

J#0515733

20 OCT 5 12 3 AM B

3014

ARREST / NOTICE TO APPEAR
Juvenile Referral Report

Arrest
2. N.T.A.

3. Request for Warrant
4. Request for Capias

1

Juvenile

N

ADMINISTRATIVE	OBTS Number		Agency ORI Number FLO 500000		Agency Name PALM BEACH COUNTY SHERIFF'S OFFICE		Agency Report Number (N.T.A.'s only) 06-20-053059				
	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						Weapon Seized / Type 2 1. Yes 2. No N/A		Multiple Clearance Indicator 01		
	Location of Arrest (Including Name of Business) 34915 CONNERS HIGHWAY, BELLE GLADE FL					Location of Offense (Business Name, Address) 34915 CONNERS HIGHWAY, BELLE GLADE FL					
	Date of Arrest 03/25/2020		Time of Arrest 2219		Booking Date	Booking Time	Jail Date	Jail Time	Location of Vehicle MOSS TOWING		
DEFENDANT	Name (Last, First, Middle) Wernick, Todd, Joseph								Alias (Name, DOB, Soc. Sec. #, Etc.)		
	Race W - White I - American Indian B - Black O - Oriental/Asian W	Sex M	Date of Birth 8/31/1973		Height 5'10	Weight 200	Eye Color BRO	Hair Color BRO	Complexion LIGHT	Build LARGE	
	Scars, Marks, Tattoos, Unique Physical Features (Location, Type, Description)						Mental Status Single	Religion	Indication of Alcohol Influence Drug Influence Y <input type="checkbox"/> N <input type="checkbox"/> Unk. <input type="checkbox"/>		
	Local Address (Street, Apt. Number) 18281 NW 16th St, Pembroke Pines, FL 33029				(City) (State) (Zip)		Phone (954) 430-8741		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 UNEMPLOYED		
	D/L Number, State W652810733115, FL		Soc. Sec. Number		INS Number		Place of Birth (City, State) HOLLYWOOD FL		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		
	CO-DEF	<input type="checkbox"/> Parent <input type="checkbox"/> Legal Custodian <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 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			
JUVENILE	<input type="checkbox"/> Yes <input type="checkbox"/> No	Property Crime? 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 1	Domestic Violence <input type="checkbox"/> Y <input checked="" type="checkbox"/> N	Statute Violation Number 316.193(1)(A)		Violation of ORD #		
	Drug Activity N	Drug Type N	Amount / Unit REFUSAL	Offense # 20-053059	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				
CHARGE	Location (Court, Room Number, Address) 3228 GUN CLUB RD WEST PALM BEACH FL 33406										
	Court Date and Time Month 4 Day 23 Year 2020 Time 0830 AM PM										
NOTICE TO APPEAR	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 03/25/2020					
ADMIN	HOLD for other Agency Name:				Signature of Arresting Officer			Name Verification (Printed by Arrestee)			
	<input type="checkbox"/> Dangerous <input checked="" type="checkbox"/> Suicidal	<input type="checkbox"/> Resisted Arrest <input type="checkbox"/> Other:	Name of Arresting Officer (Print) INV D. S. SCHNEIDER 8723		I.D. # 8723	(PRINT) 1572			PAGE		
	Intake Deputy	I.D. #	Pouch #	Transporting Officer INV D. S. SCHNEIDER 8723	ID # 8723	Agency PBSO	Witness here if subject signed with an "X"			1 OF 1	

