

21CT12126 AMB

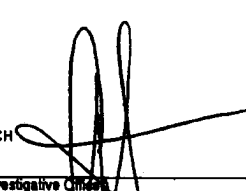
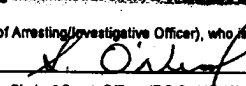
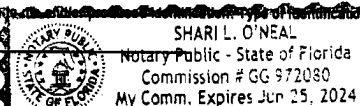
OBTS Number		ARREST / NOTICE TO APPEAR Juvenile Referral Report		1. Arrest 2. N.T.A.		3. Request for Warrant 4. Request for Capias		1		Juvenile		N																			
Agency ORI Number <b>FLO 500000</b>		Agency Name <b>PALM BEACH COUNTY SHERIFF'S OFFICE</b>				Agency Report Number (N.T.A.'s only) <b>06- 21088482</b>																									
Charge Type: Check as many as apply		1. Felony <input type="checkbox"/>		3. Misdemeanor <input type="checkbox"/>		5. Ordinance <input type="checkbox"/>		Weapon Seized / Type 2. 1. Yes 2. No N/A		Multiple Clearance Indicator		02																			
Location of Arrest (Including Name of Business) <b>1ST AVE S / S L ST LAKE WORTH BEACH FL, 33460</b>		Location of Offense (Business Name, Address) <b>1ST AVE S / S L ST, LAKE WORTH BEACH FL, 33460</b>																													
Date of Arrest <b>07/22/2021</b>		Time of Arrest <b>2235</b>		Booking Date		Booking Time		Jail Date		Jail Time		Location of Vehicle <b>GARDENS TOWING</b>																			
Name (Last, First, Middle) <b>MASTERSON, VINCENT, J</b>												Alias (Name, DOB, Soc. Sec. #, Etc.)																			
Race W - White I - American Indian B - Black O - Oriental/Asian		Sex <b>M</b>		Date of Birth <b>7/7/1975</b>		Height <b>5'09</b>		Weight <b>215</b>		Eye Color <b>BROWN</b>		Hair Color <b>BLACK</b>		Complexion <b>LIGHT</b>		Build <b>LARGE</b>															
Scars, Marks, Tattoos, Unique Physical Features (Location, Type, Description)												Marital Status <b>SINGLE</b>		Religion <b>AGNOSTIC</b>		Indication of: Alcohol Influence Drug Influence		Y N Unk <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>													
Local Address (Street, Apt. Number) <b>421 S LAKESIDE DR, APT 2, LAKE WORTH BEACH FL, 33460</b>												(City)		(State)		(Zip)		Phone <b>(561) 5451256</b>		Residence Type: 1. City 2. County 3. Florida 4. Out of State		2									
Permanent Address (Street, Apt. Number)												(City)		(State)		(Zip)		Phone		Address Source <b>FL DL</b>											
Business Address (Name, Street)												(City)		(State)		(Zip)		Phone		Occupation <b>BEHAVIOR THERAPIST</b>											
D/L Number, State <b>M236870752470, FL</b>				Soc. Sec. Number				INS Number				Place of Birth (City, State) <b>HUNTINGTON, WV</b>				Citizenship <b>US</b>															
Co-Defendant Name (Last, First, Middle)												Race		Sex		Date of Birth		<input type="checkbox"/> 1. Arrested <input type="checkbox"/> 2. At Large		<input type="checkbox"/> 3. Felony <input type="checkbox"/> 4. Misdemeanor <input type="checkbox"/> 5. Juvenile											
Co-Defendant Name (Last, First, Middle)												Race		Sex		Date of Birth		<input type="checkbox"/> 1. Arrested <input type="checkbox"/> 2. At Large		<input type="checkbox"/> 3. Felony <input type="checkbox"/> 4. Misdemeanor <input type="checkbox"/> 5. Juvenile											
