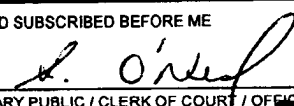
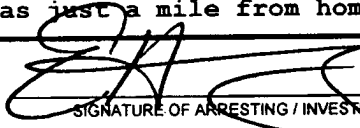


JK 05'15'22 21C T13560SB 4x 413 1
ARREST / NOTICE TO APPEAR

A D M I N I S T R A T I O N	OBTS Number		Agency ORI Number 0500400		Agency Name Delray Beach Police Department		Agency Report Number (N.T.A.'s only) 4 0 21-009691		1. Arrest 2. N.T.A. 3. Request for Warrant 4. Request for Capias 1		JUVENILE	
	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		If Weapon Seized Enter Type UNARMED		Multiple Clearance Indicator 1							
D E F E N D A N T	Location of Arrest (Including Name of Business) W ATLANTIC AVE/S MILITARY TRL						Location of Offense (Business Name, Address) 4999 W ATLANTIC AVE/S MILITARY TRL, DELRAY BEACH, FL					
	Date of Arrest 08/14/2021		Time of Arrest 03:02		Booking Date 08/14/2021		Booking Time 03:12		Jail Date 08/14/2021		Jail Time 05:06	
C O D E	Name (Last, First, Middle) HOSH, SHAHEER CONSTANTIN						Alias (Name, DOB, Soc. Sec. #, Etc.) Alias:					
	Race W - White B - Black W		Sex M - Male F - Female M		Date of Birth 06/07/1964		Height 5'07		Weight 180		Eye Color BROWN	
J U V E N I L E	Hair Color BLACK		Complexion OLIVE		Build SMALL		Marital Status M		Religion CHRISTIAN		Indication of: Alcohol Influence Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unk. <input type="checkbox"/> Drug Influence Yes <input type="checkbox"/> No <input type="checkbox"/> Unk. <input type="checkbox"/>	
	Scars, Marks, Tattoos, Unique Physical Features (Location, Type, Description)											
C H A R G E	Local Address (Street, Apt. Number) (City) (State) (Zip) 13591 KILTIE CT, DELRAY BEACH, FL 33446						Phone (561) 271-0200					
	Permanent Address (Street, Apt. Number) (City) (State) (Zip) 13591 KILTIE CT, DELRAY BEACH, FL 33446						Phone (561) 271-0200					
N O T I C E	Business Address (Name, Street) (City) (State) (Zip) CRISTINO FINE JEWELRY,						Phone (561) 210-5222					
	D/L Number, State H200783642070 / FL						Soc. Sec. Number [REDACTED]					
I N T A K E	INS Number						Place of Birth (City, State) TANTA, Egypt					
	Citizenship US											
N O T I C E	Co-Defendant Name (Last, First, Middle)						Race Sex Date of Birth					
	Co-Defendant Name (Last, First, Middle)						Race Sex Date of Birth					
N O T I C E	Name (Last, First, Middle)						Residence Phone					
	Address (Street, Apt. Number) (City) (State) (Zip)						Business Phone					
N O T I C E	Notified by: (Name)						Date Time					
	Released To: (Name)						Relationship Date Time					
N O T I C E	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 355-2526) informed of any change of address.						School Attended Grade					
	Property Crime? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No						Description of Property Value of Property					
N O T I C E	Drug Activity N N/A P Possess						S Sell B Buy T Traffic					
	R Smuggle D Deliver E Use						K Disperses/ Distribute					
N O T I C E	M Manufacture/ Produce/ Cultivate						Z Other					
	Drug Type N N/A A Amphetamine						B Barbiturate C Cocaine E Heroin					
N O T I C E	H Hallucinogen M Marijuana O Opium/Deriv						P Paraphernalia/ Equipment S Synthetic					
	U Unknown Z Other											
N O T I C E	Charge Description DUI BLOOD ALCOHOL .08 OR MORE PER 210L						Statute Violation Number 316.193(1)(C)					
	Drug Activity N						Amount / Unit /					
N O T I C E	Offense # 21-009691						Counts 1					
	Domestic Violence <input type="checkbox"/> Y <input checked="" type="checkbox"/> N						Warrant / Capias Number					
N O T I C E	Charge Description						Statute Violation Number					
	Drug Activity						Drug Type					
N O T I C E	Amount / Unit						Offense #					
	Counts						Domestic Violence					
N O T I C E	Warrant / Capias Number						Bond					
	Charge Description						Statute Violation Number					
N O T I C E	Drug Activity						Drug Type					
	Amount / Unit						Offense #					
N O T I C E	Counts						Domestic Violence					
	Warrant / Capias Number						Bond					
N O T I C E	Health / Apparent Physical Condition of Defendant						Any knowledge of the following <input type="checkbox"/> Mental <input type="checkbox"/> Escape Risk <input type="checkbox"/> Medication <input type="checkbox"/> Deformities <input type="checkbox"/> Injuries					
	Check which applies: <input type="checkbox"/> Released O.R. <input type="checkbox"/> Released to Parent/Guardian <input checked="" type="checkbox"/> T.O.T. County Jail						PROPERTY - Received By					
N O T I C E	Transported By						Date Transported Time Transported Other					
	INSTRUCTION NO. 1 - Mandatory appearance in court						Location (Court, Room) South County 200 W Atlantic Ave Delray Beach, FL 33444					
N O T I C E	INSTRUCTION NO. 2 - You need not appear in Court						Court Date and Time 09/13/2021 08:30:00					
	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.						No Photo Available					
N O T I C E	Signature of Defendant (Juvenile and Parent/Guardian)						Date Signed					
	HOLD for Other Agency						Name Verification (Printed by Arrestee)					
N O T I C E	Dangerous <input type="checkbox"/> Resisted Arrest <input type="checkbox"/> Suicidal <input type="checkbox"/> Other <input type="checkbox"/>						Name of Arresting Officer (Print) HERNANDEZ, EDWIN					
	Transporting Officer E. HERNANDEZ						I.D. # 1194					
N O T I C E	Pouch #						Witness here if subject signed with an "X"					
	I.D. #						Agency DBPD					

