23CT124SB

ARREST / NOTICE TO APPEAR

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

1 JUVENILE

ADMINISTRATION

OBTS Number

Agency ORI Number: 0500200
Agency Name: Boca Raton Police Department
Agency Report Number (N.T.A.'s only): 3 | 2 | 2023-000158

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): , 500 S FEDERAL HWY, BOCA RATON, FL 33432
Location of Offense (Business Name, Address): 500 S FEDERAL HWY, BOCA RATON, FL 33432

Date of Arrest	Time of Arrest	Booking Date	Booking Time	Jail Date	Jail Time	Location of Vehicle
01/04/2023	01:17	01/04/2023	01:27	01/04/2023	02:32	ON SCENE

DEFENDANT

Name (Last, First, Middle): BECKMAN, WILLIAM DAVID
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	11/24/2000	6'00	130	BLUE	BROWN	LIGHT	M

Scars, Marks, Tatoos, Unique Physical Features (Location, Type, Description): None
Marital Status: S
Religion
Indication of: Alcohol Influence ☒ Yes ☐ No ☐ Unk. Drug Influence

Local Address (Street, Apt. Number) (City) (State) (Zip): 444 NE 27TH CIR, BOCA RATON, FL 33431
Phone: (561) 945-5347
Residence Type: 1. City 3. Florida 2. County 4. Out of State

Permanent Address (Street, Apt. Number) (City) (State) (Zip): 444 NE 27TH CIR, BOCA RATON, FL 33431
Phone: (561) 945-5347
Address Source

Business Address (Name, Street) (City) (State) (Zip): DELRAY ACURA,
Phone:
Occupation: Sales

D/L Number, State: B255924004240 / FL
SID Number: [redacted]
INS Number
Place of Birth (City, State): BOCA RATON, FL
Citizenship: US

CO-DEF

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

JUVENILE

☐ Parent ☐ Other: ☐ Legal Custodian
Name (Last, First, Middle)
Residence Phone
Address (Street, Apt. Number) (City) (State) (Zip): C1 OR
Business Phone
Notified by: (Name) Date Time
JUVENILE DISPOSITION 1. Handled/Processed within Department and Released 2. TOT JAC 3. Incarcerated
Released To: (Name) Relationship Date Time

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

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

CODE

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

CHARGE

Charge Description	Statute Violation Number	Violation of ORD #
DRIVE UNDER INFLUENCE ALC	316.193(1A)	

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

CHARGE

Charge Description	Statute Violation Number	Violation of ORD #

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

CHARGE

Charge Description	Statute Violation Number	Violation of ORD #

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

INTAKE

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

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

PROPERTY - Received By	Released By	Released To
868	868	PBCJ

Transported By	Date Transported	Time Transported	Other
868	01/04/2023	02:33	

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: 02/06/2023 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.

No Photo Available

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

ADMIN

HOLD for Other Agency
☐ Dangerous ☐ Resisted Arrest ☐ Suicidal ☐ Other
Signature of Arresting Officer:
Name of Arresting Officer (Print): WILLIAMS, D. I.D. # 868
Name Verification (Printed by Arrestee) (PRINT)
Intake Deputy I.D. # Pouch #: M Howell 7W4
Transporting Officer: WILLIAMS, DAVID I.D. # 868 Agency: BOCA
Witness here if subject signed with an "X"
PAGE 1 OF 1

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JH 05371164

P# 599

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 | 2023-000158

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
BECKMAN, WILLIAM DAVID		W	M	11/24/2000

CHARGES

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

VICTIM

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

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

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 commit the below acts.

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

On the 4 day of January, 2023 at 01:17 (Specifically include facts constituting cause for arrest.)

On 1/4/2023, at 0055 hours, I was traveling northbound on Federal Highway approaching the SE 5th St/ SE Mizner Blvd intersection. The light for traffic flowing northbound and southbound on Federal Hwy was solid green. I observed a black Cadillac (FL AM28NC) run the solid red light on SE Mizner Blvd, cross all lanes of travel, and begin heading southbound on Federal Hwy toward my direction. I made a U-turn, activated my emergency equipment, and conducted a traffic stop on the vehicle where it came to a complete stop in the left turn lane at the intersection of Federal and E Camino Real.

