

210T-14131

## ARREST / NOTICE TO APPEAR

1. Arrest (No Warrant) 3. Request for Warrant  
6. Arrest (Warrant) 4. Request for Capias  
2. N.T.A. 5. Juvenile Referral

1

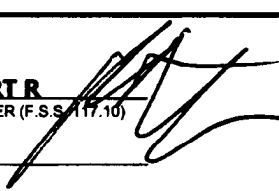

JUVENILE

AD MI NI ST RA TI ON	OBT Number		Agency ORI Number <b>0500200</b>		Agency Name <b>Boca Raton Police Department</b>		Agency Report Number (N.T.A.'s only) <b>3, 2   2021-009867</b>	
DE FE ND AN T	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		If Weapon Seized Enter Type <b>UNARMED</b>		Multiple Clearance Indicator			
	Location of Arrest (Including Name of Business) <b>865 N FEDERAL HWY, 865 N FEDERAL HWY, BOCA RATON, FL</b>				Location of Offense (Business Name, Address) <b>865 N FEDERAL HWY, BOCA RATON, FL 33432</b>			
	Date of Arrest <b>08/23/2021</b>	Time of Arrest <b>23:29</b>	Booking Date <b>08/23/2021</b>	Booking Time <b>23:39</b>	Jail Date	Jail Time	Location of Vehicle	
	Name (Last, First, Middle) <b>WULF, STEVEN CHRISTIAN</b>				Alias (Name, DOB, Soc. Sec. #, Etc.)			
DE FE ND AN T	Race W - White B - Black O - Other/Asian <b>W</b>		Sex <b>M</b>	Date of Birth <b>06/02/1989</b>	Height <b>6'03</b>	Weight <b>190</b>	Eye Color <b>BROWN</b>	Hair Color <b>BROWN</b>
	Complexion <b>LIGHT</b>		Build <b>TWIR</b>		Marital Status <b>S</b>		Religion <b>CHRISTIAN</b>	
	Local Address (Street, Apt. Number) <b>1675 NW 4TH AVE 113, BOCA RATON, FL 33432</b>		(City)	(State)	(Zip)	Phone <b>(561) 255-2246</b>		Indication of Alcohol Influence Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unk. <input type="checkbox"/>
	Permanent Address (Street, Apt. Number) <b>1675 NW 4TH AVE 113, BOCA RATON, FL 33432</b>		(City)	(State)	(Zip)	Phone <b>(561) 255-2246</b>		Address Source <b>FL DL</b>
DE FE ND AN T	Business Address (Name, Street) <b>250 S CONGRESS AVE, DELRAY BEACH, FL</b>		(City)	(State)	(Zip)	Phone <b>(561) 272-2122</b>		Occupation <b>Self Employed</b>
	D/L Number, State <b>W410783892020 / FL</b>		Soc. Sec. Number		INS Number		Place of Birth (City, State) <b>BOYNTON BEACH, 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		
J U V E N I L E	Name (Last, First, Middle)		Relationship		Date	Time	JUVENILE DISPOSITION 1. Handled/Processed within Department and Released 2. TOT JAC 3. Incarcerated	
	Address (Street, Apt. Number)		(City)	(State)	(Zip)	Business Phone		
	Notified by: (Name)		Relationship		Date	Time		
	Released To: (Name)		Relationship		Date	Time		
C O U N T Y	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			
