



PROBABLE CAUSE AFFIDAVIT

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

1 JUVENILE

Agency ORI Number: FL FL0500200 Agency Name: BOCA RATON POLICE DEPARTMENT Agency Report Number: 3 | 2 | 2023-001115

Charge Type: 1. Felony 2. Traffic Felony 3. Misdemeanor 4. Traffic Misdemeanor 5. Ordinance 6. Other

Name (Last, First, Middle): HANCOCK, CLAYTON JAMES Race: W Sex: M Date of Birth: 02/28/1998

Charge Description: 316.193(1A) DUI

Victim's Name (Last, First, Middle): STATE OF FLORIDA, Race: U Sex: U

Local Address (Street, Apt. Number): 100 NW 2ND AVE, BOCA RATON, FL 33432 Phone: (561) 338-1234

Business Address (Name, Street): (561) - 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. On the 24 day of January, 2023 at 01:29 (Specifically include facts constituting cause for arrest.)

On 1/24/2023, at approximately 0105 hours, I was westbound on E Camino Real approaching the intersection on S Dixie Hwy. The lights for eastbound and westbound lanes had just turned green, however, the turn arrow was solid red. I observed a black Chevy (FL J3CLP) that was stopped in the turn lane run the solid red turn signal and proceed southbound on Dixie Hwy. I activated my emergency equipment and conducted a traffic stop on the vehicle where it came to a complete stop in the parking lot of 1200 S Dixie.

Despite being close to 10 feet away from the vehicle as I approached the driver's side window I was immediately presented with the odor of alcohol. As I got closer to the driver the smell got more and more pronounced and it was clear it was emanating from the vehicle. The driver was identified by his FL DL as Clayton Hancock. I asked Clayton to step out of the vehicle and with him now standing directly in front of me I was clearly able to smell the overwhelming odor of alcohol emanating from his breath. Clayton also had bloodshot and watery eyes. Clayton explained he was driving home from a bar called "The Standard" where he consumed "Two beers". Based upon the self-admission of alcohol consumption along with the several indicators of intoxication I requested Clayton participate in Field Sobriety Exercises (FSEs) to which he complied. Clayton advised he hurt his back 5 years earlier and wears contacts but otherwise is completely healthy and has no issues with balancing.

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: VAN CAMP, JEFFERY ALAN NOTARY PUBLIC / CLERK OF COURT / OFFICER (F.S.S. 117.10) 01/24/2023 DATE. SIGNATURE OF ARRESTING / INVESTIGATING OFFICER: WILLIAMS, DAVID (868) NAME OF OFFICER (PLEASE PRINT) 01/24/2023 DATE. PAGE 1 OF 3

Agency ORI Number **FL FLO500200** Agency Name **BOCA RATON POLICE DEPARTMENT** Agency Report Number **3 | 2 | 2023-001115**

Charge Type:  1. Felony  3. Misdemeanor  5. Ordinance  
 2. Traffic Felony  4. Traffic Misdemeanor  6. Other

Name (Last, First, Middle) **HANCOCK, CLAYTON JAMES** Race **W** Sex **M** Date of Birth **02/28/1998**

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 tape yellow 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. While giving instructions the defendant lost balance several times and failed to stay in the starting position. In conducting the exercise, the defendant walked an improper number of steps, made an improper turn, and walked off the line.

**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 continued to sway and placed his foot down multiple times.

**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 twice. 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 36 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 0129 hours, for driving under the influence. Clayton was placed in handcuffs that were checked for tightness and double-locked.

The vehicle was left on the scene and secured.

