

J-0519159

20CT13206ANB

P-3344

ARREST / NOTICE TO APPEAR  
Juvenile Referral Report

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

ADMINISTRATIVE	OBTS Number		Agency ORI Number <b>FLO 502600</b>		Agency Name <b>PALM BEACH GARDENS POLICE DEPARTMENT</b>		Agency Report Number (N.T.A.'s only) <b>78- 20004661</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				Weapon Seized / Type <b>2</b> 1. Yes 2. No		Multiple Clearance Indicator					
	Location of Arrest (Including Name of Business) <b>NORTHLAKE BLVD/INTERSTATE 95, PBG, FL</b>				Location of Offense (Business Name, Address) <b>NORTHLAKE BLVD/INTERSTATE 95, PBG, FL</b>							
	Date of Arrest <b>10/18/2020</b>	Time of Arrest <b>03:29</b>	Booking Date	Booking Time	Jail Date	Jail Time	Location of Vehicle <b>KAUFFS TOWING &amp; RECOVERY</b> <b>4301 East Avenue, West Palm Beach, FL 33405</b>					
Name (Last, First, Middle) <b>TORRES AMAYA, MARIO, ERNESTO</b>								Alias (Name, DOB, Soc. Sec. #, Etc.)				
DEFENDANT	Race W - White   - American Indian B - Black   - Oriental/Asian	Sex <b>M</b>	Date of Birth <b>05/25/1982</b>	Height <b>5'6</b>	Weight <b>165</b>	Eye Color <b>BRO</b>	Hair Color <b>BRO</b>	Complexion <b>MED</b>	Build <b>MED</b>			
	Scars, Marks, Tattoos, Unique Physical Features (Location, Type, Description) <b>N/A</b>				Marital Status <b>SINGLE</b>	Religion <b>CATHOLIC</b>	Indication of Alcohol Influence Drug Influence Y <input checked="" type="checkbox"/> N <input type="checkbox"/> Unk. <input type="checkbox"/>					
	Local Address (Street, Apt. Number) <b>1690 NE 26TH AV, POMPANO BEACH, FL 33062</b>			City (State) (Zip) <b>POMPANO BEACH, FL 33062</b>	Phone <b>(786) 473-3006</b>		Residence Type: 1. City 2. County 3. Florida 4. Out of State <b>1</b>					
	Permanent Address (Street, Apt. Number) <b>1690 NE 26TH AV, POMPANO BEACH, FL 33062</b>			City (State) (Zip) <b>POMPANO BEACH, FL 33062</b>	Phone <b>( ) ( )</b>		Address Source <b>VERBAL</b>					
	Business Address (Name, Street) <b>( ) ( )</b>			City (State) (Zip) <b>( ) ( )</b>	Phone <b>( ) ( )</b>		Occupation					
D/L Number, State <b>NONE</b>		Soc. Sec. Number <b>NONE</b>		INS Number		Place of Birth (City, State) <b>MEXICO CITY, MEX</b>		Citizenship <b>MX</b>				
CO-DEF	Co-Defendant Name (Last, First, Middle)			Race	Sex	Date of Birth	<input type="checkbox"/> 1. Arrested <input type="checkbox"/> 3. Felony <input type="checkbox"/> 2. At Large <input type="checkbox"/> 4. Misdemeanor <input type="checkbox"/> 5. Juvenile					
	Co-Defendant Name (Last, First, Middle)			Race	Sex	Date of Birth	<input type="checkbox"/> 1. Arrested <input type="checkbox"/> 3. Felony <input type="checkbox"/> 2. At Large <input type="checkbox"/> 4. Misdemeanor <input type="checkbox"/> 5. Juvenile					
JUVENILE	Parent Legal Custodian Other: <input type="checkbox"/> Parent Name (Last) (First) (Middle) <b>( ) ( ) ( )</b>			Residence Phone <b>( ) ( )</b>			Address (Street, Apt. Number) (City) (State) (Zip) <b>( ) ( ) ( ) ( ) ( )</b>					
	Business Phone <b>( ) ( )</b>			Notified by: (Name) (Date) (Time) <b>( ) ( ) ( )</b>			Juvenile Disposition 1. Handled/processed within Dept. and Released. 2. TOT HRS / DYS 3. Incarcerated					
