

0511349

3674

ARREST / NOTICE TO APPEAR  
Juvenile Referral Report

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

OBTS Number	Agency ORI Number <b>FLO 502600</b>		Agency Name <b>PALM BEACH GARDENS POLICE DEPARTMENT</b>		Agency Report Number (N.T.A.'s only) <b>78-19005753</b>	
Charge Type: Check as many as apply.	<input type="checkbox"/> 1. Felony	<input type="checkbox"/> 2. Traffic Felony	<input type="checkbox"/> 3. Misdemeanor	<input checked="" type="checkbox"/> 4. Traffic Misdemeanor	<input type="checkbox"/> 5. Ordinance	<input type="checkbox"/> 6. Other
Location of Arrest (Including Name of Business) <b>4445 PGA BLVD, PALM BEACH GARDENS, FL 33410</b>			Location of Offense (Business Name, Address) <b>N MILITARY TRAIL/BURNS ROAD, PALM BEACH GARDENS, FL 33410</b>			
Date of Arrest <b>09/28/2019</b>	Time of Arrest <b>19:45</b>	Booking Date	Booking Time	Jail Date	Jail Time	Location of Vehicle

Name (Last, First, Middle) <b>CUNNINGHAM, CAMERON, TOWNSEND</b>			Alias (Name, DOB, Soc. Sec. #, Etc.) <b>NONE</b>						
Race W - White I - American Indian B - Black O - Oriental/Asian	Sex <b>M</b>	Date of Birth <b>12/26/1991</b>	Height <b>511</b>	Weight <b>135</b>	Eye Color <b>BLUE</b>	Hair Color <b>BROWN</b>	Complexion <b>LGT</b>	Build <b>SMALL</b>	
Scars, Marks, Tattoos, Unique Physical Features (Location, Type, Description) <b>NONE</b>			Marital Status <b>MARRIED</b>	Religion <b>CHRISTIAN</b>	Indication of Alcohol Influence Drug Influence <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> Unk.			Residence Type: 1. City 2. County 3. Florida 4. Out of State <b>3</b>	
Local Address (Street, Apt. Number) (City) (State) (Zip) <b>144 SW THORNHILL DRIVE, PORT ST LUCIE, FL 34984</b>			Phone <b>(561) 308-4093</b>			Address Source <b>SELF</b>			
Permanent Address (Street, Apt. Number) (City) (State) (Zip) <b>144 SW THORNHILL DRIVE, PORT ST LUCIE, FL 34984</b>			Business Address (Name, Street) (City) (State) (Zip) <b>WINFREE CONSTRUCTION, JUPITER, FL</b>			Occupation <b>SUPERINTENDENT</b>			
D/L Number, State <b>C552118914660 FL</b>	Soc. Sec. Number	INS Number	Place of Birth (City, State) <b>WEST PALM BEACH, FL</b>		Citizenship <b>USA</b>				

Co-Defendant Name (Last, First, Middle)	Race	Sex	Date of Birth	<input type="checkbox"/> 1. Arrested <input type="checkbox"/> 2. At Large	<input type="checkbox"/> 3. Felony <input type="checkbox"/> 4. Misdemeanor <input type="checkbox"/> 5. Juvenile
Co-Defendant Name (Last, First, Middle)	Race	Sex	Date of Birth	<input type="checkbox"/> 1. Arrested <input type="checkbox"/> 2. At Large	<input type="checkbox"/> 3. Felony <input type="checkbox"/> 4. Misdemeanor <input type="checkbox"/> 5. Juvenile
<input type="checkbox"/> Parent <input type="checkbox"/> Legal Custodian <input type="checkbox"/> 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
The above address provided by <input type="checkbox"/> defendant and / or <input type="checkbox"/> defendant's parents. The child and / or parent was told to keep the Juvenile Court Clerk (Phone 355-2526) informed of any change of address. <input type="checkbox"/> Yes, by (Name) <input type="checkbox"/> No. (Reason)			School Attended
Property Crime? <input type="checkbox"/> Yes <input type="checkbox"/> No	Description of Property	Value of Property	

