

2020164 MB

| | | | | | | | |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------|-----------------------------------------------------------------------------------------------------|------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------|
| ADMINISTRATIVE | OBTS Number | Arrest / Notice to Appear Juvenile Referral Report | | 1. Arrest 3. Request for Warrant 2. N.T.A. 4. Request for Capias | | 1 <input type="checkbox"/> Juvenile <input type="checkbox"/> | |
| | Agency ORI Number FL 0502700 | Agency Name PALM SPRINGS POLICE DEPARTMENT | | Agency Report Number 82- 2022-27356 | | <input type="checkbox"/> Marsy's Law CVI FL Const Art.1 § 16(b) | |
| | Charge Type: Check as many as apply. | <input type="checkbox"/> 1. Felony | <input type="checkbox"/> 3. Misdemeanor | <input type="checkbox"/> 5. Ordinance | Weapon Seized / Type | | Multiple Clearance Indicator |
| | <input type="checkbox"/> 2. Traffic Felony | | <input checked="" type="checkbox"/> 4. Traffic Misdemeanor | <input type="checkbox"/> 6. Other | | | |
| Location of Arrest (Including Business Name) 4450 Lake Worth Rd, Palm Springs, FL 33461 | | | | Location of Offense (Business Name, Address) 4450 Lake Worth Rd, Palm Springs, FL 33461 | | | |
| Date of Arrest 12/3/20 | Time of Arrest 2242hrs | Booking Date | Booking Time | Jail Date | Jail Time | Location of Vehicle | |
| Name (Last, First, Middle) Paiz Medina, Danilo Alias | | | | | | | |
| Race: W - White I - American Indian B - Black O - Oriental/Asian | Sex M | Date of Birth 03/15/1973 | Height 5'05 | Weight 200 | Eye Color Bro | Hair Color Blk | |
| Complexion Medium | | Build Medium | | Scars, Marks, Tattoos, Unique Physical features (Location, Type, Description) | | | |
| Marital Status Unk | | Religion NA | | Indication Of | | Alcohol Influence Drug Influence | |
| Local Address (Street, Apt, Number) (City) (State) (Zip) 119 Urquhart Street, Lake Worth, FL 33461 | | | Phone | | Residence Type: 1 City 3 Florida 2 County 4 Out of State 2 | | |
| Permanent Address (Street, Apt, Number) (City) (State) (Zip) 119 Urquhart Street, Lake Worth, FL 33461 | | | Phone | | Address Source Vehicle Registration | | |
| Business Address (Street, Apt, Number) (City) (State) (Zip) | | | Phone | | Occupation Unk | | |
| D/L Number, State P253-161-73-095-0 | | Social Security Number | | INS Number | | Place of Birth (City, State) Belize | |
| Citizenship US | | Co-Defendant Name (Last, First, Middle) | | | | | |
| Race | | Sex | | Date of Birth | | <input type="checkbox"/> 1. Arrested <input type="checkbox"/> 3. Felony <input type="checkbox"/> 5. Juvenile <input type="checkbox"/> 2. At Large <input type="checkbox"/> 4. Misdemeanor | |
| Co-Defendant Name (Last, First, Middle) | | Race | | Sex | | Date of Birth | |
| <input type="checkbox"/> Parent <input type="checkbox"/> Other | | Name (Last, First, Middle) | | Residence Phone | | | |
| <input type="checkbox"/> Legal Custodian | | | | | | | |
| Local Address (Street, Apt, Number) (City) (State) (Zip) | | | Business Phone | | | | |
| Notified by: (Name) | | Date | | Time | | Juvenile 1. Handled/Processed within 2. TOT HRS/DYS Disposition: Dept. and Released 3. Incarcerated | |
| 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: (name) <input type="checkbox"/> No: | | | | | School Attended | | |
| Grade | | | | | Value of Property | | |
| Property Crime? <input type="checkbox"/> Yes <input type="checkbox"/> No | | Description of Property | | | | | |
| Drug Activity S. Sell R. Smuggle K. Dispense/ M. Manufacture Z. Other N. N/A B. Buy D. Deliver Distribute Produce/ Cultivate P. Possess T. Traffic E. Use | | Drug Type N. N/A C. Cocaine M. Marijuana A. Amphetamine E. Heroin O. Opium/Deriv S. Synthetic | | H. Hallucinogen P. Paraphernalia/ U. Unknown Equipment Z. Other | | | |
| Charge Description DUI | | Counts 1 | | Domestic Violence No | | Statute Violation Number 316.193(1)a | |
| Violation of ORD # | | Drug Activity N | | Drug Type N | | Amount / Unit N/A | |
| Offense Number 2022-27356 | | Warrant / Capias Number | | Bond OK | | | |
| Charge Description | | Counts | | Domestic Violence | | Statute Violation Number | |
| Violation of ORD # | | Drug Activity | | Drug Type | | Amount / Unit | |
| Offense Number | | Warrant / Capias Number | | Bond | | | |
| Charge Description | | Counts | | Domestic Violence | | Statute Violation Number | |
| Violation of ORD # | | Drug Activity | | Drug Type | | Amount / Unit | |
| Offense Number | | Warrant / Capias Number | | Bond | | | |
| Charge Description | | Counts | | Domestic Violence | | Statute Violation Number | |
| Violation of ORD # | | Drug Activity | | Drug Type | | Amount / Unit | |
| Offense Number | | Warrant / Capias Number | | Bond | | | |
| <input type="checkbox"/> Instruction No. 1 Mandatory Appearance in Court | | | | Location (Court, Room Number, Address) CJC - 3228 Gun Club Rd. WPB, FL 33406 | | | |
| <input type="checkbox"/> Instruction No. 2 You need not appear in Court but must comply with instructions on Reverse side. | | | | Court Date and Time Month: 01 Day: 05 Year: 2023 Time: 0830 <input checked="" type="checkbox"/> A.M. <input type="checkbox"/> P.M. | | | |
| I AGREE TO APPEAR AT THE TIME AND PLACE DESIGNATED TO ANSWER THE OFFENSE CHARGED OR TO PAY THE FINE SUBSCRIBED. I UNDERSTAND THAT SHOULD I WILLFULLY FAIL TO APPEAR BEFORE THE COURT AS REQUIRED BY THIS NOTICE TO APPEAR, THAT I MAY BE HELD IN CONTEMPT OF COURT AND A WARRANT FOR MY ARREST SHALL BE ISSUED. | | | | | | | |
| Signature of Defendant (or Juvenile and Parent / Custodian) | | | | Date Signed | | | |
| HOLD for other agency Name: | | Signature of Arresting Officer | | Name Verification (Printed by Arrestee) | | | |
| <input type="checkbox"/> Dangerous <input type="checkbox"/> Resisted Arrest <input type="checkbox"/> Suicidal <input type="checkbox"/> Other | | Name of arresting Officer (Print) Ofc. Fardella | | I.D.# 193 | | (PRINT) | |
| Intake Deputy J. Dunn 3062 | | Pouch # | | Transporting Officer Ofc. Fardella | | I.D.# 193 Agency PSPD | |
| Witness here if subject signed with X | | | | | | Page 1 Of 1 | |

