

0525331

21-CT13829

2157

| OBTS Number | | ARREST / NOTICE TO APPEAR Juvenile Referral Report | | 1. Arrest 2. N.T.A. | | 3. Request for Warrant 4. Request for Capias | | 1 | | Juvenile | | N | |
|---|--|---|--|--|--|--|--|--|--|---|--|--|--|
| Agency ORI Number FLO 500000 | | Agency Name PALM BEACH COUNTY SHERIFF'S OFFICE | | | | Agency Report Number (N.T.A.'s only) 06- 21097503 | | | | | | | |
| Charge Type: Check as many as apply. | | 1. Felony | | 3. Misdemeanor | | 5. Ordinance | | 2. Traffic Felony | | 4. Traffic Misdemeanor | | 6. Other | |
| Location of Arrest (Including Name of Business) LUCERNE AVE / N K STREET, LAKE WORTH, FL 33460 | | Location of Offense (Business Name, Address) LUCERNE AVE / N K STREET, LAKE WORTH, FL 33460 | | Weapon Seized / Type 2 | | 1. Yes 2. No N/A | | Multiple Clearance Indicator | | | | | |
| Date of Arrest 08/19/2021 | | Time of Arrest 0053 | | Booking Date | | Booking Time | | Jail Date | | Jail Time | | Location of Vehicle PRIORITY TOWING | |
| Name (Last, First, Middle) Vukadinovic, Vladimir, C | | Alias (Name, DOB, Soc. Sec. #, Etc.) | | | | | | | | | | | |
| Race W | | Sex M | | Date of Birth 10/20/1977 | | Height 6'00 | | Weight 230 | | Eye Color GRN | | Hair Color BLONDE | |
| Complexion MED | | Build LARGE | | Scars, Marks, Tattoos, Unique Physical Features (Location, Type, Description) SCAR TORSO | | Marital Status Single | | Religion CHRISTIAN | | Indication of Alcohol Influence Drug Influence | | Y N Unk. <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | |
| Local Address (Street, Apt. Number) 2054 10TH AVE, LAKE WORTH, FL 33461 | | (City) | | (State) | | (Zip) | | Phone (708) 466-0842 | | Residence Type: 1. City 2. County 3. Florida 4. Out of State 1 | | | |
| Permanent Address (Street, Apt. Number) | | (City) | | (State) | | (Zip) | | Phone | | Address Source VERBAL | | | |
| Business Address (Name, Street) | | (City) | | (State) | | (Zip) | | Phone | | Occupation CDL DRIVER | | | |
| D/L Number, State V23586077299, IL | | Soc. Sec. Number | | INS Number | | Place of Birth (City, State) SERBIA, Yugoslavia | | Citizenship YES | | | | | |
| 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 | | | | | | | |
| Released To: (Name) | | Relationship | | Date | | Time | | | | | | | |
| The above address provided by <input type="checkbox"/> defendant and / or <input type="checkbox"/> defendant's parents The child and / or parent was told to keep the Juvenile Court Clerk (Phone 355-2526) informed of any change of address. | | <input type="checkbox"/> Yes, by: (Name) | | <input type="checkbox"/> No: (Reason) | | School Attended | | Grade | | | | | |
| Property Crime? <input type="checkbox"/> Yes <input type="checkbox"/> No | | Description of Property | | Value of Property | | | | | | | | | |
| Drug Activity N. N/A P. Possess | | S. Sell B. Buy T. Traffic | | R. Smuggle D. Deliver E. Use | | K. Dispense/ Distribute | | M. Manufacture/ Produce/ Cultivate | | Z. Other | | Drug Type N. N/A A. Amphetamine | |
| B. Barbiturate C. Cocaine E. Heroin | | H. Hallucinogen M. Marijuana O. Opium/deriv. | | P. Paraphernalia/ Equipment S. Synthetics | | U. Unknown Z. Other | | | | | | | |
| Charge Description Driving Under the Influence | | Counts 1 | | Domestic Violence <input type="checkbox"/> Y <input type="checkbox"/> N | | Statute Violation Number 316.193(1)(A) | | Violation of ORD # | | | | | |
| Drug Activity N | | Drug Type N | | Amount / Unit | | Offense # 21097503 | | 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 | | | |
| 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) Criminal Justice Complex, 3228 Gun Club Road, West Palm Beach, FL 33406 - Ph: (561) 688-4600 | | | | | | | | | | | | | |
| Court Date and Time Month SEPTEMBER Day 9th Year 2021 Time 08:30 AM X | | | | | | | | | | | | | |
| 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 08/19/2021 | | | | | | | | | | | | | |
| Signature of Defendant (or Juvenile and Parent/Custodian) | | | | | | | | | | | | | |
| Date Signed | | | | | | | | | | | | | |
| HOLD for other Agency Name: | | Signature of Arresting Officer X | | Name Verification (Printed by Arrestee) AUG 19 AM 3:12 | | | | | | | | | |
| <input type="checkbox"/> Dangerous <input type="checkbox"/> Suicidal | | <input type="checkbox"/> Resisted Arrest <input type="checkbox"/> Other: | | Name of Arresting Officer Inv. Cisson ID# 24091 | | I.D. # 24091 | | (PRINT) | | PAGE 1 OF 1 | | | |
| Interim Deputy D. Cisson | | I.D. # 24091 | | Pouch # | | Transporting Officer Inv. Cisson | | ID # 24091 | | Agency PRSO | | Witness here if subject signed with an "X" | |

