

5# 0524130 201 10490 2170

ARREST / NOTICE TO APPEAR

1. Arrest 2. N.T.A. 3. Request for Warrant 4. Request for Capias 1 JUVENILE

|  |   |  |   |  |  |  |   |  |  |  |   |  |  |  |   |  |  |  |  |  |                        |  |
|--|---|--|---|--|--|--|---|--|--|--|---|--|--|--|---|--|--|--|--|--|------------------------|--|
| A<br>D<br>M<br>I<br>N<br>I<br>S<br>T<br>R<br>A<br>T<br>I<br>O<br>N     | OBTS Number   |  | Agency ORI Number<br><b>0500400</b>   |  | Agency Name<br><b>Delray Beach Police Department</b>   |  | Agency Report Number (N.T.A.'s only)<br><b>4, 0 21-007468</b> |  |  |  |   |  |  |  |   |  |  |  |  |  |                        |  |
|  | Charge Type:<br>Check as many as apply:<br><input type="checkbox"/> 1. Felony<br><input type="checkbox"/> 2. Traffic Felony   |  | <input type="checkbox"/> 3. Misdemeanor<br><input checked="" type="checkbox"/> 4. Traffic Misdemeanor |  | <input type="checkbox"/> 5. Ordinance<br><input type="checkbox"/> 6. Other   |  | If Weapon Seized<br>Enter Type <b>UNARMED</b>                 |  | Multiple Clearance Indicator<br><b>1</b>   |  |   |  |  |  |   |  |  |  |  |  |                        |  |
|  | Location of Arrest (Including Name of Business)<br><b>1 NW 3RD AVE DELRAY BEACH, FL</b>   |  |   |  | Location of Offense (Business Name, Address)<br><b>1 NW 3RD AVE, DELRAY BEACH, FL 33444</b>  |  |   |  |  |  |   |  |  |  |   |  |  |  |  |  |                        |  |
|  | Date of Arrest<br><b>06/24/2021</b>   |  | Time of Arrest<br><b>02:49</b>  |  | Booking Date<br><b>06/24/2021</b>  |  | Booking Time<br><b>02:59</b>                                  |  | Jail Date<br><b>06/24/2021</b>   |  | Jail Time<br><b>04:55</b>   |  | Location of Vehicle<br><b>1 NW 3RD AVE DELRAY</b>  |  |   |  |  |  |  |  |                        |  |
|  | Name (Last, First, Middle)<br><b>REDMAN, TRENTON JOHN</b>   |  |   |  |  |  | Alias:<br>Alias (Name, DOB, Soc. Sec. #, Etc.)                |  |  |  |   |  |  |  |   |  |  |  |  |  |                        |  |
|  | Race<br>W - White<br>B - Black  |  | I - American Indian<br>O - Oriental/Asian   |  | Sex<br><b>W M</b>  |  | Date of Birth<br><b>03/10/1975</b>                            |  | Height<br><b>5'11</b>  |  | Weight<br><b>175</b>  |  | Eye Color<br><b>HAZEL</b>  |  | Hair Color<br><b>BROWN</b>                |  | Complexion<br><b>FAIR</b>  |  | Build<br><b>MEDIUM</b>                         |  |                        |  |
|  | Scars, Marks, Tattoos, Unique Physical Features (Location, Type, Description)   |  |   |  |  |  | Marital Status<br><b>U</b>                                    |  | Religion<br><b>NON-DENOMI</b>  |  | Indication of Alcohol Influence<br>Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unk. <input type="checkbox"/>  |  | Drug Influence<br>Yes <input type="checkbox"/> No <input type="checkbox"/> Unk. <input type="checkbox"/> |  |   |  |  |  |  |  |                        |  |
|  | Local Address (Street, Apt. Number)<br><b>8347 SAWPINE RD, DELRAY BEACH, FL 33446</b>   |  |   |  | (City)<br><b>FL</b>  |  | (State)<br><b>FL</b>  |  | (Zip)<br><b>33446</b>  |  | Phone<br><b>(561) 827-0830</b>  |  | Residence Type:<br>1. City 3. Florida<br>2. County 4. Out of State<br><b>2</b>                           |  |   |  |  |  |  |  |                        |  |
|  | Permanent Address (Street, Apt. Number)<br><b>8347 SAWPINE RD, DELRAY BEACH, FL 33446</b>   |  |   |  | (City)<br><b>FL</b>  |  | (State)<br><b>FL</b>  |  | (Zip)<br><b>33446</b>  |  | Phone<br><b>(561) 827-0830</b>  |  | Address Source<br><b>FL DL</b>   |  |   |  |  |  |  |  |                        |  |
|  | Business Address (Name, Street)<br><b>R355810750900 / FL</b>  |  |   |  | (City)<br><b>FL</b>  |  | (State)<br><b>FL</b>  |  | (Zip)<br><b>33446</b>  |  | Phone<br><b>(561) 827-0830</b>  |  | Occupation<br><b>FL DL</b>   |  |   |  |  |  |  |  |                        |  |
