

J# 0532988 P# 181 22CFSS237MB

|                                                                                                                                                                                                                                                                                                                       |                                |                                                                    |                                       |                                                                                                                                                                                                                   |                                                                                                              |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------|--------------------------------------------------------------------|---------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------|
| ARREST / NOTICE TO APPEAR                                                                                                                                                                                                                                                                                             |                                | 1 Arrest<br>2 NTA<br>3 Request for Warrant<br>4 Request for Capias |                                       | 1 JUVENILE                                                                                                                                                                                                        |                                                                                                              |
| Agency ORI Number<br><b>0500400</b>                                                                                                                                                                                                                                                                                   |                                | Agency Name<br><b>Delray Beach Police Department</b>               |                                       | Agency Report Number (N.T.A.'s only)<br><b>4 0 22-008942</b>                                                                                                                                                      |                                                                                                              |
| Charge Type<br>Check as many as apply<br><input checked="" type="checkbox"/> 1 Felony<br><input type="checkbox"/> 2 Traffic Felony<br><input type="checkbox"/> 3 Misdemeanor<br><input checked="" type="checkbox"/> 4 Traffic Misdemeanor<br><input type="checkbox"/> 5 Ordinance<br><input type="checkbox"/> 6 Other |                                | If Weapon Seized<br><b>UNARMED</b>                                 |                                       | Multiple Clearance Indicator<br><b>3</b>                                                                                                                                                                          |                                                                                                              |
| Location of Arrest (Including Name of Business)<br><b>199 S CONGRESS AVE/DR ANDRES WAY, DRB, F</b>                                                                                                                                                                                                                    |                                |                                                                    |                                       | Location of Offense (Business Name, Address)<br><b>199 S CONGRESS AVE/DR ANDRE'S WAY, DELRAY BEACH, FL</b>                                                                                                        |                                                                                                              |
| Date of Arrest<br><b>07/13/2022</b>                                                                                                                                                                                                                                                                                   | Time of Arrest<br><b>01:16</b> | Booking Date<br><b>07/13/2022</b>                                  | Booking Time<br><b>01:26</b>          | Jail Date<br><b>07/13/2022</b>                                                                                                                                                                                    | Jail Time<br><b>04:25</b>                                                                                    |
| Location of Vehicle<br><b>199 S CONGRESS AVE/DR</b>                                                                                                                                                                                                                                                                   |                                |                                                                    |                                       |                                                                                                                                                                                                                   |                                                                                                              |
| Name (Last, First, Middle)<br><b>KERNER, CHRIS DAVID</b>                                                                                                                                                                                                                                                              |                                |                                                                    |                                       |                                                                                                                                                                                                                   |                                                                                                              |
| Alias (Name, DOB, Soc. Sec. #, Etc.)<br><b>Alias:</b>                                                                                                                                                                                                                                                                 |                                |                                                                    |                                       |                                                                                                                                                                                                                   |                                                                                                              |
| Race<br>W - White<br>B - Black<br>O - Oriental/Asian<br><b>W</b>                                                                                                                                                                                                                                                      | Sex<br><b>M</b>                | Date of Birth<br><b>05/02/1981</b>                                 | Height<br><b>5'08</b>                 | Weight<br><b>160</b>                                                                                                                                                                                              | Eye Color<br><b>BLUE</b>                                                                                     |
| Hair Color<br><b>BLOND OK</b>                                                                                                                                                                                                                                                                                         |                                | Complexion<br><b>FAIR</b>                                          |                                       | Build<br><b>MEDIUM</b>                                                                                                                                                                                            |                                                                                                              |
| Scars, Marks, Tattoos, Unique Physical Features (Location, Type, Description)                                                                                                                                                                                                                                         |                                |                                                                    | Marital Status<br><b>U</b>            |                                                                                                                                                                                                                   | Religion<br><b>NON-DENOMI</b>                                                                                |
| Local Address (Street, Apt. Number)<br><b>3491 S FEDERAL HWY D, BOYNTON BEACH, FL 33435</b>                                                                                                                                                                                                                           |                                |                                                                    | Phone<br><b>(585) 478-4459</b>        |                                                                                                                                                                                                                   | Indication of Alcohol Influence<br>Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>       |
| Permanent Address (Street, Apt. Number)<br><b>3491 S FEDERAL HWY D, BOYNTON BEACH, FL 33435</b>                                                                                                                                                                                                                       |                                |                                                                    | Phone<br><b>(585) 478-4459</b>        |                                                                                                                                                                                                                   | Residence Type<br>1 City<br>2 County<br>3 Florida<br>4 Out of State<br><b>2</b>                              |
| Business Address (Name, Street)<br><b></b>                                                                                                                                                                                                                                                                            |                                |                                                                    | Phone<br><b></b>                      |                                                                                                                                                                                                                   | Address Source<br><b>VERBAL</b>                                                                              |
