

054548
Marsy's Law CVI Fl. Const. Art. 1 § 18(b)

23CT21966AMB

Check if Supplement is Attached 340
1. Arrest 3. Request for Warrant
2. N.T.A. 4. Request for Capias 1 Juvenile N

ARREST / NOTICE TO APPEAR
Juvenile Referral Report

OBTS Number _____ Agency Name **PALM BEACH COUNTY SHERIFF'S OFFICE** Agency Report Number **06-23-135814**

Agency ORI Number **FL050000000**

Charge Type: Check as many as apply
 1. Felony 3. Misdemeanor 5. Ordinance
 2. Traffic Felony 4. Traffic Misdemeanor 6. Other _____

Location of Arrest (Including Name of Business) **1157 State Road 7 Wellington FL 33414**
 Location of Offense (Business Name, Address) **1157 State road 7, Wellington FL 33414**

Date of Arrest **12/07/2023** Time of Arrest **2053** Booking Date _____ Booking Time _____ Jail Date _____ Jail Time _____ Location of Vehicle **PB Auto Disposal**

Name (Last, First, Middle) **Scholl, Chad, Adam** SS: _____ Alias (Name, DOB, Soc. Sec. #, Etc.) _____

Race **W** Sex **M** Date of Birth **12/3/1984** Height **6'04** Weight **255** Eye Color **GREEN** Hair Color **BROWN** Complexion **LG** Build **Large**

Scars, Marks, Tattoos, Unique Physical Features (Location, Type, Description) _____ Marital Status **Single** Religion **CATHOLIC** Indication of Alcohol Influence Drug Influence Y N U

Local Address (Street, Apt. Number) (City) (State) (Zip) **13223 48th Ct N, Royal Palm Beach, FL 33411** Mobile Phone **(561) 201-5803** Residence Type: 1. City 2. County 3. Florida 4. Out of State **2**

Permanent Address (Street, Apt. Number) (City) (State) (Zip) Phone () Address Source **FL DL**

Business Address (Name, Street) (City) (State) (Zip) Phone () Occupation **PAINTER**

D/L Number, State **S400101844430, FL** Soc. Sec. Number _____ INS Number _____ Place of Birth (City, State) **PALM BEACH GARDEN/ FL** Citizenship **US**

Co-Defendant (Last, First, Middle) _____ Race _____ Sex _____ Date of Birth _____ 1. Arrested 3. Felony 2. At Large 4. Misdemeanor 5. Juvenile

Co-Defendant (Last, First, Middle) _____ Race _____ Sex _____ Date of Birth _____ 1. Arrested 3. Felony 2. At Large 4. Misdemeanor 5. Juvenile

Parent Legal Custodian Other Name (Last) (First) (Middle) _____ Residence Phone () _____

Address (Street, Apt. Number) (City) (State) (Zip) _____ Business Phone () _____

Notified by: (Name) _____ Date _____ Time _____ Juvenile Disposition 1. Handled/Processed within Dept. and Released. 2. TOT HRS/DYS 3. Incarcerated

Released To: (Name) _____ Relationship _____ Date _____ Time _____

The above address was provided by defendant and / or defendant's parents. The child and / or parent was told to keep the Juvenile Court Clerk's Office (Phone (561) 355-8311) informed of any change of address.
 Yes, by: (Name) _____ No (Reason) _____

School Attended _____ Grade _____

Property Crime? Yes No Description of Property _____ Value of Property _____

Drug Activity **N/A** S. Sell **N** R. Smuggle **N** K. Dispense/Distribute **N** M. Manufacture/Produce/Cultivate **N** Z. Other **N** Drug Type **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 **Driving Under the Influence** Counts **1** Domestic Violence Y N Statute Violation Number **316.193(1A)** Violation of ORD # _____

Drug Activity _____ Drug Type _____ Amount / Unit _____ Offense # **23-135814** Warrant / Capias Number _____ Bond _____

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

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

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

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

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

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

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

Court Date and Time **Month JANUARY Day 11 Year 2024 Time 08:30 A.M. [X] P.M. []**

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

Signature of Defendant (or Juvenile and Parent/Custodian) _____ Date Signed **12/07/2023**

I consent to receive text reminders of court date(s) and times for this case by automated technology to the mobile number identified above. I understand that standard text message rates may apply, and that I may revoke this consent via the text message system if I choose.

