

05/9455

20CT 14228

3759

OBTS Number		<b>ARREST / NOTICE TO APPEAR Juvenile Referral Report</b>				1. Arrest 3. Request for Warrant 2. N.T.A. 4. Request for Capias		1	Juvenile	N			
Agency ORI Number <b>FL 0500300</b>			Agency Name <b>BOYNTON BEACH POLICE DEPT.</b>			Agency Report Number <b>34-20-054603</b>							
Charge Type: Check as many as Apply. <input type="checkbox"/> 1. Felony <input type="checkbox"/> 2. Traffic Felony <input type="checkbox"/> 3. Misdemeanor <input type="checkbox"/> 4. Traffic Misdemeanor <input type="checkbox"/> 5. Ordinance <input type="checkbox"/> 6. Other						If Weapon Seized Enter Type		Multiple Clearance Indicator					
Location of Arrest (Including Name of Business) <b>1200 W Gateway Blvd, Boynton Beach, FL 33426</b>						Location of Offense (Business Name, Address) <b>1600 W Boynton Beach Blvd, Boynton Beach, FL 33426</b>							
Date of Arrest <b>11/05/2020</b>		Time of Arrest <b>03:19</b>		Booking Date		Booking Time		Jail Date		Jail Time			
Name (Last, First, Middle) <b>Fridman, Ross, Howard</b>													
Alias (Name, DOB, Soc. Sec. #, Etc)													
W - White B - Black		I - American Indian O - Oriental / Asian		Race <b>W</b>	Sex <b>M</b>	Date of Birth <b>10/09/1966</b>		Height <b>5'7</b>	Weight <b>160</b>	Eye Color <b>Brown</b>	Hair Color <b>White</b>	Complexion <b>Light</b>	Build <b>Med</b>
Scars, Marks, Tattoos, Unique Physical Features (Location, Type, Description)						Marital Status <b>Single</b>		Religion <b>Unk</b>		Indication of: Alcohol Influence <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> Unk. Drug Influence <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> Unk.			
Local Address (Street, Apt. Number) <b>9770 Nickels Blvd, Boynton Beach,</b>			(City) <b>Florida,</b>		(Zip) <b>33436</b>		Phone <b>(954)562-1944</b>		Residence Type 1. City 3. Florida 2. County 4. Out of State				
Permanent Address (Street, Apt. Number)			(City)		(State)		(Zip)		Address Source <b>FL DL</b>				
Business Address (Street, Apt. Number)			(City)		(State)		(Zip)		Occupation <b>Unemployed</b>				
D/L Number, State <b>F635-728-66-369-0 FL</b>			Lic. Sec. Number		INS Number		Place of Birth <b>Brooklyn, NY</b>		Citizenship <b>USA</b>				
Co-Defendant Name (Last, First, Middle)						Race		Sex		Date of Birth			
Co-Defendant Name (Last, First, Middle)						Race		Sex		Date of Birth			
<input type="checkbox"/> Parent		Name (Last)		First		Middle		Residence Phone					
<input type="checkbox"/> Legal Custodian		Name (Last)		First		Middle		Residence Phone					
<input type="checkbox"/> Other		Name (Last)		First		Middle		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. <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	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	E. Use			N. N/A	C. Cocaine	O. Opium/Deriv.	S. Synthetic	Z. Other			
P. Possess	T. Traffic					A. Amphetamine	E. Heroin						
Charge Description <b>DUI</b>			Counts <b>1</b>		Domestic Violence <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Statute Violation Number <b>316.193.1</b>		Violation of ORD#				
Drug Activity			Drug Type		Amount/Unit		Offense # <b>20-054603</b>		Warrant/Capias Number				
Charge Description			Counts		Domestic Violence <input type="checkbox"/> Yes <input type="checkbox"/> No		Statute Violation Number		Violation of ORD#				
Drug Activity			Drug Type		Amount/Unit		Offense #		Warrant/Capias Number				
Charge Description			Counts		Domestic Violence <input type="checkbox"/> Yes <input type="checkbox"/> No		Statute Violation Number		Violation of ORD#				
Drug Activity			Drug Type		Amount/Unit		Offense #		Warrant/Capias Number				
Charge Description			Counts		Domestic Violence <input type="checkbox"/> Yes <input type="checkbox"/> No		Statute Violation Number		Violation of ORD#				
Drug Activity			Drug Type		Amount/Unit		Offense #		Warrant/Capias Number				
Instruction No. 1 Mandatory Appearance in Court			Location (Court Room Number, Address) <b>South County Courthouse, 200 West Atlantic Ave, Delray Beach, FL 33444</b>										
Instruction No. 2 You need not appear in Court but must Comply with instruction on reverse side.			Court Date and Time Month <b>December</b> Day <b>14</b> Year <b>2020</b> Time <b>8:30</b> <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 <b>11/05/2020</b>					
HOLD for other Agency Name:			Signature of Arresting Officer				Name Verification (Printed by Arrestee)						
<input type="checkbox"/> Dangerous <input type="checkbox"/> Resisted Arrest <input type="checkbox"/> Suicidal <input type="checkbox"/> Other			Name of Arresting Officer (Print) <b>L. Nalerio</b>				ID # <b>982</b>						
Intake Deputy			I.D. #		Pouch #		Transferring Officer <b>L. Nalerio</b>		I.D. # <b>982</b>				
							Agency <b>BBPD</b>		Witness heard by Defendant Signed with an "X"				

