

210T 354

ARREST / NOTICE TO APPEAR
Juvenile Referral Report

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

OBTS Number
Agency ORI Number: FLO 500000
Agency Name: PALM BEACH COUNTY SHERIFF'S OFFICE
Agency Report Number (N.T.A.'s only): 06-21-023379

Charge Type: 1. Felony 2. Traffic Felony 3. Misdemeanor 4. Traffic Misdemeanor 5. Ordinance 6. Other
Weapon Seized / Type: 1. Yes 2. No NONE
Multiple Clearance Indicator: 01

Location of Arrest (Including Name of Business): GATEWAY BLVD & S. MILITARY TRL BOYNTON BEACH, FL 33426
Location of Offense (Business Name, Address): GATEWAY BLVD & S. MILITARY TRL BOYNTON BEACH, FL 33426

Date of Arrest: 01/08/2021 Time of Arrest: 02:18
Booking Date: Booking Time: Jail Date: Jail Time: Location of Vehicle: ZUCALLA TOWING

Name (Last, First, Middle): WATKE, REEDE ALLEN
Aliases (Name, DOB, Soc. Sec. #, Etc.):

Race: W - White 1 - American Indian B - Black C - Oriental/Asian W M
Sex: M Date of Birth: 03/27/1986 Height: 6'2" Weight: 256 Eye Color: GREEN Hair Color: BRW Complexion: MED Build: LARGE

Scars, Marks, Tattoos, Unique Physical Features (Location, Type, Description): LEFT ARM: "9 MARINE NAMES" LEFT SHIN: "FLORIDA MAP"
Marital Status: Single Religion: NONE Indication of Alcohol Influence Drug Influence: Y N Unk

Local Address (Street, Apt. Number) (City) (State) (Zip): 1350 Piazza Delle Pallottole Boynton Beach, FL 33426
Phone: (561) 312-7305 Residence Type: 1. City 2. County 3. Florida 4. Out of State 2

Permanent Address (Street, Apt. Number) (City) (State) (Zip):
Phone: Address Source: FLORIDA DRIVER LICENSE

Business Address (Name, Street) (City) (State) (Zip):
Phone: Occupation: SUPERVISOR

DL Number, State: W420-721-86-107-0, FL
INS Number: Piece of Birth (City, State): BOYNTON BCH, FL Citizenship: US

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

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

Parent Legal Custodian 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 provided by defendant and / or defendant's parents. The child and / or parent was told to keep the Juvenile Court Clerk (Phone 355-2526) informed of any change of address.
 Yes, by: (Name) No: (Reason)

Property Crime? Yes No Description of Property: Value of Property:

Drug Activity: S. Sell 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: DRIVING UNDER THE INFLUENCE Counts: 1 Domestic Violence: Y N Statute Violation Number: 316.193(1)(c) Violation of ORD #:

Drug Activity: N Drug Type: N Amount / Unit: .183/.185 Offense #: 21-023379 Warrant / Capias Number: Bond:

Charge Description: Counts: 1 Domestic Violence: Y N Statute Violation Number: Violation of ORD #:

Drug Activity: Drug Type: Amount / Unit: Offense #: Warrant / Capias Number: Bond:

Charge Description: Counts: Domestic Violence: Y N Statute Violation Number: Violation of ORD #:

Drug Activity: Drug Type: Amount / Unit: Offense #: Warrant / Capias Number: Bond:

Charge Description: Counts: Domestic Violence: Y N Statute Violation Number: Violation of ORD #:

Drug Activity: Drug Type: Amount / Unit: Offense #: Warrant / Capias Number: Bond: JAN 8 4 2021

Location (Court Room Number, Address): CRIMINAL JUSTICE COMPLEX / 3228 GUN CLUB ROAD, WPB, FL 33406

Court Date and Time: Month FEBRUARY Day 4th Year 2021 Time 08:30 AM X 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 (or Juvenile and Parent /Custodian): Date Signed: 01/08/2021

