

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

ARREST / NOTICE TO APPEAR  
Juvenile Referral Report

Check if Supplement is Attached

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

OBTS Number	Agency ORI Number FLO: 5   0   0   0   0   0		Agency Name <b>PALM BEACH COUNTY SHERIFFS OFFICE</b>	Agency Report Number <b>0   6   -   24038931</b>
Charge Type: Check as many as apply.	<input type="checkbox"/> 1. Felony <input type="checkbox"/> 2. Traffic Felony	<input type="checkbox"/> 3. Misdemeanor <input checked="" type="checkbox"/> 4. Traffic Misdemeanor	<input type="checkbox"/> 5. Ordinance <input type="checkbox"/> 6. Other	If Weapon Seized Enter Type
Location of Arrest (including Name of Business) <b>6177 S Jog Road</b>		Location of Offense (Business Name, Address) <b>6177 S Jog Road Boynton Beach FL, 33467</b>		
Date of Arrest <b>02/29/24</b>	Time of Arrest <b>0512</b>	Booking Date <b>02/29/2024</b>	Booking Time	Jail Date <b>Gardens Towing</b>

Name (Last, First, Middle) <b>Lagasse Daniel David</b>	Alias (Name, DOB, Soc. Sec. #, Etc.)							
Race W - White B - Black <b>W</b>	Sex <b>M</b>	Date of Birth <b>11/12/1980</b>	Height <b>5'10</b>	Weight <b>160</b>	Eye Color <b>BROWN</b>	Hair Color <b>BROWN</b>	Complexion <b>MEDIUM</b>	Build <b>MEDIUM</b>
Scars, Marks, Tattoos, Unique Physical Features (Location, Type, Description) <b>back of neck tattoo</b>		Marital Status <b>Single</b>	Religion <b>None</b>	Indication of: Alcohol Influence Drug Influence Y <input type="checkbox"/> N <input type="checkbox"/> Unk <input type="checkbox"/>				
Local Address (Street, Apt. Number) <b>6844 Blue Bay Circle</b>		(City) <b>Lake Worth, FL 33467</b>	(State)	(Zip)	Mobile Phone	Residence Type: 1. City 2. County 3. Florida 4. Out of State <b>2</b>		
Permanent Address (Street, Apt. Number)		(City)	(State)	(Zip)	Phone	Address Source <b>verbal</b>		
Business Address (Name, Street)		(City)	(State)	(Zip)	Phone	Occupation		
D/L Number, State <b>L220164804120, FL</b>	Soc. Sec. Number	INS Number	Place of Birth (City, State) <b>St. Louis, FL</b>		Citizenship			

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
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)
Notified by: (Name)		Date	Time	Juv. Disposition 1. Handled/Processed within Dept. and Released. 2. TOT HRS/DYS 3. Incarcerated	
Released to: (Name)		Relationship		Date	Time

The above address was provided by defendant and/or 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.

Yes, by: (Name)  No (Reason)

Property Crime?  Yes  No

Description of Property

Value of Property

School Attended

Grade

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
Charge Description <b>D.U.I.</b>		Counts <b>1</b>	Domestic Violence <input type="checkbox"/> Y <input checked="" type="checkbox"/> N	Statute Violation Number <b>316.193(1)A</b>	Violation of ORD					
Drug Activity <b>N</b>	Drug Type <b>N</b>	Amount / Unit	Offense #	Warrant / Capias Number	Bond					
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 Description <b>Refusal to accept and sign citation</b>		Counts	Domestic Violence <input type="checkbox"/> Y <input checked="" type="checkbox"/> N	Statute Violation Number <b>318.14(3)</b>	Violation of ORD #					
Drug Activity	Drug Type	Amount / Unit	Offense #	Warrant / Capias Number	Bond					
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					

Location (Court, Room Number, Address)  
**Criminal Justice Complex - 3228 Gun Club Road, West Palm Beach FL. 33406**

Court Date and Time  
Month  Day  Year  Time  A.M.  P.M.