HOLD for other agency Signature of Arresting Officer **D.S.J. Ramirez 37537** Name Verification (Printed by Arrestee) **SCANNED**

Dangerous Resisted Arrest Other _____ Name of Arresting Officer (Print) **D.S.J. Ramirez 37537** I.D. # **37537** (PRINT) **DEC 08 2023** PAGE _____

Intake Dispatch **1834** I.D. # _____ Pouch # _____ Transporting Officer **D.S.J. Ramirez 37537** Agency **PBSO** Witness here if subject signed with an "X" _____ 1 OF 1

PROBABLE CAUSE AFFIDAVIT

1 Arrest
2 NTA

3 Request for Warrant
4 Request for Captives

1

Juvenile

N

OSTB Number	Agency Name PALM BEACH COUNTY SHERIFF'S OFFICE		Agency Report Number 23-135814
Agency ORI Number FL05000000			
Charge Type Check as many as apply <input type="checkbox"/> 1 Felony <input checked="" 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) Scholl, Chad, Adam	Alias SS: [REDACTED]	Race W	Sex M	Date of Birth 12/3/1984
Charge Description Driving Under the Influence	316.193(1A)	Charge Description		

Victim's Name (Last, First, Middle) STATE of FLORIDA, ,	Race W	Sex F	Date of Birth 06/05/70
Local Address (Street, Apt Number) _____ (City) _____ (State) _____ (Zip) _____	Phone () _____	Address Source	
Business Address (Name, Street) 3228 GUN CLUB ROAD WEST PALM BEACH FL 33406	Phone (561) 6883000	Occupation	

The undersigned certifies and swears that I have just and reasonable grounds to believe, and do believe that the above named Defendant committed the listed violation(s) of law.
 The Person taken into custody:
 committed the below acts in my presence. was observed by _____ who told that he/she saw the arrested person commit the below acts.
 confessed to _____ was found to have committed the below acts, resulting from my (described) investigation.
 On the 07 day of DECEMBER 2023 at 2010 A.M. P.M. (Specifically include facts constituting cause for arrest.)

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

On 12/07/23, I was called to the scene of a traffic collision with property damage near Medical Park Blvd Wellington, FL 33414, in unincorporated Palm Beach County, Florida.

Upon arrival, my independent traffic collision investigation, based on physical evidence and witness statements, determined that, at approximately 1954 hrs, the Defendant rear-ended V2 and caused V2 to rear-end V3, which they were properly stopped as there was a palm tran bus stop at the bus stop in front of them near the above location. (See PBSO crash case #23135792 for more detailed information about the crash). The driver of V2 identified the Defendant, Chad A. Scholl, to me as the driver / sole occupant of the Defendant's vehicle at the time of the collision. (See the signed sworn written witness statement).

I began to assist in the crash investigation by collecting the driver's licenses, registrations, insurance cards, phone numbers, and email addresses of all the drivers involved in the crash. I also asked each driver to describe what happened—during my encounter with the Defendant, later identified by their Florida Driver's License as Chad A. Scholl. I observed that Chad had red, watery, bloodshot eyes. Chad had slurred, lethargic speech and the odor of an unknown alcoholic beverage, based on my training and life experiences, that came from their breath which intensified as they spoke to me. I provided the information to the crash investigator, then explained to Chad that I was not the lead Deputy in the crash investigation and began to read the Miranda Warnings. After Chad acknowledged and understood his warnings, I explained to him that I was going to conduct a DUI investigation, at which time I asked him if he had any medical condition, and he said no. I asked him if he had anything to drink (Alcoholic beverages), and he said no. I asked if he took any prescribed medication or any illegal drugs, and he said no. I asked Chad to perform voluntary field sobriety tasks. Chad consented. I relocated Chad to the front of my mark patrol vehicle, where the tasks were performed.