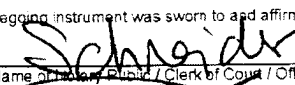

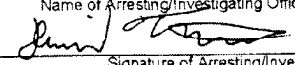
OBTS Number		PROBABLE CAUSE AFFIDAVIT		1. Arrest 2. N.T.A.	3. Request For Warrant 4. Request For Capias	01	Juvenile	N
Agency ORI Number FLO 500000		Agency Name PALM BEACH COUNTY SHERIFF'S OFFICE		Agency Report Number 06		20053059		
Charge Type Check as many as apply <input type="checkbox"/> 1. Felony <input type="checkbox"/> 2. Traffic Felony <input checked="" type="checkbox"/> 3. Misdemeanor <input checked="" type="checkbox"/> 4. Traffic Misdemeanor <input type="checkbox"/> 5. Ordinance <input type="checkbox"/> 6. Other _____		Special Notes						
Defendant Name (Last, First, Middle) Wernick, Todd				Race W	Sex M	Date of Birth 08/31/1973		
Charge DUI		Charge						
Charge		Charge						
Victim 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 (Street, Apt. Number)		City	State	Zip	Phone	Occupation		
The undersign 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 checked="" type="checkbox"/> committed the below acts in my presence		<input type="checkbox"/> was observed by _____ who told that he/she saw the arrested person commit the below acts.						
<input type="checkbox"/> confessed to admitting to the below facts.		<input checked="" type="checkbox"/> was found to have committed the below acts, resulting from (described) investigation.						
On the 25th day of March , 20 2020 at 2100 <input type="checkbox"/> AM <input checked="" type="checkbox"/> PM								

This is a supplemental PC to the original.

On 3/25/2020 at approximately 2043 hours I was dispatched to a vehicle crash at approximately 34915 Conners Highway, Belle Glade Florida 33470.

Upon arrival I made contact with the driver of vehicle one(1), a gold in color Chevrolet truck bearing Florida tag 344YYX. The driver was a white male, wearing a blue t-shirt, khaki shorts, and flip flop style sandals. The driver was the sitting in the front, left, driver's side seat behind the steering wheel of the vehicle. He had red glossy eyes and I observed the odor of an unknown alcoholic beverage coming from his person as well as the vehicle. I asked the subject if he was okay and if he had any injuries. The subject replied to my question by slurring and mumbling words under his breath. I asked if he had any injuries once again, and he replied with another slurred statement of "no". I asked the driver if there was anybody else in the car with him, and he replied no, assuring that he was the sole occupant of the vehicle. I then asked the driver for his license. The driver first, searched through his center console and then stopped without producing identification. I asked the driver if he had located his ID, and he replied with a question asking me what I needed from him. Once again I asked him for his license, and this time the driver reached for his wallet in his front left pocket. The driver first retrieved money from his wallet and tried to hand it to me. He then retrieved what appeared to be a credit card from his wallet and hand it to me. Finally the subject was able to retrieve and provide his valid Florida ID. The driver was identified as Todd Wernick by his Florida License.

I observed the driver's glossy red eyes, very slurred speech, and I detected the odor of an unknown alcoholic beverage permeating from his person as well as the vehicle. Due to those listed indicators of impairment, I requested a DUI unit to respond to the scene for a possible DUI investigation.

The foregoing instrument was sworn to and affirmed before me this <u>25th</u> day of <u>March</u> , 20 <u>2020</u> by	
	TEITEL 29113
Name of Notary Public / Clerk of Court / Officer (F S S. 117.00)	Name of Arresting/Investigating Officer
	
Signature of Notary Public / Clerk of Court / Officer (F S S. 117.00)	Signature of Arresting/Investigating Officer
	Page 1 of 1

D.U.I. PROBABLE CAUSE AFFIDAVIT

ON THE 25 DAY OF MARCH 20 20, AT 2040 AM PM
SUBJECT: Wernick, Todd, Joseph CASE NUMBER: 20-053059

AGENCY: PALM BEACH COUNTY SHERIFF'S OFFICE ARRESTING OFFICER: INV D. S. SCHNEIDER 8723

PERSONAL CONTACT

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

On 03/25/2020 at approximately 2108hrs, I was dispatched to the scene of a motor vehicle crash with injuries near 34915 Conners Highway, which is located in Unincorporated Belle Glade, Palm Beach County, Florida.