☒ COURT ☐ STATE ATTORNEY ☐ AGENCY ☐ CENTRAL RECORDS ☐ JAIL ☐ CRIME ANALYSIS ☐ P.S.O. ☐ DEFENDANT

AUG 14 AM 6:35

OBT Number		PROBABLE CAUSE AFFIDAVIT		1. Arrest 2. N.T.A.		3. Request for Warrant 4. Request for Capias		1	JUVENILE
A D M I N I S T R A T I V E	Agency ORI Number FL 0500400		Agency Name DELRAY BEACH POLICE DEPARTMENT		Agency Report Number 4 0 21-009691				
	Charge Type: Check as many as apply: <input type="checkbox"/> 1. Felony <input type="checkbox"/> 2. Traffic Felony		<input type="checkbox"/> 3. Misdemeanor <input checked="" type="checkbox"/> 4. Traffic Misdemeanor		<input type="checkbox"/> 5. Ordinance <input type="checkbox"/> 6. Other		Special Notes:		
D E F	Name (Last, First, Middle) HOSH, SHAHEER CONSTANTIN				Race W	Sex M	Date of Birth 06/07/1964		
	Alias								
C H A R G E S	Charge Description 316.193(1)(C) DUI BLOOD ALCOHOL .08 OR MORE PER 210L				Charge Description				
	Charge Description				Charge Description				
V I C T I M	Victim's Name (Last, First, Middle) State Of Florida				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.</p> <p>The Person taken into custody...</p> <p><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.</p> <p><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 14 day of August, 2021 at 05:17 (Specifically include facts constituting cause for arrest.)</p> <p>The following incident occurred in the City of Delray Beach, County of Palm Beach, State of Florida.</p> <p>On August 14th, 2021 at approximately 2:30pm, I responded to the area of W Atlantic Ave and S Military Trl to assist Lt. M. Debreer with a traffic stop. Lt. Debreer advised that he observed a black Mercedes passenger car traveling at a high rate of speed westbound on W Atlantic Ave at its intersection with Congress Ave. He followed the vehicle for a distance and established a pace of 90mph using his unmarked patrol vehicle. Lt. Debreer also observed the vehicle fail to maintain a single lane of travel and initiated a traffic stop. The vehicle came to a final stop in the center lane of W Atlantic Ave at its intersection with S Military Trl. Lt. Debreer requested my assistance for a DUI investigation as he believed the driver may be impaired (see supplement).</p> <p>Upon my arrival, I observed a black Mercedes passenger car bearing Florida tag 60AGPD, with an Indian male in the driver's seat. Lt. Debreer provided me with the driver's Florida license which identified the driver as Shaheer C. Hosh. I approached Hosh and asked if he understood why he was stopped. Hosh advised that he did not realize he was traveling so fast. I observed that Hosh had red, glassy eyes and smelled the obvious odor of an unknown alcoholic beverage on his breath. Hosh was wearing a long-sleeve blue button up shirt, dark blue jeans, and black sneakers. His clothing was loose and untucked. While speaking with Hosh outside of the vehicle, the odor of an alcoholic beverage intensified.</p> <p>Hosh advised that he arrived downtown at approximately 8:00pm from work and stayed there until leaving to drive home. Hosh had difficulty remembering the name of the establishments he visited, but eventually advised that he was at Salt 7 and Honey. I asked Hosh how much he had to drink, and he responded two drinks. Hosh was apologetic for his speed and repeatedly stated that he was just a mile from home. Believing that</p>									
A D M I N I S T R A T I V E	SWORN AND SUBSCRIBED BEFORE ME  NOTARY PUBLIC / CLERK OF COURT / OFFICER (F.S.S.) SHARI L. O'NEAL Notary Public, State of Florida Commission # GG 972080 My Comm. Expires Jun 23, 2024 Bonded through National Notary Assn.								
	DATE 08-14-21 SIGNATURE OF ARRESTING / INVESTIGATING OFFICER  HERNANDEZ, EDWIN (1194) NAME OF OFFICER (PLEASE PRINT) 08/14/2021 DATE								

