

0458042

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

1

Juvenile

N

ADMINISTRATIVE	OBTS Number		Agency ORI Number <b>FLO 500000</b>		Agency Name <b>PALM BEACH COUNTY SHERIFF'S OFFICE</b>		Agency Report Number (N.T.A.'s only) <b>06- 21-054542</b>	
	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		Weapon Seized / Type 2 <input type="checkbox"/> 1. Yes <input type="checkbox"/> 2. No		Multiple Clearance Indicator <b>00</b>			
	Location of Arrest (Including Name of Business) <b>9930 Clint Moore Road, Boca Raton, FL 33498</b>				Location of Offense (Business Name, Address) <b>9930 Clint Moore Road Boca Raton, FL 33498</b>			
	Date of Arrest <b>04/12/2021</b>	Time of Arrest <b>0623</b>	Booking Date	Booking Time	Jail Date	Jail Time	Location of Vehicle <b>McDonalds 7030 Palmetto Park Road, Boca Raton, FL</b>	
DEFENDANT	Name (Last, First, Middle) <b>Reichenbach, Rory, Patrick</b>							
	Alias (Name, DOB, Soc. Sec. #, Etc.)							
	Race <b>W - White I - American Indian B - Black O - Oriental/Asian</b>	Sex <b>M</b>	Date of Birth <b>10/28/1986</b>	Height <b>6'04</b>	Weight <b>275</b>	Eye Color <b>Blue</b>	Hair Color <b>Bro</b>	Complexion <b>Med</b>
	Build <b>Large</b>							
	Scars, Marks, Tattoos, Unique Physical Features (Location, Type, Description) <b>None Visible</b>				Marital Status <b>Single</b>	Religion <b>CATHOLIC</b>	Indication of Alcohol Influence Drug Influence <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> Unk	
	Local Address (Street, Apt. Number) <b>7473 NW 33rd Street</b>		(City)	(State)	(Zip)	Phone <b>(561) 245-0593</b>		Residence Type: 1. City 2. County 3. Florida 4. Out of State <b>3</b>
	Permanent Address (Street, Apt. Number) <b>Same</b>		(City)	(State)	(Zip)	Phone <b>( )</b>		Address Source <b>FL D/L</b>
	Business Address (Name, Street) <b>None or Refused to Provide</b>		(City)	(State)	(Zip)	Phone <b>( )</b>		Occupation <b>Server</b>
	D/L Number, State <b>R251-735-86-388-0</b>		Soc. Sec. Number <b>[REDACTED]</b>		INS Number		Place of Birth (City, State) <b>WPB, FL</b>	Citizenship <b>US</b>
	Co-Defendant Name (Last, First, Middle)		Race	Sex	Date of Birth	<input type="checkbox"/> 1. Arrested <input type="checkbox"/> 2. At Large		<input type="checkbox"/> 3. Felony <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"/> 2. At Large		<input type="checkbox"/> 3. Felony <input type="checkbox"/> 4. Misdemeanor <input type="checkbox"/> 5. Juvenile	
