

21CT 17061 NB
ARREST / NOTICE TO APPEAR

A D M I N I S T R A T I O N	OBTS Number		Agency ORI Number 0501700		Agency Name Jupiter Police Department		Agency Report Number (N.T.A.'s only) 5, 4 21-003575		1 Arrest 2 N.T.A. 3 Request for Warrant 4 Request for Capias 1		JUVENILE			
	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		If Weapon Seized Enter Type UNARMED		Multiple Clearance Indicator 01									
	Location of Arrest (Including Name of Business) ICP/MILITARY TRL, JUPITER, FL 33458						Location of Offense (Business Name, Address) 499 INDIAN CREEK PKWY/MILITARY TRL, JUPITER, FL							
	Date of Arrest 10/08/2021		Time of Arrest 22:55		Booking Date 10/08/2021		Booking Time 23:05		Jail Date // : :		Jail Time		Location of Vehicle ALL HOOKED UP	
D E F E N D A N T	Name (Last, First, Middle) RYNO, WILLIAM RUSLING													
	Alias: Alias (Name, DOB, Soc. Sec. #, Etc.)													
	Race W - White B - Black W		Sex M - Male F - Female M		Date of Birth 05/01/1932		Height 5'10		Weight 130		Eye Color GREEN		Hair Color GRAY	
	Complexion LIGHT		Build Slender		Mental Status M		Religion		Indication of Alcohol Influence Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Unk <input type="checkbox"/>		Indication of Drug Influence Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Unk <input type="checkbox"/>			
	Scars, Marks, Tattoos, Unique Physical Features (Location, Type, Description)						Marital Status		Residence Type 1 City 2 Country 3 Florida 4 Out of State 1					
	Local Address (Street, Apt. Number) 17187 BAY ST, APT 2030 FL 33477						(City)		(State)		(Zip)		Phone	
	Permanent Address (Street, Apt. Number) 17187 BAY ST, APT 2030 FL 33477						(City)		(State)		(Zip)		Phone	
	Business Address (Name, Street)						(City)		(State)		(Zip)		Phone	
	D/I Number, State R500936321610 / FL						Soc. Sec. Number		INS Number		Place of Birth (City, State) SOMERVILLE, NJ		Citizenship USA	
	C O D E F	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		
J U V E N I L E	<input type="checkbox"/> Parent <input type="checkbox"/> Other <input type="checkbox"/> Legal Custodian													
	Name (Last, First, Middle)													
	Address (Street, Apt. Number)													
	(City)													
	(State)													
	(Zip)													
	Residence Phone													
	Business Phone													
	Notified by (Name)													
	Date													
C H A R G E	Released To (Name) 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.													
	<input type="checkbox"/> Yes, by <input type="checkbox"/> No													
	Property Crime? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No													
	Description of Property													
	Value of Property													
	Drug Activity: N N/A, P Possess, S Sell, B Buy, R Smuggle, D Deliver, F Use, K Disperses/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/Derv, P Paraphernalia/Equipment, S Synthetic, U Unknown, Z Other													
	Charge Description: DUI - BAC/BRAC OVER .15 -OR- MINOR IN VEHICLE													
	Statute Violation Number: 316.193(4)													
	Violation of ORD #:													
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													
	Check which applies: <input type="checkbox"/> Released O.R. <input type="checkbox"/> Released to Parent/Guardian <input type="checkbox"/> T.O.T. County Jail <input type="checkbox"/> Post Bond <input type="checkbox"/> South County Mental Health													
	PROPERTY - Received By: Released By: Released To:													
	Transported By: Date Transported: Time Transported: Other:													
	Charge Description:													
	Statute Violation Number:													
	Violation of ORD #:													
	Bond:													
	Bond:													
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 <input type="checkbox"/> INSTRUCTION NO. 2 - You need not appear in Court but must comply with instructions on Page 2.													
	Location (Court, Room) North County PALM BEACH GARD													
	Court Date and Time 11/10/2021 08:30:00													
	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) Non Compliance													
	Date Signed													
	No Photo Available													
	HOLD for Other Agency:													
	Signature of Arresting Officer BORROWS, ANDREW													
	Name Verification (Printed by Arrestee) OCT 9 AM 12:45													
A D M I N	<input type="checkbox"/> Dangerous <input type="checkbox"/> Suicidal		<input type="checkbox"/> Resisted Arrest <input type="checkbox"/> Other		Name of Arresting Officer (Print) BORROWS, ANDREW		I.D. # 1138		Agency JPD		PAGE 1 OF 1			
	Intake Deputy Dumyge		Pouch #		Transporting Officer OFC BORROWS		I.D. # 380		Agency JPD		Witness here if subject signed with an "X".			
	Witness here if subject signed with an "X".													
	Witness here if subject signed with an "X".													

