JH05336X5 22CT13224ASB 2457

ARREST / NOTICE TO APPEAR

1. Arrest (No Warrant) 3. Request for Warrant 6. Arrest (Warrant) 4. Request for Capias 2. N.T.A. 5. Juvenile Referral

1 JUVENILE

ADMINISTRATION

OBTS Number

Agency ORI Number: 0500200

Agency Name: Boca Raton Police Department

Agency Report Number (N.T.A.'s only): 3 2 2022-010284

Charge Type: Check as many as apply. ☐ 1. Felony ☐ 2. Traffic Felony ☒ 3. Misdemeanor ☐ 4. Traffic Misdemeanor ☐ 5. Ordinance ☐ 6. Other

If Weapon Seized: Enter Type: UNARMED

Multiple Clearance Indicator: N

Location of Arrest (Including Name of Business): 700 W PALMETTO PARK RD, 700 W PALMETTO PARK RD, BOCA

Location of Offense (Business Name, Address): 700 W PALMETTO PARK RD, BOCA RATON, FL 33486

Date of Arrest	Time of Arrest	Booking Date	Booking Time	Jail Date	Jail Time	Location of Vehicle
08/11/2022	01:37	08/11/2022	01:47	08/11/2022	04:34	EMERALD TOWING

DEFENDANT

Name (Last, First, Middle): LYNN, DON A

Alias (Name, DOB, Soc. Sec. #, Etc.): Alias:

Race (W - White, B - Black, I - American Indian, O - Oriental/Asian)	Sex	Date of Birth	Height	Weight	Eye Color	Hair Color	Complexion	Build
W	M	10/11/1948	6'01	225	BROWN	GRAY	LIGHT	Large

Scars, Marks, Tatoos, Unique Physical Features (Location, Type, Description):

Marital Status: S

Religion: NONE

Indication of: Alcohol Influence ☒ Yes ☐ No ☐ Unk. Drug Influence

Local Address (Street, Apt. Number): 4210 N OCEAN DRIVE, HOLLYWOOD, FL 33019 (City) (State) (Zip) Phone

Residence Type: 1. City 2. County 3. Florida 4. Out of State

Permanent Address (Street, Apt. Number): 4210 N OCEAN DRIVE, HOLLYWOOD, FL 33019 (City) (State) (Zip) Phone

Address Source: FL DL

Business Address (Name, Street) (City) (State) (Zip) Phone

Occupation: Retired

D/L Number, State	Soc. Sec. Number	INS Number	Place of Birth (City, State)	Citizenship
L500161483710 / FL	[redacted]		PITTSBURGH, PA,	US

CO-DEF

Co-Defendant Name (Last, First, Middle) | Race | Sex | Date of Birth | ☐ 1. Arrested ☐ 2. At Large ☐ 3. Felony ☐ 4. Misdemeanor ☐ 5. Juvenile

Co-Defendant Name (Last, First, Middle) | Race | Sex | Date of Birth | ☐ 1. Arrested ☐ 2. At Large ☐ 3. Felony ☐ 4. Misdemeanor ☐ 5. Juvenile

JUVENILE

☐ Parent ☐ Other: ☐ Legal Custodian

Name (Last, First, Middle) | Residence Phone

Address (Street, Apt. Number) (City) (State) (Zip) | Business Phone

Notified by: (Name) | Date | Time | JUVENILE DISPOSITION 1. Handled/Processed within Department and Released 2. TOT JAC 3. Incarcerated

Released To: (Name) Relationship | Date | Time

The above address was provided by ☐ defendant and/or ☐ 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.
☐ Yes, by: ☐ No:

School Attended | Grade

Property Crime? ☐ Yes ☒ No | Description of Property | Value of Property

CODE

Drug Activity: N. N/A P. Possess S. Sell B. Buy T. Traffic R. Smuggle D. Deliver E. 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/Deriv. P. Paraphernalia/ Equipment S. Synthetic U. Unknown Z. Other

CHARGE

Charge Description	Statute Violation Number	Violation of ORD #
DUI	316.193(1)(c)	

Drug Activity	Drug Type	Amount / Unit	Offense #	Counts	Domestic Violence	Warrant / Capias Number	Bond
	N	/		1	☐ Y ☒ N		

CHARGE

Charge Description	Statute Violation Number	Violation of ORD #

Drug Activity	Drug Type	Amount / Unit	Offense #	Counts	Domestic Violence	Warrant / Capias Number	Bond
		/			☐ Y ☐ N		