STATE OF FLORIDA COUNTY OF PALM BEACH	D.S J. Ramirez 37537
(Signature of Arresting/Investigative Officer)	
The foregoing instrument was sworn to, confirmed and subscribed before me this <u>08</u> day of <u>Dec.</u> 20 <u>23</u> by <u>D.S. J. Ramirez</u>	
(Print name of Arresting/Investigative Officer, who is personally known to me and/or produced identification. Type of identification produced)	Known LEO
Renee Ragin (#16877) Notary Public, Clerk of Court, Officer (F.S.S.), 12/1/10	Notary Public State of Florida Renee Ragin My Commission 09-000418 Expires 08/20/2026
	PAGE 1 of 2

PROBABLE CAUSE AFFIDAVIT

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

1 Juvenile **N**

OSTB Number	Agency ORI Number FLO. 5. 0. 0. 0. 0. 0	Agency Name PALM BEACH COUNTY SHERIFF'S OFFICE	Agency Report Number 23-135814
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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"/>	Special Notes
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Name (Last, First, Middle) Scholl, Chad, Adam	Alias SS	Race W	Sex M	Date of Birth 12/3/1984
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Charge Description Driving Under the Influence	316.193(1A)	Charge Description
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Charge Description	Charge Description
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Victim's Name (Last, First, Middle) STATE OF FLORIDA,	Race W	Sex F	Date of Birth 06/05/70
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Local Address (Street, Apt Number) _____ (City) _____ (State) _____ (Zip)	Phone (____) _____	Address Source
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Business Address (Name, Street) 3228 GUN CLUB ROAD WEST PALM BEACH FL 33406	Phone (561) 6883000	Occupation
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The undersigned certifies and swears that I have just and reasonable grounds to believe, and do believe that the above named Defendant committed the listed violation(s) of law.
 The Person taken into custody:
 committed the below acts in my presence. 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 07 day of DECEMBER 20 23 at 2010 A.M. P.M. (Specifically include facts constituting cause for arrest.)

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

HGN

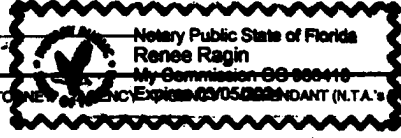
Horizontal Gaze Nystagmus (HGN) Chad was asked to stand with his feet together and place her hands by his side. He was asked to focus on the stimulus and follow it with his eyes. Lastly, He was told not to move his head to assist in following the stimulus with his eyes. Chad showed equal pupil size that tracked equally. Both eyes lacked a smooth pursuit. I saw distinct and sustained Nystagmus at maximum deviation. I also saw an onset of Nystagmus in both eyes prior to 45 degrees. Chad swayed while performing this task.

Based on the facts mentioned above, Wendy Barber has been charged with Driving Under the Influence FSS 316.193(1A)

STATE OF FLORIDA COUNTY OF PALM BEACH	D.S J. Ramirez 37537
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The foregoing instrument was sworn to and subscribed before me this 08 day of Dec 20 23 by D.S. J. Ramirez

(Print name of Arresting/Investigative Officer, who is personally known to me and/or produced identification. Type of identification produced) Renee Ragin (#16877)	Known LEO
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D.U.I. PROBABLE CAUSE AFFIDAVIT

ON THE 07 DAY OF DECEMBER 20 23, AT 2010 AM PM

SUBJECT: Scholl, Chad, Adam CASE NUMBER: 23-135814

AGENCY: PALM BEACH COUNTY SHERIFF'S OFFICE ARRESTING OFFICER: D.S J. Ramirez 37537

PERSONAL CONTACT

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

Involved in a vehicle crash.