<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		1											
Released To: (Name)												Relationship		Date		Time															
The above address provided is the defendant's parents the child and / or parent was told to keep the Juvenile Court Clerk (phone 336-1120) informed of any change of address.												School Attender		Grade																	
<input type="checkbox"/> Yes, by: (Name) <input type="checkbox"/> No (Reason)												Description of Property		Value of Property																	
Property Crime? <input type="checkbox"/> Yes <input type="checkbox"/> No																															
Drug Activity S. Sell N. N/A P. Possess												S. Sell B. Buy T. Traffic		R. Snuggle 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 <b>DUI</b>												Counts <b>1</b>		Domestic Violence <input type="checkbox"/> Y <input type="checkbox"/> N		Statute Violation Number <b>316.193(1)(A)</b>		Violation of ORD #													
Drug Activity N												Drug Type N		Amount / Unit N/A		Offense # <b>21088482</b>		Warrant / Capias Number		Bond											
Charge Description <b>WILLFULLY REFUSES TO SIGN AND ACCEPT CITATION</b>												Counts <b>1</b>		Domestic Violence <input type="checkbox"/> Y <input type="checkbox"/> N		Statute Violation Number <b>318.14(3)</b>		Violation of ORD #													
Drug Activity N												Drug Type N		Amount / Unit N/A		Offense # <b>21088482</b>		Warrant / Capias Number		Bond											
Charge Description												Counts		Domestic Violence <input type="checkbox"/> Y <input 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 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) <b>PALM BEACH COUNTY CRIMINAL JUSTICE COMPLEX, 3228 GUN CLUB RD WEST PALM BEACH FL 33406</b>																															
Court Date and Time Month <b>AUGUST</b> Day <b>19TH</b> Year <b>2021</b> Time <b>0830</b> AM <b>X</b>																															
I AGREE TO APPEAR AT THE TIME AND PLACE DESIGNATED TO ANSWER THE OFFENSE CHARGED OR TO PAY THE FINE SUBSCRIBED. I UNDERSTAND THAT SHOULD I FAIL TO 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) <i>[Signature]</i>												Date Signed <b>07/22/2021</b>																			
HOLD for other Agency Name:												Signature of Arresting Officer <i>[Signature]</i>		Name Verification (Printed by Arrestee) (PRINT)																	
<input type="checkbox"/> Dangerous <input type="checkbox"/> Suicidal <input type="checkbox"/> Resisted Arrest <input type="checkbox"/> Other:												Name of Arresting Officer (Print) <b>INV. A. TEJEDA</b>		I.D. # <b>31814</b>																	
Intake Deputy <i>[Signature]</i>												I.D. #		Pouch #		Transporting Officer <b>INV. A. TEJEDA</b>		ID # <b>31814</b>		Agency <b>PSBO</b>											
DISTRIBUTION: WHITE - COURT COPY GREEN - STATE ATTORNEY YELLOW - AGENCY PINK - AGENCY GOLD - DEFENDANT (N.T.A.'s ONLY)																															