	Released To: (Name) (Relationship) (Date) (Time) <b>( ) ( ) ( ) ( )</b>			The above address 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 (Phone 365-2528) informed of any change of address. <input type="checkbox"/> Yes, by: (Name) <input type="checkbox"/> No: (Reason)			School Attended Grade					
	Property Crime? <input type="checkbox"/> Yes <input type="checkbox"/> No			Description of Property			Value of Property					
CHARGE	Drug Activity N. N/A P. Possess		S. Sell B. Buy T. Traffic	R. Smuggle D. Deliver E. Use	K. Dispense/ 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. Synthetics	U. Unknown Z. Other
	Charge Description <b>DRIVING UNDER THE INFLUENCE</b>			Counts <b>1</b>	Domestic Violence <input type="checkbox"/> Y <input checked="" type="checkbox"/> N	Statute Violation Number <b>316.193(1)(A)</b>		Violation of ORD #				
	Drug Activity <b>N</b>	Drug Type <b>N</b>	Amount / Unit		Offense #	Warrant / Capias Number		Bond				
	Charge Description <b>DUI ENHANCED OVER .15</b>			Counts <b>1</b>	Domestic Violence <input type="checkbox"/> Y <input checked="" type="checkbox"/> N	Statute Violation Number <b>316.193(4)</b>		Violation of ORD #				
	Drug Activity <b>N</b>	Drug Type <b>N</b>	Amount / Unit		Offense #	Warrant / Capias Number		Bond				
Charge Description <b>DRIVING WITHOUT LICENSE</b>			Counts <b>1</b>	Domestic Violence <input type="checkbox"/> Y <input checked="" type="checkbox"/> N	Statute Violation Number <b>322.03(1)</b>		Violation of ORD #					
Drug Activity <b>N</b>	Drug Type <b>N</b>	Amount / Unit		Offense #	Warrant / Capias Number		Bond					
Charge Description			Counts	Domestic Violence	Statute Violation Number		Violation of ORD #					
Drug Activity	Drug Type	Amount / Unit		Offense #	Warrant / Capias Number		Bond					
Location (Court Room Number, Address) <b>NORTH COUNTY COURTHOUSE, 3188 PGA BOULEVARD, PALM BEACH GARDENS, FL 33410 - PH: (561) 662-6700</b>												
Court Date and Time Month <b>NOVEMBER</b> Day <b>18</b> Year <b>2020</b> Time <b>10:00</b> AM <input checked="" type="checkbox"/> PM												
I AGREE TO APPEAR AT THE TIME AND PLACE DESIGNATED TO ANSWER THE OFFENSE CHARGED OR TO PAY THE FINE SUBSCRIBED. I UNDERSTAND THAT SHOULD I WILLFULLY FAIL TO APPEAR BEFORE THE COURT AS REQUIRED BY THIS NOTICE TO APPEAR, THAT I MAY BE HELD IN CONTEMPT OF COURT AND A WARRANT FOR MY ARREST SHALL BE ISSUED												
Signature of Defendant (for Juvenile and Parent /Custodian) _____ Date Signed <b>10/18/2020</b>												
HOLD for other Agency Name:			Signature of Arresting Officer <b>514</b>			Name Verification (Printed by Arrestee)						
<input type="checkbox"/> Dangerous <input type="checkbox"/> Resisted Arrest <input type="checkbox"/> Suicidal <input type="checkbox"/> Other:			Name of Arresting Officer (Print) <b>Ofc. ANDREW FLINK</b>			I.D. # (PRINT) <b>58</b>						
Intake Deputy <b>SPAW 6107</b> I.D. # Pouch #			Transporting Officer <b>ANDREW FLINK</b> I.D. # <b>514</b>			Witness here if subject signed with an "X" <b>SCANNED</b> <b>661 9-2020</b>						

