0542070 23CT-12991 AMB 213

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

☐ Check if Supplement is Attached

# ARREST / NOTICE TO APPEAR
## Juvenile Referral Report

OBTS Number:

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

Juvenile: N

**ADMINISTRATIVE**

| Agency ORI Number | Agency Name | Agency Report Number |
|---|---|---|
| FL0 5 0 0 0 0 0 | PALM BEACH COUNTY SHERIFF'S OFFICE | 0 6 - 23-091758 ( ) |

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

If Weapon Seized — Enter Type:

Multiple Clearance Indicator: 0 1

| Location of Arrest (including Name of Business) | Location of Offense (Business Name, Address) |
|---|---|
| 13000BLK S. MILITARY TRAIL , UNINCORPORATED/FL/33484 | 13000BLK S. MILITARY TRAIL , UNINCORPORATED/FL/33484 |

| Date of Arrest | Time of Arrest | Booking Date | Booking Time | Jail Date | Jail Time | Location of Vehicle |
|---|---|---|---|---|---|---|
| 07/22/2023 | 1927 | | | | | Big City Towing, 518 N.E. 3rd St., Boynton Beach, FL 33435, (561) 547-4092 |

**DEFENDANT**

Name (Last, First, Middle): **Jennings, Russell, Brian**

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 | 9/3/1949 | 5'10 | 175 | BLUE | BALD | MED | MED |

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

Marital Status: **MARRIED** Religion: **NONE**

Indication of: Alcohol Influence, Drug Influence — Y ☒ N ☐ Unk ☐

Local Address (Street, Apt. Number) (City) (State) (Zip): **12937 Cocoa Pine Dr, Boynton Beach, FL 33436**

Mobile Phone: **( 561 ) 715 3789**

Residence Type: 1. City 2. County 3. Florida 4. Out of State: 02

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

Phone: ( )

Address Source: **VERBAL & FL DL**

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

Phone: ( )

Occupation: **ELECTRICAL / A.C.**

| D/L Number, State | Soc. Sec. Number | INS Number | Place of Birth (City, State) | Citizenship |
|---|---|---|---|---|
| J552722493230, FL | [redacted] | | JAMAICA PLAINS, MA | YES |

**CO-DEF**

| Co-Defendant (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 (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 |

**JUVENILE**

☐ Parent ☐ Legal Custodian ☐ Other: Name (Last) (First) (Middle)

Residence Phone: ( )

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

Business Phone: ( )

| Notified by: (Name) | Date | Time | Juvenile Disposition |
|---|---|---|---|
| | | | 1. Handled/Processed within Dept. and Released. 2. TOT HRS/DYS 3. Incarcerated |

| Released To: (Name) | Relationship | Date | Time |
|---|---|---|---|
| | | | |

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

School Attended: Grade:

Property Crime? ☐ Yes ☐ No

Description of Property: Value of Property:

**CODE**

Drug Activity: N. N/A P. Possess S. Sell B. Buy T. Traffic R. Smuggle D. Deliver E. Use K. Dispense/ Distribute M. Manufacture/ Produce/ Cultivate Z. Other

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

**CHARGE**

| Charge Description | Counts | Domestic Violence | Statute Violation Number | Violation of ORD # |
|---|---|---|---|---|
| DRIVING UNDER THE INFLUENCE (PROPERTY DAMAGE) | 1 | ☐ Y ☒ N | 316.193(3)(c)(1) | |

| Drug Activity | Drug Type | Amount / Unit | Offense # | Warrant / Capias Number | Bond |
|---|---|---|---|---|---|
| N | N | | 23-091758 | | |

**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 |
|---|---|---|---|---|---|
| | | | | | |

**NOTICE TO APPEAR**

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

Court Date and Time: Month **AUGUST** Day **24** Year **2023** Time **08:30** A.M. ☒ P.M. ☐

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

Signature of Defendant (or Juvenile and Parent/Custodian): Russell B J — Date Signed: 07/22/2023

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

FILED PBC - GUN CLUB 23 JUL 23 AM 7:19

**ADMIN**

HOLD for other agency: ☐ Dangerous ☐ Suicidal ☐ Resisted Arrest ☐ Other:

Intake Deputy I.D. # Pouch #

Signature of Arresting Officer: x Inv W Amadon

Name of Arresting Officer (Print) I.D. #: INV. W. AMADON 9440

Transporting Officer I.D. # Agency: INV. W. AMADON 9440 PBSO

Name Verification (Printed by Arrestee) (PRINT):

Witness here if subject signed with an "X":

SCANNED JUL 23 2023

PAGE 1 OF 1

PBSO 50148 REV. 1/22 DISTRIBUTION: COURT COPY STATE ATTORNEY AGENCY AGENCY DEFENDANT (N.T.A.'s ONLY)

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# PROBABLE CAUSE AFFIDAVIT

OBTS Number:

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

Juvenile:

**ADMIN**

Agency ORI Number: FLO 5 0 0 0 0 0

Agency Name: PALM BEACH COUNTY SHERIFF'S OFFICE

Agency Report Number: 23091758

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 |
|---|---|---|---|---|
| Jennings, Russell, Brian | | W | M | 09/03/1949 |

**CHARGES**

| Charge Description | Charge Description |
|---|---|
| DUI | |
| Charge Description | Charge Description |
| | |

**VICTIM**

| Victim's Name (Last, First, Middle) | Race | Sex | Date of Birth |
|---|---|---|---|
| State Of Florida | | | |

| Local Address (Street, Apt Number) | (City) | (State) | (Zip) | Phone | Address Source |
|---|---|---|---|---|---|
| | | | | ( ) | |

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

**PROBABLE CAUSE STATEMENT**

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

☒ committed the below acts in my presence.

☐ confessed to _____ admitting to the below facts.

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

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

On the 22nd day of July .20 23 at 6:03 ☐ A.M ☒ P.M (Specifically include facts constituting cause for arrest.)

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

On the above listed date and time, I, D/S Phillip Crowley ID 6941 Of the Palm Beach County Sheriffs Office Motor unit, was completing a traffic stop in the left turn lane in the 13000 block of S. Military Trail, (Unincorporated Delray Beach) I was operating a Gray Ford Explorer unmarked PBSO vehicle equipped with numerous flashing red and blue lights in the front and rear of the vehicle (all lights were activated). As i walked back to my Vehicle, I observed a red SUV traveling North crash into the right rear of my vehicle, then veer to the right off the roadway, through some bushes coming to a final stop approximately 150 feet from the road. As I made contact with the driver he began to exit the vehicle from behind the driver seat. He was the sole occupant of the vehicle, which I never lost sight of. As I spoke to him I detected the Smell of an unknown alcoholic beverage coming from his breath, as he spoke his speech was slow and slurred, I had him sit on a bench to await the arrival of Fire rescue to evaluate his possible injuries. Based upon my observations i requested a DUI enforcement unit respond to investigate the crash.

NOT A CERTIFIED COPY

**ADMINISTRATIVE**

STATE OF FLORIDA
COUNTY OF PALM BEACH

6941
(Signature of Arresting /Investigative Officer)

The foregoing instrument was sworn to or affirmed and subscribed before me this 22nd day of July 20 23 by D/S Phillip Crowley

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

Inv. W. Amadon #9440 Inv W Amadon #9440
Notary Public, Clerk of Court, Officer (F.S.S). 117.10)



DISTRIBUTION WHITE – Court Copy GREEN – State Attorney YELLOW – Agency PINK – Agency

PBSO #0004 REV.4/22

SCANNED JUL 23 2023

# D.U.I. PROBABLE CAUSE AFFIDAVIT

ON THE 22 DAY OF July 20 23, AT 1803 AM ✓ PM

SUBJECT: Jennings, Russell, Brian CASE NUMBER: 23-091758

AGENCY: PALM BEACH COUNTY SHERIFF'S OFFICE ARRESTING OFFICER: INV. W. AMADON

## PERSONAL CONTACT

DRIVING PATTERN: Actual physical control (physical evidence or statements putting def. behind wheel of vehicle)

