

0254406
Marcy's Law CVI FL. Const. Art. 1 § 16(b)

ARREST / NOTICE TO APPEAR
Juvenile Referral Report

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

ADMINISTRATIVE

OBTS Number	Agency ORI Number FLO 5 0 2 6 0 0	Agency Name PALM BEACH GARDENS POLICE DEPARTMENT	Agency Report Number 78 - 23005780
Charge Type: Check as many as apply.	1. Felony <input type="checkbox"/> 2. Traffic Felony <input type="checkbox"/> 3. Misdemeanor <input type="checkbox"/> 4. Traffic Misdemeanor <input checked="" type="checkbox"/> 5. Ordinance <input type="checkbox"/> 6. Other <input type="checkbox"/>	Weapon Seized / Type 1. Yes <input type="checkbox"/> 2. No <input checked="" type="checkbox"/>	Multiple Clearance Indicator
Location of Arrest (Including Name of Business) ALT AIA/DONALD ROSS, PALM BEACH GARDENS, FL, 33410		Location of Offense (Business Name, Address) ALT AIA/DONALD ROSS, PALM BEACH GARDENS, FL, 33410	
Date of Arrest 11/11/2023	Time of Arrest 21:42	Booking Date	Booking Time
Jail Date	Jail Time	Location of Vehicle KAUFF'S TOWING AND RECOVERY 4701 EAST AVENUE, WPB, FL 33407	

DEFENDANT

Name (Last, First, Middle) MAC LEAN, BRIAN, JON		Alias (Name, DOB, Soc. Sec. #, Etc.)	
Race W - White 1 - American Indian B - Black 0 - Oriental/Asian	Sex M	Date of Birth 06/29/1975	Height 511
Weight 200	Eye Color GREEN	Hair Color GRAY	Complexion LIGHT
Build MEDIUM	Scars, Marks, Tattoos, Unique Physical Features (Location, Type, Description) NONE		Marital Status Single
Local Address (Street, Apt. Number) (City) (State) (Zip) 14355 ARDEL DR, WEST PALM BEACH FL, 33410		Phone (561) 707-8056	Residence Type: 1. City 2. County 3. Florida 4. Out of State 2
Permanent Address (Street, Apt. Number) (City) (State) (Zip) SAME AS LOCAL		Phone (561) 707-8056	Address Source FL DL
Business Address (Name, Street) (City) (State) (Zip)		Phone	Occupation
DL Number, State M245070752290 FL	Soc. Sec. Number	INS Number	Place of Birth (City, State) HOLLYWOOD, FL
Citizenship US		Co-Defendant Name (Last, First, Middle)	

CO-DEF

Race	Sex	Date of Birth	<input type="checkbox"/> 1. Arrested <input type="checkbox"/> 2. At Large <input type="checkbox"/> 3. Felony <input type="checkbox"/> 4. Misdemeanor <input type="checkbox"/> 5. Juvenile
Race	Sex	Date of Birth	<input type="checkbox"/> 1. Arrested <input type="checkbox"/> 2. At Large <input type="checkbox"/> 3. Felony <input type="checkbox"/> 4. Misdemeanor <input type="checkbox"/> 5. Juvenile

JUVENILE

<input type="checkbox"/> Parent <input type="checkbox"/> Legat Custodian <input type="checkbox"/> Other	Name (Last) (First) (Middle)	Residence Phone
Address (Street, Apt. Number) (City) (State) (Zip)		Business Phone
Notified by: (Name)	Date	Time
Released To: (Name)	Relationship	Date
Time	Juvenile Disposition 1. Handled/ processed within Dept. and Released. 2. TOT HRS / DYS 3. Incarcerated	
The above address 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 (Phone 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

CODES

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. Synthetics	U. Unknown Z. Other
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CHARGE

Charge Description DUI - NORMAL FACULTIES IMPAIRED	Counts 1	Domestic Violence <input type="checkbox"/> Y <input checked="" type="checkbox"/> N	Statute Violation Number 316.193(1)(A)	Violation of ORD #
Drug Activity Drug Type Amount / Unit N N	Offense # 23005780	Warrant / Capias Number	Bond	

CHARGE

Charge Description DUI - REFUSAL TO SUBMIT WITH A PRIOR REFUSAL	Counts 1	Domestic Violence <input type="checkbox"/> Y <input checked="" type="checkbox"/> N	Statute Violation Number 316.1939(1)	Violation of ORD #
Drug Activity Drug Type Amount / Unit N N	Offense # 23005780	Warrant / Capias Number	Bond	