OBTS Number		PROBABLE CAUSE AFFIDAVIT SUPPLEMENT		1. Arrest 2. N.T.A.	3. Request for Warrant 4. Request for Copies	1	JUVENILE
A D M I N I S T R A T I V E	Agency ORI Number FL 0500400	Agency Name DELRAY BEACH POLICE DEPARTMENT	Agency Report Number 4 0 21-009691				
	Charge Type: <input type="checkbox"/> 1. Felony <input type="checkbox"/> 3. Misdemeanor <input type="checkbox"/> 5. Ordinance Check as many as apply. <input checked="" type="checkbox"/> 2. Traffic Felony <input checked="" type="checkbox"/> 4. Traffic Misdemeanor <input type="checkbox"/> 6. Other			Special Notes:			
Name (Last, First, Middle) HOSH, SHAHEER CONSTANTIN			Alias	Race W	Sex M	Date of Birth 06/07/1964	
<p>Hosh may be impaired I requested that he perform the Standardize Field Sobriety Tasks to dispel my suspicion. Hosh agreed and the following observations were made:</p> <p>It should be noted that Hosh advised that he had no medical conditions and does not take any medications.</p> <p>HORIZONTAL GAZE NYSTAGMUS: 4 of 6 clues Hosh's eyes were checked for pupil size and equal tracking; no abnormalities were noted. I observed the following in both eyes: lack of smooth pursuit and distinct and sustained nystagmus at maximum deviation. Hosh did not exhibit vertical gaze nystagmus in either eye. It should be noted that Hosh had a distinct sway from left to right during this task.</p> <p>WALK & TURN: 3 of 8 clues Hosh was given all instructions and advised that he understood before starting this task. Hosh was unable to maintain his balance in the instruction position and did not step heel-to-toe on counts 5 & 6 after the turn. Hosh turned improperly. It should be noted that Hosh did not count out loud as instructed during this task.</p> <p>ONE LEG STAND: 3 of 4 clues Hosh was given all instructions and advised that he understood before starting this task. Hosh swayed during this task and placed his foot down to maintain his balance three separate times. Hosh raised his arms to maintain his balance as well. It should be noted that Hosh did not maintain his gaze on his elevated foot as instructed.</p> <p>FINGER TO NOSE: 3 of 4 clues Hosh was given all instructions and advised that he understood before starting this task. Hosh began by touching his fingers to his eyes instead of his nose and the task had to be restarted. Hosh did not return his arms to the side and missed his fingertip to nose every time. Hosh used the wrong hand for the 5th prompt (second consecutive right). It should be noted that Hosh swayed left to right during this task.</p> <p>ROMBERG ALPHABET: 2 of 4 clues Hosh was given all instructions and advised that he understood before starting this task. Hosh confirmed that he was familiar Hosh incorrectly recited his alphabet at the following points: "HIGJK" & "PJQRST" . Hosh also swayed during this task.</p> <p>Hosh was transported to the Palm Beach County BAT where he provided two breath samples in accordance with implied consent. The samples indicated a BAC of 0.118 and 0.110 respectively. During the post-Miranda interview, Hosh stated that he spent the evening with friends before driving home. Hosh stated that he had two scotch-on-the-rocks drinks with dinner at approximately 6:30pm and one additional drink while on E Atlantic Ave.</p>							
<div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> <p>SWORN AND SUBSCRIBED BEFORE ME</p> <p><i>[Signature]</i></p> <p>NOTARY PUBLIC / CLERK OF COURT / OFFICER / U.S. 1784000</p> <p>08-14-21</p> <p>DATE</p> </div> <div style="width: 45%; text-align: center;"> <p><i>[Signature]</i> 1194</p> <p>SIGNATURE OF ARRESTING / INVESTIGATING OFFICER</p> <p>HERNANDEZ, EDWIN (1194)</p> <p>NAME OF OFFICER (PLEASE PRINT)</p> <p>08/14/2021</p> <p>DATE</p> </div> </div>							
<div style="border: 1px solid black; padding: 5px; display: inline-block;"> Notary Public - State of Florida Commission # GG 972080 My Comm. Expires Jun 25, 2024 Bonded through National Notary Assn. </div>							
<div style="display: flex; justify-content: space-between; width: 100%;"> COURT STATE ATTORNEY CENTRAL RECORDS JAIL CRIME ANALYSIS P. I. O. </div>							

