22 CT 21663-MB

# ARREST / NOTICE TO APPEAR

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

1 JUVENILE

## ADMINISTRATION

OBTS Number

Agency ORI Number: 0501700
Agency Name: Jupiter Police Department
Agency Report Number (N.T.A.'s only): 5 4 22-004988

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: 1

Location of Arrest (Including Name of Business): 300 N A1A, JUPITER FL 33477
Location of Offense (Business Name, Address): 300 N A1A, JUPITER, FL 33477

| Date of Arrest | Time of Arrest | Booking Date | Booking Time | Jail Date | Jail Time | Location of Vehicle |
|---|---|---|---|---|---|---|
| 12/29/2022 | 22:23 | 12/29/2022 | 22:33 | / / : : | | |

## DEFENDANT

Name (Last, First, Middle): KIRSCHBAUM, NEIL WILLIAM
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 | 04/13/1962 | 6'02 | 215 | BROWN | BROWN | LIGHT | Medium |

Scars, Marks, Tatoos, Unique Physical Features (Location, Type, Description):
Marital Status: M
Religion: PROTESTANT
Indication of: Alcohol Influence Yes ☒ No ☐ Unk. ☐ Drug Influence

Local Address (Street, Apt. Number): 181 CAMERON DR, BRISTOL, CT 06010 (City) (State) (Zip)
Phone: (203) 948-6705
Residence Type: 1. City 3. Florida 2. County 4. Out of State: 4

Permanent Address (Street, Apt. Number): 181 CAMERON DR, BRISTOL, CT 06010 (City) (State) (Zip)
Phone: (203) 948-6705
Address Source: VERBAL

Business Address (Name, Street): SID HARVEY INDUS, (City) (State) (Zip)
Phone:
Occupation: Owner

| DL Number, State | Soc. Sec. Number | INS Number | Place of Birth (City, State) | Citizenship |
|---|---|---|---|---|
| 164091147 / | [redacted] | | GREENWICH, CT, | 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 |
| | | | | ☐ 1. Arrested ☐ 2. At Large ☐ 3. Felony ☐ 4. Misdemeanor ☐ 5. Juvenile |

## JUVENILE

☐ Parent ☐ Other: ☐ Legal Custodian
Name (Last, First, Middle): DR
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 O. Opium/Deriv. P. Paraphernalia/ Equipment S. Synthetic U. Unknown Z. Other

## CHARGE

| Charge Description | Statute Violation Number | Violation of ORD # |
|---|---|---|
| DUI - DAMAGE TO PERSON/PROPERTY | 316.193(3)(C)(1) | |

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

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

| PROPERTY - Received By | Released By | Released To |
|---|---|---|
| | | |

| Transported By | Date Transported | Time Transported | 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): North County PALM BEACH GARD
Court Date and Time: 01/31/2023 08:30:00

I AGREE TO APPEAR AT THE TIME AND PLACE DESIGNATED TO ANSWER THE OFFENSE CHARGED OR TO PAY THE FINE SUBSCRIBED. I UNDERSTAND THAT SHOULD I WILLFULLY FAIL TO APPEAR BEFORE THE COURT AS REQUIRED BY THIS NOTICE TO APPEAR, THAT I MAY BE HELD IN COMTEMPT OF COURT AND A WARRANT FOR MY ARREST SHALL BE ISSUED.

SCANNED
DEC 30 2022

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

☐ No Photo Available

## ADMIN

| HOLD for Other Agency | Signature of Arresting Officer | Name Verification (Printed by Arrestee) |
|---|---|---|
| ☐ Dangerous ☐ Resisted Arrest ☐ Suicidal ☐ Other | Name of Arresting Officer (Print): GONZALEZ, ISAIAH I.D. #: 1246 | (PRINT) |
| Intake Deputy I.D. # Pouch # | Transporting Officer: GONZALEZ I.D. #: 1246 Agency: JUP PD | Witness here if subject signed with an "X" |

PAGE 1 OF 1

0537047

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# D.U.I. PROBABLE CAUSE AFFIDAVIT

ON THE 29th DAY OF December 20 22 AT 2149 AM ✓ PM

SUBJECT: Kirschbaum Neil Kirschbaum CASE NUMBER: 22004988

AGENCY: Jupiter Police Department ARRESTING OFFICER: Isaiah Gonzalez #1246

## PERSONAL CONTACT

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

**Kirschbaum was traveling northbound on N A1A and was attempting to make a left hand turn onto 300 N A1A (Ocean Parks Condominiums). Kirschbaum failed to yield to oncoming traffic and struck a vehicle traveling southbound on N A1A. Kirschbaum's vehicle came to a final rest with severe front end damage in the grassy area to the east side of the roadway. The operator of the other vehicle involved advised that Kirschbaum was the driver of the involved vehicle he was standing adjacent to.**

