

2immljle

JH 0521435

3903

ARREST / NOTICE TO APPEAR

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

1

JUVENILE

OBTS Number	Agency Name Delray Beach Police Department			Agency Report Number (N.T.A.'s only) 4, 0 21-002027
Agency ORI Number 0500-100	Charge Type: Check as many as apply: <input type="checkbox"/> 1. Felony <input checked="" 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			If Weapon Seized Enter Type None/not Applicable
Location of Arrest (Including Name of Business) 1000 PALM TRL, DELRAY BEACH, FL		Location of Offense (Business Name, Address) 909 BOND WAY, DELRAY BEACH, FL 33483		
Date of Arrest 02/15/2021	Time of Arrest 00:32	Booking Date 02/15/2021	Booking Time 00:34	Jail Date 02/15/2021
Name (Last, First, Middle) MASON, WILLIAM KEITH		Alias (Name, DOB, Soc. Sec. #, Etc.)		
Race W	Sex M	Date of Birth 08/14/1972	Height 6'00	Weight 160
Scars, Marks, Tattoos, Unique Physical Features (Location, Type, Description)		Eye Color BROWN	Hair Color BROWN	Complexion LIGHT
Local Address (Street, Apt. Number) 1000 PALM TRL 7, DELRAY BEACH, FL 33483		Marital Status S	Religion NOT INDICA	Indication of Alcohol Influence Drug Influence Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Unk <input type="checkbox"/>
Permanent Address (Street, Apt. Number) 1000 PALM TRL 7, DELRAY BEACH, FL 33483		Phone (561) 233-1281	Residence Type: 1. City 2. County 3. Florida 4. Out of State 1	
Business Address (Name, Street) 1000 PALM TRL DELRAY		Phone (561) 233-1281	Occupation	
D/L Number, State M250931722940 / FL	Soc. Sec. Number	DNS Number	Place of Birth (State) VA	Citizenship US
Co-Defendant Name (Last, First, Middle)		Race	Sex	Date of Birth
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"/> Name (Last, First, Middle)		Business Phone		
Address (Street, Apt. Number) 1000 PALM TRL 7, DELRAY BEACH, FL 33483		Notified by (Name)		
Released To (Name)		Date	Time	JUVENILE DISPOSITION 1. Handled/Processed within Department and Released 2. TOT JAC 3. Incarcerated
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		
Property Crime? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		Description of Property TRASH CAN		Value of Property \$200
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
Charge Description DUI-DAMAGE TO PERSON/PROPERTY		Statute Violation Number 316.193(3)(C)(1)	Violation of ORD #	
Drug Activity N	Drug Type N	Amount / Unit	Offense #	Bond
Charge Description RESIST/OBSTRUCT OFFICER W/O VIOLENCE		Statute Violation Number 843.02	Violation of ORD #	
Drug Activity N	Drug Type N	Amount / Unit	Offense #	Bond
Charge Description REFUSAL TO SUMIT TO BAL TEST		Statute Violation Number 316.193(1)(A)	Violation of ORD #	
Drug Activity N	Drug Type N	Amount / Unit	Offense #	Bond
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		
Check which applies: <input type="checkbox"/> Released O.R. <input type="checkbox"/> Released to Parent/Guardian <input checked="" type="checkbox"/> TOT County Jail		PROPERTY - Received By		
Transported By		Date Transported	Time Transported	Other
<input checked="" type="checkbox"/> INSTRUCTION NO. 1 - Mandatory appearance in court <input type="checkbox"/> INSTRUCTION NO. 2 - You need not appear in Court but must comply with instructions on Page 2.		Location (Court, Room) South County 200 W Atlantic Ave Delray Beach, FL 33444		
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.		Court Date and Time 03/11/2021 08:30:00		
Signature of Defendant (or Juvenile and Parent/Custodian)		Date Signed		
HOLD for Other Agency		Name Verification (Printed by Arrestee)		
<input type="checkbox"/> Dangerous <input type="checkbox"/> Revoked Arrest <input type="checkbox"/> Suicidal <input type="checkbox"/> Other		(PRINT)		
Intake Deputy Mr Horneal 72a		Name of Arresting Officer (Print) TABARES MEDEROS, JESUS R ID # 1118		
Pouch #		Transporting Officer TABARES ID # 1118 Agency DBPD		
		Witness here if subject signed with an "X"		