PROBABLE CAUSE AFFIDAVIT			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 21-003575		
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		Special Notes		
Name (Last, First, Middle) RYNO, WILLIAM RUSLING				Race W	Sex M	Date of Birth 05/01/1932
Charge Description 316.193(4) DUI - BAC/BRAC OVER .15 -OR- MINOR IN VEHICLE		Charge Description				
Charge Description		Charge Description				
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> <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 commit the below acts.</p> <p><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>8</u> day of <u>October</u>, <u>2021</u> at <u>21:55</u> (Specifically include facts constituting cause for arrest.)</p> <p>On the above date at approximately 2155 hours Officer Waltenburg of the Jupiter Police Department was on routine patrol in the area of Indiancreek Parkway and Military Trail in the Town of Jupiter, Palm Beach County, Florida.</p> <p>Officer Waltenburg observed a 2016 Buick bearing Florida license plate RHIN001 stopped in the right hand eastbound travel lane of Indiancreek Parkway west of the intersection with Military Trail. It was occupied by the registered owner William Ryno. Ryno was sitting in the driver's seat with the key on the passenger side seat, within his reach. Ryno appeared confused and had watery eyes, along with other signs of impairment. Please see Officer Waltenburg's PC for more details.</p> <p>Officer Waltenburg called for a traffic/DUI unit. I arrived on scene at approximately 2206 hours. I spoke to Officer Waltenburg and then walked up to the driver's side door and spoke to Ryno. Ryno had very watery eyes. Ryno had the strong odor of an unknown alcoholic beverage on his breath. Ryno's speech was slurred and he appeared to be generally confused.</p> <p>I had Ryno exit his vehicle. Ryno was extremely unsteady on his feet. He admitted to drinking "my share." I eventually narrowed that down through further questioning to three Vodkas. I asked Ryno if he takes any medicine or has any medical conditions. He indicated he did not. Ryno agreed to complete roadside tasks. As he did, he started to lose his balance backwards and I had to grab his arm to help him regain his balance.</p> <p>I first conducted Horizontal Gaze Nystagmus. Ryno was patently unable to follow my instructions and keep his head still. Ryno continued to be unsteady on his feet. At that time I determined I had probable cause based on the totality of the circumstances to arrest Ryno for DUI. I placed him in handcuffs in front of him due to his advanced</p>						
SWORN AND SUBSCRIBED BEFORE ME		<div style="display: flex; justify-content: space-between;"> <div> <p>NOTARY PUBLIC / CLERK OF COURT OFFICE U.S.S. MOORE</p> <p>10/09/2021</p> <p>DATE</p> </div> <div> <p>SHAWN L. O'NEAL Notary Public - State of Florida Commission # GG 977080 My Comm. Expires Jan 25, 2024 Bonded through National Notary Assn.</p> </div> <div> <p><i>[Signature]</i></p> <p>SIGNATURE OF ARRESTING / INVESTIGATING OFFICER</p> <p>BORROWS, ANDREW (1138)</p> <p>NAME OF OFFICER (PLEASE PRINT)</p> <p>10/09/2021</p> <p>DATE</p> </div> </div>				
ADMINISTRATIVE		<div style="display: flex; justify-content: space-between;"> <div> <p>10/09/2021</p> <p>DATE</p> </div> <div> <p>10/09/2021</p> <p>DATE</p> </div> </div>				

COURT

STATE ATTORNEY

CENTRAL RECORDS

JAIL

CRIME ANALYSIS

P.I.O.

PAGE
1 OF 2

OBTS 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	Agency Name		Agency Report Number								
	FL 0501700	JUPITER POLICE DEPARTMENT		5 4 21-003575								
	Charge Type: <input type="checkbox"/> 1 Felony <input type="checkbox"/> 3 Misdemeanor <input type="checkbox"/> 5 Ordinance <input type="checkbox"/> 2 Traffic Felony <input checked="" type="checkbox"/> 4 Traffic Misdemeanor <input type="checkbox"/> 6 Other		Special Notes									
	Name (Last, First, Middle)		Alias		Race		Sex		Date of Birth			
	RYNO, WILLIAM RUSLING				W		M		05/01/1932			
<p>age. I checked them for spacing and double locked them. I then transported Ryno to the Palm Beach County Breath Alcohol Testing Facility. During transport, Ryno became very verbally abusive.</p> <p>Upon arrival at the BAT, I conducted a 20 minute observation period. Ryno remained very argumentative and belligerent, with several mood swings during this time. I then asked Ryno to provide a sampel of his breath. Ryno provided two samples of .190.</p> <p>I then placed Ryno in a holding cell while I completed my paperwork. Ryno started attempting to push the cell door open. Ryno then fell down in the cell but did not appear to injure himself. I removed Ryno from the cell and handcuffed him to a bench in an attempt to prevent him from hurting himself.</p> <p>Upon completion of my paperwork I booked Ryno into the Palm Beach County Jail where I charged him with DUI over .15 per FSS 316.193(4).</p> <p>My issued body worn camera was active during my on scene investigation. My in car prisoner transport camera was also active during transport to the Palm Beach County Jail. I later placed that video into evidence.com for further use in this case.</p>												
<div style="position: relative;"> <div style="position: absolute; top: 0; left: 0; right: 0; bottom: 0; opacity: 0.1; font-size: 100px; transform: rotate(-30deg); pointer-events: none;"> NOT A CERTIFIED COPY </div> </div>												
<table border="0" style="width:100%;"> <tr> <td style="width: 50%; vertical-align: top;"> SWORN AND SUBSCRIBED BEFORE ME NOTARY PUBLIC / CLERK OF COURT OFFICER (F.S. 1007) 10/09/2021 DATE </td> <td style="width: 50%; vertical-align: top;"> SIGNATURE OF ARRESTING / INVESTIGATING OFFICER BORROWS, ANDREW (1138) NAME OF OFFICER (PLEASE PRINT) 10/09/2021 DATE </td> </tr> </table>											SWORN AND SUBSCRIBED BEFORE ME NOTARY PUBLIC / CLERK OF COURT OFFICER (F.S. 1007) 10/09/2021 DATE	 SIGNATURE OF ARRESTING / INVESTIGATING OFFICER BORROWS, ANDREW (1138) NAME OF OFFICER (PLEASE PRINT) 10/09/2021 DATE
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										PAGE 2 OF 2		