OBSERVATION OF DRIVER:

**I first observed Kirschbaum as he was standing outside the drivers side of his crashed vehicle. I requested the documentation I needed to complete the crash report from Kirschbaum and he grabbed his debit card initially instead of his drivers license when I requested it. Kirschbaum had bloodshot/glassy eyes, slurred speech, and the odor of an unknown alcoholic beverage on his breath which intensified as he spoke to me. Kirschbaum appeared unsteady on his feet while standing and appeared to be unable to walk in a straight line back to my patrol vehicle, when I requested him to.**

DRIVER'S STATEMENTS:

**Kirschbaum speech was slurred during our entire interaction. Kirschbaum was quiet and reserved but cooperative.**

ODORS:

**Odor of an unknown alcoholic beverage.**

## GENERAL OBSERVATIONS

SPEECH: **Slurred.**

ATTITUDE: **Quiet and reserved.**

CLOTHING: **Clean.**

MEDICAL/OTHER: **None.**

NOT A CERTIFIED COPY

STATE OF FLORIDA
COUNTY OF PALM BEACH

(Signature of Arresting/Investigative Officer) #1246

The foregoing instrument was sworn to or affirmed and subscribed before me this 29 day of December 20 22 by Officer Isaiah Gonzalez #1246

(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: Kirschbaum Neil CASE NUMBER 22004988

## ROADSIDE TASKS

### HORIZONTAL GAZE NYSTAGMUS:

- [x] LT EYE-LACK OF SMOOTH PURSUIT
- [x] RT EYE-LACK OF SMOOTH PURSUIT
- [x] LT EYE-DISTINCT & SUSTAINED NYSTAGMUS AT MAX. DEVIATION
- [x] RT EYE-DISTINCT & SUSTAINED NYSTAGMUS AT MAX. DEVIATION
- [x] LT- EYE-ONSET OF NYSTAGMUS PRIOR TO 45 DEGREES
- [x] RT- EYE-ONSET OF NYSTAGMUS PRIOR TO 45 DEGREES

**Other Observations:**

**Kirschbaum had pupils of equal approximate size, did not have resting nystagmus, and was able to track a horizontally-moving stimulus equally. Kirschbaum had all aforementioned indicators of impairment. Kirschbaum could not track with only his eyes and would move his head to follow the stimulus. VGN was not present.**

### WALK & TURN:

**Kirschbaum initally placed his feet in the starting position and had a difficult time staying in this position. While demonstrating the task, I observed Kirschbaum lose his balance (to the left) and lift his arms to steady himself. Kirschbaum advised he understood the instructions and did not have any questions. Kirschbaum missed heel to toe step on step 3. Kirschbaum stepped off the line (to the right) on step 6. Kirschbaum stepped off the line to the right on step 9 and made and improper turn. Kirschbaum stepped off the line (to the left) on his first step back. Kirschbaum stepped the off line( to the right) on step 2. Kirschbaum stepped of the line (to the right) on step 5. Kirschbaum stepped of line (to the right) on step 8. Kirschbaum took a total of 10 steps back down the line after turning. Kirschbaum used his hands to maintain balance during the entire test.**

### ONE LEG STAND:

**Kirschbaum rased his right leg for this task. Almost immediately after raising his foot, he placed it on the ground. Kirschbaum was unable to keep his foot off the ground for a few seconds without losing his balance. Throughout the course of the task Kirschbaum placed his foot on the ground at least 10 times. Kirschbaum lifted his right arm and was swaying in attempt to balance himself.**

### FINGER TO NOSE:

**Kirschbaum correctly demonstrated knowledge of his left and right hands before the task. When told to begin, I reminded Kirschbaum to tilt his head back and close his eyes. Kirschbaum had to be reminded to touch the tip of his finger to his nose after raising his hand. For the remainder of the cadence (right, left, right, right, left), Kirschbaum touched the pad of the appropriate finger to the tip of his nose.**

### ROMBERG ALPHABET:

**Kirschbaum advised he completed his 13th grade and initially stated he was comfortable with the alphabet. After giving him the instructions and stating to recite the alphabet in a slow, non-rhythmic manner, Kirschbaum advised he would be able to do that. Kirschbaum spent a prolonged period attempting to complete the alphabet in no apparent order.**

NOT A CERTIFIED COPY

**BREATH TEST RESULTS:** 1) .188 | 2) .191 | 3) | 4)

STATE OF FLORIDA
COUNTY OF PALM BEACH

(Signature of Arresting/Investigative Officer) #1246

The foregoing instrument was sworn to or affirmed and subscribed before me this 29 day of December 20 22 by Officer Isaiah Gonzalez #1246

(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)

# WITNESS LIST

CASE NUMBER: 22004988

ARRESTING OFFICER: Isaiah Gonzalez

ADDRESS: 196 Military Trl. Jupiter, FL 33458

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

CAN TESTIFY TO: PC

NAME: Rayne W Supple

ADDRESS: 239 PIERSON DR, SHELBURNE, VT, 05482

PHONE NUMBERS (HOME) 802-338-6184 (WORK) _____

CAN TESTIFY TO: The accident and Kirschbaum as the operator of his vehicle

NAME: Craig Yochum #1185

ADDRESS 196 Military Trl. Jupiter, FL 33458

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

CAN TESTIFY TO: The PC and arrest.