I walked up to the driver`s side window and spoke with the driver who was identified by his FL DL as William Beckman. While speaking with William I noticed he was chewing gum, however, despite the gum, I was still able to smell the odor of alcohol emanating from his breath. I asked William to step out of the vehicle and spit out the gum. With the gum now gone the odor grew in intensity. I observed William to have bloodshot/watery eyes. I asked William where he was coming from, and he advised "his friends where he consumed one Corona beer". While speaking with him I observed a yellow band on his wrist that appeared to have come from a club called One Eleven. William admitted that while within the club he consumed `Two shots". Based upon all of my observations I requested William participate in Field Sobriety Exercises (FSEs) to which he complied.

The FSEs were conducted as follows.

Horizontal Gaze Nystagmus (HGN)

The defendant identified the stimulus as red. The defendant had equal pupil size and equal tracking in both eyes. The defendant`s eyes continued to jump as he attempted to follow the stimulus. In conducting the exercise, I was able to observe a Lack of Smooth Pursuit, Distinct and Sustained Nystagmus at Maximum Deviation, the onset of Nystagmus prior to 45 degrees, and Vertical Nystagmus.

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ADMINISTRATIVE

SWORN AND SUBSCRIBED BEFORE ME

VAN CAMP, JEFFERY ALAN
NOTARY PUBLIC / CLERK OF COURT / OFFICER (F.S.S. 117.10)

01/04/2023
DATE

SIGNATURE OF ARRESTING / INVESTIGATING OFFICER

WILLIAMS, DAVID (868)
NAME OF OFFICER (PLEASE PRINT)

01/04/2023
DATE

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

ADMIN

OBTS Number

PROBABLE CAUSE AFFIDAVIT
SUPPLEMENT

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

1

JUVENILE

Agency ORI Number	Agency Name	Agency Report Number
FL FL0500200	BOCA RATON POLICE DEPARTMENT	3 | 2 | 2023-000158

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
BECKMAN, WILLIAM DAVID		W	M	11/24/2000

PROBABLE CAUSE STATEMENT

Walk and Turn

The surface was flat and hard. The defendant attempted to do the exercise with shoes. The line used was a painted yellow line. I made sure the defendant both knew the line he would be using and the color of that line. I began the exercise by instructing and demonstrating to the defendant how to complete the exercise. While giving instructions the defendant failed to stay in the starting position. In conducting the exercise, the defendant walked an improper number of steps and made an improper turn.

One Leg Stand

The surface was flat and hard. The defendant attempted to do the exercise with shoes. The defendant raised his right leg. During the exercise, the defendant continued to sway.

Finger to nose

The surface was flat and hard. The defendant conducted the exercise with shoes. The defendant failed to touch the tip of his finger to the tip of his nose twice. During the exercise, the defendant continued to sway.

Modified Romberg Balance

The surface was flat and hard. The defendant conducted the exercise with shoes. During the exercise, the defendant continued to sway. The defendant notified me of the completion of the exercise after 38 seconds.

Due to the totality of the circumstances and my training/experience, I felt the defendant was unable to perform simple tasks during the exercises due to being impaired. I felt the defendant is too impaired to operate a motor vehicle safely. The defendant was placed under arrest at 0117 hours, for driving under the influence. William was placed in handcuffs that were checked for tightness and double locked.

The vehicle was moved to another parking lot per William`s request.

