0564170 26CF20AMB 3912

ARREST / NOTICE TO APPEAR

1. Arrest (No Warrant) 3. Request for Warrant
6. Arrest (Warrant) 4. Request for Capias
2. N.T.A. 5. Juvenile Referral

1 JUVENILE

ADMINISTRATION

OBTS Number:

Agency ORI Number: 0500200
Agency Name: Boca Raton Police Department
Agency Report Number (N.T.A.'s only): 3 | 2 | 2026-000032

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): 4000 N OCEAN BLVD, BOCA RATON, FL 33431
Location of Offense (Business Name, Address): 4000 N OCEAN BLVD, BOCA RATON, FL 33431

Date of Arrest	Time of Arrest	Booking Date	Booking Time	Jail Date	Jail Time	Location of Vehicle
01/01/2026	23:30	01/01/2026	23:30	01/01/2026	23:30	PRIORITY TOWING

DEFENDANT

Name (Last, First, Middle): SPERRY, STEVEN MATTHEW
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	11/06/1986	6'00	200	BROWN	BLACK	LIGHT	Large

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

Local Address (Street, Apt. Number) (City) (State) (Zip): 4505 S OCEAN BLVD 405, HIGHLAND BEACH, FL 33487
Phone: (954) 868-1487
Residence Type: 1. City 3. Florida 2. County 4. Out of State: 1

Permanent Address (Street, Apt. Number) (City) (State) (Zip): 4505 S OCEAN BLVD 405, HIGHLAND BEACH, FL 33487
Phone: (954) 868-1487
Address Source: FLDL

Business Address (Name, Street) (City) (State) (Zip): SELF EMPLOYED, WORK FROM HOME
Phone:
Occupation: Contractor

D/L Number, State	Soc. Sec. Number	INS Number	Place of Birth (City, State)	Citizenship
S206402111000 / FL	[redacted]		WILUAKEE, WI,	US

CO-DEF

Co-Defendant Name (Last, First, Middle) | Race | Sex | Date of Birth | ☐ 1. Arrested ☐ 2. At Large ☐ 3. Felony ☐ 4. Misdemeanor ☐ 5. Juvenile

Co-Defendant Name (Last, First, Middle) | Race | Sex | Date of Birth | ☐ 1. Arrested ☐ 2. At Large ☐ 3. Felony ☐ 4. Misdemeanor ☐ 5. Juvenile

JUVENILE

☐ Parent ☐ Other: ☐ Legal Custodian
Name (Last, First, Middle): 1. 5,000
Residence Phone:
Address (Street, Apt. Number) (City) (State) (Zip): 2. 1,000
Business Phone:
Notified by: (Name): 3. 250
Date: Time:
JUVENILE DISPOSITION: 1. Handled/Processed within Department and Released 2. TOT JAC 3. Incarcerated
Released To: (Name): 4. 1,000
Relationship:
Date: Time:

The above address was provided by ☐ defendant and/or ☐ defendant's parents.
The child and/or parent was told to keep the Juvenile Court Clerk's Office (Phone 355-2526) informed of any change of address.
☐ Yes, by: ☐ No:

School Attended: Grade:
Property Crime? ☐ Yes ☒ No
Description of Property: Value of Property:

CODE

Drug Activity: N. N/A, P. Possess, S. Sell, B. Buy, T. Traffic, R. Smuggle, E. Use, K. Disperse/ Distribute, D. Deliver, M. Manufacture/ Produce/ Cultivate, Z. Other
Drug Type: N. N/A, A. Amphetamine, B. Barbiturate, C. Cocaine, E. Heroin, H. Hallucinogen, O. Opium/Deriv., M. Marijuana, P. Paraphernalia/ Equipment, S. Synthetic, U. Unknown, Z. Other

CHARGE

Charge Description	Statute Violation Number	Violation of ORD #
POSSESSION OF ADDERALL	893.13(6A) ADDE	

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 #
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 #
REFUSAL TO SUBMIT TO TESTING	316.1939(1) D	

Drug Activity	Drug Type	Amount / Unit	Offense #	Counts	Domestic Violence	Warrant / Capias Number	Bond
	N	/		1	☐ Y ☒ N		

