

24CT3407 SB

ARREST / NOTICE TO APPEAR

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

1 JUVENILE

OBTS Number	Agency CR# Number <b>0502000</b>		Agency Name <b>Lantana Police Department</b>		Agency Report Number (I.T.A.'s only) <b>6, 4, 24-000905</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		Multiple Clearance Indicator <b>1</b>
Location of Arrest (Including Name of Business)			Location of Offense (Business Name, Address)			
<b>N DIXIE HWY/N FEDERAL HWY, 870 N DIXIE HWY/N FEDERAL</b>			<b>870 N DIXIE HWY/N FEDERAL HWY, LANTANA, FL 33462</b>			
Date of Arrest <b>02/25/2024</b>	Time of Arrest <b>02:15</b>	Booking Date <b>02/25/2024</b>	Booking Time <b>02:25</b>	Jail Date <b>02/25/2024</b>	Jail Time <b>04:01</b>	Location of Vehicle
Name (Last, First, Middle) <b>HOUGHTALING, DAREN CHRISTOPHER</b>			Alias:		Alias (Name, DOB, Soc. Sec. #, Etc.)	
Race W. White A. Black O. Oriental/Asian	Sex <b>M</b>	Date of Birth <b>09/24/1965</b>	Height <b>6'01</b>	Weight <b>260</b>	Eye Color <b>BROWN</b>	Hair Color <b>BROWN</b>
Scars, Marks, Tattoos, Unique Physical Features (Location, Type, Description)			Marital Status <b>D</b>	Religion <b>CHRISTIAN</b>	Indication of Alcohol Influence Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unk <input type="checkbox"/>	
Local Address (Street, Apt. Number) <b>610 CLEMATIS ST 130, WEST PALM BEACH, FL 33401</b>			Phone <b>(561) 508-1751</b>		Residence Type 1 City 3 Florida 2 County 4 Out of State <b>1</b>	
Permanent Address (Street, Apt. Number) <b>610 CLEMATIS ST 130, WEST PALM BEACH, FL 33401</b>			Phone <b>(561) 508-1751</b>		Address Source <b>FL D/L</b>	
Business Address (Name, Street)			Phone		Occupation	
EIN Number, State <b>H234163653440 / FL</b>		Soc. Sec. Number		HS Number		Place of Birth (City, State) <b>SOLIHULL, England</b>
Citizenship <b>US</b>		Co-Defendant Name (Last, First, Middle)		Face	Sex	Date of Birth
Co-Defendant Name (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		Name (Last, First, Middle)		Residence Phone		
Address (Street, Apt. Number)		(City)	(State)	(Zip)	Business Phone	
Notified by (Name)		Date	Time	JUVENILE DISPOSITION 1 Handled/Processed within 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 S Sell M Mfg P Possess		K Smuggle D Deliver E Use	K Dispense/ Distribute	M Manufacture/ Produce/ Cultivate	Other	Drug Type N N/A A Amphetamine
B Barbiturate C Cocaine E Heroin		H Hallucinogen M Marijuana O Opioid/Drug	P Paraphernalia/ Equipment S Synthetic	U Unknown Z Other		
Charge Description <b>DUI-DRIVING UNDER THE INFLUENCE</b>				Statute Violation Number <b>316.193(1)(A)</b>		Violation of ORD #
Drug Activity	Drug Type <b>N</b>	Amount / Unit	Offense #	Counts <b>1</b>	Domestic Violence <input type="checkbox"/> Y <input checked="" type="checkbox"/> N	Warrant / Capias Number
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
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
Health / Apparent Physical Condition of Defendant						
Check which applies: <input type="checkbox"/> Released C.R. <input type="checkbox"/> Released to Parent/Guardian <input type="checkbox"/> Posted Bond <input type="checkbox"/> South County Mental Health				Any knowledge of the following Explain <input type="checkbox"/> Mental <input type="checkbox"/> Escape Risk <input type="checkbox"/> Medication <input type="checkbox"/> Deformities <input type="checkbox"/> Injuries		
Transported By <b>MURDOCK</b>		Date Transported <b>02/25/2024</b>		Time Transported <b>02:15</b>		Other
<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) <b>200 W Atlantic Ave, DELRAY BEACH</b>		No Photo Available
				Court Date and Time <b>03/19/2024 08:30:00</b>		
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		
HOLD for Other Agency		Signature of Arresting Officer <b>MURDOCK</b>		Name Verification (Printed by Arrestee)		
<input type="checkbox"/> Dangerous <input type="checkbox"/> Suicidal		Name of Arresting Officer (Print) <b>MURDOCK, LOGAN R</b>		(PRINT)		
<input type="checkbox"/> Releated Arrest <input type="checkbox"/> Other		ID # <b>941</b>		PAGE <b>1 OF 1</b>		
Police Deputy <b>Bernillo</b>		ID # <b>18342</b>		Transporting Officer <b>MURDOCK</b>		
		ID # <b>941</b>		Agency <b>LANTA</b>		
Witness here if subject signed with an "X"						

