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AD M I N I S T R A T I O N	OBTS Number		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
	Agency ORI Number 0500200		Agency Name Boca Raton Police Department		Agency Report Number (N.T.A.'s only) 3, 2 2021-006822			
	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 type="checkbox"/> 4. Traffic Misdemeanor <input type="checkbox"/> 5. Ordinance <input type="checkbox"/> 6. Other		If Weapon Seized UNARMED		Multiple Clearance Indicator			
	Location of Arrest (Including Name of Business) 500 N FEDERAL HWY, 500 N FEDERAL HWY, BOCA RATON, FL		Location of Offense (Business Name, Address) 500 N FEDERAL HWY, BOCA RATON, FL 33432		Date of Arrest 06/08/2021		Time of Arrest 18:48	Booking Date
D E F E N D A N T	Name (Last, First, Middle) MCALLISTER, TRAVIS LESLIE		Alias (Name, DOB, Soc. Sec. #, Etc.)		Date of Birth 04/11/1987		Height 6'00	Weight 185
	Race W - White		Sex M	Eye Color BROWN	Hair Color BROWN	Complexion LIGHT	Build MED	
	Local Address (Street, Apt. Number) 3646 OBERON AVE, BOYNTON BEACH, FL 33436		(City)	(State)	(Zip)	Phone	Residence Type: 1. City 3. Florida 2. County 4. Out of State 1 2	
	Permanent Address (Street, Apt. Number) 3646 OBERON AVE, BOYNTON BEACH, FL 33436		(City)	(State)	(Zip)	Phone	Address Source DL	
C O D E D	Business Address (Name, Street) Self-employed		(City)	(State)	(Zip)	Phone	Occupation	
	DVI Number, State M242812871310 / FL		Soc. Sec. Number	DNS Number	Place of Birth (City, State) Portland, Maine	Citizenship US		
	Co-Defendant Name (Last, First, Middle)		Race	Sex	Date of Birth	<input type="checkbox"/> 1. Arrested <input type="checkbox"/> 3. Felony <input type="checkbox"/> 5. Juvenile <input type="checkbox"/> 2. At Large <input type="checkbox"/> 4. Misdemeanor		
	Co-Defendant Name (Last, First, Middle)		Race	Sex	Date of Birth	<input type="checkbox"/> 1. Arrested <input type="checkbox"/> 3. Felony <input type="checkbox"/> 5. Juvenile <input type="checkbox"/> 2. At Large <input type="checkbox"/> 4. Misdemeanor		
J U V E N I L E	<input type="checkbox"/> Parent <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. Bonded/Processed within Department and Released 2. TOT IAC 3. Incorporated			
	Relationship		Date					
C H A R G E	The above address was provided by <input type="checkbox"/> defendant and/or <input type="checkbox"/> defendant's parents. The child and/or parent was told to keep the Juvenile Court Clerk's Office (Phone 355-2526) informed of any change of address.		School Attended		Grade			
	<input type="checkbox"/> Yes, by: <input type="checkbox"/> No		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. Struggle 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 O. Opium/Opium P. Paraphernalia/ Equipment S. Synthetic U. Unknown Z. Other					
	Charge Description DUI		Statute Violation Number 316.193(1)(A)		Violation of ORD #			
C H A R G E	Charge Description LEAVE SCENE OF ACCIDENT		Statute Violation Number 316.061(1)		Violation of ORD #			
	Drug Activity N		Amount / Unit /	Offense # 2021-006822	Counts 1	Domestic Violence <input type="checkbox"/> Y <input checked="" type="checkbox"/> N	Warrant / Capias Number	Bond
	Charge Description		Statute Violation Number		Violation of ORD #			
	Drug Activity N		Amount / Unit /	Offense # 2021-006822	Counts 1	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		Explain:			
	Check which applies: <input type="checkbox"/> Released O.R. <input type="checkbox"/> Released to Parent/Guardian <input checked="" type="checkbox"/> T.O.T. County Jail		PROPERTY - Received By Golden		Released By Golden		Released To TOT. CJ	
	Transported By		Date Transported 6/9/21	Time Transported 1230AM	Other			
	INSTRUCTION NO. 1 - Mandatory appearance in court INSTRUCTION NO. 2 - You need not appear in Court but must comply with instructions on Page 2.		Location (Court, Room) South County 200 W Atlantic Ave Delray Beach, FL 33444		Court Date and Time 07/12/2021 00:00:00			
A D M I N I S T R A T I O N	I AGREE TO APPEAR AT THE TIME AND PLACE DESIGNATED TO ANSWER THE OFFENSE CHARGED OR TO PAY THE FINE SUBSCRIBED AND 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/Guardian)		No Photo Available			
	HOLD for Other Agency		Signature of Arresting Officer Golden		Name of Arresting Officer Golden			
	<input type="checkbox"/> Dangerous <input type="checkbox"/> Restricted Arrest <input type="checkbox"/> Sublethal <input type="checkbox"/> Other		Name of Arresting Officer (Print) GOLDEN, L. J.		ID # 823		(PRINT)	PAGE 1 OF 1
	Issued Deputy 621 HONEAL 720x		Transmitting Officer Golden		ID # 823		Agency BRPN	Witness here if subject signed with an "X".