## 0524788

JUL 23 2021

## 3312

OBTS Number		<b>PROBABLE CAUSE AFFIDAVIT</b>		1. Arrest 2. N.T.A.		3. Request for Warrant 4. Request for Capias		1	Juvenile
ADMIN	Agency ORI Number <b>FLO 500000</b>		Agency Name <b>PALM BEACH COUNTY SHERIFF'S OFFICE</b>		Agency Report Number <b>06-21088482</b>				
	Charge Type Check as many as apply		1. Felony 2. Traffic Felony		3. Misdemeanor 4. Traffic Misdemeanor		5. Ordinance 6. Other		Special Notes
CHARGES	Name (Last, First, Middle) <b>Masterson, Vincent, J</b>				Alias		Race <b>W</b>	Sex <b>M</b>	Date of Birth <b>7/7/1975</b>
	Charge Description <b>DUI</b>				Charge Description				
VICTIM	Victim's Name (Last, First, Middle) <b>STATE OF FLORIDA, ,</b>				Race		Sex	Date of Birth	
	Local Address (Street, Apt. Number) (City) (State) (zip)				Phone		Address Source		
	Business Address (Name, Street) (City) (State) (zip)				Phone		Occupation		
<p>The undersigned certifies and swears that he/she has just and reasonable grounds to believe, and does believe that the above named Defendant committed the following violation of law.</p> <p>The Person taken into custody</p> <div style="display: flex; justify-content: space-between;"> <div> <input type="checkbox"/> committed the below acts in my presence.  <input type="checkbox"/> confessed to _____              admitting to the below facts.           </div> <div> <input type="checkbox"/> was observed by _____ who told _____              that he/she saw the arrested person commit the below acts.  <input checked="" type="checkbox"/> was found to have committed the below acts, resulting from my (described) investigation.           </div> </div> <p>On the <b>22ND</b> day of <b>JULY</b> 20 <b>21</b> at <b>2207</b> <input type="checkbox"/> A.M. <input checked="" type="checkbox"/> P.M. (Specifically include facts constituting cause for arrest.)</p> <p><b>On 7/22/2021 at approximately 2151 hours, I was dispatched to the area of 500 1st Ave S, City of Lake Worth, FL 33460, for a possible impaired driver. The caller stated a silver vehicle, Florida tag: KPTR09 had struck a curb, flattened its tire, and then the driver was passed out behind the wheel. Multiple witnesses checked on the driver, later identified as Vincent Masterson by his Florida license, who was seated in the driver's seat with the vehicle running.</b></p> <p><b>Witness, Frederick Kohlmeier, stated Masterson's vehicle was parked outside of his residence at 503 1st Ave S with a flat tire. Kohlmeier grabbed a flashlight to see if anyone was inside of the vehicle at which point he observed Masterson reclining in the driver's seat, asleep, with the vehicle running. Kohlmeier woke Masterson up and asked if he could help obtain him a ride home and Masterson advised he did not need any help. Kohlmeier advised Masterson's "speech was slurred and apparently inebriated." Kohlmeier was concerned for Masterson and others on the roadway so the Police were called to assist.</b></p> <p><b>Upon my arrival, I met with Kohlmeier who provided a written sworn statement reflecting the above information. I made contact with Masterson, who was outside of his vehicle at the time of my arrival. I observed Masterson's belt undone and his clothing disheveled. When I was speaking with Masterson, I could detect the odor of an unknown alcoholic beverage emitting from his breath and his eyes to be watery/bloodshot.</b></p> <p><b>Masterson stated he had struck a curb, flattened his tire while driving to the dollar store. While speaking with Masterson, I observed two (2) open containers next to the driver's seat, partially filled with a clear liquid. With the type of bottles and labels, I recognized the liquid to be possible vodka. Masterson stated he had not consumed any alcohol since 1994 and just wanted to go home.</b></p> <p><b>I requested a PBSO DUI unit respond to the scene to conduct a DUI investigation. DUI #16, D/S A. Tejada #31814 responded to the scene to take over the investigation.</b></p>									
ADMINISTRATIVE	STATE OF FLORIDA COUNTY OF PALM BEACH <div style="display: flex; justify-content: space-between; align-items: center;"> <div>             (Signature of Arresting Investigative Officer)         </div> <div> <b>D/S Kobitka #37078</b> </div> </div>								
	The foregoing instrument was sworn to or affirmed and subscribed before me this <b>22nd</b> day of <b>July</b> 20 <b>21</b> by <b>D/S N. Kobitka</b> (Print name of Arresting Investigative Officer, who is personally known to me and/or produced identification. Type of identification produced <b>Known PBSO Deputy</b> )								
	Notary Public, Clerk of Court, Officer (F.S.S. 117.10) <div style="display: flex; justify-content: space-between; align-items: center;"> <div>   <b>MV Tejada 31814</b> </div> <div> <b>31814</b> </div> </div>								
	PAGE <b>1</b> OF <b>1</b>								

