

05/11/15

NR

PH 3445 19CT 1949S

ARREST / NOTICE TO APPEAR

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

1

JUVENILE

ADVISOR	OBTS Number	Agency ORL Number 0500200		Agency Name Boca Raton Police Department		Agency Report Number (N.T.A.'s only) 3 2 2019-014236	
INVESTIGATION	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) 1001 SW 2ND AVE		Location of Offense (Business Name, Address) 1001 SW 2ND AVE, BOCA RATON, FL 33432				
	Date of Arrest 10/20/2019	Time of Arrest 21:10	Booking Date 10/20/2019	Booking Time 21:12	Jail Date 10/20/2019	Jail Time 21:12	Location of Vehicle TOWED
DEFENDANT	Name (Last, First, Middle) KAUFMAN, ALAN JOSEPH		Alias:		Alias (Name, DOB, Soc. Sec. #, Etc.)		
	Race W - White A - American Indian B - Black O - Oriental/Asian W	Sex M	Date of Birth 01/03/1938	Height 5'11	Weight 175	Eye Color BROWN	Hair Color GRAY
	Scars, Marks, Tattoos, Unique Physical Features (Location, Type, Description)		Marital Status M	Religion JUDAISM	Indication of: Alcohol Influence Drug Influence Yes ☒ No ☐ Unknown ☐		
	Local Address (Street, Apt. Number) 288 W COCONUT PALM RD, BOCA RATON, FL 33432		(City)	(State)	(Zip)	Phone (561) 394-7600	Residence Type: 1. City 2. County 3. Florida 4. Out of State
	Permanent Address (Street, Apt. Number) 288 W COCONUT PALM RD, BOCA RATON, FL 33432		(City)	(State)	(Zip)	Phone (561) 394-7600	Address Source
CO-DEFENDANT	Business Address (Name, Street) RETIRED,		(City)	(State)	(Zip)	Phone	
	D/L Number, State K155010380030 / FL		DNS Number		Place of Birth (City, State) CHICAGO, IL	Citizenship US	
	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	
	Name (Last, First, Middle)		Residence Phone				
JUVENILE	Address (Street, Apt. Number) (City) (State) (Zip)		Business Phone				
	Notified by: (Name)		Date	Time	JUVENILE DISPOSITION 1. Handled/Processed within Department and Released 2. TOL 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.		School Attended		Grade		
	Property Crime? ☐ Yes ☒ No		Description of Property		Value of Property		
CHARGE	Drug Activity N. N/A P. Possess S. Sell B. Buy T. Traffic R. Struggle D. Deliver E. Use K. 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/Derv. P. Paraphernalia/Equipment S. Synthetic U. Unknown		Statute Violation Number 316.193(1)		
	Charge Description DUI		Amount / Unit N		Violation of ORD # Bond		
	Charge Description		Amount / Unit		Violation of ORD #		
	Charge Description		Amount / Unit		Violation of ORD #		
	Charge Description		Amount / Unit		Violation of ORD #		
NOTICE	Health / Apparent Physical Condition of Defendant GOOD		Any knowledge of the following: Explain: NONE		☐ Vectors ☐ Escape Risk ☐ Medication ☐ Deformities ☐ Injuries		
	Check which applies: ☐ Released O.R. ☐ Released to Parent/Guardian ☐ Foster Bond ☒ T.O.T. County Jail ☐ South County Mental Health		PROPERTY - Received By COON		Released By COON		
	Transported By WHITE, Ryan		Date Transported 10/20/19		Time Transported Other		
	☒ 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 11/25/2019 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 CONTEMPT OF COURT AND A WARRANT FOR MY ARREST SHALL BE ISSUED.		Signature of Defendant (or Juvenile and Parent/Custodian)		Date Signed		
ADMIN	HOLD for Officer		Signature of Arresting Officer 794		Name Verification (Printed by Arrestee)		
	☒ Unarmed ☐ Suicidal ☐ Resisted Arrest ☐ Other		Name of Arresting Officer (Print) COON, R.		(PRINT)		
	Inmate Deputy 794		Transporting Officer WHITE, Ryan		Witness here if subject signed with an "X"		

