

ARREST / NOTICE TO APPEAR
Juvenile Referral Report

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

1

Juvenile N

0316683 25 CT19205

1591

ADMINISTRATIVE	OBTS Number		Agency ORI Number FLO 5 0 2 6 0 0		Agency Name PALM BEACH GARDENS POLICE DEPARTMENT		Agency Report Number 78 - 78-25-006335	
	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"/>	
	Location of Arrest (Including Name of Business) KYOTO GARDENS DR, PALM BEACH GARDENS, FL, 33410		Location of Offense (Business Name, Address) RCA BLVD/ SR 811, PALM BEACH GARDENS, FL, 33410		Date of Arrest 12/17/2025		Time of Arrest 01:40	
DEFENDANT	Name (Last, First, Middle) KING, BRYAN, LESLIE		Alias (Name, DOB, Soc. Sec. #, Etc.)		Race W - White 1 - American Indian B - Black 0 - Oriental/Asian		Sex M	
	Date of Birth 11/07/1976		Height 5'10"		Weight 215		Eye Color BROWN	
	Hair Color BROWN		Complexion LIGHT		Build MEDIUM		Scars, Marks, Tattoos, Unique Physical Features (Location, Type, Description) NONE	
	Marital Status Married		Religion NONE		Indication of: Alcohol Influence Drug Influence		Residence Type: 1. City 2. County 3. Florida 4. Out of State	
	Local Address (Street, Apt. Number) 13170 CRISTAL D ARQUES DR, PALM BEACH GARDENS, FL 33410		Phone (561) 427-8976		Permanent Address (Street, Apt. Number)		Address Source DRIVER'S LICENSE	
CODEF	Business Address (Name, Street)		Phone		Occupation SALES		D/L Number, State K209235724000 FL	
	Soc. Sec. Number		INS Number		Place of Birth (City, State) GREENVILLE, MA		Citizenship US	
	Co-Defendant Name (Last, First, Middle)		Race		Sex		Date of Birth	
JUENILE	Parent Legal Custodian Other:		Name (Last) (First) (Middle)		Residence Phone		Address (Street, Apt. Number) (City) (State) (Zip)	
	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 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 355-2628) informed of any change of address.		School Attended		Grade		Property Crime? <input type="checkbox"/> Yes <input type="checkbox"/> No	
	Description of Property		Value of Property		Drug Activity		S. Sell 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		Charge Description DUI - BAC Above .15		Counts 1	
	Domestic Violence <input type="checkbox"/> Y <input type="checkbox"/> N		Statute Violation Number 316.193(4)		Violation of ORD #		Drug Activity Drug Type Amount / Unit	
	Offense #		Warrant / Capias Number		Bond 1000		Charge Description	
Counts		Domestic Violence <input type="checkbox"/> Y <input type="checkbox"/> N		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"/> Y <input type="checkbox"/> N		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"/> Y <input type="checkbox"/> N		
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"/> Y <input type="checkbox"/> N		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"/> Y <input 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 JANUARY Day 21 Year 2026 Time 10:00 AM <input checked="" type="checkbox"/> PM <input type="checkbox"/>		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 12/17/2025		HOLD for other Agency Name:		Signature of Arresting Officer X		
Name Verification (Printed by Arrestee) DEC 17 AM 4:55 2025		(PRINT)		Name of Arresting Officer (Print) OFC. TREVOR SMIGELSKI		I.D. # 596		
Dangerous <input type="checkbox"/> Releated Arrest <input type="checkbox"/> Suicidal <input type="checkbox"/> Other: <input type="checkbox"/>		Name of Arresting Officer (Print) OFC. TREVOR SMIGELSKI		I.D. # 596		Agency PBGPD		
Intake Deputy DISK. Roile 25011		I.D. #		Pouch #		Transporting Officer OFC. T. SMIGELSKI		
I.D. #		Agency PBGPD		Witness here if subject signed with an -X"		PAGE 1 OF 1		

b

PROBABLE CAUSE AFFIDAVIT

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

1

JUVENILE N

OBTS Number	Agency ORI Number FL F0502600		Agency Name Palm Beach Gardens Police Department	Agency Report Number 7 8 25-006335
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				Special Notes:

Name (Last, First, Middle) KING, BRYAN LESLIE	Alias	Race W	Sex M	Date of Birth 11/07/1976
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Charge Description 316.193(4) DUI - BAC ABOVE .15	Charge Description
Charge Description	Charge Description

Victim's Name (Last, First, Middle) SOCIETY,	Race	Sex	Date of Birth
Local Address (Street, Apt. Number) 10500 N MILITARY TRL, PALM BEACH GARDENS, FL 33410	(City)	(State)	(Zip)
Business Address (Name, Street) (561) 799-4445	(City)	(State)	(Zip)

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.
 confessed to _____ admitting to the below facts. was found to have committed the below acts, resulting from my (described) investigation.
 On the 17 day of December, 2025 at 03:42 (Specifically include facts constituting cause for arrest.)

On Wednesday, December 17, 2025, at 011hrs, I, Officer Smigelski (ID 596) was conducting routine patrol in the area of Burns Rd and SR 811, Palm Beach Gardens, FL 33410. Observed a blue Ford F-150 (tag number 49DXDT) traveling northbound on SR 811 in the right travel lane. I observed the truck fail to maintain its lane by swerving and crossing over the lane dividing line and then over correct and cross over the solid white traffic line on the shoulder. As I continued to observe the driving behavior, I began to pace the truck with my marked patrol vehicle at 60mph. I then observed the truck strike multiple traffic cones indicating a lane closure in the northbound right travel lane at the intersection of SR 811 and RCA Blvd. It was then I initiated the traffic stop, with the final stop being on Kyoto Gardens Dr just west of the intersection of Kyoto Gardens Dr and SR 811. My department body worn camera was utilized during this investigation.

I then made contact with the driver, Bryan King (DOB 11/7/1976), who was seated in the driver's seat and was the sole occupant of the vehicle. Upon making contact with King, I observed red watery eyes, an odor of alcohol and slurred speech. King stated that the reason he hit the cones, was that "they came out of nowhere" and was unaware that he was swerving in the northbound lane. King stated that he was driving home from the airport and that he had only one drink on the flight. It was then that I requested a supervisor so that I could conduct a DUI investigation as per department policy. I then requested that he complete a number of standard field side sobriety exercises, in order to dispel my concern, to which he complied.

The first exercise was testing for Horizontal Gauze Nystagmus and the stimulus used was a pen with an illuminated red tip. Upon completing the instructions, King stated that he understood the instructions. On the onset of the exercise, I observed King to have a lack of smooth pursuit. However, before completing the lack of smooth pursuit portion, King failed to follow the stimulus with both eyes and continued to look straight ahead.

SWORN AND SUBSCRIBED BEFORE ME	SIGNATURE OF ARRESTING / INVESTIGATING OFFICER
<i>Tia Stephens</i>	<i>[Signature]</i>
NOTARY PUBLIC / CLERK OF COURT OFFICER (F.S. 112.01)	TIA STEPHENS SMIGELSKI, TREVOR (596)
12/17/25	MY COMMISSION # HH 666077 NAME OF OFFICER (PLEASE PRINT)
DATE	EXPIRES: May 13, 2028
	12/17/2025
	DATE

PROBABLE CAUSE AFFIDAVIT
SUPPLEMENT

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

1 JUVENILE

OBT Number		Agency Name		Agency Report Number		
FL FL0502600		Palm Beach Gardens Police Department		7 8 25-006335		
Charge Type: Check as many as apply.		Special Notes:				
<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		
Name (Last, First, Middle)			Alias	Race	Sex	Date of Birth
KING, BRYAN LESLIE				W	M	11/07/1976

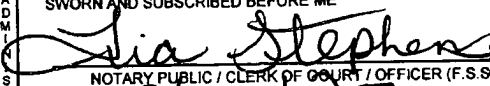
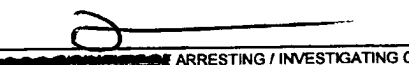
I then had to remind King multiple times to follow the stimulus to which he continued to fail to do so, it was at that time I concluded the exercise. It should be noted that King was observed to be swaying from left to right during the exercise.

