

0538599

23CT19588 SB

3523

OBTS Number		<b>ARREST / NOTICE TO APPEAR Juvenile Referral Report</b>				1. Arrest 3. Request for Warrant 2. N.T.A. 4. Request for Copies		1	N	Juvenile											
Agency ORI Number <b>FL 0500300</b>		Agency Name <b>BOYNTON BEACH POLICE DEPT.</b>			Agency Report Number <b>34-23-054162</b>																
Charge Type: Check as many as Apply.		<input type="checkbox"/> 1. Felony <input type="checkbox"/> 2. Traffic Felony		<input type="checkbox"/> 3. Misdemeanor <input checked="" type="checkbox"/> 4. Traffic Misdemeanor		<input type="checkbox"/> 5. Ordinance <input type="checkbox"/> 6. Other		If Weapon Seized Enter Type		Multiple Clearance Indicator											
Location of Arrest (Including Name of Business) <b>Miner Rd &amp; Lawrence Rd, Boynton Beach, FL, 33436</b>					Location of Offense (Business Name, Address) <b>Miner Rd &amp; Lawrence Rd, Boynton Beach, FL, 33436</b>																
Date of Arrest <b>10/27/2023</b>		Time of Arrest <b>18:05</b>		Booking Date		Booking Time		Jail Date		Jail Time											
Name (Last, First, Middle) <b>GLIDDEN IV, BENJAMIN JOHN</b>		Alias (Name, DOB, Soc. Sec. #, Etc)																			
W - White B - Black		I - American Indian O - Oriental / Asian		Race <b>W</b>	Sex <b>M</b>	Date of Birth <b>11/18/1971</b>		Height <b>5'6"</b>	Weight <b>170 lbs</b>	Eye Color <b>Blue</b>	Hair Color <b>Blonde</b>	Complexion <b>Fair</b>	Build <b>Medium</b>								
Scars, Marks, Tattoos, Unique Physical Features (Location, Type, Description)								Marital Status <b>Married</b>		Religion <b>Unk</b>		Indication of: Alcohol Intoxication <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> Unk <input type="checkbox"/> Drug Intoxication <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> Unk <input type="checkbox"/>									
Local Address (Street, Apt. Number) (City) (State) (Zip) <b>6255 TERRA ROSA CIR BOYNTON BEACH, FL 33472</b>						Phone <b>(310)502-7005</b>		Residence Type 1. City 3. Florida 2. County 4. Out of State			1										
Permanent Address (Street, Apt. Number) (City) (State) (Zip)						Phone		Address Source <b>DAVID</b>													
Business Address (Street, Apt. Number) (City) (State) (Zip)						Phone		Occupation <b>Unk.</b>													
DL Number, State <b>G435-070-69-293-0 / FL</b>				Soc. Sec. Number		INS Number		Place of Birth <b>West Palm Beach, FL USA</b>		Citizenship <b>USA</b>											
Co-Defendant Name (Last, First, Middle)				Race	Sex	Date of Birth		<input type="checkbox"/> 1. Arrested <input type="checkbox"/> 3. Felony <input type="checkbox"/> 5. Juvenile <input type="checkbox"/> 2. At Large <input type="checkbox"/> 4. Misdemeanor													
Co-Defendant Name (Last, First, Middle)				Race	Sex	Date of Birth		<input type="checkbox"/> 1. Arrested <input type="checkbox"/> 3. Felony <input type="checkbox"/> 5. Juvenile <input type="checkbox"/> 2. At Large <input type="checkbox"/> 4. Misdemeanor													
<input type="checkbox"/> Parent <input type="checkbox"/> Legal Custodian <input type="checkbox"/> Other		Name (Last) (First) (Middle)		Address (Street, Apt. Number) (City) (State) (Zip)		Residence Phone		Business Phone													
