

J# 055370

24CT 20009 SB

P# 1490

ARREST / NOTICE TO APPEAR

1. Arrest (No Warrant) 3. Request for Warrant  
6. Arrest (Warrant) 4. Request for Capias  
2. N.T.A. 5. Juvenile Referral

1 JUVENILE

OBTS Number		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   2024-012207</b>	
Charge Type Check as many as apply: <input type="checkbox"/> 1. Felony <input type="checkbox"/> 2. Traffic Felony		<input type="checkbox"/> 3. Misdemeanor <input checked="" type="checkbox"/> 4. Traffic Misdemeanor <input type="checkbox"/> 5. Ordinance <input type="checkbox"/> 6. Other		If Weapon Seized Enter type: <b>UNARMED</b>		Multiple Clearance Indicator	
Location of Arrest (Including Name of Business) <b>3200 N FEDERAL HWY, BOCA RATON, FL 33431</b>				Location of Offense (Business Name, Address) <b>3200 N FEDERAL HWY, BOCA RATON, FL 33431</b>			
Date of Arrest <b>10/19/2024</b>	Time of Arrest <b>01:43</b>	Booking Date <b>10/19/2024</b>	Booking Time <b>01:53</b>	Jail Date <b>10/19/2024</b>	Jail Time <b>03:11</b>	Location of Vehicle <b>GUARDIAN</b>	
Name (Last, First, Middle) <b>PARROTTA, CLAYTON ALEXANDER</b>				Alias (Name, DOB, Sex, etc.)			
Race W - White 1. American Indian B - Black U - Oriental-Asian		Sex <b>M</b>	Date of Birth <b>12/08/1995</b>	Height <b>5'10</b>	Weight <b>245</b>	Eye Color <b>BROWN</b>	Hair Color <b>BROWN</b>
Complexion <b>LIGHT</b>		Build <b>Large</b>		Marital Status <b>S</b>		Religion <b>CHRISTIAN</b>	
Local Address (Street, Apt. Number) <b>5001 LAKE CATHERINE DR, PALM BEACH GARDENS, FL 33403</b>				Phone <b>(860) 559-1435</b>		Residence Type: 1. City 3. Florida 2. County 4. Out of State	
Permanent Address (Street, Apt. Number) <b>5001 LAKE CATHERINE DR, PALM BEACH GARDENS, FL 33403</b>				Phone <b>(860) 559-1435</b>		Address Source <b>FL DL</b>	
Business Address (Name, Street) <b>NEXT ERA ENERGY, 700 UNIVERSE BLVD, JUNO BEACH, FL</b>				Phone		Occupation <b>Finance</b>	
D.L. Number, State <b>P630101954480 / FL</b>		Sec. Sec. Number		INS Number		Place of Birth (City, State) <b>HARTFORD, CT,</b>	
Citizenship <b>US</b>		Co-Defendant Name (Last, First, Middle) 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					
Co-Defendant Name (Last, First, Middle) 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		Parent / Other: _____ Name (Last, First, Middle) Residence Phone Legal Custodian _____ Business Phone					
Address (Street, Apt. Number) (City) (State) (Zip)		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		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. <input type="checkbox"/> Yes, by: _____ <input type="checkbox"/> No: _____			
Drug Activity S. Sell N. N/A P. Possess R. Smuggle B. Buy T. Traffic D. Deliver E. Use		K. Disperse 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 # <b>1,000</b>			
Charge Description		Statute Violation Number		Violation of ORD #			
Charge Description		Statute Violation Number		Violation of ORD #			
Health - Apparent Physical Condition of Defendant <b>GOOD</b>		Any knowledge of the following: Explain: <b>None</b>		<input type="checkbox"/> Mental <input type="checkbox"/> Escape Risk <input type="checkbox"/> Medication <input type="checkbox"/> Deformities <input type="checkbox"/> Injuries			
Check which applies: <input type="checkbox"/> Released O.R. <input type="checkbox"/> Posted Bond		<input type="checkbox"/> Released to Parent/Guardian <input type="checkbox"/> South County Mental Health		<input checked="" type="checkbox"/> T.O.T. County Jail		PROPERTY - Received By <b>868</b>	
Transported By <b>868 / 1637</b>		Date Transported <b>10/19/2024</b>		Fine Transported <b>657 595</b>		Released By <b>868 / 1637</b>	
Released To <b>PBCJ</b>		PROPERTY - Received By <b>868</b>					
INSTRUCTION NO. 1 - Mandatory appearance in court 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>11/18/2024 08:30:00</b>			
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 <b>10/19/2024</b>			
HOLD for Other Agency		Signature of Arresting Officer		Name Verifier (Printed by Arrestee) <b>SCANNED</b>			
<input type="checkbox"/> Dangerous <input type="checkbox"/> Resisted Arrest <input checked="" type="checkbox"/> Suspended <input type="checkbox"/> Other		Name of Arresting Officer (Last) <b>WILLIAMS, D.</b>		I.D. # <b>868</b>		(PRINT) <b>OCT 20 2024</b>	
Intake Deputy <b>Dustin Boll</b>		Transporting Officer <b>WILLIAMS</b>		I.D. # <b>868</b>		Agency <b>BOCA</b>	
Witness here if subject signed with an "X".		Witness here if subject signed with an "X".					