Handwritten notes: (1) OK, (2) OK, (3) OK, (4) OK

Large diagonal watermark: NOT A CERTIFIED COPY

Vertical stamp: JUVENILE COURT CLERK

No Photo Available

ARREST / NOTICE TO APPEAR
Additional Charge List

Agency ORI Number 0500400		Agency Name Delray Beach Police Department			Agency Report Number (N.T.A.'s only) J 0 21-002027						
C O D E	Drug Activity	S. Sell	R. Smuggle	K. Disperse/ Distribute	M. Manufacture/ Produce/ Cultivate	Z. Other	Drug Type	B. Barbiturate	H. Hallucinogen	P. Paraphernalia/ Equipment	U. Unknown
	N. N/A	B. Buy	D. Deliver				N. N/A	C. Cocaine	M. Marijuana	S. Synthetic	Z. Other
	P. Possess	T. Traffic	E. Use				A. Amphetamine	E. Heroin	O. Opium/Deriv		
C H A R G E	Charge Description CRASH- LEAVING THE SCENE WITHOUT GIVING INFORMATION						Statute Violation Number 316.061(1)	Violation of ORD #			
	Drug Activity	Drug Type	Amount / Unit	Offense #	Counts	Domestic Violence	Warrant / Capita Number	Bond			
		/		1	<input type="checkbox"/> Y <input checked="" type="checkbox"/> N						

NOT A CERTIFIED COPY

SCANNED

FEB 17 2021

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	OBTS Number		Agency ORI Number FL 0500400		Agency Name DELRAY BEACH POLICE DEPARTMENT		Agency Report Number 4 0 21-002027			
	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		Special Notes			
D E F	Name (Last, First, Middle) MASON, WILLIAM KEITH						Race W	Sex M	Date of Birth 08/14/1972	
	Charge Description 316.193(3)(C)(1) DUI-DAMAGE TO PERSON/PROPERTY		Charge Description 843.02 RESIST/OBSTRUCT OFFICER W/O VIOLENCE							
C H A R G E S	Charge Description 316.1939(1)(S) REFUSAL TO SUMIT TO BAL TEST		Charge Description 316.061(1) CRASH- LEAVING THE SCENE WITHOUT GIVING							
	Victim's Name (Last, First, Middle) O'CONNOR PARKINS, KRISTINE GAIL						Race W	Sex F	Date of Birth 11/10/1962	
V I C T I M	Local Address (Street, Apt. Number) 909 BOND WAY, DELRAY BEACH, FL 33483		(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 resonable grounds to believe and does believe that the above named Defendant committed the following violation of law. The Person taken into custody</p> <p><input checked="" type="checkbox"/> committed the below acts in my presence. <input type="checkbox"/> was observed by _____ who told _____ that he/she saw the arrested person committ 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.</p> <p>On the <u>15</u> day of <u>February</u>, <u>2021</u> at <u>00:32</u> (Specifically include facts constituting cause for arrest.)</p> <p>This incident occurred in the City of Delray Beach, Palm Beach County, Florida.</p> <p>On 2/15/21, I responded to 909 Bond Way in reference to a hit and run crash. The caller, Kristin Parkins stated she saw her neighbor who was later identified as William Mason, revving his car engine, and hit her tree by backing into it causing damage to his passenger's rear bumper. Parkins saw Mason leave the scene after the accident heading toward George Bush Blvd. I arrived on scene and saw Parkins's trash can was on its side, crushed in the middle with a gaping hole. The recycling bans were also struck by the vehicle causing them to be scattered through the front yard. There was minor damage to the tree.</p> <p>While I was on scene, I spoke to one of Parkins's front neighbors who did not wish to be involved. She stated she heard her next-door neighbor's (Mason) car engine revving and saw the car hit Parkins's tree. She indicated her neighbor (Mason) has been doing this for the past two weekends and sees the car speeding down the street. She is afraid that her neighbor would hit someone since there are a lot of people that walk their dogs on this street. In the parking space where Mason's vehicle was located was a clear cup with an unknown alcohol spilling from it. The cup and surrounding ground had a distinct smell of alcohol.</p> <p>As I was talking to the front anonymous neighbor, I heard a car engine approaching the parking lot. The neighbor immediately recognized the noise and the car as her neighbor (Mason). It was a dark gray Infiniti sedan. I flashed my flashlight at the driver and saw a white male driving the vehicle. I could see a blank stare on the driver's face and could tell that he appeared nervous. He was looking forward and sped up as soon as he saw my patrol vehicle. The driver continued east on Bond Way at a fast rate. I got in my vehicle to conduct a traffic stop but was unable to safely catch up to him due to the driver's speed. The driver proceeded south on Palm Trl at a high rate of speed until I</p>										
S W O R N	SWORN AND SUBSCRIBED BEFORE ME		SIGNATURE OF ARRESTING / INVESTIGATING OFFICER <i>[Signature]</i>							
	CUSSON, MATTHEW NOTARY PUBLIC / CLERK OF COURT / OFFICER (F.S.S. 117.10) <u>02/15/2021</u> DATE		TABARES MEDEROS, JESUS R (1118) NAME OF OFFICER (PLEASE PRINT) <u>02/15/2021</u> DATE						PAGE 3 OF 2	

