05364461 50-2022-CT-020267ASB 3707

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 2022-015467

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)	Location of Offense (Business Name, Address)
3850 N FEDERAL HWY, BOCA RATON FL 33431, 3850 N	3850 N FEDERAL HWY, BOCA RATON, FL 33431

Date of Arrest	Time of Arrest	Booking Date	Booking Time	Jail Date	Jail Time	Location of Vehicle
12/05/2022	02:38	12/05/2022	02:48	12/05/2022	04:27	EMERALD TOWING

DEFENDANT

Name (Last, First, Middle): WARZOHA, STEPHEN 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	10/25/1981	5'10	215	BROWN	BLACK	LIGHT	Large

Scars, Marks, Tatoos, Unique Physical Features (Location, Type, Description): None
Marital Status: S
Religion: UNKNOWN
Indication of: Alcohol Influence ☒ Yes ☐ No ☐ Unk. Drug Influence

Local Address (Street, Apt. Number): 933 KING ST, GREENWICH, CT 06831 (City) (State) (Zip)
Phone: (203) 561-6055
Residence Type: 1. City 2. County 3. Florida 4. Out of State: 4

Permanent Address (Street, Apt. Number): 933 KING ST, GREENWICH, CT 06831 (City) (State) (Zip)
Phone: (203) 561-6055
Address Source: PERSON

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

D/L Number, State: 107145035 / CT [redacted]
INS Number
Place of Birth (City, State): NEW HAVEN, CT
Citizenship: US

CO-DEF

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

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 - ENHANCED	316.193(4)	

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

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: ANXIOUS
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
HARRISON	PBCJ	OWNER

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): South County 200 W Atlantic Ave Delray Beach, FL 33444
Court Date and Time: 01/09/2023 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.

No Photo Available

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

ADMIN

HOLD for Other Agency
☐ Dangerous ☐ Resisted Arrest ☐ Suicidal ☐ Other
Signature of Arresting Officer
Name of Arresting Officer (Print): HARRISON, D. M. I.D. #: 856
Name Verification (Printed by Arrestee) (PRINT)
Intake Deputy: J. Dunn I.D. # 36168 Pouch #
Transporting Officer: MILLER I.D. # 702 Agency: BRPD
Witness here if subject signed with an "X"

PAGE 1 OF 1

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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 2022-015467

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
WARZOHA, STEPHEN A		W	M	10/25/1981

CHARGES

Charge Description	Charge Description
316.193(4) DUI - ENHANCED	

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 _____ admitting to the below facts.

☐ was observed by _____ who told _____ 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 5 day of December, 2022 at 02:38 (Specifically include facts constituting cause for arrest.)

On 12/05/2022 at approximately 0214 hours, while conducting routine security patrol along N. Federal Hwy, I observed a blue Mercedes bearing FL tag ILIG97 driving Northbound on N. Federal Hwy at approximately 2500 N. Federal Hwy, failing to maintain a single lane, and crossing the right-side lane line multiple times. Concerned for the driver`s welfare, I conducted a welfare check traffic stop.

The vehicle pulled over to the right-hand side at approximately 3850 N. Federal Hwy. While I approached the vehicle, the vehicle began rolling forward and then stopped abruptly. I approached the passenger side of the vehicle and observed the driver and sole occupant of the vehicle to have red, glossy eyes. I asked the driver if he needed any medical attention, and he replied, "no." I asked the driver if he was sick or injured, and he replied, "no." I informed the driver why I stopped him and asked for his driver`s license, vehicle registration, and vehicle insurance. I then moved over to the driver side of the vehicle and asked where he was coming from. The driver, identified by his CT DL to be Stephen Warzoha, replied he was coming from "Mara lago" at 400 S. Ocean Blvd. He advised he was driving around looking for Smart Waters and then would be heading back to 400 S. Ocean Blvd. While Warzoha spoke, I could notice he had slurred speech and a raspy voice. I then asked Warzoha to step outside of his vehicle to speak with me, and he willingly stepped outside. I asked Warzoha if there was any reason for him to be swerving outside of his lane multiple times, and he replied it was due to his allergies and trying to find a place to get Smart Waters. While speaking up close with Warzoha, I could smell a strong odor of an unknown alcoholic beverage emanating from his breath and person. Concerned that Warzoha was operating a motor vehicle while under the influence of alcohol, I asked Warzoha if he would be willing to participate in field sobriety tasks to dispel my alarm that he was under the influence of alcohol. Warzoha agreed to participate in the tasks. I asked Warzoha a series of questions. Warzoha replied he is a diabetic and takes his [redacted] regularly (every two and half weeks; his last dose was two weeks ago so he is up-to-date), he has back and knee issues but stated

