

0537508

23 CT 947 ASB 2164

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

AD M I N I S T R A T I O N	OBTS Number		Agency ORI Number 0500200		Agency Name Boca Raton Police Department		Agency Report Number (N.T.A.'s only) 3 2 2023-000791			
D E F E N D A N T	Charge Type: Check as many as apply: ☐ 1. Felony ☐ 2. Traffic Felony ☐ 3. Misdemeanor ☒ 4. Traffic Misdemeanor ☐ 5. Ordinance ☐ 6. Other		If Weapon Seized Enter Type: UNARMED		Multiple Clearance Indicator					
	Location of Arrest (Including Name of Business) 200 CAMINO GARDENS BLVD, BOCA RATON, FL 33432				Location of Offense (Business Name, Address) 200 CAMINO GARDENS BLVD, BOCA RATON, FL 33432					
	Date of Arrest 01/17/2023	Time of Arrest 02:34	Booking Date 01/17/2023	Booking Time 02:44	Jail Date 01/17/2023	Jail Time 04:17	Location of Vehicle ON SCENE			
	Name (Last, First, Middle) FEREL, DONALD JR				Alias (Name, DOB, Soc. Sec. #, Etc.) Alias:					
J U V E N I L E	Race W - White B - Black L - American Indian O - Oriental/Asian Scars, Marks, Tattoos, Unique Physical Features (Location, Type, Description) Name	Sex M	Date of Birth 09/11/1987	Height 5'09	Weight 180	Eye Color BROWN	Hair Color BROWN	Complexion LIGHT	Build Medium	
	Local Address (Street, Apt. Number) 521 CURLEW RD, DELRAY BEACH, FL 33444		(City)	(State)	(Zip)	Phone	Indication of Alcohol Influence Yes ☒ No ☐ Unk. ☐			
	Permanent Address (Street, Apt. Number) 521 CURLEW RD, DELRAY BEACH, FL 33444		(City)	(State)	(Zip)	Phone	Residence Type: 1. City 2. County 3. Florida 4. Out of State 3			
	Business Address (Name, Street) UNEMPLOYED,		(City)	(State)	(Zip)	Phone	Address Source FL DL			
	D/L Number, State F642180873310 / FL		Soc. Sec. Number	INS Number		Place of Birth (City, State) BOYNTON BEACH,	Citizenship US			
	Co-Defendant Name (Last, First, Middle)		Race	Sex	Date of Birth		☐ 1. Arrested ☐ 2. At Large ☐ 3. Felony ☐ 4. Misdemeanor ☐ 5. Juvenile			
C O D E	Co-Defendant Name (Last, First, Middle)		Race	Sex	Date of Birth		☐ 1. Arrested ☐ 2. At Large ☐ 3. Felony ☐ 4. Misdemeanor ☐ 5. Juvenile			
	Parent ☐ Other: _____ 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. Incorporated					
	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 355-2526) informed of any change of address. ☐ Yes, by: _____ ☐ No: _____		School Attended		Grade					
C H A R G E	Drug Activity N. N/A P. Possess		S. Sell B. Buy T. Traffic	R. Smuggle 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 Z. 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 ☐ Y ☒ N	Warrant / Capias Number	Bond OR		
C H A R G E	Charge Description		Statute Violation Number		Violation of ORD #					
	Drug Activity	Drug Type	Amount / Unit	Offense #	Counts	Domestic Violence ☐ Y ☐ N	Warrant / Capias Number	Bond		
	Charge Description		Statute Violation Number		Violation of ORD #					
	Drug Activity	Drug Type	Amount / Unit	Offense #	Counts	Domestic Violence ☐ Y ☐ N	Warrant / Capias Number	Bond		
I N T A K E	Health - Apparent Physical Condition of Defendant GOOD		Any knowledge of the following: ☐ Mental ☐ Escape Risk ☐ Medication ☐ Deformities ☐ Injuries Explain:		PROPERTY - Received By 868		Released By 868		Released To PBCJ	
	Check which applies: ☐ Released O.R. ☐ Posted Bond ☐ Released to Parent/Guardian ☐ South County Mental Health ☒ T.O.T. County Jail		Date Transported 01/17/2023		Time Transported 04:17	Other				
	Transported By 868		Location (Court, Room) South County 200 W Atlantic Ave Delray Beach, FL 33444		Court Date and Time 02/20/2023 08:30:00		No Photo Available			
	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					
A D M I N	HOLD for Other Agency		Signature of Arresting Officer (Print) WILLIAMS, D.		I.D. # 868		Name Verification (Printed by Arrestee) (PRINT)		PAGE 1 OF 1	
	☐ Dangerous ☐ Resisted Arrest ☐ Sincidal ☐ Other		Transporting Officer WILLIAMS, DAVID		I.D. # 868		Agency BOCA		Witness here if subject signed with an "X"	
	Title/Deputy D. DUNN 36162		Pouch #							