SCANNED

OBTS Number		PROBABLE CAUSE AFFIDAVIT SUPPLEMENT		1. Arrest	3. Request for Warrant	1	JUVENILE
Agency ORI Number		Agency Name		2. NTA	4. Request for Capias		
FL 0500400		DELRAY BEACH POLICE DEPARTMENT		Agency Report Number			
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		4 0 21-002027		Special Notes	

Name (Last, First, Middle)				Alias	Race	Sex	Date of Birth
MASON, WILLIAM KEITH					W	M	08/14/1972

lost visual of the vehicle at George Bush Blvd.

I then went back to 909 Bond Way spoke to Parkins over the phone. Parkins stated she has been in quarantine during the pandemic and could not go outside. Parkins stated she was watching through her window and saw her front neighbor (Mason) enter and exit his vehicle. When he exited, he left his driver's door open and walked inside his apartment. He came back to his vehicle and got in it. She saw when he reversed and hit her tree with his rear bumper.

While I was on the phone with Parkins, I saw the same dark gray Infiniti sedan as earlier, come around from Palm Trl. The driver pulled into the parking space. At this time, I conducted a traffic stop by activating my patrol vehicle's lights and siren. The driver immediately exited his car and started walking toward his apartment. I gave the driver several verbal commands to stop, but the driver disobeyed and continued walking away from me. I grabbed him from behind and pushed him up against the wall. I grabbed his arm and directed him to the ground. The driver kept resisting and refusing to put his hands behind his back. I was able to get one handcuff on him. The driver refused to place his other hand behind his back after being told multiple times. I eventually was able to get his hand behind his back in place him in custody. The driver had a strong alcoholic smell coming from his person. His eyes were bloodshot. The driver had a hard time standing and was swaying when he was walking to my patrol car.

The driver was identified as William Mason by his name and date of birth. I verified his name and information through D.A.V.I.D. Mason is also the registered owner of the vehicle he was driving. After He was taken into custody, I transported him to the Palm Beach County BAT facility under the suspicion that he was driving under the influence. Mason did not perform roadside tasks as he was actively resisting officers. For officers' safety the handcuffs were not able to be removed which prevented roadside tasks to be performed. Mason's vehicle had damage to the rear bumper consistent with the damage on scene. At the BAT Mason refused to provide a sample of his breath. I read him implied consent and Mason still refused to provide a sample.

Based on the above stated facts probable cause exist to charge the defendant with DUI -damaged to property, per. FSS. 316.193(3)(C)(1), resisting officer without violence, per. FSS. 843.02, refusing to submit to BAL test, per. 316.1939(1) ~~per~~, and leaving the scene of a crash, per. FSS. 316.061(1).

SWORN AND SUBSCRIBED BEFORE ME		<i>[Signature]</i> 1199	
CUSSON, MATTHEW		SIGNATURE OF ARRESTING / INVESTIGATING OFFICER	
NOTARY PUBLIC / CLERK OF COURT / OFFICER (F.S.S. 119.10)		TABARES MEDEROS, JESUS R (1118)	
02/15/2021		NAME OF OFFICER (PLEASE PRINT)	
DATE		02/15/2021	
		DATE	

SCANNED

FEB 17 2021

D.U.I. PROBABLE CAUSE AFFIDAVIT

ON THE 2/15/21 DAY OF February 20 21, AT 0032 AM PM

SUBJECT: William Mason CASE NUMBER: 21002027

AGENCY: Delray Beach PD ARRESTING OFFICER: Tabares #1118

PERSONAL CONTACT

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

On 2/15/21, I responded to 909 Bond Way in reference to a hit and run crash. The caller, Kristin Parkins stated she saw her neighbor who was later identified as William Mason revving his car engine and hit her tree. Parkins saw Mason leave the scene after the accident heading toward George Bush Blvd. While scene I saw the defendant driving the vehicle. The defendant pulled into a parking space where I conducted a traffic stop.

