50-2025-CT-019328 AMB

05640364

651

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

☐ Check if Supplement is Attached

ARREST / NOTICE TO APPEAR
Juvenile Referral Report

OBTS Number:

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

Juvenile: N

ADMINISTRATIVE

Agency ORI Number: FL0 5 0 0 0 0 0 0

Agency Name: PALM BEACH COUNTY SHERIFF'S OFFICE

Agency Report Number: 06-25-127512

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:

Multiple Clearance Indicator:

Location of Arrest (Including Name of Business): FORESTHILL BLVD/ RIVER BRIDGE BLVD, GREENACRES/FL/33414

Location of Offense (Business Name, Address): FORESTHILL BLVD/RIVER BRIDGE, GREENACRES/FL/33413

Date of Arrest	Time of Arrest	Booking Date	Booking Time	Jail Date	Jail Time	Location of Vehicle
12/19/2025	2117					PRIORITY TOWING

DEFENDANT

Name (Last, First, Middle): Walker, Richard, Alan

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	2/23/1970	5'10	245	BLUE	GRY	LIGHT	LARGE

Scars, Marks, Tattoos, Unique Physical Features (Location, Type, Description): NONE

Marital Status: MARRIED

Religion: NONE

Indication of: Alcohol Influence ☐ Y ☐ N ☐ Unk; Drug Influence ☐ Y ☐ N ☒ Unk

Local Address (Street, Apt. Number) (City) (State) (Zip): 2132 Amesbury Cir, Wellington, FL 33414

Mobile Phone: (561) 6311053

Residence Type: 1. City 2. County 3. Florida 4. Out of State: 1

Permanent Address (Street, Apt. Number) (City) (State) (Zip):

Phone:

Address Source: FL DL

Business Address (Name, Street) (City) (State) (Zip):

Phone:

Occupation: CONSTRUCTION

D/L Number, State	Soc. Sec. Number	INS Number	Place of Birth (City, State)	Citizenship
W426741700630, FL	[redacted]		TAMPA, FL	USA

CO-DEF

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

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

JUVENILE

☐ Parent ☐ Legal Custodian ☐ Other: 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 Dept. and Released. 2. TOT HRS/DYS 3. Incarcerated

Released To: (Name) Relationship Date Time

The above address was provided by ☐ defendant and / or ☐ defendant's parents. The child and / or parent was told to keep the Juvenile Court Clerk's Office (Phone (561) 355-6511) informed of any change of address. ☐ Yes, by: (Name) ☐ No (Reason)

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. Dispense/ Distribute M. Manufacture/ Produce/ Cultivate Z. Other

Drug Type: N. N/A A. Amphetamine B. Barbiturate C. Cocaine E. Heroin H. Hallucinogen M. Marijuana O. Opium/Deriv. P. Paraphernalia/ Equipment S. Synthetic U. Unknown Z. Other

CHARGE

Charge Description	Counts	Domestic Violence	Statute Violation Number	Violation of ORD #
DRIVING UNDER THE INFLUENCE Prop. Damage	1	☐ Y ☒ N	316.193(3)(c)1	

Drug Activity	Drug Type	Amount / Unit	Offense #	Warrant / Capias Number	Bond
N	N		25-127512		

Charge Description	Counts	Domestic Violence	Statute Violation Number	Violation of ORD #
REFUSAL TO SUBMIT TO BREATH TEST	1	☐ Y ☒ N	316.1939(1)	

Drug Activity	Drug Type	Amount / Unit	Offense #	Warrant / Capias Number	Bond
n	n		25-127512		

Charge Description	Counts	Domestic Violence	Statute Violation Number	Violation of ORD #
		☐ Y ☐ N		

Drug Activity	Drug Type	Amount / Unit	Offense #	Warrant / Capias Number	Bond

Charge Description	Counts	Domestic Violence	Statute Violation Number	Violation of ORD #
		☐ Y ☐ N		

Drug Activity	Drug Type	Amount / Unit	Offense #	Warrant / Capias Number	Bond

NOTICE TO APPEAR

Location (Court, Room Number, Address): Criminal Justice Complex, 3228 Gun Club Road, West Palm Beach, FL 33406 - Ph: (561) 688-4600