| D/L Number, State<br><b>K656104811620 / FL</b>                                                                                                                                                                                                                                                                        |                                |                                                                    | Soc. Sec. Number<br><b></b>           |                                                                                                                                                                                                                   | INS Number<br><b></b>                                                                                        |
| Place of Birth (City, State)<br><b>ROCHESTER, NY,</b>                                                                                                                                                                                                                                                                 |                                |                                                                    | Citizenship<br><b>US</b>              |                                                                                                                                                                                                                   |                                                                                                              |
| Co-Defendant Name (Last, First, Middle)<br><b></b>                                                                                                                                                                                                                                                                    |                                |                                                                    | Race                                  | Sex                                                                                                                                                                                                               | Date of Birth                                                                                                |
| Co-Defendant Name (Last, First, Middle)<br><b></b>                                                                                                                                                                                                                                                                    |                                |                                                                    | Race                                  | Sex                                                                                                                                                                                                               | Date of Birth                                                                                                |
| Parent <input type="checkbox"/> Other <input type="checkbox"/><br>Legal Custodian <input type="checkbox"/>                                                                                                                                                                                                            |                                |                                                                    | Name (Last, First, Middle)<br><b></b> |                                                                                                                                                                                                                   |                                                                                                              |
| Address (Street, Apt. Number)<br><b>1, 3, 000</b>                                                                                                                                                                                                                                                                     |                                |                                                                    | (City) (State) (Zip)<br><b>3, 000</b> |                                                                                                                                                                                                                   |                                                                                                              |
| Notified by (Name)<br><b>2, 3, 000</b>                                                                                                                                                                                                                                                                                |                                |                                                                    | Date                                  | Time                                                                                                                                                                                                              | JUVENILE DISPOSITION<br>1. Handled/Processed within Department and Released<br>2. TOT JAC<br>3. Incarcerated |
| Released To (Name)<br><b>3, 000</b>                                                                                                                                                                                                                                                                                   |                                |                                                                    | Date                                  | Time                                                                                                                                                                                                              | Relationship                                                                                                 |
| The above address was provided by <input type="checkbox"/> defendant and/or <input type="checkbox"/> defendant's parents.<br>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<br><b></b>            |                                                                                                                                                                                                                   |                                                                                                              |
| Property Crime? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No                                                                                                                                                                                                                                   |                                |                                                                    | Description of Property<br><b></b>    |                                                                                                                                                                                                                   |                                                                                                              |
| Value of Property<br><b></b>                                                                                                                                                                                                                                                                                          |                                |                                                                    | Grade<br><b></b>                      |                                                                                                                                                                                                                   |                                                                                                              |
| Drug Activity<br>N N/A<br>P Possess<br>S Sell<br>B Buy<br>T Traffic<br>R Smuggle<br>D Deliver<br>E Use<br>K Dispense/Distribute<br>M Manufacture/Produce/Cultivate<br>Z Other                                                                                                                                         |                                |                                                                    |                                       |                                                                                                                                                                                                                   |                                                                                                              |
| Drug Type<br>N N/A<br>A Amphetamine<br>B Barbiturate<br>C Cocaine<br>E Heroin<br>H Hallucinogen<br>M Marijuana<br>O Opium/Deriv<br>P Paraphernalia/Equipment<br>S Synthetic<br>U Unknown<br>Z Other                                                                                                                   |                                |                                                                    |                                       |                                                                                                                                                                                                                   |                                                                                                              |
| Charge Description<br><b>POSSESSION OF MARIJUANA OVER 20 GRAMS</b>                                                                                                                                                                                                                                                    |                                |                                                                    |                                       | Statute Violation Number<br><b>893.13 (6A)</b>                                                                                                                                                                    |                                                                                                              |
| Drug Activity<br><b>P</b>                                                                                                                                                                                                                                                                                             | Drug Type<br><b>M</b>          | Amount / Unit<br><b>25.50 / GM</b>                                 | Offense #<br><b></b>                  | Counts<br><b>1</b>                                                                                                                                                                                                | Domestic Violence<br><input type="checkbox"/> Y <input checked="" type="checkbox"/> N                        |
