0539177 3814

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 N

ADMINISTRATION

OBTS Number

Agency ORI Number: 0500200
Agency Name: Boca Raton Police Department
Agency Report Number (N.T.A.'s only): 3 2 2023-003996

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): 240 W PALMETTO PARK RD, BOCA RATON, 3342, ~~240 W~~ 3
Location of Offense (Business Name, Address): 240 W PALMETTO PARK RD, BOCA RATON, FL 33432

Date of Arrest	Time of Arrest	Booking Date	Booking Time	Jail Date	Jail Time	Location of Vehicle
03/24/2023	02:00	03/24/2023	02:10			

DEFENDANT

Name (Last, First, Middle): GERRISH, SETH CAMERON
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	03/22/2000	5'11	180	BLUE	BROWN	LIGHT	Medium

Scars, Marks, Tatoos, Unique Physical Features (Location, Type, Description):
Marital Status: S
Religion: UNKNOWN
Indication of: Alcohol Influence Yes ☐ No ☒ Unk. ☐ Drug Influence

Local Address (Street, Apt. Number) (City) (State) (Zip): 17 GRANDE POINTE DR W, INLET BEACH, FL 32461
Phone:
Residence Type: 1. City 2. County 3. Florida 4. Out of State

Permanent Address (Street, Apt. Number) (City) (State) (Zip): 17 GRANDE POINTE DR W, INLET BEACH, FL 32461
Phone:
Address Source: DEFENDANT

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

D/L Number, State	Soc. Sec. Number	INS Number	Place of Birth (City, State)	Citizenship
G620783001020 / FL	[redacted]		, TN, United States Of	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

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 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	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		OR

CHARGE

Charge Description	Statute Violation Number	Violation of ORD #

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

CHARGE

Charge Description	Statute Violation Number	Violation of ORD #

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

INTAKE

Health / Apparent Physical Condition of Defendant: GOOD
Any knowledge of the following: ☐ Mental ☐ Escape Risk ☐ Medication ☐ Deformities ☐ Injuries
Explain:

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

PROPERTY - Received By: BOUYETT
Released By: STEPHENSON
Released To: PBCJ

Transported By: STEPHENSON
Date Transported: 03/24/2023
Time Transported: 00:00
Other:

NOTICE TO APPEAR

☒ INSTRUCTION NO. 1 - Mandatory appearance in court
☐ INSTRUCTION NO. 2 - You need not appear in Court but must comply with instructions on Page 2.

Location (Court, Room): South County 200 W Atlantic Ave Delray Beach, FL 33444
Court Date and Time: 04/24/2023 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 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
Intake Room: MAIN LD.: 199 Pouch #:

Signature of Arresting Officer:
Name of Arresting Officer (Print): BOUYETT, G. R. I.D. # 875
Transporting Officer: STEPHENSON, I.D. # 876 Agency: BRPD

Name Verification (Printed by Arrestee) (PRINT):
Witness here if subject signed with an "X".

PAGE 1 OF 1

[redacted]

SCANNED
MAR 25 2023
MAR 25 2023

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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 | 2023-003996

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
GERRISH, SETH CAMERON		W	M	03/22/2000

CHARGES

Charge Description	Charge Description
316.193(1A) DRIVE UNDER INFLUENCE ALC	

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 24 day of March, 2023 at 02:00 (Specifically include facts constituting cause for arrest.)

On 03/24/23 at approximately 0136 hours, Officer J. Casas and I were patrolling the area when we observed a red Jeep bearing FL Tag (JL3XU) heading westbound on E Palmetto Park Rd and ran a red light at the intersection of S Federal Hwy and E Palmetto Park Rd. I then initiated a traffic stop on the Jeep by activating my emergency lights and sirens in 100 W Palmetto Park Rd, the vehicle came to a final stop in the parking lot of 240 W Palmetto Park Rd.

I approached the vehicle from the driver side and made contact with the driver who was identified via FL DL as Seth Gerrish. While speaking with Gerrish, I observed that his eyes were red and glassy and that he had slurred speech. I asked Gerrish how much alcohol he had consumed this evening and he stated that he hasn`t drunken anything.

Based on my observation, I suspected that Gerrish may have been operating a vehicle within the state while impaired by alcohol and/or chemical or controlled substances. I then requested that Gerrish exit his vehicle for further investigation.

Gerrish advised that he did not have any medical issues or conditions and had no physical injuries. Gerrish denied taking any kind of medication or use of any drugs. I then asked Gerrish to submit to Standardized Field Sobriety Exercises to dispel my suspicion and he agreed to participate.