INTAKE

Health / Apparent Physical Condition of Defendant: FAIR
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: ALMEIDA
Released By: ALMEIDA
Released To: PBCJ

Transported By: ALMEIDA
Date Transported: 01/02/2026
Time Transported: 02:30
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: 02/02/2026 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

No Photo Available

ADMIN

HOLD for Other Agency:
☐ Dangerous ☐ Resisted Arrest ☐ Suicidal ☐ Other
Intake Deputy: I.D. #: Pouch #:

Signature of Arresting Officer:
Name of Arresting Officer (Print): ALMEIDA, T. A. I.D. #: 877
Transporting Officer: ALMEIDA, T I.D. #: 877 Agency: BRPD

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

FILED PBC - GUN CLUB-- '26 JAN 2 PM 3:05

PAGE 1 OF 1

NOT A CERTIFIED COPY

ARREST / NOTICE TO APPEAR

1. Arrest (No Warrant) 3. Request for Warrant
6. Arrest (Warrant) 4. Request for Capias
2. N.T.A. 5. Juvenile Referral

1 JUVENILE

ADMINISTRATION

OBTS Number

Agency ORI Number: 0500200
Agency Name: Boca Raton Police Department
Agency Report Number (N.T.A.'s only): 3 , 2 2026-000032

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): 4000 N OCEAN BLVD, BOCA RATON, FL 33431
Location of Offense (Business Name, Address): 4000 N OCEAN BLVD, BOCA RATON, FL 33431

Date of Arrest	Time of Arrest	Booking Date	Booking Time	Jail Date	Jail Time	Location of Vehicle
01/01/2026	23:30	01/01/2026	23:30	01/01/2026	23:30	PRIORITY TOWING

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Alias (Name, DOB, Soc. Sec. #, Etc.): Alias:

Race (W - White, I - American Indian, B - Black, O - Oriental/Asian)	Sex	Date of Birth	Height	Weight	Eye Color	Hair Color	Complexion	Build
W	M	11/06/1986	6'00	200	BROWN	BLACK	LIGHT	Large

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

Local Address (Street, Apt. Number) (City) (State) (Zip): 4505 S OCEAN BLVD 405, HIGHLAND BEACH, FL 33487
Phone: (954) 868-1487
Residence Type: 1. City 3. Florida 2. County 4. Out of State: 1

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Phone: (954) 868-1487
Address Source: FLDL

Business Address (Name, Street) (City) (State) (Zip): SELF EMPLOYED, WORK FROM HOME
Phone:
Occupation: Contractor

DL Number, State	Soc. Sec. Number	INS Number	Place of Birth (City, State)	Citizenship
S206402111000 / FL	[redacted]		WILUAKEE, WI,	US

CO-DEFENDANT

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)
Business Phone
Notified by: (Name) Date Time
JUVENILE DISPOSITION 1. Handled/Processed within Department and Released 2. TOT JAC 3. Incarcerated
Released To: (Name) Relationship Date Time

The above address was provided by ☐ defendant and/or ☐ defendant's parents.
The child and/or parent was told to keep the Juvenile Court Clerk's Office (Phone 355-2526) informed of any change of address.
☐ Yes, by: ☐ No:

School Attended | Grade
Property Crime? ☐ Yes ☒ No | Description of Property | Value of Property

CODE

Drug Activity: N. N/A P. Possess S. Sell B. Buy T. Traffic R. Smuggle D. Deliver E. Use K. 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 #
RESIST/OBSTRUCT OFFICER W/O VIOLENCE	843.02	

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: FAIR
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: ALMEIDA
Released By: ALMEIDA
Released To: TOT PBCJ

Transported By: ALMEIDA
Date Transported: 01/02/2026
Time Transported: 02:30
Other:

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Signature of Defendant (or Juvenile and Parent/Custodian) Date Signed

No Photo Available

ADMIN

HOLD for Other Agency
☐ Dangerous ☐ Resisted Arrest ☐ Suicidal ☐ Other
Intake Deputy I.D. # Pouch #

Signature of Arresting Officer
Name of Arresting Officer (Print): ALMEIDA, T. A. I.D. #: 877
Transporting Officer: ALMEIDA I.D. #: 877 Agency: BRPD