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/Denv.	P. Paraphernalia/ Equipment S. Synthetics	U. Unknown Z. Other
Charge Description <b>DRIVING UNDER THE INFLUENCE</b>		Counts <b>1</b>	Domestic Violence <input type="checkbox"/> Y <input type="checkbox"/> N	Statute Violation Number <b>316.193(1)</b>		Violation of ORD #		Warrant / Capias Number		
Drug Activity <b>N</b>	Drug Type <b>N</b>	Amount / Unit <b>N/A</b>	Offense #	Warrant / Capias Number		Bond		OR		
Charge Description		Counts	Domestic Violence <input type="checkbox"/> Y <input type="checkbox"/> N	Statute Violation Number		Violation of ORD #		Warrant / Capias Number		
Drug Activity	Drug Type	Amount / Unit	Offense #	Warrant / Capias Number		Bond		Received WB		
Charge Description		Counts	Domestic Violence <input type="checkbox"/> Y <input type="checkbox"/> N	Statute Violation Number		Violation of ORD #		OCT 01 2019		
Drug Activity	Drug Type	Amount / Unit	Offense #	Warrant / Capias Number		Bond				

Location (Court Room Number, Address) <b>NORTH COUNTY COURTHOUSE, 3188 PGA BOULEVARD, PALM BEACH GARDENS, FL 33410 - PH: (561) 662-6700</b>					
Court Date and Time		Month <b>OCTOBER</b> Day <b>30</b> Year <b>2019</b>		Time <b>10:00</b> AM <input checked="" type="checkbox"/> PM	
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 <b>09/28/2019</b>	

HOLD for other Agency Name:	Signature of Arresting Officer <b>[Signature]</b>	Name Verification (Printed by Arrestee) <b>FILED</b>
<input type="checkbox"/> Dangerous <input type="checkbox"/> Suicidal	<input type="checkbox"/> Resisted Arrest <input type="checkbox"/> Other:	(PRINT) <b>SEP 29 2019</b>
Incident Report # <b>D/S. C. GILYARD #7392</b>	Transporting Officer ID # <b>Ofc. Cameron Carver #471</b>	Agency <b>PBGPD</b>
Witness here if subject signed with an "X"		PAGE <b>1</b> OF <b>1</b>

DISTRIBUTION: WHITE - COURT COPY GREEN - STATE ATTORNEY YELLOW - AGENCY PINK - AGENCY SHARON R. BOCK Clerk & Comptroller

2019CT018196

# D.U.I. PROBABLE CAUSE AFFIDAVIT

ON THE 28 DAY OF SEPTEMBER 20 19 AT 19:20 AM  PM

SUBJECT: CUNNINGHAM, CAMERON, TOWNSEND CASE NUMBER: 19005753

AGENCY: PALM BEACH GARDENS POLICE DEPT. ARRESTING OFFICER: Ofc. Cameron Carver #471

## PERSONAL CONTACT

DRIVING PATTERN: ACTUAL PHYSICAL CONTROL (PHYSICAL EVIDENCE OR STATEMENTS PUTTING DEF. BEHIND WHEEL OF VEHICLE)

+PC for Stop: Observed a Silver Chevrolet Silverado bearing Florida TAG 4983YK traveling westbound on Burns Road and failed to come to a stop before making a right turn on red in front of oncoming traffic.  
+Manner of Stop: Got behind the Chevrolet to initiate a traffic stop at N. Military Trail and PGA Boulevard, with the vehicle pulling into the Shell Gas Station 4445 PGA Boulevard, Palm Beach Gardens, FL 33410 and parking in a parking space.  
+APC: Identified the driver as Cameron Townsend Cunningham via his Florida Driver's License.

