50-2022-CT-021453AMB

☐ Marsy's Law CVI FL. Const. Act.1 § 16(b)

☐ Check if Supplement is Attached

ARREST / NOTICE TO APPEAR
Juvenile Referral Report

OBTS Number

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

Juvenile: N

ADMINISTRATIVE

Agency ORI Number: FL0 5 0 0 0 0 0

Agency Name: PALM BEACH COUNTY SHERIFF'S OFFICE

Agency Report Number (N.T.A.'s only): 06-22-143227

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

Multiple Clearance Indicator: 01

Location of Arrest (Including Name of Business): 16745 Lyons Rd , Delray Beach, FL

Location of Offense (Business Name, Address): 16745 Lyons Rd , Delray Beach, FL

Date of Arrest	Time of Arrest	Booking Date	Booking Time	Jail Date	Jail Time	Location of Vehicle
12/24/2022	2356					Garden's towing

DEFENDANT

Name (Last, First, Middle): Maida, Vincent, J

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

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	6/29/1940	5'11	190	Bro	Gray	Light	Med

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

Marital Status: Married

Religion: CATHOLIC

Indication of: Alcohol Influence Y ☒ N ☐ Unk ☐; Drug Influence Y ☐ N ☐ Unk ☒

Local Address (Street, Apt. Number) (City) (State) (Zip): 9108 Moriset Ct, Delray Beach, FL

Phone: (561) 212-9730

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

Permanent Address (Street, Apt. Number) (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
M-300-870-40-229-0, FL	[redacted]		Mt. Vernon, NY	US

CO-DEF

Co-Defendant (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
Co-Defendant (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 ☐ Legal Custodian ☐ Other: 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 Dept. and Released. 2. TOT HRS/DYS 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 (561) 355-6511) informed of any change of address. ☐ Yes, by: (Name) ☐ No (Reason)

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. Dispense/ 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	Counts	Domestic Violence	Statute Violation Number	Violation of ORD #
Driving Under the Influence	01	☐Y ☒N	316.193(1A)	

Drug Activity	Drug Type	Amount / Unit	Offense #	Warrant / Capias Number	Bond
N	N		22-143227		OR

CHARGE

Charge Description	Counts	Domestic Violence	Statute Violation Number	Violation of ORD #
		☐Y ☐N		

Drug Activity	Drug Type	Amount / Unit	Offense #	Warrant / Capias Number	Bond

CHARGE

Charge Description	Counts	Domestic Violence	Statute Violation Number	Violation of ORD #
		☐Y ☐N		

Drug Activity	Drug Type	Amount / Unit	Offense #	Warrant / Capias Number	Bond

CHARGE

Charge Description	Counts	Domestic Violence	Statute Violation Number	Violation of ORD #
		☐Y ☐N		

Drug Activity	Drug Type	Amount / Unit	Offense #	Warrant / Capias Number	Bond

NOTICE TO APPEAR

Location (Court, Room Number, Address): Criminal Justice Complex, 3228 Gun Club Road, West Palm Beach, FL 33406 - Ph: (561) 688-4600

Court Date and Time: Month January Day 12 Year 2023 Time 8:30 A.M. X P.M.

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

[redacted] 12/24/2022

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

ADMIN

HOLD for other agency

☐ Dangerous ☐ Suicidal ☐ Resisted Arrest ☐ Other:

Signature of Arresting Officer: X

Name of Arresting Officer (Print): Inv. C. Ward 16305 I.D. #: 16305

Name Verification (Printed by Arrestee) (PRINT)

Intake Deputy: J. Dunn I.D. #: 36162 Pouch #:

Transporting Officer: Inv. C. Ward I.D. #: 16305 Agency: PBSO

Witness here if subject signed with an "X"

PAGE 1 OF 1

PBSO #0148 REV. 04/22 DISTRIBUTION: WHITE- COURT COPY GREEN - STATE ATTORNEY YELLOW - AGENCY PINK - AGENCY GOLD - DEFENDANT (N.T.A.'s ONLY)

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05396947

3029

PROBABLE CAUSE AFFIDAVIT

OBTS Number:

1 Arrest 2 NTA 3 Request for Warrant 4 Request for Capias

Juvenile: N

ADMIN

Agency ORI Number: FLO,5,0,0,0,0,0

Agency Name: PALM BEACH COUNTY SHERIFF'S OFFICE

Agency Report Number: -

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
Maida	Vincent	W	M	06/29/1940

CHARGES

Charge Description:

Charge Description:

Charge Description:

Charge Description:

VICTIM

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

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 I have just and reasonable grounds to believe, and do believe that the above named Defendant committed the listed violation(s) 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 25th day of December 20 22 at 0003 ☒ A.M ☐ P.M (Specifically include facts constituting cause for arrest.)