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

PAGE 1 OF 1

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PROBABLE CAUSE AFFIDAVIT

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

ADMIN

OBTS Number:

Agency ORI Number	Agency Name	Agency Report Number
FL FL0500200	BOCA RATON POLICE DEPARTMENT	3 | 2 | 2026-000032

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

Special Notes:

DEF

Name (Last, First, Middle)	Alias	Race	Sex	Date of Birth
SPERRY, STEVEN MATTHEW		W	M	11/06/1986

CHARGES

Charge Description	Charge Description
316.193(1A) DUI	316.1939(2) REFUSAL TO SUBMIT TO TESTING
Charge Description	Charge Description
843.02 RESIST/OBSTRUCT OFFICER W/O VIOLENCE	893.13(6A) POSSESSION OF ADDERALL

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 reasonable 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 1 day of January, 2026 at 23:18 (Specifically include facts constituting cause for arrest.)

On 01/01/2026, at approximately 2318 hours, while traveling northbound in the area of the 3000 block of N Federal Hwy, Boca Raton, Palm Beach County, Florida, in my assigned BRPD-marked patrol vehicle (#702), I observed a gray sedan traveling in the same direction ahead of me in the outside lane. The vehicle was later determined to be a 2018 gray Lexus GS bearing Florida tag "PVKI30."

I observed the vehicle failing to maintain its lane of travel, traveling witXhin the designated bicycle lane, and operating at approximately 35 MPH, which is 10 MPH below the posted speed limit. At the intersection of N Federal Hwy and Spanish River Blvd, I observed the vehicle making a right turn on a steady red signal without coming to a complete stop. While traveling eastbound on Spanish River Blvd, the vehicle continued to fail to maintain its lane and nearly struck the center median. The vehicle continued weaving within its lane of travel. At the intersection of Spanish River Blvd and N Ocean Blvd, I observed the vehicle stopping completely within the marked crosswalk at a steady red traffic signal.

Based on these observations, I initiated a traffic stop in the area of the 4000 block of N Ocean Blvd by activating my patrol vehicle`s red and blue emergency lights and sirens. I approached the vehicle from the driver`s side and made contact with the driver and sole occupant, later identified as Steven Sperry.

Upon contact, I immediately detected a strong odor of an alcoholic beverage emanating from within the vehicle. I observed Steven`s speech to be slow and slurred, his movements lethargic, and his eyes watery and glossy. While attempting to locate the requested documents, Steven handed me his Florida driver`s license along with a $2 bill and fumbled through paperwork. When asked where he was coming from, Steven stated he was coming from a friend`s house.

NOT A CERTIFIED COPY

ADMINISTRATIVE

SWORN AND SUBSCRIBED BEFORE ME

DE LA RUA, BRYAN
NOTARY PUBLIC / CLERK OF COURT / OFFICER (F.S.S. 117.10)

01/02/2026
DATE

SIGNATURE OF ARRESTING / INVESTIGATING OFFICER

ALMEIDA, TIMOTHY ALVES (877)
NAME OF OFFICER (PLEASE PRINT)

01/02/2026
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 Copies

1

JUVENILE

Agency ORI Number	Agency Name	Agency Report Number
FL FL0500200	BOCA RATON POLICE DEPARTMENT	3 | 2 | 2026-000032

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

Special Notes:

DEF

Name (Last, First, Middle)	Alias	Race	Sex	Date of Birth
SPERRY, STEVEN MATTHEW		W	M	11/06/1986

PROBABLE CAUSE STATEMENT

Based on these observations, I asked Steven to step out of the vehicle. Upon exiting, I observed his balance to be unsteady, as he swayed while standing. While standing outside the vehicle, I continued to detect a strong and distinct odor of an alcoholic beverage emanating from his person. I then requested Steven to participate in standardized field sobriety exercises in order to dispel my suspicion that he was driving while impaired. Steven refused. I subsequently advised Steven the Taylor Warning and again requested his participation in the field sobriety exercises, which he again refused.