FILED PBC - GUN CLUB
'25 DEC 20 AM 7:33

Court Date and Time: Month JAN Day 15TH Year 2026 Time 0830 A.M. ☒ P.M. ☐

I AGREE TO APPEAR AT THE TIME AND PLACE DESIGNATED TO ANSWER THE OFFENSE CHARGED OR TO PAY THE FINE SUBSCRIBED. I UNDERSTAND THAT SHOULD I WILLFULLY FAIL TO APPEAR BEFORE THE COURT AS REQUIRED BY THIS NOTICE TO APPEAR, THAT I MAY BE HELD IN CONTEMPT OF COURT AND A WARRANT FOR MY ARREST SHALL BE ISSUED

Signature of Defendant (or Juvenile and Parent/Custodian) — Date Signed: 12/19/2025

I consent to receive text reminders of court date(s) and times for this case by automated technology to the mobile number identified above. I understand that standard text message rates may apply, and that I may revoke this consent via the text message system if I choose. Signature

ADMIN

HOLD for other agency

☐ Dangerous ☐ Resisted Arrest ☐ Suicidal ☐ Other:

Intake Deputy I.D. # Pouch #

Signature of Arresting Officer: X INV 32415

Name of Arresting Officer (Print) I.D. #: INV. ESCARAN 32415

Transporting Officer I.D. # Agency: INV. ESCARAN 32415 PBSO

Name Verification (Printed by Arrestee) (PRINT)

DEC 20 AM 2:19

Witness here if subject signed with an "X"

PAGE 1 OF 1

PBSO #0148 REV. 11/22 DISTRIBUTION: COURT COPY STATE ATTORNEY AGENCY AGENCY DEFENDANT (N.T.A.'s ONLY)

NOT A CERTIFIED COPY

PROBABLE CAUSE AFFIDAVIT

OBTS Number:

1 Arrest, 2 NTA, 3 Request for Warrant, 4 Request for Capias | 1 | Juvenile: N

ADMIN

Agency ORI Number	Agency Name	Agency Report Number
FLO 5 0 0 0 0 0	PALM BEACH COUNTY SHERIFF'S OFFICE	06- 25-127512

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

Special Notes:

DEF

Name (Last, First, Middle)	Alias	Race	Sex	Date of Birth
Walker, Richard, Alan		W	M	2/23/1970

CHARGES

Charge Description		Charge Description	
DRIVING UNDER THE INFLUENCE	316.193(3)(C	REFUSAL TO SUBMIT TO BREATH TEST	316.1939(1)(D
Charge Description		Charge Description	

VICTIM

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

Local Address (Street, Apt Number)	(City)	(State)	(Zip)	Phone	Address Source
,				( )	
Business Address (Name, Street)	(City)	(State)	(Zip)	Phone	Occupation
				( )	

The undersigned certifies and swears that I have just and reasonable grounds to believe, and do believe that the above named Defendant committed the listed violation(s) of law.
The Person taken into custody:

☐ committed the below acts in my presence.
☐ was observed by _____ who told _____ that he/she saw the arrested person commit the below acts.
☐ confessed to _____ admitting to the below facts.
☒ was found to have committed the below acts, resulting from my (described) investigation.

On the 19TH day of December 20 25 at 2032 ☐ A.M ☒ P.M (Specifically include facts constituting cause for arrest.)

PROBABLE CAUSE STATEMENT

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

On 12/19/2025, I was in service in Palm Beach County. I was traveling westbound on Foresthill Blvd west of Riverbridge Blvd when observed several vehicles in the outside lane stopped. I activated my emergency lights on my marked patrol vehicle in the outside lane blocking the vehicles. I observed several persons outside of the vehicles and standing on the sidewalk. I observed there to be three vehicles on the outside lane stopped and appeared to have fresh crash damage and two of the vehicle were still in contact with each other. I made contact with a white male, later identified as Richard Alan Walker wearing blue shirt, gray shorts, and black shoes, and upon contact I observed an obvious odor of an unknown alcoholic beverage coming from his mouth and red bloodshot and glassy eyes. I checked with all the others involved for injuries and advised they were in pain and upon arrival of Greenacres Fire Rescue, all denied any injuries. I spoke with the driver of the dark colored 4 door, Marc-Kentushy Derisseau 2/7/2000, who advised that he felt two hits when he was driving and observed Mr. Walker to be the driver of the white pickup that had hit his car.

I stood next to Mr. Walker as he was attempting to look for his insurance outside of his car. He appeared to have issues locating his insurance and having an obvious odor of an unknown alcoholic beverage coming from his mouth area and breath.