	Drug Activity N. N/A P. Possession S. Sell B. Buy T. Traffic R. Smuggle D. Deliver E. Use K. Disperse/ Distribute M. Manufacture/ Produce/ Cultivate Z. Other		Drug Type N. N/A A. Amphetamines B. Barbiturate C. Cocaine E. Heroin H. Hallucinogen M. Marijuana Q. Opium/Deriv. P. Paraphernalia/ Equipment S. Synthetic U. Unknown Z. Other		Statute Violation Number <b>316.193(1A)</b>		Violation of ORD #	
	Charge Description <b>DRIVE UNDER INFLUENCE ALC</b>		Offense # <b>2021-009867</b>		Counts <b>1</b>	Domestic Violence <input type="checkbox"/> Y <input checked="" type="checkbox"/> N	Warrant / Capias Number	Bond
C H A R G E	Charge Description		Offense #		Counts	Domestic Violence <input type="checkbox"/> Y <input checked="" type="checkbox"/> N	Warrant / Capias Number	Bond
	Charge Description		Offense #		Counts	Domestic Violence <input type="checkbox"/> Y <input checked="" type="checkbox"/> N	Warrant / Capias Number	Bond
	Charge Description		Offense #		Counts	Domestic Violence <input type="checkbox"/> Y <input checked="" type="checkbox"/> N	Warrant / Capias Number	Bond
	Charge Description		Offense #		Counts	Domestic Violence <input type="checkbox"/> Y <input checked="" type="checkbox"/> N	Warrant / Capias Number	Bond
I N T A K 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		PROPERTY - Received By <b>WALKER</b>		Released By	
	Check which applies: <input type="checkbox"/> Released O.R. <input type="checkbox"/> Released to Parent/Guardian <input type="checkbox"/> Posted Bond <input type="checkbox"/> South County Mental Health		<input checked="" type="checkbox"/> T.O.T. County Jail		Date Transported <b>08/24/2021</b>		Time Transported <b>00:07</b>	
	Transported By		Name of Arresting Officer (Print) <b>WALKER, K. P.</b>		I.D. # <b>861</b>		Agency <b>BRPD</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.		Location (Court, Room) <b>South County 200 W Atlantic Ave Delray Beach, FL 33444</b>		Court Date and Time <b>09/28/2021 0830 PM</b>		No Photo Available	
A D M I N I S T R A T I O N	Signature of Defendant (or Juvenile and Parent/Custodian) <b>[Signature]</b>		Date Signed <b>08/24/21</b>		Name Verification (Printed by Arrestee) <b>AUG 24 PM 2:38</b>		PAGE <b>1</b>	
	HOLD for Other Agency		Name of Transporting Officer <b>WALKER</b>		I.D. # <b>861</b>		Agency <b>BRPD</b>	
	Intake Deputy <b>Dunne</b>		Pouch #		Witness here if subject signed with an "X"			
	<input type="checkbox"/> Dangerous <input type="checkbox"/> Resisted Arrest <input type="checkbox"/> Suicidal <input type="checkbox"/> Other							

