50-2023-CT-009072 ASB

# 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 2023-006644 | |

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) |
|---|---|
| 117 THATCH PALM COVE, BOCA RATON FL 3343, ~~H7 THATCH~~ | 117 THATCH PALM CV, BOCA RATON, FL 33432 |

| Date of Arrest | Time of Arrest | Booking Date | Booking Time | Jail Date | Jail Time | Location of Vehicle |
|---|---|---|---|---|---|---|
| 05/21/2023 | 04:41 | 05/21/2023 | 04:51 | 05/21/2023 | 07:06 | EMERALD |

## DEFENDANT

Name (Last, First, Middle): OKIN, ROMAN — Alias: — Alias (Name, DOB, Soc. Sec. #, Etc.)

| Race (W - White, B - Black, I - American Indian, O - Oriental/Asian) | Sex | Date of Birth | Height | Weight | Eye Color | Hair Color | Complexion | Build |
|---|---|---|---|---|---|---|---|---|
| W | M | 10/09/1967 | 5'10 | 165 | BROWN | BROWN | LIGHT | Medium |

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

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

| Local Address (Street, Apt. Number) | (City) | (State) | (Zip) | Phone | Residence Type: 1. City 2. County 3. Florida 4. Out of State |
|---|---|---|---|---|---|
| 851 NE 1ST AVE UNIT 4601, MIAMI, FL 33132 | | | | (917) 535-8449 | 3 |

| Permanent Address (Street, Apt. Number) | (City) | (State) | (Zip) | Phone | Address Source |
|---|---|---|---|---|---|
| 851 NE 1ST AVE UNIT 4601, MIAMI, FL 33132 | | | | (917) 535-8449 | DEF |

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

| D/L Number, State | Soc. Sec. Number | INS Number | Place of Birth (City, State) | Citizenship |
|---|---|---|---|---|
| O250720673690 / FL | [redacted] | | VILNES, RUSSIA, FF, | 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 |
|---|---|---|---|---|
| | | | | ☐ 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 - ENHANCED | 316.193(4) | |

| 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: TALKATIVE

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

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

| PROPERTY - Received By | Released By | Released To |
|---|---|---|
| HARRISON | PBCJ | OWNER |

| Transported By | Date Transported | Time Transported | Other |
|---|---|---|---|
| HARRISON | 05/21/2023 | 05:30 | |

## 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: 06/19/2023 08:30:00

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

Intake Deputy — I.D. # — Pouch #

Signature of Arresting Officer

Name of Arresting Officer (Print): HARRISON, D. M. — I.D. #: 856

Transporting Officer: HARRISON — I.D. #: 856 — Agency: BRPD

Name Verification (Printed by Arrestee) (PRINT)

Witness here if subject signed with an "X".



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# 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 FL0500200 | BOCA RATON POLICE DEPARTMENT | 3 \| 2 \| 2023-006644 |

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 |
|---|---|---|---|---|
| OKIN, ROMAN | | W | M | 10/09/1967 |

**CHARGES**

| Charge Description | Charge Description |
|---|---|
| 316.193(4) DUI - ENHANCED | |
| 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 21 day of May, 2023 at 04:41 (Specifically include facts constituting cause for arrest.)

On 05/21/2023 at approximately 0410 hours, I responded to the area of 117 Thatch Palm Cove in reference to a male passed out inside a red Mini Cooper.

BRPD received a call from Royal Palm Security about a male passed out inside his vehicle. BRFD responded (run # 23-7701) and determined there was no medical need, and the subject did not need medical attention. Upon my arrival, I observed the male subject, later identified by his FL DL to be Roman Okin, getting outside of the driver seat of a red Mini Cooper bearing FL tag BR47GR, and stumbling outside the vehicle. The red Mini Cooper was facing northwest on the roadway (Thatch Palm Cove), two feet in front of the driveway of 117 Thatch Palm Cove. The vehicle was still on and running. I observed Okin sit back inside his vehicle with the vehicle key on a lanyard around his neck.

According to Royal Palm security, Jared Donde ID#421, while he was conducting routine patrol, he observed a red Mini Cooper with its lights on and running, and a white male driver in the driver seat slumped over in front of the steering wheel. Donde observed the male was breathing, but the driver had his foot on the brake with the brake lights illuminated. Concerned that by waking up the driver, the vehicle would accelerate into the house in front of it, Donde placed his security vehicle in front of the red Mini Cooper. Donde advised that based on his training and experience, he felt as though it would be unsafe to let the driver continue driving, so he asked him to wait with him. It should be noted that Donde is a civilian security officer and advised he did not detain the male driver.

I then made contact with Okin and asked him what was going on. Okin responded that he was trying to go to his friend`s house, which was not 117 Thatch Palm Cove, and he got lost. He advised he was coming from Miami and going to his friend`s house not in our area. He stated he was tired and fell asleep, but he has no medical issues to include

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**ADMINISTRATIVE**

SWORN AND SUBSCRIBED BEFORE ME

Thomasina Miller

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

05/21/23

DATE

THOMASINA MILLER Notary Public - State of Florida Commission # HH 339641 My Comm. Expires Dec 7, 2026 Bonded through National Notary Assn.