		PROBABLE CAUSE AFFIDAVIT		1. Arrest 2. N.T.A.		3. Request for Warrant 4. Request for Capias		1		Juvenile N	
ADMIN	OBTS Number			Agency ORI Number <b>FLO 500000</b>		Agency Name <b>PALM BEACH COUNTY SHERIFF'S OFFICE</b>		Agency Report Number <b>06- 21088482</b>			
	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:			
DEF	Name (Last, First, Middle) <b>MASTERSON, VINCENT, J</b>		Alias		Race <b>W</b>		Sex <b>M</b>		Date of Birth <b>7/7/1975</b>		
CHARGES	Charge Description <b>DUI</b>		316.193(1)(A)		Charge Description <b>WILLFULLY REFUSES TO SIGN AND ACCEPT CITATION</b>		318.14(2)				
	Charge Description				Charge Description						
VICTIM	Victim's Name (Last, First, Middle) <b>STATE OF FLORIDA, ,</b>				Race		Sex		Date of Birth		
	Local Address (Street, Apt. Number)		(City) (State) (zip)		Phone		Address Source				
	Business Address (Name, Street)		(City) (State) (zip)		Phone		Occupation <b>GOVERNMENT</b>				
ADMINISTRATIVE	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. <input 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 my (described) investigation.										
	On the <b>22ND</b> day of <b>JULY</b> 20 <b>21</b> at <b>2153</b> <input type="checkbox"/> A.M. <input checked="" type="checkbox"/> P.M. (Specifically include facts constituting cause for arrest.)										
	<b>THE DEFENDANT REFUSED TO SIGN AND ACCEPT HIS CITATIONS PERTAINING TO THE DUI INVESTIGATION.</b>										
	<b>CITATION NUMBERS AEA7M2E AND AF0SCGE.</b>										
ADMINISTRATIVE	STATE OF FLORIDA COUNTY OF PALM BEACH  <b>INV. A. TEJEDA</b> (Signature of Arresting/Investigative Officer)										
	The foregoing instrument was sworn to, affirmed and subscribed before me this <b>22ND</b> day of <b>JULY</b> 20 <b>21</b> by <b>INV. A. TEJEDA</b> (Print name of Arresting/Investigative Officer), who is personally known to me and produced <b>PERSONALLY KNOWN LEO</b>  Notary Public, Clerk of Court, Officer (F.S.S. 117.10)										
											
	PAGE <b>1</b> OF <b>1</b>										

# D.U.I. PROBABLE CAUSE AFFIDAVIT

ON THE 22ND DAY OF JULY 20 21, AT 2153 AM ☒ PM  
SUBJECT: MASTERSON, VINCENT, J CASE NUMBER: 21088482

AGENCY: PALM BEACH COUNTY SHERIFF'S OFFICE ARRESTING OFFICER: INV. A. TEJEDA

## PERSONAL CONTACT

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

On 7/22/2021 at approximately 2151 hours, I was dispatched to the area of 500 1st Ave S, City of Lake Worth, FL 33460, for a possible impaired driver. The caller stated a silver vehicle, Florida tag: KPTR09 had struck a curb, flattened its tire, and then the driver was passed out behind the wheel. Multiple witnesses checked on the driver, later identified as Vincent Masterson by his Florida license, who was seated in the driver's seat with the vehicle running.

Witness, Frederick Kohlmeier, stated Masterson's vehicle was parked outside of his residence at 503 1st Ave S with a flat tire. Kohlmeier grabbed a flashlight to see if anyone was inside of the vehicle at which point he observed Masterson reclining in the driver's seat, asleep, with the vehicle running. Kohlmeier woke Masterson up and asked if he could help obtain him a ride home and Masterson advised he did not need any help. Kohlmeier advised Masterson's "speech was slurred and apparently inebriated." Kohlmeier was concerned for Masterson and others on the roadway so the Police were called to assist.

Upon my arrival, I met with Kohlmeier who provided a written sworn statement reflecting the above information. I made contact with Masterson, who was outside of his vehicle at the time of my arrival. I observed Masterson's belt undone and his clothing disheveled. When I was speaking with Masterson, I could detect the odor of an unknown alcoholic beverage emitting from his breath and his eyes to be watery/bloodshot.

Masterson stated he had struck a curb, flattened his tire while driving to the dollar store. While speaking with Masterson, I observed two (2) open containers next to the driver's seat, partially filled with a clear liquid. With the type of bottles and labels, I recognized the liquid to be possible vodka. Masterson stated he had not consumed any alcohol since 1994 and just wanted to go home.

## OBSERVATION OF DRIVER:

Upon making contact with the defendant who was leaning up on a PBO patrol car. I immediately smelled an obvious odor of an unknown alcoholic beverage coming from his breath. I observed the defendant's eyes to be glassy and blood shot. I also observed the defendant to have a slow and slurred speech. The defendant was asked to step in front of my patrol car, as he began walking he staggered to the side and had an unstable balance. I also observed the defendant to have a sway as he stood normally without walking.