CHARGE

Charge Description	Counts	Domestic Violence <input type="checkbox"/> Y <input checked="" type="checkbox"/> N	Statute Violation Number	Violation of ORD #
Drug Activity Drug Type Amount / Unit	Offense #	Warrant / Capias Number	Bond	

CHARGE

Charge Description	Counts	Domestic Violence <input type="checkbox"/> Y <input checked="" type="checkbox"/> N	Statute Violation Number	Violation of ORD #
Drug Activity Drug Type Amount / Unit	Offense #	Warrant / Capias Number	Bond	

NOTICE TO APPEAR

Location (Court Room Number, Address)
NORTH COUNTY COURTHOUSE, 3188 PGA BOULEVARD, PALM BEACH GARDENS, FL 33410 - PH: (561) 662-6700

Court Date and Time
Month **DECEMBER** Day **13** Year **2023** Time **1000** AM PM

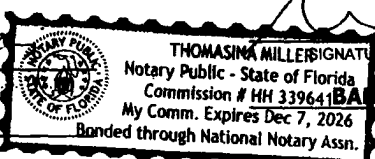
I AGREE TO APPEAR AT THE TIME AND PLACE DESIGNATED TO ANSWER THE OFFENSE CHARGED OR TO PAY THE FINE SUBSCRIBED. I UNDERSTAND THAT SHOULD I WILLFULLY FAIL TO APPEAR BEFORE THE COURT AS REQUIRED BY THIS NOTICE TO APPEAR, THAT I MAY BE HELD IN CONTEMPT OF COURT AND A WARRANT FOR MY ARREST SHALL BE ISSUED

11/11/2023
Signature of Defendant (or Juvenile and Parent /Custodian) _____ Date Signed _____

ADMIN

HOLD for other Agency Name:	Signature of Arresting Officer N. BADOLATI	Name Verification (Printed by Arrestee) (PRINT)
<input type="checkbox"/> Dangerous <input type="checkbox"/> Suicidal	<input type="checkbox"/> Resisted Arrest <input type="checkbox"/> Other:	I.D. # 552
Intake Deputy: _____ I.D. # _____ Pouch # _____	Transporting Officer N. BADOLATI	Agency PBCPD
Witness here if subject signed with an "X"		PAGE 1 OF 1