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

#0400335

 SCANNED  
 AUG 24 2021  
 PH625

OBTS Number		PROBABLE CAUSE AFFIDAVIT		1. Arrest 2. N.T.A.		3. Request for Warrant 4. Request for Capias		1	JUVENILE
ADMINISTRATIVE	Agency/ORI Number <b>FL 0500200</b>		Agency Name <b>BOCA RATON POLICE DEPARTMENT</b>		Agency Report Number <b>3   2   2021-009867</b>				
	Charge Type: Check as many as apply <input type="checkbox"/> 1. Felony <input type="checkbox"/> 3. Misdemeanor <input type="checkbox"/> 5. Ordinance <input type="checkbox"/> 2. Traffic Felony <input checked="" type="checkbox"/> 4. Traffic Misdemeanor <input type="checkbox"/> 6. Other					Special Notes:			
DEFENDANT	Name (Last, First, Middle) <b>WULF, STEVEN CHRISTIAN</b>					Race <b>W</b>	Sex <b>M</b>	Date of Birth <b>06/02/1989</b>	
	Aliases								
CHARGES	Charge Description <b>316.193(1) DUI</b>					Charge Description			
	Charge Description					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.</p> <p>The Person taken into custody . . .</p> <div style="display: flex; justify-content: space-between;"> <div> <input type="checkbox"/> committed the below acts in my presence.  <input type="checkbox"/> confessed to _____ admitting to the below facts.         </div> <div> <input type="checkbox"/> was observed by _____ who told _____ that he/she saw the arrested person commit the below acts.  <input checked="" type="checkbox"/> was found to have committed the below acts, resulting from my (described) investigation.         </div> </div> <p>On the <b>24</b> day of <b>August</b>, <b>2021</b> at <b>01:08</b> (Specifically include facts constituting cause for arrest.)</p> <p>On 08/23/2021, I responded to a fire department assist at Wendy's, 865 N Federal Hwy. Upon arrival, I observed a white male, later identified as Steven Wulf, in the driver's seat of the vehicle with the engine running. Officer Yockel was also present, see his supplement for further. I observed the male with his head down. Officer Yockel knocked on the window, and the male lifted his head, and his eyes were glossy. Officer Yockel knocked on the window for about two minutes while telling him to roll the window down, and he continued to fumble with the gear shift and AC before rolling the window down. Wulf finally unlocked the door and exited the vehicle, stumbling out. When Wulf was asked if he knew what day it was, he swayed back and forth to keep balance and had a blank look on his face. Wulf could not advise what day it was or where he was. Wulf was asked if he needed any medical attention, and he stated he did not.</p> <p>I then spoke to a witness who stated he was in Wendy's drive-thru line behind Wulf and noticed he did not move, so he got out of his vehicle and went inside to tell the staff, but they did not do anything so he called the police. The witness stated he banged on the window several times, but Wulf never responded to the males' attempts.</p> <p>Based on my observations and witness statements, it was determined that Wulf might have been under the influence of a controlled substance or alcohol, so I began my DUI investigation. I read Wulf his constitutional warnings, which he stated he understood and wished to speak with me. Wulf advised that he had just come from O'briens to have drinks with some friends. He stated he had about three rum and cokes, "normal size drinks." Wulf stated he had taken his nephew to play basketball earlier in the day and haven't been sleeping well since he started a new job, so he was tired and fell asleep. While speaking to Wulf, I could smell the odor of alcohol emanating from his breath, and he was slurring his words. I explained my observations and asked Wulf if he would participate in the standardized field sobriety tasks to dispel my alarm that he was operating a motor vehicle under the influence, and he agreed.</p>									
<div style="display: flex; justify-content: space-between;"> <div> <p>SWORN AND SUBSCRIBED BEFORE ME</p> <p><b>VOLGUARDSON, ROBERT R</b></p> <p>NOTARY PUBLIC / CLERK OF COURT / OFFICER (F.S. 17.10)</p> <p><b>08/24/2021</b></p> <p>DATE</p> </div> <div> <p></p> <p><b>WALKER, KIANA PATRICE (861)</b></p> <p>NAME OF OFFICER (PLEASE PRINT)</p> <p><b>08/24/2021</b></p> <p>DATE</p> </div> <div> <p></p> <p>SIGNATURE OF ARRESTING / INVESTIGATING OFFICER</p> </div> </div>									
								PAGE 1 of 2	