## DRIVER'S STATEMENTS:

The defendant stated he was on his way home from work. He then stated he last worked 13 hours ago. He stated he has no medical conditions. He stated he has no physical defects or injuries. He stated he was on Palmway traveling northbound. He was actually on 1st Ave S traveling westbound. He stated he has not hit his head recently. He stated he is not taking any medications. He stated he has no issues with his eyes and does not use glasses or contacts. He stated he has not smoked any marijuana or used any illegal drugs. He stated the date was 07/23/2021 it is actually 07/22/2021. He stated the current time was 2AM and it was actually 1019PM. He stated he had a couple of beers. e stated he had his first beer approximately 2 hours ago. He stated he had his last beer 3 hours ago.

## ODORS:

An obvious odor of an unknown alcoholic beverage coming from his breath which intensified as he spoke with me.

## GENERAL OBSERVATIONS

SPEECH: Slow and slurred

ATTITUDE: Calm and cooperative then talkative

CLOTHING: Black tshirt, blue jeans, black shoes

MEDICAL/OTHER: No medical conditions  
All roadsides captured on in car camera

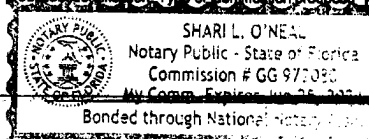
STATE OF FLORIDA  
COUNTY OF PALM BEACH

INV. A. TEJEDA  
(Signature of Arresting/Investigative Officer)

The foregoing instrument was sworn to or affirmed and subscribed before me this 22ND day of JULY 20 21 by INV. A. TEJEDA

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

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



SUBJECT: MASTERSON, VINCENT, J

CASE NUMBER 21088482

### 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:

The defendant was placed into the instructional stance for the Horizontal Gaze Nystagmus. He failed to maintain the instructional stance by separating his feet to balance himself. He verbally identified the bins stimulus. I was holding up. I checked the defendant's eyes for equal tracking, equal pupil size, and resting nystagmus. He was told to follow the stimulus with his eyes only and not move his head. He continued moving his head and was reminded several times not to move his head. Taylor warnings were read to the defendant which he stated he understood and had no questions for me. He agreed to continue doing the tasks.

#### WALK & TURN:

I explained and demonstrated the instructions for the "Walk & Turn" to him multiple times. He stated he understood the instructions and had no questions for me. He failed to maintain the instructional stance by separating his feet to help steady himself. He continued talking and redirecting from the task and was asked several times to pay attention to the instructions that I was treading to him. He started the task too soon without being told to do so. He did not walk heel to toe as instructed. He stepped off of the line several times. He did not count as instructed. He improperly turned around and stopped the task. When asked if he was completed he then stated he was done and did not understand the instructions after being explained to him and him stating he understood. He then stated he was not going to the tasks and was placed into handcuffs, which were checked for proper fit and tightness. The handcuffs were then double locked.

#### ONE LEG STAND:

N/A

#### FINGER TO NOSE:

N/A

#### RHOMBERG ALPHABET:

N/A

BREATH TEST RESULTS: 1) Refused 2) Refused 3)            4)           

STATE OF FLORIDA  
COUNTY OF PALM BEACH

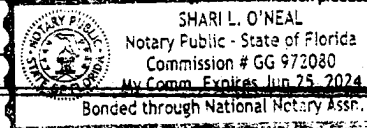
INV. A. TEJEDA

(Signature of Arresting/Investigative Officer)

The foregoing instrument was sworn to or affirmed and subscribed before me this 22ND day of JULY 2021 by INV. A. TEJEDA

(Print name of Arresting/Investigative Officer), who is personally known to me and/or produced identification to me, as a Notary Public, PERSONALLY KNOWN LEO

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



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

I, Investigator LE ANTHONY TEJEDA, a duly certified Law Enforcement Officer or Correctional Officer,  
(Person reading Implied Consent Warning)  
am a member of Palm Beach County Sheriffs Office, and I do swear  
(Name of enforcement agency)

or affirm that on or about the TWENTY-SECOND day of July, 2021, at 10:35 PM

DRIVER VINCENT J MASTERSON  
(Type or Print) FIRST MIDDLE OR MAIDEN LAST

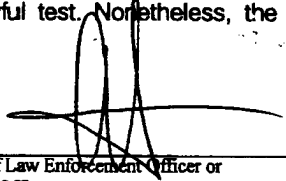
DL # M236870752470, state of FL, was placed under lawful arrest for

the offense of DUI by Investigator LE ANTHONY TEJEDA and  
(Name of Arresting Officer)

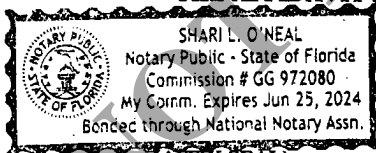
issued Citation # AEA7M2E

That on or about the TWENTY-SECOND day of July, 2021, at 11:21 PM  
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 (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)**



(AFFIX SEAL)

The foregoing instrument was sworn and subscribed before  
me this 22 day of July, 2021  
by \_\_\_\_\_

who is personally known to me or who has produced  
\_\_\_\_\_ as identification.

