0538484 23CT365088 2983

# 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

## ADMINISTRATION

OBTS Number

| Agency ORI Number | Agency Name | Agency Report Number (N.T.A.'s only) |
|---|---|---|
| 0500200 | Boca Raton Police Department | 3 \| 2 \| 2023-002698 |

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) | Location of Offense (Business Name, Address) |
|---|---|
| , 2200 W YAMATO RD, BOCA RATON, FL 33496 | 2200 W YAMATO RD, BOCA RATON, FL 33496 |

| Date of Arrest | Time of Arrest | Booking Date | Booking Time | Jail Date | Jail Time | Location of Vehicle |
|---|---|---|---|---|---|---|
| 02/25/2023 | 00:02 | 02/25/2023 | 00:12 | 02/25/2023 | 00:55 | EMERALD |

## DEFENDANT

Name (Last, First, Middle): BRONSTEIN, JARED EVAN — Alias:

Alias (Name, DOB, Soc. Sec. #, Etc.)

| Race (W - White, B - Black, I - American Indian, O - Oriental/Asian) | Sex | Date of Birth | Height | Weight | Eye Color | Hair Color | Complexion | Build |
|---|---|---|---|---|---|---|---|---|
| W | M | 10/13/1996 | 6'00 | 170 | BROWN | BLACK | MEDIUM | Med |

Scars, Marks, Tatoos, Unique Physical Features (Location, Type, Description): None — Marital Status: S — Religion — Indication of: Alcohol Influence ☒ Yes ☐ No ☐ Unk. ☐ Drug Influence

| Local Address (Street, Apt. Number) | (City) | (State) | (Zip) | Phone | Residence Type: 1. City 2. County 3. Florida 4. Out of State |
|---|---|---|---|---|---|
| 21549 JUEGO CIR 7D, BOCA RATON, FL 33433 | | | | (561) 789-2468 | 3 |

| Permanent Address (Street, Apt. Number) | (City) | (State) | (Zip) | Phone | Address Source |
|---|---|---|---|---|---|
| 21549 JUEGO CIR 7D, BOCA RATON, FL 33433 | | | | (561) 789-2468 | |

| Business Address (Name, Street) | (City) | (State) | (Zip) | Phone | Occupation |
|---|---|---|---|---|---|
| SCHOOL, | | | | | |

| D/L Number, State | Soc. Sec. Number | INS Number | Place of Birth (City, State) | Citizenship |
|---|---|---|---|---|
| B652425963730 / FL | [redacted] | | ALBENY, NY, United | US |

## CO-DEF

| Co-Defendant Name (Last, First, Middle) | Race | Sex | Date of Birth | |
|---|---|---|---|---|
| | | | | ☐ 1. Arrested ☐ 3. Felony ☐ 5. Juvenile ☐ 2. At Large ☐ 4. Misdemeanor |
| Co-Defendant Name (Last, First, Middle) | Race | Sex | Date of Birth | |
| | | | | ☐ 1. Arrested ☐ 3. Felony ☐ 5. Juvenile ☐ 2. At Large ☐ 4. Misdemeanor |

## JUVENILE

☐ Parent ☐ Other: ☐ Legal Custodian — Name (Last, First, Middle) — Residence Phone

Address (Street, Apt. Number) (City) (State) (Zip) — Business Phone

1-OR

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 ☐ 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

Property Crime? ☐ Yes ☒ No — Description of Property — Value of Property

## CODE

Drug Activity: N. N/A, P. Possess, S. Sell, B. Buy, T. Traffic, R. Smuggle, D. Deliver, E. Use, K. Disperses/ 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

| Charge Description | Statute Violation Number | Violation of ORD # |
|---|---|---|
| DRIVE UNDER INFLUENCE ALC | 316.193(1A) | |

| Drug Activity | Drug Type | Amount / Unit | Offense # | Counts | Domestic Violence | Warrant / Capias Number | Bond |
|---|---|---|---|---|---|---|---|
| | N | / | | 1 | ☐ Y ☒ N | | |

