

0148434

200 2139

3158

OBTS Number		ARREST / NOTICE TO APPEAR Juvenile Referral Report				1. Arrest 3. Request for Warrant 2. N.T.A. 4. Request for Capias		1	Juvenile	N				
ADMINISTRATION	Agency ORI Number	Agency Name			Agency Report Number									
	FL 0500300	BOYNTON BEACH POLICE DEPT.			34-20-006718									
	Charge Type: Check as many as Apply.	<input type="checkbox"/> 1. Felony <input type="checkbox"/> 3. Misdemeanor <input type="checkbox"/> 5. Ordinance <input type="checkbox"/> 2. Traffic Felony <input checked="" type="checkbox"/> 4. Traffic Misdemeanor <input type="checkbox"/> 6. Other			If Weapon Seized Enter Type		Multiple Clearance Indicator							
Location of Arrest (Including Name of Business)					Location of Offense (Business Name, Address)									
SW 23 AVE./ S. CONGRESS AVE BOYNTON BEACH, FL					SW 23 AVE./ S. CONGRESS AVE BOYNTON BEACH, FL									
Date of Arrest		Time of Arrest		Booking Date		Booking Time		Jail Date		Jail Time	Location of Vehicle			
02/04/2020		2029												
Name (Last, First, Middle)					Alias (Name, DOB, Soc. Sec. #, Etc)									
POHL, PAUL HENRY														
W - White B - Black		I - American Indian O - Oriental / Asian		Race	Sex	Date of Birth		Height	Weight	Eye Color	Hair Color	Complexion	Build	
W				W	M	10/10/1972		6-03	245	BRN	BRN	FAIR	MUSCULAR	
Scars, Marks, Tattoos, Unique Physical Features (Location, Type, Description)					Marital Status		Religion		Indication of:		Y N UMI			
NONE					MARRIED		CHRIST		Alcohol Influence <input type="checkbox"/>		Drug Influence <input type="checkbox"/>			
Local Address (Street, Apt. Number) (City) (State) (Zip)					Phone		Residence Type		1. City 3. Florida		2. County 4. Out of State		2	
3121 PIERSON DRIVE DELRAY BEACH, FL 33483					(561)901-0533									
Permanent Address (Street, Apt. Number) (City) (State) (Zip)					Phone		Address Source		DEF / ELVIS					
SAME AS ABOVE														
Business Address (Street, Apt. Number) (City) (State) (Zip)					Phone		Occupation		PLUMMER					
RIDGWAY PLUMMING INDUSTRIAL AVE BOYNTON BCH, FL 33426														
D/L Number, State		Soc. Sec. Number		INS Number		Place of Birth		Citizenship						
P400688723700						FT. LAUDERDALE FL 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 Name (Last) (First) (Middle) <input type="checkbox"/> Legal Custodian <input type="checkbox"/> Other											Residence Phone			
Address (Street, Apt. Number) (City) (State) (Zip)											Business Phone			
Notified by: (Name)					Date		Time		Juvenile Disposition		1. Handled/Processed within Dept. and Released 2. TOT HRS/DYS 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 561-355-2526) informed of any change of address:					School Attended		Grade							
<input type="checkbox"/> Yes, By: (Name) <input type="checkbox"/> No: (Reason)														
Property Crime? <input type="checkbox"/> Yes <input type="checkbox"/> No					Description of Property		Value of Property							
Drug Activity					S. Sell	R. Smuggle	K. Dispense/Distribute	M. Manufacture/Produce/Cultivate	Z. Other	Drug Type	B. Barbituate	H. Hallucinogen	P. Paraphernalia/Equipment	U. Unknown
N. N/A					B. Buy	D. Deliver				N. N/A	C. Cocaine	M. Marijuana	O. Opium/Deriv.	S. Synthetic
P. Possess					T. Traffic	E. Use				A. Amphetamine	E. Heroin			
Charge Description					Counts	Domestic Violence	Statute Violation Number		Violation of ORD#					
D.U.I.					1	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	316.193 1A							
Drug Activity					Drug Type	Amount/Unit		Offense #		Warrant/Capias Number		Bond		
NA					NA	NA		20-006718				OR		
Charge Description					Counts	Domestic Violence	Statute Violation Number		Violation of ORD#					
Drug Activity					Drug Type	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		
Charge Description					Counts	Domestic Violence	Statute Violation Number		Violation of ORD#					
Drug Activity					Drug Type	Amount/Unit		Offense #		Warrant/Capias Number		Bond		
<input type="checkbox"/> Instruction No. 1 <input type="checkbox"/> Instruction No. 2 You need not appear in Court but must Comply with instruction on reverse side.					Location (Court, Room Number, Address)									
					South County Courthouse, 200 West Atlantic Ave, Delray Beach, FL 33444									
					Court Date and Time		Month		Day		Year		Time	
							MARCH		02		2020		8:30	
													<input checked="" type="checkbox"/> A.M. <input type="checkbox"/> P.M.	
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 (or Juvenile and Parent/Custodian)					Date Signed									
HOLD for other Agency Name:					Name of Arresting Officer (Print)				Name Verification (Printed by Agency) (PRINT)					
					M. SOHN				790					
<input type="checkbox"/> Dangerous <input type="checkbox"/> Resisted Arrest <input type="checkbox"/> Suicidal <input type="checkbox"/> Other					Transporting Officer				Witness here is subject Signed with an "X".					
					M. SOHN				790					
					BBPD									
									Page 1 OF 1					