| Charge Description<br><b>POSSESSION OF COCAINE</b>                                                                                                                                                                                                                                                                    |                                |                                                                    |                                       | Statute Violation Number<br><b>893.13 (6A)</b>                                                                                                                                                                    |                                                                                                              |
| Drug Activity<br><b>P</b>                                                                                                                                                                                                                                                                                             | Drug Type<br><b>N</b>          | Amount / Unit<br><b>11.2 / GM</b>                                  | Offense #<br><b></b>                  | Counts<br><b>1</b>                                                                                                                                                                                                | Domestic Violence<br><input type="checkbox"/> Y <input checked="" type="checkbox"/> N                        |
| Charge Description<br><b>DRIVING WHILE UNDER INFLUENCE</b>                                                                                                                                                                                                                                                            |                                |                                                                    |                                       | Statute Violation Number<br><b>316.193(1)A</b>                                                                                                                                                                    |                                                                                                              |
| Drug Activity<br><b>N</b>                                                                                                                                                                                                                                                                                             | Drug Type<br><b>N</b>          | Amount / Unit<br><b></b>                                           | Offense #<br><b></b>                  | Counts<br><b>1</b>                                                                                                                                                                                                | Domestic Violence<br><input type="checkbox"/> Y <input checked="" type="checkbox"/> N                        |
| Health / Apparent Physical Condition of Defendant                                                                                                                                                                                                                                                                     |                                |                                                                    |                                       | Any knowledge of the following<br><input type="checkbox"/> Mental <input type="checkbox"/> Escape Risk <input type="checkbox"/> Medication <input type="checkbox"/> Deformities <input type="checkbox"/> Injuries |                                                                                                              |
| Check which applies:<br><input type="checkbox"/> Released O.R.<br><input type="checkbox"/> Released to Parent/Guardian<br><input checked="" type="checkbox"/> T.O.T. County Jail<br><input type="checkbox"/> Posted Bond<br><input type="checkbox"/> South County Mental Health                                       |                                |                                                                    |                                       | PROPERTY - Received By<br><b></b>                                                                                                                                                                                 |                                                                                                              |
| Transported By<br><b></b>                                                                                                                                                                                                                                                                                             |                                |                                                                    |                                       | Date Transported<br><b></b>                                                                                                                                                                                       | Time Transported<br><b></b>                                                                                  |
| INSTRUCTION NO. 1 - Mandatory appearance in court<br><input checked="" type="checkbox"/> INSTRUCTION NO. 2 - You need not appear in Court but must comply with instructions on Page 2.                                                                                                                                |                                |                                                                    |                                       | Location (Court, Room)<br><b>South County 200 W Atlantic Ave Delray Beach, FL 33444</b>                                                                                                                           |                                                                                                              |
| 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<br><b></b>                                                                                                                                                                                    |                                                                                                              |
| Signature of Defendant (or Juvenile and Parent/Custodian)<br><b></b>                                                                                                                                                                                                                                                  |                                |                                                                    |                                       | Date Signed<br><b></b>                                                                                                                                                                                            |                                                                                                              |
| HOLD for Other Agency<br><input type="checkbox"/> Dangerous<br><input type="checkbox"/> Resisted Arrest<br><input type="checkbox"/> Suicidal<br><input type="checkbox"/> Other                                                                                                                                        |                                |                                                                    |                                       | Name Verification (Printed by Arrestee)<br><b></b>                                                                                                                                                                |                                                                                                              |
| Intake Deputy<br><b>Windsor 690</b>                                                                                                                                                                                                                                                                                   |                                |                                                                    |                                       | Name of Arresting Officer (Print)<br><b>WINDSOR, NICHOLAS</b>                                                                                                                                                     |                                                                                                              |
| Pouch #<br><b></b>                                                                                                                                                                                                                                                                                                    |                                |                                                                    |                                       | ID #<br><b>1029</b>                                                                                                                                                                                               |                                                                                                              |
| Transporting Officer<br><b>WINDSOR</b>                                                                                                                                                                                                                                                                                |                                |                                                                    |                                       | Agency<br><b>DBPD</b>                                                                                                                                                                                             |                                                                                                              |
| Witness here if subject signed with an "X"<br><b></b>                                                                                                                                                                                                                                                                 |                                |                                                                    |                                       |                                                                                                                                                                                                                   |                                                                                                              |