Notified by: (Name)		Date		Time		Juvenile Disposition 1. Handed/Processed within Dept. and Released 2. TOT HRS/DYS 3. Incarcerated															
Released To: (Name)		Relationship		Date		Time															
The above address was provided by <input type="checkbox"/> defendant and/or <input type="checkbox"/> defendant's parents. The child and/or parent was told to keep the Juvenile Court Clerk's Office (Phone 561-355-2526) informed of any change of address: <input type="checkbox"/> Yes, By: (Name) <input type="checkbox"/> No: (Reason)								School Attended		Grade											
Property Crime? <input type="checkbox"/> Yes <input type="checkbox"/> No		Description of Property				Value of Property															
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 Description <b>D.U.I</b>		Counts <b>1</b>		Domestic Violence <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Statute Violation Number <b>316.193.3(c).1</b>		Violation of ORD#													
Drug Activity		Drug Type		Amount/Unit		Offense # <b>23-054162</b>		Warrant/Capias Number		Bond											
Charge Description		Counts		Domestic Violence <input type="checkbox"/> Yes <input type="checkbox"/> No		Statute Violation Number		Violation of ORD#													
Drug Activity		Drug Type		Amount/Unit		Offense #		Warrant/Capias Number		Bond											
Charge Description		Counts		Domestic Violence <input type="checkbox"/> Yes <input type="checkbox"/> No		Statute Violation Number		Violation of ORD#													
Drug Activity		Drug Type		Amount/Unit		Offense #		Warrant/Capias Number		Bond											
Charge Description		Counts		Domestic Violence <input type="checkbox"/> Yes <input type="checkbox"/> No		Statute Violation Number		Violation of ORD#													
Drug Activity		Drug Type		Amount/Unit		Offense #		Warrant/Capias Number		Bond											
<input type="checkbox"/> Instruction No. 1 Mandatory Appearance in Court <input type="checkbox"/> Instruction No. 2 You need not appear in Court but must Comply with instruction on reverse side		Location (Court, Room Number, Address) <b>South County Courthouse, 200 West Atlantic Ave, Delray Beach, FL 33444</b>																			
		Court Date and Time Month <b>November</b> Day <b>27th</b> Year <b>2023</b> Time <b>08:30</b> <input checked="" type="checkbox"/> A.M. <input type="checkbox"/> 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.																					
Signature of Defendant (or Juvenile and Parent/Custodian)										Date Signed											
HOLD for other Agency Name:				Signature of Arresting Officer <b>Alexis</b>				Name Verification (Printed by Arrestee) (PRINT) <b>BU#</b>													
<input type="checkbox"/> Dangerous <input type="checkbox"/> Suicidal		<input type="checkbox"/> Resisted Arrest <input type="checkbox"/> Other:		Name of Arresting Officer (Print) <b>Alexis</b>		I.D. # <b>1105</b>		Agency <b>BSPD</b>		Witness here is subject Signed with an "X".		Page <b>1 OF 1</b>									
Intake Deputy		I.D. #		Pouch #		Transporting Officer <b>Alexis</b>		I.D. # <b>1105</b>		Agency <b>BSPD</b>											

