

0537654

50-2023-CT-001228 ASB

2023

AD M I N I S T R A T I O N	OBTS Number		ARREST / NOTICE TO APPEAR				1. Arrest (No Warrant) 3. Request for Warrant 2. N.T.A. 4. Request for Capias 5. Juvenile Referral		1	JUVENILE	
	Agency ORI Number <b>0500200</b>		Agency Name <b>Boca Raton Police Department</b>			Agency Report Number (N.T.A.'s only) <b>3   2   2023-001032</b>					
C H A R G E	Charge Type: Check as many as apply		3. Misdemeanor 4. Traffic Misdemeanor		5. Ordinance 6. Other		If Weapon Seized Enter Type <b>UNARMED</b>		Multiple Clearance Indicator		
	Location of Arrest (Including Name of Business) <b>375 W YAMATO RD, 375 W YAMATO RD, BOCA RATON, FL</b>					Location of Offense (Business Name, Address) <b>375 W YAMATO RD, BOCA RATON, FL 33431</b>					
D E F E N D A N T	Date of Arrest <b>01/22/2023</b>	Time of Arrest <b>00:47</b>	Booking Date <b>01/22/2023</b>	Booking Time <b>00:57</b>	Jail Date <b>01/22/2023</b>	Jail Time <b>05:31</b>	Location of Vehicle <b>TOWED</b>				
	Name (Last, First, Middle) <b>SEVERN, BRANDON MARLIN</b>					Alias (Name, DOB, Soc. Sec. #, Etc.)					
S E N S I T I V E	Race W - White B - Black	I - American Indian O - Oriental/Asian	Sex <b>M</b>	Date of Birth <b>06/14/1988</b>	Height <b>6'02</b>	Weight <b>217</b>	Eye Color <b>BROWN</b>	Hair Color <b>BROWN</b>	Complexion <b>LIGHT</b>	Build <b>Medium</b>	
	Scars, Marks, Tattoos, Unique Physical Features (Location, Type, Description)						Marital Status <b>S</b>	Religion <b>CHRISTIAN</b>	Indication of: Alcohol Intoxication Drug Influence Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unk. <input type="checkbox"/>		
L O C A L A D D R E S S	Local Address (Street, Apt. Number) <b>9421 NW 3RD ST, PEMBROKE PINES, FL 33024</b>			(City)	(State)	(Zip)	Phone <b>(954) 593-2259</b>		Residence Type: 1. City 3. Florida 2. County 4. Out of State		
	Permanent Address (Street, Apt. Number) <b>9421 NW 3RD ST, PEMBROKE PINES, FL 33024</b>			(City)	(State)	(Zip)	Phone <b>(954) 593-2259</b>		Address Source <b>FL DL</b>		
B U S I N E S S	Business Address (Name, Street) <b>IMB,</b>			(City)	(State)	(Zip)	Phone		Occupation <b>Welder</b>		
	D/L Number, State <b>S165073882140 / FL</b>	Soc. Sec. Number		DNS Number		Place of Birth (City, State) <b>PEMBROKE PARK, FL US</b>		Citizenship			
C O D E F	Co-Defendant Name (Last, First, Middle)			Race	Sex	Date of Birth		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"/>			
	Co-Defendant Name (Last, First, Middle)			Race	Sex	Date of Birth		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"/>			
J U V E N I L E	Parent <input type="checkbox"/> Other: _____ Legal Custodian <input type="checkbox"/>			Name (Last, First, Middle)			Residence Phone				
	Address (Street, Apt. Number)			(City)	(State)	(Zip)	Business Phone				
R E L E A S E	Notified by: (Name)			Date	Time	JUVENILE DISPOSITION 1. Handled/Processed within Department and Released		2. TOT JAC 3. Incarcerated			
	Released To: (Name)			Relationship	Date	Time					
C O M M U N I T Y	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 355-2526) informed of any change of address.						School Attended		Grade		
	Property Crime? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			Description of Property			Value of Property				
C H A R G E	Drug Activity N. N/A P. Potions	S. Sell B. Buy T. Traffic	R. Snaggle D. Deliver E. Use	K. Dispenses/ 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>DRIVE UNDER INFLUENCE ALC</b>						Statute Violation Number <b>316.193(1A)</b>	Violation of ORD #			
C H A R G E	Drug Activity	Drug Type <b>N</b>	Amount / Unit	Offense # <b>23-1032</b>	Counts <b>1</b>	Domestic Violence <input type="checkbox"/> Y <input checked="" type="checkbox"/> N	Warrant / Capias Number		Bond		
	Charge Description						Statute Violation Number	Violation of ORD #			
C H A R G E	Drug Activity	Drug Type	Amount / Unit	Offense #	Counts	Domestic Violence <input type="checkbox"/> Y <input type="checkbox"/> N	Warrant / Capias Number		Bond		
	Charge Description						Statute Violation Number	Violation of ORD #			
I N T A K E	Health / Apparent Physical Condition of Defendant <b>GOOD</b>						Any knowledge of the following: <input type="checkbox"/> Mental <input type="checkbox"/> Escape Risk <input type="checkbox"/> Medication <input type="checkbox"/> Deformities <input type="checkbox"/> Injuries Explain:				
	Check which applies: <input type="checkbox"/> Released O.R. <input type="checkbox"/> Released to Parent/Guardian <input checked="" type="checkbox"/> T.O.T. County Jail			PROPERTY - Received By <b>ROSARIO</b>			Released By <b>ROSARIO</b>		Released To <b>PBCJ</b>		
N O T I C E	Transported By <b>ROSARIO</b>			Date Transported <b>01/22/2023</b>	Time Transported <b>00:00</b>	Other					
	<input checked="" 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 instructions on Page 2.			Location (Court, Room) <b>South County 200 W Atlantic Ave Delray Beach, FL 33444</b>			Court Date and Time <b>02/20/2023 08:30:00</b>				
T O A P P E A R	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.						No Photo Available				
	Signature of Defendant (or Juvenile and Parent/Custodian)						Date Signed				
A D M I N	HOLD for Other Agency			Signature of Arranging Officer <b>ROSARIO, J. G.</b>			Name Verification (Printed by Arrestee)				
	<input type="checkbox"/> Dangerous <input type="checkbox"/> Resisted Arrest <input type="checkbox"/> Suicidal <input type="checkbox"/> Other			Name of Arresting Officer (Print) <b>ROSARIO, J. G.</b>			I.D. # <b>862</b>		(PRINT)		
Issued by <b>Parville 1834</b>			I.D.#	Pouch #	Transporting Officer <b>ROSARIO</b>	I.D.# <b>862</b>	Agency <b>BOCA</b>	Witness here if subject signed with an "X"			