☐ Marsy's Law (VI) FL Const. Art.1 § 16(b)

On October 24th, 2022 at approximately 2233 hours, I was dispatched to 16745 Lyons Road Located in the Seven Bridges community in unincorporated Delray Beach in reference to a Traffic Crash.

Upon my arrival to the crash, I observed a white Porsche SUV (FL Tag: AMVM) in the center median west of the Seven Bridges Community Gate House. The white Porsche has significant front end damage due to colliding with a palm tree. I then walked to the front driver side door of the vehicle where I came in contact with Vincent Maida (DOB:06/29/1940) who I observed sitting in the front driver seat, in physical control of the vehicle.

NOT A CERTIFIED COPY

ADMINISTRATIVE

STATE OF FLORIDA
COUNTY OF PALM BEACH

(Signature of Arresting /Investigative Officer)

The foregoing instrument was sworn to or affirmed and subscribed before me this 25th day of December 20 22 by D/S C. Ettorre 29154

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

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

DISTRIBUTION: WHITE – Court Copy GREEN – State Attorney YELLOW – Agency PINK – Agency

OBTS Number

PROBABLE CAUSE AFFIDAVIT

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

ADMIN

Agency ORI Number	Agency Name	Agency Report Number
FLO 500000	PALM BEACH COUNTY SHERIFF'S OFFICE	06- 22143227

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
MAIDA VINCENT J		W	M	06/29/1940

CHARGES

D.U.I.	316.193(1)

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 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 commited the below acts, resulting from my (described) investigation.

On the 24TH day of December 2022 at 11:06 ☐ A. M. ☒ P.M. (Specifically include facts constituting cause for arrest.)

☐ Marsy's Law CVI
FL. Const. Art.1 § 16(b)

On December 24th, 2022, I was dispatched to Lyons Road and Beaujolais Ave in reference to a motor vehicle crash with injuries.

Upon my arrival, I observed a white Porsche, bearing FL tag AMVM, crashed into a tree in the median of Beaujolais Ave. The vehicle drove over the curbed median and struck a tree in the median approximately 7 feet from the curb. Deputy Ettorre #29154 advised me a white male, later identified as Vincent Maida, was in the driver's seat when he arrived. Maida stated he was not injured from the crash. I observed Maida had glossy, watery eyes, and his speech was slow and slurred. I observed Maida was unsteady on his feet as he walked away from the vehicle.

A DUI investigator was called to the scene.

NOT A CERTIFIED COPY

ADMINISTRATIVE

STATE OF FLORIDA
COUNTY OF PALM BEACH

_____ (ID #) 30205
(Signature of Arresting/Investigative Officer)

The foregoing instrument was sworn to or affirmed and subscribed before me this 24th day of December 20 22 by _____

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

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

PBSO #0064 REV. 04/22 DISTRIBUTION: WHITE - COURT COPY GREEN - STATE ATTORNEY YELLOW - AGENCY PINK - AGENCY

0122

D.U.I. PROBABLE CAUSE AFFIDAVIT

ON THE 24 DAY OF December 20 22, AT 2233 AM PM ✓

SUBJECT: Maida, Vincent, J CASE NUMBER: 22-143227

AGENCY: PALM BEACH COUNTY SHERIFF'S OFFICE ARRESTING OFFICER: Inv. C. Ward 16305

PERSONAL CONTACT

DRIVING PATTERN: Actual physical control (physical evidence or statements putting def. behind wheel of vehicle)

At approximately 2314 hrs, I was called to the scene of a traffic collision with property damage and injuries at the Seven Bridges developmnet, 16745 Lyons Rd in unincorporated Delary Beach, Palm Beach County, Florida.

I arrived at the scene at approximately 2352 hrs. My independent traffic collision investigation, based on physical evidence and witness statements, determined that, at approximately 2233 hrs, the defendant left the roadway striking a palm tree in the median. (See PBSO crash case #22-143220 for more detailed information about the crash).

D/S C. Ettorre # 29154 told me that he arrived on scene and observed a white Prosche SUV FL tag AMVM in the center median up against a palm tree. He observed the defendnat, Vincent Maida sitting in the driver seat of the vehicle in physical control of the vehicle. (See the signed sworn PC supplement for more detail).

