

24CT4805ASB

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

A D M I N I S T R A T I O N	ORIS Number		Agency ORI Number 0500200		Agency Name Boca Raton Police Department		Agency Report Number (N.T.A.'s only) 3 2 2024-003244					
	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: UNARMED					
D E F E N D A N T	Location of Arrest (Including Name of Business) 3200 N FEDERAL HWY, BOCA RATON, FL 33431				Location of Offense (Business Name, Address) 3200 N FEDERAL HWY, BOCA RATON, FL 33431							
	Date of Arrest 03/17/2024	Time of Arrest 23:22	Booking Date 03/17/2024	Booking Time 23:32	Jail Date 03/18/2024	Jail Time 00:38	Location of Vehicle WESTWAY					
J U V E N I L E	Name (Last, First, Middle) RIESCHER, COREY TORRANCE				Alias (Name, DOB, Soc. Sec. #, Etc.) Alias:							
	Race W - White B - Black	Sex W	Date of Birth 06/17/1973	Height 6'02	Weight 230	Eye Color BROWN	Hair Color BLACK	Complexion LIGHT	Build Large			
	Scars, Marks, Tattoos, Unique Physical Features (Location, Type, Description) None				Marital Status D	Religion CATHOLIC	Indication of Alcohol Influence Drug Influence: Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unk. <input type="checkbox"/>					
	Local Address (Street, Apt. Number) 658 BERKELEY ST, BOCA RATON, FL 33487				Phone (561) 334-6517	Residence Type: 1. City 3. Florida 2. County 4. Out of State 13						
	Permanent Address (Street, Apt. Number) 658 BERKELEY ST, BOCA RATON, FL 33487				Phone (561) 334-6517	Address Source FL DL						
	Business Address (Name, Street) PRECISION USA,				Phone	Occupation Sales						
	D/L Number, State R260118732170 / FL		Soc. Sec. Number	INS Number		Place of Birth (City, State) ORANGE, NJ, United		Citizenship US				
	Co-Defendant Name (Last, First, Middle)		Race	Sex	Date of Birth		<input type="checkbox"/> 1. Arrested <input type="checkbox"/> 3. Felony <input type="checkbox"/> 5. Juvenile <input type="checkbox"/> 2. At Large <input type="checkbox"/> 4. Misdemeanor					
	Co-Defendant Name (Last, First, Middle)		Race	Sex	Date of Birth		<input type="checkbox"/> 1. Arrested <input type="checkbox"/> 3. Felony <input type="checkbox"/> 5. Juvenile <input type="checkbox"/> 2. At Large <input type="checkbox"/> 4. Misdemeanor					
	Parent <input type="checkbox"/> Other <input type="checkbox"/> Name (Last, First, Middle)		Address (Street, Apt. Number) 11100				Residence Phone					
Legal Custodian <input type="checkbox"/> Name (Last, First, Middle)		Address (Street, Apt. Number)				Business Phone						
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.					School Attended		Grade					
Property Crime? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Description of Property			Value of Property							
Drug Activity N. N/A P. Possess		S. Sell B. Buy T. Traffic	R. Smuggle D. Deliver E. Use	K. Dispense/ Distribute	M. Manufacture/ Produce/ Cultivate	Z. Other	Drug Type N. N/A A. Amphetamine	B. Barbiturate C. Cocaine E. Heroin	H. Hallucinogen M. Marijuana O. Opium/Deriv.	P. Paraphernalia/ Equipment S. Synthetic	U. Unknown Z. Other	
C H A R G E	Charge Description DRIVE UNDER INFLUENCE ALC				Statute Violation Number 316.193(1A)		Violation of ORD #					
	Drug Activity	Drug Type	Amount / Unit	Offense #	Counts	Domestic Violence	Warrant / Capias Number		Bond			
		N			1	<input type="checkbox"/> Y <input checked="" type="checkbox"/> N						
	Charge Description				Statute Violation Number		Violation of ORD #					
Drug Activity				Drug Type	Amount / Unit	Offense #	Counts	Domestic Violence	Warrant / Capias Number		Bond	
Charge Description				Statute Violation Number		Violation of ORD #						
Drug Activity				Drug Type	Amount / Unit	Offense #	Counts	Domestic Violence	Warrant / Capias Number		Bond	
I N T A K E	Health / Apparent Physical Condition of Defendant GOOD				Any knowledge of the following: <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"/> Pooled Bond				<input type="checkbox"/> Released to Parent/Guardian <input checked="" type="checkbox"/> T.O.T. County Jail		PROPERTY - Received By 868		Released By 868		Released To PBCJ	
	Transported By 868				Date Transported 03/18/2024	Time Transported 00:39	Other					
N O T I C E T O A P P E A R	<input checked="" type="checkbox"/> INSTRUCTION NO. 1 - Mandatory appearance in court <input type="checkbox"/> INSTRUCTION NO. 2 - You need not appear in Court but must comply with instructions on Page 2.				Location (Court, Room) South County 200 W Atlantic Ave Delray Beach, FL 33444							
					Court Date and Time 04/22/2024 08:30:00							
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 SCANNED						
HOLD for Other Agency				Signature of Arresting Officer WILLIAMS, D.		Name Verification (Printed by Agent) MAR 18 2024						
<input type="checkbox"/> Dangerous <input type="checkbox"/> Suicidal		<input type="checkbox"/> Resisted Arrest <input type="checkbox"/> Other		Name of Arresting Officer (Print) WILLIAMS, D.		I.D. # 868		PAGE 1 OF 1				
Initial Deputy Barello		I.D. # 1822		Pouch #		Transporting Officer Hansen		I.D. # 86		Agency BOCA		
Witness here if subject signed with an "X".												