## OBSERVATION OF DRIVER:

+Appearance of Vehicle: Items all over the vehicle, no alcohol or drug paraphernalia located.  
+Appearance of Driver: Slow, Swaying, Repetitive, Nervous  
+Face/Eyes: Red Face; Glassy, Watery, Bloodshot  
+Clothing Condition: Clean  
+Exit Sequence: Stumbled/Shuffled feet as he exited vehicle.

## DRIVER'S STATEMENTS:

+In Car: Visibly shaking, made statements he could not find his paperwork due to having a lot of papers in the vehicle.  
+Roadsides: Stated he was drinking beer earlier in the day. Drank one just before leaving his cousins residence, prior to that was at Snuggery where he had two beers.  
+BAT: Refused breath, implied consent given, refused again. Stated he picked up his cousin and his cousin's girlfriend and were driving around deciding where to go eat.

## ODORS:

Odor of unknown alcoholic beverage.

## GENERAL OBSERVATIONS

SPEECH: Slurred, Soft-spoken/quiet

ATTITUDE: Calm, Cooperative

CLOTHING: Blue Shirt, Blue Jeans, Blue/White Shoes

MEDICAL/OTHER: In Vehicle: None  
Roadsides: None  
BAT: None

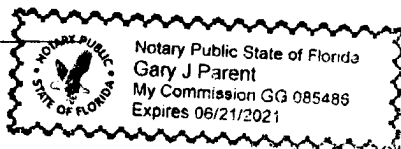
STATE OF FLORIDA  
COUNTY OF PALM BEACH

(Signature of Arresting/Investigative Officer)

The foregoing instrument was sworn to or affirmed and subscribed before me this 28 day of SEPTEMBER 20 2019 by Ofc. Cameron Carver

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

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



SUBJECT: CUNNINGHAM, CAMERON, TOWNSEND CASE NUMBER 19005753

**ROADSIDE TASKS**

**HORIZONTAL GAZE NYSTAGMUS:**

- |   |   |
|---|---|
| <input checked="" type="checkbox"/> LT EYE-LACK OF SMOOTH PURSUIT                           | <input checked="" type="checkbox"/> RT EYE-LACK OF SMOOTH PURSUIT                           |
| <input checked="" type="checkbox"/> LT EYE-DISTINCT & SUSTAINED NYSTAGMUS AT MAX. DEVIATION | <input checked="" type="checkbox"/> RT EYE-DISTINCT & SUSTAINED NYSTAGMUS AT MAX. DEVIATION |
| <input checked="" type="checkbox"/> LT- EYE-ONSET OF NYSTAGMUS PRIOR TO 45 DEGREES          | <input checked="" type="checkbox"/> RT- EYE-ONSET OF NYSTAGMUS PRIOR TO 45 DEGREES          |

**Other Observations:**

Condition of Eyes: **Glassy, Watery, Bloodshot**  
Observations: **Vertical Gaze Nystagmus was not present. Visible sway.**

**WALK & TURN:**

\*Lost Balance  
\*Missed Heel to Toe  
\*Stopped While Performing Task  
\*Improper Turn  
Other Observations: **Looked ahead of feet, not at feet as instructed. On return, stopped at #3 instead of completing the 9 steps--had to be prompted to continue.**

**ONE LEG STAND:**

\*Put Foot Down  
\*Used Arms for Balance  
\*Swayed  
Other Observations: **Did not look at foot/looked ahead; Did not keep foot elevated near six-inches; Swayed visibly during exercise.**

**ROMBERG ALPHABET:**

Other Observations: **Eye flutters.**

**FINGER TO NOSE:**

\*Missed Finger to Nose

**BREATH TEST RESULTS:    REFUSED            REFUSED**

STATE OF FLORIDA  
COUNTY OF PALM BEACH

(Signature of Arresting/Investigative Officer) \_\_\_\_\_  
The foregoing instrument was sworn to or affirmed and subscribed before me this 28 day of SEPTEMBER 202019 by Ofc. Cameron Carver

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

# WARNING CITATION

YOU ARE HEREBY OFFICIALLY WARNED OF THE BELOW DESCRIBED VIOLATION.  
YOUR ONLY REQUIRED ACTION IS TO EXERCISE SAFER DRIVING HABITS IN THE FUTURE.

