

J-0517067

20077552

P-2881

ARREST / NOTICE TO APPEAR
Juvenile Referral Report

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

1 1 Juvenile N

OBTS Number	Agency ORI Number FLO 500000		Agency Name PALM BEACH COUNTY SHERIFF'S OFFICE		Agency Report Number (N.T.A.'s only) 06- 20-080072	
Charge Type: Check as many as apply.	<input type="checkbox"/> 1. Felony	<input type="checkbox"/> 2. Traffic Felony	<input type="checkbox"/> 3. Misdemeanor	<input checked="" type="checkbox"/> 4. Traffic Misdemeanor	<input type="checkbox"/> 5. Ordinance	<input type="checkbox"/> 6. Other
Location of Arrest (Including Name of Business) 11700 OKEECHOBEE BLVD RPB, FL 33411			Location of Offense (Business Name, Address) 11700 OKEECHOBEE BLVD RPB, FL 33411			
Date of Arrest 06/20/2020	Time of Arrest 22:25	Booking Date	Booking Time	Jail Date	Jail Time	Location of Vehicle KAUFF'S TOWING

Name (Last, First, Middle) SMITH, WILLIAM, CHARLES		Alias (Name, DOB, Soc. Sec. #, Etc.)						
Race W - White I - American Indian B - Black O - Oriental/Asian	Sex W M	Date of Birth 09/09/1965	Height 5'06"	Weight 150	Eye Color BLUE	Hair Color BLONDE	Complexion MED	Build SMALL
Scars, Marks, Tattoos, Unique Physical Features (Location, Type, Description) BACK: "DOG" "MOONS"			Marital Status Single	Religion BAPTIST	Indication of Alcohol Influence Drug Influence Y <input type="checkbox"/> N <input type="checkbox"/> Unk. <input type="checkbox"/>			
Local Address (Street, Apt. Number) 3624 SW 14 Street #A		(City) FT. LAUDERDALE, FL	(Zip) 33312	Phone (954) 638-3480	Residence Type: 1. City 2. County 3. Florida 4. Out of State 3			
Permanent Address (Street, Apt. Number)		(City)	(State)	(Zip)	Phone	Address Source FLORIDA DRIVER LICENSE		
Business Address (Name, Street)		(City)	(State)	(Zip)	Phone	Occupation ELEVATOR MECHANIC		
D/L Number, State S530-923-65-329-0, FL		Soc. Sec. Number		INS Number	Place of Birth (City, State) FT. LAUDERDALE, FL		Citizenship US	

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	Address (Street, Apt. Number)	(City)	(State)	(Zip)	Residence Phone	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 355-2528) 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				

Code 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. Synthetic	U. Unknown Z. Other
Charge Description DRIVING UNDER THE INFLUENCE		Counts 1	Domestic Violence <input type="checkbox"/> Y <input checked="" type="checkbox"/> N	Statute Violation Number 316.193(1)(a)		Violation of ORD #		Warrant / Capias Number 20-080072		
Drug Activity N	Drug Type N	Amount / Unit NONE	Offense # 20-080072	Warrant / Capias Number		Bond				
Charge Description FAIL to SIGN/ACCEPT SUMONS		Counts 1	Domestic Violence <input type="checkbox"/> Y <input checked="" type="checkbox"/> N	Statute Violation Number 318.14(3)		Violation of ORD #		Warrant / Capias Number		
Drug Activity N	Drug Type N	Amount / Unit NONE	Offense # 20-080072	Warrant / Capias Number		Bond				
Charge Description		Counts	Domestic Violence <input type="checkbox"/> Y <input checked="" type="checkbox"/> N	Statute Violation Number		Violation of ORD #		Warrant / Capias Number		
Drug Activity	Drug Type	Amount / Unit	Offense #	Warrant / Capias Number		Bond				
Charge Description		Counts	Domestic Violence <input type="checkbox"/> Y <input checked="" type="checkbox"/> N	Statute Violation Number		Violation of ORD #		Warrant / Capias Number		
Drug Activity	Drug Type	Amount / Unit	Offense #	Warrant / Capias Number		Bond				