JAN 18 2023

23 CF - 947

PROBABLE CAUSE AFFIDAVIT

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

1

JUVENILE

OBTS Number			
Agency ORI Number	Agency Name	Agency Report Number	
FL FLO500200	BOCA RATON POLICE DEPARTMENT	3 2 2023-000791	
Charge Type: Check as many as apply.	Special Notes:		
☐ 1. Felony ☐ 2. Traffic Felony ☐ 3. Misdemeanor ☒ 4. Traffic Misdemeanor ☐ 5. Ordinance ☐ 6. Other			
Name (Last, First, Middle)	Alias	Race	Sex Date of Birth
FEREL, DONALD JR		W	M 09/11/1987
Charge Description	Charge Description		
316.193(1A) DUI			
Charge Description	Charge Description		
Victim's Name (Last, First, Middle)	Race	Sex	Date of Birth
STATE OF FLORIDA,	B	M	
Local Address (Street, Apt. Number)	(City)	(State)	(Zip)
2 N OCEAN BLVD, BOCA RATON, FL 33432			
Phone	Address Source		
(561) 338-1234			
Business Address (Name, Street)	(City)	(State)	(Zip)
Phone	Occupation		
(561) -			
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. ☐ confessed to _____ admitting to the below facts. ☐ was observed by _____ who told _____ that he/she saw the arrested person commit the below acts. ☒ was found to have committed the below acts, resulting from my (described) investigation. On the <u>17</u> day of <u>January</u> , <u>2023</u> at <u>02:34</u> (Specifically include facts constituting cause for arrest.)			
On 1/17/23, at approximately 0213 hours, I was traveling westbound on E Camino Real approaching a vehicle that was stopped facing westbound at the intersection of Dixie Hwy. I pulled behind the vehicle which was identified as a silver Kia (FL BDWI12). A record check on the vehicle revealed the registration to have expired on 9/2022. Once the light turned green I activated my emergency equipment and conducted a traffic stop on the vehicle at 200 Camino Gardens Blvd.			
I walked up to the driver's side window and identified the driver by his FL DL as Donald Ferel JR. In speaking with Donald, I observed his eyes to be bloodshot and watery. I also observed the odor of alcohol emanating from his breath. While speaking with Donald the passenger of the vehicle began asking if I could let both of them go as they live down the street. The passenger explained that they were both coming from a bar called The Standard. I asked Donald if he had anything to drink to which he responded, "1 Fireball shot and 1 Heineken beer." Based upon the post-stop indicators and the self-admission of alcohol consumption I requested Donald participate in Field Sobriety Exercises (FSEs) to which he complied.			
The FSEs were conducted as follows.			
Horizontal Gaze Nystagmus (HGN)			
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.			
SWORN AND SUBSCRIBED BEFORE ME			
VAN CAMP, JEFFERY ALAN			
NOTARY PUBLIC / CLERK OF COURT / OFFICER (F.S.S. 117.10)			
01/17/2023			
DATE			
SIGNATURE OF ARRESTING / INVESTIGATING OFFICER			
WILLIAMS, DAVID (868)			
NAME OF OFFICER (PLEASE PRINT)			
01/17/2023			
DATE			
PAGE 1 OF 3			

COURT

STATE ATTORNEY

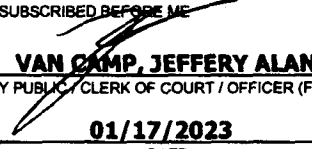
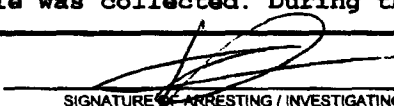
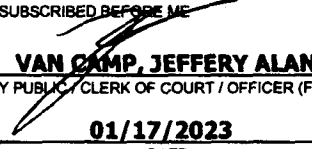
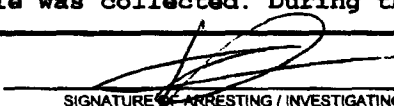
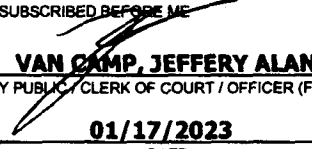
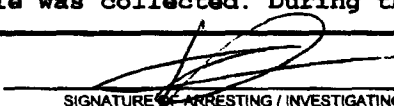
CENTRAL RECORDS