The second exercise was the walk and turn, with a yellow tape line being the stimulus. During the instructional portion, King was observed to have difficulty maintaining the starting position. King also became argumentative during the instructions and had to be reminded multiple times that he must remain in the starting position during the instructions. Before I concluded the instructions, King began the exercise before being instructed to do so. After completing the instructions, King stated that he understood the instructions and began the exercise. During King's first nine steps, I observed King missed heel to toe on every step, as well as stepping off the line. King also failed to count his steps out loud as he was instructed to do so, as well as raising his arms to maintain his balance. During the turn, King conducted an improper turn by taking one large step to turn around in place instead of a series of small steps, as he was instructed to do so. During his return nine steps, King once again missed heel to toe on every step and stepped off the line on every step. King also failed to count his steps out loud as he was instructed to do so on his return steps.

The third exercise was the one leg stand. Upon completing the instruction portion, King stated that he understood the instructions given to him and he began the exercise. Upon beginning the exercise, King was observed swaying side to side and raised his arms in order to maintain his balance. During the exercise, at four seconds King placed his foot down for the first time. King then resumed the exercise and placed his foot down for a second time at six seconds. King resumed the exercise and placed his foot at eight seconds. It was then I concluded the exercise. It should be noted that King was also observed hopping from side to side during the exercise.

The fourth exercise was the finger to nose. Upon completing the instruction portion, King stated that he understood the instructions given to him and began the exercise. When instructed to bring his left finger to his nose, King failed to touch the pad of left finger to the tip of his nose. He was then instructed to bring his right finger to his nose, King failed to touch the pad of his right finger to the tip of his nose. King was then instructed to bring his left finger to his nose, to which he failed to touch the pad of his left finger to the tip of his nose. King was then instructed to bring his right finger to his nose, to which he failed to touch the pad of his right finger to the tip of his nose. He was again instructed to bring his right finger to his nose, to which he failed to touch the pad of his right finger to his nose. King then was instructed to bring his left finger to his nose, to which he failed to touch the tip of his nose with the pad of his left finger. It should be noted that during this exercise, King failed to keep his hand down by his side, as he was instructed to do so.

Based on my observations and the totality of the circumstances to this point, I placed

SWORN AND SUBSCRIBED BEFORE ME		ARRESTING / INVESTIGATING OFFICER	
 NOTARY PUBLIC / CLERK OF COURT / OFFICER (F.S.S.)		 SMIGELSKI, TREVOR (596)	
12/17/25 DATE		MY COMMISSION # FTH 66607 EXPIRES: May 13, 2028 12/17/2025 DATE	
		PAGE 2 OF 3	

PROBABLE CAUSE AFFIDAVIT
SUPPLEMENT

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

1 JUVENILE **2**


OBTS Number	Agency ORI Number FL FL0502600		Agency Name Palm Beach Gardens Police Department		Agency Report Number 7 8 25-006335	
Charge Type: Check as many as apply.				Special Notes:		
<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						

Name (Last, First, Middle) KING, BRYAN LESLIE	Alias	Race W	Sex M	Date of Birth 11/07/1976
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King under arrest at 0111hrs. At the PBSO BAT I conducted a 20-minute observation period of King noting no issues. I asked King to provide a breath sample for the purpose of determining its alcohol content, to which he consented. At 0233hrs he blew .181 and at 0236hrs he blew .178, both results were more than two times the legal limit. These results were obtained about an hour after the arrest and almost an hour and half after the initial traffic stop.

Based on the events of my investigation and the totality of the circumstances, I find probable cause to charge Bryan Leslie King with Driving under the Influence Breath .15 or above F.S.S. 316.193(4).