Due to travel time I responded immediately to Lakeside Medical Center and met with deputies there. It was explained to me that the defendant, identified by his FL DL as Todd Wernick was traveling north on Conners Highway where he crossed over the center line and was traveling in the south lanes towards on coming traffic. V2 was forced to maneuver their vehicle into the north lane to avoid a head on collision however the vehicles did impact in an opposite direction side swipe. After my independent crash investigation, I determined that, at approximately 2040hrs, Wernick, did indeed side swipe V2 (See PBSO crash case #20-053048)

D/S Teitel # 29113 relayed to me that Wernick had articulable indicators of impairment, so he called for a DUI Unit to conduct a possible DUI investigation. D/S Teitel provided me with a written sworn supplemental Probable Cause Affidavit.

OBSERVATION OF DRIVER:

Upon making contact with Wernick, who was in a hospital bed in the ER of Lakeside Medical Center, I immediately detected a really obvious and really strong odor of an unknown alcoholic beverage emitting from his person and face area. This odor intensified as I spoke to Wernick. Wernick had glassy, glazed, and blood shot eyes. Wernick's speech was slurred, slow and thick. Wernick's movements were slow and deliberate, and lethargic with poor coordination. Wernick had an unsteady gait while walking to my patrol vehicle. Wernick was wearing a blue t-shirt, light gray shorts, and flip flops.

DRIVER'S STATEMENTS:

Pre-Miranda: Wernick stated he was driving home to Pembroke Pines, then Wernick refused to answer any questions pertaining to the crash
Post Miranda Wernick stated he wanted to hurt either himself or Inv. Schneider.

Wernick refused to provide a breath sample after Implied Consent, which he stated he understood. Wernick refused Q&A.

ODORS:

A really strong and really obvious odor of an unknown alcoholic beverage was emitting from his person and face area which intensified as I spoke to Wernick.

GENERAL OBSERVATIONS

SPEECH: Wernick's speech was slurred, slow, and thick.

ATTITUDE: Sleepy, emotional, annoyed, argumentative

CLOTHING: blue t-shirt, light gray shorts, and flip flops.

MEDICAL/OTHER: [REDACTED]

STATE OF FLORIDA
COUNTY OF PALM BEACH

INV D. S. SCHNEIDER 8723
(Signature of Arresting/Investigative Officer)

The foregoing instrument was sworn to or affirmed and subscribed before me this 25 day of March 20 20 by INV D. S. SCHNEIDER 8723

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

Thomas Leahey (#19183)
Notary Public, Clerk of Court, Officer (F.S.S 117.10)



SUBJECT: Wernick, Todd, Joseph

CASE NUMBER 20-053059

ROADSIDE TASKS

HORIZONTAL GAZE NYSTAGMUS:

- | | |
|--|--|
| <input type="checkbox"/> LT EYE-LACK OF SMOOTH PURSUIT | <input type="checkbox"/> RT EYE-LACK OF SMOOTH PURSUIT |
| <input type="checkbox"/> LT EYE-DISTINCT & SUSTAINED NYSTAGMUS AT MAX. DEVIATION | <input type="checkbox"/> RT EYE-DISTINCT & SUSTAINED NYSTAGMUS AT MAX. DEVIATION |
| <input type="checkbox"/> LT- EYE-ONSET OF NYSTAGMUS PRIOR TO 45 DEGREES | <input type="checkbox"/> RT- EYE-ONSET OF NYSTAGMUS PRIOR TO 45 DEGREES |

Other Observations:

Wernick would sway in a side to side front to back pattern while talking at the front of my vehicle.

WALK & TURN:

Declined to perform

ONE LEG STAND:

Declined to perform

FINGER TO NOSE:

Declined to perform

ROMBERG ALPHABET:

Declined to perform

BREATH TEST RESULTS: REFUSED REFUSED

STATE OF FLORIDA
COUNTY OF PALM BEACH

INV D. S. SCHNEIDER 8723

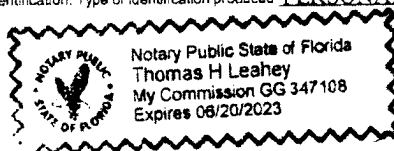
(Signature of Arresting/Investigative Officer)

The foregoing instrument was sworn to or affirmed and subscribed before me this 25 day of March 2020 by INV D. S. SCHNEIDER 8723