FILED PBC - GUN CLUB
NOV 12 AM 7:26

OBTS Number A D M I N D E F P R O B A B L E C A U S E S T A T E M E N T	PROBABLE CAUSE AFFIDAVIT SUPPLEMENT	1. Arrest 2. N.T.A. 3. Request for Warrant 4. Request for Capias	1 JUVENILE
Agency ORI Number FL FL0502600	Agency Name Palm Beach Gardens Police Department	Agency Report Number 7 8 23-005780	
Charge Type: Check as many as apply. <input type="checkbox"/> 1. Felony <input type="checkbox"/> 3. Misdemeanor <input type="checkbox"/> 5. Ordinance <input type="checkbox"/> 2. Traffic Felony <input checked="" type="checkbox"/> 4. Traffic Misdemeanor <input type="checkbox"/> 6. Other		Special Notes:	
Name (Last, First, Middle) MAC LEAN, BRIAN JON		Alias	Race W
		Sex M	Date of Birth 06/29/1975
<p>informed Mac Lean to not turn the vehicle back on and requested him to exit his vehicle to speak to me. Mac Lean exited his vehicle while outside of his vehicle, he lost his balance and almost fell over. I advised Mac Lean to lean up against the side of his vehicle and asked him how much he had to drink tonight. Mac Lean stated that he didn't have too much to drink and was unable to clarify as to an amount consumed. Mac Lean stated that he was at one or two bars this evening but unable to state which one.</p> <p>Mac Lean stated that he would not participate in Standardized Field Sobriety Exercises. While beginning to inform Mac Lean of his Taylor Warnings, he started to talk about his employment and boats. Mac Lean began to question myself about my knowledge of boats and I informed him that I need to explain his Taylor Warnings to him. Mac Lean then became frustrated and verbally uncooperative with officers on scene. Due to Mac Lean being uncooperative and not listening to lawful orders, he was placed in handcuffs and detained for further investigation and officer safety issues. Mac Lean then calmed down and stated he would be cooperative. I then informed Mac Lean of his Taylor Warnings, to which he stated he understood and would participate in the exercises. Mac Lean stated that he had no medical conditions that would affect him performing the exercises and was taken out of handcuffs.</p> <p>The first exercise conducted was the Horizontal Gaze Nystagmus. The stimulus used was a Zebra F301 pen. I observed equal tracking and a lack of smooth pursuit in both eyes. Mac Lean had involuntary jerking in both eyes at maximum deviation and the onset of Nystagmus in both eyes prior to 45 degrees. During maximum deviation, Mac Lean had to be reminded more than once to keep his head still and to follow the tip of the pen with only his eyes. During onset of Nystagmus prior to 45 degrees, Mac Lean failed to follow the tip of the pen with his eyes and had a straight stare. While performing the exercises, I observed Mac Lean to have an orbital sway that was more than two inches in any direction.</p> <p>The second exercise conducted was the Walk and Turn. The line used for the walk and turn was a yellow strip of tape. While informing Mac Lean of the starting position, he stated "no" and began to walk away. I asked Mac Lean if he was refusing to do the exercise, to which he stated no and he would continue. I informed Mac Lean of the starting position, and he placed his left foot perpendicular on the line. I informed Mac Lean that his foot needs to be placed on the line in the direction of the line was placed on the ground. Mac Lean then walked off the line and stated, "all bets are off" and refused to continue the exercise.</p> <p>Based on the totality of the circumstances as I know them up to this point, I placed him under arrest at 2142hrs. Mac Lean was placed in handcuffs that were double-locked and checked for fit and seated in the back of my department issued marked patrol vehicle. Mac Lean then began to kick the inside of my vehicle and while I opened the door to inform him to stop, Mac Lean became agitated and made a racial slur. Mac Lean's vehicle</p>			
SWORN AND SUBSCRIBED BEFORE ME <div style="display: flex; justify-content: space-between; align-items: flex-start;"> <div style="width: 30%;"> <p><i>Thomasina Miller</i> NOTARY PUBLIC / CLERK OF COURT / OFFICER (F.S.) 11/11/2023 DATE</p> </div> <div style="width: 35%; text-align: center;">  <p>THOMASINA MILLER SIGNATURE OF ARRESTING / INVESTIGATING OFFICER Notary Public - State of Florida Commission # MH 33964 My Comm. Expires Dec 7, 2026 Bonded through National Notary Assn.</p> </div> <div style="width: 30%;"> <p>BANOLATI, NICHOLAS (552) NAME OF OFFICER (PLEASE PRINT) 11/11/2023 DATE</p> </div> </div>			
PAGE 2 OF 3			

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Agency ORI Number FL FL0502600	Agency Name Palm Beach Gardens Police Department	Agency Report Number 7 8 23-005780									
Charge Type: Check as many as apply. <table style="width:100%; border: none;"> <tr> <td><input type="checkbox"/> 1. Felony</td> <td><input type="checkbox"/> 3. Misdemeanor</td> <td><input type="checkbox"/> 5. Ordinance</td> </tr> <tr> <td><input type="checkbox"/> 2. Traffic Felony</td> <td><input checked="" type="checkbox"/> 4. Traffic Misdemeanor</td> <td><input type="checkbox"/> 6. Other</td> </tr> </table>					<input type="checkbox"/> 1. Felony	<input type="checkbox"/> 3. Misdemeanor	<input type="checkbox"/> 5. Ordinance	<input type="checkbox"/> 2. Traffic Felony	<input checked="" type="checkbox"/> 4. Traffic Misdemeanor	<input type="checkbox"/> 6. Other	Special Notes: _____
<input type="checkbox"/> 1. Felony	<input type="checkbox"/> 3. Misdemeanor	<input type="checkbox"/> 5. Ordinance									
<input type="checkbox"/> 2. Traffic Felony	<input checked="" type="checkbox"/> 4. Traffic Misdemeanor	<input type="checkbox"/> 6. Other									
Name (Last, First, Middle) Alias MAC LEAN, BRIAN JON					Race W	Sex M	Date of Birth 06/29/1975				
<p>was turned over to Kauffs Towing.</p> <p>I then transported Mac Lean to PBSO BAT, to conduct the breath test. At PBSO BAT, I asked Mac Lean if he was willing to submit a lawful test of his breath to determine its alcohol content, which he stated he would. While PBSO BAT technician Miller #41017 was explaining the instructions to Mac Lean, Mac Lean stated that he no longer wants to provide a breath sample. While reading Mac Lean the Florida Implied Consent, he repeatedly stated, "Dick, you're a dick". Mac Lean stated that he did not understand the Florida Implied Consent and while asking him what he did not understand, he again called me a "Dick". At 2259hrs, Mac Lean stated that he would not submit to a lawful test of his breath. It should be noted that throughout the evening, I experience Mac Lean to have extreme mood swings from calm to agitated.</p> <p>Based my investigation, I established probable cause showing Brain J Mac Lean was in actual physical control a motor vehicle, in the state of Florida, while under the influence of alcohol, to the extent his normal faculties were impaired, in violation of F.S.S 316.193 (1) (A). Mac Lean had a prior refusal to submit to a breath test, which was verified via David. Mac Lean refused again to submit to a breath test, in violation of F.S.S. 316.1939(1).</p>											
NOT A CERTIFIED COPY											
SWORN AND SUBSCRIBED BEFORE ME NOTARY PUBLIC / CLERK OF COURT / OFFICER (F.S.S. 316.1939(1))			THOMASINA MILLER SIGNATURE OF ARRESTING / INVESTIGATING OFFICER _____ BADOLATI, NICHOLAS (552) NAME OF OFFICER (PLEASE PRINT)			11/11/2023 DATE	11/11/2023 DATE	PAGE 3 of 3			



