

21CT10914AMB

ARREST / NOTICE TO APPEAR
Juvenile Referral Report1. Arrest
2. N.T.A.
3. Request for Warrant
4. Request for Capias

1

N

ADMINISTRATIVE	OBTS Number		Agency ORI Number FLO 500000		Agency Name PALM BEACH COUNTY SHERIFF'S OFFICE		Agency Report Number (N.T.A.'s only) 06-21-081276	
	Charge Type: Check as many as apply.		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 <input type="checkbox"/>	
	Location of Arrest (Including Name of Business) 10TH AVENUE N AND HAVERHILL RD GREEN ACRES FL		Location of Offense (Business Name, Address) 10TH AVENUE N AND HAVERHILL ROAD, GREEN ACRES FL 33463		Weapon Seized / Type 2 1. Yes 2. No		Multiple Clearance Indicator 1	
	Date of Arrest 06/30/2021	Time of Arrest 2322	Booking Date	Booking Time	Jail Date	Jail Time	Location of Vehicle PRIORITY TOWING	
DEFENDANT	Name (Last, First, Middle) FANJUL, OLIVER,						Alias (Name, DOB, Soc. Sec. #, Etc.)	
	Race W - White I - American Indian B - Black O - Oriental/Asian	Sex M	Date of Birth 11/16/1988	Height 507	Weight 160	Eye Color GRN	Hair Color BRO	Complexion MED
	Scars, Marks, Tattoos, Unique Physical Features (Location, Type, Description) NONE		Marital Status Single		Religion CATHOLIC		Indication of: Alcohol Influence Drug Influence Y <input type="checkbox"/> N <input type="checkbox"/> Unk. <input type="checkbox"/>	
	Local Address (Street, Apt. Number) 110 CHATEAUX DR, PALM BEACH FL 33480		(City) ()		(State) ()		(Zip) ()	
CO-DEF	Permanent Address (Street, Apt. Number) ()		(City) ()		(State) ()		(Zip) ()	
	Business Address (Name, Street) ()		(City) ()		(State) ()		(Zip) ()	
	D/L Number, State F524656884160,		Soc. Sec. Number ()		INS Number ()		Place of Birth (City, State) WEST PALM BCH FL	
	Citizenship US		Co-Defendant Name (Last, First, Middle) ()		Race ()		Sex ()	
JUVENILE	Co-Defendant Name (Last, First, Middle) ()		Race ()		Sex ()		Date of Birth ()	
	Parent Legal Custodian Other: ()		Name (Last) ()		(First) ()		(Middle) ()	
	Address (Street, Apt. Number) ()		(City) ()		(State) ()		(Zip) ()	
	Notified by: (Name) ()		Date ()		Time ()		Juvenile Disposition 1. Handled/processed within Dept. and Released. 2. TOT HRS / DYS 3. Incarcerated	
CHARGE	Released To: (Name) ()		Relationship ()		Date ()		Time ()	
	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 355-2528) 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 ()			
	Drug Activity N. N/A P. Possess		S. Sell B. Buy T. Traffic		R. Smuggle D. Deliver E. Use		K. Dispense/ Distribute	
CHARGE	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 DUI		Counts 1		Domestic Violence <input type="checkbox"/> Y <input checked="" type="checkbox"/> N		Statute Violation Number 316.193(1)A	
	Violation of ORD # ()		Warrant / Capias Number ()		Bond ()			
CHARGE	Drug Activity N		Drug Type N		Amount / Unit N/A		Offense # 21-081276	
	Charge Description ()		Counts ()		Domestic Violence <input type="checkbox"/> Y <input checked="" type="checkbox"/> N		Statute Violation Number ()	
	Violation of ORD # ()		Warrant / Capias Number ()		Bond ()			
	Drug Activity ()		Drug Type ()		Amount / Unit ()		Offense # ()	
CHARGE	Charge Description ()		Counts ()		Domestic Violence <input type="checkbox"/> Y <input checked="" type="checkbox"/> N		Statute Violation Number ()	
	Violation of ORD # ()		Warrant / Capias Number ()		Bond ()			
	Drug Activity ()		Drug Type ()		Amount / Unit ()		Offense # ()	
	Charge Description ()		Counts ()		Domestic Violence <input type="checkbox"/> Y <input checked="" type="checkbox"/> N		Statute Violation Number ()	
NOTICE TO APPEAR	Violation of ORD # ()		Warrant / Capias Number ()		Bond ()			
	Drug Activity ()		Drug Type ()		Amount / Unit ()		Offense # ()	
	Charge Description ()		Counts ()		Domestic Violence <input type="checkbox"/> Y <input checked="" type="checkbox"/> N		Statute Violation Number ()	
	Violation of ORD # ()		Warrant / Capias Number ()		Bond ()			
ADMIN	Location (Court, Room Number, Address) 3228 GUN CLUB RD WEST PALM BEACH FL 33406		Court Date and Time Month JULY Day 29 Year 2021 Time 0830 AM <input checked="" type="checkbox"/> PM <input type="checkbox"/>		Date Signed 06/30/2021			
	Signature of Defendant (or Juvenile and Parent / Custodian) ()		Name Verification (Printed by Arrestee) ()		(PRINT) ()			
	Name ()		Name of Arresting Officer (Print) INV E. K. WHITE		ID # 7209			
	Intake Deputy ()		Pouch # ()		Transporting Officer INV E. K. WHITE		ID # 7209	