The first exercise was the Horizontal Gaze Nystagmus. I administered the instructions and Gerrish stated he understood. I first ensured that Gerrish`s eyes had equal pupil sizes and tracked equally. I then continued with the exercise. Gerrish displayed lack of smooth pursuit, distinct and sustained nystagmus at maximum deviation, and onset of nystagmus prior to 45 degrees in both eyes.

The second exercise was the Walk and Turn. I administered the instructions and

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ADMINISTRATIVE

SWORN AND SUBSCRIBED BEFORE ME

RADFORD, STEPHEN THOMAS
NOTARY PUBLIC / CLERK OF COURT / OFFICER (F.S.S. 117.10)

03/24/2023
DATE

SIGNATURE OF ARRESTING / INVESTIGATING OFFICER

BOUYETT, GABRIEL RAFAEL (875)
NAME OF OFFICER (PLEASE PRINT)

03/24/2023
DATE

SCANNED
MAR 25 2023

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 | 2023-003996

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
GERRISH, SETH CAMERON		W	M	03/22/2000

PROBABLE CAUSE STATEMENT

demonstrated how the exercise should be completed. Gerrish stated that he understood. Gerrish stated that he was comfortable in conducting the exercise in his sandals. Gerrish did not stay in the starting position during the instruction phase and continued to show signs of frustration. It took a few attempts for Gerrish to remain in the position while the instructions were given. During the exercise, Gerrish missed heel to toe, made an improper turn, went to ten steps instead of nine going both directions and used his arms to balance.

The third exercise was the One-Leg Stand. I administered the instructions and demonstrated how the exercise should be completed. Gerrish did not remain in the starting position while I administered the instructions. Gerrish then started the exercise without being told to do so. While conducting the exercise, Gerrish continuously loss balance and used his arms to balance.

The fourth exercise was the Finger to Nose. I confirmed that Gerrish knew his left from his right by asking him to show me his left hand and his right hand. I then administered the instructions and Gerrish stated he understood. The pattern was L-R-L-R-R-L.

L - Touched his nose properly.
R - Touched his nose properly.
L - Touched his nose properly.
R - Missed his nose.
R - Initially started raising his left hand and then corrected himself.
L - Touched the bottom instead of the tip.

The final exercise was the modified Romberg balance exercise. I administered the instructions and conducted the exercise Gerrish estimated the passage of 30 seconds in 27 seconds.

Based on my investigation, and the totality of the circumstances, I found probable cause to believe that Gerrish was operating a vehicle within the state while impaired by alcohol and/or chemical or controlled substances. Gerrish was placed under arrest for DUI per F.S.S. 316.193(1a).

Gerrish was transported to BRPD booking for post arrest processing and the administration of a breath test. Officer Coon (ID 794) (Breath Test Operator) responded to BRPD booking and assisted with the BAT room procedures. Gerrish was asked to provide a sample of his breath for the purpose of determining the alcohol content and he refused to submit. I then informed Gerrish of Implied Consent, and he refused to submit. Gerrish was then informed of his constitutional warnings (Miranda), and he stated he understood. Gerrish did not wish to answer any of my questions. See DUI Influence Report for further.

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ADMINISTRATIVE

SWORN AND SUBSCRIBED BEFORE ME

RADFORD, STEPHEN THOMAS
NOTARY PUBLIC / CLERK OF COURT / OFFICER (F.S.S. 117.10)

03/24/2023
DATE

SIGNATURE OF ARRESTING / INVESTIGATING OFFICER

BOUYETT, GABRIEL RAFAEL (875)
NAME OF OFFICER (PLEASE PRINT)

03/24/2023
DATE

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

SCANNED
MAR 25 2023

2023003996

0200
0302

GERRISH, SETH 3/22/00

DUI INFLUENCE REPORT

NOT ACCREDITED COPY

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

SCANNED
MAR 25 2023

Revised: July 9, 2018

BOCA RATON POLICE SERVICES DEPARTMENT

DUI INFLUENCE REPORT – PART I

On the _____day of _____, at _____ AM/PM:

Subject: _____ Case Number: _____

PERSONAL CONTACT

Driving Pattern: _____

Observation of Driver: _____

Driver's Statement: _____

Odors: _____

GENERAL OBSERVATIONS

Speech: _____

Attitude: _____

Clothing: _____

Medical Problems: _____

Medications: _____

Other: _____

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MAR 25 2023

Horizontal Gaze Nystagmus:

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

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

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

Can not do, Why? _____

Walk and turn: _____

_____

_____

_____

_____

_____

Can not do, Why? _____

One leg stand: _____

_____

_____

_____

_____

_____

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 _____ (date) by _____.