JAIL

CRIME ANALYSIS

P. I. O.

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JAN 18 2023

OBT Number		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	Agency ORI Number FL FLO500200		Agency Name BOCA RATON POLICE DEPARTMENT		Agency Report Number 3 2 2023-000791						
	Charge Type: ☐ 1. Felony ☐ 2. Traffic Felony		☐ 3. Misdemeanor ☒ 4. Traffic Misdemeanor		☐ 5. Ordinance ☐ 6. Other		Special Notes:				
Name (Last, First, Middle) FEREL, DONALD JR					Race W		Sex M		Date of Birth 09/11/1987		
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 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 would stop to steady himself. One Leg Stand The surface was flat and hard. The defendant attempted to do the exercise with shoes. The defendant raised his left leg. During the exercise, the defendant continued to sway and had to be instructed multiple times to look at his raised foot. 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 without shoes. During the exercise, the defendant continued to sway. The defendant notified me of the completion of the exercise after 17 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 0234 hours, for driving under the influence. Donald was placed in handcuffs that were checked for tightness and double-locked. The vehicle was left on the scene per Donald's request. Donald was transported to the BRPD DUI room. Officer Price conducted the 20-minute observation and operated the Intoxilyzer. Donald requested to know the consequences of not providing a breath sample and as such he was read his Implied Consent Warnings. Reference Intoxilyzer 8000 S#80-006622 results were (.066/.056). I feel that based on observations made the results of the breath sample do not represent the full state of Donald's inebriation and as such a Urine sample was collected. During the collection,											
<table style="width:100%;"> <tr> <td style="width:50%; vertical-align: top;"> SWORN AND SUBSCRIBED BEFORE ME  VAN CAMP, JEFFERY ALAN NOTARY PUBLIC / CLERK OF COURT / OFFICER (F.S.S. 117.10) 01/17/2023 DATE </td> <td style="width:50%; vertical-align: top;">  SIGNATURE OF ARRESTING / INVESTIGATING OFFICER WILLIAMS, DAVID (868) NAME OF OFFICER (PLEASE PRINT) 01/17/2023 DATE </td> </tr> </table>										SWORN AND SUBSCRIBED BEFORE ME  VAN CAMP, JEFFERY ALAN NOTARY PUBLIC / CLERK OF COURT / OFFICER (F.S.S. 117.10) 01/17/2023 DATE	 SIGNATURE OF ARRESTING / INVESTIGATING OFFICER WILLIAMS, DAVID (868) NAME OF OFFICER (PLEASE PRINT) 01/17/2023 DATE
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OBTS Number		PROBABLE CAUSE AFFIDAVIT SUPPLEMENT		1. Arrest 2. N.T.A.		3. Request for Warrant 4. Request for Copies		1	JUVENILE
A D M I N I S T R A T I V E	Agency ORI Number FL FL0500200		Agency Name BOCA RATON POLICE DEPARTMENT		Agency Report Number 3 2 2023-000791				
	Charge Type: Check as many as apply.		☐ 1. Felony ☐ 2. Traffic Felony ☐ 3. Misdemeanor ☒ 4. Traffic Misdemeanor ☐ 5. Ordinance ☐ 6. Other		Special Notes:				
D E F	Name (Last, First, Middle) FEREL, DONALD JR				Race W		Sex M		Date of Birth 09/11/1987
	Donald informed me that he had smoked Marijuana and it will be present. Donald was transported to Palm Beach County Jail.								
NOT A CERTIFIED COPY									
A D M I N I S T R A T I V E	SWORN AND SUBSCRIBED BEFORE ME				SIGNATURE OF ARRESTING / INVESTIGATING OFFICER				
	VAN CAMP, JEFFERY ALAN				WILLIAMS, DAVID (868)				
	NOTARY PUBLIC / CLERK OF COURT / OFFICER (F.S.S. 117.10)				NAME OF OFFICER (PLEASE PRINT)				
	01/17/2023				01/17/2023				
	DATE				DATE				
PAGE 3 OF 3									

COURT

STATE ATTORNEY

CENTRAL RECORDS

JAIL

CRIME ANALYSIS

P.L.O.
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JAN 18 2023

Case number 23-791
1015 Time: 0234
Observation time: 0250
Breath Tech: Price

DUI INFLUENCE REPORT



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

0326

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JAN 18 2023



BOCA RATON POLICE SERVICES DEPARTMENT
DUI INFLUENCE REPORT - PART I

On the 17 day of January, at 0234 PM:
Subject: Donald Forel Case Number: 23-791

PERSONAL CONTACT

Driving Pattern: _____

CC

Observation of Driver: _____

CC

Driver's Statement: _____

CC

Odors: _____

GENERAL OBSERVATIONS

Speech: _____

Attitude: _____

Clothing: _____

CC

Medical Problems: _____

Medications: _____

Other: _____

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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: _____

Can not do, Why? _____

One leg stand: _____

Can not do, Why? _____

Finger to nose: _____

Can not do, Why? _____

Alphabet (speech pattern): _____

Can not do, Why? _____

Breath/Blood test results: -066 / -056

State of Florida, County of Palm Beach,
Sworn and subscribed before me this 1/17/23 (date) by ofc price