SCANNED

JUL 14 2022

# D.U.I. PROBABLE CAUSE AFFIDAVIT

ON THE 13th DAY OF July 20 22 AT 0037 ☒ AM ☐ PM

SUBJECT: Kerner, Chris David CASE NUMBER: 22-008942

AGENCY: Delray Beach Police Department ARRESTING OFFICER: Windsor #1029

## PERSONAL CONTACT

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

The following occurred in the City of Delray Beach, County of Palm Beach, FL.

On 07/13/22 at 0037hrs I observed a black 2015 Mercedes Benz GLK (FL Tag #GJEF82) traveling westbound in the 1100 block of W. Atlantic Ave. at a speed I visually estimated at 55mph in a posted 35mph speed limit zone. The Mercedes stopped at a traffic signal at I-95 and I was able to activate my Genesis II radar system. There were no other vehicles in front of my marked DBPD patrol vehicle. After the westbound traffic signal turned green, the Mercedes accelerated rapidly and reached a speed of 61mph in a posted 35mph speed zone. The Mercedes approached the intersection of S. Congress Ave. and began to slow due to the steady red traffic signal. The Mercedes failed to stop before the stop bar and instead stopped on the marked crosswalk. The westbound traffic signal turned green and the Mercedes made a left turn (south) onto S. Congress Ave. I activated my emergency lights on my patrol vehicle to conduct a traffic stop. The Mercedes made a left turn (east) onto Dr. Andres Way and pulled over. Before I could exit my patrol vehicle, the white male driver opened the driver door with a cell phone in each hand. I ordered the white male driver to close his door and I approached the Mercedes. I met with the white male driver who stated his wallet was at his nearby business and he provided me with the registration for the Mercedes. I identified the white male driver by his D.A.V.I.D. record as Chris David Kerner. Kerner was sitting in the driver seat with the vehicle engine running and key fob in his possession. Kerner was the only person inside the Mercedes. Kerner's D.A.V.I.D. record stated his driver license was expired as of 05/02/22. During search incident to arrest, I found a small plastic bag containing white powder which appeared to be Cocaine in Kerner's shorts pocket. During inventory search prior to tow, a small clear plastic container with three small plastic bags containing white powder was found inside the center console. I found two clear round jars containing white powder. I found a heat sealed vacuum bag containing green leafy substance which appeared to be Marijuana. The white powder field tested positive for Cocaine and the green leafy substance field tested positive for THC which is found in Marijuana. Ofc. Tabares DBPD took possession of the Marijuana and Cocaine and transported it to the DBPD. Ofc. Tabares weighed the Cocaine at 11.2 grams and the Marijuana at 25.5 grams. Ofc. Tabares entered the plastic containers, Marijuana and Cocaine into the DBPD evidence section. There was also an open 750ml bottle of Tequila on the rear seat of the Mercedes. The bottle was 15-20% full of a clear liquid which had the odor of alcohol. I poured the Tequila bottle out in front of my patrol vehicle.

## OBSERVATION OF DRIVER:

I smelled an odor of an unknown alcoholic beverage coming from Kerner. Kerner's speech was slurred and he spoke at a rapid pace. Kerner repeated the same statement several times. Kerner was excessively sweating and complaining of having a dry mouth. Kerner's pupils were dilated and had a glassy appearance. Kerner went through mood swings from being polite and cooperative to screaming and cursing. Kerner was fidgety and kept trying to give me paperwork to include parking tickets from Ft. Lauderdale, FL.

