0539166 23CT5436ANB PH 1612

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	Agency Name	Agency Report Number
FLO 5 0 2 6 0 0	PALM BEACH GARDENS POLICE DEPARTMENT	78 - 23001634

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

Weapon Seized / Type: 2 (1. Yes 2. No) | Multiple Clearance Indicator:

Location of Arrest (Including Name of Business)	Location of Offense (Business Name, Address)
2500-BLK W TALL OAKS DR, PALM BEACH GARDENS, FL, 33410	6804 GEMINATA OAK CT, PALM BEACH GARDENS, FL, 33410

Date of Arrest	Time of Arrest	Booking Date	Booking Time	Jail Date	Jail Time	Location of Vehicle
03/23/2023	19:32					KAUFF'S TOWING AND RECOVERY 4701 EAST AVENUE, WPB, FL 33407

DEFENDANT

Name (Last, First, Middle): MONTANILE, ROBERT, J — Alias (Name, DOB, Soc. Sec. #, Etc.)

Race (W - White I - American Indian B - Black 0- Oriental/Asian)	Sex	Date of Birth	Height	Weight	Eye Color	Hair Color	Complexion	Build
W	M	01/31/1963	6'2	200	BLUE	BRO	LGT	LARGE

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

Marital Status: SINGLE | Religion: NOT STATED | Indication of: Alcohol Influence Y ☑ N ☐ Unk. ☐; Drug Influence Y ☐ N ☐ Unk. ☑

Local Address (Street, Apt. Number) (City) (State) (Zip)	Phone	Residence Type: 1. City 2. County 3. Florida 4. Out of State
1000 DEL LAGO CIR #204, PALM BEACH GARDENS, FL 33410	(561) 240-9179	1

Permanent Address (Street, Apt. Number) (City) (State) (Zip)	Phone	Address Source
1000 DEL LAGO CIR #204, PALM BEACH GARDENS, FL 33410		VERBAL

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

DL Number, State	Soc. Sec. Number	INS Number	Place of Birth (City, State)	Citizenship
M-535-770-63-031-0 FL	[redacted]		MIDDLETOWN, CT	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 ☐ 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 provided by ☐ defendant and / or ☐ defendant's parents The child and / or parent was told to keep the Juvenile Court Clerk (Phone 355-2526) 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. Synthetics U. Unknown Z. Other

CHARGE

Charge Description	Counts	Domestic Violence	Statute Violation Number	Violation of ORD #
DRIVING UNDER THE INFLUENCE	1	☐Y ☒N	316.193(1)(A)	

Drug Activity	Drug Type	Amount / Unit	Offense #	Warrant / Capias Number	Bond
			23001634		OR

CHARGE

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

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

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

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

FILED PBC CIR CLK 23 MAR 24 AM 7:28

NOTICE TO APPEAR

Location (Court, Room Number, Address): NORTH COUNTY COURTHOUSE, 3188 PGA BOULEVARD, PALM BEACH GARDENS, FL 33410 - PH: (561) 662-6700

Court Date and Time: Month APRIL Day 26 Year 2023 Time 10:00 AM ☒ PM

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: 03/23/2023

ADMIN

HOLD for other Agency Name: NO DETAINER | Signature of Arresting Officer: x | Name Verification (Printed by Arrestee) (PRINT)

☐ Dangerous ☐ Resisted Arrest ☐ Suicidal ☐ Other:

Intake Deputy	Pouch #	Transporting Officer	ID #	Agency	Witness here if subject signed with an -X-
		A. FLINK	514	PBGPD	

Name of Arresting Officer (Print)	I.D. #
A. FLINK	514

MAR 23 PM 9:50

SCANNED

PAGE 1 OF 1

MAR 24 2023

NOT A CERTIFIED COPY

PROBABLE CAUSE AFFIDAVIT

ADMIN

OBTS Number:

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 FL0502600	Palm Beach Gardens Police Department	7 | 8 | 23-001634

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
MONTANILE, ROBERT J	MONTANILE, ROBERT J |	W	M	01/31/1963

CHARGES

Charge Description	Charge Description
316.193(1)(A) DUI - NORMAL FACULTIES IMPAIRED	
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 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 23 day of March, 2023 at 18:55 (Specifically include facts constituting cause for arrest.)