CHARGE

Charge Description	Statute Violation Number	Violation of ORD #

Drug Activity	Drug Type	Amount / Unit	Offense #	Counts	Domestic Violence	Warrant / Capias Number	Bond
		/			☐ Y ☐ N		

INTAKE

Health / Apparent Physical Condition of Defendant: FAIR

Any knowledge of the following: ☐ Mental ☐ Escape Risk ☐ Medication ☐ Deformities ☐ Injuries

Explain:

Check which applies: ☐ Released O.R. ☐ Posted Bond ☐ Released to Parent/Guardian ☐ South County Mental Health ☒ T.O.T. County Jail

PROPERTY - Received By: BRPD | Released By: BRPD | Released To: PBCJ

Transported By: BRPD | Date Transported: 08/11/2022 | Time Transported: 04:35 | Other

NOTICE TO APPEAR

☐ INSTRUCTION NO. 1 - Mandatory appearance in court
☒ INSTRUCTION NO. 2 - You need not appear in Court but must comply with instructions on Page 2.

Location (Court, Room): South County 200 W Atlantic Ave Delray Beach, FL 33444

Court Date and Time

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 COMTEMPT OF COURT AND A WARRANT FOR MY ARREST SHALL BE ISSUED.

Signature of Defendant (or Juvenile and Parent/Custodian) Date Signed

No Photo Available

ADMIN

HOLD for Other Agency: NO Holds

☐ Dangerous ☐ Resisted Arrest ☐ Suicidal ☒ Other

Intake Deputy I.D. # Pouch #

Signature of Arresting Officer

Name of Arresting Officer (Print): GRUBBS, A. D. I.D. # 853

Transporting Officer: LOCONSOLE I.D. # 564 Agency: BRPD

Name Verification (Printed by Arrestee) (PRINT)

SCANNED AUG 12 2022 AM 9:47

Witness here if subject signs with an "X"

PAGE 1 OF 1

PROBABLE CAUSE AFFIDAVIT

OBTS Number:

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

1 JUVENILE

ADMIN

Agency ORI Number	Agency Name	Agency Report Number
FL FL0500200	BOCA RATON POLICE DEPARTMENT	3 | 2 | 2022-010284

Charge Type: Check as many as apply. ☐ 1. Felony ☐ 2. Traffic Felony ☒ 3. Misdemeanor ☐ 4. Traffic Misdemeanor ☐ 5. Ordinance ☐ 6. Other

Special Notes:

DEF

Name (Last, First, Middle)	Alias	Race	Sex	Date of Birth
LYNN, DON A		W	M	10/11/1948

CHARGES

Charge Description	Charge Description
316.193(1) DUI	
Charge Description	Charge Description

VICTIM

Victim's Name (Last, First, Middle)	Race	Sex	Date of Birth
STATE OF FLORIDA			

Local Address (Street, Apt. Number)	(City)	(State)	(Zip)	Phone	Address Source

Business Address (Name, Street)	(City)	(State)	(Zip)	Phone	Occupation

PROBABLE CAUSE STATEMENT

The undersigned certifies and swears that he/she has just and resonable grounds to believe, and does believe that the above named Defendant committed the following violation of law.

The Person taken into custody . . .

☒ committed the below acts in my presence.

☒ confessed to SGT. ZIADIE admitting to the below facts.

☒ was observed by SGT. ZIADIE who told OFC. GRUBBS that he/she saw the arrested person committ the below acts.

☒ was found to have committed the below acts, resulting from my (described) investigation.

On the 11 day of August, 2022 at 04:37 (Specifically include facts constituting cause for arrest.)

On 8/11/2022, at approximately 0048 hours, BRPD Sgt. Ziadie observed a vehicle traveling westbound on E Boca Raton Rd, approaching NE 1st Ave. At the stop sign at NE 1st Ave, the vehicle stopped with the stop bar between the front and rear tire violating F.S.S. 316.123 (2A). The vehicle then turned southbound on NE 1st Ave and the failed to turn sharp enough and struck the curb with the rear passenger tire. The vehicle then turned westbound on Palmetto Park Road. Sgt. Ziadie followed the Mercedes-Benz (FL # 260YIR) westbound on Palmetto Park Rd and observed the vehicle fail to maintain a single lane multiple times between the 100 and 400 block of W Palmetto Park Road, violating F.S.S. 316.089(1). Sgt. Ziadie activated his emergency lights (red and blue) to conduct a traffic stop on the vehicle where it came to a stop at approximately 700 W Palmetto Park Road. Lynn advised Sgt. Ziadie that he had at least 2 glasses of wine. It should be noted that the driver, W/M Don Lynn (DOB: 10/11/1948) identified by FLDL, was also being detained in reference to a domestic violence investigation (BRPD Case# 22-10283).