**PALM BEACH GARDENS POLICE DEPARTMENT
DUI TESTING FACILITY INFORMATION SHEET**



PBSO Case #: 23-128101 PBSO Zone: 3-13

Agency Case #: 23005780 Crash Case #: _____

Incident Information:

Time of Stop/Crash: 21:21 Date of Incident: 11/11/2023 Day: SATURDAY

Location of Incident: ALT A1A/DONALD ROSS, PALM BEACH GARDENS, FL, 33410

Arrest Information:

Time of Arrest: 21:42 Date of Arrest: 11/11/2023 Day: SATURDAY

Location of Arrest: ALT A1A/DONALD ROSS, PALM BEACH GARDENS, FL, 33410

Subject's Name: (L) MAC LEAN, (F) BRIAN, (M) JON

DOB: 06/29/1975 Race: W Sex: M Height: 511 Weight: 200 Hair GRAY Eye GREEN

Address: 14355 ARDEL DR, WEST PALM BEACH FL, 33410 Phone: (561) 707-8056

Arresting Officer's Name: N.BADOLATI ID#: 552

Agency: PBGPD Division: PATROL Marcy's Law CVI FL. Const. Art. 1 § 16(b)

Breath Results

- 1) _____ at _____ hrs.
- 2) **REFUSED** at _____ hrs.
- 3) _____ at _____ hrs.
- 4) _____ at _____ hrs.

---BAT Use---

BAT Notified: YES
 Arrival Time at BAT: 22:30
 Subject Arrest Time: 21:42

Breath Test Operator: 41017
 PBSO

**PALM BEACH GARDENS POLICE DEPARTMENT
DUI PACKET RECOMMENDATION AND ATTACHED DOCUMENTS**

Case Number:
23005780

Sentencing Recommendation:

Additional Comments:

- Filing Packet Information Form
- Recommendation and Attached Documents Form
- Arrest/Notice to Appear
- Agency Probable Cause Affidavit
- DUI Probable Cause Affidavit
- DUI Witness List
- Testing Facility Information Sheet
- Testing Facility Task Report
- Photograph of DL / DAVID Printout
- Breath Alcohol Test Affidavit
- Refusal Form
- FDLE Blood Withdrawal Certification Form
- Implied Consent / Miranda Warnings Form
- Question and Answer Sheet
- Prisoner Property Receipt

Additional Items:

Attached Citations

DUI Citation(s):

- 1) AINNDZE
- 2) AINNEOE
- 3)
- 4)
- 5)
- 6)

UTC Citations:

- 1)
- 2)
- 3)
- 4)
- 5)
- 6)

Tracking Citations:

- 1)
- 2)
- 3)
- 4)
- 5)
- 6)

TESTING FACILITY TASK REPORT

AGENCY:

SUBJECT: CASE NUMBER:

DATE: VIDEO DVD NUMBER:

BEGINNING TIME: ENDING TIME:

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:

ATTITUDE:

CLOTHING:

MEDICAL CONDITIONS:

MEDICATIONS:

OTHER:

EYES: RED

COMMENTS:

ARRIVED AT CENTER A/O BEGAN THE 20 MINUTE OBSERVATION PERIOD AT 22:30 HRS.

SUBJECT: AGREED TO TAKE TEST THAN REFUSED TO TAKE TEST.

A/O: READ I/C.
SUBJECT: DID NOT ACKNOWLEDGE HE UNDERSTOOD I/C AND REFUSED TO TAKE TEST.