2023 JAN 23 12:42  
FILED

PROBABLE CAUSE AFFIDAVIT

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

1

JUVENILE

A D M I N I S T R A T I V E	Agency ORI Number <b>FL FL0500200</b>	Agency Name <b>BOCA RATON POLICE DEPARTMENT</b>	Agency Report Number <b>3   2   2023-001032</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		

D E F	Name (Last, First, Middle) <b>SEVERN, BRANDON MARLIN</b>	Alias	Race <b>W</b>	Sex <b>M</b>	Date of Birth <b>06/14/1988</b>
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C H A R G E S	Charge Description <b>316.193(1A) DRIVING UNDER THE INFLUENCE OF ALCOHOL</b>	Charge Description
	Charge Description	Charge Description

V I C T I M	Victim's Name (Last, First, Middle) <b>STATE OF FLORIDA,</b>	Race <b>B</b>	Sex <b>M</b>	Date of Birth
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L O C A L	Local Address (Street, Apt. Number) (City) (State) (Zip) <b>2 N OCEAN BLVD, BOCA RATON, FL 33432</b>	Phone <b>(561) 338-1234</b>	Address Source
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B U S I N E S S	Business Address (Name, Street) (City) (State) (Zip)	Phone <b>(561) -</b>	Occupation
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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.  was observed by \_\_\_\_\_ who told \_\_\_\_\_ that he/she saw the arrested person commit the below acts. admitting to the below facts.  
 was found to have committed the below acts, resulting from my (described) investigation.  
 On the 22 day of January, 2023 at 01:27 (Specifically include facts constituting cause for arrest.)