Upon the arrival of D/S Fowler, he was advised of the crash and he conducted his investigation. D/S Fowler advised that he had concluded his crash investigation. I then advised Mr. Walker that the crash investigation was completed and that I was conducted a criminal investigation. I advised Mr. Walker again of my observations and asked him if he had anything to drink. [redacted] He advised that he bumped his head on the steering wheel. He advised that he didn't have any physical issues but takes a lot of medication. Mr. Walker advised that he had [redacted] and was type 'a'. I asked Mr. Walker if he would be willing to perform roadside exercises and he agreed to do so.

Horizontal Gaze Nystagmus
-Left eye- lack of smooth pursuit
-Right eye- lack of smooth pursuit

ADMINISTRATIVE

STATE OF FLORIDA
COUNTY OF PALM BEACH

INV 32415 INV. ESCARAN 32415
(Signature of Arresting/Investigative Officer)

The foregoing instrument was sworn to or affirmed and subscribed before me this 19th day of December 20 25 by INV. ESCARAN
(Print name of Arresting/Investigative Officer), who is personally known to me and/or produced [illegible] type of identification produced PERSONALLY KNOWN

Renee Ragin (#16877)
Notary Public, Clerk of Court, Officer (F.S.S). 117.10)

RENEE RAGIN
MY COMMISSION # HH 463620
EXPIRES: March 5, 2028

PAGE 1 OF 3

PBSO #0004 REV. 12/22

DISTRIBUTION: STATE ATTORNEY AGENCY AGENCY DEFENDANT [illegible]

NOT A CERTIFIED COPY

PROBABLE CAUSE AFFIDAVIT

OBTS Number | 1 Arrest, 2 NTA, 3 Request for Warrant, 4 Request for Capias | 1 | Juvenile: N

ADMIN

Agency ORI Number: FLO 5 0 0 0 0 0 | Agency Name: PALM BEACH COUNTY SHERIFF'S OFFICE | Agency Report Number: 06- 25-127512

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
Walker, Richard, Alan		W	M	2/23/1970

CHARGES

Charge Description		Charge Description	
DRIVING UNDER THE INFLUENCE	316.193(1) 316.193(3)1	REFUSAL TO SUBMIT TO BREATH TEST	316.1939(1)
Charge Description		Charge Description	

VICTIM

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

Local Address (Street, Apt Number)	(City)	(State)	(Zip)	Phone	Address Source
,				( )	
Business Address (Name, Street)	**(City)**	**(State)**	**(Zip)**	**Phone**	**Occupation**
				( )	

PROBABLE CAUSE STATEMENT

The undersigned certifies and swears that I have just and reasonable grounds to believe, and do believe that the above named Defendant committed the listed violation(s) of law.
The Person taken into custody:

☐ committed the below acts in my presence.
☐ was observed by _____ who told _____ that he/she saw the arrested person commit the below acts.
☐ confessed to _____ admitting to the below facts.
☒ was found to have committed the below acts, resulting from my (described) investigation.

On the 19TH day of December 20 25 at 2032 ☐ A.M ☒ P.M (Specifically include facts constituting cause for arrest.)

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

-Left eye- distinct and sustained nystagmus at maximum deviation
-Right eye- Distinct and sustained nystagmus at maximum deviation
-Left eye- onset of nystagmus prior to 45 degrees
-Right eye- onset of nystagmus prior to 45 degrees
-observed Mr. Walker to have red bloodshot and glassy eyes. Observed Mr. Walker to have odor of an unknown alcoholic beverage coming from his mouth area and breath. Mr. Walker had equal tracking and pupil size. Mr. Walker had onset of nystagmus at approximately 30 degrees in each eye. Observed. Mr. Walker to have lack of convergence.

Walk and turn
- Mr. Walker stated that he didn't have any physical issues and then complained of his leg cramping. Mr. Walker advised that he understood the instructions. Mr. Walker could not keep balance while listening to instructions. Mr. Walker started before told to do so. Mr. Walker missed several heel to toe steps. Mr. Walker did not turn as instructed. Mr. Walker used arms for balance. Mr. Walker stepped off of the line. Mr. Walker paused during the task to keep balance. Mr. Walker took incorrect number of steps.