COURT STATE ATTORNEY AGENCY CENTRAL RECORDS JAIL CRIME ANALYSIS I.D. DEFENDANT

Officer Cohen 637

FILED PBC - GUN CLUB '24 OCT 20 AM 8:56

AB

PROBABLE CAUSE AFFIDAVIT

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   2024-012207</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				Special Notes:

Name (Last, First, Middle) <b>PARROTTA, CLAYTON ALEXANDER</b>	Alias	Race <b>W</b>	Sex <b>M</b>	Date of Birth <b>12/08/1995</b>
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Charge Description <b>316.193(1A) DUI</b>	Charge Description
Charge Description	Charge Description

Victim's Name (Last, First, Middle) <b>STATE OF FLORIDA,</b>	Race <b>U</b>	Sex <b>U</b>	Date of Birth
Local Address (Street, Apt. Number) <b>100 NW 2ND AVE, BOCA RATON, FL 33432</b>	City <b>BOCA RATON</b>	State <b>FL</b>	Zip <b>33432</b>
Phone <b>(561) 338-1234</b>	Address Source		
Business Address (Name, Street)	City	State	Zip
Phone <b>(561) 338-1234</b>	Occupation		

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 **19** day of **October**, **2024** at **01:43** (Specifically include facts constituting cause for arrest.)

On 10/19/2024, at approximately 0122 hours, I was traveling northbound on Federal Highway approaching NW 8th Street. I was traveling behind a white Tesla (FL RGWX23). I watched as the vehicle began to weave within its lane. As the lanes began to curve right the vehicle failed to move with the turn and ended up driving into the marked bicycle lane. At this point I activated my front mounted camera to capture additional driving pattern. I followed behind the Tesla for several miles and during this period the vehicle continued to weave in and out of its lane. I activated my emergency equipment and conducted a traffic stop on the vehicle where it came to a complete stop at approximately 3200 N Federal Hwy.

I walked up to the driver's side window and spoke with the driver. The driver was identified by his FL DL as Clayton Parrotta. In speaking with Parrotta I observed his eyes to be bloodshot and watery as well as the odor of alcohol emanating from his breath. Parrotta advised he was driving home from hanging out with his friends in Ft Lauderdale. I asked Parrotta to step out of his vehicle. Now outside his vehicle I was still able to smell the odor of alcohol emanating from his person. I asked Parrotta if he had consumed any alcohol to which he stated, "more than what should be allowed to drive". Based upon the combination of pre and post-stop clues I requested Parrotta to participate in Field Sobriety Exercises (FSEs) to which he complied.

The FSEs were conducted as follows.