OBSERVATION OF DRIVER:

Mason disobeyed orders to not walk to his apartment and resisted arrest. He had a strong alcoholic odor coming from his person. He had red glossy eyes. He could not stand up straight and was swaying when he walked to my patrol car.

DRIVER'S STATEMENTS:

N/A

ODORS:

Strong odor of unknown alcoholic beverage.

GENERAL OBSERVATIONS

SPEECH: Repetitive

ATTITUDE: Combative and was not obeying my orders

CLOTHING: Clothed

MEDICAL/OTHER: N/A

STATE OF FLORIDA
COUNTY OF PALM BEACH

JE 1118
(Signature of Arresting/Investigative Officer)

The foregoing instrument was sworn to or affirmed and subscribed before me this 15th day of February 20 21 by Jesús Tabares
(Print name of Arresting/Investigative Officer), who is personally known to me and/or produced identification. Type of identification produced Jesús Tabares Know

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



SCANNED
FEB 17 2021

SUBJECT: William Mason

CASE NUMBER 21002027

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:

N/A

WALK & TURN:

N/A

ONE LEG STAND:

N/A

FINGER TO NOSE:

N/A


ROMBERG ALPHABET:

N/A

BREATH TEST RESULTS:

1)	2)	3)	4)
----	----	----	----

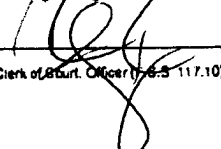
STATE OF FLORIDA
COUNTY OF PALM BEACH


(Signature of Arresting/Investigative Officer)

The foregoing instrument was sworn to or affirmed and subscribed before me this 15th day of February 20 21

by Jesus Tabares

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


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



SCANNED
FEB 17 2021



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

PBSO CASE # 21-035645 PBSO ZONE 4-11

AGENCY CASE # 21002027 CRASH CASE # 21002027

TIME OF STOP/CRASH 2345 DATE 2/14/21 DAY Sunday

SUBJECT'S NAME William Mason RACE W SEX M

HGT 6'0" WGT 160 DOB 8/14/1972

LOCATION 1000 Palm Trl Apt. 7, Delray Beach, FL

ARRESTING OFFICER'S NAME & ID Tabares #1118 AGENCY Delray Beach PD

DIVISION: Patrol

NOTIFIED BY COMMO y

ARRIVAL AT FACILITY 0101 hrs

ARREST TIME 0032

BREATH RESULTS:

- 1) _____
- 2) **REFUSED**
- 3) _____
- 4) _____

TESTING OFFICER'S ID 24639 PBSO VIDEOTAPE # N/A

NOT A CERTIFIED COPY

SCANNED
FEB 17 2021

WITNESS LIST

CASE NUMBER: 21002027

ARRESTING OFFICER: Officer Tabares

ADDRESS: 300 W. Atlantic Ave, Delray Beach, FL

PHONE NUMBERS (HOME): 561-243-7800 (WORK) _____

CAN TESTIFY TO: The DUI report.

NAME: _____

ADDRESS: _____

PHONE NUMBERS (HOME) _____ (WORK) _____

CAN TESTIFY TO: _____

NAME: _____

ADDRESS _____

PHONE NUMBERS (HOME) _____ (WORK) _____

CAN TESTIFY TO: _____

NAME: _____

ADDRESS _____

PHONE NUMBERS (HOME) _____ (WORK) _____

CAN TESTIFY TO: _____

NAME: _____

ADDRESS _____

PHONE NUMBERS (HOME) _____ (WORK) _____

CAN TESTIFY TO: _____

NAME: _____

ADDRESS _____

PHONE NUMBERS (HOME) _____ (WORK) _____

CAN TESTIFY TO: _____

NAME: _____

ADDRESS _____

PHONE NUMBERS (HOME) _____ (WORK) _____

CAN TESTIFY TO: _____

NAME: _____

ADDRESS _____

PHONE NUMBERS (HOME) _____ (WORK) _____

CAN TESTIFY TO: _____

NAME: _____

ADDRESS _____

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: _____

SCANNED

FEB 17 2021

TESTING FACILITY TASK REPORT

AGENCY: DBPD

SUBJECT: MASON, WILLIAM CASE NUMBER: 21-035645

DATE: Feb 15, 2021 VIDEO DVD NUMBER: N/A

BEGINNING TIME: 01:27 ENDING TIME: 01:42

BREATH TESTS RESULTS: 1) R TIME 01:39 A.M. P.M. 2) N/A TIME N/A A.M. P.M.

