OR# 0559601 25CT10895A&B P# 2203

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: 0500200
Agency Name: Boca Raton Police Department
Agency Report Number (N.T.A.'s only): 3 | 2 | 2025-007370

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): 33 E CAMINO REAL, BOCA RATON, FL 33432
Location of Offense (Business Name, Address): 1000 S FEDERAL HWY, BOCA RATON, FL 33432

Date of Arrest	Time of Arrest	Booking Date	Booking Time	Jail Date	Jail Time	Location of Vehicle
07/06/2025	02:17	07/06/2025	02:17	07/06/2025	00:00	PRIORITY TOWING

DEFENDANT

Name (Last, First, Middle): PARRISH, RICHARD SAUL
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	12/14/2000	6'02	215	BLUE	BROWN	LIGHT	Medium

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

Local Address (Street, Apt. Number) (City) (State) (Zip): 1675 NW 4TH AVE 603, BOCA RATON, FL 33432
Phone: (904) 343-6110
Residence Type: 1. City 3. Florida 2. County 4. Out of State

Permanent Address (Street, Apt. Number) (City) (State) (Zip): 1675 NW 4TH AVE 603, BOCA RATON, FL 33432
Phone: (904) 343-6110
Address Source

Business Address (Name, Street) (City) (State) (Zip): NCCI,
Phone: ROME, ITALY
Occupation: Analyst

D/L Number, State: P238154220000 / FL
Soc. Sec. Number: [redacted]
INS Number
Place of Birth (City, State): OUT OF STATE, FL
Citizenship: US

CODEF

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

CHARGE

Charge Description	Statute Violation Number	Violation of ORD #
DUI- ENHANCEMENT .15	316.193(4)	

Drug Activity	Drug Type	Amount / Unit	Offense #	Counts	Domestic Violence	Warrant / Capias Number	Bond
	N	/		1	☐ Y ☒ N		1,000

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: TEJEDA
Released By: TEJEDA
Released To:
Transported By
Date Transported / / Time Transported : :
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): South County 200 W Atlantic Ave Delray Beach, FL 33444
Court Date and Time: 08/04/2025 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
☐ Dangerous ☐ Resisted Arrest ☐ Suicidal ☐ Other
Signature of Arresting Officer
Name of Arresting Officer (Print): TEJEDA, N. M. I.D. #: 895
Name Verification (Printed by Arrestee) (PRINT)
Intake/Deputy: I.D. # Pouch #
Transporting Officer: I.D. # Agency: BOCA
Witness here if subject signed with an "X".

FILED PBC - GUN CLUB
JUL 6 AM 7:07
PAGE 1 OF 1

COURT ☒ STATE ATTORNEY ☒ AGENCY ☒ CENTRAL RECORDS ☒ JAIL ☒ VICTIM/WITNESS ☐ FTO ☐ DEFENDANT

SCANNED
JUL 08 2025

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PROBABLE CAUSE AFFIDAVIT

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

1 JUVENILE

ADMIN

OBTS Number	Agency ORI Number	Agency Name	Agency Report Number
	FL FL0500200	BOCA RATON POLICE DEPARTMENT	3 | 2 | 2025-007370

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
PARRISH, RICHARD SAUL		W	M	12/14/2000

CHARGES

Charge Description	Charge Description
316.193(4) DUI - ENHANCEMENT .15	
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 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.

☐ confessed to _____ admitting to the below facts.

☐ was observed by _____ who told _____ that he/she saw the arrested person committ the below acts.

☒ was found to have committed the below acts, resulting from my (described) investigation.

On the 6 day of July, 2025 at 02:17 (Specifically include facts constituting cause for arrest.)

PROBABLE CAUSE STATEMENT

Axon Activated.

On 07/06/25 at approximately 0155 hours, I observed a black Toyota Camry (FL tag BM31YB) traveling north on the southbound lanes approaching E. Camino Real. I activated my overhead lights and siren, the Camry jumped onto the median and turned westbound onto Camino Real and pulled into the parking garage at 33 E Camino Real.

