

U502035

PLH 7 3444

ARREST / NOTICE TO APPEAR

|   |   |   |  |   |                                    |   |   |  |   |   |                        |       |  |
|---|---|---|--|---|------------------------------------|---|---|--|---|---|------------------------|-------|--|
| AD<br>M<br>I<br>N<br>I<br>S<br>T<br>R<br>A<br>T<br>I<br>O<br>N  | OBTS Number   | Agency ORI Number<br><b>0501700</b>       |  | Agency Name<br><b>Jupiter Police Department</b>             |                                    | Agency Report Number (N.T.A.'s only)<br><b>514 18-004922</b>  |   | 1. Arrest<br>2. N.T.A.   | 3. Request for Warrant<br>4. Request for Capias | <b>1</b>  | JUVENILE               |       |  |
| D<br>E<br>F<br>E<br>N<br>D<br>A<br>N<br>T   | Charge Type:<br>Check as many as apply  |   | 3. Misdemeanor<br>4. Traffic Misdemeanor |   | 5. Ordinance<br>6. Other           |   | If Weapon Seized<br>Enter Type <b>NONE</b>  |  | Multiple Clearance Indicator<br><b>01</b>       |   |                        |       |  |
|   | Location of Arrest (Including Name of Business)<br><b>1300 BLK ARAPAHO ST, JUPITER FL 33458</b> |   |  |   |                                    |   | Location of Offense (Business Name, Address)<br><b>1300 ARAPAHO ST, JUPITER, FL 33458</b> |  |   |   |                        |       |  |
| Date of Arrest<br><b>10/06/2018</b>   |   | Time of Arrest<br><b>03:46</b>            |  | Booking Date<br><b>10/06/2018</b>                           |                                    | Booking Time<br><b>03:56</b>  |   | Jail Date  |   | Jail Time   |                        |       |  |
| Name (Last, First, Middle)<br><b>HANDY, BENJAMIN DAVID</b>  |   |   |  |   |                                    |   |   |  |   | Alias (Name, DOB, Soc. Sec. #, Etc.)  |                        |       |  |
| Race<br>W - White<br>B - Black  |   | 1 - American Indian<br>O - Oriental/Asian |  | Sex<br><b>M</b>   | Date of Birth<br><b>05/25/1986</b> | Height<br><b>5'11</b>   | Weight<br><b>230</b>  | Eye Color<br><b>BROWN</b>  | Hair Color<br><b>BROWN</b>                      | Complexion<br><b>LIGHT</b>  | Build<br><b>Medium</b> |       |  |
| Local Address (Street, Apt. Number) (City) (State) (Zip)<br><b>1307 ARAPAHO ST, JUPITER, FL 33458</b>   |   |   |  |   |                                    | Phone<br><b>(561) 262-8161</b>  |   | Residence Type:<br>1. City 3. Florida<br>2. County 4. Out of State<br><b>1</b>                               |   | Indication of:<br>Alcohol Influence Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unk. <input type="checkbox"/><br>Drug Influence Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Unk. <input type="checkbox"/> |                        |       |  |
| Permanent Address (Street, Apt. Number) (City) (State) (Zip)<br><b>1307 ARAPAHO ST, JUPITER, FL 33458</b>   |   |   |  |   |                                    | Phone<br><b>(561) 262-8161</b>  |   | Address Source<br><b>DL</b>  |   | Occupation  |                        |       |  |
| D/L Number, State<br><b>H530064861850 / FL</b>  |   | Sec. Sec. Number                          |  | INS Number  |                                    | Place of Birth (City, State)<br><b>WINTER PARK, FL</b>  |   | Citizenship<br><b>US</b>   |   |   |                        |       |  |
| Co-Defendant Name (Last, First, Middle)   |   | Race                                      |  | Sex   |                                    | Date of Birth   |   | 1. Arrested <input type="checkbox"/> 3. Felony <input type="checkbox"/> 5. Juvenile <input type="checkbox"/> |   | 2. At Large <input type="checkbox"/> 4. Misdemeanor <input type="checkbox"/>  |                        |       |  |
| Co-Defendant Name (Last, First, Middle)   |   | Race                                      |  | Sex   |                                    | Date of Birth   |   | 1. Arrested <input type="checkbox"/> 3. Felony <input type="checkbox"/> 5. Juvenile <input type="checkbox"/> |   | 2. At Large <input type="checkbox"/> 4. Misdemeanor <input type="checkbox"/>  |                        |       |  |
| Parent <input type="checkbox"/> Other: _____<br>Legal Custodian <input type="checkbox"/>  |   |   |  |   |                                    |   |   |  |   | Residence Phone   |                        |       |  |
| Address (Street, Apt. Number) (City) (State) (Zip)  |   |   |  |   |                                    |   |   |  |   | Business Phone  |                        |       |  |
| Notified by: (Name)   |   | Date                                      |  | Time  |                                    | JUVENILE DISPOSITION<br>1. Handled/Processed within Department and Released<br>2. TOT JAC<br>3. Incarcerated  |   |  |   |   |                        |       |  |
| Released To: (Name)   |   | Relationship                              |  | Date  |                                    | Time  |   |  |   |   |                        |       |  |