SCANNED
AUG 19 2021

| | | | | | | | | |
|---|--|---|--|--|--|-----------------|----------|----------------|
| OBT Number | | PROBABLE CAUSE AFFIDAVIT | | 1. Arrest 3. Request For Warrant 2. N.T.A. 4. Request For Caption | | 1 | Juvenile | N |
| Agency ORI Number FLO 500000 | | Agency Name PALM BEACH COUNTY SHERIFF'S OFFICE | | Agency Report Number 06 | | 21097503 | | |
| 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 | | Special Notes | | | | |
| Defendant Name (Last, First, Middle) | | | | | | | | |
| Charge | | Charge | | Race | | Sex | | Date of Birth |
| Charge | | Charge | | | | | | |
| Victim Name (Last, First, Middle) | | | | | | | | |
| STATE OF FLORIDA | | | | Race | | Sex | | Date of Birth |
| Local Address (Street, Apt. Number) | | City | | State | | Zip | | Phone |
| Business Address (Street, Apt. Number) | | City | | State | | Zip | | Phone |
| | | | | | | | | Address Source |
| | | | | | | | | Occupation |
| The undersigned swears that he/she has just and reasonable grounds to believe, and does believe that the above named Defendant committed the following violation of law. The person taken into custody... <input checked="" type="checkbox"/> committed the below acts in my presence. <input type="checkbox"/> confessed to admitting to the below facts. <input type="checkbox"/> was observed by _____ who told _____ that he/she saw the arrested person commit the below acts. <input type="checkbox"/> was found to have committed the below acts, resulting from (described) investigation. | | | | | | | | |
| On the <u>19</u> day of <u>AUGUST</u> 20 <u>21</u> at <u>0035</u> <input checked="" type="checkbox"/> AM <input type="checkbox"/> PM | | | | | | | | |

On 08/19/2021 at approximately 0014 hours while on patrol in my marked PBSO vehicle located at Lake Avenue and South L Street, Lake Worth Beach, Palm Beach County, I observed vehicle bearing Illinois license plate number Z187801 driving the wrong way down Lake Avenue heading West.