On 01-21-2023 at approximately 2240 hours in the parking lot of Manor Care (375 W Yamato Rd.) I observed a black Dodge Ram bearing FL tag 32APGJ in the parking lot driving erratic.

The vehicle was observed entering the parking lot from west side from Yamato Rd. The vehicle then proceeded around the building until arriving at the east side of the lot. It then proceeded toward the exit where Ofc. Owirka and I were standing. The vehicle was observed driving without the lights fully activated as the taillights were not illuminated. Upon site of BRPD standing in the parking lot, the vehicle stopped, and the driver reversed aggressively causing an audible screech from the tires, Improper Start when the vehicle is stopped. Based on the driving pattern of the vehicle and the suspicious nature of the truck I stopped the truck by getting the driver's attention.

The driver, identified by his FLDL as Brandon Severn, rolled down the passenger front window of the vehicle. Upon Severn rolling down the window, I observed a 24oz blue and yellow can that was labeled "Twisted Tea", which is an alcoholic beverage. Additionally, I smelt a strong odor of alcohol emanating from inside of the vehicle. Based on this, I instructed the driver to step out of the vehicle. The driver was advised he was being detained due to my suspicion of him driving under the influence. While speaking with Brandon, he exhibited signs of slurred speech, he was swaying back and forth, and his eyes appeared to be glassy.

I informed the driver that due to his aggressive demeanor I would be continuing my investigation into him operating his vehicle under the influence.

I asked Brandon if he wanted to preform SFSE's (Standard Field Sobriety Exercises) to help dispel my alarm that he was overly intoxicated to drive, he advised he would. Prior to conducted SFSE's, I asked Brandon if he had any injuries that would prohibit him

A D M I N I S T R A T I V E	SWORN AND SUBSCRIBED BEFORE ME	SIGNATURE OF ARRESTING / INVESTIGATING OFFICER
	<b>GRAHAM, KEITH T</b> #72 NOTARY PUBLIC / CLERK OF COURT OFFICER (F.S.S. 117.10) <u>01/22/2023</u> DATE	<b>ROSARIO, JONATHAN GLENN (862)</b> NAME OF OFFICER (PLEASE PRINT) <u>01/22/2023</u> DATE

PROBABLE CAUSE AFFIDAVIT  
SUPPLEMENT

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

1 JUVENILE

OBTS Number	Agency ORI Number <b>FL FL0500200</b>		Agency Name <b>BOCA RATON POLICE DEPARTMENT</b>	Agency Report Number <b>3   2   2023-001032</b>
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Charge Type: Check as many as apply.	<input type="checkbox"/> 1. Felony	<input type="checkbox"/> 3. Misdemeanor	<input type="checkbox"/> 5. Ordinance	Special Notes:
	<input type="checkbox"/> 2. Traffic Felony	<input checked="" type="checkbox"/> 4. Traffic Misdemeanor	<input type="checkbox"/> 6. Other	

Name (Last, First, Middle) <b>SEVERN, BRANDON MARLIN</b>	Alias	Race <b>W</b>	Sex <b>M</b>	Date of Birth <b>06/14/1988</b>
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from walking in a straight line, standing on one leg, or if he was a diabetic, he advised he was not.

The first exercise that I conducted was HGN (Horizontal Gaze Nystagmus). I instructed Brandon to stand facing me with his feet together and his hands down at his side. I observed Brandon swaying. His eyes showed signs of lack of smooth pursuit while tracking the stimulus. At maximum deviation I observed his eyes showing a jerking motion.

The second exercise that I asked Brandon to perform was the walk and turn. Prior to starting, I had Brandon stand on a yellow line, he agreed that this line he was standing on was a generally straight line. I had him place his left foot on the line with his right foot in front of it, and his arms down to his side. While attempting to demonstrate the exercise to Brandon, he became uncooperative, failed to watch me perform the demonstration, and only looked down at the yellow line. During the instruction period he failed to stay in the starting position and repeatedly stepped off the line. Brandon advised he understood the directions and when told to do so started the exercise. While conducting the exercise, he did not maintain heel to toe steps.


The third exercise that I asked Brandon to perform was the one leg stand. While trying to explain the directions to Brandon he advised he no longer wished to perform the exercises.