**On Saturday July 22, 2023 I responded to the 13000 block of S. Military Trail, located within Unincorporated Palm Beach County Florida, regarding a departmental motor vehicle crash, with a suspected impaired driver. Upon arrival I met with D/S P. Crowley 6941 who provided me with a signed, sworn written supplemental probable cause affidavit stating: "On the above listed date and time, I, D/S Phillip Crowley ID 6941 Of the Palm Beach County Sheriffs Office Motor unit, was completing a traffic stop in the left turn lane in the 13000 block of S. Military Trail, (Unincorporated Delray Beach) I was operating a Gray Ford Explorer unmarked PBSO vehicle equipped with numerous flashing red and blue lights in the front and rear of the vehicle (all lights were activated). As i walked back to my Vehicle, I observed a red SUV traveling North crash into the right rear of my vehicle, then veer to the right off the roadway, though some bushes coming to a final stop approximately 150 feet from the road. as i made contact with the driver he began to exit the vehicle from the driver side. He was the sole occupant. As I spoke to him I detected the Smell of an unknown alcoholic beverage coming from his breath, as he spoke his speech was slow and slurred, I had him sit on a bench to await the arrival of Fire rescue to evaluate his possible injuries ".**

OBSERVATION OF DRIVER:

**I observed the defendant to be unsteady on her feet. He was pacing doing small laps on the sidewalk adjacent to the building his car came to rest near. I observed the defendant's clothing was improperly worn. The zipper to his jeans was down. The defendant's eyes were red, and glassy. The defendant's movements were clumsy, slow, and uncoordinated. The only injury I observed was a small tear to the skin in the top of his head. The front driver side airbag was deployed. I observed that post impact with the unmarked PBSO vehicle with its emergency lights on, in a turn lane, the defendant's vehicle continued northeast over a small berm with hedges and dead shrubbery on top of it. The berm was approximately two or three feet tall. I then checked the defendant's seatbelt. The seatbelt was retracted all the way in, in the position when it's not worn. The seatbelt tensioner being locked in this position demonstrates it was not worn during the collision, which is consistent with the top of his head having an injury from the vehicle traversing a hill post collision.**

DRIVER'S STATEMENTS:

**The defendant stated Post Miranda that PBCFR already checked him and he was not in any pain or discomfort. He told me he exclusively drinks "Bud Light" and had two 12 ounce cans earlier today. He informed me there are two more unopened cans in the center console of the red jeep he was driving. He told me he has a medical marijuana card but did not consume any today. He told me he takes medication for cholestorol and potasium. He said he does not take anything that causes drowsiness or that is narcotic.**

ODORS:

**I immediately detected the odor of an unknown alcoholic beverage emanating from the defendant's breath that intensified when the defendant spoke.**

## GENERAL OBSERVATIONS

SPEECH: **slurred / deliberate**

ATTITUDE: **polite / respectful / repetitive**

CLOTHING: **blue shirt / blue jeans / brown shoes**

MEDICAL/OTHER: **Stated he takes potassium and cholesterol medication.**

---

**STATE OF FLORIDA**
**COUNTY OF PALM BEACH**

INV. W. AMADON Inv. W. Amadon
(Signature of Arresting/Investigative Officer)

The foregoing instrument was sworn to or affirmed and subscribed before me this 22 day of JULY 2023 by INV. W. AMADON

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

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

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

SCANNED
JUL 23 2023

NOT A CERTIFIED COPY

SUBJECT: Jennings, Russell, Brian CASE NUMBER 23-091758

## ROADSIDE TASKS

### HORIZONTAL GAZE NYSTAGMUS:

- [x] LT EYE-LACK OF SMOOTH PURSUIT
- [x] RT EYE-LACK OF SMOOTH PURSUIT
- [ ] LT EYE-DISTINCT & SUSTAINED NYSTAGMUS AT MAX. DEVIATION
- [ ] RT EYE-DISTINCT & SUSTAINED NYSTAGMUS AT MAX. DEVIATION
- [ ] LT- EYE-ONSET OF NYSTAGMUS PRIOR TO 45 DEGREES
- [ ] RT- EYE-ONSET OF NYSTAGMUS PRIOR TO 45 DEGREES

**Other Observations:**

**The defendant had difficulty following the stimulus. He kept squinting. He kept looking away from maximum deviation and back at me. After several attempts I moved on from this task without successfully completing it.**