SIGNATURE OF ARRESTING / INVESTIGATING OFFICER

HARRISON, DANIELLE MARIE (856)

NAME OF OFFICER (PLEASE PRINT)

05/21/2023

DATE



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

ADMIN

OBTS Number

PROBABLE CAUSE AFFIDAVIT
SUPPLEMENT

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

1

JUVENILE

| Agency ORI Number | Agency Name | Agency Report Number |
|---|---|---|
| FL FL0500200 | BOCA RATON POLICE DEPARTMENT | 3 \| 2 \| 2023-006644 |

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☐ 1. Felony ☐ 3. Misdemeanor ☐ 5. Ordinance
☐ 2. Traffic Felony ☒ 4. Traffic Misdemeanor ☐ 6. Other

Special Notes:

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PROBABLE CAUSE STATEMENT

narcolepsy. He advised the Royal Palm security officers were security and not police officers. While speaking with Okin, I observed Okin to be swaying, his eyes were bloodshot and glossy, he was slurring his speech, and I could smell a strong odor of an unknown alcoholic beverage emanating from his breath and person. Based on my observations, I became concerned that Okin had been in physical and actual control of a motor vehicle while under the influence of alcohol. I asked Okin if he would be willing to participate in voluntary field sobriety tasks to dispel my alarm that he was too impaired to be driving. Okin advised he did not wish to participate. I then informed Okin that if he refused to participate in the voluntary field sobriety tasks, his refusal can be used against him in court as evidence, and I will be forced to make a decision on whether or not he is impaired based on everything I have observed. Okin then agreed to participate in the tasks.

Okin stated he has no physical injuries, no medical issues, no issues with his eyes that are corrected by contact lenses or glasses, and his highest level of education is a graduate degree. I explained and demonstrated each task before Okin performed them. The tasks were performed on a flat, dry and leveled surface with sufficient lighting.

The first task was the Horizontal Gaze Nystagmus. After explaining the instructions, I asked Okin if he had any questions. He replied "no." I then asked if he understood the task, and he replied "yes." During this task, I had to remind Okin multiple times not to move his head. I noticed a lack of smooth pursuit in both eyes, distinct and sustained nystagmus at maximum deviation in both eyes, and nystagmus in both eyes prior to 45 degrees. I also observed vertical nystagmus in both eyes. Okin was also swaying the entire time.

The Walk and Turn task was not performed due to no straight line being readily available. The second task performed was the One Leg Stand. The third task was the One Leg Stand. After explaining the instructions, I asked Okin if he had any questions. He replied "no." I then asked if he understood the task, and he replied "yes." I afforded him the opportunity to participate in this task with his shoes on or off, and he chose to perform them with his shoes on. Okin chose to balance on his left leg and lift his right leg. Upon telling him to start, he could not keep his foot raised for more than a couple of seconds. He also had to restart his count multiple times, and lost balance. He then switched to lift his left leg and could not keep his foot raised for more than a couple of seconds.

The third task was the Finger to Nose (L-R-L-R-R-L). After I explained and demonstrated the task, he advised he understood. He showed me he knew what hand was his left and right. He also showed me he knew what his index/pointer finger was, and where the tip of his nose was. On his third right, he started with his left hand then switched to his right.

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ADMINISTRATIVE

SWORN AND SUBSCRIBED BEFORE ME

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

05/21/23
DATE

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

ADMIN

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SUPPLEMENT

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| OKIN, ROMAN | | W | M | 10/09/1967 |

PROBABLE CAUSE STATEMENT

Okin stated that he was very smart with a graduate degree but could not recite the English alphabet from A-Z. He then recited the alphabet without me telling him to start or do so, and he recited it incorrectly.

The fourth and final task was the Rhomberg Balance (estimate 30 sequence). Okin advised he understood the instructions. After 20 seconds, he advised it had been 30 seconds.

Based on the above information, I developed probable cause to arrest Roman Okin for DUI. I handcuffed Okin, checked for tightness and proper fit. Ofc. Gonzalez conducted a search of his person and then placed him inside of my marked police vehicle. I then transported Okin to Palm Beach Count Jail BAT to obtain a breath sample. Upon arrival, a 20-minute observation was conducted and then Okin was taken into the BAT room. I requested Okin to provide a sample of his breath for the purposes of determining the alcohol content. Okin declined to participate in the breath test. I then read Okin his Florida Implied Consent Warnings and asked Okin if he would provide a breath sample with those Implied Consent Warnings in mind. Okin then agreed to provide a breath sample. He then provided two breath samples of 0.214 and 0.205. I then read Okin his Constitutional Warnings, and he advised he understood. He declined to answer any questions.

Roman Okin is being charged with DUI (Enhanced) pursuant to F.S.S. 316.193(4). I issued Okin a DUI citation (#AG42SUE).

