

0527484

21CT19520 NB

1880

ARREST / NOTICE TO APPEAR

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

1

JUVENILE

| | | | | | | | | |
|--|---|--|--|--|---|--|---|--|
| AD M I N I S T R A T I O N | OBT Number | | Agency ORI Number 0501700 | | Agency Name Jupiter Police Department | | Agency Report Number (N.T.A.'s only) 514 21-004132 | |
| D E F E N D A N T | 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 checked="" type="checkbox"/> 4. Traffic Misdemeanor <input type="checkbox"/> 5. Ordinance <input type="checkbox"/> 6. Other | | If Weapon Seized | | Multiple Clearance Indicator | |
| | Location of Arrest (Including Name of Business) | | Location of Offense (Business Name, Address) | | | | | |
| | JUPITER MEDICAL CENTER | | 226 JUNIPER WAY, JUPITER, FL 33458 | | | | | |
| | Date of Arrest 11/21/2021 | | Time of Arrest 19:06 | | Booking Date 11/21/2021 | | Booking Time 19:16 | |
| J U V E N I L E | Name (Last, First, Middle) GOLDMAN, WILLIAM HENRY | | | | | | | |
| | Alias: | | | | | | | |
| | Race W - White B - Black O - Oriental/Asian | | Sex M | | Date of Birth 10/30/1953 | | Height 5'09 | |
| | Weight 190 | | Eye Color BROWN | | Hair Color BROWN | | Complexion MEDIUM | |
| | Build Medium | | Marital Status M | | Religion | | Indication of Alcohol Influence Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Unk <input type="checkbox"/> | |
| | Scars, Marks, Tattoos, Unique Physical Features (Location, Type, Description) | | Residence Type: 1. City 2. County 3. Florida 4. Out of State | | Address Source VERBAL | | Occupation | |
| | Local Address (Street, Apt. Number) 13741 EASTPOINTE WAY, WEST PALM BEACH, FL 33418 | | (City) WEST PALM BEACH | | (State) FL | | (Zip) 33418 | |
| | Permanent Address (Street, Apt. Number) 13741 EASTPOINTE WAY, WEST PALM BEACH, FL 33418 | | (City) WEST PALM BEACH | | (State) FL | | (Zip) 33418 | |
| | Business Address (Name, Street) 13741 EASTPOINTE WAY, WEST PALM BEACH, FL 33418 | | (City) WEST PALM BEACH | | (State) FL | | (Zip) 33418 | |
| | D/I Number, State G435928533900 / FL | | Soc. Sec. Number | | INS Number | | Place of Birth (City, State) NEW HAVEN, CT, | |
| Citizenship US | | | | | | | | |
| C O D E F | Co-Defendant Name (Last, First, Middle) | | Race | | Sex | | Date of Birth | |
| | | | | | | | | |
| C H A R G E | Co-Defendant Name (Last, First, Middle) | | Race | | Sex | | Date of Birth | |
| | | | | | | | | |
| | Parent <input type="checkbox"/> Other <input type="checkbox"/> | | Name (Last, First, Middle) | | Residence Phone | | | |
| | Legal Custodian <input type="checkbox"/> | | (City) | | (State) | | (Zip) | |
| | Address (Street, Apt. Number) | | | | Business Phone | | | |
| | Notified by (Name) | | Date | | Time | | JUVENILE DISPOSITION 1. Handled/Processed within Department and Released 2. TOT JAC 3. Incorporated | |
| | Released To (Name) | | Date | | Time | | | |
| | Relationship | | Date | | Time | | | |
| | The above address was provided by <input type="checkbox"/> defendant and/or <input type="checkbox"/> defendant's parents. The child and/or parent was told to keep the Juvenile Court Clerk's Office (Phone 355-2526) informed of any change of address. | | School Attended | | Grade | | | |
| | Property Crime? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | Description of Property | | Value of Property | | | |