## DRIVER'S STATEMENTS:

Kerner stated he left his wallet at his nearby business and was on his way there to retrieve it when he was stopped. Kerner stated he was at El Camino (15 NE 2nd Ave., Delray Beach, FL 33444) when he realized he did not have his wallet. Kerner denied having any medical conditions or taken any prescription medications that would affect his ability to operate a motor vehicle. Kerner denied consuming any illegal drugs including marijuana. Kerner stated he finished a glass of wine with a client at 2130hrs. Kerner later stated he partially consumed a margarita at El Camino before driving to his business. Kerner repeatedly asked me to google his business and himself. I requested Kerner perform roadside tasks to dispel my suspicion he was driving under the influence and he refused. I advised Kerner of Taylor Warning and he acknowledged he understood Taylor Warning. I again asked Kerner to perform roadside tasks and he replied "my lawyer would tell me not to do them, so no".

## ODORS:

I smelled an odor of an unknown alcoholic beverage coming from Kerner.

## GENERAL OBSERVATIONS

SPEECH: Slurred, Rapid, Repetitive

ATTITUDE: Mood Swings from Polite to Angry

CLOTHING: Gray Shirt, Blue/Green Shorts and Gray Shoes

MEDICAL/OTHER: None Stated

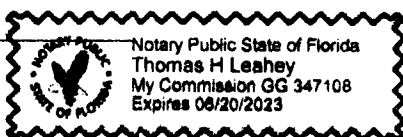
STATE OF FLORIDA  
COUNTY OF PALM BEACH

(Signature of Arresting/Investigative Officer)

The foregoing instrument was sworn to or affirmed and subscribed before me this 13th day of July 20 22 by Ofc. Windsor #1029

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

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



SUBJECT: Kerner, Chris David

CASE NUMBER 22-008942

### 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:

REFUSED TO PERFORM

#### WALK & TURN:

REFUSED TO PERFORM

#### ONE LEG STAND:

REFUSED TO PERFORM

#### FINGER TO NOSE:

REFUSED TO PERFORM

#### ROMBERG ALPHABET:

REFUSED TO PERFORM

#### BREATH TEST RESULTS:

1) Refused 2) 3) 4)

STATE OF FLORIDA  
COUNTY OF PALM BEACH

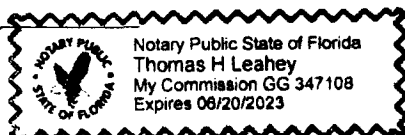
(Signature of Arresting/Investigative Officer)

The foregoing instrument was sworn to or affirmed and subscribed before me this 13th day of July 2022 by Ofc. Windsor #1029

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

Personally Known

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





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

PBSO CASE # 22-087247 PBSO ZONE 4-11  
AGENCY CASE # 22-8942 CRASH CASE # N/A  
TIME OF STOP/CRASH 0037 DATE 07/13/22 DAY WEDNESDAY  
SUBJECT'S NAME KERNER, CHRIS D. RACE W SEX M  
HGT 5'8" WGT 165 DOB 05/02/81  
LOCATION S CONGRESS AVE / DR ANDRES WAY, DRB, FL  
ARRESTING OFFICER'S NAME & ID WINDSOR 1029 AGENCY DELRAY BEACH  
DIVISION: CRD NOTIFIED BY COMMO YES  
ARRIVAL AT FACILITY 0138  
BREATH RESULTS: Arrest Time 0116  
1. **REFUSED**  
2. \_\_\_\_\_  
3. \_\_\_\_\_  
4. \_\_\_\_\_  
TESTING OFFICER'S ID 19183

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

I, NICHOLAS WINDSOR, 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)

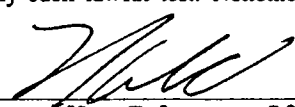
or affirm that on or about the 13TH day of JULY, 20 22, at 0116 ☐ P.M. ☒ A.M.

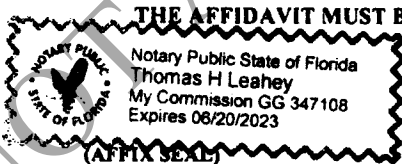
DRIVER CHRIS DAVID KERNER  
(Type or Print) FIRST NAME MIDDLE OR MAIDEN NAME LAST NAME

DL# K-656-104-81-162-0, state of FLORIDA, was placed under lawful arrest for  
the offense of DRIVING UNDER THE INFLUENCE by OFC. WINDSOR and  
issued Citation # AGOJMBE  
(Name of Arresting Officer)

That on or about the 13TH day of JULY, 20 22, at 0203 ☐ 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.

  
Signature of Law Enforcement Officer or  
Correctional Officer



The foregoing instrument was sworn and subscribed before

me this 13 day of July, 20 22,

by Nicholas Windsor #1025,

who is personally known to me or who has produced

Kuan as identification  
Notary Public T. L. B.

