

23 CT - 13902A53

OBTS Number		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			
Agency ORI Number 0500200		Agency Name Boca Raton Police Department			Agency Report Number (N.T.A.'s only) 3 2 2023-009847						
Charge Type: Check as many as apply <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		If Weapon Seized Enter Type UNARMED		Multiple Clearance Indicator							
Location of Arrest (Including Name of Business) 1000 N DIXIE HWY, BOCA RATON, FL 33432				Location of Offense (Business Name, Address) 1000 N DIXIE HWY, BOCA RATON, FL 33432							
Date of Arrest 08/06/2023	Time of Arrest 01:02	Booking Date 08/06/2023	Booking Time 01:12	Jail Date 08/06/2023	Jail Time 02:09	Location of Vehicle WEST WAY					
Name (Last, First, Middle) MORGAN, CRISTEN EDITH				Alias (Name, DOB, Soc. Sec. #, Etc.) Alias:							
Race W - White I - American Indian B - Black O - Oriental/Asian	Sex F	Date of Birth 11/24/1977	Height 5'05	Weight 150	Eye Color BROWN	Hair Color BROWN	Complexion LIGHT	Build Medium			
Scars, Marks, Tattoos, Unique Physical Features (Location, Type, Description) None				Marital Status D	Religion CATHOLIC	Indication of: Alcohol Influence Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Unk <input type="checkbox"/> Drug Influence Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Unk <input type="checkbox"/>					
Local Address (Street, Apt. Number) (City) (State) (Zip) 9776 GRAND VERDE WAY 708, BOCA RATON, FL 33428				Phone (561) 289-2081		Residence Type: 1. City 3. Florida 2. County 4. Out of State 3					
Permanent Address (Street, Apt. Number) (City) (State) (Zip) 9776 GRAND VERDE WAY 708, BOCA RATON, FL 33428				Phone (561) 289-2081		Address Source FL DL					
Business Address (Name, Street) (City) (State) (Zip) SMILES BY DR W,				Phone		Occupation Admin					
D/I Number, State M625100779240 / FL		Sec. Sec. Number		INS Number		Place of Birth (City, State) RIVERSIDE, IL		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			
Name (Last, First, Middle)				Relationship		Residence Phone					
Address (Street, Apt. Number) (City) (State) (Zip) (C) DL				Business Phone							
Notified by: (Name)				Date	Time	JUVENILE DISPOSITION 1. Handled/Processed within Department and Released 2. TOT JAC 3. Incarcerated					
Released To: (Name)				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. Snuggle 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 2. Other
Charge Description DRIVE UNDER INFLUENCE ALC				Statute Violation Number 316.193(1A)		Violation of ORD #					
Drug Activity	Drug Type N	Amount / Unit	Offense #	Counts 1	Domestic Violence <input type="checkbox"/> Y <input checked="" type="checkbox"/> N	Warrant / Capias Number		Bond			
Charge Description				Statute Violation Number		Violation of ORD #					
Drug Activity	Drug Type	Amount / Unit	Offense #	Counts	Domestic Violence <input type="checkbox"/> Y <input type="checkbox"/> N	Warrant / Capias Number		Bond			
Charge Description				Statute Violation Number		Violation of ORD #					
Drug Activity	Drug Type	Amount / Unit	Offense #	Counts	Domestic Violence <input type="checkbox"/> Y <input type="checkbox"/> N	Warrant / Capias Number		Bond			
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 Explain:							
Check which applies: <input type="checkbox"/> Released O.R. <input type="checkbox"/> Released to Parent/Guardian <input checked="" type="checkbox"/> T.O.T. County Jail <input type="checkbox"/> Posted Bond <input type="checkbox"/> South County Mental Health				PROPERTY - Received By 868		Released By 868		Released To PRO PBC - GUN CLUB			
Transported By 868				Date Transported 08/06/2023	Time Transported 02:10	Other		23 AUG 7 AM 7:53			
<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 09/04/2023 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 COMTEMPT OF COURT AND A WARRANT FOR MY ARREST SHALL BE ISSUED.								No Photo Available			
Signature of Defendant (or Juvenile and Parent/Custodian)								Date Signed			
HOLD for Other Agency <input type="checkbox"/> Dangerous <input type="checkbox"/> Resisted Arrest <input type="checkbox"/> Suicidal <input type="checkbox"/> Other				Name of Arresting Officer (Print) WILLIAMS, D.		I.D. # 868		Name Verification (Printed by Arrestee) (PRINT)			
Intake Deputy On Notepad 7206		I.D. #	Pouch #	Transporing Officer WILLIAMS		I.D. # 868	Agency BOCA	PAGE 1 OF 1			
Witness here if subject signed with an "X"											