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

Thomas Leahey (#19183)

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



NOT A CERTIFIED COPY

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

20-053059

I, INV D. S. SCHNEIDER 8723, a duly certified Law Enforcement Officer or Correctional Officer,
(Name of Officer reading Implied Consent Warning)
am a member of Palm Beach County Sheriff's Office, and I do swear
(Name of law enforcement agency)

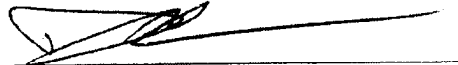
or affirm that on or about the 25 day of March, 20 20, at 1138 P.M. A.M.

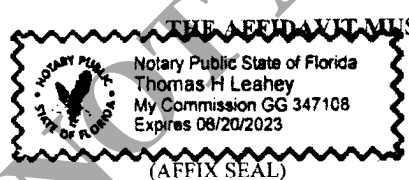
DRIVER Todd Joseph Wernick,
(Type or Print) FIRST NAME MIDDLE OR MAIDEN NAME LAST NAME

DL# W652810733115, state of Florida, was placed under lawful arrest for
the offense of Driving Under the Influence by INV D. S. SCHNEIDER 8723 and
(Name of Arresting Officer)
issued Citation # A2GD8MP

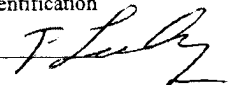
That on or about the 25 day of MARCH, 20 20, at 1138 P.M. A.M.
in Palm Beach County,

I requested that the driver submit to a **breath and/or** **urine** test to determine his or her blood alcohol level and/or the presence of chemical or controlled substances. I informed the driver that the refusal to submit to such test(s) would result in the suspension of his or her driving privilege for a period of one (1) year for a first refusal, or for a period of eighteen (18) months if his or her driving privilege had been previously suspended for refusing to submit to a breath, urine or blood test. I also informed the driver that he or she commits a misdemeanor by refusing to submit to a lawful test as requested above if his or her driving privilege has been previously suspended for refusal to submit to a lawful test of his or her breath, urine, or blood. Additionally, I informed the driver that if he or she holds a CDL, or was operating a CMV, refusal will result in the disqualification of the Commercial Driver's License/driving privilege for a period of one (1) year in the case of a first refusal or permanently if he or she has previously been disqualified as a result of a refusal to submit to any such lawful test. Nonetheless, the driver refused to submit to the test(s) requested.


Signature of Law Enforcement Officer or
Correctional Officer



THE AFFIDAVIT MUST BE NOTARIZED OR ATTESTED TO (F.S. 117.10)

The foregoing instrument was sworn and subscribed before
me this 25 day of March, 20 20,
by INV D. S. SCHNEIDER 8723,
who is personally known to me or who has produced
PERSONALLY KNOWN LEO as identification
Notary Public Thomas Leahey (#19183) 

The foregoing instrument was sworn and subscribed before me:

Signature of Attesting Officer
Title _____
Date _____

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

PALM BEACH COUNTY SHERIFF'S OFFICE – **SWORN STATEMENT**

Per FL statute 837.012, whoever knowingly makes a false statement under oath shall be guilty of a misdemeanor of the first degree punishable by imprisonment up to 1 year.



WITNESS VICTIM OTHER

CASE #:	20-053079	ZONE:	5-11	SUSPECT:	Wernick, Todd	DATE & TIME OF ORIGINAL EVENT/OFFENSE:	3/25/2020 2010
EVENT TYPE:	DUI	DEPUTY:	Teitel	ID#:	29113		

