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22CT 11070 59

809

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

A D M I N I S T R A T I O N	OBTS Number		Agency ORI Number 0500200		Agency Name Boca Raton Police Department		Agency Report Number (N.T.A.'s only) 3, 2 2022-008862	
	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			
	Location of Arrest (Including Name of Business) 1200 S FEDERAL HWY, 1200 S FEDERAL HWY, BOCA RATON, FL 33432		Location of Offense (Business Name, Address) 1200 S FEDERAL HWY, BOCA RATON, FL 33432					
D E F E N D A N T	Date of Arrest 07/11/2022	Time of Arrest 22:00	Booking Date 07/11/2022	Booking Time 22:10	Jail Date 07/11/2022	Jail Time 23:20	Location of Vehicle EMERALD	
	Name (Last, First, Middle) CARTER, KEVIN CHRISTOPHER		Alias: CARTER, KEVIN CHRISTOPHER		Alias (Name, DOB, Soc. Sec. #, Etc.)			
	Race W - White B - Black I - American Indian O - Oriental/Asian W	Sex M	Date of Birth 10/27/1978	Height 5'11	Weight 215	Eye Color BROWN	Hair Color SALT &	Complexion LIGHT
C O D E F	Scars, Marks, Tattoos, Unique Physical Features (Location, Type, Description) TATT UR ARM / ANIMAL		Marital Status S		Religion		Indication of Alcohol Influence Yes ☒ No ☐ Unk. ☐	
	Local Address (Street, Apt. Number) 4410 NW 8TH ST, COCONUT CREEK, FL 33066		(City) COCONUT CREEK		(State) FL		(Zip) 33066	
	Permanent Address (Street, Apt. Number) 4410 NW 8TH ST, COCONUT CREEK, FL 33066		(City) COCONUT CREEK		(State) FL		(Zip) 33066	
J U V E N I L E	Business Address (Name, Street) BOCA RESORT,		(City) BOCA RATON		(State) FL		(Zip) 33432	
	D/L Number, State C636503783870 / FL		Soc. Sec. Number [REDACTED]		INS Number [REDACTED]		Place of Birth (City, State) MILFORD, CT, United	
	Citizenship US		Date of Birth 10/27/1978		Sex M		Race W	
C O D E F	Co-Defendant Name (Last, First, Middle)		Race		Sex		Date of Birth	
	Co-Defendant Name (Last, First, Middle)		Race		Sex		Date of Birth	
	Co-Defendant Name (Last, First, Middle)		Race		Sex		Date of Birth	
P A R E N T	Parent ☐ Other ☐		Name (Last, First, Middle)		Residence Phone		Business Phone	
	Legal Custodian ☐		Address (Street, Apt. Number)		(City)		(State)	
	Address (Street, Apt. Number)		(City)		(State)		(Zip)	
C H A R G E	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.		School Attended		Grade		Value of Property	
C H A R G E	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			
C H A R G E	Charge Description DRIVE UNDER INFLUENCE ALC		Statute Violation Number 316.193(1A)		Violation of ORD #		Bond	
	Drug Activity N		Drug Type N		Amount / Unit /		Offense # /	
	Counts 1		Domestic Violence ☐ Y ☒ N		Warrant / Capias Number		Bond	
C H A R G E	Charge Description		Statute Violation Number		Violation of ORD #		Bond	
	Drug Activity		Drug Type		Amount / Unit		Offense #	
	Counts		Domestic Violence ☐ Y ☒ N		Warrant / Capias Number		Bond	
C H A R G E	Charge Description		Statute Violation Number		Violation of ORD #		Bond	
	Drug Activity		Drug Type		Amount / Unit		Offense #	
	Counts		Domestic Violence ☐ Y ☒ N		Warrant / Capias Number		Bond	
I N T A K E	Health / Apparent Physical Condition of Defendant GOOD		Any knowledge of the following: ☐ Mental ☐ Escape Risk ☐ Medication ☐ Deformities ☐ Injuries		Explain:			
	Check which applies: ☐ Released O.R. ☐ Released to Parent/Guardian ☐ Posted Bond ☐ South County Mental Health		☒ T.O.T. County Jail		PROPERTY - Received By 868		Released By 868	
	Transported By 868		Date Transported 07/11/2022		Time Transported 23:20		Other [REDACTED]	
N O T I C E T O A P P E A R	☒ 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 08/15/2022 08:30:00		No Photo Available	
	I AGREE TO APPEAR AT THE TIME AND PLACE DESIGNATED TO ANSWER THE OFFENSES 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		Signature of Arresting Officer WILLIAMS, D.		Name Verification (Printed by Arrestee) WILLIAMS, D.		PAGE 1 OF 1	
A D M I N I S T R A T I O N	☐ Dangerous ☐ Suicidal		☐ Resisted Arrest ☐ Other		Name of Arresting Officer (Print) WILLIAMS, D.		I.D. # 868	
	Intake Deputy SPAINO 9101		Pouch #		Transporting Officer WILLIAMS, DAVID		I.D. # 868	
	Agency BOCA		Witness here if subject signed with an "X".					