1

## CHARGE

| Charge Description | Statute Violation Number | Violation of ORD # |
|---|---|---|
| | | |

| Drug Activity | Drug Type | Amount / Unit | Offense # | Counts | Domestic Violence | Warrant / Capias Number | Bond |
|---|---|---|---|---|---|---|---|
| | | / | | | ☐ Y ☐ N | | |

## CHARGE

| Charge Description | Statute Violation Number | Violation of ORD # |
|---|---|---|
| | | |

| Drug Activity | Drug Type | Amount / Unit | Offense # | Counts | Domestic Violence | Warrant / Capias Number | Bond |
|---|---|---|---|---|---|---|---|
| | | / | | | ☐ Y ☐ N | | |

## INTAKE

Health - Apparent Physical Condition of Defendant: GOOD — Any knowledge of the following: ☐ Mental ☐ Escape Risk ☐ Medication ☐ Deformities ☐ Injuries — Explain:

Check which applies: ☐ Released O.R. ☐ Released to Parent/Guardian ☒ T.O.T. County Jail ☐ Posted Bond ☐ South County Mental Health

| PROPERTY - Received By | Released By | Released To |
|---|---|---|
| 868 | 868 | PBCJ |

| Transported By | Date Transported | Time Transported | Other |
|---|---|---|---|
| 868 | 02/25/2023 | 00:55 | |

## NOTICE TO APPEAR

☒ INSTRUCTION NO. 1 - Mandatory appearance in court
☐ 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: 03/27/2023 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.

Signature of Defendant (or Juvenile and Parent/Custodian) — Date Signed

No Photo Available

## ADMIN

HOLD for Other Agency — Signature of Arresting Officer

☐ Dangerous ☐ Resisted Arrest ☐ Suicidal ☐ Other

Name of Arresting Officer (Print): WILLIAMS, D. — I.D. #: 868

Name Verification (Printed by Arrestee) (PRINT)

| Issue Deputy | I.D. # | Pouch # | Transported By | Badge # | Agency |
|---|---|---|---|---|---|
| Borelle | 18342 | | ~~WILLIAMS~~ SUBOU | ~~868~~ 871 | BOCA |

Witness here if subject signed with an "X".

PAGE 1 OF 1

SUBOU 871

AD

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# PROBABLE CAUSE AFFIDAVIT

OBTS Number:

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

JUVENILE:

**ADMIN**

| Agency ORI Number | Agency Name | Agency Report Number |
|---|---|---|
| FL FL0500200 | BOCA RATON POLICE DEPARTMENT | 3 \| 2 \| 2023-002698 |

Charge Type: Check as many as apply. ☐ 1. Felony ☐ 3. Misdemeanor ☐ 5. Ordinance ☐ 2. Traffic Felony ☒ 4. Traffic Misdemeanor ☐ 6. Other

Special Notes:

**DEF**

| Name (Last, First, Middle) | Alias | Race | Sex | Date of Birth |
|---|---|---|---|---|
| BRONSTEIN, JARED EVAN | | W | M | 10/13/1996 |

**CHARGES**

| Charge Description | Charge Description |
|---|---|
| 316.193(1A) DUI | |
| | |

**VICTIM**

| Victim's Name (Last, First, Middle) | Race | Sex | Date of Birth |
|---|---|---|---|
| STATE OF FLORIDA, | | U | |

| Local Address (Street, Apt. Number) (City) (State) (Zip) | Phone | Address Source |
|---|---|---|
| 100 NW 2ND AVE, BOCA RATON, FL 33432 | (561) 338-1234 | |

| Business Address (Name, Street) (City) (State) (Zip) | Phone | Occupation |
|---|---|---|
| | (561) - | |

**PROBABLE CAUSE STATEMENT**

The undersigned certifies and swears that he/she has just and resonable 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 committ 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 25 day of February, 2023 at 00:02 (Specifically include facts constituting cause for arrest.)