Location (Court, Room Number, Address) CRIMINAL JUSTICE COMPLEX / 3228 GUN CLUB ROAD, WPB, FL						JUN 21 AM 1:29
Court Date and Time Month JULY Day 23rd Year 2020 Time 08:30 AM <input checked="" type="checkbox"/> PM						JUN 21 AM 1:29
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						
REFUSED					06/20/2020	
Signature of Defendant (or Juvenile and Parent /Custodian)					Date Signed	

HOLD for other Agency Name:		Signature of Arresting Officer <i>Inv. J. Schaefer #8777</i>		Name Verification (Printed by Arrestee)	
<input type="checkbox"/> Dangerous <input type="checkbox"/> Suicidal	<input type="checkbox"/> Resisted Arrest <input type="checkbox"/> Other:	Name of Arresting Officer (Print) INV. J. SCHAEFER		(PRINT)	
Intake Deputy <i>Spann 8109</i>	I.D. # 8109	Pouch #	Transporting Officer INV. J. SCHAEFER	ID # 8777	Agency PBSO
DISTRIBUTION: WHITE - COURT COPY GREEN - STATE ATTORNEY YELLOW - AGENCY PINK - AGENCY GOLD - DEFENDANT (N.T.A.'s ONLY)			Witness here if subject signed with an "X"		

PROBABLE CAUSE AFFIDAVIT

1 Arrest
2 NTA

3 Request for Warrant
4 Request for Capture

1

Juvenile

OBTS Number	Agency ORI Number FL05000000	Agency Name PALM BEACH COUNTY SHERIFF'S OFFICE	Agency Report Number 20-080072
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Charge Type Check as many as apply	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 <input type="checkbox"/>	Special Notes Supp P.C.
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Name (Last, First, Middle) Smith, William Charles	Alias	Race W	Sex M	Date of Birth 09/09/1965
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Charge Description D.U.I.	Charge Description
Charge Description	Charge Description

Victim's Name (Last, First, Middle) State of Florida	Race	Sex	Date of Birth
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Local Address (Street, Apt Number)	(City)	(State)	(Zip)	Phone	Address Source
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Business Address (Name, Street)	(City)	(State)	(Zip)	Phone	Occupation
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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
 The Person taken into custody
 committed the below acts in my presence. was observed by _____ who told _____
 confessed to _____ that he/she saw the arrested person commit the below acts.
 _____ admitting to the below facts. _____ was found to have committed the below acts, resulting from my (described) investigation.
 On the 20 day of June 2020 at 2130 A.M P.M (Specify include facts constituting cause for arrest.)

I responded to the area of 10998 Okeechobee Blvd. Royal Palm Beach, FL 33411 (Brass Ring Pub) in reference to a disturbance at the restaurant. Prior to my arrival, the complainant advised dispatch that the male was getting onto a black motorcycle in the rear of the parking lot. The clothing description of a black bandanna and a gray shirt was given as well. The complainant was able to observe the license plate on the motorcycle of MMGN04 and stated that the subject was intoxicated.

I approached the rear road of Sparrow Dr. which is where the subject was last observed. The subject (who matched the description) began westbound on Okeechobee Blvd at a high rate of speed. He continued west on Okeechobee Blvd and I observed him pull into the left hand turn lane and come to a complete stop. The subject put his kickstand down. The motorcycle had a FL license # of MMGM04. After he was completely stopped I activated my overhead lights. I made contact with W/M who was later identified as William Smith who stated he was attempting to go to I-95 and back to his residence in Ft. Lauderdale. It should be noted he pointed westbound and I-95 is east of our location. I observed Smith's eyes were bloodshot and glassy. While he was getting off of his motorcycle, he had a difficult time keeping his balance. When asked, Smith stated he consumed a few alcoholic beverages earlier in the night.

I requested a DUI unit to the scene, at which time Investigator Schaefer arrived and took over the investigation.