☒ COURT ☐ STATE ATTORNEY ☐ AGENCY ☐ CENTRAL RECORDS ☐ JAIL ☐ CRIME ANALYSIS ☐ P.I.O. ☐ OTHER

OBT Number		PROBABLE CAUSE AFFIDAVIT		1. Arrest 2. N.T.A.		3. Request for Warrant 4. Request for Capias		1	JUVENILE	
A D M I N I S T R A T I V E	Agency ORI Number FL FL0500200	Agency Name BOCA RATON POLICE DEPARTMENT	Agency Report Number 3 2 2022-008862							
	Charge Type: Check as many as apply. ☐ 1. Felony ☐ 3. Misdemeanor ☐ 5. Ordinance ☐ 2. Traffic Felony ☒ 4. Traffic Misdemeanor ☐ 6. Other		Special Notes:							
D E F E N D A N T	Name (Last, First, Middle) CARTER, KEVIN CHRISTOPHER					Race W	Sex M	Date of Birth 10/27/1978		
C H A R G E S	Charge Description 316.193(1A) DUI					Charge Description				
	Charge Description					Charge Description				
V I C T I M	Victim's Name (Last, First, Middle) STATE OF FLORIDA,					Race U	Sex U	Date of Birth		
	Local Address (Street, Apt. Number) (City) (State) (Zip) 100 NW 2ND AVE, BOCA RATON, FL 33432					Phone (561) 338-1234		Address Source		
	Business Address (Name, Street) (City) (State) (Zip)					Phone (561) -		Occupation		
The undersigned certifies and swears that he/she has just and reasonable grounds to believe, and does believe that the above named Defendant committed the following violation of law. The Person taken into custody . . . ☐ committed the below acts in my presence. ☐ confessed to _____ admitting to the below facts. ☐ was observed by _____ who told _____ that he/she saw the arrested person commit the below acts. ☒ was found to have committed the below acts, resulting from my (described) investigation. On the 11 day of July, 2022 at 22:00 (Specifically include facts constituting cause for arrest.)										
MVR Available. On 7/11/2022, at 2130 hours, I was traveling southbound on Federal Highway approaching the intersection of E Camino Real. I observed a black Ram truck (FL IWRR89) traveling ahead of me in the middle lane without any headlights on. There was no sunlight at the time of the infraction. I activated my emergency equipment and attempted to stop the vehicle. The vehicle activated its right turn signal and proceeded to travel southbound for approximately 1 mile before coming to a stop within a bus lane. I walked up to the driver's side door and contacted the driver who was identified by his FL DL (C636503783870) as Kevin Christopher Carter. In speaking with Carter, I immediately noticed his speech pattern to be slow and slurred. Additionally, I observed the odor of alcohol emanating from his breath as well as bloodshot/watery eyes. I asked Carter if he had drunk anything to which he responded "Yes, two beers". Based upon the combination of pre and post-stop indicators I requested Carter participate in Field Sobriety Exercises (FSEs) to which he initially declined. I explained to Carter the purpose of FSEs and that his refusal can be submitted as evidence. Knowing this Carter changed his mind and agreed to participate. The FSEs were conducted as follows. Horizontal Gaze Nystagmus (HGN) The defendant identified the stimulus as red. The defendant had equal pupil size and equal tracking in both eyes. The defendant's eyes continued to jump as he attempted to follow the stimulus. In conducting the exercise, I was able to observe a Lack of Smooth Pursuit, Distinct and Sustained Nystagmus at Maximum Deviation, the onset of Nystagmus prior to 45 degrees, and Vertical Nystagmus. While giving the instructions the defendant										
A D M I N I S T R A T I V E	SWORN AND SUBSCRIBED BEFORE ME KINGMAN, DARELL NOTARY PUBLIC / CLERK OF COURT / OFFICER (F.S.S. 117.10) 07/11/2022 DATE					SIGNATURE OF ARRESTING / INVESTIGATING OFFICER WILLIAMS, DAVID (868) NAME OF OFFICER (PLEASE PRINT) 07/11/2022 DATE				

OBTS Number Agency ORI Number FL FL0500200	PROBABLE CAUSE AFFIDAVIT SUPPLEMENT	1. Arrest 2. N.T.A. 3. Request for Warrant 4. Request for Capias	1	JUVENILE
Agency Name BOCA RATON POLICE DEPARTMENT	Agency Report Number 3 2 2022-008862			
Charge Type: Check as many as apply. ☐ 1. Felony ☐ 3. Misdemeanor ☐ 5. Ordinance ☐ 2. Traffic Felony ☒ 4. Traffic Misdemeanor ☐ 6. Other		Special Notes:		
Name (Last, First, Middle) CARTER, KEVIN CHRISTOPHER		Race W	Sex M	Date of Birth 10/27/1978

continued to sway.

