0406702 25CT10124SB 3149

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	Agency Name	Agency Report Number (N.T.A.'s only)
0500200	Boca Raton Police Department	3 | 2 | 2025-006836

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)
438 PLAZA REAL, BOCA RATON, FL 33432	438 PLAZA REAL, BOCA RATON, FL 33432

Date of Arrest	Time of Arrest	Booking Date	Booking Time	Jail Date	Jail Time	Location of Vehicle
06/20/2025	20:17	06/20/2025	20:17	06/20/2025	21:52	PRIORITY TOWING

DEFENDANT

Name (Last, First, Middle): WILLNER, ROSS ALAN — 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	04/11/1955	5'11	195	GREEN	WHITE	LIGHT	Large

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

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

Local Address (Street, Apt. Number) (City) (State) (Zip): 8344 NW 9TH AVE, BOCA RATON, FL 33487 — Phone: (561) 715-9696 — Residence Type: 1. City 3. Florida 2. County 4. Out of State: 2

Permanent Address (Street, Apt. Number) (City) (State) (Zip): 8344 NW 9TH AVE, BOCA RATON, FL 33487 — Phone: (561) 715-9696 — Address Source: VERBAL

Business Address (Name, Street) (City) (State) (Zip): SELF-EMPLOYED, — Phone: (561) 715-9696 — Occupation: Stock Broker

D/L Number, State	Soc. Sec. Number	INS Number	Place of Birth (City, State)	Citizenship
W456721551310 / FL	[redacted]		NEWARK, NJ	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): (11 1,000 — 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.

School Attended — Grade

☐ Yes, by: ☐ No: — 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/ Dustribute, 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 #
DRIVE UNDER INFLUENCE ALC	316.193(1A)	

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: GOOD

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

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

PROPERTY - Received By	Released By	Released To
MADOTTA	MADOTTA	CJ

Transported By	Date Transported	Time Transported	Other
L. MADOTTA	06/20/2025	00:00	

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: 07/22/2025 08:30:59

FILED PBC - GUN CLUB JUN 21 AM 5:48

No Photo Available

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

ADMIN

HOLD for Other Agency — ☐ Dangerous ☐ Resisted Arrest ☐ Suicidal ☐ Other

Signature of Arresting Officer

Name of Arresting Officer (Print): MADOTTA, L. A. — I.D. #: 842

Name Verification (Printed by Arrestee) (PRINT)

Intake Deputy: HONEA 7/20/25 — I.D. #: — Pouch #

Transporting Officer: L. MADOTTA — I.D. #: 842 — Agency: BOCA

Witness here if subject signed with an "X".

PAGE 1 OF 1

NOT A CERTIFIED COPY

PROBABLE CAUSE AFFIDAVIT

OBTS Number:

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

ADMIN

Agency ORI Number	Agency Name	Agency Report Number
FL FL0500200	BOCA RATON POLICE DEPARTMENT	3 | 2 | 2025-006836

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
WILLNER, ROSS ALAN		W	M	04/11/1955

CHARGES

Charge Description	Charge Description
316.193(1A)	
Charge Description	Charge Description

VICTIM

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

Local Address (Street, Apt. Number) (City) (State) (Zip)	Phone	Address Source
100 NW 2ND AVE, BOCA RATON, FL 33432	(561) 338-1234	
Business Address (Name, Street) (City) (State) (Zip)	**Phone**	**Occupation**
	(561) 338-1234	

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 20 day of June, 2025 at 20:17 (Specifically include facts constituting cause for arrest.)

On 06/20/2025, at 1945 hours, I was dispatched to 438 Plaza Real in reference to a crash. Officer Bissoon stated he observed an accident. The following information was relayed to me. The defendant Ross Willner was in actual physical control of the vehicle a light gray Lexus bearing Fl tag# IJ49AU back into a parked dark gray Lexus bearing FL tag#99ESSX. While speaking with Willner he could smell a strong odor of an alcoholic beverage emanating from his person and he was also slurring his speech. At which point he asked for an officer which is when I responded.

Upon arrival, Officer Bagwell conducted the crash investigation. While she conducted the accident investigation, I could smell a strong odor of an alcoholic beverage emanating from his person and he was also slurring his speech. In addition, I observed that Willner had issues keeping his balance and used his vehicle for support.

Officer Bagwell explained to Willner that she completed the accident investigation and that I was going to conduct a criminal investigation. I introduced myself and advised that due to my observations and officer Bissoon`s observations I would be conducting a criminal investigation into DUI to which he indicated he understood. Due to the combination of the above clues I requested Willner to participate in Field Sobriety Exercises (FSEs) to which he complied.