| C H A R G E | Drug Activity S. Sell N. N/A P. Possess | | S. Sell B. Buy T. Traffic | | R. Smuggle D. Deliver E. Use | | K. Disperse/ 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 | | | |
| | | | | | | | | |
| C H A R G E | Charge Description DUI - DAMAGE TO PERSON/PROPERTY | | Statute Violation Number 316.193(3)(C)(1) | | Violation of ORD # | | | |
| | Drug Activity N | | Amount / Unit / | | Offense # | | Counts 1 | |
| | Domestic Violence <input type="checkbox"/> Y <input checked="" type="checkbox"/> N | | Warrant / Capias Number | | Bond | | | |
| | | | | | | | | |
| C H A R G E | Charge Description DUI - BAC/BRAC OVER .15 - OR - MINOR IN VEHICLE | | Statute Violation Number 316.193(4) | | Violation of ORD # | | | |
| | Drug Activity N | | Amount / Unit / | | Offense # | | Counts 1 | |
| | Domestic Violence <input type="checkbox"/> Y <input checked="" type="checkbox"/> N | | Warrant / Capias Number | | Bond | | | |
| | | | | | | | | |
| C H A R G E | Charge Description DISORDERLY CONDUCT - DISORDERLY INTOXICATION | | Statute Violation Number 856.011 | | Violation of ORD # | | | |
| | Drug Activity N | | Amount / Unit / | | Offense # | | Counts 1 | |
| | Domestic Violence <input type="checkbox"/> Y <input checked="" type="checkbox"/> N | | Warrant / Capias Number | | Bond | | | |
| | | | | | | | | |
| I N T A K E | Health / Apparent Physical Condition of Defendant | | Any knowledge of the following: <input type="checkbox"/> Mental <input type="checkbox"/> Escape Risk <input type="checkbox"/> Medication <input type="checkbox"/> Deformities <input type="checkbox"/> Injuries | | Explain: | | | |
| | Check which applies: <input type="checkbox"/> Released O.R. <input type="checkbox"/> Posted Bond | | <input type="checkbox"/> Released to Parent/Guardian <input type="checkbox"/> South County Mental Health | | <input checked="" type="checkbox"/> T.O.T. County Jail | | PROPERTY - Received By | |
| | Transported By | | Date Transported // | | Time Transported | | Other | |
| | | | | | | | | |
| N O T I C E T O A P P E A R | <input checked="" type="checkbox"/> INSTRUCTION NO. 1 - Mandatory appearance in court | | Location (Court, Room) North County PALM BEACH GARD | | Court Date and Time 12/29/2021 08:30:00 | | No Photo Available | |
| | <input type="checkbox"/> INSTRUCTION NO. 2 - You need not appear in Court but must comply with instructions on Page 2. | | | | | | | |
| | I AGREE TO APPEAR AT THE TIME AND PLACE DESIGNATED TO ANSWER THE OFFENSE CHARGED OR TO PAY THE FINE SUBSCRIBED. I UNDERSTAND THAT SHOULD I WILLFULLY FAIL TO APPEAR BEFORE THE COURT AS REQUIRED BY THIS NOTICE TO APPEAR, THAT I MAY BE HELD IN CONTEMPT OF COURT AND A WARRANT FOR MY ARREST SHALL BE ISSUED. | | | | | | | |
| | Signature of Defendant (or Juvenile and Parent/Custodian) | | Date Signed | | | | | |
| A D M I N | HOLD for Other Agency | | Signature of Arresting Officer 388 | | Name Verification (Printed by Arrestee) STEVEN MCGILLICUDDY | | ID # 1216 | |
| | <input type="checkbox"/> Dangerous <input checked="" type="checkbox"/> Suicidal | | <input type="checkbox"/> Resisted Arrest <input type="checkbox"/> Other | | Name of Arresting Officer (Print) STEVEN MCGILLICUDDY | | ID # 388 | |
| | Intake Agency DA 10-10000 8000 7 | | ID # 388 | | Agency JUPITE | | Witness here if subject signed with an "X" | |
| | Poach # | | | | | | | |