FILED PBC GUN CLUB--  
23 OCT 28 AM 6:03

**D.U.I. PROBABLE CAUSE AFFIDAVIT**

ON THE 27th DAY OF October 2023 AT 17:02  A.M  P.M.

CASE #: 23-054162

DEFENDANT: GLIDDEN IV, BENJAMIN JOHN

**PERSONAL CONTACT/DRIVING PATTERN/OBSERVATION OF DRIVER:**

On the above date and time, BBPD dispatch several calls, one from Boynton Beach Fire Rescue, in regards to a vehicle cash that occurred in the area of Miner Rd & Lawrence Rd, City of Boynton Beach, Palm Beach County, FL, 33436. BBFD advised that the occupants from the involved vehicle were involved in a physical fight.

I later arrived on scene, and made contact with BBPD Ofc Hall and his trainee, BBPD officer Colon, and several BBFD paramedics. Paramedics were attending to a male who was laying on the ground, identified as Michael David Rubin. BBFD later informed that Rubin indicated a stroke alert and had to be transported to JFK Medical Center.

Another male, later identified as W/M Benjamin John Glidden IV was on scene, standing next to Gray Toyota 4Runner. The Toyota 4Runner bearing FL tag: IN08HB, was in the left turning lane of Miner Rd, resting against the rear bumper of a Gray Chevy Equinox, bearing FL Tag: Y95LYB. Records revealed that the Chevy was registered to Michael Rubin and the Toyota was registered to Benjamin Glidden IV. Ofc. Colon conducted the crash investigation, and advised that based on his investigation, The Chevy, driven by Michael was stopped for traffic on Miner, approaching the intersection of Lawrence Rd and the Toyota, driven by Benjamin was traveling west on Miner rd. in the same. The Toyota fail to stop for traffic and collided with the Chevy causing minor damages. Following the crash both drivers exited their vehicle and got into a physical altercation. There was no report of injuries, however Michael was taken to the hospital for a stroke alert. Investigation revealed that Benjamin Glidden IV was at fault for the crash.

While standing on scene, I noticed that Benjamin was unable to maintain his balance and kept using his vehicle for support. Ofc Hall informed that Benjamin appeared was slurring his words. Paramedics on scene advised that Benjamin declined medical services, however they detected an odor of unknown alcoholic beverages emitting from his breath. I approached Benjamin to ask about the crash and the altercation that occurred after, at which time I immediately detected the odor of alcoholic beverages emitting from his breath.

I was able to make contact with another caller named Sofia Metz, who agreed to meet and provided a sworn statement on BWC. Sofia stated she was traveling in the same direction as the involved vehicles, and her vehicle was directly in front of the Gray Chevy. Sofia stated although she did not witness the crash itself, she witnessed the altercation after. Sofia stated she saw Michael exited his vehicle, and walked over to Benjamin's vehicle, at which time she saw Benjamin exited the driver seat of his vehicle. A Show-up was conducted on scene with Sofia, who placed Benjamin behind the wheel oh his vehicle.

Ofc Colon finished the crash report and handed Benjamin a driver exchange form, at which time I informed Benjamin that I was conducting a DUI investigation based my suspicious that he was intoxicated while operating his vehicle. Post Miranda, Benjamin stated that he was coming the "Copper Point" Brewery located in the area of Miner and High ridge, ¼ of mile from the location of the crash. Benjamin stated he had 2 beers (A10 brand). And he was there between 2:30 to 3:30 PM. Benjamin stated he left brewery and was on his way home, at which time he got involved in a crash. Benjamin admitted to

being at fault for the crash. Benjamin was slurring his words when I asked for his home address and he could not remember the numerical address for his home.

I asked Benjamin if he would be willing to do the Standardized Field Sobriety Task (SFST) to dispel my suspicion that he was impaired, and he agreed. Prior to the SFST, Benjamin was offered to be medically checked by BBFD and refused. Benjamin stated he did not have any injuries or disabilities that would prevent him from performing the SFST's. Benjamin was walked to a leveled surface, asked to removed his glasses and hats. A red pen was used for the HGN and blue tape was utilized for the Walk and Turn.

**HORIZONTAL GAZE NYSTAGMUS:**

- |   |  |
|---|--|
| <input checked="" type="checkbox"/> Left eye does not follow smoothly                 | <input checked="" type="checkbox"/> Right eye does not follow smoothly                 |
| <input checked="" type="checkbox"/> Left eye prior to 45 degrees                      | <input checked="" type="checkbox"/> Right eye prior to 45 degrees                      |
| <input checked="" type="checkbox"/> Distinct jerking in left eye at maximum deviation | <input checked="" type="checkbox"/> Distinct jerking in right eye at maximum deviation |
| <input type="checkbox"/> Vertical Nystagmus in left eye                               | <input type="checkbox"/> Vertical Nystagmus in right eye                               |

**WALK AND TURN:**

Instructions were provided and demonstrated to Benjamin and he stated he understood. Benjamin was unable to maintain his balance while listening to the instructions. The following clues were observed.

- Does not touched heel to toe on steps (1,3,4,6,7,8 on the first 9 steps) and again missed heel to tow on steps (1,2,3,4,5,6,7,8 on the returning 9 steps)
- Used arms for balance
- Improper turn.

Benjamin was not counting his steps.

**ONE LEG STAND:**

Instructions were provided and demonstrated to Benjamin and he stated he understood.

Benjamin raised his left foot. The following clues were observed

- used his arms for balance
- Sway while balancing
- Put his foot down

Benjamin stopped the exercise without being told to do so.

**FINGER TO NOSE:**

Instructions were provided and demonstrated to Benjamin and he stated he understood. Benjamin did not touch the tip of his nose on the first and 2 call.