## PALM BEACH GARDENS POLICE DEPARTMENT

COUNTRY OF <b>PALM BEACH 06</b>		<b>W076481</b>		
CITY OF APPLICABLE <b>PALM BEACH GARDENS</b>				
DAY OF WEEK <b>SATURDAY</b>	MONTH <b>09</b>	DAY <b>28</b>	YEAR <b>2019</b>	07:26 <input type="checkbox"/> A.M. <input checked="" type="checkbox"/> P.M.
NAME (FIRST) <b>CAMERON</b>	MIDDLE <b>TOWNSEND</b>	LAST <b>CUNNINGHAM</b>		
STREET <b>144 SW THORNHILL DR</b>				
CITY <b>PORT SAINT LUCIE</b>		STATE <b>FL</b>	ZIP CODE <b>34984</b>	
TELEPHONE NUMBER <b>(561)308-4093</b>	DATE OF BIRTH MO <b>12</b> DAY <b>26</b> YR <b>1991</b>	RACE <b>W</b>	SEX <b>M</b>	HT <b>511</b>
DRIVER LICENSE NUMBER <b>C 5 5 2 1 1 8 9 1 4 6 6 0</b>	STATE <b>FL</b>	CLASS <b>E</b>	COL LICENSE <b>Q</b>	YR LICENSE EXP. <b>2021</b>
YR VEHICLE <b>2016</b>	MAKE <b>CHEV</b>	STYLE <b>TK</b>	COLOR <b>SIL</b>	<input type="checkbox"/> PLACARDED HAZARDOUS MATERIAL "X" HERE
VEHICLE LICENSE NO. <b>4983YK</b>	TRAILER TAG NO.	STATE <b>FL</b>	YEAR TAG EXPIRES <b>2019</b>	<input type="checkbox"/> COMPANION CITATIONS "X" HERE
UPON A PUBLIC STREET OR HIGHWAY, OR OTHER LOCATION, NAMELY <b>N MILITARY TRL/BURNS RD, PALM BEACH GARDENS</b>				

### VIOLATIONS

- |  |   |  |
|--|---|--|
| <input type="checkbox"/> UNLAWFUL SPEED _____ MPH SPEED APPLICABLE _____ MPH | <input type="checkbox"/> SAFETY BELT VIOLATION        | <input type="checkbox"/> NO PROOF OF INSURANCE     |
| <input type="checkbox"/> CARELESS DRIVING                                    | <input type="checkbox"/> IMPROPER OR UNSAFE EQUIPMENT | <input type="checkbox"/> EXPIRED DRIVER LICENSE    |
| <input type="checkbox"/> VIOLATION OF TRAFFIC CONTROL DEVICE                 | <input type="checkbox"/> EXPIRED TAG                  | <input type="checkbox"/> FOUR (4) MONTHS OR LESS   |
| <input type="checkbox"/> VIOLATION OF RIGHT-OF-WAY                           | <input type="checkbox"/> SIX (6) MONTHS OR LESS       | <input type="checkbox"/> MORE THAN FOUR (4) MONTHS |
| <input type="checkbox"/> IMPROPER CHANGE OF LANE OR COURSE                   | <input type="checkbox"/> MORE THAN SIX (6) MONTHS     | <input type="checkbox"/> NO VALID DRIVER LICENSE   |
| <input type="checkbox"/> IMPROPER PASSING                                    | <input type="checkbox"/> IMPROPER OR NO SIGNAL        | <input type="checkbox"/> PEDESTRIAN VIOLATION      |
| <input type="checkbox"/> CHILD RESTRAINT                                     | <input type="checkbox"/> IMPROPER TURN                | <input type="checkbox"/> DRIVING TOO SLOWLY        |
| <input type="checkbox"/> IMPROPER PARKING                                    | <input type="checkbox"/> DRIVING WITHOUT LIGHTS       | <input type="checkbox"/> OPEN CONTAINER            |
| <input type="checkbox"/> BICYCLE VIOLATION                                   |   |  |