On 2/24/2023, at approximately 2340 hours, I was stationary in the turn lane at approximately 2200 W Yamato RD conducting stationary speed enforcement. While monitoring the flow of traffic I observed an orange Ford (FL HVWU20) traveling westbound on W Yamato Rd in the outside lane approaching me at a high rate of speed. I visually estimated the vehicle`s speed to be 70 MPH in a clearly posted 45 MPH zone. I activated my front-mounted Stalker radar and confirmed the vehicle`s speed at 70 MPH. I activated my emergency equipment and conducted a traffic stop on the vehicle just west of the incident location.

I walked up to the driver`s side window and was immediately presented with the overwhelming odor of alcohol emanating from within the vehicle. The driver was identified by his FL DL as Jared Bronstein. Bronstein advised he was driving home from a gym called Johnny O`s which was strange considering that the gym closes at 9 PM. In speaking with Bronstein, I observed his eyes to be bloodshot and watery. I additionally observed the odor of alcohol emanating from his breath and his speech to be slurred. I requested another officer and walked back to my vehicle to run his information. Officer Forbes arrived on the scene and also observed Bronstein`s speech to be slurred and the odor of alcohol emanating from his breath. I walked back up to Bronstein and asked again if he had anything to drink to which he replied, "one drink". I asked Bronstein if he would be willing to participate in Field Sobriety Exercises (FSEs) to which he initially denied, however, after explaining the purposes of FSE and advising him of his Taylor warnings Bronstein changed his mind and willingly participated. Bronstein advised he has no issues with balancing and is healthy.

The FSEs were conducted as follows.

Horizontal Gaze Nystagmus (HGN)

NOT A CERTIFIED COPY

**ADMINISTRATIVE**

SWORN AND SUBSCRIBED BEFORE ME

RADFORD, STEPHEN THOMAS
NOTARY PUBLIC / CLERK OF COURT / OFFICER (F.S.S. 117.10)

02/25/2023
DATE

SIGNATURE OF ARRESTING / INVESTIGATING OFFICER

WILLIAMS, DAVID (868)
NAME OF OFFICER (PLEASE PRINT)

02/25/2023
DATE



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

ADMIN

| OBTS Number | PROBABLE CAUSE AFFIDAVIT SUPPLEMENT | 1. Arrest 2. N.T.A. 3. Request for Warrant 4. Request for Capias | 1 | JUVENILE |
|---|---|---|---|---|

| Agency ORI Number | Agency Name | Agency Report Number |
|---|---|---|
| FL FL0500200 | BOCA RATON POLICE DEPARTMENT | 3 \| 2 \| 2023-002698 |

Charge Type: Check as many as apply. ☐ 1. Felony ☐ 2. Traffic Felony ☐ 3. Misdemeanor ☒ 4. Traffic Misdemeanor ☐ 5. Ordinance ☐ 6. Other

Special Notes:

DEF

| Name (Last, First, Middle) | Alias | Race | Sex | Date of Birth |
|---|---|---|---|---|
| BRONSTEIN, JARED EVAN | | W | M | 10/13/1996 |

PROBABLE CAUSE STATEMENT

The defendant identified the stimulus as red. The defendant had equal pupil size and equal tracking in both eyes. The defendant`s eyes continued to jump as he attempted to follow the stimulus. In conducting the exercise, I was able to observe a Lack of Smooth Pursuit, Distinct and Sustained Nystagmus at Maximum Deviation, the onset of Nystagmus prior to 45 degrees, and Vertical Nystagmus. While giving the instructions the defendant continued to sway.

Walk and Turn

The surface was flat and hard. The defendant attempted to do the exercise with shoes. The line used was a painted white line. I made sure the defendant both knew the line he would be using and the color of that line. I began the exercise by instructing and demonstrating to the defendant how to complete the exercise. While giving instructions the defendant began walking down the line without being instructed. During the exercise, the defendant walked an improper number of steps, used his arms for balance, and made an improper turn.

One Leg Stand

The surface was flat and hard. The defendant attempted to do the exercise with shoes. The defendant raised his right leg. During the exercise, the defendant continued to sway and placed his foot down.

Finger to nose

The surface was flat and hard. The defendant conducted the exercise with shoes. The defendant failed to touch the tip of his finger to the tip of his nose multiple times. During the exercise, the defendant continued to sway.