STATE OF FLORIDA COUNTY OF PALM BEACH	Signature: <i>[Signature]</i> 36183
The foregoing instrument was sworn to or affirmed and subscribed before me this <u>20</u> day of <u>June</u> 20 <u>20</u> by <u>D/S Maccarone 36183</u>	PBSO ID
(Print name of Arresting Investigative Officer), who is personally known to me and/or produced identification. Type of identification produced <u>Inv. Schaefer #8777</u>	
Notary Public, Clerk of Court, Officer (F.S.S. 117.08)	

D.U.I. PROBABLE CAUSE AFFIDAVIT

ON THE 20th DAY OF JULY 20 20, AT 21:31 AM PM
SUBJECT: SMITH, WILLIAM, CHARLES CASE NUMBER: 20-080072

AGENCY: PALM BEACH COUNTY SHERIFF'S OFFICE ARRESTING OFFICER: INV. J. SCHAEFER

PERSONAL CONTACT

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

On 06/20/2020 at approximately 21:3700hrs, I was called to the scene of a traffic stop in the 11000 block of Okeechobee Blvd, which is in the Village of Royal Palm Beach, Palm Beach County, Florida. I arrived at the scene at approximately 21:58hrs. D/S David Maccarone #36183 relayed to me, and completed a written signed sworn supplemental Probable Cause Affidavit, that he had stopped the defendant's vehicle, a 2020 black Harley Davidson motorcycle bearing FL tag MMGM04, because the defendant was identified as a subject who was causing a disturbance at the "Brass Ring" Bar. The defendant fled the scene and D/S Maccarone located the defendant. D/S Maccarone noticed that the defendant had articulable indicators of impairment, so he called for a DUI unit to conduct a possible DUI investigation. D/S Maccarone identified the defendant, to me, as the driver of the vehicle, at the time of the stop.

OBSERVATION OF DRIVER:

Upon making contact with the driver who was identified by his Florida driver license as "WILLIAM CHARLES SMITH", I immediately detected an obvious and strong odor of an unknown alcoholic beverage emanating from his person and face area. Smith had glassy, glazed, and blood shot eyes. Smith's speech was slurred, slow, thick, and at times difficult to understand. Smith's movements were slow, deliberate, and lethargic with poor coordination. Smith had an unsteady gait while walking to my patrol vehicle and had difficulty following directions given to him. Smith was wearing a gray l/s shirt, light blue jeans, and brown boots. All the clothing appeared disheveled stained.

DRIVER'S STATEMENTS:

Pre-Miranda: Smith stated he only had 2 beers at the "Brass Ring" and this is a case of mistaken identity.

Smith fused after Implied Consent, which he stated he did not understand because he was impaired. Smith refused to provide all personal information and refused to participate in the Q&A.

ODORS:

A strong and obvious odor of an unknown alcoholic beverage was emanating from his person and face area.

GENERAL OBSERVATIONS

SPEECH: Smith's speech was slurred, slow, and thick, and at times difficult to understand.

ATTITUDE: talkative, indifferent, sleepy, annoyed, argumentative, belligerent

CLOTHING: gray l/s shirt, light blue jeans, and brown boots.

MEDICAL/OTHER: SEE BAT REPORT

STATE OF FLORIDA
COUNTY OF PALM BEACH

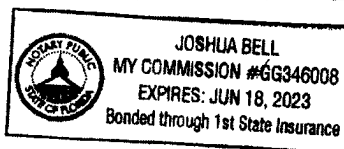
INV. J. SCHAEFER *Inv. J. Schaefer #8777*

(Signature of Arresting/Investigative Officer)

The foregoing instrument was sworn to or affirmed and subscribed before me this 20th day of JUNE 2020 by INV. J. SCHAEFER

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

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



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:

Smith would sway roughly in a side to side front to back pattern throughout the task. Smith did touch the tip of the pen as directed to positively identify the point to be tracked. Smith was reminded to track the pen with his eyes only.

WALK & TURN:

I explained and demonstrated the instructions for the "Walk & Turn" to Smith who stated the he understood. During the task, I observed Smith to sway roughly in a side to side, front to back pattern throughout the demonstration phase. Smith could not maintain his balance while listening to instructions. Smith stepped out of the instructional stance during the demonstration. Smith started the task before being instructed to do so. Smith would stop walking to steady himself with pauses to regain balance. Smith missed heel-to-toe steps. Smith used his arms for balance. Smith performed an improper turn by turning other than which was demonstrated. Additionally, Smith performed the incorrect number of steps.