NOT A CERTIFIED COPY

SWORN AND SUBSCRIBED BEFORE ME		SIGNATURE OF ARRESTING / INVESTIGATING OFFICER	
<i>Tia Stephens</i>		<i>[Signature]</i>	
NOTARY PUBLIC / CLERK OF COURT / OFFICER (F.S.S. 117.10)		NAME OF OFFICER (PLEASE PRINT)	
12/17/25		SMIGELSKI, TREVOR (596)	
DATE		DATE	
			
		PAGE	
		3 of 3	

DUI WITNESS LIST

Arresting Officer: OFC. TREVOR SMIGELSKI 596 Email: @pbgfl.gov
Agency Address: 10500 N MILITARY TRL, PBG, FL 33410 Phone: (561) 799-4445
Can Testify To: FACTS OF CASE

Backup Officers: OFC. GARY EASON
Agency Address: 10500 N MILITARY TRL, PBG, FL 33410 Phone: (561) 799-4445
Can Testify To: FACTS OF THE CASE

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

Breathalyzer Technician: T. STEPHENS ID: 15177 Agency: PBSO

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

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

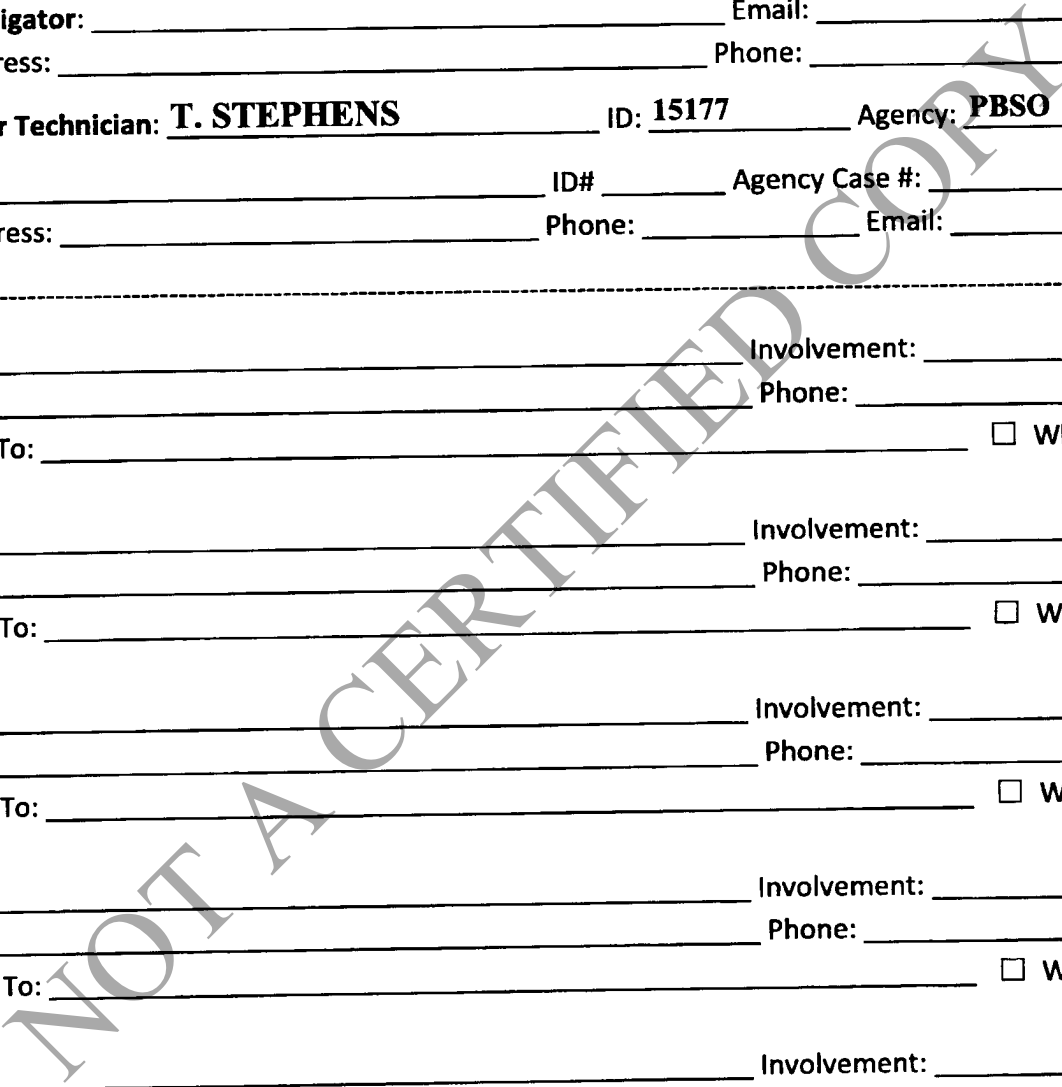
Name: _____ Involvement: _____
Address: _____ Phone: _____
Can Testify To: _____ Wheel Witness