JH 054 2412

SCANNED
AUG 07 2023

#205

PROBABLE CAUSE AFFIDAVIT

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	OBTS Number		Agency ORI Number FL FLO500200		Agency Name BOCA RATON POLICE DEPARTMENT		Agency Report Number 3 2 2023-009847		
	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) MORGAN, CRISTEN EDITH		Race W	Sex F	Date of Birth 11/24/1977
C H A R G E S	Charge Description 316.193(1A) DUI		Charge Description		Charge Description		Charge Description		
	Victim's Name (Last, First, Middle) STATE OF FLORIDA,		Race U	Sex U	Date of Birth		Local Address (Street, Apt. Number) (City) (State) (Zip) 100 NW 2ND AVE, BOCA RATON, FL 33432		Phone (561) 338-1234
V I C T I M	Business Address (Name, Street) (City) (State) (Zip) (561) -		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 ... <input type="checkbox"/> committed the below acts in my presence. <input type="checkbox"/> was observed by _____ who told _____ that he/she saw the arrested person commit the below acts. <input type="checkbox"/> confessed to _____ admitting to the below facts. <input checked="" type="checkbox"/> was found to have committed the below acts, resulting from my (described) investigation. On the 6 day of August , 2023 at 01:02 (Specifically include facts constituting cause for arrest.)		
	<p>On 8/6/2023, at 0039 hours, I was traveling northbound on Federal Hwy (US-1) passing SE 4th St in the inside lane. I was traveling directly behind a black Hyundai Genesis (FL 78BLPG). While traveling behind the vehicle I observed it weaving within its lane. The vehicle also had significant variation in its speed often rapidly accelerating and then slamming on the breaks. I followed behind the vehicle until we got to the intersection of E Glades Rd and N Dixie Hwy. While sitting at a red light in the inside lane, I observed the vehicle make a 90-degree right turn onto Dixie Hwy cutting off 2 lanes of traffic. I activated my emergency equipment and conducted a traffic stop on the vehicle where it came to a stop at 1200 N Dixie Hwy.</p> <p>I walked up to the driver's side window and spoke with the driver Cristen Morgan. Morgan advised she was driving from a restaurant in Mizner where she consumed 2 glasses of wine. In speaking with Morgan, I observed her speech to be slow and slurred. Additionally, I observed Morgan's eyes to be bloodshot/watery with an odor of alcohol emanating from her breath. Due to the combination of pre and post-stop indicators, I requested Morgan to participate in Field Sobriety Exercises (FSEs) to which she complied.</p> <p>The FSEs were conducted as follows. Horizontal Gaze Nystagmus (HGN)</p> <p>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 she 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.</p>								
S W O R N	SWORN AND SUBSCRIBED BEFORE ME		IMMLER, AMANDA NOTARY PUBLIC / CLERK OF COURT / OFFICER (F.S.S. 117.10)		SIGNATURE OF ARRESTING/INVESTIGATING OFFICER WILLIAMS, DAVID (868) NAME OF OFFICER (PLEASE PRINT)		DATE 08/06/2023		P A G E 1 OF 3
	DATE 08/06/2023		DATE 08/06/2023		DATE 08/06/2023		DATE 08/06/2023		

COURT STATE ATTORNEY CENTRAL RECORDS JAIL CRIME ANALYSIS P. I. O.