COURT

STATE ATTORNEY

CENTRAL RECORDS

JAIL

CRIME ANALYSIS

P. I. O.

SCANNED

AUG 24 2021

OBS Number		PROBABLE CAUSE AFFIDAVIT SUPPLEMENT		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 <b>FL 0500200</b>		Agency Name <b>BOCA RATON POLICE DEPARTMENT</b>		Agency Report Number <b>3   2   2021-009867</b>				
	Charge Type: <input type="checkbox"/> 1. Felony <input type="checkbox"/> 3. Misdemeanor <input type="checkbox"/> 5. Ordinance <input type="checkbox"/> 2. Traffic Felony <input checked="" type="checkbox"/> 4. Traffic Misdemeanor <input type="checkbox"/> 6. Other		Special Notes:						
Name (Last, First, Middle) <b>WULF, STEVEN CHRISTIAN</b>		Alias		Race <b>W</b>	Sex <b>M</b>	Date of Birth <b>06/02/1989</b>			
<p>The first task was the walk and turn. During this task, I observed the following: not standing with his hands to his side during instructions, began before I said to begin, unbalanced, hands were not to his side, stopped walking on step three on the way down the line, took ten steps down, did not take a series of small steps, only took five steps back.</p> <p>The second task was the one leg stand. I observed the following: he did not look down at his foot, did not keep balance, dropped foot counting at one thousand fourteen, began counting again at one thousand one.</p> <p>Based on the observations throughout my entire investigation, I placed Wulf under arrest and transported him to BRPD where Breath Tech operator De La Rua conducted the Intoxilyzer 8000 testing. I asked Wulf would he consent to a breath sample, and he replied, "no." Wulf was then read Implied Consent and still responded, "no" to consent to a breath sample. Wulf refused the 20-minute observation. At 0023hrs, Wulf was issued a refusal. Wulf was charged with DUI pursuant to F.S.S., 316.193(1). Wulf was then transported to Palm Beach County Jail.</p>									
NOT A CERTIFIED COPY									
A D M I N I S T R A T I V E	SWORN AND SUBSCRIBED BEFORE ME								
	<b>VOLGUARDSON, ROBERT R</b> NOTARY PUBLIC / CLERK OF COURT / OFFICER (F.S.S. 117.14)				 SIGNATURE OF ARRESTING / INVESTIGATING OFFICER				
	<b>08/24/2021</b> DATE				<b>WALKER, KIANA PATRICE (861)</b> NAME OF OFFICER (PLEASE PRINT)				
					<b>08/24/2021</b> DATE				
<div style="float: right;">             PAGE  <b>2 OF 2</b> </div>									

COURT

STATE ATTORNEY

CENTRAL RECORDS

JAIL

 CRIME ANALYSIS  
**SCANNED**  
 AUG 24 2021

P. I. O.

21-9867  
Wulf, Steven  
DOB: 6/2/89

## DUI INFLUENCE REPORT



BOCA RATON POLICE SERVICES DEPARTMENT  
100 NW 2<sup>nd</sup> Avenue  
Boca Raton, FL 33432

**SCANNED**  
AUG 24 2021



BOCA RATON POLICE SERVICES DEPARTMENT  
DUI INFLUENCE REPORT - PART I

On the 23 day of August, at 2329 AM/PM:

Subject: Wulf, Steven Case Number: 21-9857

PERSONAL CONTACT

Driving Pattern: N/A

Observation of Driver: BWD

Driver's Statement: BWD

Odors: Alcohol

GENERAL OBSERVATIONS

Speech: Slurr

Attitude: Calm

Clothing: Gray shirt Blue shorts

Medical Problems: None

Medications: None

Other: \_\_\_\_\_

Horizontal Gaze Nystagmus:

- |   |   |
|---|---|
| <input type="checkbox"/> Left eye does not follow smoothly                      | <input type="checkbox"/> Right eye does not follow smoothly           |
| <input type="checkbox"/> Left eye jerks at 45 degrees angle or less             | <input type="checkbox"/> Right eye jerks at 45 degrees angle or less  |
| <input checked="" type="checkbox"/> Distinct jerking left eye maximum deviation | <input type="checkbox"/> Distinct jerking right eye maximum deviation |

Can not do, Why? \_\_\_\_\_

Walk and turn: BWD

Can not do, Why? \_\_\_\_\_

One leg stand: BWD

Can not do, Why? \_\_\_\_\_

Finger to nose: N/A

Can not do, Why? \_\_\_\_\_

Alphabet (speech pattern): BWD

Can not do, Why? \_\_\_\_\_

Breath/Blood test results: Refused

State of Florida, County of Palm Beach,  
Sworn and subscribed before me this 8/24/21 (date) by Off. De Le No