COURT  STATE ATTORNEY  AGENCY  CENTRAL RECORDS  JAIL  CRIME ANALYSIS  P.T.O.  DEFENDANT

0547347

1589

**D.U.I. PROBABLE CAUSE AFFIDAVIT**

ON THE 25th DAY OF February 2024, AT 0158  AM  PM

SUBJECT: Houghtaling Daren C CASE NUMBER: 24-000905

AGENCY: PALM BEACH COUNTY SHERIFF'S OFFICE ARRESTING OFFICER: Ofc. Murdock

**PERSONAL CONTACT**

DRIVING PATTERN: ACTUAL PHYSICAL CONTROL (PHYSICAL EVIDENCE OR STATEMENTS PUTTING DEF. BEHIND WHEEL OF VEHICLE)  
**Not observed, vehicle was stopped in roadway.**

OBSERVATION OF DRIVER:

**The driver, Daren C. Houghtaling (09/24/1965), was found to be asleep behind the wheel of his vehicle, a 2018 gray Mercedes Benz GLS 450 (FL tag: PJP6A). The vehicle was still in park while at a yellow flashing traffic light. I had to knock on the driver side window several times before Houghtaling awoke. Upon waking, Houghtaling appeared confused.**

DRIVER'S STATEMENTS:

**Houghtaling stated he had been drinking this evening.**

ODORS:

**There was a strong smell of alcoholic beverages coming from Houghtaling.**

**GENERAL OBSERVATIONS**

SPEECH: **Slurred**

ATTITUDE: **Confused**

CLOTHING: **In good order**

MEDICAL/OTHER: **No medical conditions**

STATE OF FLORIDA  
COUNTY OF PALM BEACH

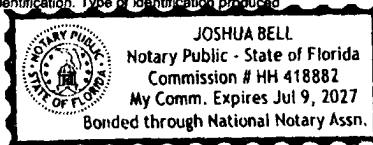
**Ofc. Murdock**

(Signature of Arresting/Investigative Officer)

The foregoing instrument was sworn to or affirmed and subscribed before me this 25 day of February 2024 by **Ofc. Murdock**

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

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



SUBJECT Houghtaling Daren CASE NUMBER 24-000905

**ROADSIDE TASKS**

**HORIZONTAL GAZE NYSTAGMUS:**

- LT EYE-LACK OF SMOOTH PURSUIT
- RT EYE-LACK OF SMOOTH PURSUIT
- LT EYE-DISTINCT & SUSTAINED NYSTAGMUS AT MAX. DEVIATION
- RT EYE-DISTINCT & SUSTAINED NYSTAGMUS AT MAX. DEVIATION
- LT- EYE-ONSET OF NYSTAGMUS PRIOR TO 45 DEGREES
- RT- EYE-ONSET OF NYSTAGMUS PRIOR TO 45 DEGREES

**Other Observations:**

**WALK & TURN:**  
Refused task

**ONE LEG STAND:**  
Refused Task

**ROMBERG ALPHABET:**  
Refused Task

**FINGER TO NOSE:**   
Refused Task

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

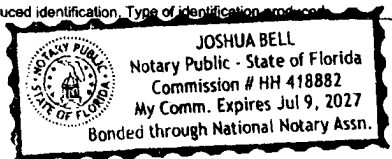
STATE OF FLORIDA  
COUNTY OF PALM BEACH

**Ofc. Murdock** [Signature]  
(Signature of Arresting/Investigative Officer)

The foregoing instrument was sworn to or affirmed and subscribed before me this 25 day of February, 2024 by Ofc. Murdock

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

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



NOT A CERTIFIED COPY

# TESTING FACILITY TASK REPORT

AGENCY: LPD

SUBJECT: HOUGHTALING, DAREN CHRISTOPHER

CASE NUMBER: 24-037668

DATE: Feb 25, 2024

VIDEO DVD NUMBER: N/A

BEGINNING TIME: 0307

ENDING TIME: 0323

BREATH TESTS RESULTS: 1) R TIME 0310 A.M.  P.M.  2) XX TIME XX A.M.  P.M.   
3) XX TIME XX A.M.  P.M.  4) XX TIME XX A.M.  P.M.