0547898

HARRISON 856

12/24

PROBABLE CAUSE AFFIDAVIT

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 2024-003244
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) RIESCHER, COREY TORRANCE	Alias	Race W	Sex M	Date of Birth 06/17/1973
Charge Description 316.193(1A) DUI	Charge Description			

Victim's Name (Last, First, Middle) STATE OF FLORIDA,	Race U	Sex U	Date of Birth
Local Address (Street, Apt. Number) 100 NW 2ND AVE, BOCA RATON, FL 33432	(City)	(State)	(Zip)
Phone (561) 338-1234	Address Source		
Business Address (Name, Street)	(City)	(State)	(Zip)
Phone (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.
 The Person taken into custody...
 committed the below acts in my presence. was observed by _____ who told _____ that he/she saw the arrested person commit the below acts.
 confessed to _____ admitting to the below facts. was found to have committed the below acts, resulting from my (described) investigation.
 On the 17 day of March, 2024 at 23:22 (Specifically include facts constituting cause for arrest.)

On 3/17/2024, at 2257 hours, I was traveling northbound on Federal Hwy approaching NE 2nd St. I observed a black Ford (FL PDEL58) stationary in the right outside lane of Federal Hwy. I noticed the vehicle was stopped ahead of the stop bar and slightly within the marked crosswalk. When the light turned green the vehicle continued northbound on Federal Hwy at which point, I pulled behind it and activated my front-mounted camera to capture any driving pattern. While traveling behind the vehicle I watched as it weaved within its lane crossing into the marked bicycle lane multiple times. I followed behind the vehicle for approximately 3 miles at which point I activated my emergency equipment. With both my lights and sirens activated I attempted to stop the vehicle. The vehicle failed to yield and continued traveling northbound for several seconds before eventually pulling over. I walked up to the driver's side window and spoke with the driver Corey Riescher. As I was waiting for Corey to open the window I watched as he placed multiple mints into his mouth. Once Corey opened the window, I was immediately presented with the strong odor of alcohol emanating from the vehicle. I observed Corey's eyes to be bloodshot and watery. Corey advised he was driving home from "Mizner" which is consistent with the location where I initially located him. In speaking with Corey despite the presence of mints, I was still able to smell the odor of alcohol emanating from his breath.

Based upon the combination of pre- and post-stop indicators I requested Corey participate in Field Sobriety Exercises (FSEs) to which he declined. I advised Corey of his Taylor warnings and after a lengthy conversation, Corey advised he was willing to participate. Corey advised he is healthy with no medical conditions.

The FSEs were conducted as follows.
 Horizontal Gaze Nystagmus (HGN)

SWORN AND SUBSCRIBED BEFORE ME	SIGNATURE OF ARRESTING / INVESTIGATING OFFICER
ZIADIE, ANDREW C NOTARY PUBLIC / CLERK OF COURT / OFFICER (F.S. 117.10)	
<u>03/18/2024</u> DATE	WILLIAMS, DAVID (868) NAME OF OFFICER (PLEASE PRINT)
	<u>03/18/2024</u> 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	OBTS Number		Agency ORI Number FL FLO500200		Agency Name BOCA RATON POLICE DEPARTMENT		Agency Report Number 3 2 2024-003244	
	Charge Type Check as many as apply		Special Notes:					

D E F	Name (Last, First, Middle) RIESCHER, COREY TORRANCE		Alias	Race W	Sex M	Date of Birth 06/17/1973
	<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					

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 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. 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, walked off the line, stopped to steady himself, made an improper turn, and failed to walk Heal-to-Toe.

