



21CT 19738 ASB,



OBTS Number		ARREST / NOTICE TO APPEAR Juvenile Referral Report		1. Arrest 2. N.T.A.		3. Request for Warrant 4. Request for Capias		1		Juvenile		N									
Agency ORI Number FLO 500000		Agency Name PALM BEACH COUNTY SHERIFF'S OFFICE				Agency Report Number (N.T.A.'s only) 06-21132306															
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 1. Yes 2. No		Multiple Clearance Indicator 01																	
Location of Arrest (Including Name of Business) Glades Road / Country Club Blvd						Location of Offense (Business Name, Address) Glades Road / Country Club Blvd, Boca Raton, Florida															
Date of Arrest 11/28/2021		Time of Arrest 0540		Booking Date		Booking Time		Jail Date		Jail Time		Location of Vehicle City Towing, 421 NE 7th Ave., Boynton Beach, FL 33435, (561) 347-9794									
Name (Last, First, Middle) Halpern, Steven, Michael												Alias (Name, DOB, Soc. Sec. #, Etc.)									
Race W - White I - American Indian B - Black O - Oriental/Asian W		Sex M		Date of Birth 8/5/1968		Height 6'00		Weight 190 LBS		Eye Color Brown		Hair Color Brown		Complexion Light		Build Medium					
Scars, Marks, Tattoos, Unique Physical Features (Location, Type, Description) Non Visible												Marital Status Single		Religion NONE		Indication of Alcohol Influence Y <input type="checkbox"/> N <input type="checkbox"/> Unk. <input type="checkbox"/>		Indication of Drug Influence Y <input type="checkbox"/> N <input type="checkbox"/> Unk. <input type="checkbox"/>			
Local Address (Street, Apt. Number) 450 Sw 2nd St Apt 4, Pompano Beach, FL 33060						(City)		(State)		(Zip)		Phone (475) 619-7074		Residence Type 1. City 2. County 3. Florida 4. Out of State 3							
Permanent Address (Street, Apt. Number)						(City)		(State)		(Zip)		Phone ()		Address Source FL DL							
Business Address (Name, Street)						(City)		(State)		(Zip)		Phone ()		Occupation Salesman							
D/L Number, State H416793682850, FL				Soc. Sec. Number [REDACTED]				INS Number				Place of Birth (City, State) Manhattan, NY				Citizenship USA					
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							
Name (Last)						(First)		(Middle)		Residence Phone ()				Business Phone ()							
Address (Street, Apt. Number)						(City)		(State)		(Zip)											
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 355-2526) 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 N. N/A P. Possess		S. Sell B. Buy T. Traffic		R. Smuggle D. Deliver E. Use		K. Dispense/ Distribute		M. Manufacture/ Produce/ Cultivate		Z. Other		Drug Type N. N/A A. Amphetamine		B. Barbiturate C. Cocaine E. Heroin		H. Hallucinogen M. Marijuana O. Opium/Deriv.		P. Paraphernalia/ Equipment S. Synthetics		U. Unknown Z. Other	
Charge Description Driving Under the Influence						Counts 01		Domestic Violence <input type="checkbox"/> Y <input checked="" type="checkbox"/> N		Statute Violation Number 316.193(1)(a)				Violation of ORD # 012							
Drug Activity U		Drug Type U		Amount / Unit		Offense # 21132306		Warrant / Capias Number				Bond									
Charge Description						Counts		Domestic Violence <input type="checkbox"/> Y <input checked="" 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 checked="" 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 checked="" type="checkbox"/> N		Statute Violation Number				Violation of ORD #							
Drug Activity		Drug Type		Amount / Unit		Offense #		Warrant / Capias Number				Bond									
Location (Court, Room Number, Address) South County Courthouse, Courtroom #1, 200 W. Atlantic Ave., Delray Beach, FL 33444 - Ph: (561) 355-2996																					
Court Date and Time Month December Day 30th Year 2021 Time 0800 AM <input checked="" type="checkbox"/> PM																					
I AGREE TO APPEAR AT THE TIME AND PLACE DESIGNATED TO ANSWER THE OFFENSE CHARGED OR TO PAY THE FINE SUBSCRIBED. I UNDERSTAND THAT SHOULD I WILLFULLY FAIL TO APPEAR BEFORE THE COURT AS REQUIRED BY THIS NOTICE TO APPEAR, THAT I MAY BE HELD IN CONTEMPT OF COURT AND A WARRANT FOR MY ARREST SHALL BE ISSUED.																					
Signature of Defendant (or Juvenile and Parent /Custodian) [Signature]												Date Signed 11/28/2021									
HOLD for other Agency Name: <input type="checkbox"/> Dangerous <input type="checkbox"/> Suicidal <input type="checkbox"/> Resisted Arrest <input type="checkbox"/> Other: Intake Deputy DS Hanks 6160 10						Signature of Arresting Officer [Signature] Name of Arresting Officer (Print) Alves, Eduardo ID # 32404 Transporting Officer Alves, Eduardo ID # 32404 Agency PBSO						Name Verification (Printed by Arresting Officer) (PRINT) Witness here if subject signed with an "X" [Signature]									