COMPLETE EVERYTHING BELOW – PRINT LEGIBLY

LAST NAME:	Perry	FIRST NAME:	Robert	MIDDLE INITIAL:	W	RACE:	C	SEX:	M
DATE OF BIRTH:	01/09/1963	YOUR HEIGHT:	73	YOUR WEIGHT:	235	YOUR HAIR COLOR:	Brown	YOUR EYE COLOR:	Hazel
YOUR HOME ADDRESS:	3307 Michener Place	<input type="checkbox"/> CHECK IF HOMELESS		CITY:	Plant City	STATE:	FL	ZIP:	33566
YOUR WORK NAME & ADDRESS:	Retired	<input type="checkbox"/> CHECK IF UNEMPLOYED OR RETIRED		CITY:		STATE:		ZIP:	
WORK PHONE:	<input checked="" type="checkbox"/> CHECK IF NONE	CELL PHONE:	(813) 751-7397	HOME PHONE:	<input type="checkbox"/> CHECK IF NONE	EMAIL:	mdmarin@hotmail.com	<input type="checkbox"/> CHECK IF NONE	

WRITE WHAT HAPPENED IN YOUR WORDS IN FULL DETAIL – PRINT LEGIBLY

YOUR NAME:	1 Robert Perry	DO HEREBY VOLUNTARILY MAKE THE FOLLOWING STATEMENT WITHOUT THREAT, COERCION, OFFER OF BENEFIT, OR FAVOR BY ANY PERSONS WHOMSOEVER...
<p>Travelling North on the Old Conner's Rd, a dark pickup truck turned north onto same road from the west, approximately at Mack City Rd, then stopped. I passed the pickup truck, then about 3 or 4 minutes later the same pickup passed me at a very high rate of speed. After a couple more minutes the same pickup was stopped in the center of the road. As I slowly approached it began moving again and swerved left as I passed, nearly forcing me into the guardrail. After I passed I looked in the rear view mirror and saw at the pickup driving in the left lane again, and saw it impact a southbound vehicle. After passing me the pickup was driving in the left lane and narrowly missed.</p>		

READ AND SIGN

I SWEAR AND AFFIRM THIS AND/OR THE ATTACHED STATEMENTS ARE CORRECT AND TRUE:

YOUR SIGNATURE: *X Robert Perry*

DEPUTY SHERIFF NOTARY PUBLIC FSS: 117.10
SWORN TO AND SUBSCRIBED BEFORE ME TODAY:

DATE: 03/25/20 TIME: SIGNATURE: *[Signature]* ID: 9621

IF YOU DO NOT WISH TO PROSECUTE, COMPLETE THE ABOVE STATEMENT, READ THIS DISCLAIMER AND INITIAL BELOW: I AM OF LEGAL AGE AND I AM THE REPORTED VICTIM OF A CRIME UNDER FLORIDA LAW. I HEREBY STATE THAT I WILL NOT COOPERATE ANY FURTHER WITH THE INVESTIGATION OF THE ALLEGED CRIME. I FURTHER RELEASE THE PALM BEACH COUNTY SHERIFF'S OFFICE OF ANY PRESENT OR FUTURE RESPONSIBILITY AS TO MY CASE. I ACKNOWLEDGE THAT I UNDERSTAND MY RIGHTS AS A CRIME VICTIM, PARTICULARLY REGARDING VICTIM COMPENSATION ELIGIBILITY, WHICH INCLUDES SUCH BENEFITS AS REIMBURSEMENT FOR: DISABILITY; LOST WAGES; LOSS OF SUPPORT; MEDICAL, DENTAL, MENTAL HEALTH COUNSELING AND FUNERAL EXPENSES. I AM AWARE I MAY BE GIVING UP THESE RIGHTS FOR MY FAMILY AND MYSELF BY INITIALLING BELOW. I AM TAKING THIS POSITION OF MY OWN FREE WILL KNOWING THAT THE CASE CAN ONLY BE FURTHER INVESTIGATED AND PROSECUTED WITH MY COOPERATION. DO NOT WISH TO PROSECUTE (INITIAL _____)

(PROSECUTION WAIVER NOT TO BE USED FOR CASES INVOLVING DOMESTIC OR DATING VIOLENCE PER G.O. 508.00)

WHITE - RECORDS COPY CANARY - STATE ATTORNEY COPY PINK - OFFICER'S COPY GOLD - WITNESS / VICTIM COPY

PALM BEACH COUNTY SHERIFF'S OFFICE – SWORN STATEMENT

Per FL statute 837.012, whoever knowingly makes a false statement under oath shall be guilty of a misdemeanor of the first degree punishable by imprisonment up to 1 year.