SCANNED
 FEB 05 2020
 BOYNTON BEACH POLICE DEPT.
 BOYNTON BEACH COUNTY, FL
 BOYNTON BEACH BRANCH
 FEB - 5 AM 7:30

D.U.I. PROBABLE CAUSE AFFIDAVIT

ON THE 04 DAY OF February 2020 AT 20:29 A.M P.M.

CASE #: 20-006718 DEFENDANT: POHL, PAUL HENRY

PERSONAL CONTACT/DRIVING PATTERN/OBSERVATION OF DRIVER:

On Tuesday, February 04, at 2020 at approximately 1940 hours, I arrived on scene of a vehicle crash involving two vehicles, a white Hyundai driven by Paul Pohl and a Black Mazda driven by Dominic Graci, case 20-006704. During the crash investigation I smelled the odor of an alcoholic beverage coming from Pohl's vehicle in which he was sitting in. I observed that Pohl had blood shot watery eyes, slurred and slow speech. When Pohl exited the vehicle I continued the smell the odor of an alcoholic beverage emanating off his person which became much stronger when he spoke to me. I completed the crash investigation and began a separate investigation into Pohl driving under the influence, BBPD case 20-006718.

At approximately 2020 hours, I began the DUI investigation, Pohl was standing outside of the vehicle on a level sidewalk. I read Pohl his Miranda Warnings which he waived. When speaking to Pohl, He stated (on BWC) that he was coming from home and had been drinking alcohol. Pohl stated he had a couple/two drinks, liquor, and when I inquired further, he stated it was Vodka's.

At this point, the odor of the alcoholic beverage was still emanating from Pohl when she spoke, he still had slurred speech, blood shot/watery eyes, had slow movements. I had Pohl on level pavements where I could see a slight sway in his stance. I advised Pohl I suspected that he was impaired and that I was requesting him to submit to a series of Road Side Tests/Tasks which he refused. I then gave Pohl his Taylor Warning and asked that he submit to the Road Side Tasks again, and he refused again.

Based on my observations, me suspecting him of DUI, and his refusal to perform Road Side Tasks, I placed Pohl under arrest for suspicious of DUI pursuant to FSS. 316.193.1. I then transported Pohl to the Palm Beach County Jail (BAT) Breath Testing section, to which a twenty minute observation period (more than 20) was observed. Pohl entered the testing facility and was asked to submit to a lawful test of his breath which he refused. Implied consent was read to Pohl and he still refused. I then Read Miranda Warnings to Pohl in order to ask him questions, which he refused to answer.

Pohl is being charged with DUI, FSS 316.193.1 (refusal) and cited. Pohl was also cited for careless driving as a result of the crash and not carrying/exhibiting his driver's license, citation # AAW8EDE, and AAW8EEE.

As a result of the crash, Pohl was then transported by me to Bethesda Memorial Hospital where he was medical cleared as a result of the crash and then transported back to PBCJ and lodges.

HORIZONTAL GAZE NYSTAGMUS:

- Left eye does not follow smoothly
- Left eye prior to 45 degrees
- Distinct jerking in left eye at maximum deviation
- Vertical Nystagmus in left eye

- Right eye does not follow smoothly
- Right eye prior to 45 degrees
- Distinct jerking in right eye at maximum deviation
- Vertical Nystagmus in right eye

WALK AND TURN:

REFUSED

ONE LEG STAND:

REFUSED

FINGER TO NOSE:


REFUSED

ROMBERG/ALPHABET:

REFUSED

The following instrument was sworn to before me this 04 day of February 2020

By: OFC. M. SOHN #790


Notary/Police Officer (F.S.S. 117.10)


Signature of Arresting Officer

NOT A CERTIFIED COPY

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

I, M. Sohn, a duly certified Law Enforcement Officer or Correctional Officer,
(Name of Officer reading Implied Consent Warning)

am a member of BOYNTON BEACH POLICE DEPARTMENT, and I do swear
(Name of law enforcement agency)

or affirm that on or about the 02 day of FEB., 20 20, at 8:29 P.M. A.M.