The FSEs were conducted as follows.

Horizontal Gaze Nystagmus (HGN)

The defendant was explained the instructions and the defendant stated she understood the instructions. The defendant had equal pupil size and equal tracking in both eyes. The defendant`s eyes continued to jump as she attempted to follow the stimulus. In conducting the exercise, I was able to observe a Lack of Smooth Pursuit, Distinct and

NOT A CERTIFIED COPY

ADMINISTRATIVE

SWORN AND SUBSCRIBED BEFORE ME

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

06/20/2025
DATE

SIGNATURE OF ARRESTING / INVESTIGATING OFFICER

MADOTTA, LIONEL ALFREDO (842)
NAME OF OFFICER (PLEASE PRINT)

06/20/2025
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: FL FL0500200	Agency Name: BOCA RATON POLICE DEPARTMENT	Agency Report Number: 3 | 2 | 2025-006836		
	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
	WILLNER, ROSS ALAN		W	M	04/11/1955

PROBABLE CAUSE STATEMENT

Sustained Nystagmus at Maximum Deviation, the onset of Nystagmus prior to 45 degrees. While giving the instructions the defendant continued to sway.

Walk and Turn

The surface was flat and hard. The defendant attempted to do the exercise with shoes. The line used was a painted white line. I made sure the defendant knew both the line he would be using and the color of that line. I began the exercise by instructing and demonstrating to the defendant how to complete the exercise. While giving instructions the defendant lost balance several times and failed to stay in the starting position. In conducting the exercise, the defendant walked the proper number of steps, however, made an improper turn, failed to walk Heal-to-Toe, lost his balance, and raised his arms for balance.

One Leg Stand

The surface was flat and hard. The defendant attempted to do the exercise with shoes. The defendant advised multiple times he understood the instructions. When instructed to begin the defendant placed his lifted foot on the ground multiple times. During the exercise, the defendant continued to sway.

Finger to nose

The surface was flat and hard. The defendant conducted the exercise with shoes. The defendant failed to return her hands back to his sides on multiple occasions as well as missing the tip of her nose with her index finger. I explained and demonstrated the instructions numerous times.

Due to the totality of the circumstances and my training/experience, I felt the defendant was unable to perform simple tasks during the exercises due to being impaired. I felt the defendant is too impaired to operate a motor vehicle safely per F.S.S. 316.193(1A). The defendant was placed under arrest at 2017 hours, for driving under the influence. Willner was placed in handcuffs that were checked for tightness and double-locked.

The vehicle was towed by Priority Towing. The tow log was completed and submitted by Officer Bagwell.

Willner was transported to the BRPD DUI room. Officer Bagwell conducted the 20-minute observation and operated the Intoxilyzer. Reference Intoxilyzer 8000 S#80-006622 results were (.065/.059). I then requested Willner for a urine sample. Willner refused to provided a urine sample. His implied where read and he advised he understood, however he still refused to provide a urine sample at 2124 hours.

NOT A CERTIFIED COPY

ADMINISTRATIVE

SWORN AND SUBSCRIBED BEFORE ME

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

06/20/2025
DATE

SIGNATURE OF ARRESTING / INVESTIGATING OFFICER

MADOTTA, LIONEL ALFREDO (842)
NAME OF OFFICER (PLEASE PRINT)

06/20/2025
DATE

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

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: 06/20/2025

Date of Last Agency Inspection: 06/03/2025
Observation Period Began: 20:48
Subject's Name: ROSS A WILLNER DOB: 04/11/1955 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	21:17
Air Blank	0.000	21:17
Control Test	0.078	21:17
Air Blank	0.000	21:18
Subject Sample #1	0.065	21:19
Air Blank	0.000	21:19
Air Blank	0.000	21:21
Subject Sample #2	0.059	21:21
Air Blank	0.000	21:22
Control Test	0.079	21:22
Air Blank	0.000	21:23
Diagnostics Check	OK	21:23

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 _____ as identification, and who after being placed under oath, states:

I KIRBY L BAGWELL, 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: Kirby Bagwell Date: 6/20/2025
Signature

Sworn to (or affirmed) before me this 20 day of June, 2025

Signature of Notary Public-State of Florida

C. Madotta
Printed Name of Notary Public-State of Florida

Note: Pursuant to section 117.10, Florida Statutes, law enforcement officers, correctional officers, traffic accident investigation officers and traffic infraction enforcement officers are notaries public when engaged in the performance of official duties. In accordance with section 316.1934(5), F.S., this completed form is admissible without further authentication and is presumptive proof of the results herein. To be used in accordance with Section 316.1934(5), F.S., and in administrative proceedings pursuant to 322.2615, F.S.