William was transported to the BRPD DUI room. Officer Price conducted the 20-minute observation and operated the Intoxilyzer. William requested to know what would happen if he did not provide a breath sample. William was read his Implied Consent Warnings at 0150 hours and after acknowledging he understood William refused to provide a breath sample. Reference Intoxilyzer 8000 S#80-006622 results were (Refused)

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ADMINISTRATIVE

SWORN AND SUBSCRIBED BEFORE ME

VAN CAMP, JEFFERY ALAN
NOTARY PUBLIC / CLERK OF COURT / OFFICER (F.S.S. 117.10)

01/04/2023
DATE

SIGNATURE OF ARRESTING / INVESTIGATING OFFICER

WILLIAMS, DAVID (868)
NAME OF OFFICER (PLEASE PRINT)

01/04/2023
DATE

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

ADMIN

OBTS Number	PROBABLE CAUSE AFFIDAVIT SUPPLEMENT	1. Arrest 2. N.T.A. 3. Request for Warrant 4. Request for Capias	1	JUVENILE

Agency ORI Number	Agency Name	Agency Report Number
FL FL0500200	BOCA RATON POLICE DEPARTMENT	3 | 2 | 2023-000158

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
BECKMAN, WILLIAM DAVID		W	M	11/24/2000

PROBABLE CAUSE STATEMENT

William was transported to Palm Beach County Jail.

NOT A CERTIFIED COPY

ADMINISTRATIVE

SWORN AND SUBSCRIBED BEFORE ME

VAN CAMP, JEFFERY ALAN
NOTARY PUBLIC / CLERK OF COURT / OFFICER (F.S.S. 117.10)

01/04/2023
DATE

SIGNATURE OF ARRESTING / INVESTIGATING OFFICER

WILLIAMS, DAVID (868)
NAME OF OFFICER (PLEASE PRINT)

01/04/2023
DATE

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

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

I, David Williams, a duly certified Law Enforcement Officer or Correctional Officer,
(Name of Officer reading Implied Consent Warning)

am a member of Boca Raton Police, and I do swear
(Name of law enforcement agency)

or affirm that on or about the 4th day of January, 2022, at 0117 ☐ P.M ☒ A.M.

DRIVER William David Beckman,
(Type or Print) FIRST NAME MIDDLE OR MAIDEN NAME LAST NAME

DL# B255924004240, state of Florida, was placed under lawful arrest for

the offense of DUI by David Williams and
(Name of Arresting Officer)

issued Citation # A6LQLOE.

That on or about the 4th day of January, 2022, at 0150 ☐ 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.

868
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:

Signature of Attesting Officer

Title Ofc D. Price

Date 01/04/2023

(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)

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DNA Collectible Offense Search:

Search

No offender has matched with provided search criteria.

Offender Search

- **You are NOT required to enter information into each field.** But you are required to enter at least ONE search criteria. A search list may be obtained by entering information into one or more fields.
- Enter the offender's last name and first name in the appropriate fields. If the offender has an unusual last or first name, use the wildcard search options for possible spelling variations (See 'Include Similar Names' *)
- NOTE: The submissions received by the Database may **NOT** include all field information. For example, the Date of Birth may not be included or differ from your entry. So, if you do not receive any results after entering the offender's last name, first name, and a Date of Birth, try a search without a birth date.
- If no results occur after an initial search, try several variations or contact the FDLE DNA Investigative Support Database for assistance at 850-617-1300, FAX: 850-921-6086 or Email: dnadatabase@fdle.state.fl.us

First Name:	WILLIAM
Last Name:	BECKMAN
Date of Birth:	11/24/2000
SSN (no dashes):	
DOC #:	
State ID No. / FDLE #:	

Include Similar Names

Click this box 'Include similar names' to run a wildcard search. With this type of search, entering the last name Smith, will return Smith, Smithson, Goldsmith, etc. Another option is to include a % sign within the name field to extend the search to all names with similar middle letters. For example, S%son will return Samson, Simpson, and Smithson. These searches may return very large result sets, so it is advisable to start with specific criteria, then adjust your search options until the desired record is found.

Search Reset

Sort Name Ascending

No offender found for the search.