_____ _____

Notary/Clerk of Court/ Officer (FSS 117.10) Date

_____ _____

Signature of Arresting Officer Name of Officer (print)

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SCANNED
MAR 25 2023

ARRESTING OFFICER: OFC. BOUYETT PC

Name: OFC. BOUYETT Phone # 561-368-6201 Work # _____

Address: 100 NW 2ND AVE, BOCA RATON, FL, 33432

Can testify to: DUI INVESTIGATION

Name: OFC. J. CASAS Phone # 561-368-6201 Work # _____

Address: 100 NW 2ND AVE, BOCA RATON, FL, 33432

Can testify to: FEILD TRAINING OFFICER FOR OFC. BOUYETT

Name: OFC. CALHOUN Phone # 561-368-6201 Work # _____

Address: 100 NW 2ND AVE, BOCA RATON, FL, 33432

Can testify to: SCENE SAFETY

Name: OFC. COON Phone # 561-368-6201 Work # _____

Address: 100 NW 2ND AVE, BOCA RATON, FL, 33432

Can testify to: BREATH TEST OPERATOR

Name: _____ Phone # _____ Work # _____

Address: _____

Can testify to: _____

Name: _____ Phone # _____ Work # _____

Address: _____

Can testify to: _____

Name: _____ Phone # _____ Work # _____

Address: _____

Can testify to: _____

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SCANNED
MAR 25 2023

BOCA RATON POLICE SERVICES DEPARTMENT
DUI INFLUENCE REPORT – PART II

To be filled out at testing facility

Agency Case # 202300 3996

I. INTRODUCTION (Instrument Operator faces video camera)

A. The day is FRIDAY (day), MARCH (month), 24 (date), 2023 (year).

B. The time is now approximately 0325 (AM)/PM.

C. The following is in reference to case number 202300 3996.

D. Present at this time is OFC. BOUYETT, OFC. J. CASAS, & OFC. COON of the Boca Raton Police Department. (Officer's Name)

E. Officer BOUYETT, have you arrested SETH GERRISH (Defendant's name) in violation of Florida State Statute 316.193?

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

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

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

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SCANNED
MAR 25 2023

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 OFF. BOUYETT of the BOCA RATON PD..

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: SEE VIDEO

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. GERRISH has refused to submit to a breath test.

The date is MARCH (month), 24 (day), 2023 (year), and the time is 0332 (AM)/PM.

A refusal form will be completed by the arresting officer.

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SCANNED
MAR 25 2023

BOCA RATON POLICE SERVICES DEPARTMENT

JUVENILE CONSTITUTIONAL WARNINGS

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

I am required to warn you before you make any statement that you have the following Constitutional rights:

(1) You have the right to remain silent and not answer any questions. *Tell me in your own words what you think this means.*
(You do not have to talk to me or answer any questions about this offense. You can be quiet if you want.)

(2) Any statement you make must be freely and voluntarily given. *Tell me in your own words what you think this means.*
(If you do talk to me it has to be because you want to and not because anyone is forcing you to speak.)

(3) You have a right to the presence and representation of a lawyer of your choice before you make any statement and during any questioning. *Tell me in your own words what you think this means.*
(You can talk to a lawyer before we ask you any questions and you can have him/her with you now, during our questioning.)

(4) If you cannot afford a lawyer, you are entitled to the presence and representation of a court appointed lawyer before you make any statement and during any questioning. *Tell me in your own words what you think this means*
(If you do not have money for a lawyer and you want one, a lawyer will be given to you for free.)

(5) If at any time during the interview you do not wish to answer any questions, you are privileged to remain silent. *Tell me in your own words what you think this means.*
(If you decide to talk to me then change your mind, you can stop answering my questions at any time.)

(6) I can make no threats or promises to induce you to make a statement. This must be of your own free will. *Tell me in your own words what you think this means*
(I am not allowed to threaten you or make you any promises to get you to talk to me. If you decide to talk, it must be because you want to.)

(7) Any statement can be and will be used against you in a court of law. *Tell me in your own words what you think this means*
(Anything you say to me can and will be told to the judge or a jury in court. A judge is a person who decides if you have done something wrong. Sometimes a group of people called a jury decide this, but the Judge is the person who decides what punishment you get.)