Based on my investigation I found Brandon Severn to be in violation of F.S.S. 316.193(1A), Driving Under the Influence, after he was observed to be driving erratic in the parking lot, an odor of alcohol was smelt on the male, and there were open containers in his vehicle.

Brandon was transported to the Boca Raton Police Department where he submitted to breath test conducted by Breath Tech Operator Ofc. Walker. The results yielded a breath sample of .292 and .295.

While conducting an inventory of Brandon's truck prior to it being towed, Ofc. Owirka discovered an open half empty Twisted Tea in the center cup holder, an empty 50ml bottle of Fireball Whiskey in the center console, two unopened Natural Ice beers on the passenger seat, an empty Smirnoff Ice and empty Natural Ice can on the floor by the rear seat, an empty Natural Ice beer can and empty Neon Burst alcoholic beverage under the rear seat. Photos were taken using his BRPD issued MVR.

Brandon was subsequently transported to Palm Beach County Jail.

ADMINISTRATIVE	SWORN AND SUBSCRIBED BEFORE ME	
	<b>GRAHAM, KEITH T</b> NOTARY PUBLIC / CLERK OF COURT / OFFICER (F.S.S. 117.10)	SIGNATURE OF ARRESTING / INVESTIGATING OFFICER 
	<b>01/22/2023</b> DATE	<b>ROSARIO, JONATHAN GLENN (862)</b> NAME OF OFFICER (PLEASE PRINT)
		<b>01/22/2023</b> DATE

2023 - 001032  
SEVERN, BRANDON  
X15 2305 hrs  
20 MIN. 2320 hrs

## DUI INFLUENCE REPORT



BOCA RATON POLICE SERVICES DEPARTMENT  
100 NW 2<sup>nd</sup> Avenue  
Boca Raton, FL 33432



BOCA RATON POLICE SERVICES DEPARTMENT  
DUI INFLUENCE REPORT - PART I

On the 21 day of January, at 1105 AM/PM: (C)

Subject: Brandon Severn Case Number: 2023001032

PERSONAL CONTACT

Driving Pattern: See PC

Observation of Driver: See PC

Driver's Statement: See PC

Odors: See PC

GENERAL OBSERVATIONS

Speech: See PC

Attitude: See PC

Clothing: See PC

Medical Problems: See PC

Medications: See PC

Other: See PC

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Horizontal Gaze Nystagmus:

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

Can not do, Why? \_\_\_\_\_

Walk and turn: \_\_\_\_\_

see PC

Can not do, Why? \_\_\_\_\_

One leg stand: \_\_\_\_\_

see PC

Can not do, Why? \_\_\_\_\_

Finger to nose: \_\_\_\_\_

see PC

Can not do, Why? \_\_\_\_\_

Alphabet (speech pattern): \_\_\_\_\_

see PC

Can not do, Why? \_\_\_\_\_

Breath/Blood test results: .292, .295

State of Florida, County of Palm Beach,  
Sworn and subscribed before me this Jan. 22. 23 (date) by Officer Walker.

[Signature] \_\_\_\_\_ Date 1/22/23

Notary/Clerk of Court/ Officer (FSS 117.10)

Date

Signature of Arresting Officer

Name of Officer (print)

ROSARIO

COPY

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ARRESTING OFFICER: J. Rosario

Name: K. Walker Phone # \_\_\_\_\_ Work # \_\_\_\_\_

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

Can testify to: breath sample

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 # 2023-001032

I. INTRODUCTION (Instrument Operator faces video camera)

A. The day is Saturday, \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_.  
(day) (month) (date) (year)

B. The time is now approximately 1151 AM/PM.

C. The following is in reference to case number 2023-001032.

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

E. Officer Rosario, have you arrested Brandon Severn in violation of Florida State Statute 316.193?  
(Defendant's name)

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

G.  Mr./Mrs./Ms. Severn, 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: \_\_\_\_\_

*Note: Also read for CDL holders:*

IN ADDITION, your refusal to submit will result in the loss of your commercial privileges for one year from today. If this is your SECOND REFUSAL, you will be permanently disqualified from operating a commercial motor vehicle.