OBSERVATION OF DRIVER:

I observed that Chad had red, watery, bloodshot eyes. Chad had slurred, lethargic, speech, and the odor of an unknown alcoholic beverage, based on my training and life experiences, that came from their breath which intensified as they spoke to me.

DRIVER'S STATEMENTS:

Pre Miranda/Spontaneous Statments:

Post Miranda/Enroute to Jail:

At Bat:

ODORS:

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

GENERAL OBSERVATIONS

SPEECH: Slurred, Rambling, Irrational, and Repetitive.

ATTITUDE: Argumentative, Belligerent, and Obnoxious

CLOTHING: Disheveled clothing

MEDICAL/OTHER: The defendant stated he had no medical issues. He stated that they had not taken any prescription drugs, any illegal drugs, or smoked any marijuana. None, vomiting, convulsion, diabetes, stroke

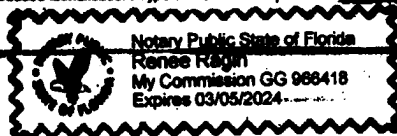
STATE OF FLORIDA
COUNTY OF PALM BEACH

D.S J. Ramirez 37537
(Signature of Arresting/Investigative Officer)

The foregoing instrument was sworn to or affirmed and subscribed before me this 08 day of Dec. 20 23 by D.S J. Ramirez 37537

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

Renee Ragin (#16877)
Notary Public, Clerk of Court, Officer (F.S.S 117.10)



SUBJECT: Scholl, Chad, Adam

CASE NUMBER 23-135814

ROADSIDE TASKS

HORIZONTAL GAZE NYSTAGMUS:

LT EYE-LACK OF SMOOTH PURSUIT

RT EYE-LACK OF SMOOTH PURSUIT

LT EYE-DISTINCT & SUSTAINED NYSTAGMUS AT MAX. DEVIATION

RT EYE-DISTINCT & SUSTAINED NYSTAGMUS AT MAX. DEVIATION

LT- EYE-ONSET OF NYSTAGMUS PRIOR TO 45 DEGREES

RT- EYE-ONSET OF NYSTAGMUS PRIOR TO 45 DEGREES

Other Observations:
SEE PC

WALK & TURN:

I asked Chad to place the heel of his right foot to the toe in front of his left foot. I instructed Chad to remain in the position throughout my instructions and demonstration. Chad was instructed not to start the task prior to me telling him to begin. Chad was having trouble maintaining his position. While trying to give him instructions, Chad could not stay focused and was letting me complete the task instructions. I had to explain the instructions to Chad multiple times as he continued interrupting me. Once Chad acknowledged this, he understood the instructions and began the task. Chad missed heel to toe, used his arms for balance, made an improper turn, walked the incorrect number of steps, Chad did not count out loud, asked for additional instructions, and swayed throughout completing the task.

ONE LEG STAND:

Chad was instructed to stand with his feet together and his hands down by his side. Chad was then introduced to remain in the position throughout the instructions and demonstration until instructed to begin. Chad acknowledged and stated that he clearly understood the instructions. Chad swayed while in the instructional position. Chad came out of the instructional position and was very argumentative while the instructions were given and before being told to begin. After being told to begin, the Defendant put their foot down prior to being told to stop, used their arms for balance, and swayed. Chad did not count in the manner instructed. Chad did not point their toe and look at their toe as instructed, even after being instructed to do so. Chad did not continue counting from where he left off after putting their foot down as instructed and spontaneously stopped the task prior to being told to do so.