| D<br>E<br>F<br>E<br>N<br>D<br>A<br>N<br>T                              | D/L Number, State<br><b>R355810750900 / FL</b>  |  | Sec. Sec. Number<br><b>[REDACTED]</b>   |  | INS Number<br><b>[REDACTED]</b>  |  | Place of Birth (City, State)<br><b>NILES, MI, United</b>      |  | Citizenship<br><b>US</b>   |  |   |  |  |  |   |  |  |  |  |  |                        |  |
|  | Co-Defendant Name (Last, First, Middle)   |  |   |  | Race   |  | Sex   |  | Date of Birth  |  | <input type="checkbox"/> 1. Arrested<br><input type="checkbox"/> 2. At Large<br><input type="checkbox"/> 3. Felony<br><input type="checkbox"/> 4. Misdemeanor<br><input type="checkbox"/> 5. Juvenile |  |  |  |   |  |  |  |  |  |                        |  |
|  | Co-Defendant Name (Last, First, Middle)   |  |   |  | Race   |  | Sex   |  | Date of Birth  |  | <input type="checkbox"/> 1. Arrested<br><input type="checkbox"/> 2. At Large<br><input type="checkbox"/> 3. Felony<br><input type="checkbox"/> 4. Misdemeanor<br><input type="checkbox"/> 5. Juvenile |  |  |  |   |  |  |  |  |  |                        |  |
|  | <input type="checkbox"/> Parent <input type="checkbox"/> Other: _____ Name (Last, First, Middle)  |  |   |  |  |  |   |  |  |  | Residence Phone   |  |  |  |   |  |  |  |  |  |                        |  |
|  | <input type="checkbox"/> Legal Custodian  |  |   |  |  |  |   |  |  |  | Business Phone  |  |  |  |   |  |  |  |  |  |                        |  |
|  | Address (Street, Apt. Number)   |  |   |  | (City)   |  | (State)   |  | (Zip)  |  |   |  |  |  |   |  |  |  |  |  |                        |  |
|  | Notified by: (Name)   |  |   |  | Date   |  | Time  |  | JUVENILE DISPOSITION<br>1. Handled/Processed within Department and Released<br>2. TOT JAC<br>3. Incarcerated |  |   |  |  |  |   |  |  |  |  |  |                        |  |
|  | Released To: (Name)   |  |   |  | Relationship   |  | Date  |  | Time   |  |   |  |  |  |   |  |  |  |  |  |                        |  |
|  | The above address was provided by <input type="checkbox"/> defendant and/or <input type="checkbox"/> defendant's parents.<br>The child and/or parent was told to keep the Juvenile Court Clerk's Office (Phone 355-2526) informed of any change of address.   |  |   |  | Property Crime?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No   |  | Description of Property                                       |  | Value of Property  |  |   |  |  |  |   |  |  |  |  |  |                        |  |
|  | <input type="checkbox"/> Yes, by: _____ <input type="checkbox"/> No: _____  |  |   |  |  |  |   |  |  |  |   |  |  |  |   |  |  |  |  |  |                        |  |
| C<br>O<br>D<br>E   | Drug Activity<br>N. N/A<br>P. Possess   |  | S. Sell<br>B. Buy<br>T. Traffic   |  | R. Smuggle<br>D. Deliver<br>E. Use   |  | K. Dispose/<br>Distribute                                     |  | M. Manufacture/<br>Produce/<br>Cultivate   |  | Z. Other  |  | Drug Type<br>N. N/A<br>A. Amphetamine  |  | B. Barbiturate<br>C. Cocaine<br>E. Heroin |  | H. Hallucinogen<br>M. Marijuana<br>O. Opium/Deriv.                 |  | P. Paraphernalia/<br>Equipment<br>S. Synthetic |  | U. Unknown<br>Z. Other |  |
|  | Charge Description<br><b>DUI BREATH ALCOHOL .08 OR MORE PER 210L</b>  |  |   |  | Statute Violation Number<br><b>316.193(1)(C)</b>   |  |   |  | Violation of ORD #   |  |   |  |  |  |   |  |  |  |  |  |                        |  |
|  | Drug Activity   |  | Drug Type   |  | Amount / Unit  |  | Offense #   |  | Counts   |  | Domestic Violence<br><input type="checkbox"/> Y <input checked="" type="checkbox"/> N   |  | Warrant / Capias Number  |  | Bond                                      |  |  |  |  |  |                        |  |
|  | <b>N</b>  |  | <b>/</b>  |  | <b>21-007468</b>   |  | <b>1</b>  |  | <b>1</b>   |  | <b>Y</b>  |  | <b>N</b>   |  | <b>N</b>                                  |  |  |  |  |  |                        |  |
|  | Charge Description  |  |   |  | Statute Violation Number   |  |   |  | Violation of ORD #   |  |   |  |  |  |   |  |  |  |  |  |                        |  |