SCANNED

NOV 29 2021

J# 0447270

OBTS Number		PROBABLE CAUSE AFFIDAVIT		1. Arrest 2. N.T.A.		3. Request for Warrant 4. Request for Capias		1	Juvenile	N
ADMIN	Agency ORI Number FLO 500000		Agency Name PALM BEACH COUNTY SHERIFF'S OFFICE		Agency Report Number 06- 21132306					
	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		Special Notes:			
CHARGES	Name (Last, First, Middle) Halpern, Steven, Michael				Alias		Race W	Sex M	Date of Birth 8/5/1968	
	Charge Description Driving Under the Influence				316.193(1)(a)		Charge Description			
VICTIM	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. The Person taken into custody</p> <p><input type="checkbox"/> committed the below acts in my presence. <input checked="" type="checkbox"/> was observed by Deputy Keith who told Deputy Alves <input type="checkbox"/> confessed to _____ 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.</p> <p>On the 28th day of November 20 21 at 0510 <input checked="" type="checkbox"/> A.M. <input type="checkbox"/> P.M. (Specifically include facts constituting cause for arrest.)</p> <p>On 11/28/2021, at approximately 0510 hrs I responded to Boca West Country Club South Entrance located at Glades Road / Country Club Blvd, Boca Raton, in unincorporated Palm Beach County in reference as back-up Officer for Deputy Keith, who had initiated a traffic stop, and I later to conduct a Driving Under The Influence (DUI) investigation.</p> <p>Upon arrival, I met Deputy D/S Keith #7922, who advised he responded to the entrance gate of the Boca West community, referencing a call from security that a vehicle was trying to make entry without proper authorization. Deputy Keith made contact with a W/M identified by his Florida driver's license as Steven Michael Halpern. Deputy Keith informed he identified himself as Deputy with the Palm Beach County Sheriff's Office. At that point, Deputy Keith advised Halpern stepped on the gas and continued into Boca West, ignoring my verbal commands to stop. Mr. Halpern then continued into the valet parking area pulling into a spot. Deputy Keith advised he approached Mr. Halpern and asked him for his driver's license; he appeared very disoriented and slurred his speech before finally handing it to me.</p> <p>I then made contact with Halpern, who was sitting in the driver's seat. Halpern appeared to be disoriented and unsure about his whereabouts. I could not smell the odor of an unknown alcoholic beverage coming from inside the vehicle. Halpern had glassy, bloodshot eyes, and his speech was slow and slurred. I asked Halpern if he had consumed any alcoholic beverage tonight. At first, he kept stating that he was good and informed me he had four tequila shots two hours before my encounter. Halpern tried to hand his wallet while I spoke with him without me asking for it. At that point, I ordered him out of the vehicle. I informed Halpern that based on my observation and Deputy Keith's observation that I suspected he was operating a motor vehicle under the influence of an unknown alcoholic beverage or unknown substance. Halpern complied, but he had difficulty exiting his vehicle and stumbled as he exited the vehicle.</p> <p>I explained to him that I would be conducting a DUI investigation and asked him to follow me to the front of Deputy Keith's patrol car. I asked Halpern if he had any medical questions such as neck, back, and knees that would prevent him from completing the DUI task. Halpern answered, "No." Halpern was wearing eyeglasses. I asked him to remove his glasses and asked if he removed his eyeglasses that would impede or affect his eyes sight to follow the stimulus, a black pen with a red light. Halpern also answered, "no."</p> <p>For the eye test, I observed that both pupils were round and of apparently equal size. There was no resting nystagmus. I observed on both eyes a lack of smooth pursuit, equal tracking, a distinct and sustained horizontal gaze nystagmus at maximum deviation, and onset of horizontal gaze nystagmus at approximately 40 degrees, and a sustained and distinct vertical gaze nystagmus at maximum deviation. I also observed a lack of convergence, both eyes stopping to converge approximately halfway. I did observe a sway during the task, and he moved his head and closed his eyes during the task.</p> <p>STATE OF FLORIDA COUNTY OF PALM BEACH</p> <p style="text-align: right;"> Alves, Eduardo</p> <p>(Signature of Arresting/Investigative Officer)</p> <p>The foregoing instrument was sworn to or affirmed and subscribed before me this 28th day of November 20 21 by Alves, E</p> <p>(Print name of Arresting/Investigative Officer) who is personally known to me and/or produced identification. Type of identification produced known</p> <p>Joshua Bell (#8656)</p> <p>Notary Public, Clerk of Court, Officer (F.S.S. 117.10)</p> <div style="text-align: center;">  <p>JOSHUA BELL MY COMMISSION #GG346008 EXPIRES: JUN 18, 2023 Bonded through 1st State Insurance</p> </div> <div style="text-align: right;"> <p>PAGE 1 OF 2</p> </div>										