HOLD for other Agency Name: Signature of Arresting Officer: Inv. J. Schaefer # 8778 Name Verification (Printed by Arrestee):

Dangerous Resisted Arrest Suicidal Other: Name of Arresting Officer (Print): INV. J. SCHAEFER I.D. #: 8778

Intake Deputy: Pouch #: Transporting Officer: INV. J. SCHAEFER ID #: 8777 Agency: PBSO Witness here if subject signs: 1 OF 1

0300150

990

OBT# Number		PROBABLE CAUSE AFFIDAVIT		1. Arrest	3. Request for Warrant	J. Venue	
				2. N.T.A.	4. Request for Capias	1	
ADMIN	Agency ORI Number	Agency Name	Agency Report Number				
	FLO 50000	PALM BEACH COUNTY SHERIFF'S OFFICE	06- 21-023379				
CHARGES / DEF	Charge Type: Check as many as apply.		Special Notes:				
	<input type="checkbox"/> 1. Felony	<input type="checkbox"/> 2. Traffic Felony	<input type="checkbox"/> 3. Misdemeanor	<input type="checkbox"/> 4. Traffic Misdemeanor	<input type="checkbox"/> 5. Ordinance	<input type="checkbox"/> 6. Other	
VICTIM	Name (Last, First, Middle)			Alias	Race	Sex	Date of Birth
	Walke, Reede,				W	M	03/27/1986
	Charge Description			Charge Description			
	Driving Under the Influence						
Victim's Name (Last, First, Middle)			Race	Sex	Date of Birth		
State of Florida, ,			--	--	--		
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 avers 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</p> <p><input checked="" 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.</p> <p><input type="checkbox"/> confessed to _____ admitting to the below facts. <input type="checkbox"/> was found to have committed the below acts, resulting from my (described) investigation.</p> <p>On the <u>7</u> day of <u>January</u> 20<u>21</u> at <u>01:27</u> <input checked="" type="checkbox"/> A. M. <input type="checkbox"/> P. M. (Specifically include facts constituting cause for arrest.)</p>							
<p>I responded to the area of Gateway Blvd and S Military Trl, unincorporated Boynton Beach, Palm Beach County, in reference to a male passed out in a vehicle.</p> <p>Upon my arrival I witnessed a Black Nissan 4d F1 tag LDUQ80, stopped in the east bound turn lane beyond the stop bar in the cross walk. The vehicle was running with the brake lights activated. I pulled by patrol vehicle behind that vehicle which had not move for two full cycles of the traffic light.</p> <p>I approached the vehicle on the driver side where I was the driver, later identified as Reede A Walke by his Florida Driver's License, sitting in the driver seat of the vehicle which was still in drive. He was slumped over and appeared to be sleeping. I woke the driver up and he appeared to be confused. After putting the vehicle in parked and had the subject step out of the vehicle.</p> <p>I asked the defendant where he was coming from and he stated that he was headed home. He stated that he had no medical issues. The defendant was saying while standing and had the odor of an unknown alcoholic beverage, based on my training and life experiences, which came from him person and intensified as he spoke to me. The defendants eyes appeared to be red and watery. The defendant was checked by Palm Beach County Fire Rescue, Rescue #241, (Run # 21-002857) who stated that his vitals were normal. I asked the defendant how much he had to drink and he stated that he had a few drink, which he later stated amounted to three drinks.</p> <p>At this time I called for a DUI investigator. Upon the arrival of Investigator J. Schaefer # 8777 the investigation was turned over to him.</p>							
ADMINISTRATIVE	STATE OF FLORIDA COUNTY OF PALM BEACH			Cpl. Christopher Ward			
	(Signature of Arresting/Investigative Officer)						
<p>The foregoing instrument was sworn to or affirmed and subscribed before me this <u>8</u> day of <u>January</u> 20<u>21</u> by <u>Cpl. Christopher Ward</u></p> <p>(Print name of Arresting/Investigative Officer, who personally known to me and/or produced identification. Type of identification produced <u>Personally Known LEO</u>)</p> <p>Notary Public, Clerk of Court Officer (F.S. 117.10)</p>							
							PAGE 1 OF 1