D/S K. Dias # 30205 upon arrival he observed a white prosche bearing FL tag AMVM that had struck at tree in the median of Beaujolias Ave. The vehicle drove over the curbed median. Vincent Maida had articulable signs of impairment. (See sworn supplement PC supplement for more).

OBSERVATION OF DRIVER:

I made contact with the defendant, later identified by their Florida Driver's License as, Vincent Maida. I observed that the defendant had red, watery, bloodshot eyes. The defendant had slurred, speech, and the odor of an unknown alcoholic beverage, based on my training and life experiences, that came from their breath which intensified as they spoke to me. The defendant was unsteady on his feet and swayed while standing. I asked the defendant if they had any medical problems or had taken any medications and the defendant said no. I asked how much they had had to drink. The defendant said, 1 and a half glasses of Candian whiskey, crown royal.

I asked the defendant to perform voluntary field sobriety tasks. The defendant refused, so I gave the Taylor Warnings and explained the evidence that I had already observed. The defendant was advised that the refusal to complete the task could be used against him in court. I again asked the defendant to complete the voluntary roadside tasks and the defendant refused. The defendant was placed under arrest being handcuffed to the rear. The defendant resisted by pulling away while being handcuffed.

DRIVER'S STATEMENTS:

Pre Miranda/Spontenous Statments: I asked the defendant if they had any medical problems or had taken any medications and the defendant said no. I asked how much they had had to drink. The defendant said, 1 and a half glasses of Candian whiskey, crown royal. He stated that he was coming from a restaurant down in Boca.

ODORS:

I could smell the odor of an unknown alcoholic beverage, based on my training and life experinces, which came from the defendants breath and intensified as they spoke with me.

GENERAL OBSERVATIONS

SPEECH: **Slurred, Thick**

ATTITUDE: **Calm**

CLOTHING: **Button Down Shirt, Jacket, Slacks and Brown Shoes**

MEDICAL/OTHER: **The defendant stated that they had no medical issues. They stated that they had not taken any prescription drugs, any illegal drugs, or smoked any marijuana.**

NOT A CERTIFIED COPY

TATE OF FLORIDA
'OUNTY OF PALM BEACH

Inv. C. Ward 16305
ignature of Arresting/Investigative Officer)

he foregoing instrument was sworn to or affirmed and subscribed before me this 25 day of December 20 22 by Inv. C. Ward 16305

rint name of Arresting/Investigative Officer), who is personally known to me and/or produced identification. Type of identification produced Known LEO

Joshua Bell (#8656)
otary Public, Clerk of Court, Officer (F.S.S 117.10)

JOSHUA BELL
MY COMMISSION #GG346008
EXPIRES: JUN 18, 2023
Bonded through 1st State Insurance

SUBJECT: Maida, Vincent, J **CASE NUMBER** 22-143227

ROADSIDE TASKS

HORIZONTAL GAZE NYSTAGMUS:

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

)ther Observations:

Not Completed

WALK & TURN:
Not Completed

ONE LEG STAND:
Not Completed

FINGER TO NOSE:
Not Completed

ROMBERG ALPHABET:
Not Completed

NOT A CERTIFIED COPY

BREATH TEST RESULTS: .026 .025

TATE OF FLORIDA
'OUNTY OF PALM BEACH

Inv. C. Ward 16305
ignature of Arresting/Investigative Officer)

'e foregoing instrument was sworn to or affirmed and subscribed before me this 25 day of December 20 22 by Inv. C. Ward 16305

'rint name of Arresting/Investigative Officer), who is personally known to me and/or produced identification. Type of identification produced Known LEO

Joshua Bell (#8656)
otary Public, Clerk of Court, Officer (F.S.S 117.10)

JOSHUA BELL
MY COMMISSION #GG346008
EXPIRES: JUN 18, 2023
Bonded through 1st State Insurance

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

PBSO CASE # 22-143227 PBSO ZONE 4-32

AGENCY CASE # _____ CRASH CASE # 22-143220

TIME OF STOP/CRASH 2233 DATE 12/25/2022 DAY Sunday

SUBJECT'S NAME Maida, Vincent, J RACE W SEX M

HGT 5'11 WGT 190 DOB 6/29/1940

LOCATION _____

ARRESTING OFFICER'S NAME & ID Inv. C. Ward 16305 (16305) AGENCY Palm Beach County Sheriff's Office

DIVISION: CID-DUI

NOTIFIED BY COMMO Yes

ARRIVAL AT FACILITY 0045

ARREST TIME 2356

BREATH RESULTS:

.026
.025
URINE

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TESTING OFFICER'S ID 8656 PBSO VIDEOTAPE # N/A