One Leg Stand
- Mr. Walker advised that he understood the instructions and didn't have any questions. Mr. Walker raised his left leg. Mr. Walker placed foot on the ground several times. Mr. Walker used arms for balance. Mr. Walker swayed during the task. Mr. Walker did not look down instructed. Mr. Walker did not count as instructed.

Finger to nose
- Mr. Walker identified his left and right hand correctly as well as his index finger. Mr. Walker advised that he understood the instructions and didn't have any questions. Mr. Walker performed as follows: left- touched left index finger pad to tip of nose and had to be told to return hand. Right- touched right index finger to right nostril and had to be told to return hand. Left- touched left index finger to tip of nose with pad and held it for some time. Right- touched right index pad to tip of nose. Right- raised left and corrected to right and touched right index finger pad to tip of nose.

ADMINISTRATIVE

STATE OF FLORIDA
COUNTY OF PALM BEACH
INV ESCARAN 32415 INV. ESCARAN 32415
(Signature of Arresting/Investigative Officer)

The foregoing instrument was sworn to or affirmed and subscribed before me this 19th day of December 20 25 by INV. ESCARAN

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

Renee Ragin (#16877)
Notary Public, Clerk of Court, Officer (F.S.S. 117.10)

RENEE RAGIN
MY COMMISSION # HH 463620
EXPIRES: March 5, 2028

PAGE 2 OF 3

PSSO #0004 REV. 12/22 DISTRIBUTION: STATE ATTORNEY, AGENCY, DEFENDANT (N.T.A.'s ONLY)

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PROBABLE CAUSE AFFIDAVIT

OBTS Number | 1 Arrest 2 NTA 3 Request for Warrant 4 Request for Capias | 1 | Juvenile: N

ADMIN

Agency ORI Number: FLO 5 0 0 0 0 0 | Agency Name: PALM BEACH COUNTY SHERIFF'S OFFICE | Agency Report Number: 06- 25-127512

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
Walker, Richard, Alan		W	M	2/23/1970

CHARGES

Charge Description	Charge Description
DRIVING UNDER THE INFLUENCE 316.193(3)(c)1	REFUSAL TO SUBMIT TO BREATH TEST 316.1939(1)
Charge Description	Charge Description

VICTIM

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

Local Address (Street, Apt Number) (City) (State) (Zip)	Phone	Address Source
,	( )	
Business Address (Name, Street) (City) (State) (Zip)	**Phone**	**Occupation**
	( )	

The undersigned certifies and swears that I have just and reasonable grounds to believe, and do believe that the above named Defendant committed the listed violation(s) 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 19TH day of December 20 25 at 2032 ☐ A.M ☒ P.M (Specifically include facts constituting cause for arrest.)

PROBABLE CAUSE STATEMENT

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

Romberg Alphabet
- Mr. Walker advised that he has a high school education and advised that he is comfortable with the English alphabet. Mr. Walker performed as follows: ABCDEFGHIMNOPABCDEFGABCEFGHMNOZ- I don't know the actually don't even know the alphabet- ABCDEFGI.-
-Romberg Balance- Mr. Walker advised that he understood the instructions and didn't have any questions. Observed Mr. Walker to have orbital sway. Mr. Walker was stopped after 90 seconds had elapsed and was asked if he counted to 30 seconds. Mr. Walker advised that he did and thought I was to stop him.

After roadside exercises were completed, I placed Mr. Walker under arrest for DUI and advised him of this. I then searched Mr. Walker and checked his mouth for any objects and it was clear. I observed Mr. Walker mouth to have a discolored tongue. I then placed Mr. Walker in the rear of my marked patrol vehicle and transported him to the Palm Beach County Jail.

Upon arrival to the Palm Beach County jail, I escorted Mr. Walker to the Breath Alcohol Testing center and conducted a 20 minute observation to ensure that he did not take anything by mouth or regurgitate. After the 20 minute observation was completed, I escorted Mr. Walker to the testing room and requested him to provide a lawful sample of his breath. He refused and he was advised of the implied consent. Mr. Walker advised that he understood the implied consent and again refused to submit to a lawful test of his breath. This was taken as a refusal to submit to at approximately 2212 hours. Mr. Walker was then advised of his constitutional warnings and he advised that he understood. Mr. Walker agreed to answer questions (see questions and answers sheet). Mr. Walker was later booked into the Palm Beach County jail for DUI property damage and Refusal to submit to breath 1st refusal.