FINGER TO NOSE:

Chad was instructed to stand with his feet together and his hands down by his side. Chad was then introduced to remain in the position throughout the instructions and demonstration until instructed to begin. Chad acknowledged and stated that they clearly understood these instructions. Chad swayed while in the instructional position. Chad mimicked me by tilting his head back and raising his arms prior to being told to start. I instructed Chad on the task and demonstrated the task. While giving the instructions, Chad would not stop and listen to the instructions. Chad took it up to himself to perform the task numerous times without me giving him instructions. After I had Chad understand and acknowledge the instructions, he clearly understood them. Chad proceeded to miss/search for the tip of his nose with the tip of their finger. He did not use the tip of his finger to touch the tip of his nose and did not bring his head immediately back as instructed after numerous reminders. Chad did not keep their head tilted back during the task. Chad swayed throughout the task.

ROMBERG ALPHABET:

Chad was instructed to stand with his feet together and his hands down by his side. Chad was then instructed to remain in the position throughout the instructions and demonstration until instructed to begin. Chad acknowledged and stated that they clearly understood these instructions. Chad swayed while in the instructional position. Chad said that he knew the English alphabet from A to Z. I instructed him on the task and then demonstrated the task. Chad acknowledged the instructions, stating that he clearly understood them. Prior to begin the task Chad rimme the alphabet. When Chad started the task, he was not able to recite the alphabet as instructed.

BREATH TEST RESULTS: refuse

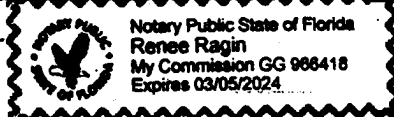
STATE OF FLORIDA
COUNTY OF PALM BEACH

D.S J. Ramirez 37537
(Signature of Arresting/Investigative Officer)

The foregoing instrument was sworn to or affirmed and subscribed before me this 08 day of Dec. 2023 by D.S J. Ramirez 37537

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

Renee Ragin (#16877)
Notary Public, Clerk of Court, Officer (F.S.S. 117.10)



WITNESS LIST

CASE NUMBER: 23-135814

ARRESTING OFFICER: D.S J. Ramirez 37537

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

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

CAN TESTIFY TO: _____

NAME: _____

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

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

CAN TESTIFY TO: _____

NAME: _____

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

PHONE NUMBERS (HOME) _____ (WORK) 561688-30000

CAN TESTIFY TO: _____

NAME: _____

ADDRESS _____

PHONE NUMBERS (HOME) _____ (WORK) _____

CAN TESTIFY TO: _____

NAME: _____

ADDRESS _____

PHONE NUMBERS (HOME) _____ (WORK) _____

CAN TESTIFY TO: _____

NAME: _____

ADDRESS _____

PHONE NUMBERS (HOME) _____ (WORK) _____

CAN TESTIFY TO: _____

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CAN TESTIFY TO: _____

NAME: _____

ADDRESS _____

PHONE NUMBERS (HOME) _____ (WORK) _____

CAN TESTIFY TO: _____

NAME: _____

ADDRESS _____

PHONE NUMBERS (HOME) _____ (WORK) _____

CAN TESTIFY TO: _____

SUBJECT: _____ CASE NUMBER: _____

IMPLIED CONSENT FOR DUI IN A MOTOR VEHICLE

NOTE: READ ONLY THE PARAGRAPH APPLICABLE TO THE TYPE OF TEST YOU ARE REQUESTING.

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

OR

I am now requesting that you submit to a lawful test of your **URINE** for the purpose of determining the presence of chemical or controlled substances.

NOTE: READ ONLY IF THE SUBJECT DOES NOT COMPLY WITH YOUR REQUEST.

I am _____ of the _____

If you refuse to take the test I have requested of you, your driving privilege will be suspended for a period of one (1) year for a FIRST REFUSAL, or eighteen (18) months if your driving privilege has been PREVIOUSLY SUSPENDED, or if you have been PREVIOUSLY FINED under s. 327.35215, for refusing to submit to a lawful test of your breath, urine, or blood. Additionally, if you refuse to take the test I have requested of you, and if your driving privilege has been previously suspended, or if you have been previously fined under s. 327.35215, for a refusal to submit to a lawful test of your **breath, urine** or blood, you will be committing a misdemeanor, in addition to any other penalties which can be imposed by law.