WITNESS VICTIM OTHER

CASE #:	20-053059	ZONE:	511	SUSPECT:	Wernick, Todd	DATE & TIME OF ORIGINAL EVENT/OFFENSE:	3h 57-020 2020
EVENT TYPE:	DUI	DEPUTY:	Teitel	ID#:	2913		

COMPLETE EVERYTHING BELOW – PRINT LEGIBLY

LAST NAME:	Robert	FIRST NAME:	Robert	MIDDLE INITIAL:	W	RACE:	C	SEX:	M
DATE OF BIRTH:	11/8/63	YOUR HEIGHT:	73	YOUR WEIGHT:	235	YOUR HAIR COLOR:	Brown	YOUR EYE COLOR:	Hazel
YOUR HOME ADDRESS:	3305	<input type="checkbox"/> CHECK IF HOMELESS		CITY:	Plant City	STATE:	FL	ZIP:	33564
YOUR WORK NAME & ADDRESS:		<input type="checkbox"/> CHECK IF UNEMPLOYED OR RETIRED		CITY:		STATE:		ZIP:	
WORK PHONE:	<input type="checkbox"/> CHECK IF NONE	CELL PHONE:	1813757-7397	HOME PHONE:	<input type="checkbox"/> CHECK IF NONE	EMAIL:		<input type="checkbox"/> CHECK IF NONE	

WRITE WHAT HAPPENED IN YOUR WORDS IN FULL DETAIL – PRINT LEGIBLY

YOUR NAME:	Robert Perry	DO HEREBY VOLUNTARILY MAKE THE FOLLOWING STATEMENT WITHOUT THREAT, COERCION, OFFER OF BENEFIT, OR FAVOR BY ANY PERSONS WHOMSOEVER...
<p>a south bound vehicle.) After the collision I turned around to make sure the ^{people in} southbound vehicle were OK. As I passed the pickup a man was standing outside checking the damage. I saw no other people in or around the pickup. The man was somewhat tall and slim build, wearing a ball cap and jeans. Looked like white male. After I turned around and started south I saw the drivers door of the pickup open and the man I described get out.</p>		
		PAGE 1 OF 2

READ AND SIGN

I SWEAR AND AFFIRM THIS AND/OR THE ATTACHED STATEMENTS ARE CORRECT AND TRUE:

YOUR SIGNATURE: *X Robert Perry*

DEPUTY SHERIFF NOTARY PUBLIC FSS: 117.10
 SWORN TO AND SUBSCRIBED BEFORE ME TODAY:
 DATE: 03/25/20 TIME: *[Signature]*
 SIGNATURE: *[Signature]* ID: 3661

IF YOU DO NOT WISH TO PROSECUTE, COMPLETE THE ABOVE STATEMENT, READ THIS DISCLAIMER AND INITIAL BELOW: I AM OF LEGAL AGE AND I AM THE REPORTED VICTIM OF A CRIME UNDER FLORIDA LAW. I HEREBY STATE THAT I WILL NOT COOPERATE ANY FURTHER WITH THE INVESTIGATION OF THE ALLEGED CRIME. I FURTHER RELEASE THE PALM BEACH COUNTY SHERIFF'S OFFICE OF ANY PRESENT OR FUTURE RESPONSIBILITY AS TO MY CASE. I ACKNOWLEDGE THAT I UNDERSTAND MY RIGHTS AS A CRIME VICTIM, PARTICULARLY REGARDING VICTIM COMPENSATION ELIGIBILITY, WHICH INCLUDES SUCH BENEFITS AS REIMBURSEMENT FOR DISABILITY; LOST WAGES; LOSS OF SUPPORT; MEDICAL, DENTAL, MENTAL HEALTH COUNSELING AND FUNERAL EXPENSES. I AM AWARE I MAY BE GIVING UP THESE RIGHTS FOR MY FAMILY AND MYSELF BY INITIALING BELOW. I AM TAKING THIS POSITION OF MY OWN FREE WILL KNOWING THAT THE CASE CAN ONLY BE FURTHER INVESTIGATED AND PROSECUTED WITH MY COOPERATION. DO NOT WISH TO PROSECUTE (INITIAL _____)