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: 80-006239 Software: 8100.27
Date of Test: 12/25/2022

Date of Last Agency Inspection: 12/22/2022
Observation Period Began: 00:45
Subject's Name: VINCENT J MAIDA DOB: 06/29/1940 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	01:11
Air Blank	0.000	01:11
Control Test	0.080	01:11
Air Blank	0.000	01:12
Subject Sample #1	0.026	01:13
Air Blank	0.000	01:14
Air Blank	0.000	01:16
Subject Sample #2	0.025	01:16
Air Blank	0.000	01:17
Control Test	0.081	01:17
Air Blank	0.000	01:18
Diagnostics Check	OK	01:18

Cylinder Lot: 02021080A1
Exp: 03/05/2023

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 JOSHUA J BELL, 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: 12/25/22
Signature

Sworn to (or affirmed) before me this 25 day of December, 2022

_____ INV. C. Ward #16305
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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WITNESS LIST

CASE NUMBER: 22-143227

ARRESTING OFFICER: Inv. C. Ward 16305

ADDRESS: 3228 Gun Club Rd, West Palm Beach, FL 33406

PHONE NUMBERS (HOME): _____ (WORK) 561-688-3000

CAN TESTIFY TO: DUI Investigation

NAME: D/S K. Dias

ADDRESS: 3228 Gun Club Rd, West Palm Beah, FL 33406

PHONE NUMBERS (HOME) _____ (WORK) 561-688-3000

CAN TESTIFY TO: Traffic crash report

NAME: D/S C. Ettorre

ADDRESS 3228 Gun Club Rd, WEst Palm Beach, FL 33406

PHONE NUMBERS (HOME) _____ (WORK) 561-688-3000

CAN TESTIFY TO: Wheel Witness

NAME: _____

ADDRESS _____

PHONE NUMBERS (HOME) _____ (WORK) _____

CAN TESTIFY TO: _____

NAME: _____

ADDRESS _____

PHONE NUMBERS (HOME) _____ (WORK) _____

CAN TESTIFY TO: _____

NAME: _____

ADDRESS _____

PHONE NUMBERS (HOME) _____ (WORK) _____

CAN TESTIFY TO: _____

NAME: _____

ADDRESS _____

PHONE NUMBERS (HOME) _____ (WORK) _____

CAN TESTIFY TO: _____

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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: _____

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TESTING FACILITY TASK REPORT

AGENCY: PBSO

SUBJECT: MAIDA, VINCENT JOHN

CASE NUMBER: 22-143227

DATE: Dec 25, 2022

VIDEO DVD NUMBER: N/A

BEGINNING TIME: 0107

ENDING TIME: 0127

BREATH TESTS RESULTS: 1) .026 TIME 0113 A.M. ☒ P.M. ☐ 2) .025 TIME 0116 A.M. ☒ P.M. ☐

3) XX TIME XX A.M. ☐ P.M. ☐ 4) XX TIME XX A.M. ☐ P.M. ☐

BREATH OPERATOR: JOSHUA J BELL #8656

MAINTENANCE TECHNICAN: J. KARLECKE #6467

TESTING OFFICER'S OBSERVATIONS

SPEECH: SLOW

ATTITUDE: COOPERATIVE, INQUISITIVE

CLOTHING: BROWN JACKET, TAN PANTS, BROWN SHOES

MEDICAL CONDITIONS: NONE

MEDICATIONS: NONE

OTHER:

EYES: GLASSY

COMMENTS:

A/O ARRIVED AT DUI TESTING FACILITY AND BEGAN THE 20 MINUTE OBSERVATION AT 0045 HOURS

SUBJECT STATED HE WOULD NOT TAKE BREATH TEST

A/O READ I.C
SUBJECT STATED HE UNDERSTOOD I.C / SUBJECT STATED HE WOULD TAKE BREATH TEST

TECH READ BREATH TEST RESULTS
SUBJECT STATED HE UNDERSTOOD BREATH TEST RESULTS

A/O REQUESTED A URINE SAMPLE
SUBJECT STATED HE WOULD PROVIDE A URINE SAMPLE

A/O READ RIGHTS ON SCENE

A/O CONDUCTED Q AND A
SUBJECT ANSWERED Q AND A

SUBJECT PROVIDED A URINE SAMPLE AT 0133 HOURS

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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)_____

NOT A CERTIFIED COPY

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: _____

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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:	

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REVIEW COMPLETED BY

Booking Number: 2022033163	**Date:** 12/25/2022
	Specialist Name/ID: Chantel Daniels/30347