OBTS Number		PROBABLE CAUSE AFFIDAVIT		1. Arrest 2. N.T.A.		3. Request for Warrant 4. Request for Capias		1	Juvenile	N
ADMIN	Agency ORI Number FLO 500000		Agency Name PALM BEACH COUNTY SHERIFF'S OFFICE		Agency Report Number 06- 21132306					
	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		Special Notes:					
CHARGES	Name (Last, First, Middle) Halpern, Steven, Michael		Alias		Race W		Sex M		Date of Birth 8/5/1968	
	Charge Description Driving Under the Influence		316.193(1)(a)		Charge Description					
VICTIM	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			
PROBABLE CAUSE STATEMENT	<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"/> confessed to _____ admitting to the below facts.</p> <p style="text-align: right;"> <input checked="" type="checkbox"/> was observed by Deputy Keith who told Deputy Alves 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. </p> <p>On the 28th day of November, 2021 at 0510 <input checked="" type="checkbox"/> A. M. <input type="checkbox"/> P. M. (Specifically include facts constituting cause for arrest.)</p>									
	<p>For the walk and turn, He also did not maintain the instructional stance and started yelling. Halpern became agitated and refused to conduct the task. I then informed him that if he refused to complete the task, I would complete my investigation based on my observation. Halpern continued to refuse and became combative once I informed him that he was under arrest for driving under the influence. Eventually, Halpern complied and was cooperative. Halpern refused the remaining DUI Task consistent with Finger to Nose, Walk and Turn, One Leg Stand, and the Romberg Alphabet.</p>									
	<p>Based on my investigation I had probable cause that Halpern was in actual physical control of a vehicle, while under the influence of alcoholic beverages or chemical substances as set forth in Florida Statute 877.111, or a controlled substance as set forth in Florida Statute 893 or any combination thereof, and was affected to the extent that his/her normal faculties were impaired, contrary to Florida Statute 316.193(1)(a). Halpern was placed under arrest at 0545 Hours. Halpern was handcuffed with his hands behind his back; the handcuffs were checked for proper fit and double locked</p>									
	<p>Once arrived at the Breath Alcohol Testing center located at the main jail, Halpern was cooperative and followed directions from the correction deputy and intake nurse.</p>									
	<p>During the twenty minutes observation at the BAT, Halpern was cooperative and sat on the chair next to me. He kept smiling and rumbling words during the observation. After the twenty minutes observation when he did not eat drink nor regurgitate, I then requested Halpern submit samples of his breath for the purpose or determining its alcohol content. Halpern agreed two provide his breath sample. Halpern was able to provide two satisfactory samples that gave respective results of 0.218 and 0.207 g/210l .</p>									
	<p>I read Halpern his Miranda warning from a preprinted form. Halpern kept stating he was not operating a motor vehicle.</p>									
	<p>I issued Halpern a Florida Uniform DUI UTC AEA7WAE.</p>									
	<p>I then transfered Halpern's custody to the intake deputy.</p>									
	<p>This case is cleared by arrest.</p>									
	ADMINISTRATIVE	<p>STATE OF FLORIDA COUNTY OF PALM BEACH</p> <p style="text-align: right;"> Alves, Eduardo</p> <p>(Signature of Arresting/Investigative Officer)</p>								
<p>The foregoing instrument was sworn to or affirmed and subscribed before me this 28th day of November, 20 21 by Alves, Eduardo</p> <p>(Print name of Arresting/Investigative Officer), who is personally known to me and/or produced identification. Type of identification produced Known</p> <p>Joshua Bell (#8656)</p> <p>Notary Public, Clerk of Court, Officer (F.S.S. 117.10)</p>										
<div style="display: flex; align-items: center;">  <div> <p>JOSHUA BELL</p> <p>MY COMMISSION #GG346008</p> <p>EXPIRES: JUN 18, 2023</p> <p>Bonded through 1st State Insurance</p> </div> </div>										

D.U.I. PROBABLE CAUSE AFFIDAVIT

ON THE 28th DAY OF November 20 21, AT 0510 AM PM
SUBJECT: Halpern, Steven, Michael CASE NUMBER: 21132306

AGENCY: PALM BEACH COUNTY SHERIFF'S OFFICE ARRESTING OFFICER: Alves, Eduardo

PERSONAL CONTACT

DRIVING PATTERN: Actual physical control (physical evidence or statements putting def. behind wheel of vehicle)

D/S Keith #7922 advised he responded to the entrance gate of the Boca West community, referencing a call from security that a vehicle was trying to make entry without proper authorization. Deputy Keith made contact with a W/M identified by his Florida driver's license as Steven Michael Halpern. Deputy Keith informed he identified himself as Deputy with the Palm Beach County Sheriff's Office. At that point, Deputy Keith advised Halpern stepped on the gas and continued into Boca West, ignoring my verbal commands to stop. Mr. Halpern then continued into the valet parking area pulling into a spot.