| The above address was provided by <input type="checkbox"/> defendant and/or <input type="checkbox"/> defendant's parents.<br>The child and/or parent was told to keep the Juvenile Court Clerk's Office<br>(Phone 355-2526) informed of any change of address.  |   |   |  |   |                                    |   |   |  |   | School Attended   |                        | Grade |  |
| Property Crime? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No   |   | Description of Property                   |  |   |                                    |   |   | Value of Property  |   |   |                        |       |  |
| Drug Activity   |   | S. Sell<br>M. N/A<br>P. Possess           |  | R. Seizure<br>D. Deliver<br>T. Traffic<br>E. Use            |                                    | K. Dispense/<br>Distribute  |   | M. Manufacture/<br>Produce/<br>Cultivate   |   | Z. Other  |                        |       |  |
| Drug Type   |   | N. N/A<br>A. Amphetamine                  |  | B. Barbiturate<br>C. Cocaine<br>E. Heroin                   |                                    | H. Hallucinogen<br>M. Marijuana<br>O. Opium/Deriv.  |   | F. Paraphernalia/<br>Equipment<br>S. Synthetic   |   | U. Unknown<br>Z. Other  |                        |       |  |
| Charge Description<br><b>DUI - DRIVING WHILE UNDER INFLUENCE</b>  |   |   |  |   |                                    | Statute Violation Number<br><b>316.193(1)</b>   |   | Violation of ORD #   |   |   |                        |       |  |
| Drug Activity   |   | Drug Type<br><b>N</b>                     |  | Amount / Unit<br><b>/</b>                                   |                                    | Offense #   |   | Counts<br><b>1</b>   |   | Domestic Violence<br><input type="checkbox"/> Y <input checked="" type="checkbox"/> N   |                        |       |  |
| Charge Description  |   |   |  |   |                                    | Statute Violation Number  |   | Violation of ORD #   |   |   |                        |       |  |
| Drug Activity   |   | Drug Type                                 |  | Amount / Unit   |                                    | Offense #   |   | Counts   |   | Domestic Violence<br><input type="checkbox"/> Y <input type="checkbox"/> N  |                        |       |  |
| Charge Description  |   |   |  |   |                                    | Statute Violation Number  |   | Violation of ORD #   |   |   |                        |       |  |
| Drug Activity   |   | Drug Type                                 |  | Amount / Unit   |                                    | Offense #   |   | Counts   |   | Domestic Violence<br><input type="checkbox"/> Y <input type="checkbox"/> N  |                        |       |  |
| Health / Apparent Physical Condition of Defendant   |   |   |  |   |                                    | Any knowledge of the following: <input type="checkbox"/> Mental <input type="checkbox"/> Escape Risk <input type="checkbox"/> Medication <input type="checkbox"/> Deformities <input type="checkbox"/> Injuries |   |  |   |   |                        |       |  |
| Check which applies: <input type="checkbox"/> Released O.R. <input type="checkbox"/> Released to Parent/Guardian <input type="checkbox"/> T.O.T. County Jail  |   |   |  |   |                                    | PROPERTY - Received By  |   | Released By  |   | Released To   |                        |       |  |
| Transported By  |   |   |  |   |                                    | Date Transported  |   | Time Transported   |   | Other   |                        |       |  |
| INSTRUCTION NO. 1 - Mandatory appearance in court<br>INSTRUCTION NO. 2 - You need not appear in Court<br>but must comply with instructions on Page 2.   |   |   |  |   |                                    | Location (Court, Room)<br><b>North County PALM BEACH GARD</b>   |   | Court Date and Time<br><b>11/07/2018 08:30:00</b>  |   | No Photo Available  |                        |       |  |
| 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<br><b>10/6/18</b>   |                        |       |  |
| HOLD for Other Agency   |   |   |  | Signature of Arresting Officer                              |                                    |   |   | Name Verification (Printed by Arrestee)  |   |   |                        |       |  |
| <input type="checkbox"/> Dangerous <input type="checkbox"/> Resisted Arrest<br><input type="checkbox"/> Suicidal <input type="checkbox"/> Other   |   |   |  | Name of Arresting Officer (Print)<br><b>BORROWS, ANDREW</b> |                                    |   |   | (PRINT)<br><b>1138</b>   |   |   |                        |       |  |
| Intake Deputy   |   | I.D. #                                    |  | Pouch #<br><b>344</b>                                       |                                    | Transporting Officer<br><b>OFC A BORROWS</b>  |   | I.D. #<br><b>380</b>   |   | Agency<br><b>JPD</b>  |                        |       |  |
| Witness here if subject signed with an "X".   |   |   |  |   |                                    |   |   |  |   |   |                        |       |  |

