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3000

OBTS Number		ARREST / NOTICE TO APPEAR Juvenile Referral Report			1. Arrest 2. N.T.A.		3. Request for Warrant 4. Request for Capias		1		Juvenile N		
Agency ORI Number FLO 50000		Agency Name PALM BEACH COUNTY SHERIFF'S OFFICE			Agency Report Number (N.T.A.'s only) 06-18-107991								
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		Weapon Seized / Type 2. No N/A		Multiple Clearance Indicator 04			
Location of Arrest (Including Name of Business) OKEECHOBEE BLVD / BAYWINDS BLVD PBC						Location of Offense (Business Name, Address) OKEECHOBEE BLVD / BAYWINDS BLVD PBC							
Date of Arrest 8/11/2018		Time of Arrest 2043		Booking Date		Booking Time		Jail Date		Jail Time		Location of Vehicle TOWED BY WPBP	
Name (Last, First, Middle) LACNY, CARL, TIMOTHY						Alias (Name, DOB, Soc. Sec. #, Etc.)							
Race W - White 1 - American Indian B - Black 0 - Oriental/Asian W		Sex M		Date of Birth 1/12/1987		Height 5'10		Weight 175		Eye Color BROWN		Hair Color BROWN	
Complexion LIGHT		Build MED		Scars, Marks, Tattoos, Unique Physical Features (Location, Type, Description) N/A		Marital Status N/A		Religion NONE		Indication of: Alcohol Influence Drug Influence Y <input checked="" type="checkbox"/> N <input type="checkbox"/> Unk <input type="checkbox"/>			
Local Address (Street, Apt. Number) 910 FOREST GLEN LANE, WELLINGTON, FL, 33414				City Wellington		State FL		Zip 33414		Phone (561) 889-5200		Residence Type: 1. City 2. County 3. Florida 4. Out of State 2	
Permanent Address (Street, Apt. Number) 910 FOREST GLEN LANE, WELLINGTON, FL, 33414				City Wellington		State FL		Zip 33414		Phone (561) 889-5200		Address Source VERBAL	
Business Address (Name, Street)				City		State		Zip		Phone		Occupation NURSE	
D/L Number, State L250-138-87-012-0, FL				Soc. Sec. Number		INS Number		Place of Birth (City, State) WPB, FL		Citizenship US			
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		Time					
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		Grade					
Property of mine? <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/Deriv.	
												P. Paraphernalia/ Equipment S. Synthetics	
												U. Unknown Z. Other	
Charge Description DUI CRASH W/ PROPERTY DAMAGE		Counts 4		Domestic Violence <input type="checkbox"/> Y <input checked="" type="checkbox"/> N		Statute Violation Number 316.193(3)(C)(1)		Violation of ORD #					
Drug Activity N		Drug Type N		Amount / Unit \$5500		Offense # 18-107991		Warrant / Capias Number		Bond			
Charge Description		Counts		Domestic Violence <input type="checkbox"/> Y <input type="checkbox"/> N		Statute Violation Number		Violation of ORD #					
Drug Activity		Drug Type		Amount / Unit		Offense #		Warrant / Capias Number		Bond			
Charge Description		Counts		Domestic Violence <input type="checkbox"/> Y <input type="checkbox"/> N		Statute Violation Number		Violation of ORD #					
Drug Activity		Drug Type		Amount / Unit		Offense #		Warrant / Capias Number		Bond			
Charge Description		Counts		Domestic Violence <input type="checkbox"/> Y <input type="checkbox"/> N		Statute Violation Number		Violation of ORD #					
Drug Activity		Drug Type		Amount / Unit		Offense #		Warrant / Capias Number		Bond			
Location (Court, Room Number, Address) NORTH COUNTY COURTHOUSE / 3188 PGA BLVD, PALM BEACH GARDENS, FL 33418													
Court Date and Time Month SEPTEMBER Day 5TH Year 2018 Time 0830 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 AUG 12 2018							
HOLD for other Agency Name:		Signature of Arresting Officer [Signature]				Name Verification (Printed by Arrestee) CIRCUIT & COUNTY COURTS (CRIMINAL DIV.)							
<input type="checkbox"/> Dangerous <input type="checkbox"/> Suicidal		<input type="checkbox"/> Resisted Arrest <input type="checkbox"/> Other:		Name of Arresting Officer (Print) D/S P SCARFOZZI #21289		I.D. # 21289		(PRINT)		PAGE 1		OF 1	
Miles Popped 70		Pouch #		Transporting Officer SAME		ID #		Agency PBSO		Witness here if subject signed with an -X"			