No Photo Available

PAGE 2

ARREST / NOTICE TO APPEAR
Additional Charge List

| | | | | | | | | | | | |
|-------------------------------------|--|---|------------------------------------|----------------------------|--|--|---------------------------------------|--|--|--|------------------------|
| Agency ORI Number 0501700 | | Agency Name Jupiter Police Department | | | Agency Report Number (N.T.A.'s only) 5 4 21-004132 | | | | | | |
| C O D E | Drug Activity N. N/A P. Possess | S. Sell B. Buy T. Traffic | R. Smuggle D. Deliver E. Use | K. Disperse/ 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 RECKLESS - RECKLESS DRIVING | | | | | | | Statute Violation Number 316.192(1)(A) | | Violation of ORD # | |
| C H A R G E | Drug Activity | Drug Type | Amount / Unit | Offense # | Counts | Domestic Violence | Warrant / Capias Number | | Bond | | |
| | | | / | | 1 | <input type="checkbox"/> Y <input checked="" type="checkbox"/> N | | | | | |

NOT A CERTIFIED COPY

| OBT Number | | PROBABLE CAUSE AFFIDAVIT | | 1 Arrest 2. N.T.A. 3. Request for Warrant 4. Request for Capias | | 1 | JUVENILE |
|--|---|---|--|---|-----------------|------------------------------------|----------|
| A D M I N I S T R A T I V E | Agency ORI Number FL 0501700 | Agency Name JUPITER POLICE DEPARTMENT | Agency Report Number 5 4 21-004132 | | | | |
| | Charge Type: <input type="checkbox"/> 1. Felony <input checked="" type="checkbox"/> 3. Misdemeanor <input type="checkbox"/> 5. Ordinance Check as many as apply. <input type="checkbox"/> 2. Traffic Felony <input checked="" type="checkbox"/> 4. Traffic Misdemeanor <input type="checkbox"/> 6. Other | | | Special Notes: | | | |
| D E F | Name (Last, First, Middle) GOLDMAN, WILLIAM HENRY | | | Race W | Sex M | Date of Birth 10/30/1953 | |
| C H A R G E S | Charge Description 316.193(3)(C)(1) DUI - DAMAGE TO PERSON/PROPERTY | | | Charge Description 856.011 DISORDERLY CONDUCT - DISORDERLY INTOXICAT | | | |
| | Charge Description 316.192(1)(A) RECKLESS - RECKLESS DRIVING | | | Charge Description 316.193(4) DUI - BAC/BRAC OVER .15 -OR- MINOR IN V | | | |
| V I C T I M | Victim's Name (Last, First, Middle) State Of Florida | | | Race | Sex | Date of Birth | |
| | Local Address (Street, Apt. Number) (City) (State) (Zip) | | | Phone | | Address Source | |
| | Business Address (Name, Street) (City) (State) (Zip) | | | Phone | | Occupation | |
| <p>The undersigned certifies and swears that he/she has just and reasonable grounds to believe, and does believe that the above named Defendant committed the following violation of law.</p> <p>The Person taken into custody ...</p> <div style="display: flex; justify-content: space-between;"> <div> <input type="checkbox"/> committed the below acts in my presence. <input type="checkbox"/> confessed to _____ admitting to the below facts. </div> <div> <input type="checkbox"/> was observed by _____ who told _____ that he/she saw the arrested person commit the below acts. <input checked="" type="checkbox"/> was found to have committed the below acts, resulting from my (described) investigation. </div> </div> <p>On the <u>21</u> day of <u>November</u>, <u>2021</u> at <u>16:15</u> (Specifically include facts constituting cause for arrest.)</p> | | | | | | | |
| <p>On 11/21/2021 I responded to 226 Juniper Way in reference to a report of a vehicle versus a house. Details of the call stated that a male who appeared to be intoxicated was attempting to climb out of the vehicle. Upon my arrival, I observed a black Chevrolet Corvette (JJ0PQ/FL) in final rest. The vehicle was facing west bound on the south side of the roadway. It appeared the vehicle had left the roadway to the south, struck a tree, shearing off the passenger compartment of the vehicle, then crashed straight into the side of the house located at 226 Juniper Way. I observed the driver of the vehicle, William Goldman (OF-1) being treated by Palm Beach County Fire Rescue. Wheel witness Melissa Brown (WI-1), who is also the owner of the home, advised that she observed Goldman behind the wheel of the vehicle after the crash. Officer Bodenheimer took a sworn statement from her. Brown's husband, John Moynihan (VI-2), arrived on scene as well and information was taken from him.</p> <p>I approached Goldman and asked him how the crash happened. He looked at me and said, "I'm loaded". He then clarified that he is loaded on alcohol. He had extremely slurred speech. While speaking to him, he had a strong odor of unknown alcoholic beverage emitting from his person, which intensified as he spoke. He had glassy bloodshot eyes. Palm Beach County Fire Rescue then transported Goldman to Jupiter Medical Center (JMC) and I followed.</p> <p>Once inside of the emergency room, I read Goldman his Miranda rights from a pre-printed card. Post-Miranda he advised he was a 6 on a scale from 1-10 of impairment. Goldman advised he had several drinks today. He advised that he would be willing to do field sobriety exercises. Shortly after this, Goldman began yelling and cursing at both myself and hospital staff. With multiple civilian patients, including juveniles in his proximity in the ER, Goldman began yelling "fuck boy! Fuck boy! Bean headed faggots everywhere!". I gave Goldman multiple warnings to stop the language as his highly intoxicated belligerent state coupled with his language was causing a disturbance of the</p> | | | | | | | |
| <div style="display: flex; justify-content: space-between;"> <div style="width: 40%;"> <p>SWORN AND SUBSCRIBED BEFORE ME</p> <p>_____ NOTARY PUBLIC / CLERK OF COURT / OFFICER <u>11/21/2021</u> DATE</p> </div> <div style="width: 20%; text-align: center;">  </div> <div style="width: 40%;"> <p>_____ SIGNATURE OF ARRESTING / INVESTIGATING OFFICER McGILLICUDDY, STEVEN (1216) NAME OF OFFICER (PLEASE PRINT) <u>11/21/2021</u> DATE</p> </div> </div> | | | | | | | |
| PAGE 1 OF 3 | | | | | | | |