NOT A CERTIFIED COPY

ADMINISTRATIVE

STATE OF FLORIDA
COUNTY OF PALM BEACH
JAN 32415 INV. ESCARAN 32415
(Signature of Arresting /Investigative Officer)

The foregoing instrument was sworn to or affirmed and subscribed before me this 19th day of December 20 25 by INV. ESCARAN
(Print name of Arresting/Investigative Officer), who is personally known to me and/or produced identification. Type of identification produced PERSONALLY KNOWN

Renee Ragin (#16877)
Notary Public, Clerk of Court, Officer (F.S.S). 117.10)

RENEE RAGIN
MY COMMISSION # HH 468620
EXPIRES: March 5, 2028

PAGE 3 OF 3

PBSO #0004 REV. 12/22 DISTRIBUTION: STATE ATTORNEY'S OFFICE AGENCY ADMISSION (COURT'S ONLY)

PALM BEACH COUNTY
SHERIFF'S OFFICE
SHERIFF RIC L. BRADSHAW

DUI Breath Implied Consent

NOT APPLICABLE WITH VOLUNTARY CONSENT

DEFENDANT'S NAME: _____ CASE NO: _____

DATE OF ARREST: _____ TIME OF ARREST: _____

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

Will you take the test? YES_____ NO_____

NOTE: *READ ONLY IF THE ANSWER TO THE ABOVE IS "NO"*

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. Additionally, if you refuse to take the test I have requested of you, you will be committing a misdemeanor of the SECOND DEGREE if this is your first refusal, in addition to any other penalties which can be imposed by law. 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, your driving privilege will be suspended for a period of eighteen (18) months. Additionally, you will be committing a misdemeanor of the FIRST DEGREE, 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_____ NO_____

Do you still refuse to submit to this test? YES_____ NO_____

NOTE: *IF THE SUBJECT POSSESSES A COMMERCIAL DRIVER LICENSE (CDL), READ THE FOLLOWING, REGARDLESS OF WHETHER THE SUBJECT IS OPERATING A COMMERCIAL MOTOR VEHICLE (CMV)*

In addition, if you hold a Commercial Driver's License (CDL), or were driving a Commercial Motor Vehicle (CMV), your refusal to submit to testing will result in the loss of your commercial driving privileges for one year from today. If this is your second refusal, you will be permanently disqualified from operating a Commercial Motor Vehicle (CMV).

Do you understand what I have just read to you? YES_____ NO_____

Do you still refuse to submit to this test? YES_____ NO_____

Date read: _____ Time read: _____ Location read: _____

LAW ENFORCEMENT OFFICER NAME (printed): _____ ID: _____

LAW ENFORCEMENT OFFICER SIGNATURE: _____

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

FORM #0126BR REV 09/25

NOT A CERTIFIED COPY

PALM BEACH COUNTY
SHERIFF'S OFFICE
SHERIFF RIC L. BRADSHAW

DUI Breath Implied Consent

NOT APPLICABLE WITH VOLUNTARY CONSENT

DEFENDANT'S NAME: _____ CASE NO: _____

DATE OF ARREST: _____ TIME OF ARREST: _____

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Do you understand what I have just read to you? YES_____ NO_____

Do you still refuse to submit to this test? YES_____ NO_____

Date read: _____ Time read: _____ Location read: _____

LAW ENFORCEMENT OFFICER NAME (printed): _____ ID: _____

LAW ENFORCEMENT OFFICER SIGNATURE: _____

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

FORM #0126BR REV 09/25

NOT A CERTIFIED COPY

SUBJECT: _____ CASE NUMBER: _____

QUESTIONS AND ANSWERS

I AM NOW GOING TO ASK YOU SOME QUESTIONS. WITH THESE RIGHTS IN MIND, YOU MAY ANSWER SOME OF, ALL OF, OR NONE OF THE FOLLOWING QUESTIONS AS YOU LIKE.