JUVENILE	Parent <input type="checkbox"/> Legal Custodian <input type="checkbox"/> Other:		Name (Last)		(First)	(Middle)	Residence Phone <b>( )</b>	
	Address (Street, Apt. Number)		(City)	(State)	(Zip)	Business Phone <b>( )</b>		
	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 <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	M. Manufacture/ Produce/ Cultivate	Z. Other	Drug Type N. N/A A. Amphetamine
	Charge Description <b>DUI</b>		Counts	Domestic Violence <input type="checkbox"/> Y <input checked="" type="checkbox"/> N	Statute Violation Number <b>316.193(1A)</b>		Violation of ORD #	
	Drug Activity Drug Type Amount / Unit		Offense # <b>21-054542</b>	Warrant / Capias Number		Bond		
	Charge Description		Counts	Domestic Violence <input type="checkbox"/> Y <input type="checkbox"/> N	Statute Violation Number		Violation of ORD #	
Drug Activity Drug Type Amount / Unit		Offense #	Warrant / Capias Number		Bond			
Charge Description		Counts	Domestic Violence <input type="checkbox"/> Y <input type="checkbox"/> N	Statute Violation Number		Violation of ORD #		
Drug Activity Drug Type Amount / Unit		Offense #	Warrant / Capias Number		Bond			
Charge Description		Counts	Domestic Violence <input type="checkbox"/> Y <input type="checkbox"/> N	Statute Violation Number		Violation of ORD #		
Drug Activity Drug Type Amount / Unit		Offense #	Warrant / Capias Number		Bond			
NOTICE TO APPEAR	Location (Court, Room Number, Address) <b>Criminal Justice Complex - 3228 Gun Club Road, West Palm Beach, FL</b>							
	Court Date and Time Month <b>April</b> Day <b>13</b> Year <b>2021</b> Time <b>AM</b> <b>PM</b>							
	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			
JUVENILE	HOLD for other Agency Name:		Signature of Arresting Officer <b>X</b>		Name Verification (Printed by Arrested)			
	<input type="checkbox"/> Dangerous <input type="checkbox"/> Suicidal <input type="checkbox"/> Intake Date <b>4/12/21</b>		Name of Arresting Officer (Print) <b>D. Harrison</b>		I.D. # <b>9140</b>		(PRINT)	PAGE
	Pouch #		Transporting Officer <b>D. Harrison</b>		ID # <b>9140</b>		Agency <b>PBSO</b>	Witness here if subject signed with an "X"
								OF