No Photo Available

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OBT'S Number		PROBABLE CAUSE AFFIDAVIT		1 Arrest 2 N.T.A.		3 Request for Warrant 4. Request for Capias		1	JUVENILE
A D M I N	Agency ORI Number FL 0500200	Agency Name BOCA RATON POLICE DEPARTMENT	Agency Report Number 3 2 2019-014236						
N	Charge Type: ☐ 1. Felony ☒ 3. Misdemeanor ☐ 5. Ordinance Check as many as apply: ☐ 2. Traffic Felony ☐ 4. Traffic Misdemeanor ☐ 6. Other					Special Notes:			
D E F	Name (Last, First, Middle) KAUFMAN, ALAN JOSEPH					Race W	Sex M	Date of Birth 01/03/1938	
C H A R G E S	Charge Description 316.193(1) DUI					Charge Description			
V I C T I M	Victim's Name (Last, First, Middle) STATE OF FLORIDA,					Race	Sex	Date of Birth	
L O C A L	Local Address (Street, Apt. Number) (City) (State) (Zip) 100 NW 2ND AVE, BOCA RATON, FL 33432					Phone (561) -		Address Source DEFENDANT	
B U S I N E S S	Business Address (Name, Street) (City) (State) (Zip) (56) -					Phone (56) -		Occupation	
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 ☐ 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 20 day of October, 2019 at 19:04 (Specifically include facts constituting cause for arrest) The following was captured on MVR. On 10/20/19, at approximately 1819 hours, I responded to 1001 SW 2nd Ave (parking lot), in reference to an intoxicated W/M trying to drive a black Bentley bearing a FL tag JKGR62. I met with the complainant, W/M Jonathan Fischer, who advised the W/M later identified as, Alan Kaufman, was inside Pizza Time and was stumbling around. Fischer advised he watched Kaufman walk outside with his togo pizza and salad and get into his vehicle. Fischer was talking to Kaufman so that he didn't leave the parking lot. Fischer said another W/M blocked Kaufman's vehicle in, but the other W/M left before my arrival. After speaking with Fischer, I observed Kaufman sitting inside his vehicle with the door open. I also observed a small box of salad spilled on the ground. While speaking to Kaufman in the vehicle, I smelled a very strong odor of alcoholic beverage emanating from Kaufman's person. I asked Kaufman where the keys to his vehicle were and he reached into the center console and retrieved the keys. I asked Kaufman if the vehicle was a push to start and he said yes and pushed the button, turning the vehicle on. I told Kaufman to turn the vehicle off. And he pressed the button again to shut the vehicle off. Kaufman was in actual physical control of the vehicle at the time I made contact with him. I asked Kaufman to step out of the vehicle so that I could speak with him further. Kaufman exited the vehicle and used the door to support himself. Kaufman was swaying while he was standing in the door jamb and leaned on the vehicle for balance. Kaufman was also chewing on a cigar while I was speaking with him. I asked Kaufman to take the cigar out of his mouth and he continued to put it back in his mouth. I repeatedly told him to take it out and he said he forgot.									
S W O R N	SWORN AND SUBSCRIBED BEFORE ME BROWN, KEISHA L NOTARY PUBLIC / CLERK OF COURT / OFFICER (F.S.S. 117.10)					SIGNATURE OF ARRESTING / INVESTIGATING OFFICER COON, REBECCA (794) NAME OF OFFICER (PLEASE PRINT)			
A D M I N I S T R A T I V E	DATE 10/20/2019					DATE 10/20/2019			

COURT STATE ATTORNEY

CENTRAL RECORDS

JAIL

CRIME ANALYSIS

P. I. O.

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OBTS Number		PROBABLE CAUSE AFFIDAVIT SUPPLEMENT		1. Arrest 2. N.T.A.	3. Request for Warrant 4. Request for Capias	1	JUVENILE
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Name (Last, First, Middle) KAUFMAN, ALAN JOSEPH				Race W	Sex M	Date of Birth 01/03/1938	

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I asked Kaufman to step away from the vehicle. I observed Kaufman's balance while he was standing away from the vehicle and he was unable to keep his balance. It was very difficult for Kaufman to stand still, he was swaying. I asked Kaufman if he had any medical conditions or ailments that may be affecting him and he told me no. Kaufman also advised that he was not currently taking any medication or should be taking medication.