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**D.U.I. PROBABLE CAUSE AFFIDAVIT**

ON THE 5th DAY OF November 2020 AT 0230  A.M.  P.M.

CASE #: 20-054603 DEFENDANT: Fridman, Ross, Howard

**PERSONAL CONTACT/DRIVING PATTERN/OBSERVATION OF DRIVER:**

On 11/05/2020 at approximately 0256 hours I responded to the area of 1200 W Gateway as a backup unit on a traffic stop. Upon arrival I made contact with K-9 Officer Roedel who advised of the following; Ofc. Roedel was travelling westbound on W Gateway Blvd at about the 1800 block. Ofc. Roedel observed a black vehicle travelling eastbound in the westbound lane. Ofc. Roedel advised that he observed the vehicle travelling on the wrong lane in the outside left lane, Ofc. Roedel was on the right lane. Ofc. Roedel then made a u-turn and observed the vehicle at the 1200 block of W Gateway. The vehicle was then travelling eastbound in the eastbound lanes. Based on the above, Ofc. Roedel conducted a traffic stop on the Black Hyundai Veloster bearing FL tag ELTJ56 (tag expired 10-2020) where he made contact with the driver and sole occupant of the vehicle Ross Fridman.

After being debriefed by Ofc. Roedel I made a driver side approached and made contact with Fridman. While speaking to Fridman, he was having a hard time keeping his head up and his speech was slurred. Fridman provided officers with his driver's license. Fridman advised that he was on the way to visit a friend. I then asked Fridman to exit the vehicle. Fridman had trouble placing the vehicle in park. While standing outside of the vehicle, Fridman was unsteady on his feet and using the door for balance. Fridman almost fell while walking towards me. Fridman was also swaying side to side and back and forth. I asked Fridman if he had consumed any alcoholic beverages but he advised that he hadn't. I asked Fridman if he took any narcotics and he told me that he took his sleeping pill prior to driving. Fridman told me that he took 45mg of Mirtazapine (anti-depressant).

I started an investigation of Fridman possibly being under the influence. Fridman was asked if he recently had any disabilities or injuries which he replied he didn't have any injuries or issues with his eyes. Fridman then stated that he is Bi-polar and suffers from restless leg syndrome Fridman was asked if he would submit to a series of Standard Field Sobriety Tasks (SFST's) which he stated that he would. The first exercise was the Horizontal Gaze Nystagmus.

The task was demonstrated and Fridman advised that he understood it. Fridman was placed in the starting position of standing up straight with feet together and arms by his side and to keep his head still. Fridman moved his head with the stimulus multiple times. Fridman swayed side to side during the exercise. Fridman had an onset of Nystagmus prior to 45 degrees in both eyes. Vertical Gaze Nystagmus was not present during the exercise.