DISTRIBUTION: WHITE - COURT COPY

GREEN - STATE ATTORNEY


YELLOW - AGENCY

PINK - AGENCY

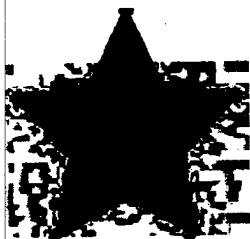
SOLD - DEFENDANT (N.T.A. ONLY)

PBSO 1448 REV. 1/97

APR 13 2021

OBTS Number		<b>PROBABLE CAUSE AFFIDAVIT</b>		1. Arrest 2. N.T.A.		3. Request for Warrant 4. Request for Copies		1	Juvenile	N
ADMIN	Agency ORI Number <b>FLO 500000</b>		Agency Name <b>PALM BEACH COUNTY SHERIFF'S OFFICE</b>		Agency Report Number <b>06- 21-054542</b>					
	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) <b>Reichenbach, Rory, Patrick</b>				Alias		Race <b>W</b>	Sex <b>M</b>	Date of Birth <b>10/28/1986</b>	
	Charge Description <b>DUI</b>				316.193(1A)		Charge Description			
VICTIM	Victim's Name (Last, First, Middle) <b>State of Florida</b>				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"/> was observed by _____ who told _____ that he/she saw the arrested person commit the below acts.  <input type="checkbox"/> confessed to _____ admitting to the below facts. <input checked="" type="checkbox"/> was found to have committed the below acts, resulting from my (described) investigation.</p> <p>On the <u>12th</u> day of <u>April</u> 20<u>21</u> at <u>0623</u> <input checked="" type="checkbox"/> A.M. <input type="checkbox"/> P.M. (Specifically include facts constituting cause for arrest.)</p> <p><b>On Monday, 04/12/2021 at 0543 hrs, I was dispatched to 9930 Clint Moore Road, Boca Raton, FL, in reference to a subject that was up on the embankment, pass the parking stop. The subject was passed out with the transmission in reverse. The motor was running and the subject had his foot on the brake.</b></p> <p><b>Prior to my arrival, PBSO Deputy Torres (ID# 36859) arrived on the scene. (See his supplement PC) Palm Beach County Fire Rescue arrived on the scene. PBCFR started checking the driver for any injuries or medical issues. Palm Beach County Fire Rescue stated that no medical issues were present and cleared the scene.</b></p> <p><b>I arrived on the scene and made contact with the driver who was sitting next to the vehicle. I started to ask the driver simple basic questions such as his name and if he was alright. The driver turned towards me and said, "No", I noticed a very strong odor of an unknown alcoholic beverage coming from his breath while speaking to me. I asked the driver if he knew where he was at. The driver looked around and replied, "Boca Raton." I asked the driver he would perform road side task. The driver paused and attempted to state that he would like to perform the task. The driver had difficulty talking in complete sentences. The driver then stated he had a medical issue with his left hand as he was pointing to his leg. I asked the driver for clarification if it was his hand or leg. He had trouble speaking but stated his leg due to being on it for so long. The driver advised he can not stand on it very long. I advised the driver that he was found sleeping in his car and had been sitting on the curb. I then asked if he could stand on his feet for several minutes. The driver replied, "Yes". I then requested the driver to walk over to the paved parking lot white line for the parking spaces. The driver replied, No. I can't." I then asked the driver if I could check his eyes. The driver replied, "No." At that point I requested the driver to stand. The driver had trouble getting up so D/S and I assisted him. For officer safety and safety of the driver. I placed handcuffs on the driver.</b></p> <p><b>Due to the above stated facts, I believe probable cause exist to charge Rory Patrick Reichenbach with with DUI as per FSS 316.193</b></p> <p><b>Handcuffs were placed on the driver. The driver was transported to the Palm Beach County Bat Center where he was cooperative but refused all questions, requests, and tasks. The driver refused to sign all paperwork / citations. The driver was turned over to the Palm Beach County Jail</b></p>										
ADMINISTRATIVE	STATE OF FLORIDA COUNTY OF PALM BEACH <b>D. Harrison 9140</b> (Signature of Arresting/Investigative Officer)									
	The foregoing instrument was sworn to or affirmed and subscribed before me this <u>12TH</u> day of <u>April</u> 20 <u>21</u> by <u>D. Harrison 9140</u>									
	(Print name of Arresting/Investigative Officer), who is personally known to me and/or produced									
	Notary Public, Clerk of Court, Officer (F.S.S. 117.11)									
<div style="display: flex; justify-content: space-between; align-items: center;"> <div>  <p>SHARI L. O'NEAL Notary Public - State of Florida Commission # GG 972080 My Comm. Expires Jun 25, 2024</p> </div> <div style="border: 1px solid black; padding: 5px;">             PAGE  <b>1</b> </div> </div>										