I asked Kaufman for his driver license and he reached into his pocket and pulled out a large stack of cards. Kaufman pulled out a black credit card and attempted to hand it to me. I told Kaufman that I didn't need him credit card, that I needed his driver license. Kaufman again began looked through his cards and after an extended period of time he produced his Florida driver license.

I asked Kaufman if he had anything to drink today and he advised that he had one glass of white wine at Rebel House at around 1400 hours and hasn't had anything else to drink since then. Kaufman was adamant that he hadn't taken any other medications today.

I asked Kaufman if he would be willing to perform standardized field sobriety tasks to dispel my alarm that he was driving under the influence. Kaufman advised he was willing to submit to the tasks.

I positioned my vehicle on the side of the building facing a straight line in the parking lot to conduct the standardized field sobriety tasks. I asked Kaufman if he could walk over to my vehicle with me. Kaufman was swaying and having difficulty walking over the my vehicle. Once we were positioned in front of my vehicle's in car camera. I began the standardized field sobriety tasks.

The first task was the Horizontal Gaze Nystagmus. Kaufman was swaying side to side while standing. Kaufman was unable to follow my instructions and would move his head along with his eyes to follow the stimulus. I explained the instructions several times. Kaufman kept looking at me and not the stimulus. Kaufman was unable to perform the task.

The second task was the walk and turn. Kaufman was not listening to the instructions that I was giving him. I asked Kaufman to get into the starting position with his left foot on the line and his right foot in front of his left touching heel to toe. Kaufman was unable to follow my instructions and could not get into the starting position. Kaufman continually tried to start walking before I had even explaining the instructions to him. Kaufman had a very hard time keeping his balance the entire time and stumbled on several occasions. I explained the instructions to Kaufman multiple times and demonstrated what I wanted him to do. Kaufman interrupted me many times. I asked Kaufman if he understood the instructions to which he replied he did. I told Kaufman to begin. Kaufman did not touch heel to toe while he walked down the line. Kaufman was swaying the whole time and stumbled while he was walking. Kaufman took 10 steps the turned around

SWORN AND SUBSCRIBED BEFORE ME BROWN, KEISHA L NOTARY PUBLIC / CLERK OF COURT / OFFICER (F.S.S. 117.10) 10/20/2019 DATE	 SIGNATURE OF ARRESTING / INVESTIGATING OFFICER COON, REBECCA (794) NAME OF OFFICER (PLEASE PRINT) 10/20/2019 DATE
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CANA
OCT 2