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ADMINISTRATIVE

SWORN AND SUBSCRIBED BEFORE ME

VAN CAMP, JEFFERY ALAN
NOTARY PUBLIC / CLERK OF COURT / OFFICER (F.S.S. 117.10)

12/05/2022
DATE

SIGNATURE OF ARRESTING / INVESTIGATING OFFICER

HARRISON, DANIELLE MARIE (856)
NAME OF OFFICER (PLEASE PRINT)

12/05/2022
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 | 2022-015467

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
WARZOHA, STEPHEN A		W	M	10/25/1981

PROBABLE CAUSE STATEMENT

he was able to walk and balance with "no issues." He advised his highest level of education is a Master`s degree, and he does not have any issues with his eyes that are not corrected by contact lenses or glasses. I explained and demonstrated each task before Warzoha performed them.

The first task was the Horizontal Gaze Nystagmus. After explaining the instructions, I asked Warzoha if he had any questions. He replied "no." I then asked if he understood the task, and he replied "yes." Warzoha was unable to follow directions and keep his head still. I reminded Warzoha to keep his head still. I was able to continue with the task. In both eyes, I noticed a lack of smooth pursuit, early onset of nystagmus prior to 45 degrees, and distinct and sustained nystagmus at maximum deviation. Warzoha was also swaying.

I guided Warzoha to a solid white line on a flat, dry and leveled surface in a well-lit area. Warzoha stated the color of the line was "white," and pointed to it. I afforded Warzoha the chance to participate in the next tasks with his shoes on or off, and he chose to perform the tasks barefoot.

The second task was the Walk and Turn. After explaining the instructions, I asked Warzoha if he had any questions. He replied "no." I then asked if he understood the task, and he replied "yes." Warzoha was unable to maintain the starting position and attempted to begin the task without me telling him to do so. Warzoha then took an incorrect number of steps forward, turned around incorrectly, did not maintain heel-to-toe on any step, stepped off the line multiple times, and then took the incorrect number of steps back.

The third task was the One Leg Stand. After explaining the instructions, I asked Warzoha if he had any questions. He replied "no." I then asked if he understood the task, and he replied "yes." Warzoha chose to lift his right leg and balance on his left leg. During this task, Warzoha did not look at his feet, and he counted until "1001" then put his foot down, then lifted it back up and counted until "1003" and lost balance. He then lifted his leg again and counted again, "1001, 1002, 1003, 1004, 1005." After 30 seconds had passed, I concluded the task.

The fourth task was the Finger to Nose (L-R-L-R-R-L). After I explained and demonstrated the task, he advised he understood. He showed me he knew what hand was his left and right. He also showed me he knew what his index finger was, and where the tip of his nose was. On his first left, he touched below his nose and then repositioned it to the tip of his nose.

The fifth and final task was the Rhomberg Alphabet. Warzoha stated he could recite the English alphabet without singing it or skipping any letters without issue. I then asked if he had any questions, and he replied, no. Warzoha then recited the English alphabet

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ADMINISTRATIVE

SWORN AND SUBSCRIBED BEFORE ME

VAN CAMP, JEFFERY ALAN
NOTARY PUBLIC / CLERK OF COURT / OFFICER (F.S.S. 117.10)

12/05/2022
DATE

SIGNATURE OF ARRESTING / INVESTIGATING OFFICER

HARRISON, DANIELLE MARIE (856)
NAME OF OFFICER (PLEASE PRINT)

12/05/2022
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 | 2022-015467

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

Special Notes:

DEF

Name (Last, First, Middle)	Alias	Race	Sex	Date of Birth
WARZOHA, STEPHEN A		W	M	10/25/1981

PROBABLE CAUSE STATEMENT

slow but correctly.