FDLE/ATP FORM 38 - MARCH 2004, Ref. 11D-8.007

NOT A CERTIFIED COPY

STATE OF FLORIDA
DEPARTMENT OF HIGHWAY SAFETY & MOTOR VEHICLES
AFFIDAVIT OF REFUSAL TO SUBMIT TO
BREATH AND/OR URINE TEST

I, Ofc. Madotta, a duly certified Law Enforcement or Correctional Officer, am a
(Name of Officer reading Implied Consent Warning)
member of Boca Raton Police Department, and I do swear
(Name of Law Enforcement Agency)
or affirm that on or about the 20 day of June, 20 25, at 2124 ☒P.M. ☐A.M.
DRIVER Ross Alan Willner,
FIRST NAME MIDDLE OR MAIDEN NAME LAST NAME
DL # W456721551310, state of Florida, was placed under lawful arrest for
the offense of DUI by Madotta and
(Name of Arresting Officer)
issued citation # AJVJLME.

That on or about the 20 day of June, 20 25, at 2124 ☒P.M. ☐A.M.
in Palm Beach County,

I requested that the driver submit to a ☐**breath and/or** ☒**urine** test to determine his or her blood alcohol level and/or the presence of chemical or controlled substances. I informed the driver that the refusal to submit to such test(s) 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. Additionally, I informed the driver that if he or she holds a Commercial Driver's License (CDL), or was operating a commercial motor vehicle, refusal will result in the disqualification of the CDL for a period of one (1) year in the case of a first refusal or permanently if he or she has previously been disqualified as a result of a refusal to submit to any such lawful test. Nonetheless, the driver refused to submit to the test(s) requested.

Signature of Law Enforcement Officer or Correctional Officer

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

The foregoing instrument was sworn and subscribed before me:

Signature of Attesting Officer

Title Officer Bagwell

Date 6/20/25

(AFFIX SEAL)

The foregoing instrument was sworn and subscribed before me this _____ day of _____, 20 _____,
by _____,
who is personally known to me or who has produced _____ as identification.

Notary Public _____

HSMV-BAR1001 (REV. 09/2021)

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 A CERTIFIED COPY

Wilner, Ross, Alan
DOB: 4/11/55

2025-6836

DUI INFLUENCE REPORT

NOT A CERTIFIED 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 20th day of June, at 2045 AM/PM:

Subject: Ross Willner Case Number: _____

PERSONAL CONTACT

Driving Pattern: See P.C.

Observation of Driver: _____

Driver's Statement: _____

Odors: _____

GENERAL OBSERVATIONS

Speech: _____

Attitude: _____

Clothing: _____

Medical Problems: _____

Medications: _____

Other: _____

NOT A CERTIFIED COPY

See P.C.

Horizontal Gaze Nystagmus:

☐ Left eye does not follow smoothly
☐ Left eye jerks at 45 degrees angle or less
☐ Distinct jerking left eye maximum deviation

☐ Right eye does not follow smoothly
☐ Right eye jerks at 45 degrees angle or less
☐ Distinct jerking right eye maximum deviation

Can not do, Why? _____

Walk and turn: _____

Can not do, Why? _____

One leg stand: _____

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 20th of June (date) by Ofc. Bagnell.

_____ 6/20/25
Notary/Clerk of Court/ Officer (FSS 117.10) Date

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

NOT A CERTIFIED COPY

ARRESTING OFFICER: Madotta

Name: Ofc. Bissoon Phone # _____ Work # _____

Address: _____

Can testify to: Crash, Wheel Witness

Name: Ofc. Bagwell Phone # _____ Work # _____

Address: _____

Can testify to: SFST's, BTO

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: _____

Name: _____ Phone # _____ Work # _____

Address: _____

Can testify to: _____

NOT A CERTIFIED COPY

-END OF PART ONE-

BOCA RATON POLICE SERVICES DEPARTMENT

DUI INFLUENCE REPORT – PART II

To be filled out at testing facility

Agency Case # 2025 - 6836

I. INTRODUCTION (Instrument Operator faces video camera)

A. The day is Friday (day), June (month), 20 (date), 2025 (year)

B. The time is now approximately 2115 AM/(PM).

C. The following is in reference to case number 2025-6836

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

E. Officer Madotta, have you arrested Ross Willner (Defendant's name) in violation of Florida State Statute 316.193? Yes

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

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

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

NOT A CERTIFIED COPY

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 Ofc Madotta of the Boca Raton Police Dept

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: On Camera

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 2124 AM/PM.