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

**02/29/24**

Signature of Defendant (pr. Juvenile and Parent/Custodian)

Date Signed

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

HOLD for other agency  Signature of Arresting Officer **X** Name Verification (Printed by Arrestee)

Dangerous  Resisted Arrest **M.C. Ivanovic** I.D. # **41083** (PRINT)

Suicidal  Other: **Hinks 6766** Intake Deputy I.D. # **41083** Agency **PBSO**

Transporting Officer I.D. # **41083** Agency **PBSO** Witness here if subject signed with an "X"

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*AD*

PROBABLE CAUSE AFFIDAVIT

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

1 Juvenile

OBTS Number	Agency ORI Number <b>FLO 500000</b>		Agency Name <b>PALM BEACH COUNTY SHERIFF'S OFFICE</b>	Agency Report Number <b>06- 24038931</b>
Charge Type: Check as many as apply.	<input type="checkbox"/> 1. Felony	<input type="checkbox"/> 3. Misdemeanor	<input type="checkbox"/> 5. Ordinance	Special Notes:
	<input type="checkbox"/> 2. Traffic Felony	<input checked="" type="checkbox"/> 4. Traffic Misdemeanor	<input type="checkbox"/> 6. Other	

Name (Last, First, Middle) <b>Lagasse Daniel David</b>	Alias	Race <b>W</b>	Sex <b>M</b>	Date of Birth <b>11/12/1980</b>
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<b>D.U.I.</b>	<b>316.193(1)</b>
<b>Refusal to accept and sign citation</b>	<b>318.14(3)</b>

Victim's Name (Last, First, Middle) <b>STATE OF FLORIDA</b>	Race	Sex	Date of Birth
Local Address (Street, Apt. Number) (City) (State) (zip) Phone	Address Source <b>FL DL</b>		
Business Address (Name, Street) (City) (State) (zip) Phone	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 29th day of February 2024 at 0452  A.M.  P.M. (Specifically include facts constituting cause for arrest.)

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

On February 29th, 2024 at approximately 0452 hours, I was dispatched to 6177 S Jog Road, in reference to a man reportedly asleep behind the wheel of his truck.

Upon arrival, I observed Palm beach County Fire rescue to remove a man, later identified as Daniel Lagasse DOB 11/12/1980 from the driver seat of a red truck. The truck was still in drive at the time of his removal, and had front end damage to include a blown out tire. there were marks on the pavement from the vehicle driving on the rim.

Fire rescue checked the defendant, and advised he had no injuries.

Upon contact with defendant, a odor of a alcoholic beverage came from the defendant. This odor intensified as the defendant spoke. Defendant had difficulty maintaining balance, and swayed in a circular motion when standing. Vomit was found on the shirt of the defendant. Defendant had immediately observable glassy and bloodshot eyes. When speaking, the defendants words were slurred.

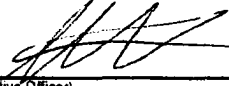
Defendant asked to be read his rights when told he was being investigated for driving under the influence. Defendant was read his rights, said he understood, and then stated the following. Defendant stated \_\_\_\_\_ Defendant stated \_\_\_\_\_ Defendant was given Taylor warnings, said he understood, and \_\_\_\_\_ Defendant said \_\_\_\_\_ Defendant said to just take him to jail. Defendant advised he was coming from the beach.

Based off my observations, Defendant was arrested for driving under the influence. Upon searching the defendants vehicle, a bottle of vodka, was found to be empty, along with assorted fruit juices. these bottles were inside a cooler that still contained ice, and the bottles had condensation on them. additionally two empty Corona bottles were found.

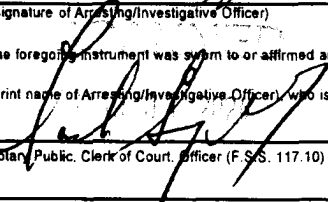
The defendant refused to answer any questions at the BAT.