DISTRIBUTION: WHITE - COURT COPY

GREEN - STATE ATTORNEY

YELLOW - AGENCY

PINK - AGENCY

GRAY - AGENCY (N.T.A.'s ONLY)

PBSO 9148 REV. 8/97

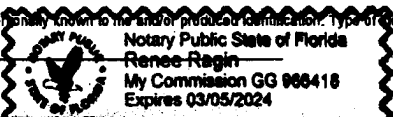
J# 0524272

SCANNED

JUL 01 2021

P# 3071

OBTS Number		PROBABLE CAUSE AFFIDAVIT		1. Arrest 2. N.T.A.		3. Request for Warrant 4. Request for Capias		1	Juvenile	N
ADMIN	Agency ORI Number FLO 500000		Agency Name PALM BEACH COUNTY SHERIFF'S OFFICE		Agency Report Number 06-21-081276					
	Charge Type: Check as many as apply. <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		Special Notes:							
CHARGES	Name (Last, First, Middle) FANJUL, OLIVER				Alias		Race W	Sex M	Date of Birth 11/16/1988	
	Charge Description DUI				316.193(1)A		Charge Description			
VICTIM	Victim's Name (Last, First, Middle) ??				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
PROBABLE CAUSE STATEMENT	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. The Person taken into custody <input type="checkbox"/> committed the below acts in my presence. <input type="checkbox"/> confessed to _____ admitting to the below facts.									
	<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.									
	On the <u>30</u> day of <u>JUNE</u> 20 <u>21</u> at <u>2230</u> <input type="checkbox"/> A.M. <input checked="" type="checkbox"/> P.M. (Specifically include facts constituting cause for arrest.)									
ADMINISTRATIVE	<p>On Wednesday, June 30 2021 at approximately 2240 hours, I responded to the intersection of 10th Avenue North and Haverhill Road to assist Deputy Adolfo Sentmanat with a traffic crash that involved a possible drunk driver. Upon my arrival I saw a brown Range Rover stopped in the westbound turn lane on 10th Ave N. I saw no damage to the vehicle's front side. I made contact with D/S Sentmanat who secured a sworn witness statement from the driver whose vehicle was struck by the defendant's. The non-fault driver reported another vehicle hit his from the rear. When he exited his vehicle to assess the damage he identified the defendant as the driver of the vehicle which crashed into his.</p> <p>I made contact with the driver who was escorted by deputies to the parking lot where I positioned my patrol car. He was later identified as Oliver Fanjul through the Driver and Vehicle Information Database. His eyes were red, watery and glossy. His cheeks were flushed, mouth dry and he slurred his speech while speaking. He stood with his feet more than shoulder width apart and was sweating profusely. His movements were slow, calculated and lethargic. I could smell a strong odor of an unknown alcoholic beverage emanating from his breath that intensified when he spoke. He was wearing loose and disheveled clothing that consisted of brown pants, brown boots and a long sleeve brown shirt. I told him he was involved in a minor crash and identified as the driver of the Range Rover. I explained that I would be conducting a criminal investigation for DUI. My suspicion of his impairment was prompted by the previous indicators of impairment that he was exhibiting. I told him I am required to read his Constitutional Rights prior to speaking with him further. HE acknowledged his "rights" afterward and began speaking with me. He admitted to bumping into someone. He later asked me to call his father and take him home. Based on my suspicion I asked if he would consent to performing Standardized Field Sobriety Evaluations (SFSTs) for the purpose of determining if he was impaired while operating a motor vehicle. He declined and asked for his lawyer to be called. I explained Taylor Warning informing the defendant that the SFSTs were voluntary and he did not have to perform them, however in the absence of his performance I would be only left with the physical evidence of impairment before me which could be strong basis for being placed under arrest for DUI. I also told him his refusal would be used against him in a court of law.</p>									
	STATE OF FLORIDA COUNTY OF PALM BEACH <div style="text-align: right; margin-top: 20px;"> INV E. K. WHITE (Signature of Arresting Investigative Officer) </div>									
	The foregoing instrument was sworn to or affirmed and subscribed before me this <u>30</u> day of <u>JUNE</u> 20 <u>21</u> by <u>INV E. K. WHITE</u> (Print name of Arresting Investigative Officer), who is personally known to me and/or produced identification. Type of identification produced <u>KNOWN</u>									
	Notary Public, Clerk of Court, Officer (F.S.S. 117.10) <div style="text-align: center;"> Notary Public State of Florida Renee Ragin My Commission Expires 03/03/2024 </div>									

