

24CT18061MB 0552022

082

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

Check if Supplement is Attached

ARREST / NOTICE TO APPEAR  
Juvenile Referral Report

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

1

Juvenile

N

ADMINISTRATIVE	OBTS Number		Agency ORI Number FLO: 5 0 0 0 0 0 0				Agency Name PALM BEACH COUNTY SHERIFF'S OFFICE				Agency Report Number 0 16 1-24099483											
	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		Multiple Clearance Indicator									
	Location of Arrest (including Name of Business) LUCERNE AVE / N K STREET, LAKE WORTH BEACH, FL 33460						Location of Offense (Business Name, Address) LUCERNE AVE / N K STREET, LAKE WORTH BEACH, FL 33460															
	Date of Arrest 09/16/2024		Time of Arrest 2352		Booking Date		Booking Time		Jail Date		Jail Time		Location of Vehicle PRIORITY TOWING									
DEFENDANT	Name (Last, First, Middle) Stout, Cole, Blake											Alias (Name, DOR, Soc. Sec. #, Etc.)										
	Race W - White B - Black		I - American Indian O - Oriental/Asian		Sex W M		Date of Birth 8/17/1994		Height 6'02		Weight 260		Eye Color GREEN		Hair Color BRN		Complexion MED		Build MED			
	Scars, Marks, Tattoos, Unique Physical Features (Location, Type, Description) NONE - UK											Marital Status UK		Religion NONE		Indication of Alcohol Influence Drug Influence Y N Unk						
	Local Address (Street, Apt. Number) 3450 S Ocean Blvd Apt 211, Palm Beach, FL 33480						(City)		(State)		(Zip)		Mobile Phone ( ) UK		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		Occupation UK					
	Business Address (Name, Street)						(City)		(State)		(Zip)		Phone ( )		Occupation UK							
CO-DEF	D/L Number, State S330102942970, FL				Soc. Sec. Number				INS Number				Place of Birth (City, State) VIRGINIA		Citizenship YES							
	Co-Defendant (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									
JUVENILE	Co-Defendant (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									
	<input type="checkbox"/> Parent <input type="checkbox"/> Legal Custodian <input type="checkbox"/> Other				Name (Last) (First) (Middle)				Residence Phone ( )													
	Address (Street, Apt. Number)				(City)		(State)		(Zip)		Business Phone ( )											
	Notified by: (Name)				Date		Time		Juvenile Disposition 1. Handled/Processed within Dept. and Released. 2. TOT HRS/DYS 3. Incarcerated													
CHARGE	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 (561) 355-6511 informed of any change of address. <input type="checkbox"/> Yes, by (Name) <input type="checkbox"/> No (Reason)								School Attended		Grade											
	Property Crime? <input type="checkbox"/> Yes <input type="checkbox"/> No				Description of Property				Value of Property													
CHARGE	Drug Activity		S Sell N N/A P Possess		R Smuggle D Deliver F 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/Derv.		P. Paraphernalia/ Equipment S. Synthetic		J. Unknown Z. Other	
	Charge Description Driving Under the Influence - Property Damage				Counts 1		Domestic Violence <input type="checkbox"/> Y <input checked="" type="checkbox"/> N		Statute Violation Number 316.193(3c1)				Violation of ORD #									
	Drug Activity		Drug Type		Amount / Unit		Offense # 24099483		Warrant / Capias Number				Bond									
	Charge Description Crash - Leaving The Scene				Counts 1		Domestic Violence <input type="checkbox"/> Y <input checked="" type="checkbox"/> N		Statute Violation Number 316.061(1)				Violation of ORD #									
	Drug Activity		Drug Type		Amount / Unit		Offense # 24099483		Warrant / Capias Number				Bond									
CHARGE	Charge Description				Counts		Domestic Violence <input type="checkbox"/> Y <input checked="" type="checkbox"/> N		Statute Violation Number				Violation of ORD #									
	Drug Activity		Drug Type		Amount / Unit		Offense #		Warrant / Capias Number				Bond									
CHARGE	Charge Description				Counts		Domestic Violence <input type="checkbox"/> Y <input checked="" type="checkbox"/> N		Statute Violation Number				Violation of ORD #									
	Drug Activity		Drug Type		Amount / Unit		Offense #		Warrant / Capias Number				Bond									
NOTICE TO APPEAR	Location (Court, Room Number, Address) Criminal Justice Complex, 3228 Gun Club Road, West Palm Beach, FL 33406 - Ph: (561) 688-4600																					
	Court Date and Time Month <b>OCTOBER</b> Day <b>10th</b> Year <b>2024</b> Time <b>0830</b> A.M. <input checked="" type="checkbox"/> P.M. <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 (for Juvenile and Parent/Custodian)											Date Signed 09/17/2024											
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.											Signature											
ADMIN	HOLD for other agency				Signature of Arresting Officer X				Name Verification (Printed by Arrestee)													
	<input type="checkbox"/> Dangerous <input type="checkbox"/> Suicidal				<input type="checkbox"/> Resisted Arrest <input type="checkbox"/> Other				Name of Arresting Officer: (Print) Investigator J. Cisson				I.D. # 24091									
	Investigator J. Cisson 24091				PBSO				Witness here if subject signed with an "X"				PAGE 1 OF 1									