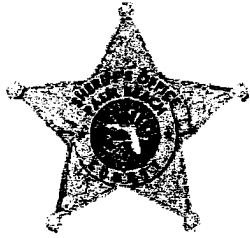
Name: _____ Involvement: _____
Address: _____ Phone: _____
Can Testify To: _____ Wheel Witness

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





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



PBSO Case #: 25-126525 PBSO Zone: 3-13
 Agency Case #: 78-25-006335 Crash Case #: _____

Incident Information:

Time of Stop/Crash: 0111 Date of Incident: 12/17/2025 Day: WEDNESDAY
 Location of Incident: RCA BLVD/ SR 811, PALM BEACH GARDENS, FL, 33410

Arrest Information:

Time of Arrest: 01:40 Date of Arrest: 12/17/2025 Day: WEDNESDAY
 Location of Arrest: KYOTO GARDENS DR, PALM BEACH GARDENS, FL, 33410

Subject's Name: (L) KING, (F) BRYAN, (M) LESLIE

DOB: 11/07/1976 Race: W Sex: M Height: 5'10" Weight: 215 Hair BROWN Eye BROWN

Address: 13170 CRISTAL D ARQUES DR, PALM BEACH GARDENS, FL 33410 Phone: _____

DL: K209235724000 ST: FL SSN: [REDACTED] Division: ROAD PATROL

Arresting Officer Name: OFC. TREVOR SMIGELSKI ID# 596 Agency: PBGPD

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

Testing Results

- 1) .181 at 02:33 hrs.
- 2) .178 at 02:34 hrs.
- 3) n/a at n/a hrs.
- 4) n/a at n/a hrs.

Urine Obtained at _____ hrs.
 Urine Refused at _____ hrs.

---BAT Use---

BAT Notified: YES

Arrival Time at BAT: 02:05

Subject Arrest Time: 01:40

Breath Test Operator: T. Stephens 1577
 PBSO

**FLORIDA DEPARTMENT OF LAW ENFORCEMENT
ALCOHOL TESTING PROGRAM
BREATH ALCOHOL TEST AFFIDAVIT**

Instrument Type: Intoxilyzer 8000
Instrument Registered To: PALM BEACH CSO
Instrument Serial Number: 80-006478 Software: 8100.27
Date of Test: 12/17/2025

Date of Last Agency Inspection: 12/12/2025
Observation Period Began: 02:05
Subject's Name: BRYAN L KING

DOB: 11/07/1976 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	02:31
	Air Blank	0.000	02:32
	Control Test	0.078	02:32
	Air Blank	0.000	02:33
	Subject Sample #1	0.181	02:33
	Air Blank	0.000	02:34
	Air Blank	0.000	02:36
	Subject Sample #2	0.178	02:36
	Air Blank	0.000	02:37
	Control Test	0.078	02:38
	Air Blank	0.000	02:38
	Diagnostics Check	OK	02:38

Cylinder Lot: 19825080A2
Exp: 09/05/2027

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 TIA L STEPHENS, 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: Tia Stephens Date: 12/17/25
Signature

Sworn to (or affirmed) before me this 17th day of December, 2025.
[Signature] Ofc T. Smigelski
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.