2018CT14400

PROBABLE CAUSE AFFIDAVIT

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

1 Juvenile N

ADMIN	OBTS Number	Agency ORI Number FLO 500000		Agency Name PALM BEACH COUNTY SHERIFF'S OFFICE	Agency Report Number 06- 18-107991
	Charge Type: Check as many as apply.	<input type="checkbox"/> 1. Felony	<input type="checkbox"/> 3. Misdemeanor	<input type="checkbox"/> 5. Ordinance	Special Notes:

DEF	Name (Last, First, Middle) LACNY, CARL, TIMOTHY	Alias	Race W	Sex M	Date of Birth 1/12/1987
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CHARGES	Charge Description DUI CRASH W/ PROPERTY DAMAGE 316.193(3)(C)(1)	Charge Description
	Charge Description	Charge Description

VICTIM	Victim's Name (Last, First, Middle)	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 11TH day of AUGUST 2018 at 1956 A.M. P.M. (Specifically include facts constituting cause for arrest.)

Based on the totality of the circumstances Lacny was placed under arrest for operating a motor vehicle while under the influence of alcohol and or a controlled substance causing or contributing to property damage or personal injury. He was placed in PBSO issued handcuffs which were checked for proper fit and double locked. He was then seat belted in the rear of my patrol vehicle and transported to the Palm Beach County Sheriff's office breath alcohol testing facility located at the main detention center. After arrival at the BAT facility he was observed for a period of twenty minutes during which time he did not take anything by mouth or regurgitate. He was then brought into the breath testing room where I requested a sample of his breath for the purpose of determining it alcohol content. He agreed to do so and provided two proper breath samples the first of which being a .185 and the second of which being a .188.

He was then advised of his Miranda warnings again after which he advised he understood however he did not want to participate in the DUI questionnaire.

He was booked into the main jail without incident.

ADMINISTRATIVE	STATE OF FLORIDA COUNTY OF PALM BEACH D/S SCARTOZZI 21289 (Signature of Arresting/Investigative Officer)
	The foregoing instrument was sworn to or affirmed and subscribed before me this <u>11TH</u> day of <u>AUGUST</u> 20 <u>18</u> by <u>D/S P SCARTOZZI #21289</u> KNOWN
	(Print name of Arresting/Investigative Officer), who is personally known to me and/or produced identification. Type of identification produced _____

Notary Public, Clerk of Court, Officer (F.S.S. 111.01)

Notary Public State of Florida
Gamante Palmer
Notary Commission # **00238762** ATTORNEY
Expires 10/28/2022