WERE YOU OPERATING A MOTOR VEHICLE AT THE TIME OF THE STOP/ACCIDENT? _____

WHERE WERE YOU GOING? _____

WHAT STREET OR HIGHWAY WERE YOU ON? _____

DIRECTION OF TRAVEL? _____ WHERE DID YOU START? _____

WHAT TIME DID YOU START? _____ WHAT TIME IS IT NOW? _____

WHAT IS TODAY'S DATE? _____ WHAT DAY OF THE WEEK IS IT? _____

WHAT COUNTY AND CITY ARE YOU IN NOW? _____

WHEN DID YOU LAST EAT? _____ WHAT DID YOU EAT? _____

WHAT HAVE YOU BEEN DOING FOR THE LAST THREE HOURS? _____

HOW MUCH DO YOU WEIGH? _____ HAVE YOU BEEN DRINKING? _____ WHAT? _____

HOW MUCH? _____ WHERE? _____ WITH WHOM? _____

WHEN DID YOU HAVE YOUR FIRST DRINK? _____ AND YOUR LAST DRINK? _____

HOW DID YOU CONSUME YOUR LAST TWO DRINKS? _____

CAN YOU FEEL THE EFFECTS OF THE ALCOHOL? _____ ARE YOU UNDER THE INFLUENCE? _____

HAVE YOU CONSUMED ANY ALCOHOL SINCE THE ACCIDENT? _____ HOW MUCH? _____

WHAT? _____ WHERE? _____ WHEN? _____

WHAT LINE OF WORK ARE YOU IN? _____ WHEN DID YOU LAST WORK? _____

DO YOU HAVE ANY PHYSICAL DEFECTS OR INJURIES? _____ WHAT? _____

ARE YOU SICK OR INJURED? _____ WHAT'S WRONG? _____

DO YOU LIMP? _____ DID YOU RECEIVE A BUMP ON THE HEAD RECENTLY? _____

WERE YOU IN AN ACCIDENT TODAY? _____

HAVE YOU TAKEN ANY DRUGS OR SMOKED ANY MARIJUANA TODAY? _____ WHEN? _____

HAVE YOU SEEN A DOCTOR OR DENTIST TODAY? _____ WHO? _____ WHY? _____

ARE YOU TAKING ANY PRESCRIPTION MEDICINES? _____ WHAT? _____ WHEN? _____

DO YOU HAVE:
- EPILEPSY? _____
- GLASS EYE? _____
- FALSE TEETH? _____
- EAR INFECTION? _____
- INNER EAR TROUBLE? _____
- DIABETES? _____

DO YOU HAVE ANY PROBLEMS WITH YOUR EYES THAT ARE NOT CORRECTED BY GLASSES? _____

DO YOU TAKE INSULIN? _____ IF SO, WHEN WAS YOUR LAST INJECTION? _____

HAVE YOU EVER HAD A DRIVER'S LICENSE IN ANY OTHER STATE? _____ WHERE? _____

INTERVIEWER: _____

NOT A CERTIFIED COPY

SUBJECT: _____ CASE NUMBER: _____

QUESTIONS AND ANSWERS

I AM NOW GOING TO ASK YOU SOME QUESTIONS. WITH THESE RIGHTS IN MIND, YOU MAY ANSWER SOME OF, ALL OF, OR NONE OF THE FOLLOWING QUESTIONS AS YOU LIKE.