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ADMINISTRATIVE

SWORN AND SUBSCRIBED BEFORE ME

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

05/21/23
DATE

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HARRISON, DANIELLE MARIE (856)
NAME OF OFFICER (PLEASE PRINT)

05/21/2023
DATE



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

# TESTING FACILITY TASK REPORT

AGENCY: BRPD

SUBJECT: OKIN, ROMAN

CASE NUMBER: 23-070395

DATE: May 21, 2023

VIDEO DVD NUMBER: N/A

BEGINNING TIME: 05:59

ENDING TIME: 06:17

BREATH TESTS RESULTS: 1) .214 TIME 06:09 A.M. ☒ P.M. ☐ 2) .205 TIME 06:13 A.M. ☒ P.M. ☐

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

BREATH OPERATOR: T. MILLER #41017

MAINTENANCE TECHNICAN: J. KARLECKE# 6467

**TESTING OFFICER'S OBSERVATIONS**

SPEECH: SLURRED

ATTITUDE: TALKATIVE, AGITATED, CRANKY

CLOTHING: BLUE JACKET, WHITE SHIRT, TAN PANTS, BLE SNEAKERS

MEDICAL CONDITIONS: NONE

MEDICATIONS: NONE

**OTHER:**

EYES: RED & GLASSY

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**COMMENTS:**

ARRIVED AT CENTER A/O BEGAN THE 20 MINUTE OBSERVATION PERIOD AT 05:33 HRS.

SUBJECT: REFUSED TO TAKE TEST.

A/O: READ I/C AND EXPLAIN I/C.
SUBJECT: STATED HE UNDERSTOOD I/C AND AGREED TO TAKE TEST.

A/O: READ RIGHTS.
SUBJECT: STATED HE UNDERSTOOD RIGHTS.

TECH: READ TEST RESULTS AND EXPLAINED.
SUBJECT: REFUSED TO ACKNOWLEDGE IF HE UNDERSTOOD TEST RESULTS.

A/O: ATTEMPTED Q & A.
SUBJECT: INVOKED HIS RIGHTS TO COUNSEL.

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

PBSO CASE # 23-070395 PBSO ZONE 7-31

AGENCY CASE # 2023-006644 CRASH CASE # N/A

TIME OF ~~STOP~~/CRASH 0410 DATE 5/21/23 DAY Sunday

SUBJECT'S NAME Okin, Roman RACE W SEX m
LAST FIRST MID

HGT 5'10" WGT 165 lbs DOB 10/9/67

LOCATION 117 Thatch Palm Cove, Boca Raton FL 33432

ARRESTING OFFICER'S NAME & ID D. Hanson #856 AGENCY BRPD

DIVISION: 2213

NOTIFIED BY COMMO Yes

ARRIVAL AT FACILITY 0533

ARREST TIME 0441

BREATH RESULTS:

1) .214
2) .205
3) N/A
4) N/A

TESTING OFFICER'S ID 4101 7 PBSO VIDEOTAPE # N/A

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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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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)_____

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PALM BEACH COUNTY
**SHERIFF'S OFFICE**
Florida State Statute Exemption Sheet

## Palm Beach County Sheriff's Office – Arrests Only

| | X | Florida State Statute | Description | Page Number(s) |
|---|---|---|---|---|
| L/E Exemptions | ☐ | 119.071(2)(d) | Surveillance techniques, procedures and personnel; inventory of law enforcement resources, policies or plans pertaining to mobilization deployment or tactical operations. | |
| | ☐ | 943.053, 943.0525 | NCIC/FCIC/FBI and in-state FDLE/DOC. | |
| | ☐ | 119.071(4)(c) | Undercover personnel. | |
| | ☐ | 119.071(2)(f) | Confidential informants (CIs). | |
| | ☐ | 119.071(2)(e) | Confession. | |
| Public Info. Exemptions | ☐ | 985.04(1) | Juvenile offender records. | |
| | ☐ | 119.071(h)(i) | Assets of a crime victim. | |
| | ☐ | 395.3025(7)(a), 456.057(7)(a) | Medical information. | |
| | ☐ | 394.4615(7) | Mental health information. | |
| | ☐ | 119.071(4)(d)(2)(a) | Home address, telephone, Social Security number, date of birth, or photos of active/former LE personnel, spouses, and children. | |
| Florida Rules of Judicial Administration 2.420 (Rule of 23) | ☒ | (iii) 119.0714(1)(i)-(j), (2)(a)-(e) | Social Security, bank account, charge, debit, and credit card numbers. | 2 |
| | ☐ | (viii) 394.4615(7) | Clinical records under the Baker Act. | |
| | ☐ | (xii) 741.30(3)(b) | The victim's address in a domestic violence action on petitioner's request. | |
| | ☐ | (xiii) 119.071(2)(h), 119.0714(1)(h) | Protected information regarding victims of child abuse or sexual offenses. | |
| | ☐ | | | |
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| | ☐ | | | |
| Other | ☐ | 119.071(2)(j)1 | Other: Victim's address in a Domestic Violence action on petitioner's request. | |
| | ☐ | | Other: | |

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|---|---|
| **Booking Number:** 2023013317 | **Date:** 5/22/2023 |
| | **Specialist Name/ID:** M. Tooks #8557 |