### HAND COORDINATION:

**The defendant was placed into the instructional position for the seated hand coordination task. He was seated on a metal bench that was secured to the ground. I gave the defendant instructions and a demonstration twice. He then extended his arms out to the side. He moved his arms left and right, bending at the elbow. His arms were at times extended almost all the way to his side between waist and shoulder height. After clapping three times, which he did not count aloud, contrary to instruction, he did not return his hands to the correct position. His hands should have been in front of him, away from his body. He placed his hands into his chest. He also never moved his hands in a step like fashion back towards his body. He continued with raising and extending his arms. He moved his right arm and counted "one", followed by him moving his left hand out and counting "one".**

### PALM PAT:

**The defendant was placed into the instructional position for the seated palm pat task. The defendant was given instructions and a demonstration. He said he understood and had no questions. He moved his hand as if he was opening a large book and counted one. He then returned his hand palm down, counting two. He continued this motion several times. He then stopped turning his right hand over and simply separated his two hands as he continued to count. To ensure he understood, I showed him what the instructions were, and what he did. He watched me again, and continued to move his hands incorrectly.**

### FINGER TO NOSE:

**The defendant was placed into the instructional position for the seated Finger to Nose Task, and told to remain in that position until I told him to move. The defendant was given instructions and a demonstration. The defendant moved from the instructional position prior to me telling him to move. The defendant did not touch tip to tip as instructed. The defendant searched for his own nose with his finger. The defendant touched the pad of his finger to his own glasses, attempting to locate his nose.**

### ROMBERG ALPHABET:

**The defendant was placed into the instructional position for the seated Romberg Alphabet Task, and told to remain in that position. The defendant was given instructions and a demonstration. The defendant correctly recited the alphabet.**

**BREATH TEST RESULTS:** | 1) 0.099 | 2) 0.099 | 3) | 4) |

STATE OF FLORIDA
COUNTY OF PALM BEACH

INV. W. AMADON
(Signature of Arresting/Investigative Officer)

The foregoing instrument was sworn to or affirmed and subscribed before me this 22 day of JULY 2023 by INV. W. AMADON

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

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

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

SCANNED
JUL 23 2023

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

PBSO CASE # **23-091758** PBSO ZONE **4-11**

AGENCY CASE # _____ CRASH CASE # **23-091747**

TIME OF STOP/CRASH **1803** DATE **07/22/2023** DAY **Saturday**

SUBJECT'S NAME **Jennings, Russell, Brian** RACE **W** SEX **M**

HGT **5'10** WGT **175** DOB **9/3/1949**

LOCATION **13000BLK S. MILITARY TRAIL , UNINCORPORATED/FL/33484**

ARRESTING OFFICER'S NAME & ID **INV. W. AMADON (9440)** AGENCY **Palm Beach County Sheriff's Office**

DIVISION: **DUI ENFORCEMENT**

NOTIFIED BY COMMO **YES**

ARRIVAL AT FACILITY **1954**

ARREST TIME **1927**

BREATH RESULTS:

1) .099
2) .099
3)
4)

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

NOT A CERTIFIED COPY

SCANNED
JUL 23 2023

SUBJECT: Jennings, Russell B. CASE NUMBER: 23-091758

# 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) Read on Camera ON SCENE

NOT A CERTIFIED COPY

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

SCANNED JUL 23 2023

SUBJECT: Jemings, Russell B. CASE NUMBER: 23-091758

# 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

SCANNED JUL 23 2023

# FLORIDA DEPARTMENT OF LAW ENFORCEMENT
## ALCOHOL TESTING PROGRAM
### BREATH ALCOHOL TEST AFFIDAVIT

Instrument Type: Intoxilyzer 8000
Instrument Registered To: PALM BEACH CO SO
Instrument Serial Number: 80-006477 Software: 8100.27
Date of Test: 07/22/2023

Date of Last Agency Inspection: 07/14/2023
Observation Period Began: 19:54
Subject's Name: RUSSELL B JENNINGS DOB: 09/03/1949 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 | 20:18 |
| Air Blank | 0.000 | 20:19 |
| Control Test | 0.078 | 20:19 |
| Air Blank | 0.000 | 20:20 |
| Subject Sample #1 | 0.099 | 20:21 |
| Air Blank | 0.000 | 20:21 |
| Air Blank | 0.000 | 20:23 |
| Subject Sample #2 | 0.099 | 20:24 |
| Air Blank | 0.000 | 20:24 |
| Control Test | 0.078 | 20:25 |
| Air Blank | 0.000 | 20:25 |
| Diagnostics Check | OK | 20:25 |

Cylinder Lot: 15922080A3
Exp: 08/05/2024

State of Florida, County of Palm Beach.