Modified Romberg Balance

The surface was flat and hard. The defendant conducted the exercise with shoes. During the exercise, the defendant continued to sway. The defendant notified me of the completion of the exercise after 34 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 0002 hours, for driving under the influence. Bronstein was placed in handcuffs that were checked for tightness and double locked.

The vehicle was towed by Emerald towing. The tow log was completed and submitted.

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ADMINISTRATIVE

SWORN AND SUBSCRIBED BEFORE ME

RADFORD, STEPHEN THOMAS
NOTARY PUBLIC / CLERK OF COURT / OFFICER (F.S.S. 117.10)

02/25/2023
DATE

SIGNATURE OF ARRESTING / INVESTIGATING OFFICER

WILLIAMS, DAVID (868)
NAME OF OFFICER (PLEASE PRINT)

02/25/2023
DATE



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

ADMIN

OBTS Number

PROBABLE CAUSE AFFIDAVIT
SUPPLEMENT

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

1

JUVENILE ☐

| Agency ORI Number | Agency Name | Agency Report Number |
|---|---|---|
| FL FL0500200 | BOCA RATON POLICE DEPARTMENT | 3 \| 2 \| 2023-002698 |

Charge Type. Check as many as apply.
☐ 1. Felony ☐ 2. Traffic Felony ☐ 3. Misdemeanor ☒ 4. Traffic Misdemeanor ☐ 5. Ordinance ☐ 6. Other

Special Notes:

DEF

| Name (Last, First, Middle) | Alias | Race | Sex | Date of Birth |
|---|---|---|---|---|
| BRONSTEIN, JARED EVAN | | W | M | 10/13/1996 |

PROBABLE CAUSE STATEMENT

Bronstein was transported to the BRPD DUI room. I conducted the 20-minute observation. Officer Howard operated the Intoxilyzer. Bronstein indicated he did not wish to provide a breath sample and as such was read his implied consent warnings at 0100 hours. Reference Intoxilyzer 8000 S#80-006622 results were (Refused)

Bronstein was transported to Palm Beach County Jail.

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ADMINISTRATIVE

SWORN AND SUBSCRIBED BEFORE ME

RADFORD, STEPHEN THOMAS
NOTARY PUBLIC / CLERK OF COURT / OFFICER (F.S.S. 117.10)

02/25/2023
DATE

SIGNATURE OF ARRESTING / INVESTIGATING OFFICER

WILLIAMS, DAVID (868)
NAME OF OFFICER (PLEASE PRINT)

02/25/2023
DATE



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

Ob 0021
10-15 0002
Case # 23-2698

# DUI INFLUENCE REPORT

NOT A CERTIFIED COPY

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 25 day of February, at 0002 AM/PM:

Subject: Bronstein, Jared Case Number: 23-2698

### PERSONAL CONTACT

Driving Pattern: See P/C

Observation of Driver: See P/C

Driver's Statement: See P/C

Odors:

### GENERAL OBSERVATIONS

Speech: Calm

Attitude: Calm

Clothing: black shirt, blue jeans, black shoes

Medical Problems: ADHD Surgery knee (right) MCL/ACL replacement

Medications: Adderall 20mg 2x ~~two~~ a day

Other: Face flushed red, watery eyes

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Horizontal Gaze Nystagmus:

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

Can not do, Why? _____

Walk and turn: _____

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: _____

State of Florida, County of Palm Beach,
Sworn and subscribed before me this 2/25/23 (date) by [illegible] Howard.

[illegible] 2/25/23
Notary/Clerk of Court/ Officer (FSS 117.10) Date

[illegible] D Williams
Signature of Arresting Officer Name of Officer (print)

NOT A CERTIFIED COPY

ARRESTING OFFICER: Williams

Name: OFC. Forbes Phone # _____ Work # 561 368 6201

Address: 100 NW 2nd Ave Boca Raton

Can testify to: duration of investigation

Name: OFC. ~~Cook~~ Howard Phone # _____ Work # 561 368 6201

Address: 100 NW 2nd Ave Boca Raton

Can testify to: Breath Tech

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 # 23-2698

**I. INTRODUCTION** (Instrument Operator faces video camera)

A. The day is Saturday (day), February (month), 25 (date), 2023 (year).

B. The time is now approximately 0059 AM/PM.

C. The following is in reference to case number 23-2698.

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

E. Officer Williams, have you arrested Jared Bronstein 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. Bronstein, 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. Bronstein has refused to submit to a breath test.