OTHER: **TCD - RED LIGHT (RIGHT TURN) - RIGHT ON RED/FAIL TO**

COMMENTS PERTAINING TO VIOLATION:

SIGNATURE OF VIOLATOR: *[Signature]*  
 SIGNATURE OF OFFICER: *[Signature]* **477**  
 RANK: \_\_\_\_\_ BADGE NO. \_\_\_\_\_ ID NO. \_\_\_\_\_ TROOP UNIT \_\_\_\_\_

# WARNING CITATION

Case # 19005737

NOT A CERTIFIED COPY

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

I, Ofc. Cameron Carver, a duly certified Law Enforcement Officer or Correctional Officer,
(Name of Officer reading Implied Consent Warning)

am a member of Palm Beach Gardens Police Department, and I do swear
(Name of law enforcement agency)

or affirm that on or about the 28 day of SEPTEMBER, 20 19, at 19:45 P.M. A.M.

DRIVER CAMERON TOWNSEND CUNNINGHAM
(Type or Print) FIRST NAME MIDDLE OR MAIDEN NAME LAST NAME

DL# C552118914660, state of FL, was placed under lawful arrest for
the offense of DRIVING UNDER THE INFLUENCE by Ofc. Cameron Carver and
issued Citation # A56H3YE
(Name of Arresting Officer)

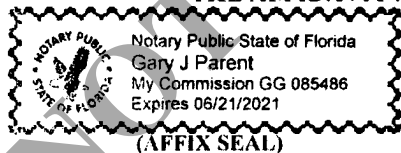
That on or about the 28 day of SEPTEMBER, 20 19, at 20:34 P.M. A.M.

in PALM BEACH County.

I requested that the driver submit to a X 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.

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 this 28 day of SEPTEMBER, 20 2019,
by Ofc. Cameron Carver

who is personally known to me or who has produced
Personally Known as identification

Notary Public

The foregoing instrument was sworn and subscribed before me:

Signature of Attesting Officer

Title

Date

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.