02 996 43

3037

D.U.I. PROBABLE CAUSE AFFIDAVIT

ON THE 3rd DAY OF December 2022 AT 2242hrs AM PM

SUBJECT: PAIZ MEDINA, DANILO ALBERTO CASE NUMBER: 2022-27356

AGENCY: Palm Springs Police Department ARRESTING OFFICER: Ofc. Fardella #193

PERSONAL CONTACT

DRIVING PATTERN: ACTUAL PHYSICAL CONTROL (PHYSICAL EVIDENCE OR STATEMENTS PUTTING DEF. BEHIND WHEEL OF VEHICLE)
On December 3rd, 2022 at approximately 2140hrs, I responded to a vehicle crash at the 4450blk of Lake Worth Rd, Palm Springs, FL 33461 involving 2 vehicles. Upon arrival, I made contact with Ofc. Shackelford #103, who was conducting the crash investigation. Ofc. Shackelford advised me a black Chevy pickup bearing tag#: PVMB95 was making a u-turn at the 4450blk of Lake Worth Rd, when it failed to yield to oncoming westbound traffic. This caused a red Toyota SUV bearing tag#: QGQL80 to make contact with the black Chevy. The black Chevy was being driven by a subject, later identified as Danilo Paiz Medina (DOB: 03/15/1973).