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

Signed: _____ Date: _____ Time: _____

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SCANNED
MAR 25 2023

BOCA RATON POLICE SERVICES DEPARTMENT

TESTING FACILITY TASK REPORT

SUBJECT: GERRISH, SETH

CASE #: 2023003996 DATE: 3/24/23

BREATH TEST RESULTS

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

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

BREATH OPERATOR: OFC. COON

MAINTENANCE TECHNICIAN: OFC. CRAWFORD

TESTING OFFICER'S OBSERVATIONS

SPEECH: REFUSED TO SPEAK TO OR ACKNOWLEDGE OFFICERS

ATTITUDE: UNCOOPERATIVE, UPSET, CRYING

CLOTHING: GREEN SHIRT, BLACK SHORTS, FLIP FLOPS

MEDICAL CONDITION: NO MEDICAL CONDITIONS

OTHER: _____

COMMENTS: _____

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SCANNED
MAR 25 2023

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: SEE VIDEO Date: 3/24/23 Time: _____

QUESTIONS AND ANSWERS

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

Where were you going? _____

What street or highway were you on? _____

Direction of travel? _____

Where did you start driving from? _____

What city (county) were you stopped in? _____

What time did you start? _____ AM/PM What time is it now? _____

What is today's date? _____ What day of the week is it? _____

When did you last eat? _____ What did you eat? _____

What have you been doing the past three hours prior to this stop/accident? _____

How much do you weigh? _____ Have you been drinking? _____ What were you drinking? _____
_____

How much? _____ Where? _____ With whom were you drinking? _____

When did you have your first drink? _____ AM/PM When did you stop drinking? _____AM/PM

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SCANNED
MAR 25 2023

How did you consume your last two drinks? _____

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

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

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

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

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

What? _____ Where? _____

What line of work are you in? _____

When did you last work? _____

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

_____

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

_____

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

Were you in an accident today? _____

Have you taken any drugs or smoked marijuana today? _____

What? _____ When? _____

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

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

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

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

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

Any problems not correctable by glasses or contact lenses? _____

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

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

I am now ending this video recording. The time is now approximately 0334 AM/PM.

The date is MARCH (month), 24 (day), 2023 (year).

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SCANNED
MAR 25 2023

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: 03/24/2023

Date of Last Agency Inspection: 03/15/2023
Observation Period Began: 03:02
Subject's Name: SETH C GERRISH DOB: 03/22/2000 Sex: M

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

Results:

Test	g/210L	Time
Diagnostics Check	OK	03:31
Air Blank	0.000	03:31
Control Test	0.079	03:32
Air Blank	0.000	03:32
Subject Sample #1	REF*	03:32
Air Blank	0.000	03:33
Control Test	0.080	03:33
Air Blank	0.000	03:34
Diagnostics Check	OK	03:34

*Subject Test Refused

Cylinder Lot: 02422080A1
Exp: 02/05/2024

State of Florida, County of PALM BEACH

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

I REBECCA L COON, 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: #794 Date: 3/24/23
Signature

Sworn to (or affirmed) before me this 24 day of MARCH, 2023

Signature of Notary Public-State of Florida

OFC. BOUYETT
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.

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SCANNED
MAR 25 2023

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

I, OFC. BOUYETT (Name of Officer reading Implied Consent Warning), a duly certified Law Enforcement Officer or Correctional Officer,

am a member of BOCA RATON PD (Name of law enforcement agency), and I do swear

or affirm that on or about the 24 day of MARCH, 20 23, at 0200 ☐ P.M ☒ A.M.

DRIVER SETH CAMERON GERRISH (Type or Print) FIRST NAME MIDDLE OR MAIDEN NAME LAST NAME,

DL# G620783001020, state of FLORIDA, was placed under lawful arrest for

the offense of DUI by OFC. BOUYETT (Name of Arresting Officer) and

issued Citation # AG427ØE.

That on or about the 24 day of MARCH, 20 23, at 0332 ☐ 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 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 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 CDL, or was operating a CMV, refusal will result in the disqualification of the Commercial Driver's License/driving privilege 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 (F.S. 117.10)

The foregoing instrument was sworn and subscribed before me:

#794
Signature of Attesting Officer

Title OFFICER COON

Date 03/24/23

(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 _____

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.

HSMV-BAR1001 (REV. 10/2016)

NOT A CERTIFIED COPY

SCANNED
MAR 25 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	☐		Other:	
	☐		Other:	

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REVIEW COMPLETED BY

Booking Number: 2023007775	**Date:** 3/25/2023
	Specialist Name/ID: Chantel Daniels/30347

SCANNED
MAR 25 2023