SCANNED
AUG 07 2023

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	OBTS Number	Agency Name		Agency Report Number
	Agency ORI Number FL FL0500200	BOCA RATON POLICE DEPARTMENT		3 2 2023-009847

Charge Type: Check as many as apply.	<input type="checkbox"/> 1. Felony	<input type="checkbox"/> 3. Misdemeanor	<input type="checkbox"/> 5. Ordinance	Special Notes:
	<input type="checkbox"/> 2. Traffic Felony	<input checked="" type="checkbox"/> 4. Traffic Misdemeanor	<input type="checkbox"/> 6. Other	

Name (Last, First, Middle) MORGAN, CRISTEN EDITH	Alias	Race W	Sex F	Date of Birth 11/24/1977
--	-------	------------------	-----------------	------------------------------------

Walk and Turn

The surface was flat and hard. The defendant attempted to do the exercise without shoes. The line used was a painted white line. I made sure the defendant both knew the line she 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 failed to walk Heel-to-Toe.

One Leg Stand

The surface was flat and hard. The defendant attempted to do the exercise without shoes. The defendant raised her right leg. During the exercise, the defendant continued to sway, placed her foot down, and lost her balance.

Finger to nose

The surface was flat and hard. The defendant conducted the exercise without shoes. The defendant failed to touch the tip of her finger to the tip of her 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 without shoes. During the exercise, the defendant continued to sway. The defendant notified me of the completion of the exercise after 32 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 0102 hours, for driving under the influence. Morgan was placed in handcuffs that were checked for tightness and double-locked.

The vehicle was towed by West Way towing. The tow log was completed and submitted by Officer Bagwell.

Morgan was transported to the BRPD DUI room. Officer Walker conducted the 20-minute observation and operated the Intoxilyzer. Morgan indicated she did not wish to provide a breath sample and as such was read her Implied Consent Warnings at 0136 Hours. Morgan indicated she understood and still did not wish to provide a breath sample. Reference

A D M I N I S T R A T I V E	SWORN AND SUBSCRIBED BEFORE ME	SIGNATURE OF ARRESTING / INVESTIGATING OFFICER
	IMMLER, AMANDA	WILLIAMS, DAVID (868)
	NOTARY PUBLIC / CLERK OF COURT / OFFICER (F.S.S. 117.10)	NAME OF OFFICER (PLEASE PRINT)
	08/06/2023	08/06/2023
	DATE	DATE

SCANNED
AUG 07 2023

PROBABLE CAUSE AFFIDAVIT
SUPPLEMENT

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

1 JUVENILE


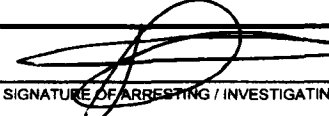
A D M I N	OBTS Number	Agency ORI Number FL FL0500200		Agency Name BOCA RATON POLICE DEPARTMENT	Agency Report Number 3 2 2023-009847		
	Charge Type: Check as many as apply.	<input type="checkbox"/> 1. Felony	<input type="checkbox"/> 2. Traffic Felony	<input type="checkbox"/> 3. Misdemeanor	<input checked="" type="checkbox"/> 4. Traffic Misdemeanor	<input type="checkbox"/> 5. Ordinance	<input type="checkbox"/> 6. Other

D E F	Name (Last, First, Middle) MORGAN, CRISTEN EDITH	Alias	Race W	Sex F	Date of Birth 11/24/1977
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Intoxilyzer 8000 S#80-006622 results were (Refused)

Morgan 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			
	IMMLER, AMANDA	NOTARY PUBLIC / CLERK OF COURT / OFFICER (F.S. 117.10)	SIGNATURE OF ARRESTING / INVESTIGATING OFFICER	
	08/06/2023	DATE	WILLIAMS, DAVID (868)	NAME OF OFFICER (PLEASE PRINT)
			08/06/2023	DATE

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3 OF **3**

COURT STATE ATTORNEY CENTRAL RECORDS JAIL CRIME ANALYSIS P. I. O.