I verified the registered owner as the driver/sole occupant, W/M Richard Parrish. I asked Parrish for his license, registration, and proof of insurance, I had to ask him for his license twice and his insurance twice. As I was speaking to Parrish, there was an odor of alcohol emanating from his breath, his mouth was dry, and his eyes appeared glossy. I asked Parrish where he was coming from, and he responded Deerfield, and he was heading to "Boca Raton his home". I had Parrish exit the vehicle, and asked him again where he was coming from, and he responded to "a hobby place". I asked him how many alcoholic drinks he had tonight, and he said two Meads. Meads is a type of fermented alcoholic beverage. During the time I was speaking to Parrish, his speech was slow and slurred.

At this point, I requested that Parrish perform the standard field sobriety tasks to dispel my alarm of driving while impaired. Parrish provided consent and I proceeded with the standard field sobriety tasks. I performed and demonstrated each task before Parrish attempted them.

The first test administered was the Horizontal Gaze Nystagmus. After stating he understood the instructions, I began the test using a red lighted pen. During the test, I observed equal tracking and what appeared to be equal pupil size present in both eyes. I also observed smooth pursuit. I observed distinct and sustained nystagmus prior to 45 degrees and nystagmus at maximum deviation.

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ADMINISTRATIVE

SWORN AND SUBSCRIBED BEFORE ME

MELGAR, DANIEL JOSEPH
NOTARY PUBLIC / CLERK OF COURT / OFFICER (F.S.S. 117.10)

07/06/2025
DATE

SIGNATURE OF ARRESTING / INVESTIGATING OFFICER

TEJEDA, NICOLE MARIA (895)
NAME OF OFFICER (PLEASE PRINT)

07/06/2025
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 | 2025-007370

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
PARRISH, RICHARD SAUL		W	M	12/14/2000

PROBABLE CAUSE STATEMENT

The second task was the Walk and Turn. Parrish advised he understood and had no questions prior to commencing the task. Upon reaching step 9, Parrish stopped the task and advised what he needed to do and if he should turn around, I asked him to revert to the instructions I provided him, after he was unable to remember I asked him to turn back, and as he did he, he made a 180 pivot instead of taking small steps as turning around onto the line. On his 10th step he lost his balance (started back at #1), during the 8th and 9th step he kept stepping on his lead foot.

The Third task was the One Leg Stand. After verbally agreeing that he understood the instructions, he then asked me to repeat the instructions one more time. Once he began, Parrish elevated his right foot about two inches off the ground despite giving him instructions for holding it approximately six inches off the ground. Counting for approximately 15 seconds out loud, Parrish lost his balance several times.

The Fourth Task was the Finger to Nose. After verbally agreeing that he understood the instructions, as I called out the right and left finger, Parrish pressed his fingertip hard against his nose on the first "right" instruction, and then on the fourth "right" instruction, and sixth "left" instruction he touched the bridge of his nose.

The Fifth Task was counting for 30 seconds. After verbally agreeing that he understood, he silently counted and informed me at 37 seconds that he was finished.

Based on my investigation, I placed Parrish under arrest for DUI per F.S.S. 316.193, subsequently being transported to the Boca Raton Police Dept for utilization of the breathalyzer. After conducting my 20-minute observation, Breath Tech Operator D. Harrison #856 conducted the Intoxilyzer 8000, and Parrish provided breath samples of .186 and .187. After determining his BAC, I charged Parrish with F.S.S. 316.193(4) with the enhancement of being over the limit of 0.15.

Parrishs` vehicle was inventoried by Ofc. Levine and towed by Priority Towing.

Parrish was read his Constitutional Warnings and he requested his lawyer.

I also issued Parrish a traffic citation F.S.S. 316.1925- Careless Driving for operating the vehicle in a careless manner with disregard for the safety of himself and others.

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ADMINISTRATIVE

SWORN AND SUBSCRIBED BEFORE ME

MELGAR, DANIEL JOSEPH
NOTARY PUBLIC / CLERK OF COURT / OFFICER (F.S.S. 117.10)

07/06/2025
DATE

SIGNATURE OF ARRESTING / INVESTIGATING OFFICER

TEJEDA, NICOLE MARIA (895)
NAME OF OFFICER (PLEASE PRINT)

07/06/2025
DATE

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

25-07370
1015: 0217
20min: 0235
Parrish, Richard S.