This is when I got behind the vehicle and turned my lights and sirens on, the vehicle proceeded to stop momentarily, followed by slamming on the gas pedal continuing to go the wrong way down Lake Avenue. The male who was driving this vehicle who was later identified as Vladimir Vukadinovic then proceed to stick his left hand out the drivers window, and began to point his middle finger at me. Vukadinovic then made a hard right turn on North K Street heading North bound. Vukadinovic then made a hard left turn onto Lucerne Avenue running a stop sign, and almost hitting 3 pedestrians crossing the street, and running over a curb located on the West North Side of the intersection. This is when Vukadinovic decided to come to a stop, approximately 20 feet West of this intersection.

I then made my approach to the drivers window, and spoke to Vukadinovic. Vukadinovic stated he was drinking at a bar. I could also smell a strong odor of an unknown alcoholic beverage emanating from Vukadinovic's mouth as he spoke. I also observed that Vukadinovic had blood shot eyes. This is when I called for a DUI investigator. A DUI investigator arrived and took over the investigation.

This is a supplement PC.

| | |
|---|--|
| The foregoing instrument was sworn to and affirmed before me this <u>19</u> day of <u>august</u> 20 <u>21</u> , by: | |
| <u>ENV W AMADOR #19440</u> Name of Notary Public / Clerk of Court / Officer (F.S.S. 117.00) | <u>D.S. W. ROTHMAN</u> <u>32491</u> Name of Arresting/Investigating Officer |
| <u>[Signature]</u> Signature of Notary Public / Clerk of Court / Officer (F.S.S. 117.00) | <u>[Signature]</u> Signature of Arresting/Investigating Officer |

SCANNED
AUG 19 2021

D.U.I. PROBABLE CAUSE AFFIDAVIT

ON THE 9TH DAY OF SEPTEMBER 20 21, AT 0014 ✓ AM PM

SUBJECT: Vukadinovic, Vladimir, C CASE NUMBER: 21097503

AGENCY: PALM BEACH COUNTY SHERIFF'S OFFICE ARRESTING OFFICER: Inv. Cisson ID# 24091

PERSONAL CONTACT

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

On Thursday August 19th 2021 at approximately 0025 hours, I arrived on scene of a traffic stop at Lucerne Ave and North K Street, in the City of Lake Worth Beach, FL 33460. Upon arrival I spoke with Deputy Rothman ID# 32491, he relayed the following the me: On 08/19/2021 at approximately 0014 hours while on patrol in my marked PBO vehicle located at Lake Avenue and South L Street, Lake Worth Beach, Palm Beach County, I observed vehicle bearing Illinois license plate number Z187801 driving the wrong way down Lake Avenue heading West. This is when I got behind the vehicle and turned my lights and sirens on, the vehicle proceeded to stop momentarily, followed by slamming on the gas pedal continuing to go the wrong way down Lake Avenue. The male who was driving this vehicle who was later identified as Vladimir Vukadinovic then proceed to stick his left hand out the drivers window, and began to point his middle finger at me. Vukadinovic then made a hard right turn on North K Street heading North bound. Vukadinovic then made a hard left turn onto Lucerne Avenue running a stop sign, and almost hitting 3 pedestrians crossing the street, and running over a curb located on the West North Side of the intersection. This is when Vukadinovic decided to come to a stop, approximately 20 feet West of this intersection. I then made my approach to the drivers window, and spoke to Vukadinovic. Vukadinovic stated he was drinking at a bar. I could also smell a strong odor of an unknown alcoholic beverage emanating from Vukadinovic's mouth as he spoke. I also observed that Vukadinovic had blood shot eyes. This concludes his supplement.

OBSERVATION OF DRIVER:

I observed the defendant, Vladimir Vukadinovic who was wearing a multi color tank top, black board shorts and black shoes. The defendant was sitting in the driver seat of his vehicle and he was alone. I asked the defendant to walk over to the front of my vehicle and speak with me. While exiting his vehicle he dropped his phone. He turned around retrieve it and almost fell back into the vehicle head first. While walking over to my vehicle, the defendant was unsteady on his feet and staggered to one side while he walked. While standing stationary the defendant swayed. I could see the defendants eyes were bloodshot and glossy. He had an obvious odor of an unknown alcoholic beverage emitting from his breath that grew stronger as he spoke.