PAGE 1 OF 1

BSO #0004 REV. 04/01 DISTRIBUTION: YELLOW - AGENCY PINK - AGENCY

D.U.I. PROBABLE CAUSE AFFIDAVIT

ON THE 11TH DAY OF AUGUST 20 18, AT 1956 AM PM

SUBJECT: LACNY, CARL, TIMOTHY CASE NUMBER: 18-107991

AGENCY: PALM BEACH COUNTY SHERIFF'S OFFICE ARRESTING OFFICER: D/S SCARTOZZI 21289

PERSONAL CONTACT

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

On 8/11/2018 at approximately 1956 hours I was dispatched to backup a Deputy who was on the scene of a motor vehicle accident in the area of Okeechobee Blvd and Baywinds Drive, West Palm Beach, FL, 33411 in the City of West Palm Beach. Prior to my arrival I heard over the radio that it was a single vehicle accident and there were power lines down in the roadway. Upon my arrival I noticed that all westbound and all eastbound lanes of Okeechobee Blvd at BayWinds drive were shut down due to the fact that there was a power lines lying across all travel lanes. I went up and spoke with a West Palm Beach Officer who was directing traffic and he informed me that the occupants of the vehicle were standing on the sidewalk by the damaged vehicle. I observed the crash scene and based on the evidence on the scene I determined that the vehicle in question was traveling westbound on Okeechobee Blvd approaching Baywinds drive and for an unknown reason the vehicle left the roadway striking a curb on the northern side of Okeechobee Blvd. After striking the curb the vehicle then struck two more street signs knocking them down and then struck a wooden FPL telephone pole. The vehicle then came to final rest in the ditch on the northern side of Okeechobee Blvd. No air bags were deployed in this crash and no injuries were noticed or reported while on scene. The crash was documented under PBSO case number 18-107990. While on scene I was approached by a Fire Fighter who advised me that both occupants of the vehicle had been drinking and he advised me that the male had been driving. I noticed a white male wearing a blue shirt and white shorts standing on the sidewalk by his vehicle. I approached this male to ask what happened, immediately upon making contact with the male I noticed the strong odor of an unknown alcoholic beverage emitting from his breath area, his eyes were blood shot and glassy and his speech was slightly slurred. Seeing signs of impairment I then began to search the scene to see if there were any witnesses that could advise who was driving the vehicle. I was able to locate a white male by the name of Anthony Valdes who advised me that he witnessed the crash and he saw who was driving the vehicle.

OBSERVATION OF DRIVER:

Valdes would later provide a sworn witness statement. Valdes verbally informed me that he saw the white male wearing the blue shirt in the drivers seat, in actual physical control of the motor vehicle on a public roadway in the State of Florida. The driver (Carl Lacny) was the registered owner of the vehicle in the ditch. After receiving the statement from the witness I then informed the West Palm Beach Police that I would be taking over the crash and DUI investigation. I repositioned my patrol vehicle and activated my dash camera and body worn microphone. I then approached Lacny and brought him over to the front of my patrol car, I chose a smooth level portion of the as fault roadway free of obstructions and debris in order to perform roadside tasks. I then asked Lacny to stand with his heels and toes together with his arms down at his sides and remain in this position. While standing here he would sway in a side to side back to front manner more than two inches. He would step out of this stance and had to be reminded how to properly stand for the instructional phase. After interviewing him about the details of the crash I informed him that I noticed signs of impairment in him and I was now going to be conducting a criminal DUI investigation. I read him his Miranda warnings from a pre printed card after which he advised he understood them. I then asked him if he had anything to drink tonight and as he stated during the crash investigation he advised that he had one drink at downtown Clematis street. I asked him if he had any medical problems and he advised no, I asked him if he had a speech impediment and he advised no, I asked him if he was diabetic and he advised no, I asked him if he had any problems with his eyes and he advised no, I asked him if he had any medical condition which would cause his breath to emit the odor of an unknown alcoholic beverage and he advised no. I then moved to the Horizontal and vertical pen light task. He was asked to stand with his heels and toes together with his arms down at his sides. While standing here he would sway in a side to side back to front manner more than 2 inches.

DRIVER'S STATEMENTS:

He was then asked if he could identify the color of the stimulus I placed in front of his eyes. He advised "red" which was correct. He was then asked to touch the tip of the stylus with his right index finger to properly identify the point to be tracked. He was reminded to track the pen with his eyes only. He failed to keep his head still while tracking the stimulus. During the Horizontal pen light task the drivers eyes displayed equal pupil size and equal tracking. The driver's eyes displayed lack of smooth pursuit, distinct and sustained Nystagmus at maximum deviation and distinct and sustained Nystagmus prior to 45 degrees. During the vertical pen light task the drivers eyes displayed equal pupil size and equal tracking. The driver's eyes displayed lack of smooth pursuit, distinct Nystagmus when looking all the way up. The driver's eyes also displayed onset of Nystagmus prior to 45 degrees when looking all the way up.