Based on the above information, I developed probable cause to arrest Stephen Warzoha for DUI. I handcuffed Warzoha, checked for tightness and proper fit. Ofc. Rochetti conducted a search of his person and then placed him into my marked police vehicle. Post- arrest, I asked Warzoha how much he had to drink, and he replied two vodka drinks. He also replied he had lied to me earlier about where he was coming from, and stated he was coming from Flannigans. I then transported Warzoha to BRPD booking facility to attempt to obtain a breath sample. Ofc. Williams responded as the BAT tech operator. Upon arrival, a 20-minute observation was conducted. Following the 20-minute observation, Warzoha was taken into the BAT room. Upon requesting a breath sample, Warzoha asked what would happen if he refused. I then read him the Florida Implied Consent Warnings and asked if he would provide a breath sample. Warzoha replied he wanted me to read him the Florida Implied Consent Warnings in Spanish, Portuguese, and other languages. I then read him the Florida Implied Consent Warnings twice more. After several minutes passed, Warzoha agreed to provide a sample of his breath for the purpose of determining the alcohol content. Warzoha provided two samples of 0.200 and 0.204. Warzoha informed me he wanted his lawyer present; therefore, no further questions were asked. Stephen Warzoha is being charged with DUI (Enhanced - above 0.15) pursuant to F.S.S. 316.193(4). I issued Warzoha a DUI citation (#A6LQKJE).

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ADMINISTRATIVE

SWORN AND SUBSCRIBED BEFORE ME

VAN CAMP, JEFFERY ALAN
NOTARY PUBLIC / CLERK OF COURT / OFFICER (F.S.S. 117.10)

12/05/2022
DATE

SIGNATURE OF ARRESTING / INVESTIGATING OFFICER

HARRISON, DANIELLE MARIE (856)
NAME OF OFFICER (PLEASE PRINT)

12/05/2022
DATE

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

D V250
22-15467

X15 0238

DUI INFLUENCE REPORT

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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 8th day of December, at 0238 AM/PM:

Subject: Stephen Warzoha Case Number: 22-15467

PERSONAL CONTACT

Driving Pattern: CCC

Observation of Driver: CCC

Driver's Statement: CCC

Odors:

GENERAL OBSERVATIONS

Speech:

Attitude:

Clothing:

Medical Problems: CCC

Medications:

Other:

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Horizontal Gaze Nystagmus:

☐ Left eye does not follow smoothly
☐ Left eye jerks at 45 degrees angle or less
☐ Distinct jerking left eye maximum deviation
☐ Right eye does not follow smoothly
☐ Right eye jerks at 45 degrees angle or less
☐ Distinct jerking right eye maximum deviation

Can not do, Why? _____

Walk and turn: _____ CCC

Can not do, Why? _____

One leg stand: _____ CCC

Can not do, Why? _____

Finger to nose: _____ CCC

Can not do, Why? _____

Alphabet (speech pattern): _____ CCC

Can not do, Why? _____

Breath/Blood test results: _____

State of Florida, County of Palm Beach,
Sworn and subscribed before me this 12/5/22 (date) by Ofc D. Williams.

_____ 12/5/22
Notary/Clerk of Court/ Officer (FSS 117.10) Date

_____ D Hance
Signature of Arresting Officer Name of Officer (print)

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ARRESTING OFFICER: D. Harrison

Name: D. Williams Phone # _____ Work # _____

Address: _____

Can testify to: BTO

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: _____

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BOCA RATON POLICE SERVICES DEPARTMENT

DUI INFLUENCE REPORT – PART II

To be filled out at testing facility

Agency Case # 2022-015467

I. INTRODUCTION (Instrument Operator faces video camera)

A. The day is Monday (day), December (month), 5th (date), 2022 (year).

B. The time is now approximately 0318 AM/PM.

C. The following is in reference to case number 22-15467.

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

E. Officer Harrison, have you arrested Stephen Warzoha (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. Warzoha, I am required to inform you these proceedings are being video recorded.

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

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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: Read on Camera

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.

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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:

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.)

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.)

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.)

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.)

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.)

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.)

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.)