COURT

STATE ATTORNEY

CENTRAL RECORDS

JAIL

CRIME ANALYSIS

P. I. O.

PAGE
2 OF 3

OBTS Number		PROBABLE CAUSE AFFIDAVIT SUPPLEMENT		1. Arrest 2. N.T.A.		3. Request for Warrant 4. Request for Copies		1		JUVENILE		
A D M I N I S T R A T I V E	Agency ORI Number FL 0500400		Agency Name DELRAY BEACH POLICE DEPARTMENT		Agency Report Number 4 0 21-009691							
	Charge Type: Check as many as apply. <input type="checkbox"/> 1. Felony <input type="checkbox"/> 2. Traffic Felony		<input type="checkbox"/> 3. Misdemeanor <input checked="" type="checkbox"/> 4. Traffic Misdemeanor		<input type="checkbox"/> 5. Ordinance <input type="checkbox"/> 6. Other		Special Notes:					
D E F	Name (Last, First, Middle) HOSH, SHAHEER CONSTANTIN				Alias		Race W		Sex M		Date of Birth 06/07/1964	
	<p>Based on the totality of the circumstances, probable cause does exist to arrest Shaheer Constantin Hosh for DUI pursuant to FSS 316.193(1C).</p>											
P R O B A B L E C A U S E S T A T E M E N T												
A D M I N I S T R A T I V E	SWORN AND SUBSCRIBED BEFORE ME											
	NOTARY PUBLIC / CLERK OF COURT / OFFICER (F.S.) SHARON O'NEAL Notary Public - State of Florida Commission # GG 972080 My Comm. Expires Jun 25, 2024 Bonded through National Notary Assn.				SIGNATURE OF ARRESTING / INVESTIGATING OFFICER HERNANDEZ, EDWIN (1194)				NAME OF OFFICER (PLEASE PRINT)			
DATE 08-14-21				DATE 08/14/2021				PAGE 3 OF 3				

COURT

STATE ATTORNEY

CENTRAL RECORDS

JAIL

CRIME ANALYSIS

P. I. O.

SUBJECT: HOSH, SHAHEER CASE NUMBER: 21-009691

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

TESTING FACILITY TASK REPORT

AGENCY: DBPD OFC. HERNANDEZ #1194

SUBJECT: HOSH, SHAHEER C.