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**HORIZONTAL GAZE NYSTAGMUS:**

- |  |   |
|--|---|
| <input type="checkbox"/> Left eye does not follow smoothly                 | <input type="checkbox"/> Right eye does not follow smoothly                 |
| <input checked="" type="checkbox"/> Left eye prior to 45 degrees           | <input checked="" type="checkbox"/> Right eye prior to 45 degrees           |
| <input type="checkbox"/> Distinct jerking in left eye at maximum deviation | <input type="checkbox"/> Distinct jerking in right eye at maximum deviation |
| <input checked="" type="checkbox"/> Vertical Nystagmus in left eye         | <input checked="" type="checkbox"/> Vertical Nystagmus in right eye         |

**WALK AND TURN:**

The task was demonstrated and Fridman advised that he understood it. Fridman failed to stay in the ready position during the period of instruction and struggled to maintain balance while in the ready position. Fridman was unable to keep feet heel to toe while conducting steps. Fridman walked off the line on the fourth and sixth step. Fridman conducted an improper turn.

**ONE LEG STAND:**

The task was demonstrated and Fridman advised that he understood it. Fridman Swayed heavily side to side during the exercise. Fridman put his foot on the ground during the exercise. Fridman lost balance during this exercise. Fridman was unable to conduct the exercise due to lack of balance and not being able to put his foot up as instructed.

**FINGER TO NOSE:**

The task was demonstrated and Fridman advised that he understood it. Fridman had trouble tilting his head and closing his eye. Fridman would forget the instructions. Fridman kept his finger on his nose until I told him to release it.

**ROMBERG/ALPHABET:**

Based on the initial indicators that I observed on scene during the encounter and the indicators that I observed during the SFST exercises, I placed Fridman under arrest for DUI (316.193 1A). I then transported Fridman to PBCJ. I arrived at the facility at 0338 hours and I started my 20 minutes' observation at 0340 hours and completed at 0411 hours. Upon completion I requested Fridman to provide a sample of his breath to determine the alcohol content, which he complied. Fridman blew a .000 both times. I then requested that Fridman provide a Urine sample. Which he advised that he would, Fridman was also read Implied Consent. I then advised Fridman of his Miranda Rights. Fridman advised that he would answer ' Questions and Answers' Fridman told me that he was operating a vehicle at the time of the stop and that he was on his way to Seacrest Blvd. At the time of the stop Fridman told me that he was travelling North on Boynton Beach Blvd, which Boynton Beach Blvd only allows you to travel east and west. When asked today's date Fridman said it was October 31st and then changed it to September 1st. When asked which county Fridman was in he said he was in Boynton Beach county. Fridman advised that before driving he ate Burger King and mushrooms. Fridman is taking prescribed Mirtazapine. Fridman weighs 120lbs. The Urine sample was turned into BBPD evidence.

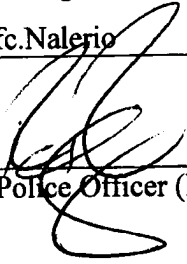
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The following instrument was sworn to before me this

5t day of November 2020

By: Ofc. Nalerio



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



Signature of Arresting Officer



NOT A CERTIFIED COPY

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

PBSO CASE # 20-123808 PBSO ZONE 6-32

AGENCY CASE # 20-054603 CRASH CASE # \_\_\_\_\_

TIME OF STOP/CRASH 0256 DATE 11-5-20 DAY Thursday

SUBJECT'S NAME Ross Fridman RACE W SEX M

HGT 5'07 WGT 125 DOB 10-9-66

LOCATION 1200 W Gateway Blvd, Boynton Beach, FL 33426

ARRESTING OFFICER'S NAME & ID Nalero 982 AGENCY BBPD

DIVISION: Patrol

NOTIFIED BY COMMO \_\_\_\_\_

ARRIVAL AT FACILITY 0340

Arrest Time 0319

BREATH RESULTS:

1. .000
2. .000
3. Urine
4. N/A

TESTING OFFICER'S ID 16877

NOT A CERTIFIED COPY

# TESTING FACILITY TASK REPORT

AGENCY: BBPD

SUBJECT: Fridman, Ross H. CASE NUMBER: 20-123808

DATE: Nov 5, 2020 VIDEO DVD NUMBER: N/A

BEGINNING TIME: 04:02 ENDING TIME: 04:21

BREATH TESTS RESULTS: 1) .000 TIME 04:06 A.M.  P.M.  2) .000 TIME 04:09 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: Mumbled

ATTITUDE: Sleepy, quiet

CLOTHING: Black shorts, gray tank top, black sandals

MEDICAL CONDITIONS: Bipolar

MEDICATIONS: Oxycontin, Diaze Pam

**OTHER:**  
Eyes sleepy

## COMMENTS:

Arrived at center A/O started 20 minute observation period at 03:40 hrs.

Subject agreed to take test.

Tech read test results.  
Subject stated he understood test results.

A/O requested to provide urine at 04:12 hrs..  
Subject agreed to provide urine.

A/O read I/C.  
Subject stated he understood I/C and agreed to provide urine again at 04:12.

A/O read rights.  
Subject stated he understood rights.

A/O conducted Q&A.  
Subject answer questions.

Urine provide @ 05:09

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FLORIDA DEPARTMENT OF LAW ENFORCEMENT  
ALCOHOL TESTING PROGRAM  
BREATH ALCOHOL TEST AFFIDAVIT

Instrument Type: Intoxilyzer 8000  
Instrument Registered To: PALM BEACH CO SO  
Instrument Serial Number: 80-006477 Software: 8100.27  
Date of Test: 11/05/2020

Date of Last Agency Inspection: 10/16/2020  
Observation Period Began: 03:40  
Subject's Name: ROSS H FRIDMAN

DOB: 10/09/1966 Sex: M

The subject was observed for at least twenty-minutes prior to the administration of the breath test to ensure that the subject did not take anything orally and did not regurgitate.

Results:

Test	g/210L	Time
Diagnostics Check OK		04:05
Air Blank	0.000	04:05
Control Test	0.081	04:05
Air Blank	0.000	04:06
Subject Sample #1	0.000	04:06
Air Blank	0.000	04:07
Air Blank	0.000	04:09
Subject Sample #2	0.000	04:09
Air Blank	0.000	04:10
Control Test	0.080	04:10
Air Blank	0.000	04:11
Diagnostics Check OK		04:11

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

State of Florida, County of Palm Beach

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

I RENEE M RAGIN, 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: \_\_\_\_\_ Date: 11/05/20  
Signature

Sworn to (or affirmed) before me this 05 day of Nov, 2020

[Signature] Signature of Notary Public-State of Florida  
Ofc. L. Nalerio #982 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.

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CASE #: 20-054603

DEFENDANT: Fridman, Ross, Howard

Arresting Officer: Ofc.Nalerio

Address: 2100 High Ridge Rd, Boynton Beach, FL

Phone Numbers: Home: \_\_\_\_\_ Work: (561) 742-6100

Name: Ofc.Roedel

Address: 2100 High Ridge Rd, Boynton Beach, FL

Phone Numbers: Home: \_\_\_\_\_ Work: \_\_\_\_\_

Can testify to: Wheel witness, Infraction

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: \_\_\_\_\_

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SUBJECT: Fridman, Ross Howard 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? Yes

WHERE WERE YOU GOING? Sources

WHAT STREET OR HIGHWAY WERE YOU ON? Benjamin Beach Blvd

DIRECTION OF TRAVEL? N WHERE DID YOU START? Home

WHAT TIME DID YOU START? 0230 WHAT TIME IS IT NOW? 0315

WHAT IS TODAY'S DATE? October 31, 2011 WHAT DAY OF THE WEEK IS IT? Wed

WHAT COUNTY AND CITY ARE YOU IN NOW? Benjamin Beach, Benjamin Beach County

WHEN DID YOU LAST EAT? Car, my WHAT DID YOU EAT? Car, my, Mushrooms

WHAT HAVE YOU BEEN DOING FOR THE LAST THREE HOURS? Entertaining

HOW MUCH DO YOU WEIGH? 120 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? NO