7:18

2018 OCT 27 1 OF 1

PROBABLE CAUSE AFFIDAVIT

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

1

JUVENILE

|  |  |  |   |  |
|--|--|--|---|--|
| OBT# Number  | Agency ORI Number<br><b>FL 0501700</b> |  | Agency Name<br><b>JUPITER POLICE DEPARTMENT</b> | Agency Report Number<br><b>5   4   18-004922</b> |
| Charge Type:<br>Check as many as apply.<br><input type="checkbox"/> 1. Felony <input type="checkbox"/> 3. Misdemeanor <input type="checkbox"/> 5. Ordinance<br><input type="checkbox"/> 2. Traffic Felony <input checked="" type="checkbox"/> 4. Traffic Misdemeanor <input type="checkbox"/> 6. Other |  |  |   | Special Notes:                                   |

|  |       |                  |                 |                                    |
|--|-------|------------------|-----------------|------------------------------------|
| Name (Last, First, Middle)<br><b>HANDY, BENJAMIN DAVID</b> | Alias | Race<br><b>W</b> | Sex<br><b>M</b> | Date of Birth<br><b>05/25/1986</b> |
|--|-------|------------------|-----------------|------------------------------------|

|   |                    |
|---|--------------------|
| Charge Description<br><b>DUI 316.193(1)</b> | Charge Description |
| Charge Description                          | Charge Description |

|  |       |                |               |
|--|-------|----------------|---------------|
| Victim's Name (Last, First, Middle)<br><b>State Of Florida</b> | Race  | Sex            | Date of Birth |
| Local Address (Street, Apt. Number) (City) (State) (Zip)       | Phone | Address Source |               |
| Business Address (Name, Street) (City) (State) (Zip)           | Phone | 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 6 day of October, 2018 at 03:26 (Specifically include facts constituting cause for arrest.)

The following is an abbreviated version of events for the purposes of booking Benjamin Handy into the Palm Beach County Jail. A more complete accounting of events, particularly the roadside tasks, will follow.

On the above date at approximately 0326 hours I was on a routine traffic stop at approximately 0326 hours with my emergency lights activated in the area of the 1400 block of West Indiantown Road, in the Town of Jupiter, Palm Beach County, Florida.

I was in a left hand turn lane. A 2018 Mercedes bearing Florida license plate IJDR40 drove by me in the far left hand through lane without attempting to change lanes or slow down to 20 miles per hour below the posted 45 miles per hour speed limit. As I exited my vehicle, I saw the Mercedes run the left turn arrow red light at the intersection with Delaware Boulevard. Officer Imperiale, who was backing me up on the stop, pursued the vehicle and conducted a traffic stop of the vehicle as it pulled into a residential parking lot in the 1300 block of Arapaho Street. Benjamin Handy was identified to me as the driver. I arrived on scene a few moments later. Handy had glassy eyes and I could smell the strong odor of an unknown alcoholic beverage on his breath. Handy stated he'd consumed two beers since 10 pm and was at Blue Martini, a bar in West Palm Beach.

I asked Handy to complete SFSTs. Handy indicated his knees were bad and indicated seated roadides would be better for him. I retrieved a folding chair from my car and proceeded to conduct the seated battery of roadides. I conducted Horizontal Gaze Nystagmus first. I am a certified Drug Recognition Expert and conducted the exercise in a manner consistent with my training. I observed all six clues of Horizontal Gaze Nystagmus, including Lack of Smooth Pursuit, Distinct and Sustained Nystagmus at Maximum Deviation, and Onset Prior to 45 Degrees. During the remainder of the roadides, I observed several of the standardized clues of the battery of seated roadides.