COURT

STATE ATTORNEY

CENTRAL RECORDS

JAIL

CRIME ANALYSIS

P. I. O.

| | | | | | | | |
|--|--|---|--|--|---|------------------------------------|-----------------|
| OBTS Number | | PROBABLE CAUSE AFFIDAVIT SUPPLEMENT | | 1. Arrest 2. N.T.A. | 3. Request for Warrant 4. Request for Capias | 1 | JUVENILE |
| Agency ORI Number FL 0501700 | | Agency Name JUPITER POLICE DEPARTMENT | | Agency Report Number 5 4 21-004132 | | | |
| Charge Type: <input type="checkbox"/> 1. Felony <input type="checkbox"/> 2. Traffic Felony <input checked="" type="checkbox"/> 3. Misdemeanor <input checked="" type="checkbox"/> 4. Traffic Misdemeanor <input type="checkbox"/> 5. Ordinance <input type="checkbox"/> 6. Other | | Special Notes: | | | | | |
| Name (Last, First, Middle) GOLDMAN, WILLIAM HENRY | | | | | | Race W | Sex M |
| | | | | | | Date of Birth 10/30/1953 | |

peace in the emergency room. He continued to scream at every passing civilian and call them a "faggot". Based on this information, I have probable cause to charge Goldman with disorderly intoxication, pursuant to F.S.S. 856.011.

Once at the hospital, Goldman had to have multiple CT scans due to the nature of the crash. Once the CT scans came back normal I asked for Goldman to submit to field sobriety exercises. The following are the results:

HORIZONTAL GAZE NYSTAGMUS (HGN)

- No resting nystagmus in either eye
- Equal tracking and pupil size
- Lack of smooth pursuit in both eyes
- Distinct and sustained nystagmus at maximum deviation in both eyes
- Onset of nystagmus prior to forty-five degrees in both eyes
- No vertical nystagmus in either eye
- 6 of 6 clues

WALK AND TURN

- Started too soon
- Lost balance during instructions
- Exercise was stopped soon after starting for safety, as Goldman almost fell over

ONE LEG STAND

- Stopped for safety as Goldman almost fell over

FINGER TO NOSE



- 1L - Pad to tip, DNP kept eyes open
- 2R - Side of finger to under nose, slide side to tip, DNP
- 3L - Pad to bridge of nose, slide to tip, DNP
- 4R - Pad to bridge, DNP
- 5R - L then R, pad to tip, DNP
- 6L - Pad to top of nose, DNP