JUN 09 2021

OBT Number		PROBABLE CAUSE AFFIDAVIT		1. Arrest 2. N.T.A.		3. Request for Warrant 4. Request for Copies		1	JUVENILE
ADMINISTRATIVE	Agency-ORI Number FL 0500200		Agency Name BOCA RATON POLICE DEPARTMENT		Agency Report Number 3 2 2021-006822				
	Charge Type: Check as many as apply. <input type="checkbox"/> 1. Felony <input checked="" type="checkbox"/> 3. Misdemeanor <input type="checkbox"/> 5. Ordinance <input type="checkbox"/> 2. Traffic Felony <input type="checkbox"/> 4. Traffic Misdemeanor <input type="checkbox"/> 6. Other		Special Notes:						
DEFENSE	Name (Last, First, Middle) MCALLISTER, TRAVIS LESLIE				Race W	Sex M	Date of Birth 04/11/1987		
	Charge Description 316.193(1A) DUI		Charge Description 316.061(1) LEAVE SCENE OF ACCIDENT						
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		
PROBABLE CAUSE STATEMENT	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 <u>8</u> day of <u>June</u>, <u>2021</u> at <u>20:27</u> (Specifically include facts constituting cause for arrest.)</p> <p>On 6/8/2021, at approximately 1757 hours, I responded to the area of 500 N Federal Hwy to the scene of a two-vehicle crash. Upon arrival, I observed a white pickup truck parked across the sidewalk from the southbound lanes on the west side of N Federal Hwy. Parked behind the white pickup truck was a blue Hyundai sedan with significant damage to the rear trunk and bumper. No injuries were reported. Four witnesses on the scene advised that the white pickup truck, driven by Travis McAllister, had rear-ended the blue sedan, driven by Ibrahim Alanazi, then drove around the sedan in an attempt to leave the scene before coming to final rest across the sidewalk. Statements were obtained from the witnesses by Ofc. Casas. See supplemental report.</p> <p>CSO Boylston informed me that McAllister was having trouble following instructions when CSO Boylston requested to see his driver's license, registration, and insurance. I also observed that McAllister's eyes were bloodshot and glassy and his speech was slurred. Lastly, I observed a syringe in the center console of McAllister's vehicle. Based on my observations, I believed that McAllister was driving a vehicle within the state while impaired by alcohol and/or controlled or chemical substances.</p> <p>After concluding the traffic crash investigation, I informed McAllister that the crash investigation was over and that I would now be conducting a criminal DUI investigation. I then read McAllister his constitutional rights, which he acknowledged he understood and agreed to speak with me. I asked McAllister how the crash happened, and he stated that he fell asleep at the wheel. I asked McAllister if he was diabetic or if he had any other medical conditions, and he said he was not diabetic and had no medical conditions. I then asked McAllister to submit to Standardized Field Sobriety Exercises. McAllister agreed to participate in the exercises. I then proceeded with the exercises.</p> <p>The first exercise was Horizontal Gaze Nystagmus. I administered the instructions</p>								
<p>SWORN AND SUBSCRIBED BEFORE ME</p> <div style="display: flex; justify-content: space-between;"> <div> <p><u>Volguardson #563</u> NOTARY PUBLIC / CLERK OF COURT / OFFICER (F.S. 117.10) <u>6/8/21</u> DATE</p> </div> <div> <p><u>[Signature]</u> SIGNATURE OF ARRESTING / INVESTIGATING OFFICER GOLDEN, LISA JEANNINE (823) NAME OF OFFICER (PLEASE PRINT) <u>06/08/2021</u> DATE</p> </div> </div>									