|   |   |
|---|---|
| SWORN AND SUBSCRIBED BEFORE ME  | SIGNATURE OF ARRESTING / INVESTIGATING OFFICER<br><i>[Signature]</i>  |
| NOTARY PUBLIC / CLERK OF COURT / OFFICER (Notary Seal)<br><b>10/06/2018</b><br>DATE | <b>JAMES G. BIGGS</b><br>Commission # GG 165618<br>Expires December 5, 2021<br>Bonded Thru Troy Fain Insurance 800-365-7019 |
|   | <b>BORROWS, ANDREW (1138)</b><br>NAME OF OFFICER (PLEASE PRINT)<br><b>10/06/2018</b><br>DATE                                |

PROBABLE CAUSE AFFIDAVIT  
SUPPLEMENT

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

1

JUVENILE

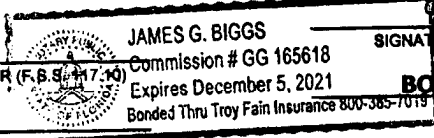

|                       |  |  |  |  |   |  |  |  |
|-----------------------|--|--|--|--|---|--|--|--|
| A<br>D<br>M<br>I<br>N | OBTs Number  |  | Agency ORI Number<br><b>FL 0501700</b> |  | Agency Name<br><b>JUPITER POLICE DEPARTMENT</b> |  | Agency Report Number<br><b>5   4   18-004922</b> |  |
|                       | Charge Type:<br>Check as many as apply.<br><input type="checkbox"/> 1. Felony <input type="checkbox"/> 3. Misdemeanor <input type="checkbox"/> 5. Ordinance<br><input type="checkbox"/> 2. Traffic Felony <input checked="" type="checkbox"/> 4. Traffic Misdemeanor <input type="checkbox"/> 6. Other |  |  |  |   |  | Special Notes:                                   |  |

|             |  |  |  |  |  |  |                  |  |                 |  |                                    |  |
|-------------|--|--|--|--|--|--|------------------|--|-----------------|--|------------------------------------|--|
| D<br>E<br>F | Name (Last, First, Middle)<br><b>HANDY, BENJAMIN DAVID</b> |  |  |  |  |  | Race<br><b>W</b> |  | Sex<br><b>M</b> |  | Date of Birth<br><b>05/25/1986</b> |  |
|             | Alias  |  |  |  |  |  |                  |  |                 |  |                                    |  |

Upon completion, I determined that I had probable cause to arrest Handy for DUI. I secured Handy in handcuffs which I checked for spacing and double locked. I transported Handy first to the Jupiter Police Department where he used the bathroom and then to the Palm Beach County Breath Alcohol Testing Facility. I conducted a 20 minute observation period. I then requested that Handy provide a sample of his breath. Handy asked several questions then refused to provide a sample of his breath, saying he would only take a urine or blood sample. I then read Handy his Miranda Rights from a prepared text. Handy answered all the questions I asked of him. I then secured Handy in a holding cell while I completed my paperwork. I then booked Handy into the Palm Beach County Jail where I charged him with DUI per FSS 316.193(1).

P  
R  
O  
B  
A  
B  
L  
E  
  
C  
A  
U  
S  
E  
  
S  
T  
A  
T  
E  
M  
E  
N  
T

NOT A CERTIFIED COPY

|  |  |  |  |  |  |  |   |  |  |  |  |  |
|--|--|--|--|--|--|--|---|--|--|--|--|--|
| A<br>D<br>M<br>I<br>N<br>I<br>S<br>T<br>R<br>A<br>T<br>I<br>V<br>E | SWORN AND SUBSCRIBED BEFORE ME                           |  |  |  |  |  |   |  |  |  |  |  |
|  | NOTARY PUBLIC / CLERK OF COURT / OFFICER (F.S. § 117.10) |  |  |  |  |  |    |  |  |  |  |  |
|  | <b>10/06/2018</b>  |  |  |  |  |  | <br>SIGNATURE OF ARRESTING / INVESTIGATING OFFICER<br><b>BORROWS, ANDREW (1138)</b><br>NAME OF OFFICER (PLEASE PRINT) |  |  |  |  |  |
|  | DATE   |  |  |  |  |  | DATE  |  |  |  |  |  |

# TESTING FACILITY TASK REPORT

AGENCY: JPD-BORROWS

SUBJECT: HANDY, BENJAMIN D

CASE NUMBER: 18-130014

DATE: Oct 6, 2018

VIDEO DVD NUMBER: N/A

BEGINNING TIME: 0441

ENDING TIME: 0456

BREATH TESTS RESULTS: 1) REF TIME 0449 A.M.  P.M.  2) XX TIME XX A.M.  P.M.   
3) XX TIME XX A.M.  P.M.  4) XX TIME XX A.M.  P.M.