|  | Drug Activity   |  | Drug Type   |  | Amount / Unit  |  | Offense #   |  | Counts   |  | Domestic Violence<br><input type="checkbox"/> Y <input type="checkbox"/> N  |  | Warrant / Capias Number  |  | Bond                                      |  |  |  |  |  |                        |  |
|  |   |  |   |  |  |  |   |  |  |  |   |  |  |  |   |  |  |  |  |  |                        |  |
|  | Charge Description  |  |   |  | Statute Violation Number   |  |   |  | Violation of ORD #   |  |   |  |  |  |   |  |  |  |  |  |                        |  |
|  | Drug Activity   |  | Drug Type   |  | Amount / Unit  |  | Offense #   |  | Counts   |  | Domestic Violence<br><input type="checkbox"/> Y <input type="checkbox"/> N  |  | Warrant / Capias Number  |  | Bond                                      |  |  |  |  |  |                        |  |
|  |   |  |   |  |  |  |   |  |  |  |   |  |  |  |   |  |  |  |  |  |                        |  |
| J<br>U<br>V<br>E<br>N<br>I<br>L<br>E                                   | Health / Apparent Physical Condition of Defendant   |  |   |  | Any knowledge of the following:<br><input type="checkbox"/> Mental <input type="checkbox"/> Escape Risk <input type="checkbox"/> Medication <input type="checkbox"/> Deformities <input type="checkbox"/> Injuries<br>Explain: |  |   |  |  |  |   |  |  |  |   |  |  |  |  |  |                        |  |
|  | Check which applies:<br><input type="checkbox"/> Released O.R.<br><input type="checkbox"/> Posted Bond  |  |   |  | <input type="checkbox"/> Released to Parent/Guardian<br><input type="checkbox"/> South County Mental Health  |  |   |  | <input checked="" type="checkbox"/> T.O.T. County Jail   |  |   |  | PROPERTY - Received By   |  |   |  |  |  |  |  |                        |  |
|  | Transported By  |  |   |  | Date Transported   |  |   |  | Time Transported   |  |   |  | Other  |  |   |  |  |  |  |  |                        |  |
|  | <input checked="" type="checkbox"/> INSTRUCTION NO. 1 - Mandatory appearance in court<br><input type="checkbox"/> INSTRUCTION NO. 2 - You need not appear in Court but must comply with instructions on Page 2.   |  |   |  | Location (Court, Room)<br><b>South County 200 W Atlantic Ave Delray Beach, FL 33444</b>  |  |   |  | Court Date and Time<br><b>07/22/2021 08:30:00</b>  |  |   |  | No Photo Available   |  |   |  |  |  |  |  |                        |  |
|  | 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  |  |   |  |  |  |   |  |  |  |   |  |  |  |  |  |                        |  |
|  | HOLD for Other Agency   |  |   |  | Signature of Arresting Officer<br><b>[Signature]</b>   |  |   |  | Name Verification (Printed by Arrestee)<br><b>[Signature]</b>  |  |   |  |  |  |   |  |  |  |  |  |                        |  |
|  | <input type="checkbox"/> Dangerous<br><input type="checkbox"/> Suicidal   |  |   |  | <input type="checkbox"/> Resisted Arrest<br><input type="checkbox"/> Other   |  |   |  | Name of Arresting Officer (Print)<br><b>WINDSOR, NICHOLAS</b>  |  |   |  | I.D. #<br><b>1029</b>  |  |   |  |  |  |  |  |                        |  |
|  | Intake Deputy<br><b>Shawn Sior</b>  |  |   |  | I.D. #<br><b>8107</b>  |  |   |  | Pouch #<br><b>[REDACTED]</b>   |  |   |  | Transporting Officer<br><b>WINDSOR</b>   |  |   |  | I.D. #<br><b>1029</b>  |  |  |  |                        |  |
|  |   |  |   |  |  |  |   |  |  |  |   |  | Agency<br><b>DBPD</b>  |  |   |  | Witness here if subject signed with arrestee<br><b>[Signature]</b> |  |  |  |                        |  |
| N<br>O<br>T<br>I<br>C<br>E<br><br>T<br>O<br>A<br>P<br>P<br>E<br>A<br>R | <input checked="" type="checkbox"/> CONTACT <input type="checkbox"/> WARD ATTORNEY <input type="checkbox"/> AGENCY <input type="checkbox"/> CENTRAL RECORDS <input type="checkbox"/> JAIL <input type="checkbox"/> CRIME ANALYSIS   |  |   |  |  |  |   |  |  |  |   |  |  |  |   |  |  |  |  |  |                        |  |
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JOSEPH A. BLOOM, CLERK  
PALM BEACH COUNTY, FL  
2021 JUN 29 AM 9:14  
FILED