# D.U.I. PROBABLE CAUSE AFFIDAVIT

ON THE 18TH DAY OF OCTOBER 2020, AT 0313  AM  PM  
SUBJECT: TORRES AMAYA, MARIO, ERNESTO CASE NUMBER: 20004661

AGENCY: PALM BEACH GARDENS POLICE DEPT. ARRESTING OFFICER: Ofc. ANDREW FLINK 514  
**PERSONAL CONTACT**

**DRIVING PATTERN: ACTUAL PHYSICAL CONTROL (PHYSICAL EVIDENCE OR STATEMENTS PUTTING DEF. BEHIND WHEEL OF VEHICLE)**

This Officer observed an individual passed out behind the wheel of a vehicle, a Dodge utility vehicle (IAZG98/FL) on the right shoulder of Northlake Blvd under the Interstate 95 overpass, PBG, FL. This Officer was able awaken the driver, identified via Mexico Consulate Identification card, Mario Torres Amaya, while he was still in actual physical control of the vehicle.

**OBSERVATION OF DRIVER:**

Amaya appeared disoriented, had bloodshot watery eyes, flushed red face, slow slurred speech, and the obvious odor of an unknown alcoholic beverage emanating from his breath at conversational distance. Amaya walked with an unsteady gait as he exited the vehicle.

**DRIVER'S STATEMENTS:**

This Officer asked Amaya if he was sick or injured to which he said he was not.

**ODORS:**

Unknown alcoholic beverage

## GENERAL OBSERVATIONS

**SPEECH:** Slow slurred

**ATTITUDE:** Compliant

**CLOTHING:** Black shirt, blue jeans, black/white sneakers

**MEDICAL/OTHER:** None stated

STATE OF FLORIDA  
COUNTY OF PALM BEACH

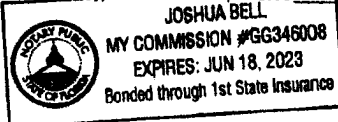
(Signature of Arresting/Investigative Officer)

The foregoing instrument was sworn to or affirmed and subscribed before me this 18th day of October 2020 by Ofc. ANDREW FLINK

(Print name of Arresting/Investigative Officer, who is personally known to me and/or produced identification. Type of identification produced

Personally Known

Notary Public, Clerk of Court, Officer (F.S.S. 117.10)



SUBJECT: TORRES AMAYA, MARIO, ERNESTO CASE NUMBER 20004661

**ROADSIDE TASKS**

**HORIZONTAL GAZE NYSTAGMUS:**

- |   |   |
|---|---|
| <input checked="" type="checkbox"/> LT EYE-LACK OF SMOOTH PURSUIT                           | <input checked="" type="checkbox"/> RT EYE-LACK OF SMOOTH PURSUIT                           |
| <input checked="" type="checkbox"/> LT EYE-DISTINCT & SUSTAINED NYSTAGMUS AT MAX. DEVIATION | <input checked="" type="checkbox"/> RT EYE-DISTINCT & SUSTAINED NYSTAGMUS AT MAX. DEVIATION |
| <input checked="" type="checkbox"/> LT- EYE-ONSET OF NYSTAGMUS PRIOR TO 45 DEGREES          | <input checked="" type="checkbox"/> RT- EYE-ONSET OF NYSTAGMUS PRIOR TO 45 DEGREES          |

**Other Observations:**

Amaya was swaying back and forth while standing upright.

**WALK & TURN:**

During the instructions, Amaya started the exercise multiple times prior to being told to do so. During the exercise, Amaya stepped off the line on step five. Amaya took 16 steps during the attempt. After the turnaround, Amaya lost his balance and crossed his feet over, again stepping off the line. Amaya missed heel-to-toe on multiple steps and again stepped off the line on two steps, taking 17 steps in total.

**ONE LEG STAND:**

During the exercise, Amaya raised his left foot. Amaya placed his foot down multiple times prior to being told to do so. Amaya was also swaying throughout the exercise.

**ROMBERG ALPHABET:**

Not completed

**FINGER TO NOSE:**

Not completed

**BREATH TEST RESULTS:** 1) .191    2) .120    3) -    4) -

STATE OF FLORIDA  
COUNTY OF PALM BEACH

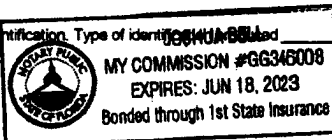
(Signature of Arresting/Investigative Officer)

The foregoing instrument was sworn to or affirmed and subscribed before me this 18th day of October 2020 by Ofc. ANDREW FLINK

(Print name of Arresting/Investigative Officer, who is personally known to me and/or produced identification. Type of identification furnished)

Personally Known

Notary Public, Clerk of Court, Officer (F.S.S. 117.10)



# TESTING FACILITY TASK REPORT

AGENCY: PBG

SUBJECT: TORRES AMAYA, MARIO E

DATE: Oct 18, 2020

BEGINNING TIME: 0419

ENDING TIME: 0436

CASE NUMBER: 20-117847

VIDEO DVD NUMBER: N/A

BREATH TESTS RESULTS: 1) .175VNA TIME 0427 A.M.  P.M.  2) .191 TIME 0430 A.M.  P.M.   
3) .200 TIME 0433 A.M.  P.M.  4) N/A TIME XX A.M.  P.M.