HAVE YOU CONSUMED ANY ALCOHOL SINCE THE ACCIDENT? \_\_\_\_\_ HOW MUCH? \_\_\_\_\_

WHAT? \_\_\_\_\_ WHERE? \_\_\_\_\_ WHEN? \_\_\_\_\_

WHAT LINE OF WORK ARE YOU IN? Teacher WHEN DID YOU LAST WORK? 10/24/11

DO YOU HAVE ANY PHYSICAL DEFECTS OR INJURIES? NO WHAT? \_\_\_\_\_

ARE YOU SICK OR INJURED? NO WHAT'S WRONG? \_\_\_\_\_

DO YOU LIMP? NO DID YOU RECEIVE A BUMP ON THE HEAD RECENTLY? NO

WERE YOU IN AN ACCIDENT TODAY? NO

HAVE YOU TAKEN ANY DRUGS OR SMOKED ANY MARIJUANA TODAY? Yes WHEN? hour school left

HAVE YOU SEEN A DOCTOR OR DENTIST TODAY? \_\_\_\_\_ WHO? \_\_\_\_\_ WHY? \_\_\_\_\_

ARE YOU TAKING ANY PRESCRIPTION MEDICINES? Yes WHAT? Multizone WHEN? hour school

DO YOU HAVE:	EPILEPSY?	<u>NO</u>
	GLASS EYE?	<u>NO</u>
	FALSE TEETH?	<u>NO</u>
	EAR INFECTION?	<u>NO</u>
	INNER EAR TROUBLE?	<u>NO</u>
	DIABETES?	<u>NO</u>

DO YOU HAVE ANY PROBLEMS WITH YOUR EYES THAT ARE NOT CORRECTED BY GLASSES? NO

DO YOU TAKE INSULIN? NO IF SO, WHEN WAS YOUR LAST INJECTION? \_\_\_\_\_

HAVE YOU EVER HAD A DRIVER'S LICENSE IN ANY OTHER STATE? NO WHERE? \_\_\_\_\_

INTERVIEWER: \_\_\_\_\_

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NOV 11 5 2011

SUBJECT: Fridman, Ross Howard CASE NUMBER: \_\_\_\_\_

## IMPLIED CONSENT FOR DUI IN A MOTOR VEHICLE

NOTE: READ ONLY THE PARAGRAPH APPLICABLE TO THE TYPE OF TEST YOU ARE REQUESTING.

I am now requesting that you submit to a lawful test of your BREATH for the purpose of determining its alcohol content.

-OR-

I am now requesting that you submit to a lawful test of your URINE for the purpose of detecting the presence of chemical or controlled substances.

-OR-

I am now requesting that you submit to a lawful test of your BLOOD for the purpose of detecting its alcohol content and the presence of chemical or controlled substances.

NOTE: READ ONLY IF THE SUBJECT DOES NOT COMPLY WITH YOUR REQUEST.

I am \_\_\_\_\_ of the \_\_\_\_\_

If you fail to submit to the test I have requested of you, your privilege to operate a motor vehicle will be suspended for a period of one (1) year for a first refusal, or eighteen (18) months if your privilege has been previously suspended as a result of a refusal to submit to a lawful test of your breath, urine or blood. Additionally, if you refuse to submit to the test I have requested of you and if your driving privilege has been previously suspended for a prior refusal to submit to a lawful test of your breath, urine or blood, you will be committing a misdemeanor. Refusal to submit to the test I have requested of you is admissible into evidence in any criminal proceeding.

SUBJECT'S SIGNATURE: (X) \_\_\_\_\_

*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 Camera*

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**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)(f)-(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"/>			
Other	<input type="checkbox"/>	415.107 (1)	Other: Elderly Abuse	
	<input type="checkbox"/>	119.071(2)(j)	Other: MARSY'S LAW PROTECTED INFORMATION REGARDING VICTIM(S).	

**REVIEW COMPLETED BY**

Booking Number: 2020026096	Date: 11/5/2020
	Specialist Name/ID: M. Tooks #8557

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