OBSERVATION OF DRIVER:

I made contact with the driver, positively identified as Danilo Paiz Medina (DOB:03/15/1973) from registered owner information from the black Chevy bearing Tag#: PVMB95 who was sitting on the sidewalk on the northside in front of The Home Depot. Medina appeared confused and relaxed with his legs spread open and leaning back on his hands. Medina began to talk to me but had very broken english. Medina stated he had two beers when I first approached him before I made any statements to him. Medina had strong odor of an unknown alcoholic beverage emitting from his person. Medina was unable to answer any basic questions until I was assisted with Spanish Translation. Medina stated in Spanish that he was leaving his house to go to his house. When I had Medina stand up he appeared unbalanced and appeared not be able to balance himself while standing still. I walked Medina towards the parking lot where he continued to stagger and continued to be unbalanced through my investigation. Medina had bloodshot, watery eyes. Prior to beginning roadside tasks while standing still, Medina had a strong sway to his body.

DRIVER'S STATEMENTS:

Medina stated he had two beers.

ODORS:

urine, body odor, unknown alcoholic beverage

GENERAL OBSERVATIONS


SPEECH: not understandable, excessive spitting, mush mouthed, low and raspy, incoherent, mumbled, slurred

ATTITUDE: emotional, confused, mood changes, belligerent, uncooperative

CLOTHING: dirty, stained, torn,


MEDICAL/OTHER:

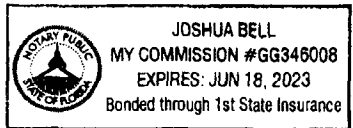
STATE OF FLORIDA
COUNTY OF PALM BEACH


(Signature of Arresting/Investigative Officer)

The foregoing instrument was sworn to or affirmed and subscribed before me this 3rd day of December 2022 by Ofc. Fardella #193

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


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



ROADSIDE TASKS

HORIZONTAL GAZE NYSTAGMUS:

- | | |
|---------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------|
| <input checked="" type="checkbox"/> LT EYE-LACK OF SMOOTH PURSUIT | <input checked="" type="checkbox"/> RT EYE-LACK OF SMOOTH PURSUIT |
| <input checked="" type="checkbox"/> LT EYE-DISTINCT & SUSTAINED NYSTAGMUS AT MAX. DEVIATION | <input checked="" type="checkbox"/> RT EYE-DISTINCT & SUSTAINED NYSTAGMUS AT MAX. DEVIATION |
| <input checked="" type="checkbox"/> LT- EYE-ONSET OF NYSTAGMUS PRIOR TO 45 DEGREES | <input checked="" type="checkbox"/> RT- EYE-ONSET OF NYSTAGMUS PRIOR TO 45 DEGREES |

Other Observations:

Medina failed to follow stimuli on several requests. Medina moved head and swayed during task. Medina could not follow stimuli smoothly during the entire task.

Walk and Turn:

- Can't balance during instructions
- Started too soon
- Misses heel to toe
- Did not walk in a line
- Used Arms to balance
- Improper turn

One Leg Stand:

Refused

Finger to Nose:

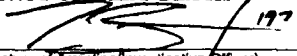
Refused

Modified Romberg:

Refused


BREATH TEST RESULTS: 1) Refused 2) 3) 4)

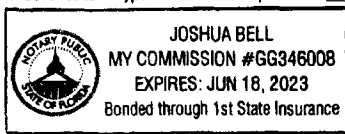
STATE OF FLORIDA
COUNTY OF PALM BEACH


(Signature of Arresting/Investigative Officer)

The foregoing instrument was sworn to or affirmed and subscribed before me this 3rd day of December, 2022 by Ofc. Fardella #193

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


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



NOT A CERTIFIED COPY

STATE OF FLORIDA
AFFIDAVIT OF REFUSAL TO SUBMIT TO
BREATH TEST

I, Officer B. FARDELLA, a duly certified Law Enforcement Officer or Correctional Officer,
(Person reading Implied Consent Warning)
am a member of Palm Springs Police Department, and I do swear

or affirm that on or about the THIRD day of December, 2022, at 10:54 PM

DRIVER DANILO ALBERTO PAIZ MEDINA
(Type or Print) FIRST MIDDLE OR MAIDEN LAST

DL # P253161730950, state of FL, was placed under lawful arrest for
the offense of DUI by Officer B. FARDELLA and
(Name of Arresting Officer)
issued Citation # AEUXOIE

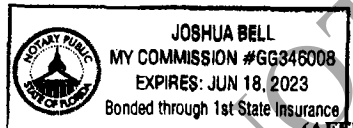
That on or about the THIRD day of December, 2020, at 11:20 PM
in Palm Beach County,

I requested that the driver submit to a **BREATH** test for the purpose of determining its alcohol content. I informed the driver that the refusal to submit to such test 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, or if he or she had been previously fined under s. 327.35215, F.S., 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, or if he or she has been previously fined under s. 327.35215, F.S., for refusal to submit to a lawful test of his or her breath, urine, or blood. Nonetheless, the driver refused to submit to the test requested.