Walk and Turn

The surface was flat and hard. The defendant attempted to do the exercise without shoes. The line used was a painted white line. I made sure the defendant both knew the line he would be using and the color of that line. I began the exercise by instructing and demonstrating to the defendant how to complete the exercise. While giving instructions the defendant lost balance and failed to stay in the starting position. In conducting the exercise, the defendant walked an improper number of steps, made an improper turn, raised his arms above six inches to steady himself, and stopped walking to steady himself.

One Leg Stand

The surface was flat and hard. The defendant attempted to do the exercise without shoes. The defendant raised his right leg. During the exercise, the defendant continued to sway.

Finger to nose

The surface was flat and hard. The defendant conducted the exercise without shoes. The defendant failed to touch the tip of his finger to the tip of his nose multiple times. During the exercise, the defendant continued to sway.

Modified Romberg Balance

The surface was flat and hard. The defendant conducted the exercise without shoes. During the exercise, the defendant continued to sway. The defendant notified me of the completion of the exercise after 40 seconds.

Due to the totality of the circumstances and my training/experience, I felt the defendant was unable to perform simple tasks during the exercises due to being impaired. I felt the defendant is too impaired to operate a motor vehicle safely. The defendant was placed under arrest at 2200 hours, for driving under the influence. Carter was placed in handcuffs that were checked for tightness and double locked.

Carter was transported to the BRPD DUI room. I conducted the 20-minute observation which began at 2212 after checking his mouth for any foreign objects/liquids. Officer Price operated the Intoxilyzer. Carter indicated he did not wish to provide a breath sample and was read Implied Consent Warnings at 2233 hours. Reference Intoxilyzer 8000 S#80-006622

SWORN AND SUBSCRIBED BEFORE ME KINGMAN, DARRYL NOTARY PUBLIC / CLERK OF COURT / OFFICER (F.S.S. 117.10) 07/11/2022 DATE	SIGNATURE OF ARRESTING / INVESTIGATING OFFICER WILLIAMS, DAVID (868) NAME OF OFFICER (PLEASE PRINT) 07/11/2022 DATE
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COURT

STATE ATTORNEY

CENTRAL RECORDS

JAIL

CRIME ANALYSIS

P.I.O.

OBTS Number		PROBABLE CAUSE AFFIDAVIT SUPPLEMENT		1. Arrest 2. N.T.A.		3. Request for Warrant 4. Request for Capias		1	JUVENILE
A D M I N I S T R A T I V E	Agency ORI Number FL FL0500200		Agency Name BOCA RATON POLICE DEPARTMENT		Agency Report Number 3 2 2022-008862				
	Charge Type: Check as many as apply.		☐ 1. Felony ☐ 3. Misdemeanor ☐ 5. Ordinance ☐ 2. Traffic Felony ☒ 4. Traffic Misdemeanor ☐ 6. Other			Special Notes:			
D E F	Name (Last, First, Middle) CARTER, KEVIN CHRISTOPHER				Race W		Sex M		Date of Birth 10/27/1978
	Alias								
results were (Refused). Carter was transported to Palm Beach County Jail. NOT A CERTIFIED COPY									
P R O B A B L E C A U S E S T A T E M E N T	SWORN AND SUBSCRIBED BEFORE ME								
	KINGMAN, DARRYL NOTARY PUBLIC / CLERK OF COURT / OFFICER (F.S.S. 117.10)				SIGNATURE OF ARRESTING / INVESTIGATING OFFICER 				
	07/11/2022 DATE				WILLIAMS, DAVID (868) NAME OF OFFICER (PLEASE PRINT)				
					07/11/2022 DATE				
PAGE 3 OF 3									

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: 07/11/2022

Date of Last Agency Inspection: 06/11/2022

Observation Period Began: 22:12

Subject's Name: KEVIN C CARTER

DOB: 10/27/1978 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.

Test	g/210L	Time
Diagnostics Check	OK	22:33
Air Blank	0.000	22:34
Control Test	0.080	22:34
Air Blank	0.000	22:35
Subject Sample #1	REF*	22:35
Air Blank	0.000	22:36
Control Test	0.081	22:36
Air Blank	0.000	22:37
Diagnostics Check	OK	22:37

*Subject Test Refused

CY-0001 (REV. 07-21-00)A
Exp. 06/30/2022

State of Florida, County of Palm Beach,

Personally appeared before me the undersigned authority, who (X) is personally known to me or () produced _____ as identification, and who after being placed under oath, states:

I, _____, hold a valid Breath Test Operator permit issued by the Florida Department of Law Enforcement, I administered the above breath test to the subject named above in accordance with Chapter 11D-8, Florida Administrative Code, and this form is a true and accurate report of that breath test.