A refusal form will be completed by the arresting officer.

NOT A CERTIFIED COPY

BOCA RATON POLICE SERVICES DEPARTMENT

TESTING FACILITY TASK REPORT

SUBJECT: Ross Willner

CASE #: 2025-6836 DATE: 6/20/25

BREATH TEST RESULTS

1) TIME _____ AM/PM 2) TIME _____ AM/PM

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

BREATH OPERATOR: Bagwell

MAINTENANCE TECHNICIAN: Crawford

TESTING OFFICER'S OBSERVATIONS

SPEECH: _____

ATTITUDE: _____

CLOTHING: _____

MEDICAL CONDITION: _____

OTHER: _____

_____

COMMENTS: _____

_____

_____

_____

_____

_____

NOT A CERTIFIED COPY

BOCA RATON POLICE SERVICES DEPARTMENT

JUVENILE CONSTITUTIONAL WARNINGS

Rights of suspects prior to custodial questioning.
Identify yourself and state: N/A

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: _____

NOT A CERTIFIED COPY

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: On Camera Date: [redacted] Time: _____

QUESTIONS AND ANSWERS

Were you operating a motor vehicle at the time of the accident/stop? Yes

Where were you going? Home

What street or highway were you on? Mizner Ct

Direction of travel? North

Where did you start driving from? Parkms spot

What city (county) were you stopped in? Boca

What time did you start? 730 AM/(PM) What time is it now? 930 Pm

What is today's date? 6/20/25 What day of the week is it? friday

When did you last eat? 730 What did you eat? BBQ Ribs + Salad

What have you been doing the past three hours prior to this stop/accident? Nothing

How much do you weigh? 195 Have you been drinking? NO What were you drinking? Shardenay

How much? Glass & a half Where? Max's Grill With whom were you drinking? Sister

When did you have your first drink? 600 AM/(PM) When did you stop drinking? 8 AM/(PM)

How did you consume your last two drinks? Sipped

NOT A CERTIFIED COPY

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? Retired

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? Yes

Have you taken any drugs or smoked marijuana today? NO

What? — When? —

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

Are you taking any prescription medications? ☒ Yes ☐ No What? Cholesterol Blood Pressure anxiety When? this Morning

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? NO

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? New Jersey

I am now ending this video recording. The time is now approximately 2130 AM/PM.

The date is June (month), 20 (day), 2025 (year)

NOT A CERTIFIED COPY

Palm Beach County Sheriff's Office

Florida State Statute Exemption Sheet

	X	Florida State Statute	Description	Page Number(s)
L/E Exemptions	☐	119.071(4)(c)	Undercover personnel	
	☐	119.071(2)(e)	Confession	
Public Info. Exemptions	☐	FL Const. Art. I, s. 16(b)(5)	Marsy's Law – victim information shall be redacted. The term "victim" also includes the victim's lawful representative, the parent or guardian of a minor, or the next of kin of a homicide victim. The term "victim" does not include the accused (ref. page 99 of the CRTM for additional information)	
	☐	119.071(2)(j)	Home/employment telephone number, home/employment address, or personal assets of a person who has been the victim of sexual battery, aggravated child abuse, aggravated stalking, harassment, aggravated battery or domestic violence	
	☐	119.0712(2)	Personal information contained in a motor vehicle record	
	☐	316.650(11)	Driver information contained in a uniform traffic citation	
	☐	119.071(4)(d)2.a.	Home addresses, telephone numbers, dates of birth, and photographs of active/former LE personnel, spouses, and children	
Florida Rules of Judicial Administration 2.420	☒	(iii) 119.0714(1)(i)-(j), (2)(a)-(e)	Social Security, bank account, charge, debit, and credit card numbers	2
	☐	(xii) 741.30(3)(b)	The victim's address in a domestic violence action on petitioner's request	
	☐	(xiii) 119.071(2)(h), 119.0714(1)(h)	Protected information regarding victims of child abuse or sexual offenses	
	☐			
	☐			
Other	☐			
	☐			
	☐			
	☐			

NOT A CERTIFIED COPY

REVIEW COMPLETED BY

Booking Number: 2025016329	**Date:** 6/21/2025
	Specialist Name/ID#: ANGELA PINKNEY/7796