COURT	STATE ATTORNEY	CENTRAL RECORDS	JAIL	CRIME ANALYSIS	P. I. O.
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Name (Last, First, Middle) KAUFMAN, ALAN JOSEPH					Race W	Sex M	Date of Birth 01/03/1938		
and looked at me. I asked him if he was finished and he said yes. I asked if he had followed my instructions and he said yes. The third task was the one leg stand. Kaufman was not listening to my instructions. Kaufman attempted to start the task before I told him to do so. Kaufman walked past me several times while I was still telling him the instruction. Kaufman attempted to lift his right foot of the ground but did not keep his leg straight. Kaufman then began to walk. Kaufman stumbled multiple times during this task. Kaufman also used his arms to steady himself during the task. The fourth task was the Romberg Alphabet. Kaufman was swaying side to side and did not tip his head back. Kaufman missed several letters. While reciting the alphabet Kaufman recited, "PRQSTUZ". The fifth task was the finger to nose (L-R-L-R-R-L). Kaufman was swaying side to side. Kaufman did not tip his head back and had issues touching the tip of his nose on several attempts. Kaufman was taken into custody and transported to BRPD Booking Facility for processing. While Kaufman was standing up from the seated position, he bumped his leg on the bench. Kaufman had a small abrasion on his left shin and it began bleeding in the BAT room. BRPD responded and bandaged his leg (FD run# 19-14314). Officer R. White conducted The Intoxilyzer 8000 testing. Kaufman provided the breath samples of .141 and .134. Kaufman was in violation of FSS 316.193(1) DUI. He was given the court date of 11/25/2019 at 8:30am. The video was submitted into property. After processing he was transported BRRH for clearance and transported to PBCJ.									
NOT A CERTIFIED COPY									
<table border="0" style="width:100%;"> <tr> <td style="width:50%; vertical-align: top;"> SWORN AND SUBSCRIBED BEFORE ME BROWN, KEISHA L NOTARY PUBLIC / CLERK OF COURT / OFFICER (F.S.S. 117.10) 10/20/2019 DATE </td> <td style="width:50%; vertical-align: top;"> SIGNATURE OF ARRESTING / INVESTIGATING OFFICER COON, REBECCA (794) NAME OF OFFICER (PLEASE PRINT) 10/20/2019 DATE </td> </tr> </table>								SWORN AND SUBSCRIBED BEFORE ME BROWN, KEISHA L NOTARY PUBLIC / CLERK OF COURT / OFFICER (F.S.S. 117.10) 10/20/2019 DATE	 SIGNATURE OF ARRESTING / INVESTIGATING OFFICER COON, REBECCA (794) NAME OF OFFICER (PLEASE PRINT) 10/20/2019 DATE
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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: 10/20/2019

Date of Last Agency Inspection: 10/09/2019

Observation Period Began: 19:22

Subject's Name: ALAN J KAUFMAN

DOB: 01/03/1938 Sex: M

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

Results:	Test	g/210L	Time
	Diagnostics Check	OK	20:06
	Air Blank	0.000	20:07
	Control Test	0.080	20:07
	Air Blank	0.000	20:08
	Subject Sample #1	0.141	20:08
	Air Blank	0.000	20:09
	Air Blank	0.000	20:11
	Subject Sample #2	0.134	20:11
	Air Blank	0.000	20:12
	Control Test	0.079	20:13
	Air Blank	0.000	20:13
	Diagnostics Check	OK	20:13

Cylinder Lot: 22419080A3
Exp: 10/05/2021

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 RYAN P WHITE, 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: [Signature]

Signature

Date: 10/20/2019

Sworn to (or affirmed) before me this 20th day of OCTOBER, 2019

Signature of Notary Public-State of Florida [Signature]

Printed Name of Notary Public-State of Florida OFF. R. CUON

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.