DUI INFLUENCE REPORT

NOT ACCREDITED COPY

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

Revised: July 9, 2018

BOCA RATON POLICE SERVICES DEPARTMENT

DUI INFLUENCE REPORT – PART I

On the 6 day of July, at 0217 AM/PM:

Subject: Richard Saul Parrish Case Number: 25-7370

PERSONAL CONTACT

Driving Pattern: _____

Observation of Driver: See RC

Driver's Statement: _____

Odors: _____

GENERAL OBSERVATIONS

Speech: _____

Attitude: _____

Clothing: _____

Medical Problems: _____

Medications: _____

Other: _____

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Horizontal Gaze Nystagmus:

☐ Left eye does not follow smoothly ☐ Right eye does not follow smoothly

☐ Left eye jerks at 45 degrees angle or less ☐ Right eye jerks at 45 degrees angle or less

☐ Distinct jerking left eye maximum deviation ☐ Distinct jerking right eye maximum deviation

Can not do, Why? _____

Walk and turn: _____

Can not do, Why? _____

One leg stand: _____ ft

See

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 07/06/25 (date) by Officer Nicole Tejeda.

_____ 07/06/25
Notary/Clerk of Court/ Officer (FSS 117.10) Date

_____ Nicole Tejeda
Signature of Arresting Officer Name of Officer (print)

NOT A CERTIFIED COPY

ARRESTING OFFICER: Ofc. Tejeda

Name: Ofc. Hansen Phone # _____ Work # _____

Address: 100 NW 2nd Ave, Boca Raton

Can testify to: BTD

Name: Joshua Levine Phone # _____ Work # _____

Address: 100 NW 2nd Ave, Boca Raton

Can testify to: SFST

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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-END OF PART ONE-

BOCA RATON POLICE SERVICES DEPARTMENT

DUI INFLUENCE REPORT – PART II

To be filled out at testing facility

Agency Case # 25- 7370

I. INTRODUCTION (Instrument Operator faces video camera)

A. The day is Sunday (day), July (month), 6 (date), 2025 (year).

B. The time is now approximately 0300 ~~0254~~ (AM)/PM.

C. The following is in reference to case number 2025-007370.

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

E. Officer Tejeda, have you arrested Richard Parrish (Defendant's name) in violation of Florida State Statute 316.193?

F. Did this violation occur within the City of Boca Raton, Palm Beach County, Florida? Yes

G. Mr./Mrs./Ms. Parrish, I am required to inform you these proceedings are being video recorded.

Operator Note: *Video record breath request, breath sample, and interview.*

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II. AT THIS TIME THE ARRESTING OFFICER WILL REQUEST A BREATH SAMPLE.

Note: Read only the paragraph applicable to the type of test you are requesting.

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

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

C. I am now requesting that you submit to a lawful test of your **BLOOD** for the purpose of determining its alcohol content and the presence of chemical or controlled substances.

IMPLIED CONSENT WARNINGS

Note: Read only if the subject does not comply with your request.

I am _____ of the _____.

If you fail to submit to the test I have requested of you, your privilege to operate a motor vehicle will be suspended for a period of one (1) year for a first refusal, or eighteen (18) months if your privilege has been previously suspended as a result of a refusal to submit to a lawful test of your breath, urine, or blood. Additionally, if you refuse to submit to the test I have requested of you and if your driving privilege has been previously suspended for a prior refusal to submit to a lawful test of your breath, urine, or blood, you will be committing a misdemeanor. Refusal to submit to the test I have requested of you is admissible into evidence in any criminal proceeding.

Subject Signature: _____

Note: Also read for CDL holders:

IN ADDITION, your refusal to submit will result in the loss of your commercial privileges for one year from today. If this is your SECOND REFUSAL, you will be permanently disqualified from operating a commercial motor vehicle.