ODORS:

A strong and obvious odor of an unknown alcoholic beverage was emitting from his person and face area. This odor intensified as he spoke with me.

GENERAL OBSERVATIONS

SPEECH: Slow, Slurred

ATTITUDE: Cooperative

CLOTHING: Blue Shirt, White shorts, White shoes.

MEDICAL/OTHER: The driver denied any medical conditions, physical disabilities, injuries and medication use and or use of recreational drugs.

STATE OF FLORIDA
COUNTY OF PALM BEACH

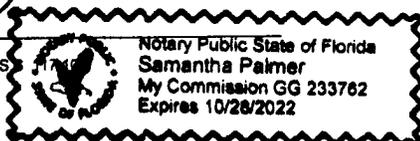
D/S SCARTOZZI 21289

(Signature of Arresting/Investigative Officer)

The foregoing instrument was sworn to by affirmed and subscribed before me this 11TH day of AUGUST 20 18 by D/S P SCARTOZZI #21289

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

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



SUBJECT: LACNY, CARL, TIMOTHY

CASE NUMBER 18-107991

ROADSIDE TASKS

HORIZONTAL GAZE NYSTAGMUS:

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

Other Observations:

WALK & TURN:

I then moved to the Walk and Turn task. He was asked to place his left foot on the ground with his right foot directly in front of it in the heel to toe position, and then place his arms at his sides and stay in this position while I demonstrated this task. He would sway roughly more than 2 inches, in a side to side, front to back pattern throughout the demonstration phase. He could not maintain his balance while listening to instructions. He was given the standardized instructions for this task after which he advised he understood. He stepped out of the stance during the demonstration to catch his balance. He started the task before being instructed to do begin. He would stop walking to steady himself with pauses to regain his balance. On the first set of heel to toe steps he missed steps one through nine and stepped off the line, using his arms for balance by raising them more than six inches. On the second set of heel to toe steps he missed steps one through nine and stepped off the line, using his arms for balance by raising them more than six inches. He performed the incorrect number of steps. He performed the turn other than the way it was demonstrated. He could not perform the task. See dash camera.

ONE LEG STAND:

I then moved to the One Leg Stand task. He was asked to stand with his feet and toes together with his arms at his sides and stay in this position while I demonstrate this task. He would sway roughly more than 2 inches, in a side to side, front to back pattern throughout the demonstration phase. He could not maintain his balance while listening to instructions. He stepped out of the stance during the demonstration to catch his balance. He was given the standardized instructions for this task after which he advised he understood. He started the task before being instructed. He continued to sway while balancing on one leg. He used his arms to balance by raising them more than six inches from his sides. He started hopping in an attempt to maintain his balance. He put his foot down to regain his balance at numerous times before the thirty seconds had elapsed. He put his foot down three times all before counting to thirty seconds, thusly not being able to complete the task. See dash camera.

FINGER TO NOSE:

I then moved to the Finger to Nose task. He was asked to stand with his feet and toes together. He was then instructed to extend his arms outward so they would be parallel to the ground. He was then instructed to make a fist with both hands, extend his index/pointer finger on both hand, turn both hands toward the sky and then place both arms down at his sides and remain in this position while I gave the instructions. I demonstrated how to do get to this potion by the numbers. He was given the standardized instructions for this task after which he advised he understood. He would sway roughly more than 2 inches in a side to side, front to back pattern throughout the demonstration phase. He did not keep his eyes closed and had to be reminded to do so. He failed to return his arms down to his sides as instructed after touching his nose. His index finger did not touch his nose. He used the hand other than that which was called. The sequence used for this task was L, R, L, R, L, R, R, L. He was unable to perform the task. See dash camera.