BREATH OPERATOR: J Biggs# 7607

MAINTENANCE TECHNICAN: D/S J Karklecke #6467

## TESTING OFFICER'S OBSERVATIONS

SPEECH: SOMEWHAT SLURRED

ATTITUDE: COOPERATIVE

CLOTHING: BLACK SHIRT, BLUE JEANS

MEDICAL CONDITIONS: NONE/ON CAMERA BACK ISSUES, NECK ISSUES, KNEE ISSUES

MEDICATIONS: NONE/TESTERONE AND HCG

### OTHER:

EYES GLASSY, RED  
ODOR OF AN UNKNOWN ALCOHOLIC BEVERAGE ON SUBJECT

### COMMENTS:

ARRESTING OFFICER CONDUCTED THE 20 MINUTE OBSERVATION BEGINNING AT 0420  
SUBJECT REFUSED THE TEST INITIALLY, SAYING THE BREATH INSTRUMENT WASNT ACCURATE  
SUBJECT WAS READ IMPLIED CONSENT AND EXPLAINED SEVERAL TIMES  
SUBJECT ADVISED HE WOULD GIVE URINE AND BLOOD, BUT DID NOT WANT TO GIVE BREATH  
REFUSAL WAS CALLED  
MIRANDA WAS READ TO SUBJECT  
SUBJECT SUBMITTED TO QUESTIONS

# WITNESS LIST

CASE NUMBER: 18-004922

ARRESTING OFFICER: Ofc. A. Borrows 380 / 1138

ADDRESS: 210 Military Trail, Jupiter Fl 33458

PHONE NUMBERS (HOME): \_\_\_\_\_ (WORK) 561 746 6201

CAN TESTIFY TO: PC

NAME: Officer Nicholas Imperiale 382

ADDRESS: 210 Military Trail, Jupiter Fl 33458

PHONE NUMBERS (HOME) \_\_\_\_\_ (WORK) 561 746 6201

CAN TESTIFY TO: Scene, initial stop of vehicle

NAME: Officer Andreas Pantaloukas

ADDRESS 210 Military Trail, Jupiter Fl 33458

PHONE NUMBERS (HOME) \_\_\_\_\_ (WORK) 561 746 6201

CAN TESTIFY TO: Scene

NAME: \_\_\_\_\_

ADDRESS \_\_\_\_\_

PHONE NUMBERS (HOME) () (WORK) ()

CAN TESTIFY TO: \_\_\_\_\_

NAME: \_\_\_\_\_

ADDRESS \_\_\_\_\_

PHONE NUMBERS (HOME) \_\_\_\_\_ (WORK) \_\_\_\_\_

CAN TESTIFY TO: \_\_\_\_\_

NAME: \_\_\_\_\_

ADDRESS \_\_\_\_\_

PHONE NUMBERS (HOME) \_\_\_\_\_ (WORK) \_\_\_\_\_

CAN TESTIFY TO: \_\_\_\_\_

NAME: \_\_\_\_\_

ADDRESS \_\_\_\_\_

PHONE NUMBERS (HOME) \_\_\_\_\_ (WORK) \_\_\_\_\_

CAN TESTIFY TO: \_\_\_\_\_

NAME: \_\_\_\_\_

ADDRESS \_\_\_\_\_

PHONE NUMBERS (HOME) \_\_\_\_\_ (WORK) \_\_\_\_\_

CAN TESTIFY TO: \_\_\_\_\_

NAME: \_\_\_\_\_

ADDRESS \_\_\_\_\_

PHONE NUMBERS (HOME) \_\_\_\_\_ (WORK) \_\_\_\_\_

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

SUBJECT: Seamus H... CASE NUMBER: 12-007572

# 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 detecting the presence of chemical or controlled substances.

-OR-

I am now requesting that you submit to a lawful test of your BLOOD for the purpose of detecting its alcohol content and 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 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'S SIGNATURE: (X) [Signature]

## 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) [Signature]

SUBJECT: Benjamin Hobbs CASE NUMBER: 18-000000

# 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: \_\_\_\_\_

WHITE - STATE ATTY.    YELLOW - DHSMV    PINK - CENTRAL RECORDS    GOLD - JAIL



**Palm Beach County Sheriff's Office – Arrests Only**

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

**REVIEW COMPLETED BY**

|                            |                              |
|----------------------------|------------------------------|
| Booking Number: 2018033504 | Date: 10/07/2018             |
|                            | Specialist Name/ID: AM/31562 |