BREATH OPERATOR: JOSHUA J BELL #8656

MAINTENANCE TECHNICAN: J. KARLECKE #6467

## TESTING OFFICER'S OBSERVATIONS

SPEECH: BROKEN ENGLISH

ATTITUDE: QUIET

CLOTHING: BLACK SHORT SLEEVE BUTTON UP SHIRT, BLUE JEANS, BLACK SHOES

MEDICAL CONDITIONS: UNKNOWN

MEDICATIONS: UNKNOWN

## OTHER:

EYES: GLASSY  
ODOR OF UNKNOWN ALCOHOLIC BEVERAGE COMING FROM BREATH

## COMMENTS:

ARRIVED AT DUI TESTING FACILITY AND BEGAN THE 20 MINUTE OBSERVATION AT 0355 HOURS

SUBJECT STATED HE WOULD TAKE BREATH TEST

SUBJECT DID NOT FOLLOW INSTRUCTIONS. SUBJECT STOPPED BLOWING WHEN HE HEAR THE INSTRUMENT MAKE THE TONE

A/O READ I.C  
SUBJECT STATED HE WOULD CONTINUE BREATH TEST

TECH READ BREATH TEST RESULTS  
SUBJECT STATED HE UNDERSTOOD BREATH TEST RESULTS

A/O DID NOT READ RIGHTS DUE TO LANGUAGE BARRIER

A/O DID NOT CONDUCT Q AND A



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

PBSO CASE # 20-117847 PBSO ZONE 3-13

AGENCY CASE # 20004661 CRASH CASE # \_\_\_\_\_

TIME OF STOP/CRASH 0313 DATE 10/18/2020 DAY SUNDAY

SUBJECT'S NAME TORRES AMAYA MARIO ERNESTO RACE W SEX M  
LAST FIRST MID

HGT 5'6 WGT 165 DOB 05/25/1982

LOCATION NORTHLAKE BLVD/INTERSTATE 95, PBG, FL

ARRESTING OFFICER'S NAME & ID Ofc. ANDREW FLINK 514 AGENCY PBGPD

DIVISION: TRAFFIC UNIT

NOTIFIED BY COMMO YES

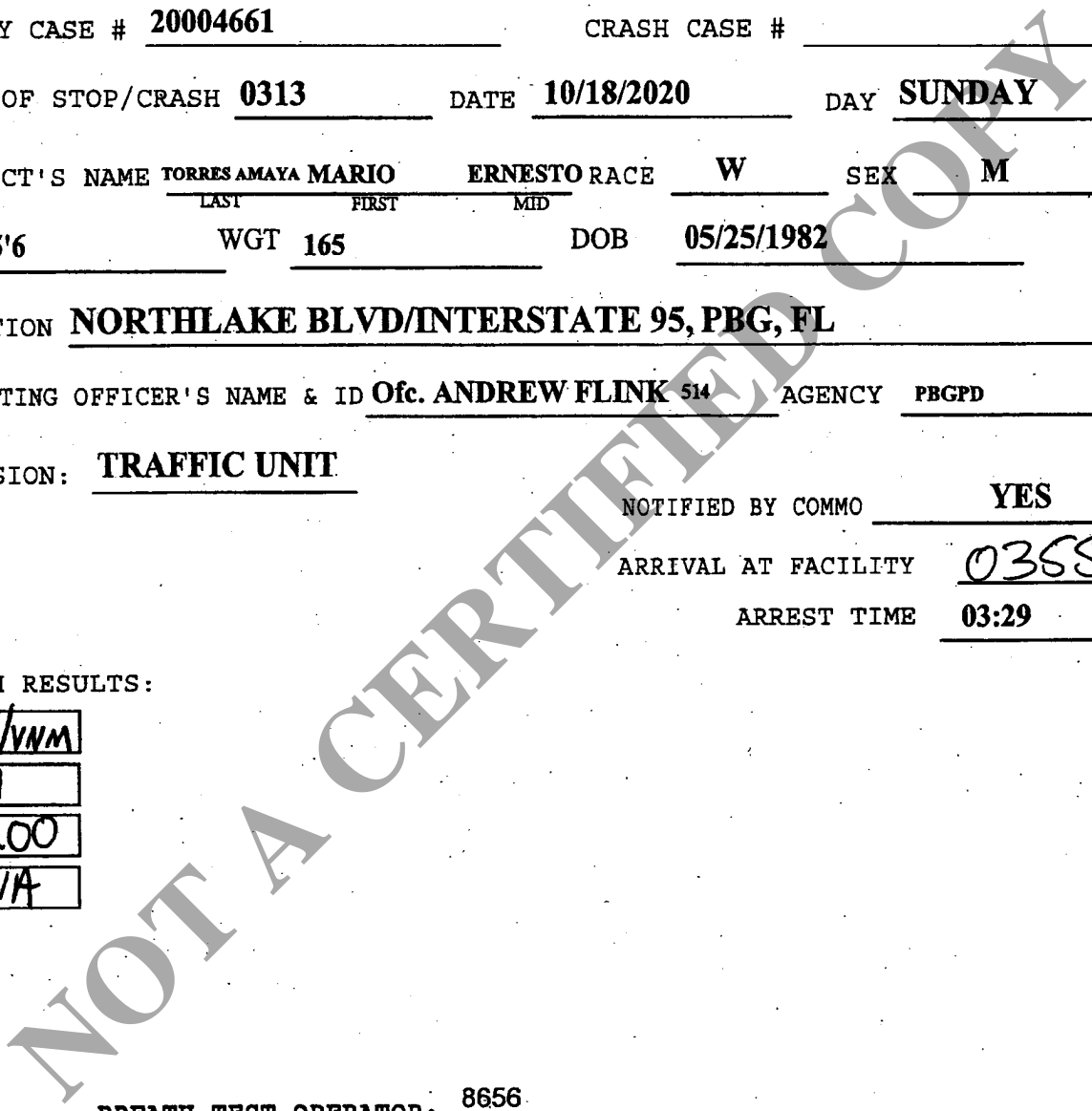
ARRIVAL AT FACILITY 0355

ARREST TIME 03:29

**BREATH RESULTS:**

- 1) .175/VNM
- 2) .191
- 3) -.200
- 4) N/A

BREATH TEST OPERATOR: 8656



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: 80-006477 Software: 8100.27  
Date of Test: 10/18/2020

Date of Last Agency Inspection: 10/16/2020

Observation Period Began: 03:55

Subject's Name: MARIO E TORRES AMAYA

DOB: 05/25/1982 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	04:22
Air Blank	0.000	04:23
Control Test	0.079	04:23
Air Blank	0.000	04:24
Subject Sample #1	VNM*	04:27
Air Blank	0.000	04:28
Air Blank	0.000	04:29