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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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

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

PBSO CASE # 22-144770 PBSO ZONE

AGENCY CASE # 2200 4988 CRASH CASE # 2200 4988

TIME OF STOP/CRASH 2137 DATE 12/29/2022 DAY Thursday

SUBJECT'S NAME Neil William Kirschbaum RACE W SEX M

HGT 602 WGT 215 DOB 4/13/62

LOCATION 300 N A1A

ARRESTING OFFICER'S NAME & ID Gonzalez II 1246 AGENCY Jupiter PD

DIVISION: Patrol

NOTIFIED BY COMMO Y

ARRIVAL AT FACILITY 2256

BREATH RESULTS:

Arrest Time 2225

1. .188
2. .191
3. N/A
4. N/A

TESTING OFFICER'S ID 16877

NOT A CERTIFIED COPY

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

Instrument Type: Intoxilyzer 8000
Instrument Registered To: PALM BEACH CO SO
Instrument Serial Number: 80-006477 Software: 8100.27
Date of Test: 12/29/2022

Date of Last Agency Inspection: 12/22/2022
Observation Period Began: 22:56
Subject's Name: NEIL W KIRCHBAUM DOB: 04/13/1962 Sex: M

The subject was observed for at least twenty-minutes prior to the administration of the breath test to ensure that the subject did not take anything orally and did not regurgitate.

Results:

| Test | g/210L | Time |
|---|---|---|
| Diagnostics Check | OK | 23:51 |
| Air Blank | 0.000 | 23:51 |
| Control Test | 0.080 | 23:52 |
| Air Blank | 0.000 | 23:52 |
| Subject Sample #1 | 0.188 | 23:53 |
| Air Blank | 0.000 | 23:54 |
| Air Blank | 0.000 | 23:56 |
| Subject Sample #2 | 0.191 | 23:56 |
| Air Blank | 0.000 | 23:57 |
| Control Test | 0.078 | 23:57 |
| Air Blank | 0.000 | 23:58 |
| Diagnostics Check | OK | 23:58 |

Cylinder Lot: 08622080A1
Exp: 06/05/2024

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 RENEE M RAGIN, 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: _____ Date: 12/29/22
Signature

Sworn to (or affirmed) before me this 29 day of Dec., 2022

_____ # 1246 Ofc. I. Gonzalez #1246
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*

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# TESTING FACILITY TASK REPORT

AGENCY: JPD

SUBJECT: Kirschbaum, Neil W.

CASE NUMBER: 22-144770

DATE: Dec 29, 2022

VIDEO DVD NUMBER: N/A

BEGINNING TIME: 23:48

ENDING TIME: 23:59

BREATH TESTS RESULTS: 1) .188 TIME 23:53 A.M.☐ P.M.☒ 2) .191 TIME 23:56 A.M.☐ P.M.☒

3) N/A TIME ——— A.M.☐ P.M.☐ 4) N/A TIME ——— A.M.☐ P.M.☐

BREATH OPERATOR: R. Ragin #16877

MAINTENANCE TECHNICAN: Jason Karlecke #6467

**TESTING OFFICER'S OBSERVATIONS**

SPEECH: Slurred

ATTITUDE: Calm, cooperative

CLOTHING: Tan shorts, blue shirt, brown shoes

MEDICAL CONDITIONS: None

MEDICATIONS: None

**OTHER:**

Eyes are glassy & bloodshot
odor of unknown alcoholic beverage on breath

---

**COMMENTS:**

Arrived at center A/O started 20 minute observation period at 22:50 hrs.

Subject agreed to perform breath test.

A/O read rights.
Subject stated he understood rights.

Tech read breath test results.
Subject stated he understood breath test results.

A/O attempted Q&A
Subject refused to answer Q&A..

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SUBJECT: _____ 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: _____

NOT A CERTIFIED COPY

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 _____ 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)_____

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WHITE: STATE ATTY. YELLOW: DHSMV PINK: CENTRAL RECORDS GOLD: JAIL

**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: | |

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**REVIEW COMPLETED BY**

| | |
|---|---|
| **Booking Number:** 2022033518 | **Date:** 12/30/2022 |
| | **Specialist Name/ID:** T.Howard/7185 |