Notary Public S. O'Neal

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  
DUI TESTING FACILITY  
INFORMATION SHEET

PBSO CASE # 21088482 PBSO ZONE 14-41

AGENCY CASE # \_\_\_\_\_ CRASH CASE # \_\_\_\_\_

TIME OF STOP/CRASH 2153 DATE 07/22/2021 DAY Thursday

SUBJECT'S NAME MASTERSON, VINCENT, J RACE W SEX M

HGT 5'09 WGT 215 DOB 7/7/1975

LOCATION 1ST AVE S / S L ST LAKE WORTH BEACH FL, 33460

ARRESTING OFFICER'S NAME & ID INV. A. TEJEDA (31814) AGENCY PALM BEACH COUNTY SHERIFF'S OFFICE

DIVISION: VCD/DUI

NOTIFIED BY COMMO NO

ARRIVAL AT FACILITY 2255

ARREST TIME 2235

BREATH RESULTS:

1)	
2)	
3)	
4)	

TESTING OFFICER'S ID 6212 PBSO VIDEOTAPE # 1

## WITNESS LIST

CASE NUMBER: 21088482

ARRESTING OFFICER: INV. A. TEJEDA

ADDRESS: 3228 GUN CLUB ROAD WEST PALM BEACH FL 33406

PHONE NUMBERS (HOME): \_\_\_\_\_ (WORK) 561 688 3400

CAN TESTIFY TO: FACTS OF CASE AND DUI INVESTIGATION

NAME: D/S N. KOBITKA

ADDRESS: 3228 GUN CLUB ROAD WEST PALM BEACH FL 33406

PHONE NUMBERS (HOME) \_\_\_\_\_ (WORK) 561 688 3400

CAN TESTIFY TO: PLACING DEFENDANT BEHIND THE WHEEL

NAME: \_\_\_\_\_

ADDRESS \_\_\_\_\_

PHONE NUMBERS (HOME) \_\_\_\_\_ (WORK) \_\_\_\_\_

CAN TESTIFY TO: \_\_\_\_\_

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: \_\_\_\_\_

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CAN TESTIFY TO: \_\_\_\_\_

NAME: \_\_\_\_\_

ADDRESS \_\_\_\_\_

PHONE NUMBERS (HOME) \_\_\_\_\_ (WORK) \_\_\_\_\_

CAN TESTIFY TO: \_\_\_\_\_

NAME: \_\_\_\_\_

ADDRESS \_\_\_\_\_

PHONE NUMBERS (HOME) \_\_\_\_\_ (WORK) \_\_\_\_\_

CAN TESTIFY TO: \_\_\_\_\_



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 #:	21088482	ZONE:	14-41	SUSPECT:	VINCENT J MASTERSON	DATE & TIME OF ORIGINAL EVENT/OFFENSE:	7/22/21 2200
EVENT TYPE:	DUI	DEPUTY:	INV ATERDG	ID#	31814		

## COMPLETE EVERYTHING BELOW – PRINT LEGIBLY

LAST NAME:		FIRST NAME:		MIDDLE INITIAL:	RACE:	SEX:	
KOHLMAYER		FREDERICK		CLIFFORD	C	M	
DATE OF BIRTH:	(MM/DD/YYYY)	YOUR HEIGHT:	YOUR WEIGHT:	YOUR HAIR COLOR:	YOUR EYE COLOR:		
04-20-1959		4'4"	195	blond	blue		
YOUR HOME ADDRESS:		<input type="checkbox"/> CHECK IF HOMELESS		CITY:	STATE:	ZIP:	
503 1st Ave S.				Lake Worth	FL	33460	
YOUR WORK NAME & ADDRESS:		<input type="checkbox"/> CHECK IF UNEMPLOYED OR RETIRED		CITY:	STATE:	ZIP:	
Office Depot				Doca Ration	FL	33496	
WORK PHONE:	<input type="checkbox"/> CHECK IF NONE	CELL PHONE:	<input type="checkbox"/> CHECK IF NONE	HOME PHONE:	<input type="checkbox"/> CHECK IF NONE	EMAIL:	<input type="checkbox"/> CHECK IF NONE
( )		(561) 889-8965		( )			