DRIVER'S STATEMENTS:

The defendant said he did not have any physical abnormalities, injuries, diabetes, wear glasses or receive a bump on the head. The defendant said he had 5 Budweiser bottle beers to drink. He said he was driving the vehicle. I asked the defendant to submit to roadside field sobriety tasks to which he agreed.

ODORS:

An obvious odor of an unknown alcoholic beverage

GENERAL OBSERVATIONS

SPEECH: Slow, Slurred, Thick

ATTITUDE: Calm, Compliant

CLOTHING: Neat, Clean

MEDICAL/OTHER: None

STATE OF FLORIDA
COUNTY OF PALM BEACH

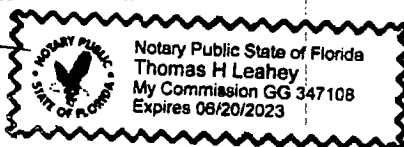
Inv. Cisson ID# 24091
(Signature of Arresting/Investigative Officer)

The foregoing instrument was sworn to or affirmed and subscribed before me this 9th day of SEPTEMBER 20 21 by Inv. Cisson ID# 24091

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

Thomas Leahey (#19183)

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



SCANNED
AUG 19 2021

SUBJECT: Vukadinovic, Vladimir, C

CASE NUMBER 21097503

ROADSIDE TASKS

HORIZONTAL GAZE NYSTAGMUS:

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

Other Observations:

The defendant swayed while standing stationary. I had to remind him to keep his head still and not to turn it.

WALK & TURN:

The task was explained and demonstrated. The defendant stated he understood the instructions. During the task the defendant failed to maintain the instructional stance. The defendant swayed while standing stationary. During the task the defendant did not touch heel to toe multiple times, stepped off the line, stopped to regain balance, and took the incorrect number of steps. He took 12 steps on the first 9 steps, he turned improperly, and he took 12 steps on the second set of 9 steps.

ONE LEG STAND:

The task was explained and demonstrated. The defendant stated he understood the instructions. The defendant swayed while standing stationary. During the task the defendant put his foot down multiple times before 30 seconds elapsed.

FINGER TO NOSE:

The task was explained and demonstrated. The defendant stated he understood the instructions. The defendant swayed while standing stationary. During the task the defendant failed to keep his eyes closed during the task. The defendant failed to return his hand to his side after touching his nose on multiple attempts. He failed to touch the tip of his nose with the tip of his finger on multiple attempts.

ROMBERG ALPHABET:

He said he could not recite all the letters of the English alphabet. He said he could count from 1 to 26. The task was explained and demonstrated. The defendant stated he understood the instructions. The defendant swayed while standing stationary.

BREATH TEST RESULTS: 0.197 0.202

STATE OF FLORIDA
COUNTY OF PALM BEACH

Inv. Cisson ID# 24091

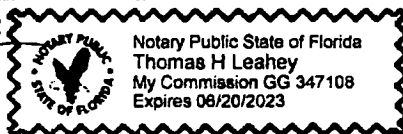
(Signature of Arresting/Investigative Officer)

The foregoing instrument was sworn to or affirmed and subscribed before me this 9th day of SEPTEMBER, 2021 by Inv. Cisson ID# 24091

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

Thomas Leahey (#19183)

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



SCANNED
AUG 19 2021



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

PBSO CASE # 21097503 PBSO ZONE 14-52

AGENCY CASE # _____ CRASH CASE # _____

TIME OF STOP/CRASH 0014 DATE 08/19/2021 DAY Thursday

SUBJECT'S NAME Vukadinovic, Vladimir, C RACE W SEX M

HGT 6'00 WGT 230 DOB 10/20/1977

LOCATION LUCERNE AVE / N K STREET, LAKE WORTH, FL 33460

ARRESTING OFFICER'S NAME & ID Inv. Cisson ID# 24091 (24091) AGENCY Palm Beach County Sheriff's Office