The defendant was read implied consent and then still refused to provide a sample of his breath for the purpose of determining impairment.

Defendant further refused to sign his DUI citation for violation of Florida State Statute 316.193(1) so defendant was further charged with violation of Florida State Statute 318.14(3)

STATE OF FLORIDA  
COUNTY OF PALM BEACH  
  
M.C. Ivanovic (ID #) 41083  
(Signature of Arresting/Investigative Officer)

The foregoing instrument was sworn to or affirmed and subscribed before me this 29th day of February 2024 by M.C. Ivanovic 41083  
(Print name of Arresting/Investigative Officer) who is personally known to me and/or produced identification. Type of identification produced KNOWN

  
Notary Public  
State of Florida  
Comm # 14223718

PAGE  
OF 1

# D.U.I. PROBABLE CAUSE AFFIDAVIT

AM  PM

ON THE 29th DAY OF February 20 24, AT 0452

SUBJECT: Lagasse Daniel David CASE NUMBER: 24038931

AGENCY: PALM BEACH COUNTY SHERIFF'S OFFICE ARRESTING OFFICER: M.C. Ivanovic 41083

## PERSONAL CONTACT

DRIVING PATTERN: ACTUAL PHYSICAL CONTROL (PHYSICAL EVIDENCE OR STATEMENTS PUTTING DEF. BEHIND WHEEL OF VEHICLE)

Defendant was reported to be asleep behind the wheel of a red truck. Upon arrival, myself, other deputies, and Palm Beach County Fire Rescue observed defendant to be sleeping in the driver seat of his vehicle inside a plaza. Defendant had his vehicle in drive, and had front end damage to include a blown out tire. there were marks on the pavement from the vehicle driving on the rim.

## OBSERVATION OF DRIVER:

Defendant was found asleep while driving his motor vehicle. Upon contact with defendant, a odor of a alcoholic beverage came from the defendant. This odor intensified as the defendant spoke. Defendant had difficulty maintaining balance, and swayed in a circular motion when standing. Vomit was found on the shirt of the defendant. Defendant had immediately observable glassy and bloodshot eyes. When speaking, the defendants words were slurred.

## DRIVER'S STATEMENTS:

Defendant asked to be read his rights when told he was being investigated for driving under the influence. Defendant stated [redacted]. Defendant stated [redacted]. Defendant was given Taylor warnings, said he understood, and [redacted]. Defendant said to just take him to jail. Defendant advised he was coming from the beach. Defendant advised [redacted].

## ODORS:

odor of alcoholic beverage

## GENERAL OBSERVATIONS

SPEECH: slurred

ATTITUDE: uncooperative

CLOTHING: beach apparel, swimsuit and flip flops.

MEDICAL/OTHER: none stated

STATE OF FLORIDA  
COUNTY OF PALM BEACH

M.C. Ivanovic 41083

Signature of Arresting/Investigative Officer)

I, the foregoing instrument was sworn to or affirmed and subscribed before me this 29th day of February 20 24 by M.C. Ivanovic 41083

Print name of Arresting/Investigative Officer, who is personally known to me and/or produced identification. Type of identification produced KNOWN

[Signature]  
Notary Public, Clerk of Court, Officer (F.S.S. 117.10)



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

SUBJECT: Lagasse

Daniel

CASE NUMBER 24038931

**ROADSIDE TASKS**

**HORIZONTAL GAZE NYSTAGMUS / LIGHTED PEN STIMULUS TASK: SFST**

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:**

Refused

SELECT TASK HERE

Refused

SELECT TASK HERE

Refused

SELECT TASK HERE

Refused

SELECT TASK HERE

Refused

BREATH TEST RESULTS: 

1) REFUSED	2)	3)	4)
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STATE OF FLORIDA  
COUNTY OF PALM BEACH

M.C. Ivanovic 41083

Signature of Arresting/Investigative Officer)

foregoing instrument was sworn to or affirmed and subscribed before me this 29th day of February, 2024 by M.C. Ivanovic 41083