**PALM BEACH COUNTY SHERIFF'S OFFICE  
DUI TESTING FACILITY  
INFORMATION SHEET**

PBSO CASE # 19-120418 PBSO ZONE 3-13

AGENCY CASE # 19005753 CRASH CASE # \_\_\_\_\_

TIME OF STOP/CRASH 19:20 DATE 09/28/2019 DAY SATURDAY

SUBJECT'S NAME CUNNINGHAM CAMERON TOWNSEND RACE W SEX M  
LAST FIRST MID

HGT 511 WGT 135 DOB 12/26/1991

LOCATION 4445 PGA BLVD, PALM BEACH GARDENS, FL 33410

ARRESTING OFFICER'S NAME & ID Ofc. Cameron Carver #471 AGENCY PBGPD

DIVISION: Traffic Unit

NOTIFIED BY COMMO Yes

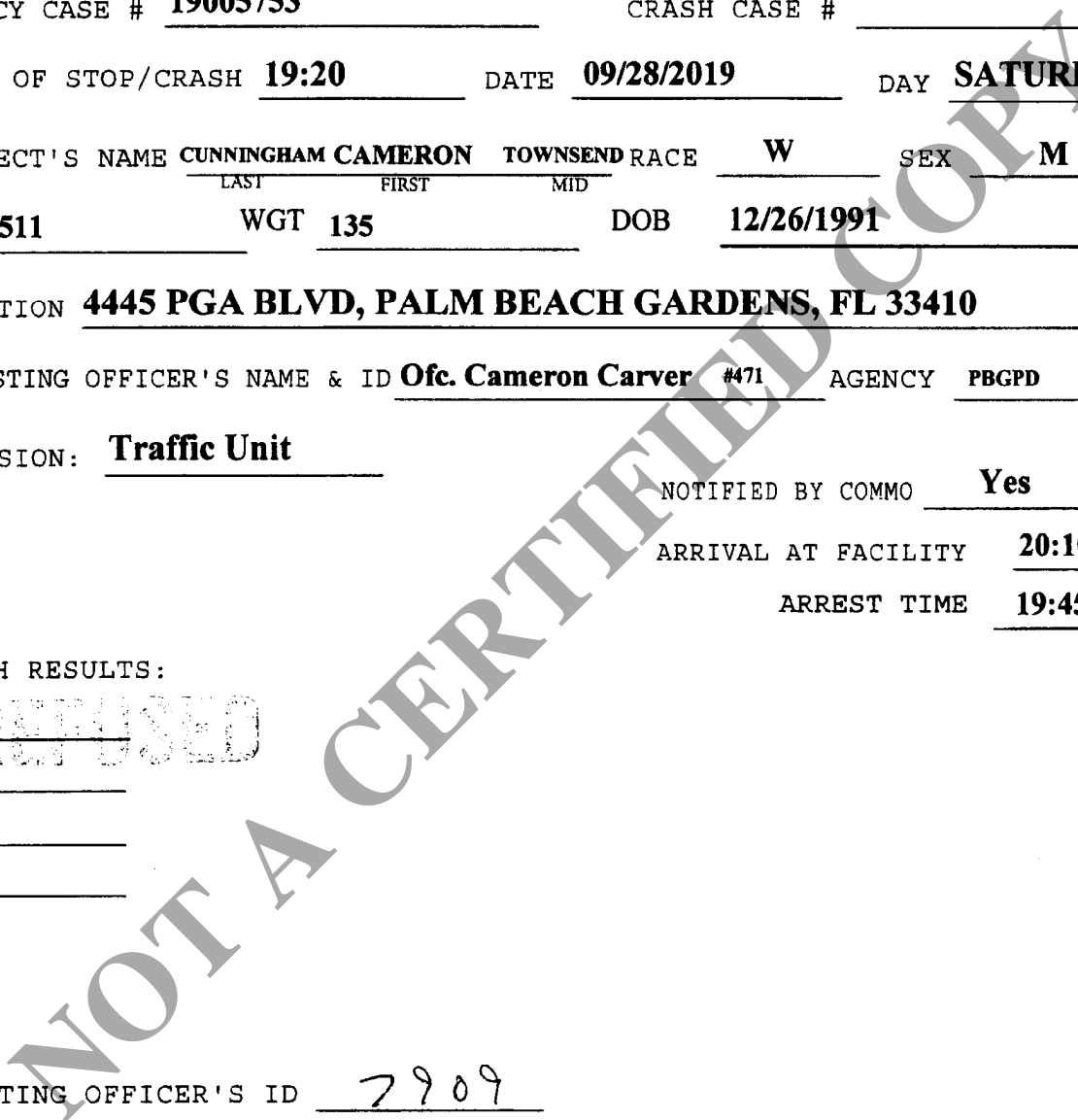
ARRIVAL AT FACILITY 20:10

ARREST TIME 19:45

BREATH RESULTS:

REFUSED  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

TESTING OFFICER'S ID 7909



# TESTING FACILITY TASK REPORT

AGENCY: PBG 19005734

SUBJECT: CUNNINGHAM, CAMERON T. CASE NUMBER: 19-120418

DATE: 09/28/19 VIDEO TAPE NUMBER: N/A

BEGINNING TIME: 2032 ENDING TIME: 2037

BREATH TESTS RESULTS: 1) R TIME 2034 A.M./P.M. (P.M.) 2) N/A TIME — A.M./P.M.  
3) N/A TIME — A.M./P.M. 4) N/A TIME — A.M./P.M.