[Signature] 7/24/21  
Notary/Clerk of Court/ Officer (FSS 117.10) Date

[Signature] K. Walker  
Signature of Arresting Officer Name of Officer (print)

ARRESTING OFFICER: K. Wyler

Name: Gregory Goddard Phone # 561-368-2833 Work # \_\_\_\_\_

Address: 175 Pearl St., Boca Raton, FL 33472

Can testify to: called 911

Name: Off. Yockey Phone # 561-338-1234 Work # \_\_\_\_\_

Address: 100 NW 2nd Ave, Boca Raton, FL 33472

Can testify to: contact with Driver

Name: Off. Price Phone # 561-338-1234 Work # \_\_\_\_\_

Address: 100 NW 2nd Ave, Boca Raton, FL 33472

Can testify to: contact with Driver

Name: \_\_\_\_\_ Phone # \_\_\_\_\_ Work # \_\_\_\_\_

Address: \_\_\_\_\_

Can testify to: \_\_\_\_\_

Name: \_\_\_\_\_ Phone # \_\_\_\_\_ Work # \_\_\_\_\_

Address: \_\_\_\_\_

Can testify to: \_\_\_\_\_

Name: \_\_\_\_\_ Phone # \_\_\_\_\_ Work # \_\_\_\_\_

Address: \_\_\_\_\_

Can testify to: \_\_\_\_\_

Name: \_\_\_\_\_ Phone # \_\_\_\_\_ Work # \_\_\_\_\_

Address: \_\_\_\_\_

Can testify to: \_\_\_\_\_



BOCA RATON POLICE SERVICES DEPARTMENT  
DUI INFLUENCE REPORT - PART II

To be filled out at testing facility

Agency Case # 2021-9867

I. INTRODUCTION (Instrument Operator faces video camera)

A. The day is Monday, August, 23, 2021.  
(day) (month) (date) (year)

B. The time is now approximately 6:09 ~~AM~~ PM

C. The following is in reference to case number 2021-9867.

D. Present at this time is Off. Walker of the Boca Raton Police Department.  
(Officer's Name)

E. Officer Walker, have you arrested \_\_\_\_\_ in violation of  
Florida State Statute 316.193? (Defendant's name)

F. Did this violation occur within the City of Boca Raton, Palm Beach County, Florida? Yes

G. ~~Mr~~ Mrs./Ms. Wulf, I am required to inform you these  
proceedings are being video recorded.

Operator Note: *Video record breath request, breath sample, and interview.*



**II. AT THIS TIME THE ARRESTING OFFICER WILL REQUEST A BREATH SAMPLE.**

*Note: Read only the paragraph applicable to the type of test you are requesting.*

- A. I am now requesting that you submit to a lawful test of your **BREATH** for the purpose of determining its alcohol content.
- B. I am now requesting that you submit to a lawful test of your **URINE** for the purpose of determining the presence of chemical or controlled substances.
- C. I am now requesting that you submit to a lawful test of your **BLOOD** for the purpose of determining its alcohol content and the presence of chemical or controlled substances.

**IMPLIED CONSENT WARNINGS**

*Note: Read only if the subject does not comply with your request.*

I am Off. Walker of the Boca Raton Police Dept.

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 Signature: on video

*Note: Also read for CDL holders:*

IN ADDITION, your refusal to submit will result in the loss of your commercial privileges for one year from today. If this is your SECOND REFUSAL, you will be permanently disqualified from operating a commercial motor vehicle.

*Note: After reading the implied consent warning, the arresting officer must request a breath sample again.*

**(IF REFUSAL THEN)**

At this time Mr./Mrs./Ms. wife has refused to submit to a breath test.

The date is August, 24, 2021, and the time is 0023 AM/PM.  
(month) (day) (year)

A refusal form will be completed by the arresting officer.



