE W SEX M

HGT 509 WGT 195 DOB 11/01/1995

LOCATION 5 N OCEAN BLVD, DELRAY BEACH, FL

ARRESTING OFFICER NAME & ID E. HERNANDEZ AGENCY DELRAY BEACH POLICE
1194

DIVISION PATROL

NOTIFIED BY COMM _____

ARRIVAL AT FACILITY 0550

TIME OF ARREST 0521

BREATH RESULTS:

- 1.
- 2.
- 3.
- 4.

REFUSED

TESTING OFFICER'S ID 16877 PBSO VIDEOTAPE # N/A

SUBJECT:

Thilen, Marcos I.

CASE NUMBER:

21-009738

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: _____

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

I, E. HERNANDEZ, a duly certified Law Enforcement Officer or Correctional Officer,
(Person Reading Implied Consent Warning)

am a member of DELRAY BEACH POLICE, and I do swear
(Name of Enforcement Agency)

or affirm that on or about the 15th day of August, 20 21, at 0453 P.M. ●
(Circle One)

NAME: MARCUS TRISTAN THILEN
(Type or Print) FIRST MIDDLE OR MAIDEN LAST
DL # T450-558-95-401-0, state of Florida, was placed under lawful arrest for

the offense of DUI by E. HERNANDEZ and
(Name of Arresting Officer)

issued Citation # AE280CE

That on or about the 15th day of August, 20 21, at 0615 P.M. ●
(Circle One)
In Palm Beach County, [PLEASE CHECK THE BOX OR BOXES THAT APPLY] I did request said

person to submit to a ☒breath, ☐urine, or ☐blood test to determine the content of alcohol in his or her blood or breath or the presence of chemical or controlled substances therein. I did inform said person that any refusal to submit to such test or tests would result in the suspension of his or her privilege to operate a motor vehicle for a period of one (1) year for a first refusal, or for a period of eighteen (18) months if the driving privilege of such person had been suspended previously for refusing to submit to such test or tests. I did inform said person that he or she commits misdemeanor, if said person refuses to submit to a lawful test as requested above, and his or her driving privilege has been previously suspended for a prior refusal to submit to a lawful test of his or her breath, urine, or blood. If driver holds a CDL or is operating a CMV, I did inform the driver that this refusal will result in the disqualification of the driver's Commercial Driver's License/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 such test.

Said person did at that time and place refuse to submit to such test or tests.

EA 1194
Signature of Law Enforcement Officer or
Correctional Officer



(AFFIX SEAL)

The foregoing instrument was sworn and subscribed before
me this 15th day of August, 20 21,
by E. HERNANDEZ,

who is personally known to me or who has produced
[Signature] as identification

Notary Public [Signature]

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.



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: 2021020259

Date: 8/16/2021

Specialist Name/ID: T Howard/7185