At approximately 0110 hours, I arrived on scene and walked up to the rear of the vehicle. Lynn was asked to step out and stand near the rear of the vehicle while I was provided the above information by Sgt. Ziadie. I then approached Lynn to ask him a question and I could smell the odor of alcohol emanating from his breath. I also observed Lynn have bloodshot/watery eyes. While speaking with the driver and based on the driver's erratic driving pattern and post-stop indicators I requested him to participate in File Sobriety Exercises (FSEs) to which he agreed. When asked if he had any medical conditions that would prevent him from standing, walking, or being able to balance Lynn advised that he had no such medical conditions. While I began to read the instructions for the FSE Lynn began to urinate in his shorts.

The FSEs were conducted as follows.

One Leg Stand

ADMINISTRATIVE

SWORN AND SUBSCRIBED BEFORE ME

ZIADIE, ANDREW C
NOTARY PUBLIC / CLERK OF COURT / OFFICER (F.S.S. 117.10)

08/11/2022
DATE

SIGNATURE OF ARRESTING / INVESTIGATING OFFICER

GRUBBS, ALEC DANIEL (853)
NAME OF OFFICER (PLEASE PRINT)

08/11/2022
DATE

COURT STATE ATTORNEY CENTRAL RECORDS JAIL CRIME ANALYSIS P. I. O.

ADMIN

OBTS Number

PROBABLE CAUSE AFFIDAVIT
SUPPLEMENT

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

1

JUVENILE

Agency ORI Number	Agency Name	Agency Report Number
FL FL0500200	BOCA RATON POLICE DEPARTMENT	3 | 2 | 2022-010284

Charge Type: Check as many as apply.
☐ 1. Felony ☐ 2. Traffic Felony ☒ 3. Misdemeanor ☐ 4. Traffic Misdemeanor ☐ 5. Ordinance ☐ 6. Other

Special Notes:

DEF

Name (Last, First, Middle)	Alias	Race	Sex	Date of Birth
LYNN, DON A		W	M	10/11/1948

PROBABLE CAUSE STATEMENT

The surface was flat and hard. The defendant was told to stand in the ready position and not to begin until told to start the exercise. The defendant advised that he understood. While explaining the instructions the defendant began the exercise three times prior to being told to begin. The defendant did the exercise with shoes. The defendant raised his right leg. During the exercise, the defendant continued to sway, used his arms for balance, and was only able to hold his leg up for approximately 2 seconds.

Walk and Turn

The surface was flat and hard. The defendant attempted to do the exercise with shoes. The line used was a painted white line. I made sure the defendant knew the line he would be using. I began the exercise by instructing and demonstrating to the defendant how to complete the exercise. While giving instructions the defendant lost balance several times, failed to stay in the starting position and began the exercise before being told to begin. While conducting the exercise, the defendant made an improper turn, and failed to walk Heal-to-Toe.

Finger to Nose

The surface was flat and hard. The defendant conducted the exercise with shoes. The defendant failed to immediately return his hand to his side after touching the tip of his finger to the tip of his nose. During the exercise, the defendant continued to sway and failed to keep his head tilted back.

Modified Romberg Balance

The surface was flat and hard. The defendant conducted the exercise with shoes. During the exercise, the defendant continued to sway. The defendant notified me of the completion of the 30 second exercise after 14 seconds.

Romberg Alphabet

During the exercise, the defendant continued to sway and was unable to recite the alphabet in a non-rhythmic manner.

Due to the totality of the circumstances and my training/experience, the defendant was unable to dispel my alarm and was found operating a motor vehicle while impaired. The defendant was placed under arrest for DUI F.S.S 316.193(1), at 0137 hours. Lynn was placed in handcuffs that were checked for tightness and double locked.

ADMINISTRATIVE

SWORN AND SUBSCRIBED BEFORE ME

ZIADIE, ANDREW C
NOTARY PUBLIC / CLERK OF COURT / OFFICER (F.S.S. 117.10)

08/11/2022
DATE

SIGNATURE OF ARRESTING / INVESTIGATING OFFICER

GRUBBS, ALEC DANIEL (853)
NAME OF OFFICER (PLEASE PRINT)

08/11/2022
DATE

COURT STATE ATTORNEY CENTRAL RECORDS JAIL CRIME ANALYSIS P. I. O.