# D.U.I. PROBABLE CAUSE AFFIDAVIT

ON THE 16th DAY OF SEPTEMBER 20 24, AT 2241 AM  PM  
SUBJECT: Stout, Cole, Blake CASE NUMBER: 24099483

AGENCY: PALM BEACH COUNTY SHERIFF'S OFFICE ARRESTING OFFICER: Investigator J. Cisson

## PERSONAL CONTACT

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

On Monday, September 16th 2024 at approximately 2304 hours, I arrived on scene of traffic collision at the intersection of Lucerne Ave and North K Street, in the City of Lake Worth Beach, FL 33460 (Palm Beach County). Upon arrival I observed a blue Toyota FJ parked along the south side of Lucerne Ave with passenger side damage. The vehicle was struck at the rear corner and the axle/wheel area were damaged severely. As I walked through the scene, the black GMC Sierra that caused the damage, was stopped along N K Street. The GMC Sierra bearing Florida tag 83GYS ran through the southeast corner of the intersection colliding with a street lamp/pole and orange barricades. The front driver side wheel and tire were dislodged from the vehicle and there was damage to the front driver side corner/fender area. This damage is consistent with the damage throughout the scene and to the Toyota FJ. Witnesses on the scene placed the driver of the vehicle behind the wheel at the time of the accident and he was alone in the vehicle. Witness Gwyneth Lucia Diaz and witness Stanley Junior Desius both provided video recorded statements on body worn camera (BWC) of their observations. Inside the vehicle were 10 or more bottles of 99 Grapes which is known to me as an alcoholic beverage. 5 of those bottles were empty. They were located in the driver and passenger doors, center console, and passenger floor board of the vehicle. The driver was identified as Cole Blake Stout by his Florida driver license and as the registered owner of the vehicle. He was taken to JFK Medical Center via Palm Beach County Fire Rescue as precautionary due to his complaint of a back injury. Deputy Morkert ID# 32406 completed the crash investigation and report. He gathered the witness information and statements. He noticed the driver Cole Stout was possibly impaired based on the color of his eyes, the odor of an unknown alcoholic beverage and his slurred speech. The defendant Stout attempted to leave the scene by walking away from his vehicle and was taken down to the ground by bystanders and witnesses.

## OBSERVATION OF DRIVER:

I arrived at JFK Medical Center at 2304 hours and walked to the room where the defendant Cole Stout was being treated by medical staff. As I walked up, he was walking to the restroom. Once he was relieved, he walked back to the room. He was treated again by medical staff for a scrape to his right knee. He complained of back pain. He again asked to use the restroom and walked out to do so. As he walked past me, I noticed he had a strong odor of an unknown alcoholic beverage emitting from his person. He used the restroom again and then walked back to his room. The doctor and nurse treating him, said he would be released shortly and was medically clear to leave. Once he was cleared, the nurse had the paperwork ready and I advised him we were going to walk outside, however he questioned walking with me out to my patrol vehicle.

## DRIVER'S STATEMENTS:

I explained to him, he was involved in a crash. It was explained to him the crash investigation was complete and I was now conducting a criminal investigation for driving under the influence. He understood. I read him his Miranda Warnings aloud from a printed document to which he stated he understood. He said he did not want to answer any questions. I explained to him my observations of the scene and what I observed currently about him. His eyes were bloodshot and glossy, his speech was slurred, and he had an odor of an unknown alcoholic beverage emitting from his breath that grew stronger as he speaks. I asked him to submit to roadside field sobriety tasks and he refused to do so. (Taylor) I said to the defendant, if you fail to submit to the roadside tasks I am requesting, it can be used against you in court. If you fail to submit to the roadside tasks I am requesting, I will be forced to conclude my investigation and base my decision as to your impairment solely on the facts at hand. He said he understood and again refused to do the tasks.