BREATH OPERATOR: G. PARENT #2907

MAINTENANCE TECHNICIAN: KARLECKE #6467

## TESTING OFFICER'S OBSERVATIONS

SPEECH: RAPID

ATTITUDE: CALM, QUIET, POLITE, CO OPERATIVE

CLOTHING: BLUE JEANS, BLUE POLO SHIRT, BROWN SNEAKERS

MEDICAL CONDITIONS: NONE

MEDICATIONS: NONE

OTHER: EYES GLASSY,

Δ ADMITTED TO DRINKING 2 BEERS (Q+A)

COMMENTS: ARRIVED AT CENTER A/O BEGAN THE 20 MINUTE OBSERVATION PERIOD AT 2010 HRS.

Δ STATED HE WOULD NOT TAKE TEST

A/O READ I/C

Δ STATED HE UNDERSTOOD I/C

A/O READ RIGHTS

Δ STATED HE UNDERSTOOD RIGHTS

A/O CONDUCTED Q+A

Δ ANSWERED QUESTIONS

# WITNESS LIST

CASE NUMBER: 19005753

ARRESTING OFFICER: Ofc. Cameron Carver

ADDRESS: 10500 N. Military Trail, Palm Beach Gardens, FL 33410

PHONE NUMBERS (HOME): N/A (WORK) (561) 799-4445

CAN TESTIFY TO: Facts of Case

NAME: Ofc. Anthony Luciano #478

ADDRESS: 10500 N. Military Trail, Palm Beach Gardens, FL 33410

PHONE NUMBERS (HOME): N/A (WORK) (561) 799-4445

CAN TESTIFY TO: Scene Safety

NAME: Krystal Cabrera #486

ADDRESS: 10500 N. Military Trail, Palm Beach Gardens, FL 33410

PHONE NUMBERS (HOME): N/A (WORK) (561) 799-4445

CAN TESTIFY TO: Scene Safety

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 \_\_\_\_\_

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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

SUBJECT: CUNNINGHAM, Cameron J. CASE NUMBER: 19005737

### 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? No where for work

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? 2 + 1 WHERE? at home 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? NO WHAT? \_\_\_\_\_

ARE YOU SICK OR INJURED? NO WHAT'S WRONG? \_\_\_\_\_

DO YOU LIMP? NO DID YOU RECEIVE A BUMP ON THE HEAD RECENTLY? NO

WERE YOU IN AN ACCIDENT TODAY? NO

HAVE YOU TAKEN ANY DRUGS OR SMOKED ANY MARIJUANA TODAY? NO WHEN? \_\_\_\_\_

HAVE YOU SEEN A DOCTOR OR DENTIST TODAY? NO WHO? \_\_\_\_\_ WHY? \_\_\_\_\_

ARE YOU TAKING ANY PRESCRIPTION MEDICINES? NO 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? NO

DO YOU TAKE INSULIN? NO IF SO, WHEN WAS YOUR LAST INJECTION? \_\_\_\_\_

HAVE YOU EVER HAD A DRIVER'S LICENSE IN ANY OTHER STATE? NO WHERE? \_\_\_\_\_

INTERVIEWER: \_\_\_\_\_

SUBJECT: CUNNINGHAM, CAMERON T. CASE NUMBER: 19005737

## 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) READ ON CAMERA

## 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) READ ON CAMERA



**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	<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"/>			
	<input type="checkbox"/>			
Other	<input type="checkbox"/>		Other:	
	<input type="checkbox"/>		Other:	

**REVIEW COMPLETED BY**

<b>Booking Number:</b> 2019031716	<b>Date:</b> 09/29/2019
	<b>Specialist Name/ID:</b> AM/31562