ADMIN

OBTS Number

PROBABLE CAUSE AFFIDAVIT
SUPPLEMENT

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

1

JUVENILE

Agency ORI Number	Agency Name	Agency Report Number
FL FL0500200	BOCA RATON POLICE DEPARTMENT	3 | 2 | 2022-010284

Charge Type: Check as many as apply.
☐ 1. Felony ☐ 2. Traffic Felony ☒ 3. Misdemeanor ☐ 4. Traffic Misdemeanor ☐ 5. Ordinance ☐ 6. Other

Special Notes:

DEF

Name (Last, First, Middle)	Alias	Race	Sex	Date of Birth
LYNN, DON A		W	M	10/11/1948

PROBABLE CAUSE STATEMENT

The vehicle was towed by Emerald towing. The tow log was completed and submitted by Officer McQuiston.

Lynn was transported to the BRPD DUI room. Officer Ricciardi conducted the 20-minute observation and operated the Intoxilyzer. Reference Intoxilyzer 8000 S#80-006622 results were (.121,.114)

Lynn was transported to Palm Beach County Jail.

ADMINISTRATIVE

SWORN AND SUBSCRIBED BEFORE ME

ZIADIE, ANDREW C
NOTARY PUBLIC / CLERK OF COURT / OFFICER (F.S. 117.10)

08/11/2022
DATE

853
SIGNATURE OF ARRESTING / INVESTIGATING OFFICER

GRUBBS, ALEC DANIEL (853)
NAME OF OFFICER (PLEASE PRINT)

08/11/2022
DATE

COURT STATE ATTORNEY CENTRAL RECORDS JAIL CRIME ANALYSIS P. I. O.

FLORIDA DEPARTMENT OF LAW ENFORCEMENT
ALCOHOL TESTING PROGRAM
BREATH ALCOHOL TEST AFFIDAVIT

Instrument Type: Intoxilyzer 8000
Instrument Registered To: BOCA RATON PD
Instrument Serial Number: 80-006622 Software: 8100.27
Date of Test: 08/11/2022

Date of Last Agency Inspection: 07/20/2022
Observation Period Began: 02:15
Subject's Name: DON A LYNN DOB: 10/11/1948 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	02:42
Air Blank	0.000	02:42
Control Test	0.079	02:42
Air Blank	0.000	02:43
Subject Sample #1	0.121	02:43
Air Blank	0.000	02:44
Air Blank	0.000	02:46
Subject Sample #2	0.114	02:46
Air Blank	0.000	02:47
Control Test	0.077	02:48
Air Blank	0.000	02:48
Diagnostics Check	OK	02:48

Cylinder Lot: 02422080A1
Exp: 02/05/2024

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 AMANDA J. RICCIARDI, 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: Amanda Ricciardi Date: 8/11/22
Signature

Sworn to (or affirmed) before me this 11 day of AUGUST, 2022

A.G. A. Grubbs
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.

FDLE/ATP FORM 38 - MARCH 2004, Ref. 11D-8.007

Observation: 0215
Case #: 22-10284
10-15 : 0137

DUI INFLUENCE REPORT

BOCA RATON POLICE SERVICES DEPARTMENT
100 NW 2nd Avenue
Boca Raton, FL 33432

Revised: July 9, 2018

BOCA RATON POLICE SERVICES DEPARTMENT

DUI INFLUENCE REPORT – PART I

On the 11 day of August, at 0149 AM/PM:

Subject: Don Lynn Case Number: 2022-10284

PERSONAL CONTACT

Driving Pattern: _____

Observation of Driver: _____

see PC

Driver's Statement: _____

Odors: _____

GENERAL OBSERVATIONS

Speech: _____

Attitude: _____

Clothing: _____

Medical Problems: _____

Medications: _____

Other: _____

Horizontal Gaze Nystagmus:

☐ Left eye does not follow smoothly ☐ Right eye does not follow smoothly

☐ Left eye jerks at 45 degrees angle or less ☐ Right eye jerks at 45 degrees angle or less

☐ Distinct jerking left eye maximum deviation ☐ Distinct jerking right eye maximum deviation

Can not do, Why? _____

Walk and turn: _____

Can not do, Why? _____

One leg stand: _____

Can not do, Why? _____

Finger to nose: _____

Can not do, Why? _____

Alphabet (speech pattern): _____

Can not do, Why? _____

Breath/Blood test results: _____

State of Florida, County of Palm Beach,
Sworn and subscribed ~~before me~~ this 08/11/22 (date) by A. Ricciardi.