WERE YOU OPERATING A MOTOR VEHICLE AT THE TIME OF THE STOP/ACCIDENT? _____

WHERE WERE YOU GOING? _____

WHAT STREET OR HIGHWAY WERE YOU ON? _____

DIRECTION OF TRAVEL? _____ WHERE DID YOU START? _____

WHAT TIME DID YOU START? _____ WHAT TIME IS IT NOW? _____

WHAT IS TODAY'S DATE? _____ WHAT DAY OF THE WEEK IS IT? _____

WHAT COUNTY AND CITY ARE YOU IN NOW? _____

WHEN DID YOU LAST EAT? _____ WHAT DID YOU EAT? _____

WHAT HAVE YOU BEEN DOING FOR THE LAST THREE HOURS? _____

HOW MUCH DO YOU WEIGH? _____ HAVE YOU BEEN DRINKING? _____ WHAT? _____

HOW MUCH? _____ WHERE? _____ WITH WHOM? _____

WHEN DID YOU HAVE YOUR FIRST DRINK? _____ AND YOUR LAST DRINK? _____

HOW DID YOU CONSUME YOUR LAST TWO DRINKS? _____

CAN YOU FEEL THE EFFECTS OF THE ALCOHOL? _____ ARE YOU UNDER THE INFLUENCE? _____

HAVE YOU CONSUMED ANY ALCOHOL SINCE THE ACCIDENT? _____ HOW MUCH? _____

WHAT? _____ WHERE? _____ WHEN? _____

WHAT LINE OF WORK ARE YOU IN? _____ WHEN DID YOU LAST WORK? _____

DO YOU HAVE ANY PHYSICAL DEFECTS OR INJURIES? _____ WHAT? _____

ARE YOU SICK OR INJURED? _____ WHAT'S WRONG? _____

DO YOU LIMP? _____ DID YOU RECEIVE A BUMP ON THE HEAD RECENTLY? _____

WERE YOU IN AN ACCIDENT TODAY? _____

HAVE YOU TAKEN ANY DRUGS OR SMOKED ANY MARIJUANA TODAY? _____ WHEN? _____

HAVE YOU SEEN A DOCTOR OR DENTIST TODAY? _____ WHO? _____ WHY? _____

ARE YOU TAKING ANY PRESCRIPTION MEDICINES? _____ WHAT? _____ WHEN? _____

DO YOU HAVE:
- EPILEPSY? _____
- GLASS EYE? _____
- FALSE TEETH? _____
- EAR INFECTION? _____
- INNER EAR TROUBLE? _____
- DIABETES? _____

DO YOU HAVE ANY PROBLEMS WITH YOUR EYES THAT ARE NOT CORRECTED BY GLASSES? _____

DO YOU TAKE INSULIN? _____ IF SO, WHEN WAS YOUR LAST INJECTION? _____

HAVE YOU EVER HAD A DRIVER'S LICENSE IN ANY OTHER STATE? _____ WHERE? _____

INTERVIEWER: _____

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WITNESS LIST

CASE NUMBER: 25-127512

ARRESTING OFFICER: INV. ESCARAN 32415
ADDRESS: 3228 GUNCLUB ROAD, WEST PALM BEACH/FL/33406
PHONE NUMBERS (HOME): _____ (WORK) _____
CAN TESTIFY TO: INITAL CONTACT/ROADSIDES/ARREST
NAME: DERISSEAU, MARC-KENTUSHY,
ADDRESS: 8170 MYSTIC HARBOR CIR, BOYNTON BEACH/FL/33436
PHONE NUMBERS (HOME) (561) 7048647 (WORK) 0
CAN TESTIFY TO: WHEEL WITNESS
NAME: D/S FOWLER 45064
ADDRESS 3228 GUNCLUB RD, WEST PALM BEACH/FL/33406
PHONE NUMBERS (HOME) _____ (WORK) 5616883000
CAN TESTIFY TO: CRASH REPORT
NAME: D/S OLADEJO 36172
ADDRESS 3228 GUNCLUB RD, WEST PALM BEACH/FL/33406
PHONE NUMBERS (HOME) _____ (WORK) 5616883000
CAN TESTIFY TO: BACKUP
NAME: _____
ADDRESS _____
PHONE NUMBERS (HOME) _____ (WORK) _____
CAN TESTIFY TO: _____
NAME: _____
ADDRESS _____
PHONE NUMBERS (HOME) _____ (WORK) _____
CAN TESTIFY TO: _____
NAME: _____
ADDRESS _____
PHONE NUMBERS (HOME) _____ (WORK) _____
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NAME: _____
ADDRESS _____
PHONE NUMBERS (HOME) _____ (WORK) _____
CAN TESTIFY TO: _____
NAME: _____
ADDRESS _____
PHONE NUMBERS (HOME) _____ (WORK) _____
CAN TESTIFY TO: _____

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TESTING FACILITY TASK REPORT

AGENCY: PBSO

SUBJECT: Walker, Richard A.

CASE NUMBER: 25-127512

DATE: Dec 19, 2025

VIDEO DVD NUMBER: N/A

BEGINNING TIME: 22:10

ENDING TIME: 22:21

BREATH TESTS RESULTS: 1) Refused TIME 22:12 A.M.☐ P.M.☒ 2) N/A TIME ——— A.M.☐ P.M.☐

3) N/A TIME ——— A.M.☐ P.M.☐ 4) N/A TIME ——— A.M.☐ P.M.☐

BREATH OPERATOR: R. Ragin #16877

MAINTENANCE TECHNICAN: Jason Karlecke #6467

TESTING OFFICER'S OBSERVATIONS

SPEECH: Slurred, Thick

ATTITUDE: Calm, cooperative, fidgety

CLOTHING: Gray shorts, blue shirt, black sneakers

MEDICAL CONDITIONS: [redacted]

MEDICATIONS: Yes Lots 12 of them

REFUSED

OTHER:

Eyes are glassy & red
Odor of unknown alcoholic beverage on breath
Subject stated in Q&A he had a 10oz drink of water and vodka

COMMENTS:

Arrived at center A/O started 20 minute observation period at 21:49 hrs.