DNP = Denotes did not put finger down as instructed

RHOMBERG ALPHABET (B TO X INSTRUCTED)

B TO X...TO WHAT? B C D E F G X WHAT I DON'T KNOW WHAT YOURE ASKING

Based on my investigation I have probable cause to believe that William Goldman was in actual physical control of a vehicle while under the influence of an alcoholic beverage, chemical or controlled substance to the point that his normal faculties were impaired, contrary to F.S.S 316.193(1). Based on the nature of the crash and the high speed impact coupled with the reckless driving pattern that must have preceded the crash, I also find probable cause to charge him with one count of reckless driving, in violation

| | | |
|--|---|--|
| SWORN AND SUBSCRIBED BEFORE ME NOTARY PUBLIC / CLERK OF COURT / OFFICER (F.S.S. 122.4) 11/21/2021 DATE |  | SIGNATURE OF ARRESTING / INVESTIGATING OFFICER  McGILICUDDY, STEVEN (1216) NAME OF OFFICER (PLEASE PRINT) 11/21/2021 DATE |
|--|---|--|

PAGE
2 OF 3

COURT

STATE ATTORNEY

CENTRAL RECORDS

JAIL

CRIME ANALYSIS

P.I.O.

| | | | | | | | |
|---|--|--|---|------------------------|--|------------------|-----------------|
| OBS Number | | PROBABLE CAUSE AFFIDAVIT SUPPLEMENT | | 1. Arrest 2. N.T.A. | 3. Request for Warrant 4. Request for Capias | 1 | JUVENILE |
| A D M I N I S T R A T I V E | Agency ORI Number FL 0501700 | | Agency Name JUPITER POLICE DEPARTMENT | | Agency Report Number 5 4 21-004132 | | |
| | Charge Type: Check as many as apply. <div style="display: flex; justify-content: space-between;"> <div> <input type="checkbox"/> 1. Felony <input type="checkbox"/> 2. Traffic Felony </div> <div> <input checked="" type="checkbox"/> 3. Misdemeanor <input checked="" type="checkbox"/> 4. Traffic Misdemeanor </div> <div> <input type="checkbox"/> 5. Ordinance <input type="checkbox"/> 6. Other </div> </div> | | Special Notes: | | | | |
| D E F | Name (Last, First, Middle) GOLDMAN, WILLIAM HENRY | | | | | Race W | Sex M |
| | Date of Birth 10/30/1953 | | | | | | |
| <p>of F.S.S.316.192. I placed him under arrest at 1906 hrs.</p> <p>I then transported him to the Palm Beach County Breath Alcohol Testing (BAT) center, arriving at 1945 hrs. After a 20 minute observation period I requested that Goldman submit to a breath test. He provided breath test samples of .206 BrAC and .208 BrAC. During his arrest, Goldman made numerous comments about wanting to die and kill himself. Therefore, I booked him into the county jail with a suicidal notation. BWC.</p> | | | | | | | |
| NOT A CERTIFIED COPY | | | | | | | |
| A D M I N I S T R A T I V E | SWORN AND SUBSCRIBED BEFORE ME <div style="display: flex; justify-content: space-between; align-items: flex-end; margin-top: 20px;"> <div style="width: 30%;"> NOTARY PUBLIC / CLERK OF COURT / OFFICER (F.S.S. 110.01) 11/21/2021 DATE </div> <div style="width: 30%; text-align: center;"> </div> <div style="width: 35%;"> SIGNATURE OF ARRESTING / INVESTIGATING OFFICER MC GILLICUDDY, STEVEN (1216) NAME OF OFFICER (PLEASE PRINT) 11/21/2021 DATE </div> </div> | | | | | | |
| | <div style="display: flex; justify-content: space-between;"> <div> NOTARY PUBLIC / CLERK OF COURT / OFFICER (F.S.S. 110.01) 11/21/2021 DATE </div> <div> SIGNATURE OF ARRESTING / INVESTIGATING OFFICER MC GILLICUDDY, STEVEN (1216) NAME OF OFFICER (PLEASE PRINT) 11/21/2021 DATE </div> </div> | | | | | | |
| | PAGE 3 OF 3 | | | | | | |

