JH 05413107 23CT 15776 MB PD# 2007

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

☐ Check if Supplement is Attached

ARREST / NOTICE TO APPEAR
Juvenile Referral Report

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

Juvenile: N

ADMINISTRATIVE

OBTS Number:

Agency ORI Number: FL0 5 0 0 0 0 0 | Agency Name: PALM BEACH COUNTY SHERIFF'S OFFICE | Agency Report Number: 0 6 - 23-106255 ( )

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

If Weapon Seized — Enter Type:

Multiple Clearance Indicator:

Location of Arrest (including Name of Business): **10616 Forest Hill Blvd at the Fairfield Inn & Suites Wellington FL 33414**

Location of Offense (Business Name, Address): **10616 Forest Hill Blvd at the Fairfield Inn & Suites , Wellington FL 33414**

Date of Arrest	Time of Arrest	Booking Date	Booking Time	Jail Date	Jail Time	Location of Vehicle
09/02/2023	2306					D&D towing company

DEFENDANT

Name (Last, First, Middle): **Warren, William, Howard**

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

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	5/6/1960	5'06	160	Blues	Brown	~~Greenish~~	Small

Scars, Marks, Tattoos, Unique Physical Features (Location, Type, Description):

Marital Status:

Religion:

Indication of: Alcohol Influence / Drug Influence — Y ☐ N ☐ Unk ☐

Local Address (Street, Apt. Number) (City) (State) (Zip): **2226 Greenview Cove Dr, Wellington, FL 33414**

Mobile Phone: **(561) 6327645**

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

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

Phone: ( )

Address Source: **NCIC/FCIC**

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

Phone: ( )

Occupation: **Horse training**

D/L Number, State	Soc. Sec. Number	INS Number	Place of Birth (City, State)	Citizenship
W650928601660, FL	[redacted]		MA/ Attelboror	USA

CO-DEF

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

JUVENILE

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

Address (Street, Apt. Number) (City) (State) (Zip) — Business Phone ( )

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

Released To: (Name) — Relationship — Date — Time

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

School Attended — Grade

Property Crime? ☐ Yes ☐ No — Description of Property — Value of Property

CODE

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

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

CHARGE

Charge Description	Counts	Domestic Violence	Statute Violation Number	Violation of ORD #
Driving Under the Influence		☐ Y ☒ N	316.193(1A)	

Drug Activity	Drug Type	Amount / Unit	Offense #	Warrant / Capias Number	Bond
N	N		23-106255		CK

CHARGE

Charge Description	Counts	Domestic Violence	Statute Violation Number	Violation of ORD #
		☐ Y ☐ N		

Drug Activity	Drug Type	Amount / Unit	Offense #	Warrant / Capias Number	Bond

CHARGE

Charge Description	Counts	Domestic Violence	Statute Violation Number	Violation of ORD #
		☐ Y ☐ N		

Drug Activity	Drug Type	Amount / Unit	Offense #	Warrant / Capias Number	Bond

CHARGE

Charge Description	Counts	Domestic Violence	Statute Violation Number	Violation of ORD #
		☐ Y ☐ N		

Drug Activity	Drug Type	Amount / Unit	Offense #	Warrant / Capias Number	Bond

NOTICE TO APPEAR

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

FILED PBC - GUN CLUB '23 SEP 3 AM 8:04

Court Date and Time: Month **sept** Day **28** Year **2023** Time **0830** A.M. ☒ P.M. ☐

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

Signature of Defendant (or Juvenile and Parent/Custodian) — Date Signed: 09/02/2023

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

ADMIN

HOLD for other agency

☐ Dangerous ☐ Resisted Arrest ☐ Suicidal ☐ Other:

Intake Deputy — I.D. # — Pouch #

Signature of Arresting Officer: X

Name of Arresting Officer (Print): D.S J. Ramirez — I.D. #: 37537

Transporting Officer: D.S. J. Ramirez — I.D. #: 37537 — Agency: PBSO

Name Verification (Printed by Arrestee) (PRINT)

Witness here if subject signed with an "X"

PAGE 1 OF 1

PBSO 00148 REV. 11/22 DISTRIBUTION: COURT COPY STATE ATTORNEY AGENCY AGENCY DEFENDANT (N.T.A.'s ONLY)

NOT A CERTIFIED COPY

PROBABLE CAUSE AFFIDAVIT

OBTS Number:

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

Juvenile: N

ADMIN

Agency ORI Number	Agency Name	Agency Report Number
FLO 5 0 0 0 0 0	PALM BEACH COUNTY SHERIFF'S OFFICE	23-106255

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

Special Notes:

DEF

Name (Last, First, Middle)	Alias	Race	Sex	Date of Birth
Warren, William, Howard		O	M	5/6/1960

CHARGES

Charge Description	Charge Description
Driving Under the Influence 316.193(1A)	
Charge Description	Charge Description

VICTIM

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

Local Address (Street, Apt Number) (City) (State) (Zip)	Phone	Address Source
,	( )	
Business Address (Name, Street) (City) (State) (Zip)	**Phone**	**Occupation**
	( )	

PROBABLE CAUSE STATEMENT

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

☒ committed the below acts in my presence.

☐ confessed to _____ admitting to the below facts.

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

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

On the 02 day of sept 20 23 at 2231 ☐ A.M ☒ P.M (Specifically include facts constituting cause for arrest.)

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

On 09/02/2023, I was monitoring traffic in the area of Forest Hill Blvd and Olive Dr. I observed a black Toyota bearing Georgia tag IW03QS" traveling on the wrong side of the road on Olive Dr towards Forest Hill Blvd. I observed Sgt. Benedict, behind the vehicle mentioned above, activated his blue and red emergency lights to signal the car to stop. The vehicle turned into the plaza and pulled into the Fairfield Inn & Suites parking lot. Sgt. Benedict approached the vehicle on the driver's side, and I approached the vehicle on the Passenger side. Right after making contact with the driver, I went to the driver's side and established communication with the driver. [redacted] via NCIC/FCIC. William was the sole occupant of the vehicle. I asked the driver for his driver's license, registration, and insurance. William stated that he did not have his DL with him. I asked for any other form of identification and could not provide any additional identification. He provided his name and date of birth. I asked for the registration and insurance card. William reached inside the glove compartment, pulled out a blue face mask, and held it in front of him. I asked once again for the registration and insurance. William placed the mask back into the glove compartment, then reached back inside the glove compartment, retrieved the mask and a black phone case, and held it in front of his face once again, staring at it for an extended time. I told William that he was holding a mask and that I needed the registration and insurance. I asked William where he was coming from, and he said that he was at Stone Wood restaurant having dinner, where he had a few glasses of red wine. William said he was heading home. I noticed his eyes were red, watery, and glossy during the encounter. His cheeks were flushed, his mouth dry, and they slurred their speech while speaking. His movements were slow, calculated, and lethargic. I could smell a strong odor of an unknown alcoholic beverage emanating inside his vehicle.
I told the driver I had a suspicion that he had been drinking an unspecified amount of alcoholic beverages, and based on my suspicion, I asked if he would consent to perform Standardized Field Sobriety Evaluations (SFSTs) to determine if he was impaired while operating a motor vehicle. William agreed to perform the tasks.

NOT A CERTIFIED COPY

ADMINISTRATIVE

STATE OF FLORIDA
COUNTY OF PALM BEACH

D.S J. Ramirez 37537
(Signature of Arresting /Investigative Officer)

The foregoing instrument was sworn to or affirmed and subscribed before me this _____ day of _____ 20 _____ by D.S. J. Ramirez

(Print name of Arresting/Investigative Officer), [illegible] personally known to me and/or produced Known LEO as identification.

Notary Public, Clerk of Court, Officer (F.S.S). 117.10)

JOSHUA BELL
Notary Public - State of Florida
Commission # HH 418882
My Comm. Expires Jul 9, 2027
Bonded through National Notary Assn.

PBSO #0004 REV. 4/22 DISTRIBUTION: STATE ATTORNEY AGENCY AGENCY

PROBABLE CAUSE AFFIDAVIT

OBTS Number:

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

Juvenile: N

ADMIN

Agency ORI Number	Agency Name	Agency Report Number
FLO 5 0 0 0 0 0	PALM BEACH COUNTY SHERIFF'S OFFICE	23-106255

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
Warren, William, Howard		O	M	5/6/1960

CHARGES

Charge Description	Charge Description
Driving Under the Influence 316.193(1A)	
Charge Description	Charge Description

VICTIM

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

Local Address (Street, Apt Number)	(City)	(State)	(Zip)	Phone	Address Source
,				( )	
Business Address (Name, Street)	**(City)**	**(State)**	**(Zip)**	**Phone**	**Occupation**
				( )	

PROBABLE CAUSE STATEMENT

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

☒ committed the below acts in my presence.