**REFUSED**

BREATH OPERATOR: JOSHUA J BELL #8656

MAINTENANCE TECHNICAN: J. KARLECKE #6467

### TESTING OFFICER'S OBSERVATIONS

SPEECH: SLURRED

ATTITUDE: COOPERATIVE

CLOTHING: BLUE TEE SHIRT, BLUE JEANS, BLACK BOOTS

MEDICAL CONDITIONS: NONE

MEDICATIONS: NONE

### OTHER:

EYES: BLOODSHOT, GLASSY  
ODOR OF UNKNOWN ALCOHOLIC BEVERAGE COMING FROM BREATH

### COMMENTS:

ARRIVED AT DUI TESTING FACILITY AND BEGAN THE 20 MINUTE OBSERVATION AT 0243 HOURS

SUBJECT STATED HE WOULD NOT TAKE BREATH TEST

A/O READ I.C  
SUBJECT STATED HE UNDERSTOOD I.C  
SUBJECT AGAIN STATED HE WOULD NOT TAKE BREATH TEST

REFUSAL TIME 0310 HOURS

A/O READ RIGHTS  
SUBJECT STATED HE UNDERSTOOD HIS RIGHTS

A/O CONDUCTED Q AND A  
SUBJECT ANSWERED Q AND A

**REFUSED**

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

I, Ofc. Murdock, a duly certified Law Enforcement Officer or Correctional Officer,  
(Name of Officer reading Implied Consent Warning)

am a member of Lantana PD, and I do swear  
(Name of law enforcement agency)

or affirm that on or about the 25 day of February, 20 24, at 0215  P.M.  A.M.

DRIVER Daren C Houghtaling,  
(Type or Print) FIRST NAME MIDDLE OR MAIDEN NAME LAST NAME

DL# H234163653440, state of Florida, was placed under lawful arrest for

the offense of DUI by Ofc. Murdock and  
(Name of Arresting Officer)

issued Citation # AH09000

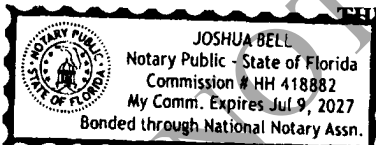
That on or about the 25 day of February, 20 24, at 0310  P.M.  A.M.

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)**



(AFFIX SEAL)

The foregoing instrument was sworn and subscribed before

me this 25 day of February, 20 24,

by Ofc. Murdock,

who is personally known to me or who has produced

[Signature] as identification

Notary Public [Signature]

HSMV-BAR1001 (REV. 10/2016)

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.