Clayton was transported to the BRPD DUI room. Officer Price conducted the 20-minute observation and operated the Intoxilyzer. Reference Intoxilyzer 8000 S#80-006622 results were (.128/.121)

SWORN AND SUBSCRIBED BEFORE ME

**VAN CAMP, JEFFERY ALAN**  
 NOTARY PUBLIC, CLERK OF COURT / OFFICER (F.S.S. 117.10)  
**01/24/2023**  
 DATE

**WILLIAMS, DAVID (868)**  
 NAME OF OFFICER (PLEASE PRINT)  
**01/24/2023**  
 DATE

PAGE **2** OF **3**

PROBABLE CAUSE AFFIDAVIT  
SUPPLEMENT

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

1

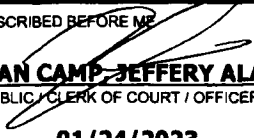

JUVENILE

A D M I N I S T R A T I V E	OBTS Number		Agency ORI Number <b>FL FLO500200</b>		Agency Name <b>BOCA RATON POLICE DEPARTMENT</b>		Agency Report Number <b>3   2   2023-001115</b>	
	Charge Type: Check as many as apply.		Special Notes:		Name (Last, First, Middle) <b>HANCOCK, CLAYTON JAMES</b>		Race <b>W</b>	Sex <b>M</b>

Clayton was transported to Palm Beach County Jail.

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A D M I N I S T R A T I V E	SWORN AND SUBSCRIBED BEFORE ME		SIGNATURE OF ARRESTING / INVESTIGATING OFFICER	
				
	<b>VAN CAMP, JEFFERY ALAN</b>		<b>WILLIAMS, DAVID (868)</b>	
	NOTARY PUBLIC / CLERK OF COURT / OFFICER (F.S.S. 117.10)		NAME OF OFFICER (PLEASE PRINT)	
<b>01/24/2023</b>		<b>01/24/2023</b>		
DATE		DATE		

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: 01/24/2023

Date of Last Agency Inspection: 01/16/2023

Observation Period Began: 01:42

Subject's Name: CLAYTON J HANCOCK

DOB: 02/28/1998 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	02:06
	Air Blank	0.000	02:06
	Control Test	0.080	02:06
	Air Blank	0.000	02:07
	Subject Sample #1	0.128	02:08
	Air Blank	0.000	02:08
	Air Blank	0.000	02:10
	Subject Sample #2	0.121	02:11
	Air Blank	0.000	02:11
	Control Test	0.080	02:12
	Air Blank	0.000	02:12
	Diagnostics Check	OK	02:12

Cylinder Lot: 02422080A1  
Exp: 02/05/2024

State of Florida, County of Palm Beach

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

I DANIEL X PRICE, 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: \_\_\_\_\_ Date: 01/24/23  
Signature

Sworn to (or affirmed) before me this 24 day of January, 2023  
Signature of Notary Public-State of Florida DANIEL X PRICE 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.

06 01 02  
23-1115

VIS 0129

# DUI INFLUENCE REPORT



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

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BOCA RATON POLICE SERVICES DEPARTMENT  
DUI INFLUENCE REPORT - PART I

On the 24<sup>th</sup> day of January, at 0129 AM/PM:

Subject: Clayton Hancock Case Number: 23-1115

PERSONAL CONTACT

Driving Pattern: \_\_\_\_\_  
\_\_\_\_\_ CPL \_\_\_\_\_  
\_\_\_\_\_

Observation of Driver: \_\_\_\_\_  
\_\_\_\_\_ CPL \_\_\_\_\_  
\_\_\_\_\_

Driver's Statement: \_\_\_\_\_  
\_\_\_\_\_ CPL \_\_\_\_\_  
\_\_\_\_\_

Odors: \_\_\_\_\_  
\_\_\_\_\_

GENERAL OBSERVATIONS

Speech: \_\_\_\_\_

Attitude: \_\_\_\_\_

Clothing: \_\_\_\_\_ CPL \_\_\_\_\_

Medical Problems: \_\_\_\_\_

Medications: \_\_\_\_\_

Other: \_\_\_\_\_

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Horizontal Gaze Nystagmus:

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

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

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

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

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

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

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

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

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

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

Breath/Blood test results: \_\_\_\_\_

State of Florida, County of Palm Beach,  
Sworn and subscribed before me this 1/24/23 (date) by Detective Price

Notary/Clerk of Court/ Officer (FSS 117.10)

Date

Signature of Arresting Officer

Name of Officer (print)