[Handwritten Signature]

Signature of Law Enforcement Officer or Correctional Officer

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



The foregoing instrument was sworn and subscribed before
me this 03 day of December, 2022
by ofc. Fardella
who is personally known to me or who has produced
known Leg as identification.
Notary Public [Signature]

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.

SUBJECT: Paiz Medina, Danilo A 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 _____ of the _____

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) _____

TESTING FACILITY TASK REPORT

AGENCY: PSPD
SUBJECT: PAIZ MEDINA, DANILLO ALBERTO
CASE NUMBER: 22-135782
DATE: Dec 3, 2022
VIDEO DVD NUMBER: N/A
BEGINNING TIME: 2322
ENDING TIME: 2325

BREATH TESTS RESULTS: 1) R TIME 2325 A.M. P.M. 2) XX TIME XX A.M. P.M.
3) XX TIME XX A.M. P.M. 4) XX TIME XX A.M. P.M.

REFUSED

BREATH OPERATOR: JOSHUA J BELL #8656

MAINTENANCE TECHNICIAN: J. KARLECKE #6467

TESTING OFFICER'S OBSERVATIONS

SPEECH: BROKEN ENGLISH

ATTITUDE: UNCOOPERATIVE, HYSTERICAL

CLOTHING: BLUE TEE SHIRT, BLACK SHORTS, BLACK SHOES

MEDICAL CONDITIONS: NONE

MEDICATIONS: NONE

OTHER:

EYES: BLOODSHOT, GLASSY

COMMENTS:

A/O ARRIVED AT DUI TESTING FACILITY AND BEGAN THE 20 MINUTE OBSERVATION AT 2258 HOURS

SUBJECT ENTERED THE TEST ROOM YELLING AND CONTINUED WHILE ON CAMERA

SUBJECT STATED NO WHEN ASKED TO PROVIDE A BREATH SAMPLE

A/O SHOWED SUBJECT A SPANISH I.C CARD
SUBJECT REFUSED TO READ IT

SUBJECT AGAIN STATED NO WHEN ASKED TO PROVIDE A BREATH SAMPLE

A/O CALLED A REFUSAL AT 2325 HOURS

A/O DID NOT READ RIGHTS

Q AND A NOT CONDUCTED

REFUSED



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

PBSO CASE # 22-135782 PBSO ZONE 1-31

AGENCY CASE # 22-27356 CRASH CASE # 22-27349

TIME OF STOP/CRASH 2142 hrs DATE 12/3/22 DAY Saturday^{2nd}

SUBJECT'S NAME Paiz Medina, Danilo RACE W SEX M

HGT 5'5 WGT 200 DOB 3/15/1973

LOCATION 4450 Lake Worth Rd, Palm Springs, FL 33461

ARRESTING OFFICER'S NAME & ID Fardella #193 AGENCY Palm Springs

DIVISION: Patrol

NOTIFIED BY COMMO 0

ARRIVAL AT FACILITY 1052 2253 hrs

BREATH RESULTS:

Arrest Time 2242 hrs

1. _____

2. _____

3. _____

4. **REFUSED**

TESTING OFFICER'S ID Bell 8656

2 253 161730950

WITNESS LIST

CASE NUMBER: **2022-27356**

ARRESTING OFFICER: **Ofc. Fardella #193**

ADDRESS: **230 Cypress Lane Palm Springs, Florida 33461**

PHONE NUMBERS (HOME): **561-968-8243** (WORK) **561-968-8243**

CAN TESTIFY TO: **DUI Investigation**

NAME: **Ofc. Shackelford #103**

ADDRESS: **230 Cypress Lane, Palm Springs, FL 33461**

PHONE NUMBERS (HOME) **561-968-8243** (WORK) _____

CAN TESTIFY TO: **Crash Investigation**

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: _____

NOT A CERTIFIED COPY

SUBJECT: F. Z. Al... Drink A 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? | _____ |

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: _____

SUBJECT: Paul Medina, Unit 10 A 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 _____ of the _____

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) _____



Palm Beach County Sheriff's Office – Arrests Only

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

REVIEW COMPLETED BY

| | |
|----------------------------|------------------------------------|
| Booking Number: 2022031284 | Date: 12/4/2022 |
| | Specialist Name/ID: M. Tooks #8557 |