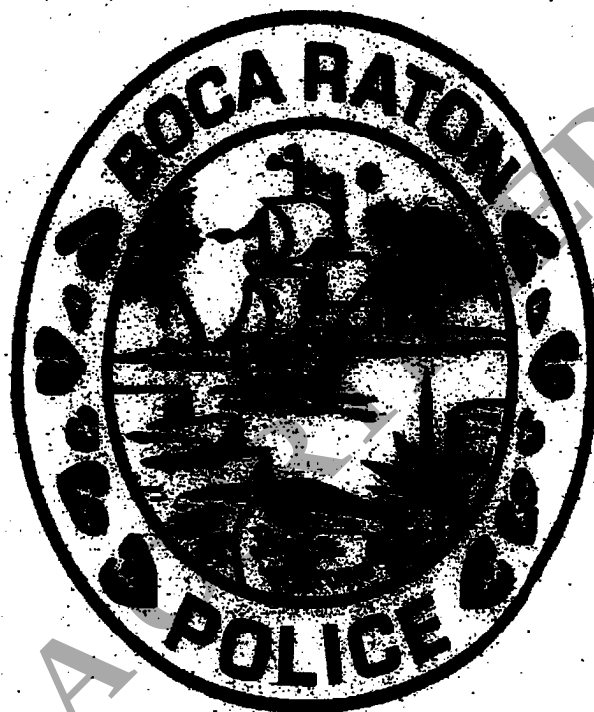
10-15 @ 19:04

20 min @ 19:22

W/M ALAN KAUFMAN

DOR 1/3/1938

DUI INFLUENCE REPORT



BOCA RATON POLICE SERVICES DEPARTMENT

100 NW 2nd Avenue
Boca Raton, FL 33432

SCANNED
OCT 21 2019

BUCARATON POLICE SERVICES DEPARTMENT

DUI INFLUENCE REPORT - PART I

On the 20th day of OCTOBER, at 1829 AM/PM

Subject: W/M ALAN KAUFMAN Case Number: 2019-014236

PERSONAL CONTACT

Driving Pattern: SEE PC

Observation of Driver:

Driver's Statement:

Odors:

GENERAL OBSERVATIONS

Speech:

Attitude:

Clothing:

Medical Problems:

Medications:

Other:

SEE PC

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: 0.141 2 2008 / 0.134 2011

State of Florida, County of Palm Beach,

Sworn and subscribed before me this 10/20/2019 (date) by OR- RYAN P. WHITE

Notary/Clerk of Court/ Officer (FSS 117.10)

Date

Signature of Arresting Officer

Name of Officer (print)

ARRESTING OFFICER: OFF. R. COON 115 794

Name: OFF. REBECCA COON Phone # (901) 338-1234 Work # _____

Address: 100 NW 2ND AVE BOCA RATON FL 33432

Can testify to: DUI INVESTIGATION

Name: OFF. ROCKY CLINARD Phone # (901) 338-1234 Work # _____

Address: 100 NW 2ND AVE BOCA RATON FL 33432

Can testify to: DUI INVESTIGATION

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: _____

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: _____

BOCA RATON POLICE SERVICES DEPARTMENT

TESTING FACILITY TASK REPORT

SUBJECT: W/m ALAN KAUFMAN

CASE#: 2019-014236 DATE: 10/20/2019

BREATH TEST RESULTS

1) TIME 0.141 / 2008 AM/PM 2) TIME 0.134 / 2011 AM/PM
3) TIME _____ AM/PM 4) TIME _____ AM/PM

BREATH OPERATOR: OFF. RYAN P. WHITE ID 724

MAINTENANCE TECHNICIAN: OFF. JEFFREY VAN CAMP ID 747

TESTING OFFICER'S OBSERVATIONS

SPEECH: SLURRED, SLOW

ATTITUDE: GOOD

CLOTHING: 4/5 BUTTON DOWN, DRESS PANTS, SNEAKERS

MEDICAL CONDITION: GOUT

OTHER: _____

COMMENTS: _____

INFLUENCE REPORT - PART II

To be filled out at testing facility

Agency Case # 2019-014236

I. INTRODUCTION (Instrument Operator faces video camera)

A. The day is SUNDAY, OCTOBER, 20th 2019
(day) (month) (date) (year)

B. The time is now approximately 2004 AM/PM

C. The following is in reference to case number 2019-014236

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

E. Officer COON, have you arrested ALAN KAUFMAN in violation of
Florida State Statute 316.193? (Defendant's name)

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

G. Mr. ALAN KAUFMAN, I am required to inform you these
proceedings are being video recorded.

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

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 _____, _____, and the time is _____ AM/PM.
(month) (day) (year)

A refusal form will be completed by the arresting officer.

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: ON VIDEO REFUSED

Date: 10/20/2015

Time: 2:05 ^(PM) 2011

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

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 2:00 ^{PM} 2014 AM/PM

The date is OCTOBER 20 2014
(month) (day) (year)



**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:	

REVIEW COMPLETED BY

Booking Number: 2019034151

Date: 10/21/2019

Specialist Name/ID: AM/31562