One Leg Stand

The surface was flat and hard. The defendant attempted to do the exercise with shoes. The defendant raised his right leg. During the exercise, the defendant continued to sway, placed his foot down, and lost 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 29 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 was too impaired to operate a motor vehicle safely. The defendant was placed under arrest at 2322 hours, for driving under the influence. Corey was placed in handcuffs that were checked for tightness and double-locked.

A D M I N I S T R A T I V E	SWORN AND SUBSCRIBED BEFORE ME		SIGNATURE OF ARRESTING / INVESTIGATING OFFICER	
	ZIADIE, ANDREW C			
	NOTARY PUBLIC / CLERK OF COURT / OFFICER (FLS 117.10)		WILLIAMS, DAVID (868)	
	03/18/2024		NAME OF OFFICER (PLEASE PRINT)	
DATE		03/18/2024		
		DATE		
		PAGE		
		2 OF 3		

PROBABLE CAUSE AFFIDAVIT
SUPPLEMENT

1. Arrest
2. N.T.A.
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1

JUVENILE

A D M I N I S T R A T I V E	OBTS Number		Agency Name BOCA RATON POLICE DEPARTMENT		Agency Report Number 3 2 2024-003244	
	Agency ORI Number FL FL0500200					
Charge Type: Check as many as apply.					Special Notes:	
<input type="checkbox"/> 1. Felony <input type="checkbox"/> 3. Misdemeanor <input type="checkbox"/> 5. Ordinance <input type="checkbox"/> 2. Traffic Felony <input checked="" type="checkbox"/> 4. Traffic Misdemeanor <input type="checkbox"/> 6. Other						
Name (Last, First, Middle) RIESCHER, COREY TORRANCE					Race W	Sex M
					Date of Birth 06/17/1973	

The vehicle was towed by Westway towing. The tow log was completed and submitted by Officer Price.

Corey was transported to the BRPD DUI room. Officer Walker conducted the 20-minute observation and operated the Intoxilyzer. Corey indicated she did not wish to provide a breath sample and as such was read his Implied Consent Warnings. Despite understanding his warnings, Corey did not wish to provide a sample. Reference Intoxilyzer 8000 S#80-006622 results were (Refused)

Corey was transported to Palm Beach County Jail.

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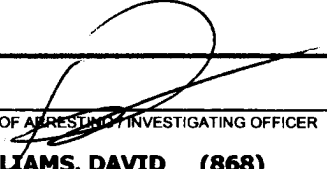
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SWORN AND SUBSCRIBED BEFORE ME

ZIADIE, ANDREW C
 NOTARY PUBLIC / CLERK OF COURT / OFFICER (F.S. 117.10)
 03/18/2024
 DATE


 SIGNATURE OF ARRESTING / INVESTIGATING OFFICER
WILLIAMS, DAVID (868)
 NAME OF OFFICER (PLEASE PRINT)
 03/18/2024
 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: 03/18/2024

Date of Last Agency Inspection: 02/16/2024
Observation Period Began: 23:36
Subject's Name: COREY T RIESCHER

DOB: 06/17/1973 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	23:59
	Air Blank	0.000	23:59
	Control Test	0.080	23:59
	Air Blank	0.000	00:00
	Subject Sample #1	NSP*	00:03
	Air Blank	0.000	00:03
	Air Blank	0.000	00:05
	Subject Sample #2	REF**	00:07
	Air Blank	0.000	00:07
	Control Test	0.081	00:07
	Air Blank	0.000	00:08
	Diagnostics Check	OK	00:08

*No Sample Provided
**Subject Test Refused

Cylinder Lot: 29122080A2
Exp: 12/05/2024

State of Florida, County of Palm Beach

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

I KIANA P WALKER, 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: 3/18/24
Signature

Sworn to (or affirmed) before me this 18 day of March, 2024
[Signature] David Williams
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.

**STATE OF FLORIDA
DEPARTMENT OF HIGHWAY SAFETY & MOTOR VEHICLES
AFFIDAVIT OF REFUSAL TO SUBMIT TO
BREATH AND/OR URINE TEST**

I, David Williams, a duly certified Law Enforcement Officer or Correctional Officer,
(Name of Officer reading Implied Consent Warning)

am a member of Boca Raton Police Services Department, and I do swear
(Name of law enforcement agency)

or affirm that on or about the 17 day of March, 2024, at 2322 P.M. A.M.