ONE LEG STAND:

I explained and demonstrated the instructions for the "One Leg Stand" to Smith who stated that he understood. During the task, I observed Smith to sway roughly in a side to side, front to back pattern throughout the demonstration phase. Smith continued to sway while balancing on one leg. Smith used his arms to balance raising them more than 6 inches from his sides. Smith failed to count out loud as instructed.

FINGER TO NOSE:

I explained and demonstrated the instructions for the "Finger to Nose" task to Smith who stated that he understood. During the task, I observed Smith to sway roughly in a side to side, front to back pattern throughout the demonstration phase. Smith failed to return his arms down to his sides as instructed after touching his nose. Smith's index finger did not touch the tip of the nose on 6 of 6 attempts. The sequence used for this task was L, R, L, R, R, and L.

ROMBERG ALPHABET:

I explained and demonstrated the instructions for the "Rhombert Alphabet" task to Smith who stated that he understood. During the task, I observed Smith to sway roughly in a side to side, front to back pattern throughout the demonstration phase. Smith would sway more than 2 inches. Smith correctly recited the alphabet.

BREATH TEST RESULTS: REFUSED REFUSED

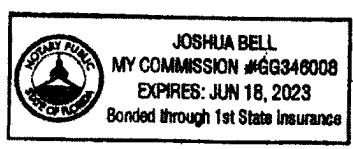
STATE OF FLORIDA
COUNTY OF PALM BEACH

INV. J. SCHAEFER *Inv. J. Schaefer #8777*
(Signature of Arresting/Investigative Officer)

The foregoing instrument was sworn to or affirmed and subscribed before me this 20th day of JUNE 2020 by INV. J. SCHAEFER

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

[Signature]
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, INV. J. SCHAEFER, a duly certified Law Enforcement Officer or Correctional Officer,
(Name of Officer reading Implied Consent Warning)

am a member of PBSO, and I do swear
(Name of law enforcement agency)

or affirm that on or about the 20th day of JUNE, 20 20, at 10:25 P.M. A.M.

DRIVER WILLIAM, CHARLES SMITH,
(Type or Print) FIRST NAME MIDDLE OR MAIDEN NAME LAST NAME

DL# S530-923-65-329-0, FL, state of FLORIDA, was placed under lawful arrest for
the offense of DRIVING UNDER THE INFLUENCE by INV. J. SCHAEFER and
(Name of Arresting Officer)

issued Citation # A0ZSGYP

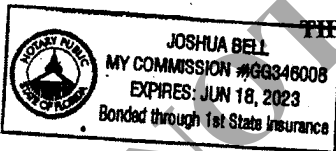
That on or about the 20th day of JUNE, 20 20, at 11:29 P.M. A.M.

in PALM BEACH County,

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

Inv. J. Schaefer #1177

Signature of Law Enforcement Officer or Correctional Officer



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

The foregoing instrument was sworn and subscribed before me:

Signature of Attesting Officer

Title _____

Date _____

(AFFIX SEAL)

The foregoing instrument was sworn and subscribed before

me this 20th day of JUNE, 20 20,

by INV. J. SCHAEFER,

who is personally known to me or who has produced

PERSONALLY KNOWN LEO as identification

Notary Public *Joshua Bell*

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.

TESTING FACILITY TASK REPORT

AGENCY:

SUBJECT: CASE NUMBER:

DATE: VIDEO DVD NUMBER:

BEGINNING TIME: ENDING TIME:

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

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

BREATH OPERATOR:

MAINTENANCE TECHNICIAN:

TESTING OFFICER'S OBSERVATIONS

SPEECH:

ATTITUDE:

CLOTHING:

MEDICAL CONDITIONS:

MEDICATIONS:

OTHER:

COMMENTS:

ARRIVED AT CENTER A/O BEGAN THE 20 MINUTE OBSERVATION PERIOD AT 23:02 HRS.