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

☐ confessed to _____ admitting to the below facts.

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

On the 02 day of sept 20 23 at 2231 ☐ A.M ☒ P.M (Specifically include facts constituting cause for arrest.)

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

William was placed into the instructional stance and given instructions that he understood and acknowledged. I observed equal pupil size in both eyes. I observed equal tracking in both eyes. I observed a lack of smooth pursuit in both eyes. I observed distinct and sustained Nystagmus in both eyes at maximum deviation. I observed the onset of Nystagmus prior to forty-five degrees in both eyes. During the task, I had to remind William to keep his head still and to follow the stimulus with his eyes only.

NOT A CERTIFIED COPY

ADMINISTRATIVE

STATE OF FLORIDA
COUNTY OF PALM BEACH

D.S J. Ramirez 37537
(Signature of Arresting/Investigative Officer)

The foregoing instrument was sworn to or affirmed and subscribed before me this _____ day of _____ 20 _____ by D.S. J. Ramirez

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

Notary Public, Clerk of Court, Officer (F.S.S). 117.10)

JOSHUA BELL
Notary Public - State of Florida
Commission # HH 418882
My Comm. Expires Jul 9, 2027
Bonded through National Notary Assn.

PBSO #0004 REV. 4/22

DISTRIBUTION: STATE ATTORNEY AGENCY AGENCY DEFENDANT (N.T.A.'s ONLY)

D.U.I. PROBABLE CAUSE AFFIDAVIT

ON THE 02 DAY OF sept 20 23, AT 2231 AM PM ✓

SUBJECT: Warren, William, Howard CASE NUMBER: 23-106255

AGENCY: PALM BEACH COUNTY SHERIFF'S OFFICE ARRESTING OFFICER: D.S J. Ramirez 37537

PERSONAL CONTACT

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

Vehicle driving on the Wrong Side of the road.

NOT A CERTIFIED COPY

OBSERVATION OF DRIVER:

I went to the driver's side and established communication with the driver. The driver was later identified as William H. Warren via NCIC/FCIC. William was the sole occupant of the vehicle. I asked the driver for his driver's license, registration, and insurance. William stated that he did not have his DL with him. I asked for any other form of identification and could not provide any additional identification. He provided his name and date of birth. I asked for the registration and insurance card. William reached inside the glove compartment, pulled out a blue face mask, and held it in front of him. I asked once again for the registration and insurance. William placed the mask back into the glove compartment, then reached back inside the glove compartment, retrieved the mask and a black phone case, and held it in front of his face once again, staring at it for an extended time. I told William that he was holding a mask and that I needed the registration and insurance. I asked William where he was coming from, and he said that he was at Stone Wood restaurant having dinner, where he had a few glasses of red wine. William said he was heading home. I noticed his eyes were red, watery, and glossy during the encounter. His cheeks were flushed, his mouth dry, and they slurred their speech while speaking. His movements were slow, calculated, and lethargic. I could smell a strong odor of an unknown alcoholic beverage emanating inside his vehicle.

DRIVER'S STATEMENTS:

He was going home From Stone Wood Restaurant and had two glasses of red wine.

ODORS:

I could smell the odor of an unknown alcoholic beverage, based on my training and life experinces, which came from the defendants breath and intensified as they spoke with me.

GENERAL OBSERVATIONS

SPEECH: **Slurred, slow, Rambling, Repetitive**

ATTITUDE: **Polite and Calm**

CLOTHING: **Disheveled clothing**

MEDICAL/OTHER: **The defendant stated that they had no medical issues. They stated that they had not taken any prescription drugs, any illegal drugs, or smoked any marijuana. None, vomiting, convulsion, diabetes, stroke**

STATE OF FLORIDA
COUNTY OF PALM BEACH

D.S J. Ramirez 37537
(Signature of Arresting/Investigative Officer)

The foregoing instrument was sworn to or affirmed and subscribed before me this _____ day of _____ 20 _____ by D.S J. Ramirez 37537

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

Notary Public, Clerk of Court, Officer (F.S.S 117.10)

JOSHUA BELL
Notary Public - State of Florida
Commission # HH 418882
My Comm. Expires Jul 9, 2027
Bonded through National Notary Assn.