BOCA RATON POLICE SERVICES DEPARTMENT  
JUVENILE CONSTITUTIONAL WARNINGS

**Rights of suspects prior to custodial questioning.**  
**Identify yourself and state:**

I am required to warn you before you make any statement that you have the following Constitutional rights:

- (1) You have the right to remain silent and not answer any questions. *Tell me in your own words what you think this means.*  
*(You do not have to talk to me or answer any questions about this offense. You can be quiet if you want.)*
- (2) Any statement you make must be freely and voluntarily given. *Tell me in your own words what you think this means.*  
*(If you do talk to me it has to be because you want to and not because anyone is forcing you to speak.)*
- (3) You have a right to the presence and representation of a lawyer of your choice before you make any statement and during any questioning. *Tell me in your own words what you think this means.*  
*(You can talk to a lawyer before we ask you any questions and you can have him/her with you now, during our questioning.)*
- (4) If you cannot afford a lawyer, you are entitled to the presence and representation of a court appointed lawyer before you make any statement and during any questioning. *Tell me in your own words what you think this means*  
*(If you do not have money for a lawyer and you want one, a lawyer will be given to you for free.)*
- (5) If at any time during the interview you do not wish to answer any questions, you are privileged to remain silent. *Tell me in your own words what you think this means.*  
*(If you decide to talk to me then change your mind, you can stop answering my questions at any time.)*
- (6) I can make no threats or promises to induce you to make a statement. This must be of your own free will. *Tell me in your own words what you think this means*  
*(I am not allowed to threaten you or make you any promises to get you to talk to me. If you decide to talk, it must be because you want to.)*
- (7) Any statement can be and will be used against you in a court of law. *Tell me in your own words what you think this means*  
*(Anything you say to me can and will be told to the judge or a jury in court. A judge is a person who decides if you have done something wrong. Sometimes a group of people called a jury decide this, but the Judge is the person who decides what punishment you get.)*
- (8) Do you understand these rights as I have read them to you, and do you wish to speak to me?

Signed: \_\_\_\_\_ Date: \_\_\_\_\_ Time: \_\_\_\_\_



BOCA RATON POLICE SERVICES DEPARTMENT  
TESTING FACILITY TASK REPORT

SUBJECT: Wulf, Steven

CASE #: 21-9867 DATE: 8/24/21

BREATH TEST RESULTS

1) TIME \_\_\_\_\_ AM/PM 2) TIME \_\_\_\_\_ AM/PM

3) TIME \_\_\_\_\_ AM/PM 4) TIME \_\_\_\_\_ AM/PM

BREATH OPERATOR: De La Rosa # 758

MAINTENANCE TECHNICIAN: Van Camp # 747

TESTING OFFICER'S OBSERVATIONS

SPEECH: Slurr

ATTITUDE: Calm

CLOTHING: gray shirt / Blue shorts

MEDICAL CONDITION: None

OTHER: \_\_\_\_\_

COMMENTS: Refused 20 min observation

**Identify yourself and state:**

I am required to warn you before you make any statement that you have the following Constitutional rights:

- (1) You have the right to remain silent and not answer any questions.
- (2) Any statement you make must be freely and voluntarily given.
- (3) You have a right to the presence and representation 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 and representation of a court appointed lawyer before you make any statement 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 be and will be used against you in a court of law.
- (8) Do you understand these rights as I have read them to you, and do you wish to speak to me?

Signed: B. C. D. Date: \_\_\_\_\_ Time: \_\_\_\_\_

**QUESTIONS AND ANSWERS**

Were you operating a motor vehicle at the time of the accident/stop? \_\_\_\_\_

Where were you going? \_\_\_\_\_

What street or highway were you on? \_\_\_\_\_

Direction of travel? \_\_\_\_\_

Where did you start driving from? \_\_\_\_\_

What city (county) were you stopped in? \_\_\_\_\_

What time did you start? \_\_\_\_\_ AM/PM What time is it now? \_\_\_\_\_

What is today's date? \_\_\_\_\_ What day of the week is it? \_\_\_\_\_

When did you last eat? \_\_\_\_\_ What did you eat? \_\_\_\_\_

What have you been doing the past three hours prior to this stop/accident? \_\_\_\_\_