Print name of Arresting/Investigative Officer), who is personally known to me and/or produced identification. Type of identification produced KNOWN

Madelin Gonzalez  
Notary Public, Clerk of Court, Officer (F.S. 117.10)



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

NOT A CERTIFIED COPY

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

I, Deputy MATTHEW IVANOVIC, 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 TWENTY-NINTH day of February, 2024, at 6:45 AM

DRIVER DANIEL DAVID LAGASSE  
(Type or Print) FIRST MIDDLE OR MAIDEN LAST

DL # L220164804120, state of FL, was placed under lawful arrest for

the offense of DUI by Deputy MATTHEW IVANOVIC and  
(Name of Arresting Officer)

issued Citation # AIKVOCE.

That on or about the TWENTY-NINTH day of February, 2020, at 6:20 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 29 day of February, 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.

# TESTING FACILITY TASK REPORT

AGENCY:

SUBJECT:  CASE NUMBER:

DATE:  VIDEO DVD NUMBER:

BEGINNING TIME:  ENDING TIME:

BREATH TESTS RESULTS: 1)  TIME  A.M.  P.M.  2)  TIME  A.M.  P.M.

3)  TIME  A.M.  P.M.  4)  TIME  A.M.  P.M.

BREATH OPERATOR:

MAINTENANCE TECHNICIAN:

## TESTING OFFICER'S OBSERVATIONS

SPEECH:

ATTITUDE:

CLOTHING:

MEDICAL CONDITIONS:

MEDICATIONS:

## OTHER:

## COMMENTS:

ARRIVED AT CENTER A/O BEGAN THE 20 MINUTE OBSERVATION PERIOD AT 05:49 HRS.

SUBJECT: REFUSED TO ANSWER FORMAT QUESTIONS, REFUSED TO TAKE TEST. STATED, "HE DOES NOT ANSWER QUESTIONS".

A/O: READ I/C  
SUBJECT: REFUSED TO ANSWER IF HE UNDERSTOOD I/C AND REFUSED TO TAKE TEST. SUBJECT KEPT ON SAYING "HE DOES NOT ANSWER QUESTIONS".

A/O: STATED READ RIGHTS ON SCENE

A/O: NO Q & A CONDUCTED  
SUBJECT: REFUSED QUESTIONS

**REFUSED**

**REFUSED**

SUBJECT:                     DUI/D                       CASE NUMBER:                     40311                      

# **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) \_\_\_\_\_

WHITE: STATE ATTY.      YELLOW: DHSMV      PINK: CENTRAL RECORDS      GOLD: JAIL



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: \_\_\_\_\_

WHITE - STATE ATTY.   YELLOW - DHSMV   PINK - CENTRAL RECORDS   GOLD - JAIL

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: \_\_\_\_\_

WHITE - STATE ATTY.   YELLOW - DHSMV   PINK - CENTRAL RECORDS   GOLD - JAIL

# WITNESS LIST

CASE NUMBER: 24038931

ARRESTING OFFICER: M.C. Ivanovic

ADDRESS: 3228 Gun Club Road

PHONE NUMBERS (HOME): 561 346 0693 (WORK) \_\_\_\_\_

CAN TESTIFY TO: Wheel witness, DUI investigation, and refusal

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

ADDRESS: \_\_\_\_\_

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

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

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

ADDRESS \_\_\_\_\_

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

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

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

ADDRESS \_\_\_\_\_

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

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

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

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

ADDRESS \_\_\_\_\_

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

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

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

ADDRESS \_\_\_\_\_

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

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

NOT A CERTIFIED COPY



# 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 checked="" type="checkbox"/>	119.071(2)(e)	Confession	3-4
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"/>			
Other	<input type="checkbox"/>			
	<input type="checkbox"/>			
	<input type="checkbox"/>			
	<input type="checkbox"/>			

**REVIEW COMPLETED BY**

Booking Number: 2024005540	Date: 3/1/2024
	Specialist Name/ID#: T.HOWARD/7185