SUBJECT: Warren, William, Howard **CASE NUMBER** 23-106255

ROADSIDE TASKS

HORIZONTAL GAZE NYSTAGMUS:

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

Other Observations:
SEE PC

WALK & TURN:

I positioned William to face the car with his right heel against the toe of his left foot, touching heel to toe. I instructed him to keep his hands at his side and stay in this position until I instructed him to do otherwise. After completing the instructions, William advised he understood the instructions and had no questions. The following SFST was demonstrated and acknowledged by him prior to his performance: During the task, William did not touch heel to toe on numerous occasions. During the turn, William stopped and did not properly turn as instructed. After the turn, William took nine steps back and stood facing away from the vehicle. He was also instructed to stay in the starting position numerous times while giving the instructions. William began the tasks before being instructed.

ONE LEG STAND:

William was instructed to stand with his feet together and his hands down by his side. William was then instructed to remain in the position throughout the instructions and demonstration until instructed to begin. William acknowledged and stated that he clearly understood the instructions. William swayed while in the instructional position. After being told to begin, he lifted his left foot first, keeping his knee bent and counting while looking straight ahead. I explained the instruction once again to William, and he acknowledge that he understood. William raised his right foot the second time. During the task, William did not follow the instructions. His foot was below the 6" and was not paralleled with the floor. William could not count properly and stopped the task before being told to stop.

FINGER TO NOSE:

William was instructed to stand with his feet together and their hands down by their side. William was then instructed to remain in the position throughout the instructions and demonstration until instructed to begin. William acknowledged and stated that he clearly understood the instructions. During the instruction and demonstration of the task, he swayed while standing stationary in the instructional stance. During the task, William missed touching the tip of his nose several times and used the pad of his finger to touch his nose several times. On numerous occasions, William was reminded to bring his hand back to starting position after touching his nose.

ROMBERG ALPHABET:

William was instructed to stand with his feet together and their hands down by their side. William was then instructed to remain in the position throughout the instructions and demonstration until instructed to begin. William acknowledged and stated that he clearly understood the instructions. During the instruction and demonstration of the task, he swayed while standing stationary in the instructional stance. During the task, William swayed while standing. William did not keep his eyes closed as instructed and did not keep his head tilted backward. William was not able to recite the alphabet as instructed. William stopped reading the alphabet at letter "T". He also repeated the letter "A" after the letter "H".

BREATH TEST RESULTS: .162 .167

STATE OF FLORIDA
COUNTY OF PALM BEACH

D.S J. Ramirez 37537
(Signature of Arresting/Investigative Officer)

The foregoing instrument was sworn to or affirmed and subscribed before me this_____ day of_____ 20_____ by D.S J. Ramirez 37537

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

Notary Public, Clerk of Court, Officer (F.S.S 117.10)

JOSHUA BELL
Notary Public - State of Florida
Commission # HH 418882
My Comm. Expires Jul 9, 2027
Bonded through National Notary Assn.

NOT A CERTIFIED COPY

WITNESS LIST

CASE NUMBER: 23-106255

ARRESTING OFFICER: D.S J. Ramirez 37537

ADDRESS: [redacted], [redacted] Palm Beach, [redacted]

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

CAN TESTIFY TO: DUI Investigation

NAME: Sgt. Benedict

ADDRESS: 3228 Gun Club Rd, West Palm Beach, FL 33406

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

CAN TESTIFY TO: Wheel Witness, DUI investigation

NAME: _____

ADDRESS _____

PHONE NUMBERS (HOME) _____ (WORK) _____

CAN TESTIFY TO: _____

NAME: _____

ADDRESS _____

PHONE NUMBERS (HOME) _____ (WORK) _____

CAN TESTIFY TO: _____

NAME: _____

ADDRESS _____

PHONE NUMBERS (HOME) _____ (WORK) _____

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CAN TESTIFY TO: _____

NAME: _____

ADDRESS _____

PHONE NUMBERS (HOME) _____ (WORK) _____

CAN TESTIFY TO: _____

NAME: _____

ADDRESS _____

PHONE NUMBERS (HOME) _____ (WORK) _____

CAN TESTIFY TO: _____

NOT A CERTIFIED COPY

TESTING FACILITY TASK REPORT

AGENCY: PBSO

SUBJECT: WARREN, WILLIAM .H.