OBTS Number		PROBABLE CAUSE AFFIDAVIT		1. Arrest 2. N.T.A.	3. Request for Warrant 4. Request for Capias	1	Juvenile	N
ADMIN	Agency ORI Number FLO 500000		Agency Name PALM BEACH COUNTY SHERIFF'S OFFICE		Agency Report Number 06- 21-081276			
	Charge Type: Check as many as apply. <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		Special Notes:					
DEE	Name (Last, First, Middle) FANJUL OLIVER				Alias	Race W	Sex M	Date of Birth 11/16/1988
	Charge Description DUI		316.193(1)A		Charge Description			
CHARGES	Charge Description		Charge Description		Charge Description			
	Charge Description		Charge Description		Charge Description			
VICTIM	Victim's Name (Last, First, Middle) ***				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. The Person taken into custody <input type="checkbox"/> committed the below acts in my presence. <input type="checkbox"/> confessed to _____ admitting to the below facts. <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.</p> <p>On the 30 day of JUNE 2021 at 2230 <input type="checkbox"/> A.M. <input checked="" type="checkbox"/> P.M. (Specifically include facts constituting cause for arrest.)</p>								
<p>I asked if he understood the warnings. He said he did understand but persisted in wanting his lawyer called. At the conclusion of the SFSTs, coupled with the non-fault driver's identification of the defendant being the driver of the vehicle that struck his, and my observation of personal indicators of impairment exhibited by the defendant, probable cause was established for DUI. I told the defendant he was being placed under lawful arrest for DUI. He was searched and handcuffed (double locked and checked for tightness) prior to being seated into the rear of my patrol car. Back up deputies arranged for the defendant's vehicle to be towed by a tow service from PBSO's rotation list. Priority Towing responded and impounded his vehicle to their lot. Meanwhile I began transport to the main jail breath analysis facility for further processing. Upon our arrival I escorted the defendant into the facility and began a 20 minute observation period. During this time the defendant did not ingest anything into his body orally or otherwise. Neither did he regurgitate. I escorted him into the testing room and asked him to provide breath samples for the purpose of determining his alcohol content. He declined and asked for his father and lawyer. I read him implied consent in which he acknowledged. I asked if he would reconsider his refusal and provide breath samples. He once again declined and was deemed a "refusal". Since the defendant asked for a lawyer Q&A was not done. The defendant was booked into the main jail on the charge of DUI.</p>								
<div style="position: relative; width: 100%; height: 100%;"> <div style="position: absolute; top: 50%; left: 50%; transform: translate(-50%, -50%) rotate(-45deg); opacity: 0.3; font-size: 100px; pointer-events: none;">NOT A CRIMINAL RECORD</div> </div>								
ADMINISTRATIVE	STATE OF FLORIDA COUNTY OF PALM BEACH		INV E. K. WHITE					
	(Signature of Arresting/Investigative Officer)							
	The foregoing instrument was before me, read, affirmed and subscribed before me this 30 day of JUNE 20 21 by INV E. K. WHITE				KNOWN			
	(Print name of Arresting/Investigative Officer, who is personally known to me and/or produced identification. Type of identification produced							
Notary Public, Clerk of Court Officer (F.S.S. 117.10)								
<div style="border: 1px solid black; padding: 5px; display: inline-block;"> PAGE 2 OF 2 </div>								