# D.U.I. PROBABLE CAUSE AFFIDAVIT

ON THE 24TH DAY OF JUNE 20 21 AT 0225 ☒ AM ☐ PM  
SUBJECT: REDMAN, TRENTON JOHN CASE NUMBER: 21-007648  
AGENCY: DELRAY BEACH PD ARRESTING OFFICER: WINDSOR #1029

## PERSONAL CONTACT

DRIVING PATTERN: ACTUAL PHYSICAL CONTROL (PHYSICAL EVIDENCE OR STATEMENTS PUTTING DEF. BEHIND WHEEL OF VEHICLE)

The following occurred in the City of Delray Beach, County of Palm Beach, FL.

On 06/24/21 at 0225hrs, I was stationary in my marked DBPD patrol vehicle in the parking lot of 37 W. Atlantic Ave. I heard a vehicle alarm activate and observed it's headlights flashing. The vehicle with the alarm activated was a gray Toyota Sequoia (FL Tag #1102AW). The Toyota was in the adjacent parking lot just east of my patrol vehicle at 10 N. Swinton Ave. I placed my spotlight on the vehicle and observed a white male with the driver door open. The white male appeared to be having difficulty turning the alarm off with the vehicle key fob. The alarm eventually deactivated and the white male entered the Toyota starting the engine. The Toyota exited the parking westbound and made a right turn (north) onto NW 1st Ave. I observed the Toyota cross the double yellow line and travel north in the southbound travel lane in the 1st and 100 blocks of NW 1st Ave. The Toyota made a left turn (west) onto NW 2nd St. and traveled onto the grass swale on the southwest corner of the intersection. The Toyota continued west and turned left (south) onto NW 3rd Ave. without activating it's left turn signal. The Toyota continued south and approached W. Atlantic Ave. The Toyota abruptly entered a parking space and I then activated my emergency lights on my patrol vehicle to conduct a traffic stop. I met with the white male driver and identified him by his FL DL as Trenton John Redman. Redman was sitting in the driver seat and was the only person inside the Toyota. The Toyota's engine was running and the vehicle key was in the ignition.