CASE NUMBER: 23-106255

DATE: Sep 2, 2023

VIDEO DVD NUMBER:

BEGINNING TIME: 00:29

ENDING TIME: 00:50

BREATH TESTS RESULTS: 1) .162 TIME 00:34 A.M. ☒ P.M. ☐ 2) .167 TIME 00:38 A.M. ☒ P.M. ☐

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

BREATH OPERATOR: T. MILLER #41017

MAINTENANCE TECHNICAN: J. KARLECKE# 6467

TESTING OFFICER'S OBSERVATIONS

SPEECH: PRONOUNCED

ATTITUDE: CALM

CLOTHING: WHITE SHIRT, BLUE JEANS, GRAY LOAFERS

MEDICAL CONDITIONS: NONE

MEDICATIONS: NONE

OTHER:

EYES: GLASSY

COMMENTS:

ARRIVED AT CENTER A/O BEGAN THE 20 MINUTE OBSERVATION PERIOD AT 23:43 HRS.

SUBJECT: AGREED TO TAKE TEST.

A/O: READ RIGHTS.
SUBJECT: STATED HE UNDERSTOOD RIGHTS.

TECH: READ TEST RESULTS.
SUBJECT: STATED HE UNDERSTOOD TEST RESULTS.

A/O: CONDUCTED Q & A.
SUBJECT: ANSWERED QUESTIONS.

NOT A CERTIFIED COPY

SUBJECT:_____ CASE NUMBER:_____

IMPLIED CONSENT FOR DUI IN A MOTOR VEHICLE

NOTE: READ ONLY THE PARAGRAPH APPLICABLE TO THE TYPE OF TEST YOU ARE REQUESTING.

I am now requesting that you submit to a lawful test of your ***BREATH*** for the purpose of determining its alcohol content.

OR

I am now requesting that you submit to a lawful test of your ***URINE*** for the purpose of determining the presence of chemical or controlled substances.

NOTE: READ ONLY IF THE SUBJECT DOES NOT COMPLY WITH YOUR REQUEST.

I am _____ of the _____

If you refuse to take the test I have requested of you, your driving privilege will be suspended for a period of one (1) year for a FIRST REFUSAL, or eighteen (18) months if your driving privilege has been PREVIOUSLY SUSPENDED, or if you have been PREVIOUSLY FINED under s. 327.35215, for refusing to submit to a lawful test of your breath, urine, or blood. Additionally, if you refuse to take the test I have requested of you, and if your driving privilege has been previously suspended, or if you have been previously fined under s. 327.35215, for a refusal to submit to a lawful test of your ***breath, urine*** or blood, you will be committing a misdemeanor, in addition to any other penalties which can be imposed by law.

Refusal to submit to the test I have requested is admissible into evidence in any criminal proceeding.

Do you understand what I have just read to you? YES <or> NO Do you still refuse to submit to this test? YES <or> NO

NOTE: IF THE SUBJECT POSSESSES A COMMERCIAL DRIVER'S LICENSE (CDL), READ THE FOLLOWING,

If you are a Commercial Driver License (CDL) holder or were driving a Commercial Motor Vehicle (CMV), your refusal to submit to testing will result in the loss of your commercial driving privilege for a period of one year from today. If this is your SECOND REFUSAL, you will be permanently disqualified from holding a CDL or operating a CMV.

Do you understand what I have just read to you? YES <or> NO Do you still refuse to submit to this test? YES <or> NO

SUBJECTS SIGNATURE: (X)_____

CONSTITUTIONAL WARNINGS

I AM REQUIRED TO WARN YOU BEFORE YOU MAKE ANY STATEMENTS THAT YOU HAVE THE FOLLOWING RIGHTS:

1. You have the right to remain silent and not answer any questions.
2. Any statement must be freely and voluntarily given.
3. You have the right to the presence of a lawyer of your choice before you make any statement and during any questioning.
4. If you cannot afford a lawyer, you are entitled to the presence of a court appointed lawyer before you make any statements and during any questioning.
5. If at any time during the interview you do not wish to answer any questions, you are privileged to remain silent.
6. I can make no threats or promises to induce you to make a statement. This must be of your own free will.
7. Any statement can and will be used against you in a court of law.

SUSPECT'S SIGNATURE: (X)_____

NOT A CERTIFIED COPY

SUBJECT: _____ CASE NUMBER: _____

QUESTIONS AND ANSWERS

I AM NOW GOING TO ASK YOU SOME QUESTIONS. WITH THESE RIGHTS IN MIND, YOU MAY ANSWER SOME OF, ALL OF, OR NONE OF THE FOLLOWING QUESTIONS AS YOU LIKE.