		PROBABLE CAUSE AFFIDAVIT		1 Arrest 2 N.T.A.		3 Request for Warrant 4 Request for Capias		1 Juvenile	
ADMIN	OBTS Number			Agency OR Number <b>FLO 500000</b>		Agency Name <b>PALM BEACH COUNTY SHERIFF'S OFFICE</b>		Agency Report Number <b>06- 21-054542</b>	
	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 type="checkbox"/> 4 Traffic Misdemeanor		<input type="checkbox"/> 5 Ordinance <input type="checkbox"/> 6 Other		Special Notes:	
DEF	Name (Last, First, Middle)	<b>Reichenbach, Rorv, Patrick</b>				Aliases	Race <b>W</b>	Sex <b>M</b>	Date of Birth <b>10/28/1986</b>
CHARGES	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</p> <p><input type="checkbox"/> committed the below acts in my presence <input type="checkbox"/> confessed to admitting to the below facts</p> <p><input type="checkbox"/> was observed by _____ who told _____ that he/she saw the arrested person commit the below acts. <input type="checkbox"/> was found to have committed the below acts resulting from my (described) investigation.</p> <p>On the _____ day of _____ 20____ at _____ <input type="checkbox"/> A.M. <input type="checkbox"/> P.M. (Specifically include facts constituting cause for arrest.)</p> <p><b>On April 12, 2021, at approximately 5:43 AM, I responded to 9930 Clint Moore Rd. reference an unresponsive male passed out behind the wheel of a vehicle that was sitting on the embankment within the parking lot. Upon arrival I located a black Toyota utility vehicle FL tag HPJU58, in the northwest section of the parking lot, on the embankment facing westbound. I observed a white male driver passed out behind the wheel. There was a natural rise and fall to the male drivers chest indicating to me that he was breathing. The vehicle was on the embankment with the reverse lights on and the break light activated indicating that the break was being applied. I then placed my vehicle behind vehicle in question to prevent it from reversing. I then walked over to the drivers door and opened it and attempted two awaken the male occupant. Additionally, upon opening the driver door I immediately smelled the odor of alcohol and there was glass in the Center console that appeared to be a beer. I then reached across the drivers body and put the car into park then removed the keys from the ignition. The male occupant did not respond to my voice as I asked him to wake up and I then applied a sternum rub which awakened the driver. Upon waking up the male was confused and appeared to have difficulty focusing. I asked the driver to tell me his name and he stated "I'm visiting a friend". Palm Beach County fire rescue responded to the scene and conducted a brief examination of the male and indicated that there appeared to be no medical necessity. When the make exited the vehicle he was unsteady on his feet and had to be assisted to sit down. At this time I D/S Harrison responded to conduct a DUI investigation.</b></p>									
ADMINISTRATIVE	<p>STATE OF FLORIDA COUNTY OF PALM BEACH</p> <p>Signature of Arresting/Investigative Officer: _____</p> <p>The foregoing instrument was sworn to or affirmed and subscribed before me this <u>12</u> day of <u>April</u> 20<u>21</u> by <u>APR 13 2021</u></p> <p>(Print name of Arresting/Investigative Officer, who is personally known to me and/or produced identification. Type of identification produced _____)</p> <p>Notary Public, Clerk of Court, Officer (F.S.S. 117.10)</p> <p>PAGE _____</p>								



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

PBSO CASE # 21-054542 PBSO ZONE 7-31  
AGENCY CASE # \_\_\_\_\_ CRASH CASE # \_\_\_\_\_  
TIME OF STOP/CRASH 0623 DATE 04/12/2021 DAY Monday  
SUBJECT'S NAME Reichenbach, Rory, Patrick RACE W SEX M  
HGT 6'04 WGT 275 DOB 10/28/1986  
LOCATION 9930 Clint Moore Road Boca Raton, FL 33498  
ARRESTING OFFICER'S NAME & ID D. Harrison 9140 AGENCY PBSO  
DIVISION: 7 - Road Patrol  
NOTIFIED BY COMMO 0625  
ARRIVAL AT FACILITY 0736  
ARREST TIME 0623

BREATH RESULTS:

1)
2)
3)

TESTING OFFICER'S ID 6212 PBSO VIDEOTAPE # /

SCANNED  
APR 13 2021

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

I, DIS Derek Harrison, a duly certified Law Enforcement Officer or Correctional Officer,  
(Name of Officer reading Implied Consent Warning)

am a member of Palm Beach Sheriff's Office, and I do swear  
(Name of law enforcement agency)

or affirm that on or about the 12<sup>th</sup> day of April, 20 21, at 0623 ☐ P.M. ☒ A.M.

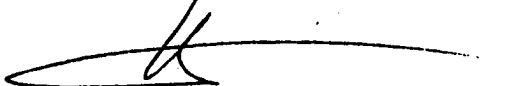
DRIVER Rory Patrick Reichenbach  
(Type or Print) FIRST NAME MIDDLE OR MAIDEN NAME LAST NAME

DL# R251-735-86-388-0, state of FL, was placed under lawful arrest for  
the offense of DUI by DIS Derek Harrison and  
(Name of Arresting Officer)

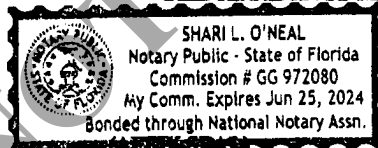
issued Citation # AEKILE

That on or about the 12<sup>th</sup> day of April, 20 21, at 0802 ☐ 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.