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

med: _____ Date: _____ Time: _____

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BOCA RATON POLICE SERVICES DEPARTMENT

TESTING FACILITY TASK REPORT

SUBJECT: Stephen Warzohz

CASE #: 22-15467 DATE: 12/5/22

BREATH TEST RESULTS

1) TIME 0332/.209 (AM)/PM 2) TIME 0336/.204 (AM)/PM

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

BREATH OPERATOR: D Williams 868

MAINTENANCE TECHNICIAN: Crawford

TESTING OFFICER'S OBSERVATIONS

SPEECH: _____

ATTITUDE: _____

CLOTHING: _____

MEDICAL CONDITION: _____

OTHER: _____

_____

COMMENTS: _____

_____

_____

_____

_____

_____

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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: _____

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? Refused

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

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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 _____ AM/PM.

The date is December 5th 2022.
(month) (day) (year)

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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: 12/05/2022

Date of Last Agency Inspection: 11/14/2022
Observation Period Began: 02:58
Subject's Name: STEPHEN A WARZOHA DOB: 10/25/1981 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	03:22
Air Blank	0.000	03:22
Control Test	0.079	03:23
Air Blank	0.000	03:23
Subject Sample #1	NSP*	03:26
Air Blank	0.000	03:27
Air Blank	0.000	03:29
Subject Sample #2	0.200	03:32
Air Blank	0.000	03:33
Air Blank	0.000	03:35
Subject Sample #3	0.204	03:36
Air Blank	0.000	03:37
Control Test	0.078	03:37
Air Blank	0.000	03:38
Diagnostics Check	OK	03:38

*No Sample Provided

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 DAVID R WILLIAMS, 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: 12/5/2022
Signature

Sworn to (or affirmed) before me this 5 day of December, 2022

_____ D. Harrison
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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STATE OF FLORIDA
DEPARTMENT OF HIGHWAY SAFETY & MOTOR VEHICLES
AFFIDAVIT OF REFUSAL TO SUBMIT TO
BREATH AND/OR URINE TEST

I, Ofc D. Harrison, a duly certified Law Enforcement Officer or Correctional Officer,
(Name of Officer reading Implied Consent Warning)

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

or affirm that on or about the 5 day of December, 20 22, at 0238 ☐ P.M ☒ A.M.

DRIVER Stephen Alfred Warzoha,
(Type or Print) FIRST NAME MIDDLE OR MAIDEN NAME LAST NAME

DL# 107 145 035, state of CT, was placed under lawful arrest for

the offense of DUI by Ofc. D. Harrison and
(Name of Arresting Officer)

issued Citation # A6LQKJE.

That on or about the 5 day of December, 20 22, at 0319 ☐ P.M ☒ A.M.

in Palm Beach County,

I requested that the driver submit to a ☒ **breath and/or** ☐ **urine** test to determine his or her blood alcohol level and/or the presence of chemical or controlled substances. I informed the driver that the refusal to submit to such test(s) would result in the suspension of his or her driving privilege for a period of one (1) year for a first refusal, or for a period of eighteen (18) months if his or her driving privilege had been previously suspended for refusing to submit to a breath, urine or blood test. I also informed the driver that he or she commits a misdemeanor by refusing to submit to a lawful test as requested above if his or her driving privilege has been previously suspended for refusal to submit to a lawful test of his or her breath, urine, or blood. Additionally, I informed the driver that if he or she holds a CDL, or was operating a CMV, refusal will result in the disqualification of the Commercial Driver's License/driving privilege for a period of one (1) year in the case of a first refusal or permanently if he or she has previously been disqualified as a result of a refusal to submit to any such lawful test. Nonetheless, the driver refused to submit to the test(s) requested.

Signature of Law Enforcement Officer or
Correctional Officer

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

The foregoing instrument was ~~sworn and subscribed~~ before me:

Signature of Attesting Officer

Title Ofc Williams Dept. 868

Date 12/5/2022

(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.

HSMV-BAR1001 (REV. 10/2016)

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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:	

NOT A CERTIFIED COPY

REVIEW COMPLETED BY

Booking Number: 2022031374	**Date:** 12/06/2022
	Specialist Name/ID: C. Smith/39657