D.U.I. PROBABLE CAUSE AFFIDAVIT

ON THE 30 DAY OF JUNE 2021, AT 2230 AM ☒ PM

SUBJECT: FANJUL, OLIVER, CASE NUMBER: 21-081276

AGENCY: PALM BEACH COUNTY SHERIFF'S OFFICE ARRESTING OFFICER: INV E. K. WHITE

PERSONAL CONTACT

DRIVING PATTERN: Actual physical control (physical evidence or statements putting def. behind wheel of vehicle).

SEE PC AFFIDAVIT

OBSERVATION OF DRIVER:

SEE PC AFFIDAVIT

DRIVER'S STATEMENTS:

I BUMPED INTO SOMEONE

ODORS:

STRONG ODOR OF AN UNKNOWN ALCOHOLIC BEVERAGE EMANATING FROM SUBJECT'S BREATH

GENERAL OBSERVATIONS

SPEECH: THICK AND SLURRED

ATTITUDE: LETHARGY UNCOOPERATIVE AND INATTENTIVE

CLOTHING: LOOSE AND DISHEVELED

MEDICAL/OTHER: NONE

STATE OF FLORIDA
COUNTY OF PALM BEACH

INV E. K. WHITE
(Signature of Arresting/Investigative Officer)

The foregoing instrument was sworn to and affirmed and subscribed before me this 30 day of JUNE 2021 by INV E. K. WHITE

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

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



SUBJECT: FANJUL, OLIVER,

CASE NUMBER 21-081276

ROADSIDE TASKS

HORIZONTAL GAZE NYSTAGMUS:

☐ LT EYE-LACK OF SMOOTH PURSUIT

☐ RT EYE-LACK OF SMOOTH PURSUIT

☐ LT EYE-DISTINCT & SUSTAINED NYSTAGMUS AT MAX. DEVIATION

☐ RT EYE-DISTINCT & SUSTAINED NYSTAGMUS AT MAX. DEVIATION

☐ LT- EYE-ONSET OF NYSTAGMUS PRIOR TO 45 DEGREES

☐ RT- EYE-ONSET OF NYSTAGMUS PRIOR TO 45 DEGREES

Other Observations:

SUBJECT REFUSED ALL TASKS

WALK & TURN:

N/A

ONE LEG STAND:

N/A

FINGER TO NOSE:

N/A

ROMBERG ALPHABET:

N/A

BREATH TEST RESULTS:

1) refused

2) refused

3)

4)

STATE OF FLORIDA
COUNTY OF PALM BEACH

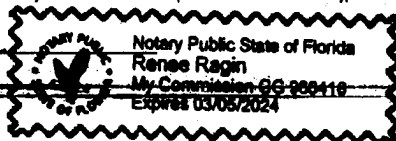
INV E. K. WHITE

(Signature of Arresting/Investigative Officer)

The foregoing instrument was seen to or affirmed and subscribed before me this 30 day of JUNE 20 21 by INV E. K. WHITE

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

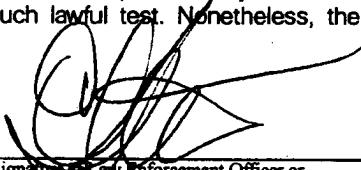
Notary Public, Clerk of Court Officer (F.S.S. 117.10)