(1 of 1) 10

FDLE DNA Investigative Support Database
Phone: (850) 617-1300 Fax: (850) 921-6086
Email: dnadatabase@fdle.state.fl.us

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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: 01/04/2023

Date of Last Agency Inspection: 12/15/2022
Observation Period Began: 01:26
Subject's Name: WILLIAM D BECKMAN DOB: 11/24/2000 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	01:50
Air Blank	0.000	01:51
Control Test	0.079	01:51
Air Blank	0.000	01:52
Subject Sample #1	REF*	01:52
Air Blank	0.000	01:52
Control Test	0.079	01:53
Air Blank	0.000	01:53
Diagnostics Check	OK	01:53

*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 (X) is personally known to me or (__) produced _____ as identification, and who after being placed under oath, states:

I DANIEL X PRICE, 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: 01/04/2023
Signature

Sworn to (or affirmed) before me this 4 day of January, 2023

_____ David C. Williams 888
Signature of Notary Public-State of Florida Printed Name of Notary Public-State of Florida

Notary: 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

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Case number: 2023-00015 8
Breath tech: ~~Williams~~ Price
1015 Time: 0117
Ob 0126

DUI INFLUENCE REPORT

NOT A CERTIFIED COPY

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

BOCA RATON POLICE SERVICES DEPARTMENT

DUI INFLUENCE REPORT – PART I

On the 4th day of January, at 0117 AM/PM:

Subject: William Beckman Case Number: 23-000158

PERSONAL CONTACT

Driving Pattern: CCL

Observation of Driver: LOL

Driver's Statement: CCL

Odors:

GENERAL OBSERVATIONS

Speech:

Attitude:

Clothing: LLC

Medical Problems:

Medications:

Other:

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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: _____

CCC

Can not do, Why? _____

One leg stand: _____

CPC

Can not do, Why? _____

Finger to nose: _____

CCC

Can not do, Why? _____

Alphabet (speech pattern): CCC

Can not do, Why? _____

Breath/Blood test results: _____

State of Florida, County of Palm Beach,
Sworn and subscribed before me this 1/4/23 (date) by Ofc Price.

_____ 1/4/23
Notary/Clerk of Court/ Officer (FSS 117.10) Date

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

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ARRESTING OFFICER: David Williams

Name: price Phone # _____ Work # _____

Address: _____

Can testify to: B T O

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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BOCA RATON POLICE SERVICES DEPARTMENT

DUI INFLUENCE REPORT – PART II

To be filled out at testing facility

Agency Case # 2023-000158

I. INTRODUCTION (Instrument Operator faces video camera)

A. The day is Wednesday (day), January (month), 4th (date), 2023 (year).

B. The time is now approximately 1:45 (AM)/PM.

C. The following is in reference to case number 23-0158.

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

E. Officer Williams, have you arrested William Beckman (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. Beckman, 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 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: _____

Note: Also read for CDL holders:

IN ADDITION, your refusal to submit will result in the loss of your commercial privileges for one year from today. If this is your SECOND REFUSAL, you will be permanently disqualified from operating a commercial motor vehicle.

Note: After reading the implied consent warning, the arresting officer must request a breath sample again.

(IF REFUSAL THEN)

At this time Mr./Mrs./Ms. _____ has refused to submit to a breath test.

The date is _____ (month), _____ (day), _____ (year), and the time is _____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:

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.)

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.)

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.)

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.)

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.)

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.)

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.)

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

ned: _____ Date: _____ Time: _____

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BOCA RATON POLICE SERVICES DEPARTMENT

TESTING FACILITY TASK REPORT

SUBJECT: William Beckman

CASE #: 23-0158 DATE: 1/4/23

BREATH TEST RESULTS

1) TIME Refuse AM/PM 2) TIME Refuse AM/PM

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

BREATH OPERATOR: Price

MAINTENANCE TECHNICIAN: Crawford

TESTING OFFICER'S OBSERVATIONS

SPEECH: _____

ATTITUDE: _____

CLOTHING: _____

MEDICAL CONDITION: _____

OTHER: _____

_____

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: 1/4/23 Time: 0154

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 _____ AM/PM.

The date is _____, _____, _____.
(month) (day) (year)

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PALM BEACH COUNTY
SHERIFF'S OFFICE

Florida State Statute Exemption Sheet

Palm Beach County Sheriff's Office – Arrests Only

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

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REVIEW COMPLETED BY

Booking Number: 2023000288	**Date:** 01/05/23
	Specialist Name/ID: T.Howard/7185