A/O: READ RIGHTS.
SUBJECT: DID NOT ACKNOWLEDGE HE UNDERSTOOD RIGHTS.

NO Q & A CONDUCTED.

DUI WITNESS LIST

23005780

Arresting Officer: N.BADOLATI 552 Email: AFLINK@pbgfl.com
Agency Address: 10500 N Military Trail, Palm Beach Gardens, FL 33410 Phone: (561) 799-4445
Can Testify To: Facts of Case

Backup Officers: Y.BORGELA #534 J.HENNESSY #409
Agency Address: 10500 N Military Trail, Palm Beach Gardens, FL 33410 Phone: (561) 799-4445
Can Testify To: Backup Officers

Crash Investigator: _____ Email: _____
Agency Address: _____ Phone: _____

Breathalyzer Technician: MILLER ID: 41017 Agency: PBSO

DRE: _____ ID# _____ Agency Case #: _____
Agency Address: _____ Phone: _____ Email: _____

Name: _____ **Involvement:** _____
Address: _____ **Phone:** _____
Can Testify To: _____ Wheel Witness

Name: _____ **Involvement:** _____
Address: _____ **Phone:** _____
Can Testify To: _____ Wheel Witness

Name: _____ **Involvement:** _____
Address: _____ **Phone:** _____
Can Testify To: _____ Wheel Witness

Name: _____ **Involvement:** _____
Address: _____ **Phone:** _____
Can Testify To: _____ Wheel Witness

Name: _____ **Involvement:** _____
Address: _____ **Phone:** _____
Can Testify To: _____ Wheel Witness

Name: _____ **Involvement:** _____
Address: _____ **Phone:** _____
Can Testify To: _____ Wheel Witness

STATE OF FLORIDA
AFFIDAVIT OF REFUSAL TO SUBMIT TO
BREATH TEST

I, N.BADOLATI, a duly certified Law Enforcement or Correctional Officer, am a
(Name of Officer reading Implied Consent Warning)

member of PALM BEACH GARDENS POLICE DEPARTMENT, and I do swear
(Name of Law Enforcement Agency)

or affirm that on or about the 11 day of NOVEMBER, 2023, at 21:42 P.M. A.M.

DRIVER BRIAN JON MAC LEAN
FIRST NAME MIDDLE OR MAIDEN NAME LAST NAME

DL # M245070752290, state of FL, was placed under lawful arrest for

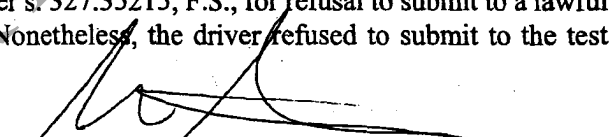
the offense of DUI - NORMAL FACULTIES IMPAIRED by N.BADOLATI and
(Name of Arresting Officer)

issued citation # AINNDZE

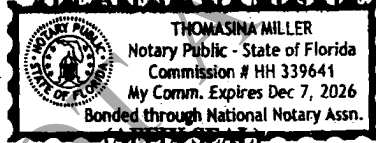
That on or about the 11 day of NOVEMBER, 2023, at 2259 P.M. A.M.

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:

Signature of Attesting Officer

The foregoing instrument was sworn and subscribed before me
this 11 day of NOVEMBER, 2023,
by N.BADOLATI, who is
personally known to me or who has produced
as identification.

Notary Public Thomasina Miller

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.

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: 80-006238 Software: 8100.27
Date of Test: 11/11/2023

Date of Last Agency Inspection: 10/20/2023

Observation Period Began: 22:30

Subject's Name: BRIAN J MAC LEAN

DOB: 06/29/1975 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	22:57
	Air Blank	0.000	22:57
	Control Test	0.080	22:58
	Air Blank	0.000	22:58
	Subject Sample #1	REF*	22:59
	Air Blank	0.000	23:00
	Control Test	0.081	23:00
	Air Blank	0.000	23:00
	Diagnostics Check	OK	23:00

*Subject Test Refused

Cylinder Lot: 29122080A1
Exp: 12/05/2024

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 THOMASINA B MILLER, 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: Thomasina B Miller

Signature

Date: 11/11/23

Sworn to (or affirmed) before me this 11 day of November, 2023

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.

SUBJECT: _____ CASE NUMBER: 23005780

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: _____

SUBJECT: _____ CASE NUMBER: 23005760

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



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

Booking Number: 2023029907	Date: 11/12/2023
	Specialist Name/ID#: Rebeca Castro/40259