## ODORS:

An obvious odor of an unknown alcoholic beverage

## GENERAL OBSERVATIONS

SPEECH: Slow, Slurred

ATTITUDE: Repetitive, Resistive

CLOTHING: Dirty, Disheveled

MEDICAL/OTHER: back pain

STATE OF FLORIDA  
COUNTY OF PALM BEACH

Investigator J. Cisson

(Signature of Arresting/Investigative Officer)

The foregoing instrument was sworn to or affirmed and subscribed before me this 17th day of September 20 24, by Investigator J. Cisson

(Print name of Arresting/Investigative Officer), who is personally known to me and/or produced identification. Type of identification produced Known IEO ID# 24091

Madelin Gonzalez (#40577)

Notary Public, Clerk of Court, Officer (F.S.S. 112.10)



**MADELIN GONZALEZ**  
Notary Public  
State of Florida  
Comm# MH225716  
Expires 2/7/2026

SUBJECT: Stout, Cole, Blake

CASE NUMBER 24099483

**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:**

**The defendant refused to do the task.**

**WALK & TURN:**

**The defendant refused to do the task.**

**ONE LEG STAND:**

**The defendant refused to do the task.**

**FINGER TO NOSE:**

**The defendant refused to do the task.**

**ROMBERG ALPHABET:**

**The defendant refused to do the task.**

**BREATH TEST RESULTS:** 1) Refused 2) Refused 3) Refused 4) Refused

STATE OF FLORIDA  
COUNTY OF PALM BEACH

**Investigator J. Cisson**

(Signature of Arresting/Investigative Officer)

This foregoing instrument was sworn to or affirmed and subscribed before me this 17th day of September 2024 by Investigator J. Cisson

(Print name of Arresting/Investigative Officer), who is personally known to me and/or produces identification. Type of identification produced Known LEO ID# 24091

**Madelin Gonzalez (#40577)**

Notary Public, Clerk of Court Officer (FS 354.11(1)(c))



**MADELIN GONZALEZ**  
Notary Public  
State of Florida  
Comm# HH225716  
Expires 2/7/2026

NOT A CERTIFIED COPY

# WITNESS LIST

CASE NUMBER: 24099483

ARRESTING OFFICER: Investigator J. Cisson

ADDRESS: PBSO

PHONE NUMBERS (HOME): \_\_\_\_\_ (WORK) 561-309-8629

CAN TESTIFY TO: FACTS OF THE CASE

NAME: DEPUTY E. Morkert ID# 32406

ADDRESS: PBSO

PHONE NUMBERS (HOME) PBSO (WORK) \_\_\_\_\_

CAN TESTIFY TO: CRASH INVESTIGATION - GATHERED WITNESS INFORMATION AND STATEMENTS

NAME: Gwyneth Lucia Diaz 1/6/2000

ADDRESS 4205 Turnberry Cir Apt 602 , LAKE WORTH BEACH, FL 33460

PHONE NUMBERS (HOME) 561 506 0171 (WORK) \_\_\_\_\_

CAN TESTIFY TO: WITNESS

NAME: Stanley Junior Desius 9/16/1998

ADDRESS 1111 Cameo Cir WPB FL 33417

PHONE NUMBERS (HOME) 561 598 2182 (WORK) \_\_\_\_\_

CAN TESTIFY TO: WITNESS

NAME: \_\_\_\_\_

ADDRESS \_\_\_\_\_

PHONE NUMBERS (HOME) \_\_\_\_\_ (WORK) \_\_\_\_\_

CAN TESTIFY TO: \_\_\_\_\_

NAME: \_\_\_\_\_

ADDRESS \_\_\_\_\_

PHONE NUMBERS (HOME) \_\_\_\_\_ (WORK) \_\_\_\_\_

CAN TESTIFY TO: \_\_\_\_\_

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PHONE NUMBERS (HOME) \_\_\_\_\_ (WORK) \_\_\_\_\_