Horizontal Gaze Nystagmus (HGN)

The defendant identified the stimulus as red. The defendant had equal pupil size and equal tracking in both eyes. The defendant's eyes continued to jump as he attempted to follow the stimulus. In conducting the exercise, I was able to observe a Lack of Smooth Pursuit, Distinct and Sustained Nystagmus at Maximum Deviation, the onset of Nystagmus

SWORN AND SUBSCRIBED BEFORE ME	SIGNATURE OF ARRESTING / INVESTIGATING OFFICER
<b>BAERGA, KEVIN</b>	<b>WILLIAMS, DAVID (868)</b>
NOTARY PUBLIC / CLERK OF COURT / OFFICER (F.S.S. 117.10)	NAME OF OFFICER (PLEASE PRINT)
<b>10/19/2024</b>	<b>10/19/2024</b>
DATE	DATE

PROBABLE CAUSE AFFIDAVIT  
SUPPLEMENT

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	OBTIS Number	Agency ORI Number <b>FL FL0500200</b>		Agency Name <b>BOCA RATON POLICE DEPARTMENT</b>	Agency Report Number <b>3   2   2024-012207</b>
	Charge Type: Check as many as apply.	<input type="checkbox"/> 1. Felony	<input type="checkbox"/> 3. Misdemeanor	<input type="checkbox"/> 5. Ordinance	Special Notes:

D E F	Name (Last, First, Middle) <b>PARROTTA, CLAYTON ALEXANDER</b>	Alias	Race <b>W</b>	Sex <b>M</b>	Date of Birth <b>12/08/1995</b>
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prior to 45 degrees, and Vertical Nystagmus. While giving the instructions the defendant continued to sway.

**Walk and Turn**

The surface was flat and hard. The defendant attempted to do the exercise with shoes. The line used was a painted white line. I made sure the defendant both knew the line he would be using and the color of that line. I began the exercise by instructing and demonstrating to the defendant how to complete the exercise. In conducting the exercise, the defendant walked an improper number of steps, made an improper turn, and raised his arms for balance.

**One Leg Stand**

The surface was flat and hard. The defendant attempted to do the exercise with shoes. The defendant raised his left leg. During the exercise, the defendant placed his foot down hopped, lost balance, and raised his arms for balance.

**Finger to nose**

The surface was flat and hard. The defendant conducted the exercise with shoes. The defendant failed to touch the tip of his finger to the tip of his nose multiple times. During the exercise, the defendant continued to sway.


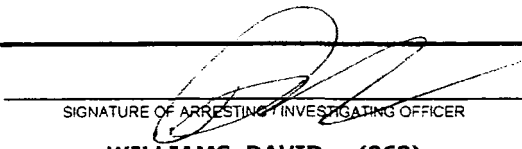
**Modified Romberg Balance**

The surface was flat and hard. The defendant conducted the exercise with shoes. During the exercise, the defendant continued to sway. The defendant notified me of the completion of the exercise after 38 seconds.

Due to the totality of the circumstances and my training/experience, I felt the defendant was unable to perform simple tasks during the exercises due to being impaired. I felt the defendant is too impaired to operate a motor vehicle safely. The defendant was placed under arrest at 0143 hours, for driving under the influence. Parrotta was placed in handcuffs that were checked for tightness and double locked.

The vehicle was towed by Guardian towing. The tow log was completed and submitted me.

Parrotta was transported to the BRPD DUI room. Officer Casas conducted the 20-minute observation and operated the Intoxilyzer. Reference Intoxilyzer 8000 S#80-006622 results were (.154/.159)

A D M I N I S T R A T I V E	SWORN AND SUBSCRIBED BEFORE ME		
	<b>BAERGA, KEVIN</b>		
	NOTARY PUBLIC / CLERK OF COURT / OFFICER (F.S.S. 117.10)	<b>WILLIAMS, DAVID (868)</b>	NAME OF OFFICER (PLEASE PRINT)
	<b>10/19/2024</b> DATE	<b>10/19/2024</b> DATE	PAGE <b>2 OF 3</b>

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  
**FL FL0500200**

Agency Name  
**BOCA RATON POLICE DEPARTMENT**

Agency Report Number  
**3 | 2 | 2024-012207**

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

Special Notes:


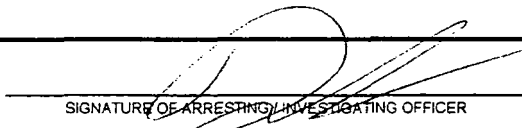
Name (Last, First, Middle) Alias  
**PARROTTA, CLAYTON ALEXANDER**

Race Sex Date of Birth  
**W M 12/08/1995**

Parrotta was transported to Palm Beach County Jail.