Notary/Clerk of Court/ Officer (FSS 117.10) — Date 08/11/22

Signature of Arresting Officer — Name of Officer (print) A. Grubbs

ARRESTING OFFICER: A. Grubbs

Name: Ricciardi Phone # / Work # 5613381234
Address: 100 NW 2nd Ave, Boca Raton FL 33432
Can testify to: Breath Test

Name: McQuiston Phone # / Work # 5613381234
Address: 100 NW 2nd Ave, Boca Raton FL 33432
Can testify to: Traffic Stop

Name: Ziadie Phone # / Work # 5613381234
Address: 100 NW 2nd Ave, Boca Raton FL 33432
Can testify to: Traffic Stop

Name: _____ Phone # _____ Work # _____
Address: _____
Can testify to: _____

Name: _____ Phone # _____ Work # _____
Address: _____
Can testify to: _____

Name: _____ Phone # _____ Work # _____
Address: _____
Can testify to: _____

Name: _____ Phone # _____ Work # _____
Address: _____
Can testify to: _____

BOCA RATON POLICE SERVICES DEPARTMENT
DUI INFLUENCE REPORT – PART II

To be filled out at testing facility

Agency Case # 20220810284

I. INTRODUCTION (Instrument Operator faces video camera)

A. The day is Thursday (day), August (month), 11 (date), 2022 (year).

B. The time is now approximately 0230 AM/PM.

C. The following is in reference to case number 20220810284.

D. Present at this time is Grubbs (Officer's Name) of the Boca Raton Police Department.

E. Officer Grubbs, have you arrested Don Lynn (Defendant's name) in violation of Florida State Statute 316.193?

F. Did this violation occur within the City of Boca Raton, Palm Beach County, Florida? Yes

G. Mr./Mrs./Ms. Lynn, I am required to inform you these proceedings are being video recorded.

Operator Note: *Video record breath request, breath sample, and interview.*

II. AT THIS TIME THE ARRESTING OFFICER WILL REQUEST A BREATH SAMPLE.

Note: Read only the paragraph applicable to the type of test you are requesting.

A. I am now requesting that you submit to a lawful test of your **BREATH** for the purpose of determining its alcohol content.

B. 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.

C. I am now requesting that you submit to a lawful test of your **BLOOD** for the purpose of determining its alcohol content and the presence of chemical or controlled substances.

IMPLIED CONSENT WARNINGS

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 Signature: _____

Note: Also read for CDL holders:

IN ADDITION, your refusal to submit will result in the loss of your commercial privileges for one year from today. If this is your SECOND REFUSAL, you will be permanently disqualified from operating a commercial motor vehicle.

Note: After reading the implied consent warning, the arresting officer must request a breath sample again.

(IF REFUSAL THEN)

At this time Mr./Mrs./Ms. _____ has refused to submit to a breath test.

The date is _____ (month), _____ (day), _____ (year), and the time is _____AM/PM.

A refusal form will be completed by the arresting officer.

BOCA RATON POLICE SERVICES DEPARTMENT

JUVENILE CONSTITUTIONAL WARNINGS

Rights of suspects prior to custodial questioning.
Identify yourself and state:

I am required to warn you before you make any statement that you have the following Constitutional rights:

(1) You have the right to remain silent and not answer any questions. *Tell me in your own words what you think this means.*
(You do not have to talk to me or answer any questions about this offense. You can be quiet if you want.)

(2) Any statement you make must be freely and voluntarily given. *Tell me in your own words what you think this means.*
(If you do talk to me it has to be because you want to and not because anyone is forcing you to speak.)

(3) You have a right to the presence and representation of a lawyer of your choice before you make any statement and during any questioning. *Tell me in your own words what you think this means.*
(You can talk to a lawyer before we ask you any questions and you can have him/her with you now, during our questioning.)

(4) If you cannot afford a lawyer, you are entitled to the presence and representation of a court appointed lawyer before you make any statement and during any questioning. *Tell me in your own words what you think this means*
(If you do not have money for a lawyer and you want one, a lawyer will be given to you for free.)

(5) If at any time during the interview you do not wish to answer any questions, you are privileged to remain silent. *Tell me in your own words what you think this means.*
(If you decide to talk to me then change your mind, you can stop answering my questions at any time.)

(6) I can make no threats or promises to induce you to make a statement. This must be of your own free will. *Tell me in your own words what you think this means*
(I am not allowed to threaten you or make you any promises to get you to talk to me. If you decide to talk, it must be because you want to.)