SUBJECT: REFUSED TO ANSWER FORMAT QUESTIONS

SUBJECT: REFUSED TO TAKE TEST

A/O: READ I/C , ALSO EXPLAINED I/C

SUBJECT: REFUSED TO ANSWER IF HE UNDERSTOOD I/C

A/O: CALLED REFUSAL

A/O: READ RIGHTS

SUBJECT: REFUSED TO ANSWER HE UNDERSTOOD RIGHTS

A/O: ATTEMPTED Q&A

SUBJECT: REFUSED QUESTIONS

REFUSED

SUBJECT: SMITH, WILLIAM C CASE NUMBER: 20-080072

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) READ ON CAMERA

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: SMITH, WILLIAM C CASE NUMBER: 20-080072

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: _____

WITNESS LIST

CASE NUMBER: 20-080072

ARRESTING OFFICER: INV. J. SCHAEFER

ADDRESS: 3228 GUN CLUB ROAD WEST PALM BEACH, FL 33406

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

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

NAME: D/S DAVID MACCARONE #36183 (DISTRICT 9)

ADDRESS: 3228 GUN CLUB ROAD WEST PALM BEACH, FL 33406

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

CAN TESTIFY TO: SEE SUPPLEMENTAL PROBABLE CAUSE AFFIDAVIT

NAME: _____

ADDRESS _____

PHONE NUMBERS (HOME) _____ (WORK) _____

CAN TESTIFY TO: _____

NAME: _____

ADDRESS _____

PHONE NUMBERS (HOME) 0 (WORK) 0

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: _____

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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: _____

NAME: _____

ADDRESS _____

PHONE NUMBERS (HOME) _____ (WORK) _____

CAN TESTIFY TO: _____



PALM BEACH COUNTY SHERIFF'S OFFICE

Florida State Statute Exemption Sheet

Palm Beach County Sheriff's Office – Arrests Only

	X	Florida State Statute	Description	Page Number(s)
L/E Exemptions	<input type="checkbox"/>	119.071(2)(d)	Surveillance techniques, procedures and personnel; inventory of law enforcement resources, policies or plans pertaining to mobilization deployment or tactical operations.	
	<input type="checkbox"/>	943.053, 943.0525	NCIC/FCIC/FBI and in-state FDLE/DOC.	
	<input type="checkbox"/>	119.071(4)(c)	Undercover personnel.	
	<input type="checkbox"/>	119.071(2)(f)	Confidential informants (CIs).	
	<input type="checkbox"/>	119.071(2)(e)	Confession.	
Public Info. Exemptions	<input type="checkbox"/>	985.04(1)	Juvenile offender records.	
	<input type="checkbox"/>	119.071(h)(i)	Assets of a crime victim.	
	<input type="checkbox"/>	395.3025(7)(a), 456.057(7)(a)	Medical information.	
	<input type="checkbox"/>	394.4615(7)	Mental health information.	
	<input type="checkbox"/>	119.071(4)(d)(2)(a)	Home address, telephone, Social Security number, date of birth, or photos of active/former LE personnel, spouses, and children.	
Florida Rules of Judicial Administration 2.420 (Rule of 23)	<input checked="" type="checkbox"/>	(iii) 119.0714(1)(i)-(j), (2)(a)-(e)	Social Security, bank account, charge, debit, and credit card numbers.	2
	<input type="checkbox"/>	(viii) 394.4615(7)	Clinical records under the Baker Act.	
	<input type="checkbox"/>	(xii) 741.30(3)(b)	The victim's address in a domestic violence action on petitioner's request.	
	<input type="checkbox"/>	(xiii) 119.071(2)(h), 119.0714(1)(h)	Protected information regarding victims of child abuse or sexual offenses.	
	<input type="checkbox"/>			
	<input type="checkbox"/>			
	<input type="checkbox"/>			
	<input type="checkbox"/>			
Other	<input type="checkbox"/>		Other:	
	<input type="checkbox"/>		Other:	

REVIEW COMPLETED BY

Booking Number: 2020015226	Date: 6/21/2020
	Specialist Name/ID: B Evans / 23649