DRIVER PAUL HENRY POHL
(Type or Print) FIRST NAME MIDDLE OR MAIDEN NAME LAST NAME

DL# P400-688-72-3700, state of FLORIDA, was placed under lawful arrest for

the offense of D.U.I. by OFC M. SOHN and
(Name of Arresting Officer)

issued Citation # AC8604E

That on or about the 4th day of February, 20 20, at 2136 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.

X M Sohn #790
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

Date

(AFFIX SEAL)

The foregoing instrument was sworn and subscribed before

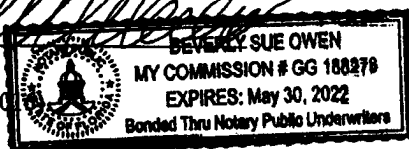
me this 4th day of February, 20 20,

by OFC SOHN,

who is personally known to me or who has produced

Identification
Notary Public [Signature]

HSMV-BAR1001 (REV. 10/20



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.

SCANNED
FEB 05 2020

SUBJECT

PAUL HEURY

CASE NUMBER

39-606748

CONSENT FOR DUI IN A MOTOR VEHICLE

THIS FORM IS APPLICABLE TO THE FIELD OF TEST FOR

I hereby consent to a field test of my BREATH for the purpose of determining

OR

I hereby consent to a field test of my URINE for the purpose of determining

OR

I hereby consent to a field test of my BLOOD for the purpose of determining

IF THIS STATEMENT DOES NOT CORRESPOND WITH YOUR SIGNATURE

I am Paul Heury of the United States

If you fail to sign this consent form, you will lose your privilege to operate a motor vehicle for 90 days. If you refuse to sign this consent form, you will lose your privilege to operate a motor vehicle for 180 days. If you refuse to sign this consent form, you will lose your privilege to operate a motor vehicle for 180 days. If you refuse to sign this consent form, you will lose your privilege to operate a motor vehicle for 180 days.

SUBJECT'S SIGNATURE IN

Paul Heury

CONSTITUTIONAL WARNINGS

PLEASE READ THESE WARNINGS CAREFULLY. YOU MAKE ANY STATEMENTS THAT YOU HAVE THE FOLLOWING RIGHTS:

1. You have the right to remain silent and not answer any questions.
2. Anything you say can be used against you in court.
3. You have the right to stop answering questions at any time.
4. If you cannot afford a lawyer, one will be appointed for you before any questioning if you cannot afford one.
5. If at any time during the interrogation you do not wish to answer any questions, you will stop answering questions.
6. If you make any statements, you will be given a copy of the statements and you will be given a copy of the statements.
7. You have the right to stop answering questions at any time.

Signature: Paul Heury

SCANNED
FEB 05 2020

SUBJECT BOHL, PAUL MEDICAL

CASE NUMBER 20-206

QUESTIONS AND ANSWERS

I AM REQUESTING YOU ASK ME SOME QUESTIONS WITH THESE RIGHTS IN MIND. YOU MAY ANSWER OR REFUSE TO ANSWER ANY QUESTIONS AS YOU LIKE.