CAN TESTIFY TO: \_\_\_\_\_

NAME: \_\_\_\_\_

ADDRESS \_\_\_\_\_

PHONE NUMBERS (HOME) \_\_\_\_\_ (WORK) \_\_\_\_\_

CAN TESTIFY TO: \_\_\_\_\_

NOT A CERTIFIED COPY

# TESTING FACILITY TASK REPORT

AGENCY: PBSO

SUBJECT: STOUT, COLE BLAKE

CASE NUMBER: 24-099483

DATE: Sep 17, 2024

VIDEO DVD NUMBER: N/A

BEGINNING TIME: 00:41

ENDING TIME: 00:48

BREATH TESTS RESULTS: 1) R TIME 00:43 A.M.  P.M.  2) N/A TIME N/A 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: M. GONZALEZ #40577

MAINTENANCE TECHNICAN: J. KARLECKE# 6467

## TESTING OFFICER'S OBSERVATIONS

SPEECH: SLURRED

ATTITUDE: TALKATIVE, DEFIANT, FIDGETY,

CLOTHING: BLACK SHORTS, BLUE SHIRT, WHITE SNEAKERS

MEDICAL CONDITIONS: HERNIATED DISC

MEDICATIONS: YES, UNKNOWN

## OTHER:

EYES: GLASSY AND BLOODSHOT

## COMMENTS:

ARRIVED AT CENTER A/O BEGAN THE 20 MINUTE OBSERVATION PERIOD AT 00:15 HRS.

SUBJECT: REFUSED TO ANSWER ALL FORMAT QUESTIONS AND REFUSED TO TAKE TEST

A/O: READ I/C

SUBJECT: STATED HE UNDERSTOOD I/C AND WOULD NOT ACKNOWLEDGE IF HE WOULD TAKE TEST. ASKED FOR AN ATTORNEY

A/O: READ RIGHTS

SUBJECT: STATED HE UNDERSTOOD RIGHTS

A/O: NO Q & A CONDUCTED

REFUSED

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) \_\_\_\_\_

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: \_\_\_\_\_

**STATE OF FLORIDA**  
**AFFIDAVIT OF REFUSAL TO SUBMIT TO**  
**BREATH TEST**

I, investigator JACKIE CISSON, a duly certified Law Enforcement Officer or Correctional Officer,  
(Person reading Implied Consent Warning)  
 am a member of Palm Beach County Sheriffs Office, and I do swear  
(Name of enforcement agency)  
 or affirm that on or about the SEVENTEENTH day of September, 2024, at 11:52 PM

DRIVER COLE BLAKE STOUT  
(Type or Print) FIRST MIDDLE OR MAIDEN LAST

DL # S330102942970, state of FL, was placed under lawful arrest for  
 the offense of DUI by investigator JACKIE CISSON and  
(Name of Arresting Officer)  
 issued Citation # AJIWE1E

That on or about the SEVENTEENTH day of September, 2024, at 12:43 AM  
 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.)**



**MADELIN GONZALEZ**  
 Notary Public  
 State of Florida  
 Comm# HH225716  
 Expires 2/7/2026  
(AFFIX SEAL)

The foregoing instrument was sworn and subscribed before  
 me this 17 day of September, 2024  
 by \_\_\_\_\_  
 who is personally known to me or who has produced  
 \_\_\_\_\_ as identification.

Notary Public Madelin Gonzalez

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	5-6
	<input type="checkbox"/>	119.071(4)(d)2.a.	Home addresses, telephone numbers, dates of birth, and photographs of active/former LE personnel, spouses, and children	
Florida Rules of Judicial Administration 2.420	<input checked="" type="checkbox"/>	(iii) 119.0714(1)(i)-(j), (2)(a)-(e)	Social Security, bank account, charge, debit, and credit card numbers	2
	<input type="checkbox"/>	(xii) 741.30(3)(b)	The victim's address in a domestic violence action on petitioner's request	
	<input type="checkbox"/>	(xiii) 119.071(2)(h), 119.0714(1)(h)	Protected information regarding victims of child abuse or sexual offenses	
	<input type="checkbox"/>			
	<input type="checkbox"/>			
Other	<input type="checkbox"/>			
	<input type="checkbox"/>			
	<input type="checkbox"/>			
	<input type="checkbox"/>			

REVIEW COMPLETED BY

Booking Number: 2024025146	Date: 9/17/2024
	Specialist Name/ID#: T. Howard/7185