OETS Number		PROBABLE CAUSE AFFIDAVIT SUPPLEMENT		1. Arrest 2. N.T.A.		3. Request for Warrant 4. Request for Capias		1	JUVENILE
Agency ORI Number FL 0500200		Agency Name BOCA RATON POLICE DEPARTMENT		Agency Report Number 3 2 2021-006822					
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 type="checkbox"/> 4. Traffic Misdemeanor		<input type="checkbox"/> 5. Ordinance <input type="checkbox"/> 6. Other	
Name (Last, First, Middle) MCALLISTER, TRAVIS LESLIE				Race W		Sex M		Date of Birth 04/11/1987	

and McAllister stated that he understood. McAllister followed the stimulus with his head during the exercise, and signs of nystagmus were evident at maximum deviation.

The second exercise was the One-legged Stand. I administered the instructions and demonstrated how it should be completed. McAllister began the exercise and raised his hands from his sides. He also lost his balance and swayed, dropping his foot on the ground.

The third exercise was the Walk and Turn. I administered the instructions and demonstrated how it should be completed. McAllister began the exercise and had trouble balancing. After taking the first nine heel-to-toe steps, he turned around by swiveling his feet rather than following the instructions I gave him.

The fourth exercise was the Rhomberg Alphabet Recitation. McAllister misplaced "W" and "X" in the sequence.

Based on the totality of the circumstances, I found probable cause to believe that McAllister was operating a vehicle within the state while under the influence alcohol and/or controlled or chemical substances. McAllister was placed under arrest for DUI per F.S.S 316.193(1a) and for leaving the scene of an accident per F.S.S. 316.061(1).

McAllister was transported to Palm Beach County Sheriff's Office DUI Testing Facility where PBSO Breath Operator (#) conducted the BAT room procedures. McAllister was asked to provide a breath sample for the purpose of determining its alcohol content. McAllister provided two breath samples of .000 and .000. McAllister was then informed of his constitutional warnings (Miranda) and agreed to provide a urine sample upon request. See DUI influence report for further. Urine lab results pending.

SWORN AND SUBSCRIBED BEFORE ME <u>Volguardson #563</u> NOTARY PUBLIC / CLERK OF COURT / OFFICER (F.S.S. 17.10) <u>6/8/21</u> DATE	 SIGNATURE OF ARRESTING / INVESTIGATING OFFICER <u>GOLDEN, LISA JEANNINE (823)</u> NAME OF OFFICER (PLEASE PRINT) <u>06/08/2021</u> DATE
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2 of 2

COURT

STATE ATTORNEY

CENTRAL RECORDS

JAIL

CRIME ANALYSIS

P.I.O.

JUN 09 2021

TESTING FACILITY TASK REPORT

AGENCY: BOCA RATON P.D.

SUBJECT: MCALLISER, TRAVIS LESLIE

CASE NUMBER: 21074031

DATE: 06/08/2021

VIDEO DVD NUMBER: N/A

BEGINNING TIME: 2041

ENDING TIME: 2055

BREATH TESTS RESULTS: 1) .000 TIME 2045 A.M. ☐ P.M. ☒ 2) .000 TIME 2048 A.M. ☐ P.M. ☒
3) URINE TIME 2056 A.M. ☐ P.M. ☒ 4) TIME A.M. ☐ P.M. ☐

BREATH OPERATOR: S. Owen #3184

MAINTENANCE TECHNICIAN: J. Karlecke #6467

TESTING OFFICER'S OBSERVATIONS

SPEECH:

ATTITUDE: ANGRY, UPSET, SAID HE HAD BROKEN BACK, KEPT GETTING UP

CLOTHING: TENNIS SHOES, SHORTS, BLUE SHIRT

MEDICAL CONDITIONS: ANXIETY, E-FIB

MEDICATIONS: ADDERAL

OTHER:

COMMENTS:

DEFENDANT AND OFFICER GOLDEN #2104 OF BOCA RATON P.D. ARRIVED AT 2000 HOURS. A/O REQUESTED BREATH TEST, DEFENDANT AGREED. NO PROBLEM WITH TEST, DEFENDANT BLEW .000'S. A/O REQUESTED URINE, DEFENDANT AGREED, A/O READ C/W, DEFENDANT UNDERSTOOD AND ASKED FOR ATTORNEY, SO NO Q & A. DONE. URINE DRAWN AT 2056 HOURS

Y.