## OBSERVATION OF DRIVER:

I smelled an odor of an unknown alcoholic beverage coming from Redman. Redman's eyes were red and had a glassy appearance. Redman's speech was slurred while speaking. Redman's pupils were slow to react to changes in light. Redman swayed in a circular motion while standing still. Redman was unsteady on his feet at times while walking. Redman kept putting his hands up and was instructed several times he could put his hands down. Redman stated he felt safer with them up.

## DRIVER'S STATEMENTS:

Redman stated he was on his way home when I pulled him over. I asked Redman where he was coming from and he replied "over there" while pointing east. Redman denied having any medical conditions, consuming any illegal drugs including marijuana and consuming any alcohol prior to driving. I asked Redman if he had difficulty with his vehicle alarm because it would not turn off and he replied that he didn't know his vehicle alarm was activated. Redman stated he did not know he drove on the wrong side of the roadway on NW 1st Ave., drove onto the grass swale at NW 1st Ave. and NW 2nd St. and did not use his turn signal when he turned south onto NW 3rd Ave. Redman denied feeling any effects of alcohol and again denied consuming any alcohol prior to driving.

## ODORS:

I smelled an odor of an unknown alcoholic beverage coming from Redman.

## GENERAL OBSERVATIONS

SPEECH: Slurred

ATTITUDE: Polite

CLOTHING: Blue Shirt, Blue Jeans and White Shoes

MEDICAL/OTHER: Blood Clots

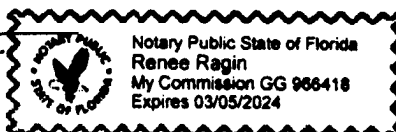
STATE OF FLORIDA  
COUNTY OF PALM BEACH

(Signature of Arresting/Investigative Officer)

The foregoing instrument was sworn to, affirmed and subscribed before me this 24th day of June 20 21 by Ofc. Windsor #1029

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

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



SUBJECT: REDMAN, TRENTON JOHN

CASE NUMBER DBPD #21-007468

### ROADSIDE TASKS

#### HORIZONTAL GAZE NYSTAGMUS:



LT EYE-LACK OF SMOOTH PURSUIT



RT EYE-LACK OF SMOOTH PURSUIT



LT EYE-DISTINCT & SUSTAINED NYSTAGMUS AT MAX. DEVIATION



RT EYE-DISTINCT & SUSTAINED NYSTAGMUS AT MAX. DEVIATION



LT- EYE-ONSET OF NYSTAGMUS PRIOR TO 45 DEGREES



RT- EYE-ONSET OF NYSTAGMUS PRIOR TO 45 DEGREES

#### Other Observations:

I had to instruct Redman several times to keep his head still during the HGN/VGN roadside. Redman swayed in a circular motion while standing still.

#### WALK & TURN:

Redman swayed in a circular motion while standing still. Redman did not remain in the instructional phase position as instructed. Redman used his arms for balance. Redman did not touch heel to toe on several steps. Redman did not turn around as instructed. Redman took 10 steps on the return series of steps.

#### ONE LEG STAND:

Redman swayed in a circular motion while standing still. Redman used his arms for balance. Redman did not look at his toe as instructed. Redman did not count as instructed.

#### FINGER TO NOSE:

Redman swayed in a circular motion while standing still. Redman missed the tip of his nose several times. Redman raised his left hand when instructed to raise his right hand. Redman laughed and stated "you almost got me".

#### ROMBERG ALPHABET:

Redman swayed in a circular motion while standing still. Redman recited the alphabet correctly. Redman performed the modified Romberg and Redman stated 30 seconds had passed after 48 seconds had passed.