COURT

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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: 80-006027 Software: 8100.27
Date of Test: 10/08/2021

Date of Last Agency Inspection: 09/10/2021

Observation Period Began: 22:55

Subject's Name: WILLIAM R RYNO

DOB: 05/01/1932 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		23:21
Air Blank	0.000	23:21
Control Test	0.079	23:21
Air Blank	0.000	23:22
Subject Sample #1	0.190	23:23
Air Blank	0.000	23:24
Air Blank	0.000	23:25
Subject Sample #2	0.190	23:27
Air Blank	0.000	23:27
Control Test	0.077	23:28
Air Blank	0.000	23:28
Diagnostics Check OK		23:28

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 SUE OWEN, 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: 10/08/2021
Signature

Sworn to (or affirmed) before me this 8th day of October, 2021

[Signature] ofc A. Borrow
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.

WITNESS LIST

CASE NUMBER: 21-003575

ARRESTING OFFICER: Ofc. A. Borrows 380 /1138

ADDRESS: 196 Military Trl. Jupiter, FL 33458

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

CAN TESTIFY TO: PC

NAME: Officer Marcus Waltenburg

ADDRESS: 196 Military Trl. Jupiter, FL 33458

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

CAN TESTIFY TO: Initial contact, supp pc

NAME: Officer Ryan Kolenich

ADDRESS 196 Military Trl. Jupiter, FL 33458

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

CAN TESTIFY TO: _____

NAME: _____

ADDRESS _____

PHONE NUMBERS (HOME) _____ (WORK) _____

CAN TESTIFY TO: _____

NAME: _____

ADDRESS _____

PHONE NUMBERS (HOME) _____ (WORK) _____

CAN TESTIFY TO: _____

NAME: _____

ADDRESS _____

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ADDRESS _____

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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: _____

TESTING FACILITY TASK REPORT

AGENCY: JUPITER P.D.

SUBJECT: RYNO, WILLIAM RUSLING

CASE NUMBER: 21115277

DATE: 10/08/2021

VIDEO DVD NUMBER: N/A

BEGINNING TIME: 2316

ENDING TIME: 2330

BREATH TESTS RESULTS: 1) .190 TIME 2323 A.M. ☐ P.M. ☒ 2) .190 TIME 2327 A.M. ☐ P.M. ☒
3) TIME A.M. ☐ P.M. ☐ 4) TIME A.M. ☐ P.M. ☐

BREATH OPERATOR: S. Owen #3184

MAINTENANCE TECHNICIAN: J. Karlecke #6467

TESTING OFFICER'S OBSERVATIONS

SPEECH:

ATTITUDE: ANGRY, PROFANE

CLOTHING: BLACK SHOES, WHITE SOCKS, BLUE SHORTS, WHITE T-SHIRT

MEDICAL CONDITIONS: NONE

MEDICATIONS: NONE

OTHER:

DEFENDANT 89 YOA

COMMENTS:

A/O BORROWS #380 OF JUPITER P.D. AND DEFENDANT ARRIVED AT 2255 HOURS. A/O OBSERVED 20 MINUTES. A/O REQUESTED BREATH TEST, DEFENDANT AGREED, NO PROBLEM WITH TEST, TECHNICIAN EXPLAINED RESULTS. NO Q & A.

SUBJECT: _____ CASE NUMBER: 5

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: A. Ber...

SUBJECT: _____ 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) _____

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) _____



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

REVIEW COMPLETED BY

Booking Number: 2021025319

Date: 10/9/2021

Specialist Name/ID: M. Took #8557