Refusal to submit to the test I have requested is admissible into evidence in any criminal proceeding.

Do you understand what I have just read to you? YES <or> NO Do you still refuse to submit to this test? YES <or> NO

NOTE: IF THE SUBJECT POSSESSES A COMMERCIAL DRIVER'S LICENSE (CDL), READ THE FOLLOWING,

If you are a Commercial Driver License (CDL) holder or were driving a Commercial Motor Vehicle (CMV), your refusal to submit to testing will result in the loss of your commercial driving privilege for a period of one year from today. If this is your SECOND REFUSAL, you will be permanently disqualified from holding a CDL or operating a CMV.

Do you understand what I have just read to you? YES <or> NO Do you still refuse to submit to this test? YES <or> NO

SUBJECTS SIGNATURE: (X) _____

CONSTITUTIONAL WARNINGS

I AM REQUIRED TO WARN YOU BEFORE YOU MAKE ANY STATEMENTS THAT YOU HAVE THE FOLLOWING RIGHTS:

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

SUSPECT'S SIGNATURE: (X) _____

WHITE: STATE ATTY.

YELLOW: DHSMV

PINK: CENTRAL RECORDS

GOLD: JAIL

SUBJECT: _____ CASE NUMBER: _____

QUESTIONS AND ANSWERS

I AM NOW GOING TO ASK YOU SOME QUESTIONS. WITH THESE RIGHTS IN MIND, YOU MAY ANSWER SOME OF, ALL OF, OR NONE OF THE FOLLOWING QUESTIONS AS YOU LIKE.

WERE YOU OPERATING A MOTOR VEHICLE AT THE TIME OF THE STOP/ACCIDENT? _____

WHERE WERE YOU GOING? _____

WHAT STREET OR HIGHWAY WERE YOU ON? _____

DIRECTION OF TRAVEL? _____ WHERE DID YOU START? _____

WHAT TIME DID YOU START? _____ WHAT TIME IS IT NOW? _____

WHAT IS TODAY'S DATE? _____ WHAT DAY OF THE WEEK IS IT? _____

WHAT COUNTY AND CITY ARE YOU IN NOW? _____

WHEN DID YOU LAST EAT? _____ WHAT DID YOU EAT? _____

WHAT HAVE YOU BEEN DOING FOR THE LAST THREE HOURS? _____

HOW MUCH DO YOU WEIGH? _____ HAVE YOU BEEN DRINKING? _____ WHAT? _____

HOW MUCH? _____ WHERE? _____ WITH WHOM? _____

WHEN DID YOU HAVE YOUR FIRST DRINK? _____ AND YOUR LAST DRINK? _____

HOW DID YOU CONSUME YOUR LAST TWO DRINKS? _____

CAN YOU FEEL THE EFFECTS OF THE ALCOHOL? _____ ARE YOU UNDER THE INFLUENCE? _____

HAVE YOU CONSUMED ANY ALCOHOL SINCE THE ACCIDENT? _____ HOW MUCH? _____

WHAT? _____ WHERE? _____ WHEN? _____

WHAT LINE OF WORK ARE YOU IN? _____ WHEN DID YOU LAST WORK? _____

DO YOU HAVE ANY PHYSICAL DEFECTS OR INJURIES? _____ WHAT? _____

ARE YOU SICK OR INJURED? _____ WHAT'S WRONG? _____

DO YOU LIMP? _____ DID YOU RECEIVE A BUMP ON THE HEAD RECENTLY? _____

WERE YOU IN AN ACCIDENT TODAY? _____

HAVE YOU TAKEN ANY DRUGS OR SMOKED ANY MARIJUANA TODAY? _____ WHEN? _____

HAVE YOU SEEN A DOCTOR OR DENTIST TODAY? _____ WHO? _____ WHY? _____

ARE YOU TAKING ANY PRESCRIPTION MEDICINES? _____ WHAT? _____ WHEN? _____

DO YOU HAVE: EPILEPSY? _____
GLASS EYE? _____
FALSE TEETH? _____
EAR INFECTION? _____
INNER EAR TROUBLE? _____
DIABETES? _____