WERE YOU OPERATING A MOTOR VEHICLE AT THE TIME OF THE STOP/ACCIDENT? _____

WHERE WERE YOU GOING? _____

WHAT STREET OR HIGHWAY WERE YOU ON? _____

DIRECTION OF TRAVEL? _____ WHERE DID YOU START? _____

WHAT TIME DID YOU START? _____ WHAT TIME IS IT NOW? _____

WHAT IS TODAY'S DATE? _____ WHAT DAY OF THE WEEK IS IT? _____

WHAT COUNTY AND CITY ARE YOU IN NOW? _____

WHEN DID YOU LAST EAT? _____ WHAT DID YOU EAT? _____

WHAT HAVE YOU BEEN DOING FOR THE LAST THREE HOURS? _____

HOW MUCH DO YOU WEIGH? _____ HAVE YOU BEEN DRINKING? _____ WHAT? _____

HOW MUCH? _____ WHERE? _____ WITH WHOM? _____

WHEN DID YOU HAVE YOUR FIRST DRINK? _____ AND YOUR LAST DRINK? _____

HOW DID YOU CONSUME YOUR LAST TWO DRINKS? _____

CAN YOU FEEL THE EFFECTS OF THE ALCOHOL? _____ ARE YOU UNDER THE INFLUENCE? _____

HAVE YOU CONSUMED ANY ALCOHOL SINCE THE ACCIDENT? _____ HOW MUCH? _____

WHAT? _____ WHERE? _____ WHEN? _____

WHAT LINE OF WORK ARE YOU IN? _____ WHEN DID YOU LAST WORK? _____

DO YOU HAVE ANY PHYSICAL DEFECTS OR INJURIES? _____ WHAT? _____

ARE YOU SICK OR INJURED? _____ WHAT'S WRONG? _____

DO YOU LIMP? _____ DID YOU RECEIVE A BUMP ON THE HEAD RECENTLY? _____

WERE YOU IN AN ACCIDENT TODAY? _____

HAVE YOU TAKEN ANY DRUGS OR SMOKED ANY MARIJUANA TODAY? _____ WHEN? _____

HAVE YOU SEEN A DOCTOR OR DENTIST TODAY? _____ WHO? _____ WHY? _____

ARE YOU TAKING ANY PRESCRIPTION MEDICINES? _____ WHAT? _____ WHEN? _____

DO YOU HAVE:

EPILEPSY? _____
GLASS EYE? _____
FALSE TEETH? _____
EAR INFECTION? _____
INNER EAR TROUBLE? _____
DIABETES? _____

DO YOU HAVE ANY PROBLEMS WITH YOUR EYES THAT ARE NOT CORRECTED BY GLASSES? _____

DO YOU TAKE INSULIN? _____ IF SO, WHEN WAS YOUR LAST INJECTION? _____

HAVE YOU EVER HAD A DRIVER'S LICENSE IN ANY OTHER STATE? _____ WHERE? _____

INTERVIEWER: _____

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

Instrument Type: Intoxilyzer 8000
Instrument Registered To: PALM BEACH CO SO
Instrument Serial Number: 80-006029 Software: 8100.27
Date of Test: 09/03/2023

Date of Last Agency Inspection: 08/11/2023
Observation Period Began: 23:43
Subject's Name: WILLIAM H WARREN DOB: 05/06/1960 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	00:32
Air Blank	0.000	00:33
Control Test	0.079	00:33
Air Blank	0.000	00:34
Subject Sample #1	0.162	00:34
Air Blank	0.000	00:35
Air Blank	0.000	00:37
Subject Sample #2	0.167	00:38
Air Blank	0.000	00:39
Control Test	0.077	00:39
Air Blank	0.000	00:39
Diagnostics Check	OK	00:39

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

State of Florida, County of Palm Beach,

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

I THOMASINA E MILLER, 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: Thomasina E Miller. Date: 09/03/23
Signature

Sworn to (or affirmed) before me this 03 day of September, 2023

Signature of Notary Public-State of Florida

O/S. J. Ramirez
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

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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.	3
	☐	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	☒	316.650(b)	Other: Driver information contained in a uniform traffic citation.	5-6
	☐		Other:	

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REVIEW COMPLETED BY

Booking Number: 2023023145	**Date:** 9/3/2023
	Specialist Name/ID: R.Castro/40259