OBSERVATION OF DRIVER:

he appeared very disoriented and slurred his speech along with bloodshot and glassy eyes.

DRIVER'S STATEMENTS:

I had four tequilas shots

ODORS:

Unknown alcoholic beverage

GENERAL OBSERVATIONS

SPEECH: Slow and Slurry

ATTITUDE: Calm

CLOTHING: Dirty

MEDICAL/OTHER: None

STATE OF FLORIDA
COUNTY OF PALM BEACH

Alves, Eduardo

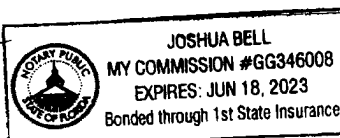
(Signature of Arresting/Investigative Officer)

The foregoing instrument was sworn to or affirmed and subscribed before me this 28th day of November 20 21 by Alves, Eduardo

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

Joshua Bell (#8656)

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





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

PBSO CASE # 21132306 PBSO ZONE 7-11

AGENCY CASE # _____ CRASH CASE # _____

TIME OF STOP/CRASH 0510 DATE 11/28/2021 DAY Sunday

SUBJECT'S NAME Halpern, Steven, Michael RACE W SEX M

HGT 6'00 WGT 190 LBS DOB 8/5/1968

LOCATION Glades Road/ Country Club Blvd

ARRESTING OFFICER'S NAME & ID Alves, Eduardo (32404) AGENCY Palm Beach County Sheriff's Office

DIVISION: D7

NOTIFIED BY COMMO _____

ARRIVAL AT FACILITY 0614

ARREST TIME 0540

BREATH RESULTS:

1) .218

2) .207

3) N/A

4) N/A

TESTING OFFICER'S ID 8656 PBSO VIDEOTAPE # _____

WITNESS LIST

CASE NUMBER: 21132306

ARRESTING OFFICER: Alves, Eduardo

ADDRESS: 3228 Gun Club, West Palm Beach, Florida

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

CAN TESTIFY TO: Facts of the case.

NAME: Deputy Keith

ADDRESS: 3228 Gun Club, West Palm Beach, Florida

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

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: _____

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: _____

TESTING FACILITY TASK REPORT

AGENCY: **PBSO**

SUBJECT: **HALPERN, STEVEN MICHAEL**

CASE NUMBER: **21-132306**

DATE: **Nov 28, 2021**

VIDEO DVD NUMBER: **N/A**

BEGINNING TIME: **0643**

ENDING TIME: **0655**

BREATH TESTS RESULTS: 1) **.218** TIME **0647** A.M. ☒ P.M. ☐ 2) **.207** TIME **0650** A.M. ☒ P.M. ☐
3) **XX** TIME **XX** A.M. ☐ P.M. ☐ 4) **XX** TIME **XX** A.M. ☐ P.M. ☐

BREATH OPERATOR: **JOSHUA J BELL #8656**

MAINTENANCE TECHNICIAN: **J. KARLECKE #6467**

TESTING OFFICER'S OBSERVATIONS

SPEECH: **SLURRED, MUMBLED**

ATTITUDE: **TALKATIVE, COOPERATIVE, LAUGHING, REPETITIVE**

CLOTHING: **GREY SHIRT, GREY SHORTS. BLACK/GREY SHOES**

MEDICAL CONDITIONS: **NONE**

MEDICATIONS: **NONE**

OTHER:

EYES: **BLOODSHOT, GLASSY**

COMMENTS:

ARRIVED AT DUI TESTING FACILITY AND BEGAN THE 20 MINUTE OBSERVATION AT **0614** HOURS

SUBJECT STATED HE WOULD TAKE BREATH TEST

TECH READ BREATH TEST RESULTS

SUBJECT STATED HE UNDERSTOOD BREATH TEST RESULTS

A/O READ RIGHTS

SUBJECT STATED HE UNDERSTOOD HIS RIGHTS

A/O CONDUCTED Q AND

SUBJECT STATED AND REPEATED MULTIPLE TIMES THAT HE WAS NOT OPERATING A MOTOR VEHICLE

SUBJECT: Holmes, Robert Michael CASE NUMBER: 21-13256

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) Robert Michael Holmes

SUBJECT: _____ CASE NUMBER: 31-11111

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: _____



**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: 2021029839

Date: 11/29/2021

Specialist Name/ID: T Howard/7185