CASE NUMBER: 21-095900

DATE: 08-14-21

VIDEO DVD NUMBER: N/A

BEGINNING TIME: 03:51 HRS

ENDING TIME: 04:10 HRS

BREATH TESTS RESULTS: 1) .118 TIME 03:57 A.M. ☒ P.M. ☐ 2) .110 TIME 04:00 A.M. ☒ P.M. ☐
3) TIME A.M. ☐ P.M. ☐ 4) .148 TIME A.M. ☐ P.M. ☐

BREATH OPERATOR: S.O'NEAL #6212

MAINTENANCE TECHNICIAN: J. KARLECKE #6467

TESTING OFFICER'S OBSERVATIONS

SPEECH: SLURRED

ATTITUDE: EMOTIONAL, UPSET, CRYING, COOPERATIVE

CLOTHING: SHIRT- LIGHT BLUE/PRINT PANTS- DRK BLUE JEANS

MEDICAL CONDITIONS: NONE

MEDICATIONS: NONE

OTHER:

EYES: VERY RED, WATERY FROM CRYING
RUNNY NOSE FROM CRYING.
ODOR OF UNKNOWN ALCOHOLIC BEVERAGE.

COMMENTS:

20 MIN. OBSERVATION CONDUCTED BY A/O HERNANDEZ #1194
A/O REQUESTED THE BREATH TEST.
D SUBMITTED TO THE BREATH REQUEST.
D COMPLETED THE TEST CORRECTLY.
C/W READ ON CAMERA.
EXPALINED THE BREATH RESULTS TO THE D.
Q&A CONDUCTED.



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

PBSO CASE # 21-095900 PBSO ZONE 4-12

AGENCY CASE # 21-009691 CRASH CASE # _____

TIME OF CRASH/STOP 0228 DATE 8/14/2021 DAY SATURDAY

SUBJECT'S NAME HOSH, SHAHEER CONSTANTIN RACE W SEX M

HGT 507 WGT 180 DOB 06/07/1964

LOCATION W. Atlantic Ave/ Military Trl

ARRESTING OFFICER NAME & ID E. HERNANDEZ AGENCY DELRAY BEACH POLICE

1194

DIVISION PATROL

NOTIFIED BY COMM ☒

ARRIVAL AT FACILITY 0330

TIME OF ARREST 0302

BREATH RESULTS:

1. 118
2. 110
3. _____
4. _____

TESTING OFFICER'S ID 6212 PBSO VIDEOTAPE # /

**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: 80-006239 Software: 8100.27
Date of Test: 08/14/2021

Date of Last Agency Inspection: 08/13/2021

Observation Period Began: 03:30

Subject's Name: SHAHEER C HOSH

DOB: 06/07/1964 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	03:55
	Air Blank	0.000	03:55
	Control Test	0.079	03:56
	Air Blank	0.000	03:56
	Subject Sample #1	0.118	03:57
	Air Blank	0.000	03:57
	Air Blank	0.000	03:59
	Subject Sample #2	0.110	04:00
	Air Blank	0.000	04:00
	Control Test	0.079	04:01
	Air Blank	0.000	04:01
	Diagnostics Check	OK	04:01

Cylinder Lot: 02021080A1
Exp: 03/05/2023

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: 08/14/21
Signature

Sworn to (or affirmed) before me this 14 day of August, 2021

[Signature] 1194 Ofc. Hernandez # 1194
Signature of Notary Public-State of Florida 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: HLOSH, SHAHEER CASE NUMBER: 21-009691