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

YOUR NAME:	DO HEREBY VOLUNTARILY MAKE THE FOLLOWING STATEMENT WITHOUT THREAT, COERCION, OFFER OF BENEFIT, OR FAVOR BY ANY PERSONS WHOMSOEVER...
1. Cliff Kohlmeier	
Observed car outside my house w/ flashers on, one wheel up the curb w/ flat tire. Got a flashlight to see if anyone was inside. Found driver reclining in front, drivers side seat, asleep. Woke him up and asked if he had a friend I could call. He said he was okay and didn't need help. Speech was slurred; apparently intoxicated. As he would be a danger if he drove, we called the police. (the car was running when I walked up)	

PAGE \_\_\_\_ OF \_\_\_\_

## READ AND SIGN

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

YOUR SIGNATURE: X

*[Signature]*

☒ DEPUTY SHERIFF ☐ NOTARY PUBLIC FSS: 117.10

SWORN TO AND SUBSCRIBED BEFORE ME TODAY:

DATE: 7-22-21

TIME: 10:00 pm

SIGNATURE: *[Signature]*

ID: 37078

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

# TESTING FACILITY TASK REPORT

AGENCY: INV. TEJEDA #31814	
SUBJECT: MASTERSON, VINCENT J.	CASE NUMBER: 21-088482
DATE: 07-22-21	VIDEO DVD NUMBER: N/A
BEGINNING TIME: 2315 HRS	ENDING TIME: 2322 HRS
BREATH TESTS RESULTS: 1) <b>REFUSED</b> TIME 21 A.M. <input type="checkbox"/> P.M. <input checked="" type="checkbox"/> 2) TIME A.M. <input type="checkbox"/> P.M. <input type="checkbox"/>	
3) TIME A.M. <input type="checkbox"/> P.M. <input type="checkbox"/> 4) TIME A.M. <input type="checkbox"/> P.M. <input type="checkbox"/>	
BREATH OPERATOR: S.O'NEAL #6212	
MAINTENANCE TECHNICAN: J. KARLECKE #6467	

## TESTING OFFICER'S OBSERVATIONS

SPEECH:	RAPID, MUMBLED
ATTITUDE:	COMPLAINING, COOPERATIVE, WEIRD, MOODSWINGS, AGITATED, UNCOOPERATIVE, DEMANDING
CLOTHING:	SHIRT- BLACK/PRINT PANTS- BLUE JEANS
MEDICAL CONDITIONS:	NONE
MEDICATIONS:	NONE
OTHER:	
EYES :	RED, GLASSY

## COMMENTS:

20 MIN. OBSERVATION DONE BY A/O TEJEDA #31814  
A/O REQUESTED THE BREATH TEST ON CAMERA 2 X'S.  
D SUBMITTED TO THE TEST AT FIRST. AS I WAS EXPLAINING THE BREATH PROCEDURE TO HIM HE ASK WHAT HAPPENED IF HE DID NOT TAKE THE TEST.  
A/O READ THE IMPLIED CONSENT ON CAMERA TO THE D MORE THE ONCE. D WAS BEING UNCOOPERATIVE AND DEMANDING. D KEPT ASKING FOR AN ATTORNEY.  
D REFUSED TO SUBMIT TO THE BREATH TEST AFTER THE A/O READ HIM THE IMPLIED CONSENT.  
C/W READ ON CAMERA TO THE D.  
NO Q&A CONDUCTED.

SUBJECT: WYATT, NICHOLAS CASE NUMBER: 21088482

## 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

SUBJECT: VINCENT J. NICHOLSON CASE NUMBER: 210584182

## 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: WV A Tejeda 31814



**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: 2021018244

Date: 7/23/2021

Specialist Name/ID: M. Took #8557