  
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 this 12 day of April, 20 21,

by \_\_\_\_\_,

who is personally known to me or who has produced

ID as identification

Notary Public S. O'Neal

HSMV-BAR1001 (REV. 10/2016)

The foregoing instrument was sworn and subscribed before me:

Signature of Attesting Officer

Title

Date

Note: Mail or hand deliver to the designated Bureau of Administrative Reviews office, Department of Highway Safety and Motor Vehicles, with the driver's license, the appropriate copy of the UTC, and the probable cause affidavit.

SCANNED  
APR 13 2021

# D.U.I. PROBABLE CAUSE AFFIDAVIT

ON THE 12th DAY OF April 20 21 AT 0623 ✓ AM PM

SUBJECT: Reichenbach, Rory, Patrick CASE NUMBER: 21-054542

AGENCY: PALM BEACH COUNTY SHERIFF'S OFFICE ARRESTING OFFICER: D. Harrison 9140

## PERSONAL CONTACT

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

On Monday, 04/12/2021 at 0543 hrs, I was dispatched to 9930 Clint Moore Road, Boca Raton, FL, in reference to a subject that was up on the embankment, pass the parking stop. The subject was passed out with the transmission in reverse. The motor was running and the subject had his foot on the brake.

Prior to my arrival, PBSO Deputy Torres (ID# 36859) arrived on the scene. (See his supplement PC) Palm Beach County Fire Rescue arrived on the scene. PBCFR started checking the driver for any injuries or medical issues. Palm Beach County Fire Rescue stated that no medical issues were present and cleared the scene.

## OBSERVATION OF DRIVER:

I arrived on the scene and made contact with the driver who was sitting next to the vehicle. I started to ask the driver simple basic questions such as his name and if he was alright. The driver turned towards me and said, "No", I noticed a very strong odor of an unknown alcoholic beverage coming from his breath while speaking to me. I asked the driver if he knew where he was at. The driver looked around and replied, "Boca Raton." I asked the driver he would perform road side task. The driver paused and attempted to state that he would like to perform the task. The driver had difficulty talking in complete sentences. The driver then stated he had a medical issue with his left hand as he was pointing to his leg. I asked the driver for clarification if it was his hand or leg. He had trouble speaking but stated his leg due to being on it for so long. The driver advised he can not stand on it very long. I advised the driver that he was found sleeping in his car and had been sitting on the curb. I then asked if he could stand on his feet for several minutes. The driver replied, "Yes". I then requested the driver to walk over to the paved parking lot white line for the parking spaces. The driver replied, No. I can't." I then asked the driver if I could check his eyes. The driver replied, "No." At that point I requested the driver to stand. The driver had trouble getting up so D/S and I assisted him. For officer safety and safety of the driver. I placed handcuffs on the driver.

## DRIVER'S STATEMENTS:

The driver denied drinking or taking any type of narcotic. The driver had trouble speaking in complete sentences. The driver stated once he was inside my patrol car that this is the second time.

## ODORS:

The driver had a strong odor of an unknown alcoholic beverage coming from there breath while speaking to me.

## GENERAL OBSERVATIONS

SPEECH: Slow and had trouble with sentences.

ATTITUDE: Cooperative

CLOTHING: \_\_\_\_\_

MEDICAL/OTHER: Unknown

STATE OF FLORIDA  
COUNTY OF PALM BEACH

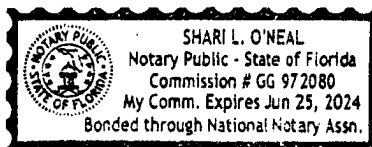
D. Harrison 9140

(Signature of Arresting/Investigative Officer)

The foregoing instrument was sworn to or affirmed and subscribed before me this 12TH day of April 20 21 by \_\_\_\_\_

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

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



SCANNED  
APR 13 2021

SUBJECT: Reichenbach, Rory, Patrick

CASE NUMBER 21-054542

### 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:

Not performed as driver stated he could not do task.