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? HOME

WHAT STREET OR HIGHWAY WERE YOU ON? ATLANTIC AVE

DIRECTION OF TRAVEL? W WHERE DID YOU START? ATLANTIC AVE EAST

WHAT TIME DID YOU START? 01:30 WHAT TIME IS IT NOW? NO

WHAT IS TODAY'S DATE? AUG. 14 WHAT DAY OF THE WEEK IS IT? SAT

WHAT COUNTY AND CITY ARE YOU IN NOW? PALM BEACH COUNTY DELRAY BEACH

WHEN DID YOU LAST EAT? 8:30/9:00 PM WHAT DID YOU EAT? SHRIMP/PASTA

WHAT HAVE YOU BEEN DOING FOR THE LAST THREE HOURS? FRIENDS ON E ATLANTIC

HOW MUCH DO YOU WEIGH? 178 HAVE YOU BEEN DRINKING? YES WHAT? SCOTCH ON ROCKS

HOW MUCH? 20 DINNER WHERE? BOCA REST / BAR ON ATL WITH WHOM? FRIENDS

WHEN DID YOU HAVE YOUR FIRST DRINK? 6:30/7 PM AND YOUR LAST DRINK? 12:30/1 AM

HOW DID YOU CONSUME YOUR LAST TWO DRINKS? SIPPED

CAN YOU FEEL THE EFFECTS OF THE ALCOHOL? NO ARE YOU UNDER THE INFLUENCE? NO

HAVE YOU CONSUMED ANY ALCOHOL SINCE THE ACCIDENT? NO HOW MUCH? _____

WHAT? _____ WHERE? _____ WHEN? _____

WHAT LINE OF WORK ARE YOU IN? JEWELRY WHEN DID YOU LAST WORK? TODAY

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? NO WHEN? _____

HAVE YOU SEEN A DOCTOR OR DENTIST TODAY? NO WHO? _____ WHY? _____

ARE YOU TAKING ANY PRESCRIPTION MEDICINES? NO WHAT? _____ WHEN? _____

DO YOU HAVE:

EPILEPSY?	<u>NO</u>
GLASS EYE?	<u>/</u>
FALSE TEETH?	<u>/</u>
EAR INFECTION?	<u>/</u>
INNER EAR TROUBLE?	<u>/</u>
DIABETES?	<u>/</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? YES WHERE? NY

INTERVIEWER: E. HERNANDEZ #1194

D.U.I. WITNESS LIST

CASE #: 21-009691

ARRESTING OFFICER: E. HERNANDEZ

ADDRESS: 300 W Atlantic Ave, Delray Beach, FL

PHONE NUMBERS (HOME): 561243-7800 (WORK):

CAN TESTIFY TO: DUI Investigation

NAME: Lt. M Debre

ADDRESS: 300 W Atlantic Ave, Delray Beach, FL

PHONE NUMBERS (HOME): 561-243-7800 (WORK):

CAN TESTIFY TO: Suspect behind the wheel/Traffic Violations

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:

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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:



**PALM BEACH COUNTY
SHERIFF'S OFFICE**
Florida State Statute Exemption Sheet

Palm Beach County Sheriff's Office – Arrests Only

	X	Florida State Statute	Description	Page Number(s)
L/E Exemptions	<input type="checkbox"/>	119.071(2)(d)	Surveillance techniques, procedures and personnel; inventory of law enforcement resources, policies or plans pertaining to mobilization deployment or tactical operations.	
	<input type="checkbox"/>	943.053, 943.0525	NCIC/FCIC/FBI and in-state FDLE/DOC.	
	<input type="checkbox"/>	119.071(4)(c)	Undercover personnel.	
	<input type="checkbox"/>	119.071(2)(f)	Confidential informants (CIs).	
	<input type="checkbox"/>	119.071(2)(e)	Confession.	
Public Info. Exemptions	<input type="checkbox"/>	985.04(1)	Juvenile offender records.	
	<input type="checkbox"/>	119.071(h)(i)	Assets of a crime victim.	
	<input type="checkbox"/>	395.3025(7)(a), 456.057(7)(a)	Medical information.	
	<input type="checkbox"/>	394.4615(7)	Mental health information.	
	<input type="checkbox"/>	119.071(4)(d)(2)(a)	Home address, telephone, Social Security number, date of birth, or photos of active/former LE personnel, spouses, and children.	
Florida Rules of Judicial Administration 2.420 (Rule of 23)	<input checked="" type="checkbox"/>	(iii) 119.0714(1)(i)-(j), (2)(a)-(e)	Social Security, bank account, charge, debit, and credit card numbers.	2
	<input type="checkbox"/>	(viii) 394.4615(7)	Clinical records under the Baker Act.	
	<input type="checkbox"/>	(xii) 741.30(3)(b)	The victim's address in a domestic violence action on petitioner's request.	
	<input type="checkbox"/>	(xiii) 119.071(2)(h), 119.0714(1)(h)	Protected information regarding victims of child abuse or sexual offenses.	
	<input type="checkbox"/>			
	<input type="checkbox"/>			
	<input type="checkbox"/>			
	<input type="checkbox"/>			
	<input type="checkbox"/>			
Other	<input type="checkbox"/>		Other:	
	<input type="checkbox"/>		Other:	

REVIEW COMPLETED BY

Booking Number: 2021020181

Date: 8/15/2021

Specialist Name/ID: A. Pinkney/7796