Based on Steven`s driving pattern and my personal observations, I reasonably concluded that Steven was in actual physical control of a motor vehicle while under the influence of alcoholic beverages to the extent that his normal faculties were impaired, in violation of FSS 316.193(1A). Steven was placed under arrest, handcuffed with proper fit and double-locked.

While seated in the rear of my patrol vehicle with his legs outside, Steven was given multiple clear and lawful commands to slide his feet inside so I could secure him and close the door. Steven refused to comply despite being advised he was under arrest and that his noncompliance was preventing safe transport. His refusal obstructed my ability to complete the arrest and secure him in the vehicle, requiring me to physically guide his legs inside. It should be noted that upon initial contact with Steven I had identified myself as Officer Almeida with the Boca Raton Police Department and was wearing my issued Class B uniform with a visible police badge. I therefore determined Steven knowingly and willfully obstructed the lawful execution of my duties without violence, in violation of FSS 843.02 - Resisting an Officer Without Violence.

I then transported to the Boca Raton Police Department DUI room. Steven was asked to provide a lawful sample of his breath to determine its alcohol content, which he refused. I then read Steven Florida`s Implied Consent warning, and he again refused to submit to a breath test. Based on this refusal, I further developed probable cause to charge Steven with Refusal to Submit to Testing, in violation of FSS 316.1939(1D).

Once Steven was removed from BRPD booking cell #1 for transport to the Palm Beach County Jail, Officer Nava (#897) conducted a post inspection of the cell and located a red and clear capsule bearing the inscription "ELI-515 30MG." According to Poison Control, this pill description is consistent with amphetamine and dextroamphetamine, a Schedule II controlled substance commonly known as Adderall. It should be noted that Officer Nava had inspected the cell immediately prior to Steven being placed inside and no contraband was located at that time. Based on this information, I developed additional probable cause to charge Steven with Possession of a Controlled Substance (Adderall) in violation of FSS 893.13(6A).

Steven was subsequently transported to the Palm Beach County Jail without further incident

NOT A CERTIFIED COPY

ADMINISTRATIVE

SWORN AND SUBSCRIBED BEFORE ME

DE LA RUA, BRYAN
NOTARY PUBLIC / CLERK OF COURT / OFFICER (F.S.S. 117.10)

01/02/2026
DATE

SIGNATURE OF ARRESTING / INVESTIGATING OFFICER

ALMEIDA, TIMOTHY ALVES (877)
NAME OF OFFICER (PLEASE PRINT)

01/02/2026
DATE

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

STATE OF FLORIDA
AFFIDAVIT OF REFUSAL TO SUBMIT TO
BREATH TEST

I, Ofc. Almeida, a duly certified Law Enforcement or Correctional Officer, am a
(Name of Officer reading Implied Consent Warning)
member of The Boca Raton Police Dept., and I do swear
(Name of Law Enforcement Agency)
or affirm that on or about the 1st day of January, 20 26, at 11:30 ☑P.M. ☐A.M.
DRIVER Steven Matthew Sperry,
FIRST NAME MIDDLE OR MAIDEN NAME LAST NAME
DL # S206-402-11-100-0, state of FL, was placed under lawful arrest for
the offense of DUI by Almeida and
(Name of Arresting Officer)
issued citation # ASVL9LE.

That on or about the 2nd day of January, 20 26, at 12:21 ☐P.M. ☑A.M.
in Palm Beach County,

I requested that the driver submit to a **BREATH** test for the purpose of determining its alcohol content. I informed the driver that the refusal to submit to such test would result in the suspension of his or her driving privilege for a period of one (1) year for a first refusal, and that he or she commits a misdemeanor of the second degree by so refusing. Additionally, I informed the driver that the refusal to submit to such test would result in the suspension of his or her driving privilege for a period of 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, and that he or she commits a misdemeanor of the first degree by so refusing. Nonetheless, the driver refused to submit to the test requested.

Signature of Law Enforcement Officer or Correctional Officer

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

The foregoing instrument was sworn and subscribed before me:

Signature of Attesting Officer

Title Ofc. Nave
Date 1/2/26

(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.