**ROMBERG/ALPHABET:**

Based on my investigation, probable cause exist to arrest Benjamin John Glidden IV for DUI; he was handcuffed (D/L and checked for spacing ) and was transported to the Palm Beach County BAT in my vehicle (905).

I arrived at the BAT and started a 20 minutes observation at 18:38 hrs until 18:58 hrs. I then asked to submit a sample of his breath for the purpose of determining the alcohol content and he refused. Implied consent was

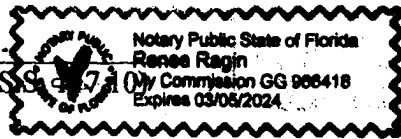
read to Benjamin, and he stated he understood. Benjamin was asked a second to provide a sample and he refused the second time. Refusal time was marked at 19:03 hrs. Benjamin declined the Q/As.

Benjamin was charged with DUI – with property damage pursuant to FSS 316.193(3)(C).1 . Benjamin was medically cleared and was booked at the Palm Beach County Jail. Investigation was conducted on BWC and DashCam

The following instrument was sworn to before me this 27 day of October 2023

By: Ofc Alexis 1105

  
Notary Public Officer (F.S.S. § 117)



 1105  
Signature of Arresting Officer

NOT A CERTIFIED COPY

CASE #: 23-054162

DEFENDANT: GLIDDEN IV, BENJAMIN JOHN

Arresting Officer: V. Alexis, 1105

Address: 2100 HIGH RIDGE ROAD, BOYNTON BEACH, FL 33426

Phone Numbers: Home: \_\_\_\_\_ Work: (561) 742-6100

Name: Ofc Colon

Address: Boynton Beach Police Dept.

Phone Numbers: Home: \_\_\_\_\_ Work: \_\_\_\_\_

Can testify to: \_\_\_\_\_

Name: Sofia Metz

Address: \_\_\_\_\_

Phone Numbers: Home: 561-459-6161 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: \_\_\_\_\_

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: \_\_\_\_\_



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

PBSO CASE # 23-123393 PBSO ZONE 6-32

AGENCY CASE # 23-054162 CRASH CASE # 23-054162

TIME OF STOP/CRASH 17:02 DATE 10/27/2023 DAY Friday

SUBJECT'S NAME GLIDDEN IV, BENJAMIN JOHN RACE W SEX M

HGT 5'6" WGT 170 DOB 08/13/1969

LOCATION Miner Rd and Lawrence Rd, Boynton Beach, FL, 33436

ARRESTING OFFICER'S NAME & ID V. Alexis, 1105 AGENCY BBPD

DIVISION: Traffic / DUI enforcement

NOTIFIED BY COMMO Y

ARRIVAL AT FACILITY 18:38

BREATH RESULTS:

Arrest Time 18:05

- 1. REFUSED
- 2. \_\_\_\_\_
- 3. \_\_\_\_\_
- 4. \_\_\_\_\_

TESTING OFFICER'S ID 16877


NOT A CERTIFIED COPY

**STATE OF FLORIDA**  
**AFFIDAVIT OF REFUSAL TO SUBMIT TO**  
**BREATH TEST**

I, Officer VLADIMIR ALEXIS, a duly certified Law Enforcement Officer or Correctional Officer,  
(Person reading Implied Consent Warning)  
am a member of Boynton Beach Police Department, and I do swear  
(Name of enforcement agency)  
or affirm that on or about the TWENTY-SEVENTH day of October, 2023, at 7:13 PM  
DRIVER BENJAMIN JOHN GLIDDEN  
(Type or Print) FIRST MIDDLE OR MAIDEN LAST  
DL # G435070692930, state of FL, was placed under lawful arrest for  
the offense of DUI by Officer VLADIMIR ALEXIS and  
(Name of Arresting Officer)  
issued Citation # AE15BBE.

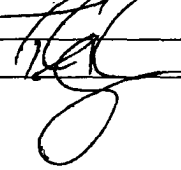
That on or about the TWENTY-SEVENTH day of October, 2023, at 7:03 PM  
in Palm Beach County,

I requested that the driver submit to a **BREATH** test for the purpose of determining its alcohol content. I informed the driver that the refusal to submit to such test 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, or if he or she had been previously fined under s. 327.35215, F.S., 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, or if he or she has been previously fined under s. 327.35215, F.S., for refusal to submit to a lawful test of his or her breath, urine, or blood. Nonetheless, the driver refused to submit to the test requested.