Subject Sample #2	0.191	04:30
Air Blank	0.000	04:31
Air Blank	0.000	04:32
Subject Sample #3	0.200	04:33
Air Blank	0.000	04:33
Control Test	0.077	04:34
Air Blank	0.000	04:34
Diagnostics Check	OK	04:34

\*Volume Not Met (0.175 - Breath Sample Not Reliable to Determine Breath Alcohol Level)

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

State of Florida, County of Palm Beach

Personally appeared before me the undersigned authority, who () is personally known to me or () produced \_\_\_\_\_ as identification, and who after being placed under oath, states:

I JOSEVA J BELL, hold a valid Breath Test Operator permit issued by the Florida Department of Law Enforcement, I administered the above breath test to the subject named above in accordance with Chapter 11D-8, Florida Administrative Code, and this form is a true and accurate report of that breath test.

Breath Test Operator: \_\_\_\_\_

Signature

Date: 10/18/20

Sworn to (or. affirmed) before me this 18 day of October, 2020

Signature of Notary Public-State of Florida

Printed Name of Notary Public-State of Florida

Note: Pursuant to section 117.10, Florida Statutes, law enforcement officers, correctional officers, traffic accident investigation officers and traffic infraction enforcement officers are notaries public when engaged in the performance of official duties. In accordance with section 316.1934(5), F.S., this completed form is admissible without further authentication and is presumptive proof of the results herein. To be used in accordance with Section 316.1934(5), F.S., and in administrative proceedings pursuant to 322.2615, F.S.

SUBJECT: Torres, Angela Marie E CASE NUMBER: \_\_\_\_\_

# 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: Off. A. Fink #514

SUBJECT: Texas Agency, Monro E CASE NUMBER: \_\_\_\_\_

## 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) Not Read on camera