NOT A CERTIFIED COPY

EFFECTIVE OCTOBER 1, 2025

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: 01/02/2026

Date of Last Agency Inspection: 12/09/2025
Observation Period Began: 23:48
Subject's Name: STEVEN M SPERRY DOB: 11/06/1986 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	00:23
Air Blank	0.000	00:23
Control Test	0.078	00:23
Air Blank	0.000	00:24
Subject Sample #1	REF*	00:24
Air Blank	0.000	00:25
Control Test	0.079	00:25
Air Blank	0.000	00:25
Diagnostics Check	OK	00:26

*Subject Test Refused

Cylinder Lot: 08425080A2
Exp: 05/05/2027

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 TIMO J MAVA, 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: 1/2/26
Signature

Sworn to (or affirmed) before me this 2nd day of January, 2026

_____ Almeida, T.
Signature of Notary Public-State of Florida 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

2026-000032
10-15 : 2330 hrs
Observ. : 2348 hrs

Steven M. Sperry
FLDL : S206-402-11-100-0
DOB : 11/06/1986

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 1st day of January, at 2330 ~~AM~~/PM:

Subject: Steven Sperry Case Number: 26 - 32

PERSONAL CONTACT

Driving Pattern: _____

Observation of Driver: _____

Driver's Statement: _____

Odors: _____

GENERAL OBSERVATIONS

Speech: _____

Attitude: _____

Clothing: _____

Medical Problems: _____

Medications: _____

Other: _____

NOT A CERTIFIED COPY

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 _____ (date) by _____.

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

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

NOT A CERTIFIED COPY

ARRESTING OFFICER: Almeida

Name: Tomasino Phone # _____ Work # _____

Address: BRPD

Can testify to: SFSTs

Name: Nava Phone # _____ Work # _____

Address: BRPD

Can testify to: Breath Test

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: _____

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-END OF PART ONE-

BOCA RATON POLICE SERVICES DEPARTMENT

DUI INFLUENCE REPORT – PART II

To be filled out at testing facility

Agency Case # 2026-000032

I. INTRODUCTION (Instrument Operator faces video camera)

A. The day is Friday (day), January (month), 2 (date), 2026 (year).

B. The time is now approximately 1218 AM/~~PM.~~

C. The following is in reference to case number 26-32.

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

E. Officer Almeida, have you arrested Steven Sperry (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.~~ Sperry, 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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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 _____ 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. Additionally, if you refuse to take the test I have requested of you, you will be committing a misdemeanor of the SECOND DEGREE if this is your first refusal, in addition to any other penalties which can be imposed by law. 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, your driving privilege will be suspended for a period of eighteen (18) months. Additionally, you will be committing a misdemeanor of the FIRST DEGREE, 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

Subject Signature: _____

Note: Also read for CDL holders:

In addition, if you hold a Commercial Driver's License (CDL), or were driving a Commercial Motor Vehicle (CMV), your refusal to submit to testing will result in the loss of your commercial driving privileges for one year from today. If this is your second refusal, you will be permanently disqualified from operating a Commercial Motor Vehicle (CMV).

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.~~ Gary has refused to submit to a breath test.

The date is February (month), 2 (day), 2026 (year), and the time is 12:21 AM/~~PM~~.

A refusal form will be completed by the arresting officer.

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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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BOCA RATON POLICE SERVICES DEPARTMENT

TESTING FACILITY TASK REPORT

SUBJECT: Steven M. Sperry

CASE #: 26-32 DATE: 1/2/26

BREATH TEST RESULTS ~ Refused ~

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

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

BREATH OPERATOR: None

MAINTENANCE TECHNICIAN: Crawford

TESTING OFFICER'S OBSERVATIONS

SPEECH: Quiet

ATTITUDE: Calm

CLOTHING: Black jacket, black shirt, light shorts, grey shoes

MEDICAL CONDITION: Good

OTHER: Odor of alcohol emirating from breath

COMMENTS:

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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: _____ Date: _____ 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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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 12 27 AM/~~PM~~.

The date is January (month), 2 (day), 2026 (year).

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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 110 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	2-3
	☐	(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	☐			
	☐			
	☐			
	☐			

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REVIEW COMPLETED BY

Booking Number: 2026000104	**Date:** 1/2/2026
	Specialist Name/ID#: Joseph Kovach/44820