Breath Test Operator: _____

Signature

Date: 07/11/2022

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

Signature of Notary Public-State of Florida

Printed Name of Notary Public-State of Florida

Notes: Pursuant to section 117.10, Florida Statutes, law enforcement officers, correctional officers, traffic accident investigation officers and traffic infraction enforcement officers are notaries public when engaged in the performance of official duties. In accordance with section 316.1934(5), F.S., this completed form is admissible without further authentication and is presumptive proof of the results herein. To be used in accordance with Section 316.1934(5), F.S., and in administrative proceedings pursuant to 322.2615, F.S.

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

I, David Williams, a duly certified Law Enforcement Officer or Correctional Officer,
(Name of Officer reading Implied Consent Warning)

am a member of Boca Raton Police, and I do swear
(Name of law enforcement agency)

or affirm that on or about the 11 day of July, 2022, at 10:00 P.M. ☒ A.M.

DRIVER Kevin Christopher Carter,
(Type or Print) FIRST NAME MIDDLE OR MAIDEN NAME LAST NAME

DL# C63650378387, state of Florida, was placed under lawful arrest for
the offense of DAI by David Williams and
(Name of Arresting Officer)
issued Citation # ABLRIME

That on or about the 11 day of July, 2022, at 10:33 P.M. ☒ A.M.
in Boca Raton 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]
Signature of Law Enforcement Officer or
Correctional Officer Williams

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

The foregoing instrument was sworn and subscribed before me:

[Signature]
Signature of Attesting Officer

Title UTC Price, Daniel

Date 07/11/2022

(AFFIX SEAL)
The foregoing instrument was sworn and subscribed before
me this _____ day of _____, 20____,
by _____,
who is personally known to me or who has produced
_____ as identification

Notary Public _____

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.

Ob ~~1212~~
2212

DUI INFLUENCE REPORT



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



BOCA RATON POLICE SERVICES DEPARTMENT
DUI INFLUENCE REPORT - PART I

On the 11 day of July, at 10:00 AM/PM:
Subject: Kevin Connor Case Number: 29-8862

PERSONAL CONTACT

Driving Pattern: _____

Observation of Driver: _____

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 7/11/22 (date) by GFC P. 5248

Notary/Clerk of Court/Officer (FSS 117.10) Date 7/11/22

Signature of Arresting Officer Name of Officer (print) William Davis

ARRESTING OFFICER: David Williams

Name: Price Phone # _____ Work # _____

Address: _____

Can testify to: B T O

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: _____

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 # 2022-008862

I. INTRODUCTION (Instrument Operator faces video camera)

A. The day is Monday, July, 11, 2022.
(day) (month) (date) (year)

B. The time is now approximately 10 32 AM/PM.

C. The following is in reference to case number 22-8862.

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

E. Officer Williams, have you arrested Kevin Carter in violation of
Florida State Statute 316.193? (Defendant's name)

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

G. Mr./Mrs./Ms. Carter, 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 _____, _____, _____, and the time is _____ AM/PM.
(month) (day) (year)

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: Kevin Catter

CASE #: 2022-008862 DATE: 7/11/22

BREATH TEST RESULTS

1) TIME Refused AM/PM 2) TIME _____ AM/PM

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

BREATH OPERATOR: Price 840

MAINTENANCE TECHNICIAN: Crawford

TESTING OFFICER'S OBSERVATIONS

SPEECH: _____

ATTITUDE: _____

CLOTHING: _____

MEDICAL CONDITION: _____

OTHER: _____

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: 11:37 P.M.

QUESTIONS AND ANSWERS

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

Where were you going? Home

What street or highway were you on? Federal

Direction of travel? South

Where did you start driving from? Brown Resort

What city (county) were you stopped in? Brown County, Brown

What time did you start? 9:30 AM/PM What time is it now? 11 P.M.

What is today's date? 7/11/22 What day of the week is it? Monday

When did you last eat? 3 P.M. What did you eat? Bacon

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

How much do you weigh? 215 Have you been drinking? YES What were you drinking? Beer + Bud Light +

How much? 2 Where? Obvious With whom were you drinking? Lawrence

When did you have your first drink? 8 AM/PM When did you stop drinking? 7 AM/PM

How did you consume your last two drinks? Orally

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? Govt

When did you last work? 3/11/22

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 sometimes Did you get a bump on the head? ☐ Yes ☒ No

Were you in an accident today? No

Have you taken any drugs or smoked marijuana today? No

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? No

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? Canada

I am now ending this video recording. The time is now approximately 10:42 AM/PM PM

The date is 3/14 (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: 2022017798	Date: 7/12/2022
	Specialist Name/ID: M. Tooks #8557