(7) Any statement can be and will be used against you in a court of law. *Tell me in your own words what you think this means*
(Anything you say to me can and will be told to the judge or a jury in court. A judge is a person who decides if you have done something wrong. Sometimes a group of people called a jury decide this, but the Judge is the person who decides what punishment you get.)

(8) Do you understand these rights as I have read them to you, and do you wish to speak to me?

Signed: _____ Date: _____ Time: _____

BOCA RATON POLICE SERVICES DEPARTMENT

TESTING FACILITY TASK REPORT

SUBJECT: Don Lynn

CASE #: 20220810284 DATE: 8/11/2022

BREATH TEST RESULTS

1) TIME 0243 .121 AM/PM 2) TIME 0246 .114 AM/PM

3) TIME _____ AM/PM 4) TIME _____ AM/PM

BREATH OPERATOR: Ricciardi

MAINTENANCE TECHNICIAN: Van Camp.

TESTING OFFICER'S OBSERVATIONS

SPEECH: Normal

ATTITUDE: pleasant, calm

CLOTHING: Green polo, white shorts, Black loafers

MEDICAL CONDITION: High cholesterol, Anxiety, Heartburn

OTHER: odor of alcohol coming from person

COMMENTS:

Identify yourself and state:

I am required to warn you before you make any statement that you have the following Constitutional rights:

(1) You have the right to remain silent and not answer any questions.
(2) Any statement you make must be freely and voluntarily given.
(3) You have a right to the presence and representation 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 and representation of a court appointed lawyer before you make any statement 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 be and will be used against you in a court of law.
(8) Do you understand these rights as I have read them to you, and do you wish to speak to me?

Signed: _____ Date: _____ Time: _____

Refused

QUESTIONS AND ANSWERS

Were you operating a motor vehicle at the time of the accident/stop? _____

Where were you going? _____

What street or highway were you on? _____

Direction of travel? _____

Where did you start driving from? _____

What city (county) were you stopped in? _____

What time did you start? _____ AM/PM What time is it now? _____

What is today's date? _____ What day of the week is it? _____

When did you last eat? _____ What did you eat? _____

What have you been doing the past three hours prior to this stop/accident? _____

How much do you weigh? _____ Have you been drinking? _____ What were you drinking? _____

_____

How much? _____ Where? _____ With whom were you drinking? _____

When did you have your first drink? _____ AM/PM When did you stop drinking? _____AM/PM

How did you consume your last two drinks? _____

Are you under the influence of alcohol now? ☐ Yes ☐ No

Can you feel the effects of alcohol? ☐ Yes ☐ No

Have you consumed alcohol since the accident? ☐ Yes ☐ No

Can you feel the effects of alcohol? ☐ Yes ☐ No

Have you consumed alcohol since the accident? ☐ Yes ☐ No How much? _____

What? _____ Where? _____

What line of work are you in? _____

When did you last work? _____

Do you have any physical defects or injuries? ☐ Yes ☐ No If yes, explain:

_____

Are you sick or injured? ☐ Yes ☐ No If yes, explain:

_____

Do you limp? ☐ Yes ☐ No Did you get a bump on the head? ☐ Yes ☐ No

Were you in an accident today? _____

Have you taken any drugs or smoked marijuana today? _____

What? _____ When? _____

Have you seen a doctor or dentist today? ☐ Yes ☐ No Who? _____

Are you taking any prescription medications? ☐ Yes ☐ No What? _____ When? _____

Do you have: Epilepsy? ☐ Yes ☐ No Inner ear trouble? ☐ Yes ☐ No

Glass eye? ☐ Yes ☐ No Ear infection? ☐ Yes ☐ No

False teeth? ☐ Yes ☐ No Diabetes? ☐ Yes ☐ No

Any problems not correctable by glasses or contact lenses? _____

Do you take insulin? ☐ Yes ☐ No If yes, when was your last injection? _____

Have you ever had a driver's license in any other state? _____

I am now ending this video recording. The time is now approximately 0250 (AM)/PM.

The date is AUGUST (month), 11 (day), 2022 (year).

PALM BEACH COUNTY
SHERIFF'S OFFICE

Florida State Statute Exemption Sheet

Palm Beach County Sheriff's Office – Arrests Only

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

REVIEW COMPLETED BY

Booking Number: 2022020771	**Date:** 08/12/2022
	Specialist Name/ID: T.Howard/7185