DIVISION: VCD / DUI

NOTIFIED BY COMMO YES

ARRIVAL AT FACILITY 0113

ARREST TIME 0053

BREATH RESULTS:

1 .197
2 .202
3 N/A
4 N/A

TESTING OFFICER'S ID 19183 PBSO VIDEOTAPE # N/A

SCANNED
AUG 19 2021

WITNESS LIST

CASE NUMBER: 21097503

ARRESTING OFFICER: Inv. Cisson ID# 24091

ADDRESS: 3228 Gun Club Rd, West Palm Beach, FL 33406

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

CAN TESTIFY TO: Facts of the case

NAME: Deputy Rothman ID 32491

ADDRESS: 3228 Gun Club Rd, West Palm Beach, FL 33406

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

CAN TESTIFY TO: Traffic Stop

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: _____

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ADDRESS _____

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CAN TESTIFY TO: _____

NAME: _____

ADDRESS _____

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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: _____

SCANNED

AUG 19 2021

TESTING FACILITY TASK REPORT

AGENCY: PBSO

SUBJECT: Vukadinovic, Vladimir CASE NUMBER: 21-097503

DATE: Aug 19, 2021 VIDEO DVD NUMBER: n/a

BEGINNING TIME: 0136 ENDING TIME: 0149

BREATH TESTS RESULTS: 1) .197 TIME 0142 A.M. ☒ P.M. ☐ 2) .202 TIME 0145 A.M. ☒ P.M. ☐

3) n/a TIME 0 A.M. ☐ P.M. ☐ 4) n/a TIME 0 A.M. ☐ P.M. ☐

BREATH OPERATOR: Thomas H Leahey #19183

MAINTENANCE TECHNICIAN: Jason Karlecke #6467

TESTING OFFICER'S OBSERVATIONS

SPEECH: slurred, accent

ATTITUDE: talkative, repetitive

CLOTHING: black shorts, black print tank top, black sneakers

MEDICAL CONDITIONS: none

MEDICATIONS: none

OTHER:

eyes are glassy & bloodshot
odor of unknown alcoholic beverage on breath
subject stated he drank 5 bottles of Budweiser - Q&A

COMMENTS:

arrived at center A/O conducted 20 minute observation period at 0113 hrs

subject agreed to perform breath test

tech read breath test results & subject understood breath test results

A/O read rights & subject understood rights

A/O attempted Q&A

subject invoked right to counsel

SCANNED
AUG 19 2021

SUBJECT: Vukadinovic, Vladimir CASE NUMBER: 21-097503

QUESTIONS AND ANSWERS

I AM NOW GOING TO ASK YOU SOME QUESTIONS. WITH THESE RIGHTS IN MIND, YOU MAY ANSWER SOME OF, ALL OF, OR NONE OF THE FOLLOWING QUESTIONS AS YOU LIKE.