The date is February (month), 25 (day), 2003 (year), and the time is _____AM/PM.

A refusal form will be completed by the arresting officer.

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# 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?

gned: _____ Date: _____ Time: _____

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# BOCA RATON POLICE SERVICES DEPARTMENT

## TESTING FACILITY TASK REPORT

SUBJECT: Jared Bronstein

CASE #: 23-2698 DATE: 2/25/2023

BREATH TEST RESULTS

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

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

BREATH OPERATOR: OFC. Howard

MAINTENANCE TECHNICIAN: OFC. Crawford

**TESTING OFFICER'S OBSERVATIONS**

SPEECH: Calm

ATTITUDE: Calm

CLOTHING: black shirt, blue jeans, black shoes

MEDICAL CONDITION: ADHD Adderall 2x a day 20 mg

OTHER: Surgery knee (right) ACL/MCL replacement face flushed red, watery eyes

COMMENTS:

NOT A CERTIFIED COPY

**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: Pe exc

_____

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 0105 AM/PM.

The date is February (month), 25 (day), 2023 (year).

NOT A CERTIFIED COPY

**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 25 day of February, 2023, at 0002 ☐ P.M ☒ A.M.

DRIVER Jared Evan Bronstein,
(Type or Print) FIRST NAME MIDDLE OR MAIDEN NAME LAST NAME

DL# B652-925-96-373-0, state of Florida, was placed under lawful arrest for

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

issued Citation # AG92FLE.

That on or about the 25 day of February, 20 23, at 0100 ☐ 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 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:

Howard 8916
Signature of Attesting Officer

**(AFFIX SEAL)**

The foregoing instrument was sworn and subscribed before me this _____ day of _____, 20_____, by _____, who is personally known to me or who has produced _____ as identification

Notary Public _____

Title Officer

Date 2/25/2023

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.

HSMV-BAR1001 (REV. 10/2016)

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# 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: 02/25/2023

Date of Last Agency Inspection: 02/20/2023
Observation Period Began: 00:21
Subject's Name: JARED E BRONSTEIN DOB: 10/13/1996 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 | 01:02 |
| Air Blank | 0.000 | 01:03 |
| Control Test | 0.079 | 01:03 |
| Air Blank | 0.000 | 01:04 |
| Subject Sample #1 | REF* | 01:04 |
| Air Blank | 0.000 | 01:04 |
| Control Test | 0.079 | 01:05 |
| Air Blank | 0.000 | 01:05 |
| Diagnostics Check | OK | 01:05 |

*Subject Test Refused

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

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 HALEY R HOGGARD, 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: 2/25/2023
Signature

Sworn to (or affirmed) before me this 25 day of February, 2023

_____ David Williams
Signature of Notary Public-State of Florida Printed Name of Notary Public-State of Florida

Note: Pursuant to section 117.10, Florida Statutes, law enforcement officers, correctional officers, traffic accident investigation officers and traffic infraction enforcement officers are notaries public when engaged in the performance of official duties. In accordance with section 316.1934(5), F.S., this completed form is admissible without further authentication and is presumptive proof of the results herein. To be used in accordance with Section 316.1934(5), F.S., and in administrative proceedings pursuant to 322.2615, F.S.

*FDLE/ATP FORM 38 - MARCH 2004, Ref. 11D-8.007*

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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) |
|---|---|---|---|---|
| L/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: | |

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**REVIEW COMPLETED BY**

| | |
|---|---|
| **Booking Number:** 2023005269 | **Date:** 2/25/2023 |
| | **Specialist Name/ID:** Pinkneya/7796 |