*[Handwritten Signature]*  
David Williams

NOT A CERTIFIED COPY

ARRESTING OFFICER: David Williams

Name: Price Phone # \_\_\_\_\_ Work # \_\_\_\_\_

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

Can testify to: B to

Name: \_\_\_\_\_ Phone # \_\_\_\_\_ Work # \_\_\_\_\_

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

Can testify to: \_\_\_\_\_

Name: \_\_\_\_\_ Phone # \_\_\_\_\_ Work # \_\_\_\_\_

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

Can testify to: \_\_\_\_\_

Name: \_\_\_\_\_ Phone # \_\_\_\_\_ Work # \_\_\_\_\_

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

Can testify to: \_\_\_\_\_

Name: \_\_\_\_\_ Phone # \_\_\_\_\_ Work # \_\_\_\_\_

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

Can testify to: \_\_\_\_\_

Name: \_\_\_\_\_ Phone # \_\_\_\_\_ Work # \_\_\_\_\_

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

Can testify to: \_\_\_\_\_

Name: \_\_\_\_\_ Phone # \_\_\_\_\_ Work # \_\_\_\_\_

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

Can testify to: \_\_\_\_\_

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BOCA RATON POLICE SERVICES DEPARTMENT  
DUI INFLUENCE REPORT - PART II

To be filled out at testing facility

Agency Case # 2023-001115

I. INTRODUCTION (Instrument Operator faces video camera)

A. The day is Tuesday, January, 24<sup>th</sup>, 2023  
(day) (month) (date) (year)

B. The time is now approximately 0204 AM/PM.

C. The following is in reference to case number 2023-1115

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

E. Officer Williams, have you arrested Clayton Hancock 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? YPS

G. Mr./Mrs./Ms. Hancock, I am required to inform you these  
proceedings are being video recorded.

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

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**II. AT THIS TIME THE ARRESTING OFFICER WILL REQUEST A BREATH SAMPLE.**

*Note: Read only the paragraph applicable to the type of test you are requesting.*

- A. I am now requesting that you submit to a lawful test of your **BREATH** for the purpose of determining its alcohol content.
- B. I am now requesting that you submit to a lawful test of your **URINE** for the purpose of determining the presence of chemical or controlled substances.
- C. I am now requesting that you submit to a lawful test of your **BLOOD** for the purpose of determining its alcohol content and the presence of chemical or controlled substances.

**IMPLIED CONSENT WARNINGS**

*Note: Read only if the subject does not comply with your request.*

I am \_\_\_\_\_ of the \_\_\_\_\_.

If you fail to submit to the test I have requested of you, your privilege to operate a motor vehicle will be suspended for a period of one (1) year for a first refusal, or eighteen (18) months if your privilege has been previously suspended as a result of a refusal to submit to a lawful test of your breath, urine, or blood. Additionally, if you refuse to submit to the test I have requested of you and if your driving privilege has been previously suspended for a prior refusal to submit to a lawful test of your breath, urine, or blood, you will be committing a misdemeanor. Refusal to submit to the test I have requested of you is admissible into evidence in any criminal proceeding.

Subject Signature: \_\_\_\_\_

*Note: Also read for CDL holders:*

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

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

**(IF REFUSAL THEN)**

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

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

A refusal form will be completed by the arresting officer.



BOCA RATON POLICE SERVICES DEPARTMENT  
JUVENILE CONSTITUTIONAL WARNINGS

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

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

You have the right to remain silent and not answer any questions. *Tell me in your own words what you think this means.  
(You do not have to talk to me or answer any questions about this offense. You can be quiet if you want.)*

Any statement you make must be freely and voluntarily given. *Tell me in your own words what you think this means.  
(If you do talk to me it has to be because you want to and not because anyone is forcing you to speak.)*

You have a right to the presence and representation of a lawyer of your choice before you make any statement and during any questioning. *Tell me in your own words what you think this means.*

*(You can talk to a lawyer before we ask you any questions and you can have him/her with you now, during our questioning.)*

If you cannot afford a lawyer, you are entitled to the presence and representation of a court appointed lawyer before you make any statement and during any questioning. *Tell me in your own words what you think this means*