# WITNESS LIST

CASE NUMBER: 24-000905

ARRESTING OFFICER: Ofc. Murdock

ADDRESS: 901 N 8th St, Lantana Fl 33462

PHONE NUMBERS (HOME): 561-540-5702 (WORK) \_\_\_\_\_

CAN TESTIFY TO: Observation of subject/SFST's

NAME: Ofc. Morris

ADDRESS: 901 N 8th St, Lantana Fl 33462

PHONE NUMBERS (HOME) 561-540-5701 (WORK) \_\_\_\_\_

CAN TESTIFY TO: Observation of driver behind wheel

NAME: Sgt. Dipolito

ADDRESS 901 N 8th St, Lantana Fl 33462

PHONE NUMBERS (HOME) 561-540-5701 (WORK) \_\_\_\_\_

CAN TESTIFY TO: Observation of Driver behind wheel

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

ADDRESS \_\_\_\_\_

PHONE NUMBERS (HOME) 0 (WORK) 0

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

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: \_\_\_\_\_

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: \_\_\_\_\_

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

ADDRESS \_\_\_\_\_

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

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

NOT A CERTIFIED COPY



**PALM BEACH COUNTY SHERIFF'S OFFICE  
DUI TESTING FACILITY  
INFORMATION SHEET**

PBSO CASE # 24-037668 PBSO ZONE 4-11

AGENCY CASE # Lantana 23-000905 CRASH CASE # \_\_\_\_\_

TIME OF STOP/CRASH 0158 DATE 02/25/2024 DAY Sunday

SUBJECT'S NAME Houghtaling Daren C C RACE W SEX M  
LAST FIRST MID

HGT 6'01" WGT 260 DOB 09/24/1965

LOCATION N Dixie Hwy/N Federal Hwy

ARRESTING OFFICER'S NAME & ID Ofc. Murdock 941 AGENCY Lantana PD

DIVISION: Road Patrol

NOTIFIED BY COMMO \_\_\_\_\_

ARRIVAL AT FACILITY 0243

ARREST TIME 0215

BREATH RESULTS:

1) \_\_\_\_\_

**REFUSED**

4) \_\_\_\_\_

NOT A CERTIFIED COPY

TESTING OFFICER'S ID 8656 PBSO VIDEOTAPE # \_\_\_\_\_

SUBJECT: \_\_\_\_\_ CASE NUMBER: 1100705

## 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: \_\_\_\_\_

PBSO #0129C REV. 9/93      WHITE - STATE ATTY.      YELLOW - DHSMV      PINK - CENTRAL RECORDS      GOLD - JAIL

SUBJECT: \_\_\_\_\_ CASE NUMBER: \_\_\_\_\_

# **IMPLIED CONSENT FOR DUI IN A MOTOR VEHICLE**

**NOTE: READ ONLY THE PARAGRAPH APPLICABLE TO THE TYPE OF TEST YOU ARE REQUESTING.**

I am now requesting that you submit to a lawful test of your **BREATH** for the purpose of determining its alcohol content.

OR

I am now requesting that you submit to a lawful test of your **URINE** for the purpose of determining the presence of chemical or controlled substances.

**NOTE: READ ONLY IF THE SUBJECT DOES NOT COMPLY WITH YOUR REQUEST.**

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

If you refuse to take the test I have requested of you, your driving privilege will be suspended for a period of one (1) year for a FIRST REFUSAL, or eighteen (18) months if your driving privilege has been PREVIOUSLY SUSPENDED, or if you have been PREVIOUSLY FINED under s. 327.35215, for refusing to submit to a lawful test of your breath, urine, or blood. Additionally, if you refuse to take the test I have requested of you, and if your driving privilege has been previously suspended, or if you have been previously fined under s. 327.35215, for a refusal to submit to a lawful test of your **breath, urine** or blood, you will be committing a misdemeanor, in addition to any other penalties which can be imposed by law.

Refusal to submit to the test I have requested is admissible into evidence in any criminal proceeding.

Do you understand what I have just read to you? YES <or> NO Do you still refuse to submit to this test? YES <or> NO

**NOTE: IF THE SUBJECT POSSESSES A COMMERCIAL DRIVER'S LICENSE (CDL), READ THE FOLLOWING,**

If you are a Commercial Driver License (CDL) holder or were driving a Commercial Motor Vehicle (CMV), your refusal to submit to testing will result in the loss of your commercial driving privilege for a period of one year from today. If this is your SECOND REFUSAL, you will be permanently disqualified from holding a CDL or operating a CMV.

Do you understand what I have just read to you? YES <or> NO Do you still refuse to submit to this test? YES <or> NO

SUBJECTS SIGNATURE: (X) \_\_\_\_\_

## **CONSTITUTIONAL WARNINGS**

**I AM REQUIRED TO WARN YOU BEFORE YOU MAKE ANY STATEMENTS THAT YOU HAVE THE FOLLOWING RIGHTS:**

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

SUSPECT'S SIGNATURE: (X) \_\_\_\_\_

WHITE: STATE ATTY.

YELLOW: DHSMV

PINK: CENTRAL RECORDS

GOLD: JAIL



# 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"/>			
Other	<input type="checkbox"/>			
	<input type="checkbox"/>			
	<input type="checkbox"/>			
	<input type="checkbox"/>			

**REVIEW COMPLETED BY**

Booking Number: 2024005146	Date: 2/26/2024
	Specialist Name/ID#: T.HOWARD/7185