WERE YOU OPERATING A MOTOR VEHICLE AT THE TIME OF THE STOP/ACCIDENT? _____

WHERE WERE YOU GOING? _____

WHAT WERE YOU DOING ON THE HIGHWAY WHEN YOU STOPPED? _____

WHERE DID YOU START? **REFUSED**

WHAT TIME IS IT NOW? _____

WHAT DAY OF THE WEEK IS IT? _____

WHAT TIME DID YOU GET UP THIS MORNING? _____

WHAT DID YOU EAT? _____

WHAT WERE YOU DOING FOR THE LAST THREE HOURS? _____

HAVE YOU BEEN DRINKING? _____ WHAT? _____

WITH WHOM? _____

AND YOUR LAST DRINK? _____

HOW MANY DRINKS? _____

ARE YOU UNDER THE INFLUENCE OF ANY DRUGS? _____

HAVE YOU CONSUMED ANY ALCOHOL SINCE THE ACCIDENT? _____

WHAT? _____

WHEN DID YOU LAST DRINK? _____

DO YOU HAVE ANY PHYSICAL INJURIES OR PAIN? **REFUSED**

ARE YOU SICK OR INJURED? _____

WHAT'S WRONG? _____

DO YOU LIE? _____

DID YOU RECEIVE A HURT ON THE HEAD RECENTLY? _____

WERE YOU IN AN ACCIDENT TODAY? _____

HAVE YOU TAKEN ANY MARIJUANA TODAY? _____

HAVE YOU BEEN WITH A LAW ENFORCEMENT TODAY? _____

ARE YOU TAKING ANY PRESCRIPTION MEDICINES? _____

WHAT? _____

WHEN? _____

DO YOU HAVE ANY VISION PROBLEMS THAT ARE NOT CORRECTED BY GLASSES? _____

DO YOU TAKE INJECTIONS? _____

WHEN WAS YOUR LAST INJECTION? _____

HAVE YOU EVER BEEN DRIVING IN ANY OTHER STATES? _____

INTERVIEWER: _____



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

PBSO CASE # 20-034235 PBSO ZONE 4-11

AGENCY CASE # 20-006718 CRASH CASE # 20-006704

TIME OF STOP/CRASH 81940 DATE 2/4/20 DAY Tuesday

SUBJECT'S NAME POHL, PAUL Henry RACE W SEX M

HGT 6-03 WGT 245 DOB 10/10/72

LOCATION SW 23 Ave. / S. Congress Ave. Boynton Beach, FL

ARRESTING OFFICER'S NAME & ID M. Sohn 790 AGENCY BBAD

DIVISION: R.P.

NOTIFIED BY COMMO yes

ARRIVAL AT FACILITY 2114

BREATH RESULTS:

Arrest Time 2029

- 1. **REFUSED**
- 2. _____
- 3. _____
- 4. _____

TESTING OFFICER'S ID 3184

NOT A CERTIFIED COPY



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

PBSO CASE # 20-034235 PBSO ZONE 4-11

AGENCY CASE # 20-006718 CRASH CASE # 20-006704

TIME OF STOP/CRASH 81940 DATE 2/4/20 DAY Tuesday

SUBJECT'S NAME POHL, PAUL Henry RACE W SEX M

HGT 6-03 WGT 245 DOB 10/10/72

LOCATION SW 23 Ave. / S. Congress Ave. Boynton Beach, FL

ARRESTING OFFICER'S NAME & ID M. Sohn 790 AGENCY BBAD

DIVISION: R.P.

NOTIFIED BY COMMO yes

ARRIVAL AT FACILITY 2114

BREATH RESULTS:

Arrest Time 2029

1. **REFUSED**
2. _____
3. _____
4. _____

TESTING OFFICER'S ID 3184

NOT A CERTIFIED COPY

TESTING FACILITY TASK REPORT

AGENCY: Boynton Beach P.D.

SUBJECT: POHL, Paul Henry

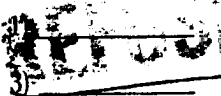
CASE NUMBER: 20-034235

DATE: 2/4/2020

VIDEO TAPE NUMBER: N/A

BEGINNING TIME: 2134

ENDING TIME: 2137

BREATH TESTS RESULTS:  TIME 2136 A.M./P.M. 2) ~~TIME~~ ~~A.M./P.M.~~
TIME ~~A.M./P.M.~~ 4) ~~TIME~~ ~~A.M./P.M.~~

BREATH OPERATOR: S. Owen # 3184


MAINTENANCE TECHNICIAN: J. Karlecke # 6467

TESTING OFFICER'S OBSERVATIONS

SPEECH: quiet

ATTITUDE: quiet, co-operative

CLOTHING: brown boots, black pants, yellow T-shirt

MEDICAL CONDITIONS:  (taken

MEDICATIONS:  today

OTHER: OIL NOT carried, used DAVID printout
A in accident

COMMENTS: A/O & A arrived at 2114 hrs

A/O observed 20 minutes

A/O requested breath test, A refused

A/O read I/C, A understood still refused

A/O read C/W on scene & video.

A understood rights

Refused Q & A

SCANNED

SUBJECT: POHL, PAUL Henry CASE NUMBER: 20-0006718

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: M. Sohn 790

SCANNED
FEB 05 2020

SUBJECT: POHL, PAUL HENRY CASE NUMBER: 20-006718

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 ofc SOHN of the Bonnyon Beach P.D.

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 Same e Camera **SCANNED**
FEB 05 2020



Palm Beach County Sheriff's Office – Arrests Only

	X	Florida State Statute	Description	Page Number(s)
I/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 checked="" type="checkbox"/>	395.3025(7)(a), 456.057(7)(a)	Medical information.	14
	<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"/>			
Other	<input type="checkbox"/>	782.04 (FS)	Other: Witness	
	<input type="checkbox"/>	415.107 (1)	Other: In order to protect the rights of the individual or other persons responsible for the welfare of a vulnerable adult, all records concerning reports of abuse, neglect, or exploitation of the vulnerable adult.	

REVIEW COMPLETED BY

Booking Number: 2020003955	Date: 2/5/2020
	Specialist Name/ID: M. Tooks #8557

SCANNED
FEB 05 2020