SCANNED
JAN - 8 2021

D.U.I. PROBABLE CAUSE AFFIDAVIT

ON THE 8th DAY OF JANUARY 20 21, AT 01:24 AM PM
SUBJECT: WALKE, REEDE ALLEN CASE NUMBER: 21-023379
AGENCY: PALM BEACH COUNTY SHERIFF'S OFFICE ARRESTING OFFICER: INV. J. SCHAEFER

PERSONAL CONTACT

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

On 01/08/2021 at approximately 01:34hrs, I was called to the scene of a traffic stop at the intersection of Gateway Blvd and S. Military Trail, which is located in unincorporated Boynton Beach, Palm Beach County, Florida. I arrived at the scene at approximately 01:55hrs. D/S C. Ward #16305 relayed to me, and completed a written signed sworn supplemental Probable Cause Affidavit, that he had made contact with the defendant's stopped vehicle, a black 2019 Nissan Sentra bearing FL tag LDU-Q80, because of a report that the driver was passed out behind the wheel and stopped for 2 light cycles. D/S Ward noticed that the defendant had articulable indicators of impairment, so he called for a DUI unit to conduct a possible DUI investigation. D/S Ward identified the defendant, to me, as the driver and sole occupant of the vehicle, at the time of the stop.

OBSERVATION OF DRIVER:

Upon making contact with the driver who was identified by their Florida Driver License as "REEDE ALLEN WALKE", I immediately detected an obvious and strong odor of an unknown alcoholic beverage emitting from his person and face area prior to donning my PPE mask. This odor continued as I spoke to Walke while now wearing my mask. Walke had glassy, glazed, and blood shot eyes. Walke's speech was slurred, slow, thick, and at times difficult to understand. Walke's movements were slow, deliberate, and lethargic in his movements with poor coordination. Walke had an unsteady gait while walking to my patrol vehicle. Walke was wearing a blue shirt polo shirt, green camo shorts, and black sandals. All the clothing appeared neat.

DRIVER'S STATEMENTS:

Pre-Miranda: Walke stated he was drinking at his sister's home and didn't think he had that much "for him". Walke consented to breath and declined to participate in the Q&A interview.

ODORS:

A strong and obvious odor of an unknown alcoholic beverage was emitting from his person and face area which continued as I spoke to Walke.

GENERAL OBSERVATIONS

SPEECH: Walke's speech was slurred, slow, and thick, and at times difficult to understand.

ATTITUDE: sleepy, polite, respectful, cooperative

CLOTHING: blue shirt polo shirt, green camo shorts, and black sandals

MEDICAL/OTHER: SEE BAT REPORT

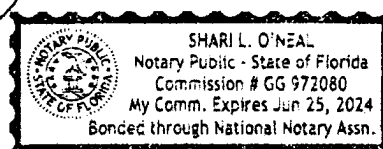
STATE OF FLORIDA
COUNTY OF PALM BEACH

INV. J. SCHAEFER Inv. J. Schaefer #8777
Signature of Arresting/Investigative Officer)

The foregoing instrument was sworn to or affirmed and subscribed before me this 8th day of JANUARY 2021 by INV. J. SCHAEFER

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

Shari O'Neal (#6212) Shari O'Neal
Notary Public, Clerk of Court, Officer (F.S.S 117.10)



SCANNED
JAN - 8 2021

SUBJECT: WALKE,

REEDE

CASE NUMBER 21-023379

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:

Walke would sway roughly in a side to side front to back pattern throughout the task. Walke did touch the tip of the pen as directed to positively identify the point to be tracked. Walke was reminded numerous times to track the pen with his eyes only. Walke failed to keep his head still while tracking the stimulus. Walke had VGN.