COURT

STATE ATTORNEY

CENTRAL RECORDS

JAIL

CRIME ANALYSIS

P. I. O.

**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: 80-006239 Software: 8100.27
Date of Test: 11/21/2021

Date of Last Agency Inspection: 11/05/2021

Observation Period Began: 19:45

Subject's Name: WILLIAM H GOLDMAN

DOB: 10/30/1953 Sex: M

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

| Results: | Test | g/210L | Time |
|----------|-------------------|--------|-------|
| | Diagnostics Check | OK | 20:12 |
| | Air Blank | 0.000 | 20:12 |
| | Control Test | 0.079 | 20:13 |
| | Air Blank | 0.000 | 20:13 |
| | Subject Sample #1 | 0.206 | 20:14 |
| | Air Blank | 0.000 | 20:14 |
| | Air Blank | 0.000 | 20:16 |
| | Subject Sample #2 | 0.208 | 20:17 |
| | Air Blank | 0.000 | 20:17 |
| | Control Test | 0.080 | 20:18 |
| | Air Blank | 0.000 | 20:18 |
| | Diagnostics Check | OK | 20:18 |

Cylinder Lot: 19021080A2
Exp: 09/05/2023

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 RENEE M RAGIN, hold a valid Breath Test Operator permit issued by the Florida Department of Law Enforcement, I administered the above breath test to the subject named above in accordance with Chapter 11D-8, Florida Administrative Code, and this form is a true and accurate report of that breath test.

Breath Test Operator: _____

Signature

Date: 11/21/21

Sworn to (or affirmed) before me this 21 day of Nov, 2021

Signature of Notary Public-State of Florida

Printed Name of Notary Public-State of Florida

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

TESTING FACILITY TASK REPORT

AGENCY: JPD

SUBJECT: Goldman, William H.

CASE NUMBER: 21-130352

DATE: Nov 21, 2021

VIDEO DVD NUMBER: N/A

BEGINNING TIME: 20:10

ENDING TIME: 20:21

BREATH TESTS RESULTS: 1) .206 TIME 20:14 A.M. ☐ P.M. ☒ 2) .208 TIME 20:17 A.M. ☐ P.M. ☒
3) N/A TIME ----- A.M. ☐ P.M. ☐ 4) N/A TIME ----- A.M. ☐ P.M. ☐

BREATH OPERATOR: R. Ragin #16877

MAINTENANCE TECHNICIAN: Jason Karlecke #6467

TESTING OFFICER'S OBSERVATIONS

SPEECH: Slurred

ATTITUDE: Talkative, fidgety, agitated, uncooperative, repetitive

CLOTHING: Tan shorts, No shirt, gray sneakers

MEDICAL CONDITIONS: A lot

MEDICATIONS: You tell me

OTHER:

Eyes are glassy & bloodshot
Odor of unknown alcoholic beverage on breath

COMMENTS:

Arrived at center A/O started 20 minute observation period at 19:45 hrs.

Subject agreed to perform breath test.

Tech read breath test results.

A/O conducted Q&A.

Subject answered Q&A.



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

PBSO CASE # 21-130352 PBSO ZONE 3-14

AGENCY CASE # 21-004132 CRASH CASE # _____

TIME OF STOP/CRASH 1615 DATE 11/21/2021 DAY SUNDAY

SUBJECT'S NAME GOLDMAN WILLIAM H RACE W SEX M
LAST FIRST MID

HGT 5'9 WGT 190 DOB 10/30/1953

LOCATION 226 JUNIPER WAY, JUPITER, FL

ARRESTING OFFICER'S NAME & ID MCGILLICUDDY 388 AGENCY JUPITER PD

DIVISION: RP - TRF

NOTIFIED BY COMMO Yes
ARRIVAL AT FACILITY 1945
ARREST TIME 1906

BREATH RESULTS:

| | |
|----|------|
| 1) | .206 |
| 2) | .206 |
| 3) | N/A |
| 4) | N/A |

TESTING OFFICER'S ID 16877 PBSO VIDEOTAPE # N/A

WITNESS LIST

CASE NUMBER: 21-004132

ARRESTING OFFICER: MCGILLICUDDY

ADDRESS: 196 Military Trl. Jupiter, FL 33458

PHONE NUMBERS (HOME): _____ (WORK) (561) 746-6201

CAN TESTIFY TO: PC

NAME: MELISSA BROWN

ADDRESS: 226 JUNIPER WAY, JUPITER, FL

PHONE NUMBERS (HOME) _____ (WORK) _____

CAN TESTIFY TO: WHEEL WITNESS

NAME: JOHN MOYNIHAN

ADDRESS 226 JUNIPER WAY

PHONE NUMBERS (HOME) _____ (WORK) _____

CAN TESTIFY TO: OWNER OF DAMAGED PROPERTY

NAME: OFC IRONS

ADDRESS 196 Military Trl. Jupiter, FL 33458

PHONE NUMBERS (HOME) _____ (WORK) _____

CAN TESTIFY TO: ASSISTING OFFICER

NAME: OFC BODENHEIMER

ADDRESS 196 Military Trl. Jupiter, FL 33458

PHONE NUMBERS (HOME) _____ (WORK) _____

CAN TESTIFY TO: ASSISTING OFFICER

NAME: PFC ALBANO

ADDRESS 196 Military Trl. Jupiter, FL 33458

PHONE NUMBERS (HOME) _____ (WORK) _____

CAN TESTIFY TO: ASSISTING OFFICER

NAME: _____

ADDRESS _____

PHONE NUMBERS (HOME) _____ (WORK) _____

CAN TESTIFY TO: _____

NAME: _____

ADDRESS _____

PHONE NUMBERS (HOME) _____ (WORK) _____

CAN TESTIFY TO: _____

NAME: _____

ADDRESS _____

PHONE NUMBERS (HOME) _____ (WORK) _____

CAN TESTIFY TO: _____

NAME: _____

ADDRESS _____

PHONE NUMBERS (HOME) _____ (WORK) _____

CAN TESTIFY TO: _____

NAME: _____

ADDRESS _____

PHONE NUMBERS (HOME) _____ (WORK) _____

CAN TESTIFY TO: _____

SUBJECT: **GOLDMAN, WILLIAM H**

CASE NUMBER: 21-004132

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 **Officer McGillicuddy** of the **Jupiter Police Department**

If you refuse to take the test I have requested of you, your driving privilege will be suspended for a period of one (1) year for a **FIRST REFUSAL**, or eighteen (18) months if your driving privilege has been **PREVIOUSLY SUSPENDED**, or if you have been **PREVIOUSLY FINED** under s. 327.35215, for refusing to submit to a lawful test of your breath, urine, or blood. Additionally, if you refuse to take the test I have requested of you, and if your driving privilege has been previously suspended, or if you have been previously fined under s. 327.35215, for a refusal to submit to a lawful test of your breath, urine, or blood, you will be committing a misdemeanor, in addition to any other penalties which can be imposed by law. Refusal to submit to the test I have requested is admissible into evidence in any criminal proceeding.

SUBJECT'S SIGNATURE: **READ ON CAMERA** **GOLDMAN, WILLIAM H**

CONSTITUTIONAL WARNINGS

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

You have the right to remain silent and not answer any questions.

Any statement must be freely and voluntarily given.

You have the right to the presence of a lawyer of your choice before you make any statement and during any questioning.

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.

If at any time during the interview you do not wish to answer any questions, you are privileged to remain silent.

I can make no threats or promises to induce you to make a statement. This must be of your own free will.

Any statement can and will be used against you in a court of law.

SUSPECT'S SIGNATURE: **READ ON BWC** **GOLDMAN, WILLIAM H**



**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"/> | | | |
| | <input type="checkbox"/> | | | |
| Other | <input type="checkbox"/> | | Other: | |
| | <input type="checkbox"/> | | Other: | |

REVIEW COMPLETED BY

Booking Number: 2021029297

Date: 11/22/21

Specialist Name/ID: A. Pinkney/7796