DO YOU HAVE ANY PROBLEMS WITH YOUR EYES THAT ARE NOT CORRECTED BY GLASSES? _____

DO YOU TAKE INSULIN? _____ IF SO, WHEN WAS YOUR LAST INJECTION? _____

HAVE YOU EVER HAD A DRIVER'S LICENSE IN ANY OTHER STATE? _____ WHERE? _____

INTERVIEWER: _____

WHITE - STATE ATTY. YELLOW - DHSMV PINK - CENTRAL RECORDS GOLD - JAIL

TESTING FACILITY TASK REPORT

AGENCY:

SUBJECT:

DATE:

BEGINNING TIME:

CASE NUMBER:

VIDEO DVD NUMBER:

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 are glassy & bloodshot
odor of unknown alcoholic beverage on breath

COMMENTS:

Arrived at center A/O started 20 minute observation period at 21:15 hrs.
Subject refused to perform breath test.
A/O read I/C 2x and explained I/C.
Subject stated he understood I/C.
Subject refused to take test.
A/O read rights and read rights on scene.
A/O attempted Q&A.
Subject refused

REFUSED

REFUSED



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

PBSO CASE # 23-135814 PBSO ZONE 8-41

AGENCY CASE # _____ CRASH CASE # 23135792

TIME OF STOP/CRASH 1941 DATE 12/07/2023 DAY Thursday

SUBJECT'S NAME Scholl, Chad, Adam RACE W SEX M

HGT 6'04 WGT 255 DOB 12/3/1984

LOCATION 1157 State Road 7 Wellington FL 33414

ARRESTING OFFICER'S NAME & ID D.S J. Ramirez 37537 (37537) AGENCY Palm Beach County Sheriff's Office

DIVISION: _____

NOTIFIED BY COMMO YES

ARRIVAL AT FACILITY 2115

ARREST TIME 2053

BREATH RESULTS:

REFUSED

TESTING OFFICER'S ID 16877 PBSO VIDEOTAPE # N/A

NOT A CERTIFIED COPY

STATE OF FLORIDA
AFFIDAVIT OF REFUSAL TO SUBMIT TO
BREATH TEST

I, Deputy JUAN RAMIREZ, a duly certified Law Enforcement Officer or Correctional Officer,
(Person reading Implied Consent Warning)
 am a member of Palm Beach County Sheriff's Office, and I do swear
(Name of enforcement agency)

or affirm that on or about the EIGHTH day of December, 2023, at 12:33 AM

DRIVER CHAD ADAM SCHOLL,
(Type or Print) FIRST MIDDLE OR MAIDEN LAST

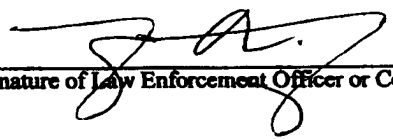
DL # S400101844430, state of FL, was placed under lawful arrest for

the offense of DUI by Deputy JU RAMIREZ and
(Name of Arresting Officer)

issued Citation # AHADINE.

That on or about the SEVENTH day of December, 2023, at 9:50 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.)

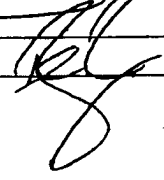


(AFFIX SEAL)

The foregoing instrument was sworn and subscribed before me this 08 day of Dec., 2023

by J. Ramirez

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.



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 checked="" type="checkbox"/>	316.650(11)	Driver information contained in a uniform traffic citation	13
	<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	2-4
	<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: 2023032187	Date: 12/8/2023
	Specialist Name/ID#: Suzie Pierre / 8759