TESTING FACILITY TASK REPORT

AGENCY: PBGPD

SUBJECT: KING, BRYAN LESLIE

DATE: Dec 17, 2025

BEGINNING TIME: 02:29

ENDING TIME: 02:40

CASE NUMBER: 25-126525

VIDEO DVD NUMBER:

BREATH TESTS RESULTS: 1) .181 TIME 02:33 A.M. P.M. 2) .178 TIME 02:36 A.M. P.M.
3) N/A TIME N/A A.M. P.M. 4) N/A TIME N/A A.M. P.M.

BREATH OPERATOR: T. STEPHENS #15177

MAINTENANCE TECHNICIAN: J. KARLECKE #6467

TESTING OFFICER'S OBSERVATIONS

SPEECH: NORMAL

ATTITUDE: CALM

CLOTHING: BLUE JEANS, BLACK SHIRT, BLUE SOCKS

MEDICAL CONDITIONS: HIGH BLOOD PRESSURE, PTSD, ANXIETY

MEDICATIONS: YES

OTHER:

COMMENTS:

ARRIVED AT DUI TESTING FACILITY AND A/O BEGAN THE 20 MINUTE OBSERVATION PERIOD AT 02:05 HRS

SUBJECT: AGREED TO TAKE TEST

A/O: READ RIGHTS

SUBJECT: STATED HE UNDERSTOOD RIGHTS

A/O: REQUESTED SUBJECT TO SIGN DUI CITATIONS

SUBJECT: STATED HE WILL SIGN DUI CITATIONS

TECH: READ TEST RESULTS

SUBJECT: STATED HE UNDERSTOOD TEST RESULTS

A/O: ATTEMPTED Q&A

SUBJECT: REFUSED Q&A

PALM BEACH COUNTY

SHERIFF'S OFFICE

SHERIFF RIG L. BRADSHAW



DUI Breath Implied Consent

NOT APPLICABLE WITH VOLUNTARY CONSENT

DEFENDANT'S NAME: King, Bryan Leslie CASE NO: 25-006335
DATE OF ARREST: 12/17/25 TIME OF ARREST: 01:40

I am now requesting that you submit to a lawful test of your **BREATH** for the purpose of determining its alcohol content.

Will you take the test? YES NO

NOTE: READ ONLY IF THE ANSWER TO THE ABOVE IS "NO"

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. Additionally, if you refuse to take the test I have requested of you, you will be committing a misdemeanor of the SECOND DEGREE if this is your first refusal, in addition to any other penalties which can be imposed by law. 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, your driving privilege will be suspended for a period of eighteen (18) months. Additionally, you will be committing a misdemeanor of the FIRST DEGREE, 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 NO

Do you still refuse to submit to this test? YES NO

NOTE: IF THE SUBJECT POSSESSES A COMMERCIAL DRIVER LICENSE (CDL), READ THE FOLLOWING, REGARDLESS OF WHETHER THE SUBJECT IS OPERATING A COMMERCIAL MOTOR VEHICLE (CMV)

In addition, if you hold a Commercial Driver's License (CDL), or were driving a Commercial Motor Vehicle (CMV), your refusal to submit to testing will result in the loss of your commercial driving privileges for one year from today. If this is your second refusal, you will be permanently disqualified from operating a Commercial Motor Vehicle (CMV).

Do you understand what I have just read to you? YES NO

Do you still refuse to submit to this test? YES NO

Date read: _____ Time read: _____ Location read: _____

LAW ENFORCEMENT OFFICER NAME (printed): _____ ID: _____

LAW ENFORCEMENT OFFICER SIGNATURE: _____

SUBJECT: King, Bryan Leslie CASE NUMBER: 25-006335

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: T. Smigelski 576
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	2,7
	<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"/>			
Other	<input type="checkbox"/>			
	<input type="checkbox"/>			
	<input type="checkbox"/>			
	<input type="checkbox"/>			

REVIEW COMPLETED BY

Booking Number: 2025033924	Date: 12/18/2025
	Specialist Name/ID#: C.Daniels 30347