BREATH TEST RESULTS:

1) .163

2) .161

3)

4)

STATE OF FLORIDA  
COUNTY OF PALM BEACH

(Signature of Arresting/Investigative Officer)

The foregoing instrument was sworn to or affirmed and subscribed before me this 24th day of June, 2021 by Ofc. Windsor #1029

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

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



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: 80-006238 Software: 8100.27  
Date of Test: 06/24/2021

Date of Last Agency Inspection: 06/11/2021

Observation Period Began: 03:13

Subject's Name: TRENTON J REDMAN

DOB: 03/10/1975 Sex: M

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

Results:

| Test              | g/210L | Time  |
|-------------------|--------|-------|
| Diagnostics Check | OK     | 03:38 |
| Air Blank         | 0.000  | 03:38 |
| Control Test      | 0.080  | 03:39 |
| Air Blank         | 0.000  | 03:39 |
| Subject Sample #1 | 0.163  | 03:40 |
| Air Blank         | 0.000  | 03:41 |
| Air Blank         | 0.000  | 03:42 |
| Subject Sample #2 | 0.161  | 03:43 |
| Air Blank         | 0.000  | 03:44 |
| Control Test      | 0.079  | 03:44 |
| Air Blank         | 0.000  | 03:44 |
| Diagnostics Check | OK     | 03:45 |

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

State of Florida, County of Palm Beach

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

I, REESE M RAGIN, 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-9, Florida Administrative Code, and this form is a true and accurate report of that breath test.

Breath Test Operator: \_\_\_\_\_

Signature

Date: 06/24/21

Sworn to (or affirmed) before me this 24 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.

SUBJECT:

Redman, Trenton J.

CASE NUMBER:

D325 21-20

## IMPLIED CONSENT FOR DUI IN A MOTOR VEHICLE

NOTE: READ ONLY THE PARAGRAPH APPLICABLE TO THE TYPE OF TEST YOU ARE REQUESTING.

I am now requesting that you submit to a lawful test of your BREATH for the purpose of determining its alcohol content.

-OR-

I am now requesting that you submit to a lawful test of your URINE for the purpose of detecting the presence of chemical or controlled substances.

-OR-

I am now requesting that you submit to a lawful test of your BLOOD for the purpose of detecting its alcohol content and the presence of chemical or controlled substances.

NOTE: READ ONLY IF THE SUBJECT DOES NOT COMPLY WITH YOUR REQUEST.

I am \_\_\_\_\_ of the \_\_\_\_\_.

If you fail to submit to the test I have requested of you, your privilege to operate a motor vehicle will be suspended for a period of one (1) year for a first refusal, or eighteen (18) months if your privilege has been previously suspended as a result of a refusal to submit to a lawful test of your breath, urine or blood. Additionally, if you refuse to submit to the test I have requested of you and if your driving privilege has been previously suspended for a prior refusal to submit to a lawful test of your breath, urine or blood, you will be committing a misdemeanor. Refusal to submit to the test I have requested of you is admissible into evidence in any criminal proceeding.

SUBJECT'S SIGNATURE: (X) \_\_\_\_\_

## CONSTITUTIONAL WARNINGS

I AM REQUIRED TO WARN YOU BEFORE YOU MAKE ANY STATEMENTS THAT YOU HAVE THE FOLLOWING RIGHTS:

1. You have the right to remain silent and not answer any questions.
2. Any statement must be freely and voluntarily given.
3. You have the right to the presence of a lawyer of your choice before you make any statement and during any questioning.
4. If you cannot afford a lawyer, you are entitled to the presence of a court appointed lawyer before you make any statements and during any questioning.
5. If at any time during the interview you do not wish to answer any questions, you are privileged to remain silent.
6. I can make no threats or promises to induce you to make a statement. This must be of your own free will.
7. Any statement can and will be used against you in a court of law.

SUSPECT'S SIGNATURE: (X) \_\_\_\_\_

Read on Camera

WHITE - STATE ATTY.

YELLOW - DHSMV

PINK - CENTRAL RECORDS

GOLD - JAIL

SUBJECT: Kedron, Trenton J.