#### WALK & TURN:

Not performed as driver stated he could not do task.

#### ONE LEG STAND:

Not performed as driver stated he could not do task.

#### FINGER TO NOSE:

Not performed as driver stated he could not do task.

#### ROMBERG ALPHABET:

Not performed as driver stated he could not do task.

BREATH TEST RESULTS:

1)

2)

3)

4)

STATE OF FLORIDA  
COUNTY OF PALM BEACH

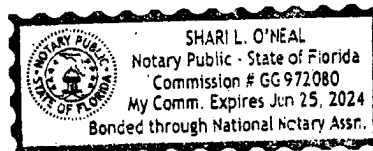
D. Harrison 9140

(Signature of Arresting/Investigative Officer)

The foregoing instrument was sworn to or affirmed and subscribed before me this 12TH day of April 2021 by \_\_\_\_\_

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

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



SCANNED  
APR 13 2021

# WITNESS LIST

CASE NUMBER: **21-054542**

ARRESTING OFFICER: **D. Harrison 9140**

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 \_\_\_\_\_

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NAME: \_\_\_\_\_

ADDRESS \_\_\_\_\_

PHONE NUMBERS (HOME) \_\_\_\_\_ (WORK) \_\_\_\_\_

CAN TESTIFY TO: \_\_\_\_\_

NAME: \_\_\_\_\_

ADDRESS \_\_\_\_\_

PHONE NUMBERS (HOME) \_\_\_\_\_ (WORK) \_\_\_\_\_

CAN TESTIFY TO: \_\_\_\_\_

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APR 13 2021

# TESTING FACILITY TASK REPORT

AGENCY: PBSO D/S HARRISON #9140

SUBJECT: REICHENBACH, RORY P.

CASE NUMBER: 21-054542

DATE: 04-12-21

VIDEO DVD NUMBER: N/A

BEGINNING TIME: 0800 HRS

ENDING TIME: 0804 HRS

BREATH TESTS RESULTS: 1) R TIME 0802 A.M. ☒ P.M. ☐ 2) TIME A.M. ☐ P.M. ☐  
3) TIME A.M. ☐ P.M. ☐ 4) TIME A.M. ☐ P.M. ☐

BREATH OPERATOR: S.O'NEAL #6212

MAINTENANCE TECHNICIAN: J. KARLECKE #6467

## TESTING OFFICER'S OBSERVATIONS

SPEECH: SLUR

ATTITUDE: CALM, COOPERATIVE

CLOTHING: SHIRT- GRAY PANTS- BLACK

MEDICAL CONDITIONS: NONE / NO ALLERGIES

MEDICATIONS: NONE

## OTHER:

EYES: VERY RED, GLASSY

## COMMENTS:

20 MIN. OBSERVATION DONE BY D/S HARRISON #9140  
A/O REQUESTED THE BREATH TEST.  
D REFUSED THE BREATH REQUEST.  
A/O READ THE IMPLIED CONSNET ON CAMERA.  
D UNDERSTOOD THE I/C AS READ.  
D STILL REFUSED THE BREATH REQUEST AFTER THE I/C WAS READ.  
C/W READ ON CAMERA, D REFUSED THE Q&A.

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APR 13

SUBJECT: Bridget L. Kelly CASE NUMBER: 21-079712

## 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 1/1/2021 # 4140 of the 1110

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) \_\_\_\_\_

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APR 13 2021

SUBJECT: \_\_\_\_\_ 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: \_\_\_\_\_

SCANNED  
APR 13 2011



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

**REVIEW COMPLETED BY**

Booking Number: 2021008815	Date: 4/13/2021
	Specialist Name/ID: J. Beck/9007

SCANNED  
APR 13 2021