  
\_\_\_\_\_  
Signature of Law Enforcement Officer or Correctional Officer

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



The foregoing instrument was sworn and subscribed before  
me this 27 day of Oct, 2023  
by Ofc. V. Alexis  
who is personally known to me or who has produced  
\_\_\_\_\_  
as identification.  
Notary Public 

The foregoing instrument was sworn and subscribed before me:

\_\_\_\_\_  
Signature of Attesting Officer

\_\_\_\_\_  
Title

\_\_\_\_\_  
Date

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.

# TESTING FACILITY TASK REPORT

AGENCY:

SUBJECT:

DATE:

BEGINNING TIME:

ENDING TIME:

CASE NUMBER:

VIDEO DVD NUMBER:

BREATH TESTS RESULTS: 1)  TIME  A.M.  P.M.  2)  TIME  A.M.  P.M.

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

BREATH OPERATOR:

MAINTENANCE TECHNICIAN:

## TESTING OFFICER'S OBSERVATIONS

SPEECH:  **REFUSED**

ATTITUDE:

CLOTHING:

MEDICAL CONDITIONS:

MEDICATIONS:

**OTHER:**  
Eyes are glassy

## COMMENTS:

Arrived at center A/O started 20 minute observation period at 18:38 hrs.

Subject refused to perform breath test.

A/O read I/C and subject stated he understood I/C.

Subject refused to take test.

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

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

**REFUSED**

SUBJECT: \_\_\_\_\_

CASE NUMBER: 23-054162

# 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) \_\_\_\_\_

WHITE: STATE ATTY.

YELLOW: DHSMV

PINK: CENTRAL RECORDS

GOLD: JAIL

SUBJECT: \_\_\_\_\_

CASE NUMBER: 23-054162

# 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: \_\_\_\_\_



# Palm Beach County Sheriff's Office

## Florida State Statute Exemption Sheet

	X	Florida State Statute	Description	Page Number(s)
L/E Exemptions	<input type="checkbox"/>	119.071(4)(c)	Undercover personnel	
	<input type="checkbox"/>	119.071(2)(e)	Confession	
Public Info. Exemptions	<input type="checkbox"/>	FL Const. Art. I, s. 16(b)(5)	Marsy's Law – victim information shall be redacted. The term "victim" also includes the victim's lawful representative, the parent or guardian of a minor, or the next of kin of a homicide victim. The term "victim" does not include the accused (ref. page 99 of the CRTM for additional information)	
	<input type="checkbox"/>	119.071(2)(j)	Home/employment telephone number, home/employment address, or personal assets of a person who has been the victim of sexual battery, aggravated child abuse, aggravated stalking, harassment, aggravated battery or domestic violence	
	<input type="checkbox"/>	119.0712(2)	Personal information contained in a motor vehicle record	
	<input type="checkbox"/>	316.650(11)	Driver information contained in a uniform traffic citation	
	<input type="checkbox"/>	119.071(4)(d)2.a.	Home addresses, telephone numbers, dates of birth, and photographs of active/former LE personnel, spouses, and children	
Florida Rules of Judicial Administration 2.420	<input checked="" type="checkbox"/>	(iii) 119.0714(1)(i)-(j), (2)(a)-(e)	Social Security, bank account, charge, debit, and credit card numbers	2
	<input type="checkbox"/>	(xii) 741.30(3)(b)	The victim's address in a domestic violence action on petitioner's request	
	<input type="checkbox"/>	(xiii) 119.071(2)(h), 119.0714(1)(h)	Protected information regarding victims of child abuse or sexual offenses	
	<input type="checkbox"/>			
	<input type="checkbox"/>			
Other	<input type="checkbox"/>			
	<input type="checkbox"/>			
	<input type="checkbox"/>			
	<input type="checkbox"/>			

**REVIEW COMPLETED BY**

<b>Booking Number:</b> 2023028439	<b>Date:</b> 10/28/2023
	<b>Specialist Name/ID#:</b> C.Daniels 30347