WALK & TURN:

I explained and demonstrated the instructions for the "Walk & Turn" to Walke who stated that he understood. During the task, I observed v to sway roughly in a side to side, front to back pattern throughout the demonstration phase. Walke could not maintain his balance while listening to instructions. Walke stepped out of the instructional stance during the demonstration to catch his balance. Walke would stop walking to steady himself with pauses to regain balance. Walke missed heel-to-toe steps and stepped off the line. Walke used his arms for balance by raising them more than six inches. Walke lost his balance while spinning for the turn. Additionally, Walke performed the incorrect number of steps on the return pass.

ONE LEG STAND:

I explained and demonstrated the instructions for the "One Leg Stand" to Walke who stated that he understood. During the task, I observed Walke to sway roughly in a side to side, front to back pattern throughout the demonstration phase. Walke continued to sway while balancing on one leg. Walke used his arms to balance. Walke started hopping in an attempt to maintain balance. Walke failed to count out loud as instructed. Walke put his foot down to regain balance numerous times before the 30 seconds had elapsed.

FINGER TO NOSE:

I explained and demonstrated the instructions for the "Finger to Nose" task to Walke who stated that he understood. During the task, I observed Walke to sway roughly in a side to side, front to back pattern throughout the demonstration phase. Walke failed to return his arms down to his sides as instructed after touching his nose. Walke index finger did not touch the nose on 3 of 6 attempts. The sequence used for this task was L, R, L, R, R, L.

ROMBERG ALPHABET:

I explained and demonstrated the instructions for the "Rhomberg Alphabet" task to Walke who stated that he understood. During the task, I observed Walke to sway roughly in a side to side, front to back pattern throughout the demonstration phase. Walke would sway more than 2 inches. Walke correctly sang the alphabet but did recite it as instructed.

BREATH TEST RESULTS: .183 .185

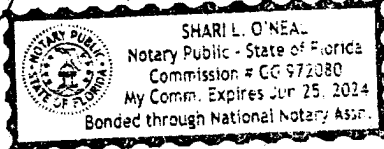
STATE OF FLORIDA
COUNTY OF PALM BEACH

INV. J. SCHAEFER *Inv. J. Schaefer #8777*
Signature of Arresting/Investigative Officer)

The foregoing instrument was sworn to or affirmed and subscribed before me this 8th day of JANUARY 2021 by INV. J. SCHAEFER

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

Shari O'Neal (#6212) *S. O'Neal*
Notary Public, Clerk of Court, Officer (F.S.S 117.10)



SCANNED
JAN - 8 2021



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

PBSO CASE # 21-023379 PBSO ZONE 6-31

AGENCY CASE # _____ CRASH CASE # _____

TIME OF STOP/CRASH 01:24 DATE 01/08/2021 DAY Friday

SUBJECT'S NAME WALKE, REEDE ALLEN RACE W SEX M
LAST FIRST MID

HGT 6'2" WGT 256 DOB 03/27/1986

LOCATION GATEWAY BLVD & S. MILITARY TRL BOYNTON BEACH, FL 33426

ARRESTING OFFICER'S NAME & ID INV. J. SCHAEFER 8777 AGENCY PBSO

DIVISION: VCD/DUI

NOTIFIED BY COMMO YES

ARRIVAL AT FACILITY 02:46

ARREST TIME 02:18

BREATH RESULTS:
.183/.185

NOT A CERTIFIED COPY

TESTING OFFICER'S ID 6212 PBSO VIDEOTAPE # N/A

SCANNED
 JAN - 8 2021

WITNESS LIST

CASE NUMBER: 21-023379

ARRESTING OFFICER: INV. J. SCHAEFER

ADDRESS: 3228 GUN CLUB ROAD WEST PALM BEACH, FL 33406

PHONE NUMBERS (HOME): _____ (WORK) (561) 688-4001

CAN TESTIFY TO: SEE DUI PROBABLE CAUSE AFFIDAVIT, OFFENSE REPORT, IN-CAR & BAT VIDEO

NAME: D/S C. WARD #16305 (DISTRICT 6)