On 03/23/2023 at approximately 1855 hours, Officers were dispatched to 6804 Geminata Ct, PBG, FL, in regard to a disturbance. Body worn camera and in car video were used upon this Officer`s arrival.

Sarah Cariseo (RP) called dispatch in regard to Robert Montanile (OF) being on his way to her residence and her not wanting him there. Cariseo reported Montanile was drunk, coming from a bar and had been threatening her. Cariseo provided Montanile`s vehicle description as a "cream Cadillac". Cariseo then stated she called Pirate`s Well to tell staff to stop serving him. Cariseo then reported Montanile was inside the residence, using a key he had to make entry. Cariseo described Montanile as a white male with a Navy shirt, 60 years of age. Cariseo instructed Montanile to leave the residence, to which he complied and departed east bound toward his vehicle. Dispatch relayed that Cariseo sounded very scared and was crying.

Ofc Komara 511 and Ofc Arnold 441 were dispatched to the area and located a vehicle matching the description provided. The vehicle, a Cadillac truck (0131/FL) traveling east bound on W Tall Oaks Dr from the area of the original call. Ofc Komara intiated a traffic stop on same, to which it slow rolled for a distance then came to an abrupt stop in the 2500 block. Ofc Komara made contact with Montanile, who matched the physical description provided by Cariseo. Ofc Komara notified this Officer of Montanile possibly driving under the influence and requested this Officer respond. This Officer arrived and made contact with Montanile while he was still in the driver seat of the vehicle.

Montanile exhibited indicators of impairment, including: thick slurred speech, bloodshot watery eyes, flushed red face, and the obvious odor of an unknown alcoholic beverage emanating from his breath at conversational distance. Montanile said after dropping Cariseo off at her house he went home then to Pirate`s Well. Montanile denied consuming alcohol and/or narcotics on this night. Based on this Officer`s observations,

NOT A CERTIFIED COPY

ADMINISTRATIVE

SWORN AND SUBSCRIBED BEFORE ME

NOTARY PUBLIC / CLERK OF COURT / OFFICER (F.S. 941.30)

Notary Public State of Florida
Renee Ragin
My Commission GG 966418
Expires 03/05/2024

03/23/2023
DATE

SIGNATURE OF ARRESTING / INVESTIGATING OFFICER

FLINK, ANDREW S (514)
NAME OF OFFICER (PLEASE PRINT)

03/23/2023
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 FL0502600	Palm Beach Gardens Police Department	7 | 8 | 23-001634

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
MONTANILE, ROBERT J	MONTANILE, ROBERT J |	W	M	01/31/1963

PROBABLE CAUSE STATEMENT

Montanile was asked to exit the vehicle to ensure he was not driving under the influence, to which he complied. Montanile only mentioned a surgery as a medical condition which might affect the Standardized Field Sobriety Exercises.

The first exercise conducted, was the Horizontal Gaze Nystagmus. The stimulus used was a Stylus Streamlight with an illuminated red tip. This Officer observed a lack of smooth pursuit in both eyes and sustained involuntary jerking in both eyes at maximum deviation. Montanile also had the onset of Nystagmus prior to 45 degrees in both eyes. This Officer had to remind Montanile six times to properly follow the stimulus.