ROMBERG ALPHABET:

He was asked to stand with his feet and toes together with his arms at his sides and stay in this position while I demonstrated this task. He chose to recite the alphabet. He would sway roughly in a side to side, front to back pattern throughout the demonstration phase. He would not keep his eyes closed and had to be reminded numerous times to do so. He would sway more than 2 inches. He performed this task with no noticeable mistakes. See dash camera.

BREATH TEST RESULTS: 1) .185 2) .188 3) N/A 4) N/A

STATE OF FLORIDA
COUNTY OF PALM BEACH

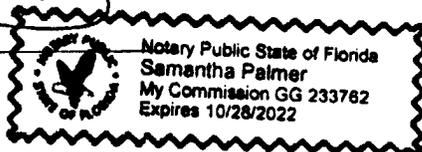
D/S SCARTOZZI 21289

(Signature of Arresting/Investigative Officer)

The foregoing instrument was sworn to, affirmed and subscribed before me this 11TH day of AUGUST 2018 by D/S P SCARTOZZI #21289

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

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



WITNESS LIST

CASE NUMBER: 18-107991

ARRESTING OFFICER: D/S SCARTOZZI 21289

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

PHONE NUMBERS (HOME): 561-688-3000 (WORK) (561)688-4900

CAN TESTIFY TO: DUI INVESTIGATION

NAME: ANTHONY VALDES

ADDRESS: 100 HABITAT COURT, ROYAL PALM BEACH, FL, 33411

PHONE NUMBERS (HOME) 561-568-8637 (WORK) 561-568-8637

CAN TESTIFY TO: WHEEL WITNESS

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: _____

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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

TESTING FACILITY TASK REPORT

AGENCY: P250
SUBJECT: LACNY, CARL T CASE NUMBER: 18-107991
DATE: 08/11/18 VIDEO TAPE NUMBER: N/A
BEGINNING TIME: 2128 ENDING TIME: 2138
BREATH TESTS RESULTS: 1) .185 TIME 2132 A.M./P.M. 2) .188 TIME 2136 A.M./P.M.
3) N/A TIME — A.M./P.M. 4) N/A TIME — A.M./P.M.
BREATH OPERATOR: G. PARETT # 7807
MAINTENANCE TECHNICIAN: KORLECKE # 6467

TESTING OFFICER'S OBSERVATIONS

SPEECH: SLURRED, RAPID
ATTITUDE: CALM, QUIET, CO OPERATIVE
CLOTHING: WHITE SHORT-SLEEVED SHIRTS, PINK TIGHTS, WHITE SOCKS
MEDICAL CONDITIONS: NONE
MEDICATIONS: NONE

OTHER: EYES GLASSY AND BLOODSHOT UNSTEADY ON FEET,
ODOR OF AN UNKNOWN ALCOHOLIC BEVERAGE ON BREATH

COMMENTS: ARRIVED AT CENTER A/O BEGAN THE 20 MINUTE
OBSERVATION PERIOD AT 2105 HRS.

Δ AGREED TO TAKE TEST

A/O REMINDED Δ THAT RIGHTS WERE READ AT SCENE
AND Δ STATED HE RECALLED A/O READ RIGHTS AGAIN

Δ STATED HE UNDERSTOOD RIGHTS

A/O ATTEMPTED Q+A

Δ DECIDED TO ANSWER ANY QUESTIONS

TECH READ BREATH TEST RESULTS Δ STATED HE
UNDERSTOOD RESULTS

SUBJECT: LACNY, CARL T. CASE NUMBER: 18-107991

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) _____

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) Renald Camera

SUBJECT: LACNY, CARL T CASE NUMBER: 18-107991

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"/>			
Other	<input type="checkbox"/>	119.014(3A)(13)(1-3C)	Other: Keep Separate - Court Documents/Official Records	
	<input type="checkbox"/>	119.071(2c)	Other: Active Criminal intelligence Information	

REVIEW COMPLETED BY

Booking Number: 2018026754	Date: 08/12/2018
	Specialist Name/ID: WATSON/6665