Note: After reading the implied consent warning, the arresting officer must request a breath sample again.

(IF REFUSAL THEN)

At this time Mr./Mrs./Ms. _____ has refused to submit to a breath test.

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

TESTING FACILITY TASK REPORT

SUBJECT: Parrish, Richard

CASE #: 25-7370 DATE: 7/6/25

BREATH TEST RESULTS

1) TIME 0.186 304 AM/PM 2) TIME 0.187 307 AM/PM

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

BREATH OPERATOR: Ofc. Harrison

MAINTENANCE TECHNICIAN: Ofc. Crawford

TESTING OFFICER'S OBSERVATIONS

SPEECH: _____

ATTITUDE: _____

CLOTHING: _____

MEDICAL CONDITION: X

OTHER: Odor of int. alcoholic beverage

COMMENTS: _____

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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:

(1) 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.)

(2) 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.)

(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. *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.)

(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. *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.)

(5) 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.)

(6) 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.)

(7) 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.)

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

Signed: _____ Date: _____ Time: _____

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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: Read on Camera Date: [redacted] Time: _____

Declined.

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

How did you consume your last two drinks? _____

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Are you under the influence of alcohol now? ☐ Yes ☐ No

Can you feel the effects of alcohol? ☐ Yes ☐ No

Have you consumed alcohol since the accident? ☐ Yes ☐ No

Can you feel the effects of alcohol? ☐ Yes ☐ No

Have you consumed alcohol since the accident? ☐ Yes ☐ No How much? _____

What? _____ Where? _____

What line of work are you in? _____

When did you last work? _____

Do you have any physical defects or injuries? ☐ Yes ☐ No If yes, explain:

_____

Are you sick or injured? ☐ Yes ☐ No If yes, explain:

_____

Do you limp? ☐ Yes ☐ No Did you get a bump on the head? ☐ Yes ☐ No

Were you in an accident today? _____

Have you taken any drugs or smoked marijuana today? _____

What? _____ When? _____

Have you seen a doctor or dentist today? ☐ Yes ☐ No Who? _____

Are you taking any prescription medications? ☐ Yes ☐ No What? _____ When? _____

Do you have: Epilepsy? ☐ Yes ☐ No Inner ear trouble? ☐ Yes ☐ No

Glass eye? ☐ Yes ☐ No Ear infection? ☐ Yes ☐ No

False teeth? ☐ Yes ☐ No Diabetes? ☐ Yes ☐ No

Any problems not correctable by glasses or contact lenses? _____

Do you take insulin? ☐ Yes ☐ No If yes, when was your last injection? _____

Have you ever had a driver's license in any other state? _____

I am now ending this video recording. The time is now approximately 0312 (AM)/PM.

The date is JULY (month), 6 (day), 2025 (year).

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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: 07/06/2025

Date of Last Agency Inspection: 06/03/2025
Observation Period Began: 02:35
Subject's Name: RICHARD S PARRISH DOB: 12/14/2000 Sex: M

The subject was observed for at least twenty-minutes prior to the administration of the breath test to ensure that the subject did not take anything orally and did not regurgitate.

Results:

Test	g/210L	Time
Diagnostics Check	OK	03:02
Air Blank	0.000	03:02
Control Test	0.078	03:03
Air Blank	0.000	03:03
Subject Sample #1	0.186	03:04
Air Blank	0.000	03:05
Air Blank	0.000	03:06
Subject Sample #2	0.187	03:07
Air Blank	0.000	03:08
Control Test	0.077	03:08
Air Blank	0.000	03:09
Diagnostics Check	OK	03:09

Cylinder Lot: 01524080A2
Exp: 03/05/2026

State of Florida, County of Palm Beach.

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

I DANIELLE M HARRISON, 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: 7/6/25
Signature

Sworn to (or affirmed) before me this 6 day of July, 2025

_____ Officer Nicole Tejeda
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

	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	☐			
	☐			
	☐			
	☐			

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REVIEW COMPLETED BY

Booking Number: 2025017814	**Date:** 7/7/2025
	Specialist Name/ID#: C.Daniels 30347