DRIVER Corey Torrance Riescher,
(Type or Print) FIRST NAME MIDDLE OR MAIDEN NAME LAST NAME

DL# R260118732170, state of Florida, was placed under lawful arrest for
the offense of DUI by David Williams and
(Name of Arresting Officer)

issued Citation # AG45P9E

That on or about the 17 day of March, 2024, at 2355 P.M. A.M.
in Palm Beach County,

I requested that the driver submit to a **breath and/or** **urine** test to determine his or her blood alcohol level and/or the presence of chemical or controlled substances. I informed the driver that the refusal to submit to such test(s) 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 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 for refusal to submit to a lawful test of his or her breath, urine, or blood. Additionally, I informed the driver that if he or she holds a CDL, or was operating a CMV, refusal will result in the disqualification of the Commercial Driver's License/driving privilege for a period of one (1) year in the case of a first refusal or permanently if he or she has previously been disqualified as a result of a refusal to submit to any such lawful test. Nonetheless, the driver refused to submit to the test(s) requested.

[Signature]
Signature of Law Enforcement Officer or Correctional Officer

THE AFFIDAVIT MUST BE NOTARIZED OR ATTESTED TO (F.S. 117.10)

The foregoing instrument was sworn and subscribed before me:
[Signature] K Walker 801
Signature of Attesting Officer

(AFFIX SEAL)
The foregoing instrument was sworn and subscribed before me this _____ day of _____, 20____, by _____, who is personally known to me or who has produced _____ as identification
Notary Public _____

Title Police officer
Date 3/18/24

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.

2024-003244 COREY TORRANCE RIESCHER
X15 - 2322 6117173
20 MIN - 2336

DUI INFLUENCE REPORT



BOCA RATON POLICE SERVICES DEPARTMENT
100 NW 2nd Avenue
Boca Raton, FL 33432



BOCA RATON POLICE SERVICES DEPARTMENT
DUI INFLUENCE REPORT - PART I

On the 17 day of March, at 1122 AM/PM:
Subject: Corey Riescher Case Number: 24-3244

PERSONAL CONTACT

Driving Pattern: _____
CPC

Observation of Driver: _____
CPC

Driver's Statement: _____
CPC

Odors: _____

GENERAL OBSERVATIONS

Speech: _____
Attitude: _____
Clothing: _____
Medical Problems: _____
Medications: _____
Other: _____
CPC

Horizontal Gaze Nystagmus:

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

Can not do, Why? _____

Walk and turn: _____

OPC

Can not do, Why? _____

One leg stand: _____

OPC

Can not do, Why? _____

Finger to nose: _____

OPC

Can not do, Why? _____

Alphabet (speech pattern): _____

Can not do, Why? _____

Breath/Blood test results: Refused

State of Florida, County of Palm Beach,
Sworn and subscribed before me this 3/17/24 (date) by Off. Walker

[Signature]

Notary/Clerk of Court/ Officer (FSS 117.10)

Date

3/17/2024

Signature of Arresting Officer

Name of Officer (print)

David ...

ARRESTING OFFICER: D. Williams

Name: K. Walker Phone # _____ Work # _____

Address: _____

Can testify to: Breath sample

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 # _____

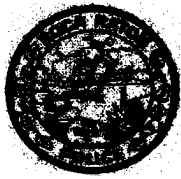
Address: _____

Can testify to: _____

Name: _____ Phone # _____ Work # _____

Address: _____

Can testify to: _____



BOCA RATON POLICE SERVICES DEPARTMENT
DUI INFLUENCE REPORT - PART II

To be filled out at testing facility

Agency Case # 2024-003244

I. INTRODUCTION (Instrument Operator faces video camera)

A. The day is Sunday, March, 17, 2024.
(day) (month) (date) (year)

B. The time is now approximately 1154 AM/PM.

C. The following is in reference to case number 24-3244.

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

E. Officer Williams, have you arrested Corey Riescher 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. Riescher, 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: read on camera

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.

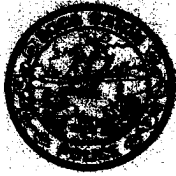
Note: After reading the implied consent warning, the arresting officer must request a breath sample again.

(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: Corey Riescher

CASE #: 24-3244 DATE: 3/17/24

BREATH TEST RESULTS

1) TIME Refused AM/PM 2) TIME _____ AM/PM

3) TIME _____ AM/PM 4) TIME _____ AM/PM

BREATH OPERATOR: K. Walker 861

MAINTENANCE TECHNICIAN: A. 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 1208 AM PM.
The date is March 18 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"/>			
	<input type="checkbox"/>			
Other	<input type="checkbox"/>			
	<input type="checkbox"/>			
	<input type="checkbox"/>			
	<input type="checkbox"/>			

REVIEW COMPLETED BY

Booking Number: 2024007299	Date: 3/18/2024
	Specialist Name/ID#: T.HOWARD/7185