WERE YOU OPERATING A MOTOR VEHICLE AT THE TIME OF THE STOP/ACCIDENT? _____

WHERE WERE YOU GOING? _____

WHAT STREET OR HIGHWAY WERE YOU ON? _____

DIRECTION OF TRAVEL? _____ WHERE DID YOU START? _____

WHAT TIME DID YOU START? _____ WHAT TIME IS IT NOW? _____

WHAT IS TODAY'S DATE? _____ WHAT DAY OF THE WEEK IS IT? _____

WHAT COUNTY AND CITY ARE YOU IN NOW? _____

WHEN DID YOU LAST EAT? _____ WHAT DID YOU EAT? _____

WHAT HAVE YOU BEEN DOING FOR THE LAST THREE HOURS? _____

HOW MUCH DO YOU WEIGH? _____ HAVE YOU BEEN DRINKING? _____ WHAT? _____

HOW MUCH? _____ WHERE? _____ WITH WHOM? _____

WHEN DID YOU HAVE YOUR FIRST DRINK? _____ AND YOUR LAST DRINK? _____

HOW DID YOU CONSUME YOUR LAST TWO DRINKS? _____

CAN YOU FEEL THE EFFECTS OF THE ALCOHOL? _____ ARE YOU UNDER THE INFLUENCE? _____

HAVE YOU CONSUMED ANY ALCOHOL SINCE THE ACCIDENT? _____ HOW MUCH? _____

WHAT? _____ WHERE? _____ WHEN? _____

WHAT LINE OF WORK ARE YOU IN? _____ WHEN DID YOU LAST WORK? _____

DO YOU HAVE ANY PHYSICAL DEFECTS OR INJURIES? _____ WHAT? _____

ARE YOU SICK OR INJURED? _____ WHAT'S WRONG? _____

DO YOU LIMP? _____ DID YOU RECEIVE A BUMP ON THE HEAD RECENTLY? _____

WERE YOU IN AN ACCIDENT TODAY? _____

HAVE YOU TAKEN ANY DRUGS OR SMOKED ANY MARIJUANA TODAY? _____ WHEN? _____

HAVE YOU SEEN A DOCTOR OR DENTIST TODAY? _____ WHO? _____ WHY? _____

ARE YOU TAKING ANY PRESCRIPTION MEDICINES? _____ WHAT? _____ WHEN? _____

DO YOU HAVE:

| | |
|--------------------|-------|
| EPILEPSY? | _____ |
| GLASS EYE? | _____ |
| FALSE TEETH? | _____ |
| EAR INFECTION? | _____ |
| INNER EAR TROUBLE? | _____ |
| DIABETES? | _____ |

DO YOU HAVE ANY PROBLEMS WITH YOUR EYES THAT ARE NOT CORRECTED BY GLASSES? _____

DO YOU TAKE INSULIN? _____ IF SO, WHEN WAS YOUR LAST INJECTION? _____

HAVE YOU EVER HAD A DRIVER'S LICENSE IN ANY OTHER STATE? _____ WHERE? _____

INTERVIEWER: _____

WHITE - STATE ATTY.

YELLOW - DHSMV

PINK - CENTRAL RECORDS

GOLD - JAIL

SCANNED

AUG 19 2021

SUBJECT: Vukadinovic, Vladimir

CASE NUMBER: 21-097503

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

SCANNED

AUG 19 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: 80-006477 Software: 8100.27
Date of Test: 08/19/2021

Date of Last Agency Inspection: 08/13/2021

Observation Period Began: 01:13

Subject's Name: VLADIMIR VUKADINOVIC

DOB: 10/20/1977 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 | 01:40 |
| | Air Blank | 0.000 | 01:40 |
| | Control Test | 0.080 | 01:41 |
| | Air Blank | 0.000 | 01:41 |
| | Subject Sample #1 | 0.197 | 01:42 |
| | Air Blank | 0.000 | 01:42 |
| | Air Blank | 0.000 | 01:44 |
| | Subject Sample #2 | 0.202 | 01:45 |
| | Air Blank | 0.000 | 01:45 |
| | Control Test | 0.078 | 01:46 |
| | Air Blank | 0.000 | 01:46 |
| | Diagnostics Check | OK | 01:46 |

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 THOMAS H LEAHEY, 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: T Leahey

Signature

Date: 08/19/2021

Sworn to (or affirmed) before me this 19 day of August, 2021

Signature of Notary Public-State of Florida

Inv J Cisson #24091
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**
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"/> | | | |
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| | <input type="checkbox"/> | | | |
| | <input type="checkbox"/> | | | |
| Other | <input type="checkbox"/> | | Other: | |
| | <input type="checkbox"/> | | Other: | |

REVIEW COMPLETED BY

| | |
|----------------------------|----------------------------------|
| Booking Number: 2021020610 | Date: 8/19/21 |
| | Specialist Name/ID: J. Beck/9007 |

SCANNED
AUG 19 2021