ADDRESS: 3228 GUN CLUB ROAD WEST PALM BEACH, FL 33406

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

CAN TESTIFY TO: SEE SUPPLEMENTAL PROBABLE CAUSE AFFIDAVIT

NAME: _____

ADDRESS _____

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

CAN TESTIFY TO: _____

NAME: _____

ADDRESS _____

PHONE NUMBERS (HOME) () _____ (WORK) ()

CAN TESTIFY TO: _____

NAME: _____

ADDRESS _____

PHONE NUMBERS (HOME) _____ (WORK) _____

CAN TESTIFY TO: _____

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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: _____

SCANNED
JAN - 8 2021

TESTING FACILITY TASK REPORT

AGENCY: INV. SCHAEFER #8777

SUBJECT: WALKE, REEDE A. CASE NUMBER: 21-023379

DATE: 01-08-21 VIDEO DVD NUMBER: N/A

BEGINNING TIME: 0307 HRS ENDING TIME: 0320 HRS

BREATH TESTS RESULTS: 1) .183 TIME 0313 A.M. P.M. 2) .185 TIME 0316 A.M. P.M.
3) TIME A.M. P.M. 4) TIME A.M. P.M.

BREATH OPERATOR: S.O'NEAL #6212

MAINTENANCE TECHNICAN: J. KARLECKE #6467

TESTING OFFICER'S OBSERVATIONS

SPEECH:

ATTITUDE: CALM, COOPERATIVE, POLITE

CLOTHING: SHIRT- TURQOISE BLUE SHORTS- CAMO PRINT

MEDICAL CONDITIONS: NONE

MEDICATIONS: NONE

OTHER:

EYES: RED, GLASSY
ODOR OF UNKNOWN ALCOHOLIC BEVERAGE.

COMMENTS:

20 MIN. OBSERVATION DONE BY A/O SCAHEFER #8777
A/O REQUESTED THE BREATH TEST.
D SUBMITTED TO THE BREATH REQUEST.
D COMPLETED THE TEST CORRECTLY.
C/W READ ON CAMERA, D REFUSED Q&A/WANTED ATTORNEY.

SCANNED
JAN - 8 2021

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: 80-006476 Software: 8100.27
Date of Test: 01/08/2021

Date of Last Agency Inspection: 12/11/2020
Observation Period Began: 02:46
Subject's Name: REEDE A WALKE

DOB: 03/27/1986 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	03:11
	Air Blank	0.000	03:11
	Control Test	0.079	03:12
	Air Blank	0.000	03:12
	Subject Sample #1	0.183	03:13
	Air Blank	0.000	03:14
	Air Blank	0.000	03:16
	Subject Sample #2	0.185	03:16
	Air Blank	0.000	03:17
	Control Test	0.077	03:17
	Air Blank	0.000	03:18
	Diagnostics Check	OK	03:18

Cylinder Lot: 22620080A2
Exp: 10/05/2022

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 SHARI L O'NEAL, 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: 01-08-21
Signature

Sworn to (or affirmed) before me this 08 day of January, 2021

[Signature] #8777 Signature of Notary Public-State of Florida
Inv. Schaefer #8777 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: WALKE, REEDE, ALLEN

CASE NUMBER: 21-023379

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) _____

READ ON CAMERA

SCANNED
JAN - 8 2021

SUBJECT: WALKER, BERT, ALLEN CASE NUMBER: 21-023379

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: INV J. CHAMBERLAIN #8777

WHITE - STATE ATTY. YELLOW - DHSMV PINK - CENTRAL RECORDS GOLD - JAIL

SCANNED
JAN - 3 2021



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"/>			
Other	<input type="checkbox"/>		Other:	
	<input type="checkbox"/>		Other:	

REVIEW COMPLETED BY

Booking Number: 2021000543	Date: 1/8/2021
	Specialist Name/ID: B. Evans #23649

SCANNED
 JAN - 3 2021