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

I RENEE M RAGIN, 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: 07/22/23
Signature

Sworn to (or affirmed) before me this 22 day of July, 2023

Inv W Amadon
Signature of Notary Public-State of Florida

Inv. W. Amadon #9440
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

SCANNED
JUL 23 2023

# WITNESS LIST

CASE NUMBER: 23-091758

ARRESTING OFFICER: INV. W. AMADON

ADDRESS: 3228 GUN CLUB ROAD / WEST PALM BEACH / FL / 33406

PHONE NUMBERS (HOME): _____ (WORK) 561 688 3000

CAN TESTIFY TO: DUI INVESTIGATION

NAME: D/S P. CROWLEY #6941

ADDRESS: 3228 GUN CLUB ROAD / WEST PALM BEACH / FL / 33406

PHONE NUMBERS (HOME) _____ (WORK) 561 688 3000

CAN TESTIFY TO: WHEEL WITNESS

NAME: INV. A. SENTMANAT # 24968

ADDRESS 3228 GUN CLUB ROAD / WEST PALM BEACH / FL / 33406

PHONE NUMBERS (HOME) _____ (WORK) 561 688 3000

CAN TESTIFY TO: CRASH REPORT

NAME: _____

ADDRESS _____

PHONE NUMBERS (HOME) _____ (WORK) _____

CAN TESTIFY TO: _____

NAME: _____

ADDRESS _____

PHONE NUMBERS (HOME) _____ (WORK) _____

CAN TESTIFY TO: _____

NAME: _____

ADDRESS _____

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PHONE NUMBERS (HOME) _____ (WORK) _____

CAN TESTIFY TO: _____

NAME: _____

ADDRESS _____

PHONE NUMBERS (HOME) _____ (WORK) _____

CAN TESTIFY TO: _____

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SCANNED
JUL 23 2023

# TESTING FACILITY TASK REPORT

AGENCY: PBSO

SUBJECT: Jennings, Russell B.

CASE NUMBER: 23-091758

DATE: Jul 22, 2023

VIDEO DVD NUMBER: N/A

BEGINNING TIME: 20:16

ENDING TIME: 20:33

BREATH TESTS RESULTS: 1) .099 TIME 20:21 A.M.☐ P.M.☒ 2) .099 TIME 20:24 A.M.☐ P.M.☒

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

BREATH OPERATOR: R. Ragin #16877

MAINTENANCE TECHNICAN: Jason Karlecke #6467

**TESTING OFFICER'S OBSERVATIONS**

SPEECH: Slurred

ATTITUDE: Calm, cooperative, talkative, slow, repetitive

CLOTHING: Blue jeans, with blood, blue LS shirt with blood, brown shoes

MEDICAL CONDITIONS: Old age

MEDICATIONS: For blood pressure, Cholesterol, Potasium,Xanax, and a gummy for sleep

**OTHER:**

Eyes are red
odor of unknown alcoholic beverage on breath
Subject stated in Q&A he had 2 bud light Beers

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**COMMENTS:**

Arrived at center A/O started 20 minute observation period at 19:54 hrs.

Subject agreed to perform breath test.

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

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

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

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JUL 23 2023

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 | ☐ | 119.071 (2)(J) | Other: The Victim's address in a Domestic Violence action on petitioner's request. | |
| | ☐ | 119.071 (3)(A), 119.071 (3)(B)(1-3C) | Other: Security at the Jail..(Security of locations Housed at the jail). | |

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**REVIEW COMPLETED BY**

| | |
|---|---|
| **Booking Number:** 2023019084 | **Date:** 7/23/2023 |
| | **Specialist Name/ID:** M. Tooks #8557 |

SCANNED
JUL 23 2023