How much do you weigh? \_\_\_\_\_ Have you been drinking? \_\_\_\_\_ What were you drinking? \_\_\_\_\_

How much? \_\_\_\_\_ Where? \_\_\_\_\_ With whom were you drinking? \_\_\_\_\_

When did you have your first drink? \_\_\_\_\_ AM/PM When did you stop drinking? \_\_\_\_\_ AM/PM

How did you consume your last two drinks? \_\_\_\_\_

Are you under the influence of alcohol now? ☐ Yes ☐ No

Can you feel the effects of alcohol? ☐ Yes ☐ No

Have you consumed alcohol since the accident? ☐ Yes ☐ No

Can you feel the effects of alcohol? ☐ Yes ☐ No

Have you consumed alcohol since the accident? ☐ Yes ☐ No How much? \_\_\_\_\_

What? \_\_\_\_\_ Where? \_\_\_\_\_

What line of work are you in? \_\_\_\_\_

When did you last work? \_\_\_\_\_

Do you have any physical defects or injuries? ☐ Yes ☐ No If yes, explain: \_\_\_\_\_

Are you sick or injured? ☐ Yes ☐ No If yes, explain: \_\_\_\_\_

Do you limp? ☐ Yes ☐ No Did you get a bump on the head? ☐ Yes ☐ No

Were you in an accident today? \_\_\_\_\_

Have you taken any drugs or smoked marijuana today? \_\_\_\_\_

What? \_\_\_\_\_ When? \_\_\_\_\_

Have you seen a doctor or dentist today? ☐ Yes ☐ No Who? \_\_\_\_\_

Are you taking any prescription medications? ☐ Yes ☐ No What? \_\_\_\_\_ When? \_\_\_\_\_

Do you have: Epilepsy? ☐ Yes ☐ No Inner ear trouble? ☐ Yes ☐ No

Glass eye? ☐ Yes ☐ No Ear infection? ☐ Yes ☐ No

False teeth? ☐ Yes ☐ No Diabetes? ☐ Yes ☐ No

Any problems not correctable by glasses or contact lenses? \_\_\_\_\_

Do you take insulin? ☐ Yes ☐ No If yes, when was your last injection? \_\_\_\_\_

Have you ever had a driver's license in any other state? \_\_\_\_\_

I am now ending this video recording. The time is now approximately \_\_\_\_\_ AM/PM.

The date is \_\_\_\_\_ (month) \_\_\_\_\_ (day) \_\_\_\_\_ (year)

SCANNED  
AUG 24 2021

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

Instrument Type: Intoxilyzer 8000  
Instrument Registered To: BOCA RATON PD  
Instrument Serial Number: 80-006622 Software: 8100.27  
Date of Test: 08/24/2021

Date of Last Agency Inspection: 07/27/2021

Observation Period Began: 23:55

Subject's Name: STEVEN C WULF

DOB: 06/02/1989 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.

Test	g/210L	Time
Diagnostics Check OK		00:21
Air Blank	0.000	00:22
Control Test	0.078	00:22
Air Blank	0.000	00:22
Subject Sample #1 REF*		00:23
Air Blank	0.000	00:23
Control Test	0.079	00:23
Air Blank	0.000	00:24
Diagnostics Check OK		00:24

\*Subject Test Refused

Printer: 08-000000A3  
Exp: 09/05/2021

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, \_\_\_\_\_, 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: 8/24/21

Seen by (or affirmed) before me this 24 day of August, 2021

Kiana Walker

Signature of Notary Public-State of Florida

Kiana Walker

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.



**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: 2021021038	Date: 8/24/2021
	Specialist Name/ID: M. Tooks #8557

**SCANNED**  
**AUG 24 2021**