*Note: After reading the implied consent warning, the arresting officer must request a breath sample again.*

**(IF REFUSAL THEN)**

At this time Mr./Mrs./Ms. \_\_\_\_\_ has refused to submit to a breath test.

The date is \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_, and the time is \_\_\_\_\_ AM/PM.  
(month) (day) (year)

A refusal form will be completed by the arresting officer.



BOCA RATON POLICE SERVICES DEPARTMENT  
JUVENILE CONSTITUTIONAL WARNINGS

**Rights of suspects prior to custodial questioning.  
Identify yourself and state:**

I am required to warn you before you make any statement that you have the following Constitutional rights:

- ) 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?

igned: \_\_\_\_\_ Date: \_\_\_\_\_ Time: \_\_\_\_\_



BOCA RATON POLICE SERVICES DEPARTMENT  
TESTING FACILITY TASK REPORT

SUBJECT: Brandon Severn

CASE #: 2023-001032 DATE: \_\_\_\_\_

BREATH TEST RESULTS

1) TIME 292 AM/PM 2) TIME \_\_\_\_\_ AM/PM

3) TIME 295 AM/PM 4) TIME \_\_\_\_\_ AM/PM

BREATH OPERATOR: K. Walker

MAINTENANCE TECHNICIAN: A. Crawford

TESTING OFFICER'S OBSERVATIONS

SPEECH: Slurred

ATTITUDE: Argumentative

CLOTHING: \_\_\_\_\_

MEDICAL CONDITION: \_\_\_\_\_

OTHER: \_\_\_\_\_

COMMENTS: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Identify yourself and state:**

I am required to warn you before you make any statement that you have the following Constitutional rights:

- (1) You have the right to remain silent and not answer any questions.
- (2) Any statement you make must be freely and voluntarily given.
- (3) You have a right to the presence and representation of a lawyer of your choice before you make any statement and during any questioning.
- (4) If you cannot afford a lawyer, you are entitled to the presence and representation of a court appointed lawyer before you make any statement and during any questioning.
- (5) If at any time during the interview you do not wish to answer any questions, you are privileged to remain silent.
- (6) I can make no threats or promises to induce you to make a statement. This must be of your own free will.
- (7) Any statement can be and will be used against you in a court of law.
- (8) Do you understand these rights as I have read them to you, and do you wish to speak to me?

Signed: Refused 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? \_\_\_\_\_

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

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 1200 (AM/PM).

The date is January, 22, 2023.  
(month) (day) (year)





**PALM BEACH COUNTY  
SHERIFF'S OFFICE**

**Florida State Statute Exemption Sheet**

**Palm Beach County Sheriff's Office – Arrests Only**

	X	Florida State Statute	Description	Page Number(s)
L/E Exemptions	<input type="checkbox"/>	119.071(2)(d)	Surveillance techniques, procedures and personnel; inventory of law enforcement resources, policies or plans pertaining to mobilization deployment or tactical operations.	
	<input type="checkbox"/>	943.053, 943.0525	NCIC/FCIC/FBI and in-state FDLE/DOC.	
	<input type="checkbox"/>	119.071(4)(c)	Undercover personnel.	
	<input type="checkbox"/>	119.071(2)(f)	Confidential informants (CIs).	
	<input type="checkbox"/>	119.071(2)(e)	Confession.	
Public Info. Exemptions	<input type="checkbox"/>	985.04(1)	Juvenile offender records.	
	<input type="checkbox"/>	119.071(h)(i)	Assets of a crime victim.	
	<input type="checkbox"/>	395.3025(7)(a), 456.057(7)(a)	Medical information.	
	<input type="checkbox"/>	394.4615(7)	Mental health information.	
	<input type="checkbox"/>	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)	<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"/>	(viii) 394.4615(7)	Clinical records under the Baker Act.	
	<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"/>			
	<input type="checkbox"/>			
	<input type="checkbox"/>			
	<input type="checkbox"/>			
Other	<input type="checkbox"/>		Other:	
	<input type="checkbox"/>		Other:	

**REVIEW COMPLETED BY**

Booking Number: 2023002098	Date: 1/22/2023
	Specialist Name/ID: Pinkneya/7796