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

BREATH OPERATOR: P.POUND #24639

MAINTENANCE TECHNICIAN: J. KARLECKE# 6467

TESTING OFFICER'S OBSERVATIONS

REFUSED

SPEECH: SLURRED

ATTITUDE: CALM, QUIET

CLOTHING: BLUE JEANS, BLUE / WHITE SHIRT, WHITE / BLACK SNEAKERS

MEDICAL CONDITIONS: NONE

MEDICATIONS: NONE

OTHER:

EYES: GLASSY AND BLOODSHOT

COMMENTS:

ARRIVED AT CENTER A/O BEGAN THE 20 MINUTE OBSERVATION PERIOD AT 01:01 HRS.

SUBJECT: AGREED TO TAKE TEST

SUBJECT: WALKED UP TOWARDS THE INSTRUMENT AND STATED HE DOES NOT WANT TO TAKE TEST

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

SUBJECT: STATED HE UNDERSTOOD I/C, BUT REFUSED TO ANSWER YES OR NO TO TAKING TEST. A/O: CALLED REFUSAL

A/O: READ RIGHTS

SUBJECT: STATED HE UNDERSTOOD RIGHTS

A/O: ATTEMPTED Q&A

SUBJECT: REFUSED QUESTIONS

SCANNED **REFUSED**
FEB 17 2021

SUBJECT: Mason, William CASE NUMBER: _____

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 (Mason)

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.

SCANNED
FEB 17 2021

SUSPECT'S SIGNATURE: (X) READ ON (Mason)

SUBJECT: MASON, William CASE NUMBER: _____

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? _____

SCANNED
FEB 17 2021

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: _____

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: 80-006478 Software: 8100.27
Date of Test: 02/15/2021

Date of Last Agency Inspection: 02/12/2021
Observation Period Began: 01:01
Subject's Name: WILLIAM MASON

DOB: 08/14/1972 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	01:30
	Air Blank	0.000	01:31
	Control Test	0.078	01:31
	Air Blank	0.000	01:32
	Subject Sample #1	NSP*	01:35
	Air Blank	0.000	01:35
	Air Blank	0.000	01:37
	Subject Sample #2	REF**	01:39
	Air Blank	0.000	01:39
	Control Test	0.079	01:40
	Air Blank	0.000	01:40
	Diagnostics Check	OK	01:40

*No Sample Provided
**Subject Test Refused

Cylinder Lot: 22620080A2
Exp: 10/05/2022

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 PARIS D POUND, 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: _____ Date: 02/15/21
Signature

Sworn to (or affirmed) before me this 15th day of FEBRUARY, 2021

Signature of Notary Public-State of Florida J. Tabares Printed Name of Notary Public-State of Florida OFF. J. TABARES

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.

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

I, Officer Tabares, a duly certified Law Enforcement Officer or Correctional Officer,
(Name of Officer reading Implied Consent Warning)
am a member of Delray Beach Police Department, and I do swear
(Name of law enforcement agency)

or affirm that on or about the 15th day of February, 20 21, at 0032 P.M. A.M.

DRIVER William Mason
(Type or Print) FIRST NAME MIDDLE OR MAIDEN NAME LAST NAME
DL# M250931722940, state of Florida, was placed under lawful arrest for
the offense of DUI by Officer Tabares and
issued Citation # _____ (Name of Arresting Officer)

That on or about the 15th day of February, 20 21, at 0032 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.

IT mg
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:

(AFFIX SEAL)
The foregoing instrument was sworn and subscribed before
me this 15th day of February, 20 21,
by Jos-S Tabares
who is personally known to me or who has produced
known as identification
Notary Public _____

Signature of Attesting Officer
Title Officer
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 – 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: 2021003847	Date: 02/16/2021
	Specialist Name/ID: T. Howard/7185

SCANNED
 FEB 17 2021