(PROSECUTION WAIVER NOT TO BE USED FOR CASES INVOLVING DOMESTIC OR DATING VIOLENCE PER G.O. 508.00)

WHITE - RECORDS COPY CANARY - STATE ATTORNEY COPY PINK - OFFICER'S COPY GOLD - WITNESS / VICTIM COPY

WITNESS LIST

CASE NUMBER: 20-053059

ARRESTING OFFICER: INV D. S. SCHNEIDER 8723

ADDRESS: PBSO HQ 3228 GUN CLUB ROAD WEST PALM BEACH FL 33406

PHONE NUMBERS (HOME): _____ (WORK) 561 688 4001

CAN TESTIFY TO: SEE DUI PROBABLE CAUSE AFFIDAVIT & OFFENSE REPORT & IN CAR VIDEO

NAME: DS TEITEL 29113

ADDRESS: PBSO HQ 3228 GUN CLUB ROAD WEST PALM BEACH FL 33406

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

CAN TESTIFY TO: SEE SUPP PC

NAME: Mack, Megan, Elise

ADDRESS 2036 Shoma Dr, Wellington, FL 33414

PHONE NUMBERS (HOME) (561) 303-6144 (WORK) 0

CAN TESTIFY TO: VEHICLE TRAVELING ON THE WRONG SIDE OF THE ROAD

NAME: _____

ADDRESS _____

PHONE NUMBERS (HOME) _____ (WORK) 0

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: _____

NOT A CERTIFIED COPY

TESTING FACILITY TASK REPORT

AGENCY:

SUBJECT:

DATE:

BEGINNING TIME:

CASE NUMBER:

VIDEO DVD NUMBER:

ENDING TIME:

BREATH TESTS RESULTS: 1) TIME A.M. P.M. 2) TIME A.M. P.M.

3) TIME A.M. P.M. 4) TIME A.M. P.M.

BREATH OPERATOR:

MAINTENANCE TECHNICIAN:

TESTING OFFICER'S OBSERVATIONS

SPEECH:

ATTITUDE:

CLOTHING:

MEDICAL CONDITIONS:

MEDICATIONS:

OTHER:

eyes are glassy & bloodshot
odor of unknown alcoholic beverage on breath

REFUSED

COMMENTS:

arrived at center A/O conducted 20 minute observation period at 2315 hrs

subject refused to provide breath sample

A/O read I/C & subject stated he understood I/C

subject refused to provide breath sample

A/O read rights & subject stated he understood rights

A/O attempted Q&A

subject declined to answer questions

REFUSED

SUBJECT: Warrick, Todd J CASE NUMBER: 20-033059

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 Todd J. Warrick #3723 of the 2000

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) Todd J. Warrick

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) Todd J. Warrick

SUBJECT: Wernick, Todd J. CASE NUMBER: 20-053059

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: _____

WHITE - STATE ATTY. YELLOW - DHSMV PINK - CENTRAL RECORDS GOLD - JAIL



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 checked="" type="checkbox"/>	395.3025(7)(a), 456.057(7)(a)	Medical information.	4,11
	<input checked="" type="checkbox"/>	394.4615(7)	Mental health information.	11
Florida Rules of Judicial Administration 2.420 (Rule of 23)	<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.	
	<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"/>			
Other	<input type="checkbox"/>	415.107(1)	Other: In order to protect the rights of the individual or other persons responsible for the welfare of a vulnerable adult, all records concerning reports of abuse, neglect, or exploitation of the vulnerable adult.	
	<input type="checkbox"/>	943.031(2)	Other: Names of Gangs involved in Criminal Activity	

REVIEW COMPLETED BY

Booking Number: 2020009342	Date: 3/26/2020
	Specialist Name/ID: M. Tooks #8557