NOT A CERTIFIED COPY

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A D M I N I S T R A T I V E	SWORN AND SUBSCRIBED BEFORE ME		
	<b>BAERGA, KEVIN</b>		SIGNATURE OF ARRESTING/INVESTIGATING OFFICER
	NOTARY PUBLIC / CLERK OF COURT / OFFICER (F.S.S. 117.10)		<b>WILLIAMS, DAVID (868)</b>
	<b>10/19/2024</b>		NAME OF OFFICER (PLEASE PRINT)
	DATE		<b>10/19/2024</b>
			DATE

PAGE  
**3** OF 3

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

Instrument Type: Intoxilyzer 8000  
Instrument Registered To: BOCA RATON PD  
Instrument Serial Number: 80-006622 Software: 8100.27  
Date of Test: 10/19/2024

Date of Last Agency Inspection: 10/11/2024

Observation Period Began: 02:05

Subject's Name: CLAYTON A PARROTTA

DOB: 12/08/1995 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	02:31
	Control Test	0.079	02:32
	Air Blank	0.000	02:32
	Subject Sample #1	0.154	02:33
	Air Blank	0.000	02:34
	Air Blank	0.000	02:35
	Subject Sample #2	0.159	02:36
	Air Blank	0.000	02:37
	Control Test	0.078	02:37
	Air Blank	0.000	02:38
	Diagnostics Check	OK	02:38

Cylinder Lot: 08223080A3  
Exp: 06/05/2025

State of Florida, County of Palm Beach.

Personally appeared before me the undersigned authority, who (X) is personally known to me or ( ) produced \_\_\_\_\_ as identification, and who after being placed under oath, states:

I JAVIER CASAS, 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: \_\_\_\_\_

Signature

Date: 10-19-24

Sworn to (or affirmed) before me this 19<sup>th</sup> day of October, 2024

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.

2024-012207

Parrotta, Clayton

10-15 : 0143

obsu: 0205

## 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 II

To be filled out at testing facility

Agency Case # 2024-012207

I. INTRODUCTION (Instrument Operator faces video camera)

A. The day is Saturday, October, 19<sup>th</sup>, 2024.  
(day) (month) (date) (year)

B. The time is now approximately 0228  AM  PM.

C. The following is in reference to case number 2024-012207.

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

E. Officer Williams, have you arrested Clayton Parrotta 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. Parrotta, I am required to inform you these  
proceedings are being video recorded.

Operator Note: *Video record breath request, breath sample, and interview.*

**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:

- (1) 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.)*
- (2) 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.)*
- (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. *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.)*
- (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. *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.)*
- (5) 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.)*
- (6) 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.)*
- (7) 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.)*
- (8) Do you understand these rights as I have read them to you, and do you wish to speak to me?

Signed: \_\_\_\_\_ Date: \_\_\_\_\_ Time: \_\_\_\_\_



BOCA RATON POLICE SERVICES DEPARTMENT  
TESTING FACILITY TASK REPORT

SUBJECT: Clayton A. Parrotta

CASE #: 2024-012207 DATE: 10-19-24

BREATH TEST RESULTS .154 .159

1) TIME 0233 AM/PM 2) TIME 0236 AM/PM  
3) TIME AM/PM 4) TIME AM/PM

BREATH OPERATOR: Ofc. J. CASAS 818

MAINTENANCE TECHNICIAN: Ofc. A. Crawford 683

TESTING OFFICER'S OBSERVATIONS

SPEECH: Thick, slow, slurred

ATTITUDE: Calm, Emotional, Crying

CLOTHING: Plaid Flannel, Green pants, Brown shoes

MEDICAL CONDITION: None

OTHER: Bloodshot eyes, Strong odor of alcohol

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: \_\_\_\_\_ 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 0239 AM/PM.

The date is October, 19<sup>th</sup>, 2024.  
(month) (day) (year)



# 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"/>			
Other	<input type="checkbox"/>			
	<input type="checkbox"/>			
	<input type="checkbox"/>			
	<input type="checkbox"/>			

REVIEW COMPLETED BY

Booking Number: 2024027954	Date: 10/20/2024
	Specialist Name/ID#: Joe Kovach 44820