24CT3732

ARREST / NOTICE TO APPEAR

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

1 JUVENILE

ADMINISTRATION

OBTS Number			
Agency ORI Number: 0500900	Agency Name: Atlantis Police Department	Agency Report Number (N.T.A.'s only): 2 8 24-000091	

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)
2300 LANTANA RD, LANTANA, FL 33462	4000 LANTANA RD, ATLANTIS, FL 33462

Date of Arrest	Time of Arrest	Booking Date	Booking Time	Jail Date	Jail Time	Location of Vehicle
02/29/2024	01:04	02/29/2024	02:34	02/29/2024	01:34	2300 LANTANA ROAD

DEFENDANT

Name (Last, First, Middle): LEONOR, RAFAEL ANTONIO J — Alias (Name, DOB, Soc. Sec. #, Etc.): Alias:

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	09/02/1971	5'08	200	BROWN	BALD	LIGHT	Medium

Scars, Marks, Tatoos, Unique Physical Features (Location, Type, Description):

Marital Status: S — Religion: CATHOLIC — Indication of: Alcohol Influence ☒ Yes ☐ No ☐ Unk. Drug Influence ☐ ☒ ☐

Local Address (Street, Apt. Number): 201 NE 26TH ST, WILTON MANORS, FL 33305 — (City) — (State) — (Zip) — Phone: (954) 332-8306 — Residence Type: 1. City 2. County 3. Florida 4. Out of State: 3

Permanent Address (Street, Apt. Number): 201 NE 26TH ST, WILTON MANORS, FL 33305 — (City) — (State) — (Zip) — Phone: (954) 332-8306 — Address Source:

Business Address (Name, Street): UNKNOWN, — (City) — (State) — (Zip) — Phone: — Occupation: Unknown

D/L Number, State	Soc. Sec. Number	INS Number	Place of Birth (City, State)	Citizenship
L560721713220 / FL	[redacted]		NEW YORK, NY, United	US

CO-DEF

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

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

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. 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 #
DUI - BREATH .08 OR ABOVE	316.193(1)(C)	

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

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 — Any knowledge of the following: ☐ Mental ☐ Escape Risk ☐ Medication ☐ Deformities ☐ Injuries — Explain:

Check which applies: ☐ Released O.R. ☐ Posted Bond ☐ Released to Parent/Guardian ☐ South County Mental Health ☒ T.O.T. County Jail — PROPERTY - Received By — Released By — Released To

Transported By: J.TARANOW — Date Transported: 02/29/2024 — Time Transported: 01:04 — Other

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): Criminal Justice WEST PALM BEACH
Court Date and Time: 03/28/2024 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.

X _____ 2/29/24
Signature of Defendant (or Juvenile and Parent/Custodian) — Date Signed

No Photo Available

ADMIN

HOLD for Other Agency — Signature of Arresting Officer — Name Verification (Printed by Arrestee)

☐ Dangerous ☐ Resisted Arrest ☐ Suicidal ☐ Other

Name of Arresting Officer (Print): TARANOW, J. D. — I.D. #: 155 — (PRINT)

Intake Deputy — I.D. # — Pouch # — Transporting Officer: J.TARANOW — I.D. #: 155 — Agency: ATLAN — Witness here if subject signed with an "X".

PAGE 1 OF 1

☐ STATE ATTORNEY ☐ AGENCY ☐ CENTRAL RECORDS ☐ JAIL ☐ CRIME ANALYSIS ☐ T.L.O. ☐ DISTRICT

0286595

3548

NOT A CERTIFIED COPY

D.U.I. PROBABLE CAUSE AFFIDAVIT

ON THE 29 DAY OF FEBUARY 20 24, AT 0104 ✓AM PM

SUBJECT: LEONOR, RAFAEL ANTONIO CASE NUMBER: 24-000091

AGENCY: ATLANTIS POLICE DEPARTMENT ARRESTING OFFICER: J.TARANOW

PERSONAL CONTACT

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

On February 29, 2024, at approximately 0030 hours, I was on patrol in my marked police vehicle in the 4000 block of lantana road traveling eastbound when I observed a gray Toyota traveling Eastbound fail to stay in its lane constantly swerving from left to right almost hitting the curb. I activated my emergency lights, sirens and initiated a traffic stop on the vehicle ending in the 2300 blk of Lantana Road Lantana FL 33462. I approached the vehicle and introduced myself as Officer Taranow with the Atlantis Police Department as well as the reason for the traffic stop. The driver of the vehicle was identified by FL DL as LEONOR, RAFAEL ANTONIO H/M DOB: 09/02/1971.

OBSERVATION OF DRIVER:

The driver of the vehicle (Leonor) was observed sitting in the driver seat of the vehicle with his seatbelt fastened and the engine running. While speaking with Leonor I observed he had bloodshot glassy eyes. I also observed that his speech was slurred, and he was mumbling his words. I asked him to step out of the vehicle which he agreed too and when exciting the vehicle, he was not able to maintain his balance using his vehicle for stability.