SCANNED
JUN 09 2021

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

Instrument Type: Intoxilyzer 8000
Instrument Registered To: PALM BEACH CO SO
Instrument Serial Number: 80-006476 Software: 8100.27
Date of Test: 06/08/2021

Date of Last Agency Inspection: 05/14/2021
Observation Period Began: 20:00
Subject's Name: TRAVIS L MCALLISTER

DOB: 04/11/1987 Sex: M

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

Results:

Test	g/210L	Time
Diagnostics Check	OK	
Air Blank	0.000	20:43
Control Test	0.078	20:43
Air Blank	0.000	20:43
Subject Sample #1	0.000	20:44
Air Blank	0.000	20:45
Air Blank	0.000	20:45
Subject Sample #2	0.000	20:47
Air Blank	0.000	20:48
Control Test	0.079	20:48
Air Blank	0.000	20:49
Diagnostics Check	OK	20:49

Cylinder Lot: 22620080A2
Exp: 10/05/2022

State of Florida, County of Palm Beach

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

I SUE OWEN, 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: 06/08/21
Signature

Sworn to (or affirmed) before me this 8th day of June, 2021

Signature of Notary Public-State of Florida [Signature]
Printed Name of Notary Public-State of Florida Sgt. L. Golden

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.

FDLE/ATP FORM 38 - MARCH 2004, Ref. 11D-8.007

SCANNED
JUN 09 2021

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

Instrument Type: Intoxilyzer 8000
Instrument Registered To: PALM BEACH CO SO
Instrument Serial Number: 80-006476 Software: 8100.27
Date of Test: 06/08/2021

Date of Last Agency Inspection: 05/14/2021

Observation Period Began: 20:00

Subject's Name: TRAVIS L MCALLISTER

DOB: 04/11/1987 Sex: M

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

Results:	Test	g/210L	Time
	Diagnostics Check	OK	20:43
	Air Blank	0.000	20:43
	Control Test	0.078	20:43
	Air Blank	0.000	20:44
	Subject Sample #1	0.000	20:45
	Air Blank	0.000	20:45
	Air Blank	0.000	20:47
	Subject Sample #2	0.000	20:48
	Air Blank	0.000	20:48
	Control Test	0.079	20:49
	Air Blank	0.000	20:49
	Diagnostics Check	OK	20:49

Cylinder Lot: 22620080A2
Exp: 10/05/2022

State of Florida, County of Palm Beach

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

I SUE OWEN, 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: 06/08/21

Sworn to (or affirmed) before me this 8th day of June, 2021

Signature of Notary Public-State of Florida

Printed Name of Notary Public-State of Florida

Note: Pursuant to section 117.10, Florida Statutes, law enforcement officers, correctional officers, traffic accident investigation officers and traffic infraction enforcement officers are notaries public when engaged in the performance of official duties. In accordance with section 316.1934(5), F.S., this completed form is admissible without further authentication and is presumptive proof of the results herein. To be used in accordance with Section 316.1934(5), F.S., and in administrative proceedings pursuant to 322.2615, F.S.



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

PBSO CASE # 21074031 PBSO ZONE 7-22

AGENCY CASE # 32-2021-006688⁶⁸²² CRASH CASE # 24099163

TIME OF STOP/CRASH 1747 DATE 06/08/2021 DAY

SUBJECT'S NAME MCALLISTER TRAVIS L L RACE W SEX M
LAST FIRST MID

HGT 6'00" WGT 185 DOB 04/11/1987

LOCATION 500 N FEDERAL HWY, BOCA RATON, FL, 33432

ARRESTING OFFICER'S NAME & ID L. GOLDEN 823 AGENCY BRPD

DIVISION: SPSV - DUI

NOTIFIED BY COMMO YES

ARRIVAL AT FACILITY 2000

ARREST TIME 1848

BREATH RESULTS:

- 1) .000
2) .000
3) pending urine
4)

TESTING OFFICER'S ID 3184 PBSO VIDEOTAPE # N/A

SCANNED
JUN 09 2021

SUBJECT: _____ CASE NUMBER: _____ 828

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: _____

SCANNED

SUBJECT: McHILLISTER, TransLeslie CASE NUMBER: 12-2021-606822

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) _____

SCANNED



**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: 2021014006	Date: 6/9/2021
	Specialist Name/ID: M. Toaks #8557

SCANNED
JUN 09 2021