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

I, Investigator LE EDWARD WHITE, a duly certified Law Enforcement Officer or Correctional Officer,
(Person reading Implied Consent Warning)
am a member of Palm Beach County Sheriffs Office, and I do swear
(Name of enforcement agency)
or affirm that on or about the THIRTIETH day of June, 2021, at 11:22 PM
DRIVER OLIVER REDFIELD FANJUL
(Type or Print) FIRST MIDDLE OR MAIDEN LAST
DL # F524656884160, state of FL, was placed under lawful arrest for
the offense of DUI by Investigator LE EDWARD WHITE and
(Name of Arresting Officer)
issued Citation # AEA7KHE
That on or about the FIRST day of July, 2021, at 12:25 AM
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 (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:



The foregoing instrument was sworn and subscribed before
me this 01 day of July, 2021
by E. White
who is personally known to me or who has produced
[Signature] as identification.
Notary Public [Signature]

HSMV-BAR1001 (REV. 10/2016)

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.

WITNESS LIST

CASE NUMBER: 21-081276

ARRESTING OFFICER: INV E. K. WHITE

ADDRESS: HQ

PHONE NUMBERS (HOME): _____ (WORK) 561 688 3000

CAN TESTIFY TO: FACTS

NAME: D/S ADOLFO SENTMANAT

ADDRESS: DIST 16

PHONE NUMBERS (HOME) _____ (WORK) 561 688 3000

CAN TESTIFY TO: CRASH INVESTIGATOR

NAME: VICENTE G REYES

ADDRESS 9978 MOSS POND DRIVE BOCA RATON FL 33463

PHONE NUMBERS (HOME) 561 582 0531 (WORK) _____

CAN TESTIFY TO: BEING HIT BY THE DEFENDANT'S VEHICLE

NAME: _____

ADDRESS _____

PHONE NUMBERS (HOME) _____ (WORK) 0

CAN TESTIFY TO: _____

NAME: _____

ADDRESS _____

PHONE NUMBERS (HOME) _____ (WORK) _____

CAN TESTIFY TO: _____

NAME: _____

ADDRESS _____

PHONE NUMBERS (HOME) _____ (WORK) _____

CAN TESTIFY TO: _____

NAME: _____

ADDRESS _____

PHONE NUMBERS (HOME) _____ (WORK) _____

CAN TESTIFY TO: _____

NAME: _____

ADDRESS _____

PHONE NUMBERS (HOME) _____ (WORK) _____

CAN TESTIFY TO: _____

NAME: _____

ADDRESS _____

PHONE NUMBERS (HOME) _____ (WORK) _____

CAN TESTIFY TO: _____

NAME: _____

ADDRESS _____

PHONE NUMBERS (HOME) _____ (WORK) _____

CAN TESTIFY TO: _____

NAME: _____

ADDRESS _____

PHONE NUMBERS (HOME) _____ (WORK) _____

CAN TESTIFY TO: _____

TESTING FACILITY TASK REPORT

AGENCY: PBSO

SUBJECT: Fanjul, Oliver R.

CASE NUMBER: 21-081276

DATE: Jun 30, 2021

VIDEO DVD NUMBER: N/A

BEGINNING TIME: 00:19

ENDING TIME: 00:25

BREATH TESTS RESULTS: 1) Refusal TIME 00:25 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 TECHNICIAN: Jason Karlecke #6467

TESTING OFFICER'S OBSERVATIONS

SPEECH: Slurred, Accent

ATTITUDE: Calm, cooperative, talkative

CLOTHING: Tan pants, LS light tan shirt, brown boots

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 23:55 hrs.

Subject refused to perform breath test.

A/O read I/C 2x and explained I/C. Subject stated he understood I/C.

Subject refused to take test and invoked his right to counsel.

No Q&A conducted subject invoked the right to counsel.

REFUSED

SUBJECT: Faniel, Oliver R. CASE NUMBER: 21-081276

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) _____

SUBJECT: Fajal, Oliver K. CASE NUMBER: 21-01276

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: _____



**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: 2021016026

Date: 7/01/21

Specialist Name/ID: J. Beck/9007