Subject refused to perform breath test.

A/O read I/C and subject stated he understood I/C.

Subject refused to take test.

A/O read rights.
Subject stated he understood rights.

REFUSED

A/O conducted Q&A.
Subject answered Q&A.

A/O ask if he was going to sign the DUI citation.
Subject agreed.

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

PBSO CASE # 25-127512 PBSO ZONE 16-12

AGENCY CASE # _____ CRASH CASE # 25-127503

TIME OF STOP/CRASH 2032 DATE 12/19/2025 DAY Friday

SUBJECT'S NAME Walker, Richard, Alan RACE W SEX M

HGT 5'10 WGT 245 DOB 2/23/1970

LOCATION FORESTHILL BLVD/ RIVER BRIDGE BLVD, GREENACRES/FL/33414

ARRESTING OFFICER'S NAME & ID INV. ESCARAN 32415 (32415) AGENCY Palm Beach County Sheriff's Office

DIVISION: DUI

NOTIFIED BY COMMO YES

ARRIVAL AT FACILITY 2149

ARREST TIME 2117

BREATH RESULTS:

REFUSED

TESTING OFFICER'S ID 16877 PBSO VIDEOTAPE # N/A

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25-127512

STATE OF FLORIDA
AFFIDAVIT OF REFUSAL TO SUBMIT TO
BREATH TEST

I, **INV. ESCARAN**, a duly certified Law Enforcement or Correctional Officer, am a member of **PALM BEACH COUNTY SHERIFF'S OFFICE**, and I do swear or affirm that on or about the **19** day of **December**, 20**25**, at **2117** ☑P.M. ☐A.M.

(Name of Officer reading Implied Consent Warning)

(Name of Law Enforcement Agency)

DRIVER **Richard** (FIRST NAME) **Alan** (MIDDLE OR MAIDEN NAME) **Walker** (LAST NAME),

DL # **W426741700630**, state of **FL**, was placed under lawful arrest for the offense of **DRIVING UNDER THE INFLUENCE** by **INV. ESCARAN 32415** and issued citation # **ALA9L0E**.

(Name of Arresting Officer)

That on or about the **19TH** day of **DECEMBER**, 20**25**, at **2212** ☒P.M. ☐A.M. in **PALM BEACH** County,

I requested that the driver submit to a **BREATH** test for the purpose of determining its alcohol content. I informed the driver that the refusal to submit to such test would result in the suspension of his or her driving privilege for a period of one (1) year for a first refusal, and that he or she commits a misdemeanor of the second degree by so refusing. Additionally, I informed the driver that the refusal to submit to such test would result in the suspension of his or her driving privilege for a period of eighteen (18) months if his or her driving privilege had been previously suspended, or if he or she had been previously fined under s. 327.35215, F.S., for refusing to submit to a breath, urine, or blood test, and that he or she commits a misdemeanor of the first degree by so refusing. Nonetheless, the driver refused to submit to the test requested.

Inv 32415
Signature of Law Enforcement Officer or Correctional Officer

THE AFFIDAVIT MUST BE NOTARIZED OR ATTESTED TO (s. 117.10, F.S.)

RENEE RAGIN
MY COMMISSION # HH 463620
EXPIRES: March 5, 2028
(AFFIX SEAL)

The foregoing instrument was sworn and subscribed before me this **19th** day of **December**, 20**25**, by **INV. ESCARAN 32415** who is personally known to me or who has produced **PERSONALLY KNOWN** as identification.

Notary Public **Renee Ragin (#16877)**

The foregoing instrument was sworn and subscribed before me:

Signature of Attesting Officer

Title

Date **12/19/2025**

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.

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EFFECTIVE OCTOBER 1, 2025

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	3
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	6-7
	☐	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	☐			
	☐			
	☐			
	☐			

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REVIEW COMPLETED BY

Booking Number: 2025034231	**Date:** 12/20/2025
	Specialist Name/ID#: C.Daniels 30347