The second exercise conducted, was the Walk and Turn. The line used was a strip of yellow tape placed upon the sidewalk by this Officer. During the instructions, Montanile stepped out of the starting position, raised his arms from his sides and started one time prior to being told to do so. During the first set of steps, Montanile missed heel-to-toe on steps four and six. Step seven, Montanile stepped next to the line. On steps eight and nine Montanile missed heel-to-toe. Montanile also raised his arms more than six inches from his sides during the attempt. During the return set of steps, Montanile crossed over on the first step and missed the line as well as heel-to-toe. Step two, he stepped next to the line. Step three he missed heel-to-toe. Step four, he stepped next to the line then paused to regain balance. Steps five through eight Montanile missed heel-to-toe. Step nine he crossed over and missed the line as well as heel-to-toe. Step 10 Montanile missed the line and heel-to-toe again. Montanile took 10 steps rather than nine and also raised his arms more than six inches from his sides.

The third exercise to be conducted was the One-Leg Stand. Montanile said he would be unable to do this exercise, thus it was not conducted.

The third exercise conducted, was the Finger to Nose. The following observations were made during the exercise: First command of Left, he touched under the tip of his nose on the right side. The first command of Right, he touched under the tip of his nose. The second command of Left, he used the pad of his finger to touch the tip of his nose and tilted his head forward. The second and third commands of Right, he touched under the tip of his nose.

The fourth exercise conducted, was the Modified Rhomberg Balance. During the exercise, Montanile counted aloud and estimated the passage of 30 seconds in approximately 47 seconds.

The fifth exercise conducted, was the Rhomberg Alphabet. Montanile recited the alphabet properly.

Based on this Officer`s observations, Montanile was placed under arrest at 1932 hours.

NOT A CERTIFIED COPY

ADMINISTRATIVE

SWORN AND SUBSCRIBED BEFORE ME

NOTARY PUBLIC / CLERK OF COURT / OFFICER (F.S. 117.10)

03/23/2023
DATE

Notary Public State of Florida
Renee Ragin
My Commission GG 966418
Expires 03/05/2024

SIGNATURE OF ARRESTING / INVESTIGATING OFFICER

FLINK, ANDREW S (514)
NAME OF OFFICER (PLEASE PRINT)

03/23/2023
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 FL0502600	Palm Beach Gardens Police Department	7 | 8 | 23-001634

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
MONTANILE, ROBERT J	MONTANILE, ROBERT J	W	M	01/31/1963

PROBABLE CAUSE STATEMENT

At PBSO BAT, this Officer requested Montanile provide a breath sample for the purpose of determining its alcohol content, to which he refused. This Officer read Florida Implied Consent to Montanile to which he acknowledged and again refused at 2027 hours.

Based on the results of the investigation, this Officer has probable cause to prove Robert Montanile operated a motor vehicle, in the county of Palm Beach, in the state of Florida, while under the influence to the extent his normal faculties were impaired, in violation of FSS 316.193(1)(A).

NOT A CERTIFIED COPY

ADMINISTRATIVE

SWORN AND SUBSCRIBED BEFORE ME

NOTARY PUBLIC / CLERK OF COURT / OFFICER (F.S. 117.10)

03/23/2023
DATE

Notary Public State of Florida
Renee Ragin
My Commission GG 986418
Expires 03/05/2024

SIGNATURE OF ARRESTING / INVESTIGATING OFFICER

FLINK, ANDREW S (514)
NAME OF OFFICER (PLEASE PRINT)

03/23/2023
DATE

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

PALM BEACH GARDENS POLICE DEPARTMENT
DUI TESTING FACILITY INFORMATION SHEET

PBSO Case #: 23-049598 PBSO Zone: 3-13

Agency Case #: 23001634 Crash Case #: _____

Incident Information:

Time of Stop/Crash: 1852 Date of Incident: 03/23/2023 Day: THURSDAY

Location of Incident: 6804 GEMINATA OAK CT, PALM BEACH GARDENS, FL, 33410

Arrest Information:

Time of Arrest: 19:32 Date of Arrest: 03/23/2023 Day: THURSDAY

Location of Arrest: 2500-BLK W TALL OAKS DR, PALM BEACH GARDENS, FL, 33410

Subject's Name: (L) MONTANILE, (F) ROBERT, (M) J

DOB: 01/31/1963 Race: W Sex: M Height: 6'2 Weight: 200 Hair BRO Eye BLU

Address: 1000 DEL LAGO CIR, PALM BEACH GARDENS, FL 33410 Phone: (561) 240-9179

Arresting Officer's Name: A. FLINK ID#: 514

Agency: PBGPD Division: TRAFFIC UNIT

Breath Results

1) _____ at _____ hrs.
2) _____ at _____ hrs.
3) REFUSED at _____ hrs.
4) _____ at _____ hrs.

—BAT Use—

BAT Notified: YES

Arrival Time at BAT: 2003

Subject Arrest Time: 19:32

Breath Test Operator: RAGIN 16877
PBSO

NOT A CERTIFIED COPY

TESTING FACILITY TASK REPORT

AGENCY: PBG

SUBJECT: Montanile, Robert J.

CASE NUMBER: 23-049598

DATE: Mar 23, 2023

VIDEO DVD NUMBER: N/A

BEGINNING TIME: 20:26

ENDING TIME: 20:28

BREATH TESTS RESULTS: 1) Refused TIME 20:27 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

REFUSED

TESTING OFFICER'S OBSERVATIONS

SPEECH: Slurred

ATTITUDE: Agitated, moody

CLOTHING: Gray shorts, blue shirt, blue shoes

MEDICAL CONDITIONS: Back, and Heart Problems

MEDICATIONS: It doesn't matter

REFUSED

OTHER:

Eyes are red
odor of unknown alcoholic beverage on breath

COMMENTS:

Arrived at center A/O started 20 minute observation period at 20:03 hrs.

Subject refused to perform breath test.

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

Subject refused to take test.

Tech read breath test results.
Subject stated understood breath test results.

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

NO Q&A conducted.

NOT A CERTIFIED COPY

23001634

STATE OF FLORIDA
AFFIDAVIT OF REFUSAL TO SUBMIT TO
BREATH TEST

I, A. FLINK, a duly certified Law Enforcement or Correctional Officer, am a
(Name of Officer reading Implied Consent Warning)

member of PALM BEACH GARDENS POLICE DEPARTMENT, and I do swear
(Name of Law Enforcement Agency)

or affirm that on or about the 23RD day of MARCH, 2023, at 19:32 ☑P.M. ☐A.M.

DRIVER ROBERT (FIRST NAME) J (MIDDLE OR MAIDEN NAME) MONTANILE (LAST NAME),

DL # M-535-770-63-031-0, state of FL, was placed under lawful arrest for

the offense of DRIVING UNDER THE INFLUENCE by A. FLINK and
(Name of Arresting Officer)

issued citation # AGEVEEE.

That on or about the 23RD day of MARCH, 2023, at 2027 ☑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, or 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. 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, or if he or she has been previously fined under s. 327.35215, F.S., for refusal to submit to a lawful test of his or her breath, urine, or blood. Nonetheless, the driver refused to submit to the test requested.

Signature of Law Enforcement Officer or Correctional Officer

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

Notary Public State of Florida
Renee Ragin
My Commission GG 966418
Expires 03/05/2024

(AFFIX SEAL)

The foregoing instrument was sworn and subscribed before me this 23RD day of MARCH, 2023, by A. FLINK, who is personally known to me or who has produced _____ as identification.

Notary Public _____

The foregoing instrument was sworn and subscribed before me:

_____
Signature of Attesting Officer

Title _____

Date 03/23/2023

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.

NOT CERTIFIED COPY

EFFECTIVE OCTOBER 1, 2021

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: _____

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

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:	

NOT A CERTIFIED COPY

REVIEW COMPLETED BY

Booking Number: 2023007742	**Date:** 3/24/2023
	Specialist Name/ID: R.Castro/40259