CASE NUMBER: 22PD 21-007646

## 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: OFC WINDSOR #1089 22PD

WHITE - STATE ATTY.

YELLOW - DHSMV

PINK - CENTRAL RECORDS

GOLD - JAIL



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

PBSO CASE # 21-079041 PBSO ZONE 4.11  
AGENCY CASE # 21-007648 CRASH CASE # N/A  
TIME OF STOP/CRASH 0225 DATE 06/24/21 DAY THURSDAY  
SUBJECT'S NAME REDMAN, TRENTON JOHN RACE W SEX M  
HGT 5'11 WGT 175 DOB 03/10/75  
LOCATION 1ST BLOCK NW 3RD AVE, DELRAY BEACH, FL  
ARRESTING OFFICER'S NAME & ID WINDSOR #1029 AGENCY DELRAY BEACH PD  
DIVISION: CRD NOTIFIED BY COMMO YES  
ARRIVAL AT FACILITY 03/3  
BREATH RESULTS: ARREST TIME 0249  
1) .163  
2) .161  
3) N/A  
4) N/A  
TESTING OFFICER'S ID 16877 PBSO VIDEOTAPE # N/A

# TESTING FACILITY TASK REPORT

AGENCY: DBPD

SUBJECT: Redman, Trenton J.

CASE NUMBER: 21-079041

DATE: Jun 24, 2021

VIDEO DVD NUMBER: N/A

BEGINNING TIME: 03:35

ENDING TIME: 03:47

BREATH TESTS RESULTS: 1) .163 TIME 03:40 A.M. ☒ P.M. ☐ 2) .161 TIME 03:43 A.M. ☒ P.M. ☐  
3) N/A TIME ----- A.M. ☐ P.M. ☐ 4) N/A TIME ----- A.M. ☐ P.M. ☐

BREATH OPERATOR: R. Ragin #16877

MAINTENANCE TECHNICIAN: Jason Karlecke #6467

## TESTING OFFICER'S OBSERVATIONS

SPEECH: Slurred

ATTITUDE: Calm, cooperative

CLOTHING: Blue jeans, blue t-shirt, white sneakers

MEDICAL CONDITIONS: None

MEDICATIONS: Blood thinners

## OTHER:

Eyes are red  
odor of unknown alcoholic beverage on breath

## COMMENTS:

Arrived at center A/O started 20 minute observation period at 03:13 hrs.

Subject agreed to perform breath test.

Tech read breath test results.

Subject stated he understood breath test results.

A/O read rights.

Subject stated he understood rights.

A/O attempted Q&A

Subject refused to answer Q&A.



## WITNESS LIST

CASE NUMBER: DBPD #21-007468

ARRESTING OFFICER: OFC. WINDSOR #1029 DBPD

ADDRESS: 300 W ATLANTIC AVE DELRAY BEACH, FL 33444

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

CAN TESTIFY TO: TRAFFIC VIOLATIONS AND DUI PC

NAME: OFC T. WILLIAMS #1188 DBPD

ADDRESS: 300 W ATLANTIC AVE DELRAY BEACH, FL 33444

PHONE NUMBERS (HOME) \_\_\_\_\_ (WORK) 561-243-7800

CAN TESTIFY TO: BACKUP OFFICER

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 \_\_\_\_\_



**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) |
|--|-------------------------------------|---|--|----------------|
| <b>L/E Exemptions</b>  | <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.  |                |
| <b>Public Info. Exemptions</b>                                     | <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),<br>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.  |                |
| <b>Florida Rules of Judicial Administration 2.420 (Rule of 23)</b> | <input checked="" type="checkbox"/> | (iii) 119.0714(1)(i)-(j),<br>(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),<br>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"/>            |   |  |                |
| <b>Other</b>   | <input type="checkbox"/>            |   | Other:   |                |
|  | <input type="checkbox"/>            |   | Other:   |                |

**REVIEW COMPLETED BY**

**Booking Number:** 2021015356

**Date:** 6/24/2021

**Specialist Name/ID:** M. Tooks #8557