DRIVER'S STATEMENTS:

He admitted to having possibly taken Xanax earlier but was not sure.

ODORS:

Obvious odor of an unknown alcoholic beverage.

GENERAL OBSERVATIONS

SPEECH: **slurred, slow**

ATTITUDE: **calm,**

CLOTHING: **red shirt, brown shorts, white and black shoes**

MEDICAL/OTHER: **none**

NOT A CERTIFIED COPY

STATE OF FLORIDA
COUNTY OF PALM BEACH

J.TARANOW
(Signature of Arresting/Investigative Officer)

The foregoing instrument was sworn to or affirmed and subscribed before me this 29 day of Februaru 2024 by OFC. J.Taranow

(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)

THOMAS HENRY LEAHEY
Notary Public - State of Florida
Commission # HH 408332
My Comm. Expires Jun 20, 2027
Bonded through National Notary Assn.

SUBJECT: LEONOR, RAFAEL ANTONIO **CASE NUMBER** 24-000091

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:

While conducting this task I observed Leonor continuously bob his head back and forth. He also failed to follow my direction by following the tip of my pen with his eyes and would turn his head.

WALK & TURN

I instructed Leonor to place his left foot on the line and his right foot in front of the left touching heel to toe. I instructed him that he was to keep his hands at his side and stay in this position until I instructed him to do otherwise. I instructed him to walk nine heel to toe steps counting out loud, while watching his feet. On the ninth step he was to keep his front foot on the line and use his back foot, in a series of small steps, to turn around before walking nine heel to toe steps the opposite direction counting out loud and watching his feet. I demonstrated the task while I was verbally instructing him in the proper way to complete the task. During the task, I observed Leonor swayed while balancing, forgot the instructions, stops walking to steady self, did not touch heel to toe on any of his steps, stepped off the line 2 times. Used arms to maintain balance (+6"), did not turn correctly.

ONE LEG STAND:

I placed Leonor with his feet together and arms at his side. I demonstrated the task as I verbally instructed him to raise one of his feet approximately six inches off of the ground, point his toe forward, look at the raised foot, and count out loud 1001, 1002, 1003 and so on until told to stop. I asked him if he understood the instructions and demonstration I provided. After Leonor stated he understood my instructions, the task was performed. While Leonor stood in the instructional position, I observed him started too soon AND swayed while standing stationary. While raising his foot he swayed while balancing, put foot down 4 times (within 30 seconds), and did not count out loud.

FINGER TO NOSE:

I placed Leonor with his feet together and arms at his side with his index fingers pointed. I then instructed and demonstrated to Leonor to tilt his head back and close his eyes during the exercise. I explained to Leonor that when I tell him to bring the hand directly upward, touching the tip of his nose with the tip of his index finger and immediately bring his hand back down to his side. I then started the exercise with the following sequence - Left, Right, Left, Right, Right, Left. I observed him sway side to side and missed touching the tip of his nose 6 times.

ROMBERG ALPHABET:

This task was not completed.

NOT A CERTIFIED COPY

BREATH TEST RESULTS: .142 / .135

STATE OF FLORIDA
COUNTY OF PALM BEACH

J.TARANOW
(Signature of Arresting/Investigative Officer)

The foregoing instrument was sworn to or affirmed and subscribed before me this 29 day of February 2024 by OFC. J.Taranow

(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)

THOMAS HENRY LEAHEY
Notary Public - State of Florida
Commission # HH 408332
My Comm. Expires Jun 20, 2027
Bonded through National Notary Assn.

FLORIDA DEPARTMENT OF LAW ENFORCEMENT
ALCOHOL TESTING PROGRAM
BREATH ALCOHOL TEST AFFIDAVIT

Instrument Type: Intoxilyzer 8000
Instrument Registered To: PALM BEACH CSO
Instrument Serial Number: 80-001741 Software: 8100.27
Date of Test: 02/29/2024

Date of Last Agency Inspection: 02/16/2024
Observation Period Began: 01:53
Subject's Name: RAFAEL A LEONOR DOB: 09/02/1971 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	02:17
Air Blank	0.000	02:17
Control Test	0.080	02:18
Air Blank	0.000	02:18
Subject Sample #1	0.142	02:19
Air Blank	0.000	02:19
Air Blank	0.000	02:21
Subject Sample #2	0.135	02:22
Air Blank	0.000	02:22
Control Test	0.075	02:23
Air Blank	0.000	02:23
Diagnostics Check	OK	02:23

Cylinder Lot: 06723080A5
Exp: 04/05/2025

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 THOMAS H LEAHEY, 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: T Leahey Date: 02/29/24
Signature

Sworn to (or affirmed) before me this 29 day of February, 2024

Signature of Notary Public-State of Florida

Ofc J Taranow #155
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

NOT A CERTIFIED COPY

ATLANTIS POLICE DEPARTMENT
DUI TESTING FACILITY INFORMATION SHEET

PBSO Case #: 24-038917 PBSO Zone: 1-35
Agency Case #: 24-000091 Crash Case #:

Incident Information:

Time of Stop/Crash: 0030 Date of Incident: 02/29/2024 Day: FRIDAY
Location of Incident: 4000 BLK LANTANA RD, Atlantis, Florida 33462

Arrest Information:

Time of Arrest: 0104 Date of Arrest: 02/29/2024 Day: FRIDAY
Location of Arrest: 8300 LANTANA ROAD, Lantana, FL 33462
Subject's Name (L) LEONOR (F) RAFAEL, (M) ANTONIO
DOB: 09/02/1971 Race: W Sex: M Height: 509 Weight: 200 Hair: BLD Eye: BROWN
Address: 201 NE 26 ST WILTON MANORS FL 33305 Phone: 954-332-8306
Arresting Officer's Name: J.TARANOW I.D. #: 155
Agency: ATLANTIS Division: PATROL

Breath Results

1. .142 at 0219 hrs.
2. .135 at 0232 hrs.
3. ____ at ____ hrs.
4. ____ at ____ hrs.

— BAT Use—

Bat Notified: yes
Arrival Time at BAT: 0129/153
Subject Arrest Time: 0104

Breath Test Operator: 19183
PBSO

NOT A CERTIFIED COPY

TESTING FACILITY TASK REPORT

AGENCY: PBSO

SUBJECT: Leonor, Rafael A

CASE NUMBER: 24-038917

DATE: Feb 29, 2024

VIDEO DVD NUMBER: N/A

BEGINNING TIME: 0215

ENDING TIME: 0225

BREATH TESTS RESULTS: 1) .142 TIME 0219 A.M. ☒ P.M. ☐ 2) .135 TIME 0222 A.M. ☒ P.M. ☐

3) n/a TIME 0 A.M. ☐ P.M. ☐ 4) n/a TIME 0 A.M. ☐ P.M. ☐

BREATH OPERATOR: Thomas H Leahey #19183

MAINTENANCE TECHNICAN: Jason Karlecke #6467

TESTING OFFICER'S OBSERVATIONS

SPEECH: slurred, thick

ATTITUDE: cooperative

CLOTHING: gray shorts, red shirt, black sneakers

MEDICAL CONDITIONS: Anxiety, back pain

MEDICATIONS: Xanax, Tramadol

OTHER:

eyes are glassy & bloodshot
odor of unknown alcoholic beverage on breath

COMMENTS:

arrived at center A/O conducted 20 minute observation period 0124 hrs
subject refused to provide breath sample
A/O read I/C & subject understood I/C
subject agreed to perform breath test - subject had gum in his mouth. new 20 minute observation period started @ 0153
A/O conducted 20 minute observation period 0153 hrs
subject agreed to provide breath sample
subject completed breath test
tech read breath test results & subject understood breath test results
A/O read rights & subject understood rights
A/O attempted Q&A
subject invoked right to counsel

NOT A CERTIFIED COPY

SUBJECT: _____ CASE NUMBER: 24-000091

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: _____

NOT A CERTIFIED COPY

SUBJECT: _____ CASE NUMBER: 24-000091

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: _____

NOT A CERTIFIED COPY

SUBJECT:_____ CASE NUMBER: 24-000091

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)_____

NOT A CERTIFIED COPY

SUBJECT:_____ CASE NUMBER: 24-000091

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)_____

NOT A CERTIFIED COPY

WITNESS LIST

CASE NUMBER: 24-000091

ARRESTING OFFICER: J.TARANOW

ADDRESS: 260 Orange Tree Dr, Atlantis Fl 33462

PHONE NUMBERS (HOME): _____ (WORK) 561-951-1700

CAN TESTIFY TO: facts of the arest

NAME: G.Mccourt

ADDRESS: 260 Orange Tree Dr, Atlantis Fl 33462

PHONE NUMBERS (HOME) _____ (WORK) 561-951-1700

CAN TESTIFY TO: facts of the arrest

NAME: Ofc. Fleurant

ADDRESS 260 Orange Tree Dr, Atlantis Fl 33462

PHONE NUMBERS (HOME) _____ (WORK) 561-951-1700

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: _____

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	☐	119.071(4)(c)	Undercover personnel	
	☐	119.071(2)(e)	Confession	
Public Info. Exemptions	☐	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)	
	☐	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	
	☐	119.0712(2)	Personal information contained in a motor vehicle record	
	☐	316.650(11)	Driver information contained in a uniform traffic citation	
	☐	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	☒	(iii) 119.0714(1)(i)-(j), (2)(a)-(e)	Social Security, bank account, charge, debit, and credit card numbers	2
	☐	(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	☐			
	☐			
	☐			
	☐			

NOT A CERTIFIED COPY

REVIEW COMPLETED BY

Booking Number: 2024005525	**Date:** 3/1/2024
	Specialist Name/ID#: T.HOWARD/7185