*(If you do not have money for a lawyer and you want one, a lawyer will be given to you for free.)*

If at any time during the interview you do not wish to answer any questions, you are privileged to remain silent. *Tell me in your own words what you think this means.*

*(If you decide to talk to me then change your mind, you can stop answering my questions at any time.)*

I can make no threats or promises to induce you to make a statement. This must be of your own free will. *Tell me in your own words what you think this means*

*(I am not allowed to threaten you or make you any promises to get you to talk to me. If you decide to talk, it must be because you want to.)*

Any statement can be and will be used against you in a court of law. *Tell me in your own words what you think this means*

*(Anything you say to me can and will be told to the judge or a jury in court. A judge is a person who decides if you have done something wrong. Sometimes a group of people called a jury decide this, but the Judge is the person who decides what punishment you get.)*

Do you understand these rights as I have read them to you, and do you wish to speak to me?

led: \_\_\_\_\_ Date: \_\_\_\_\_ Time: \_\_\_\_\_



BOCA RATON POLICE SERVICES DEPARTMENT  
TESTING FACILITY TASK REPORT

SUBJECT: Clayton Hancock

CASE #: 23-1115 DATE: 1/24/23

BREATH TEST RESULTS

1) TIME .128 AM/PM 2) TIME .121 AM/PM

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

BREATH OPERATOR: Price 840

MAINTENANCE TECHNICIAN: Crawford

TESTING OFFICER'S OBSERVATIONS

SPEECH: \_\_\_\_\_

ATTITUDE: \_\_\_\_\_

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

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

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

\_\_\_\_\_

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

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Identify yourself and state:**

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

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

Signed: \_\_\_\_\_ 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 0213 AM/PM.

The date is January (month), 24<sup>th</sup> (day), 2023 (year)



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

	X	Florida State Statute	Description	Page Number(s)
L/E Exemptions	<input type="checkbox"/>	119.071(2)(d)	Surveillance techniques, procedures and personnel; inventory of law enforcement resources, policies or plans pertaining to mobilization deployment or tactical operations.	
	<input type="checkbox"/>	943.053, 943.0525	NCIC/FCIC/FBI and in-state FDLE/DOC.	
	<input type="checkbox"/>	119.071(4)(c)	Undercover personnel.	
	<input type="checkbox"/>	119.071(2)(f)	Confidential informants (CIs).	
	<input type="checkbox"/>	119.071(2)(e)	Confession.	
Public Info. Exemptions	<input type="checkbox"/>	985.04(1)	Juvenile offender records.	
	<input type="checkbox"/>	119.071(h)(i)	Assets of a crime victim.	
	<input type="checkbox"/>	395.3025(7)(a), 456.057(7)(a)	Medical information.	
	<input type="checkbox"/>	394.4615(7)	Mental health information.	
	<input type="checkbox"/>	119.071(4)(d)(2)(a)	Home address, telephone, Social Security number, date of birth, or photos of active/former LE personnel, spouses, and children.	
Florida Rules of Judicial Administration 2.420 (Rule of 23)	<input checked="" type="checkbox"/>	(iii) 119.0714(1)(i)-(j), (2)(a)-(e)	Social Security, bank account, charge, debit, and credit card numbers.	2
	<input type="checkbox"/>	(viii) 394.4615(7)	Clinical records under the Baker Act.	
	<input type="checkbox"/>	(xii) 741.30(3)(b)	The victim's address in a domestic violence action on petitioner's request.	
	<input type="checkbox"/>	(xiii) 119.071(2)(h), 119.0714(1)(h)	Protected information regarding victims of child abuse or sexual offenses.	
	<input type="checkbox"/>			
	<input type="checkbox"/>			
	<input type="checkbox"/>			
	<input type="checkbox"/>			
Other	<input type="checkbox"/>		Other:	
	<input type="checkbox"/>		Other:	

REVIEW COMPLETED BY

Booking Number: 2023002260	Date: 1/24/2023
	Specialist Name/ID: R.Castro/40259