SCANNED
AUG 07 2023

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, and I do swear
(Name of law enforcement agency)

or affirm that on or about the 6 day of August, 20 23, at 0039 P.M. A.M.

DRIVER Cristen Edith Morgan
(Type or Print) FIRST NAME MIDDLE OR MAIDEN NAME LAST NAME

DL# M625105779240, state of Florida, was placed under lawful arrest for

the offense of OUI by David Williams and
(Name of Arresting Officer)

issued Citation # AG43X7E
That on or about the 6 day of August, 20 23, at 0136 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 861
Signature of Attesting Officer

Title Police officer

Date 8/6/23

(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 _____

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.

SCANNED
AUG 07 2023

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: 08/06/2023

Date of Last Agency Inspection: 07/11/2023

Observation Period Began: 01:11

Subject's Name: CRISTEN E MORGAN

DOB: 11/24/1977 Sex: F

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	01:36
	Air Blank	0.000	01:36
	Control Test	0.079	01:37
	Air Blank	0.000	01:37
	Subject Sample #1	REF*	01:37
	Air Blank	0.000	01:38
	Control Test	0.080	01:38
	Air Blank	0.000	01:39
	Diagnostics Check	OK	01:39

*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, CLARA P. COLLIER, 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]

Signature

Date: 8/6/23

Sworn to (or affirmed) before me this 6 day of August, 2023

[Signature]
Signature of Notary Public-State of Florida

David Williams 868
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.

2023-9847 Refused

Morgan, Cristen 11/24/77

X15 - 0104 hrs

20min - 0111 hrs

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 6th day of August, at 0104 AM/PM:

Subject: Cristen Morgan Case Number: 23-9847

PERSONAL CONTACT

Driving Pattern: _____

CPC

Observation of Driver: _____

CPC

Driver's Statement: _____

CPC

Odors: _____

GENERAL OBSERVATIONS

Speech: _____

Attitude: _____

Clothing: _____

Medical Problems: _____

Medications: _____

Other: _____

CPC

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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: _____

CPC

Can not do, Why? _____

One leg stand: _____

CPC

Can not do, Why? _____

Finger to nose: _____

CPC

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 8/6/23 (date) by Officer Walker

K. Walker _____
Notary/Clerk of Court/ Officer (FSS 117.10) Date 8/6/23

[Signature] _____
Signature of Arresting Officer Name of Officer (print) Officer Walker

ARRESTING OFFICER: D. Williams

Name: K. Walker Phone # _____ Work # _____

Address: _____

Can testify to: Sfst's, 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: _____

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BOCA RATON POLICE SERVICES DEPARTMENT
DUI INFLUENCE REPORT - PART II

To be filled out at testing facility

Agency Case # 23-9847

I. INTRODUCTION (Instrument Operator faces video camera)

A. The day is Sunday, August, 8th, 2023.
(day) (month) (date) (year)

B. The time is now approximately 0136 AM/PM.

C. The following is in reference to case number 2023-9847.

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

E. Officer Williams, have you arrested Cristen Morgan 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 Morgan, 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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SCANNED
AUG 07 2023

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: _____

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AUG 07 2023



BOCA RATON POLICE SERVICES DEPARTMENT

TESTING FACILITY TASK REPORT

SUBJECT: Cristen Edith Morgan

CASE #: 23-9847 DATE: 8/6/23

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 0139 (AM/PM).

The date is August (month), 6 (day), 2023 (year).

SCANNED
AUG 07 2023



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"/>	(vii) 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"/>			
	<input type="checkbox"/>			
Other	<input type="checkbox"/>	119.0712(2)	Other: Personal information contained in a motor vehicle record	
	<input type="checkbox"/>	316.650(b)	Other: Driver information contained in a uniform traffic citation	

REVIEW COMPLETED BY

Booking Number: 2023020372	Date: 8/6/2023
	Specialist Name/ID: M. Tooks #8557

SCANNED
AUG 07 2023