The foregoing instrument was sworn and subscribed before me:

Signature of Attesting Officer

Title \_\_\_\_\_

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.

# TESTING FACILITY TASK REPORT

AGENCY: DBPD

SUBJECT: Kerner, Chris D

CASE NUMBER: 22-087247

DATE: Jul 13, 2022

VIDEO DVD NUMBER: n/a

BEGINNING TIME: 0200

ENDING TIME: 0204

BREATH TESTS RESULTS: 1) R TIME 0203 A.M. ☒ P.M. ☐ 2) n/a TIME 0 A.M. ☐ P.M. ☐  
3) n/a TIME 0 A.M. ☐ P.M. ☐ 4) n/a TIME 0 A.M. ☐ P.M. ☐

BREATH OPERATOR: Thomas H Leahey #19183

MAINTENANCE TECHNICIAN: Jason Karlecke #6467

## TESTING OFFICER'S OBSERVATIONS

SPEECH: thick, rapid

ATTITUDE: talkative, agitated, fidgety

CLOTHING: blue/green shorts, gray t-shirt, black sneakers

MEDICAL CONDITIONS: none

MEDICATIONS: none

## OTHER:

eyes were glassy

**REFUSED**

## COMMENTS:

arrived at center A/O conducted 20 observation period at 0138 hrs

subject refused to perform breath test - my lawyer would tell me don't do it

A/O read I/C & subject understood I/C

subject refused to perform breath test

A/O called refusal @ 0203

A/O read rights & subject understood rights

A/O attempted Q&A

subject declined to answer questions

**REFUSED**

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 determining the presence of chemical or controlled substances.

**NOTE: READ ONLY IF THE SUBJECT DOES NOT COMPLY WITH YOUR REQUEST.**

I am THOMAS J. HARRIS of the ALCOHOL & DRUGS UNIT

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.

Do you understand what I have just read to you? YES <or> NO Do you still refuse to submit to this test? YES <or> NO

**NOTE: IF THE SUBJECT POSSESSES A COMMERCIAL DRIVER'S LICENSE (CDL), READ THE FOLLOWING,**

If you are a Commercial Driver License (CDL) holder or were driving a Commercial Motor Vehicle (CMV), your refusal to submit to testing will result in the loss of your commercial driving privilege for a period of one year from today. If this is your SECOND REFUSAL, you will be permanently disqualified from holding a CDL or operating a CMV.

Do you understand what I have just read to you? YES <or> NO Do you still refuse to submit to this test? YES <or> NO

SUBJECTS 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) \_\_\_\_\_

## WITNESS LIST

CASE NUMBER: 22-008942

ARRESTING OFFICER: OFC. WINDSOR #1029 DBPD

ADDRESS: 300 W ATLANTIC AVE, DELRAY BEACH, FL 33444

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

CAN TESTIFY TO: TRAFFIC STOP AND DUI PC

NAME: OFC. TABERES #1118 DBPD

ADDRESS: 300 W ATLANTIC AVE., DELRAY BEACH, FL 33444

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

CAN TESTIFY TO: FIELD TEST COCAINE AND MARIJUANA. EVIDENCE SUBMISSION

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:

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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) |
|--------------------------------------------------------------------|-------------------------------------|-----------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------|
| <b>L/E Exemptions</b>                                              | <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.                                                                                                                                                                |                |
| <b>Public Info. Exemptions</b>                                     | <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),<br>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.                                            |                |
| <b>Florida Rules of Judicial Administration 2.420 (Rule of 23)</b> | <input checked="" type="checkbox"/> | (iii) 119.0714(1)(i)-(j),<br>(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),<br>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"/>            |                                         |                                                                                                                                                                            |                |
| <b>Other</b>                                                       | <input type="checkbox"/>            |                                         | Other:                                                                                                                                                                     |                |
|                                                                    | <input type="checkbox"/>            |                                         | Other:                                                                                                                                                                     |                |

**REVIEW COMPLETED BY**

|                                   |                                          |
|-----------------------------------|------------------------------------------|
| <b>Booking Number:</b> 2022017904 | <b>Date:</b> 7/14/2022                   |
|                                   | <b>Specialist Name/ID:</b> Pinkneya/7796 |