Notary/Clerk of Court/ Officer (PSS 117.10) 1/17/23 Date

Signature of Arresting Officer Williams David Name of Officer (print)

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JAN 18 2023

ARRESTING OFFICER: David Williams

Name: Price Phone # _____ Work # _____

Address: _____

Can testify to: B 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: _____

Name: _____ Phone # _____ Work # _____

Address: _____

Can testify to: _____

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JAN 18 2023



BOCA RATON POLICE SERVICES DEPARTMENT
DUI INFLUENCE REPORT - PART II

To be filled out at testing facility

Agency Case # 2023-000791

I. INTRODUCTION (Instrument Operator faces video camera)

A. The day is Tuesday, January, 17th, 2023.
(day) (month) (date) (year)

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

C. The following is in reference to case number 23-000791.

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

E. Officer Williams, have you arrested Donald Ferrel 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. Ferrel, 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: _____

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.

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JAN 18 2023



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:

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.*)

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.*)

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.*)

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.*)

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.*)

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.*)

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.*)

Do you understand these rights as I have read them to you, and do you wish to speak to me?

igned: _____ Date: _____ Time: _____

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JAN 18 2023



BOCA RATON POLICE SERVICES DEPARTMENT
TESTING FACILITY TASK REPORT

SUBJECT: Donald Fere1

CASE #: 23-000291 DATE: 1/17/23

BREATH TEST RESULTS

1) TIME .066 AM/PM 2) TIME .056 AM/PM

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

BREATH OPERATOR: Price

MAINTENANCE TECHNICIAN: Crawford

TESTING OFFICER'S OBSERVATIONS

SPEECH: _____

ATTITUDE: _____

CLOTHING: _____

MEDICAL CONDITION: _____

OTHER: _____

COMMENTS: _____

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JAN 18 2023

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

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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 _____

The date is _____ (month) _____ (day) _____ (year)

SCANNED
JAN 18 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: 01/17/2023

Date of Last Agency Inspection: 01/16/2023
Observation Period Began: 02:50
Subject's Name: DONALD FEREL

DOB: 09/11/1987 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	03:12
	Air Blank	0.000	03:13
	Control Test	0.080	03:13
	Air Blank	0.000	03:13
	Subject Sample #1	0.066	03:15
	Air Blank	0.000	03:16
	Air Blank	0.000	03:18
	Subject Sample #2	0.056	03:19
	Air Blank	0.000	03:19
	Control Test	0.078	03:20
	Air Blank	0.000	03:20
	Diagnostics Check	OK	03:20

Cylinder Lot: 02422080A1
Exp: 02/05/2024

State of Florida, County of Palm Beach.

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

I DANIEL X PRICE, 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: _____ Date: 01/17/23
Signature

Sworn to (or affirmed) before me this 17 day of January, 2023

Signature of Notary Public-State of Florida _____ Printed Name of Notary Public-State of Florida Daniel Price

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.



**PALM BEACH COUNTY
SHERIFF'S OFFICE**
Florida State Statute Exemption Sheet

Palm Beach County Sheriff's Office – Arrests Only

	X	Florida State Statute	Description	Page Number(s)
I/E Exemptions	☐	119.071(2)(d)	Surveillance techniques, procedures and personnel; inventory of law enforcement resources, policies or plans pertaining to mobilization deployment or tactical operations.	
	☐	943.053, 943.0525	NCIC/FCIC/FBI and in-state FDLE/DOC.	
	☐	119.071(4)(c)	Undercover personnel.	
	☐	119.071(2)(f)	Confidential informants (CIs).	
	☐	119.071(2)(e)	Confession.	
Public Info. Exemptions	☐	985.04(1)	Juvenile offender records.	
	☐	119.071(h)(i)	Assets of a crime victim.	
	☐	395.3025(7)(a), 456.057(7)(a)	Medical information.	
	☐	394.4615(7)	Mental health information.	
	☐	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)	☒	(iii) 119.0714(1)(i)-(j), (2)(a)-(e)	Social Security, bank account, charge, debit, and credit card numbers.	2
	☐	(viii) 394.4615(7)	Clinical records under the Baker Act.	
	☐	(xii) 741.30(3)(b)	The victim's address in a domestic violence action on petitioner's request.	
	☐	(xiii) 119.071(2)(h), 119.0714(1)(h)	Protected information regarding victims of child abuse or sexual offenses.	
	☐			
	☐			
	☐			
	☐			
	☐			
	☐			
Other	☐		Other:	
	☐		Other:	

REVIEW COMPLETED BY

Booking Number: 2023001515

Date: 1/18/2023

Specialist Name/ID: .Castro/40259

SCANNED
JAN 18 2023