

0456814

19CT5481

1070

ARREST / NOTICE TO APPEAR

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

1

JUVENILE

N

AD M I N I S T R A T I O N	OBTS Number	Agency ORI Number 0501700		Agency Name Jupiter Police Department		Agency Report Number (N T A 's only) 5, 4 19-001398		
D E F E N D A N T	Charge Type Check as many as apply <input type="checkbox"/> Felony <input type="checkbox"/> Traffic Felony	<input type="checkbox"/> 1 Felony <input checked="" 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	If Weapon Seized	Enter Type NONE	Multiple Clearance Indicator 01	
	Location of Arrest (Including Name of Business) CENTER ST/OLD DIXIE, JUPITER FL 33458				Location of Offense (Business Name, Address) 1 E INDIANTOWN RD/N ALT A1A, JUPITER, FL 33477			
C O D E F	Date of Arrest 03/24/2019	Time of Arrest 01:00	Booking Date 03/24/2019	Booking Time 01:10	Jail Date	Jail Time	Location of Vehicle EAST COAST TOWING	
	Name (Last, First, Middle) SISCA, CHARLES A				Alias (Name, DOB, Sex, etc.)			
I U V E N I L E	Race W - White B - Black O - Oriental/Asian	Sex M	Date of Birth 12/03/1956	Height 5'11	Weight 220	Eye Color BROWN	Hair Color BLACK	
	Scars, Marks, Tattoos, Unique Physical Features (Location, Type, Description) SCAR R KNEE / KNEE REPLACEMENT				Marital Status M	Religion	Indication of Alcohol Influence Yes <input type="checkbox"/> No <input type="checkbox"/> Unk <input type="checkbox"/>	
C H A R G E	Local Address (Street, Apt. Number) 8209 SE RIVERS EDGE STREET, JUPITER, FL 33458		(City)	(State)	(Zip)	Phone (561) 248-9538		
	Permanent Address (Street, Apt. Number) 8209 SE RIVERS EDGE STREET, JUPITER, FL 33458		(City)	(State)	(Zip)	Phone (561) 248-9538		
C O U N T Y	Business Address (Name, Street) SELF,		(City)	(State)	(Zip)	Phone (561) 248-9538		
	Occupation Gc							
C O U N T Y	D/L Number, State S200141564430 / FL	Sec. Sec. Number	INS Number	Place of Birth (City, State) WHITE PLAINS, NY		Citizenship US		
	Co-Defendant Name (Last, First, Middle)		Race	Sex	Date of Birth		<input type="checkbox"/> 1 Arrested <input type="checkbox"/> 3 Felony <input type="checkbox"/> 5 Juvenile <input type="checkbox"/> 2 At Large <input type="checkbox"/> 4 Misdemeanor	
C O U N T Y	Co-Defendant Name (Last, First, Middle)		Race	Sex	Date of Birth		<input type="checkbox"/> 1 Arrested <input type="checkbox"/> 3 Felony <input type="checkbox"/> 5 Juvenile <input type="checkbox"/> 2 At Large <input type="checkbox"/> 4 Misdemeanor	
	Name (Last, First, Middle)		Address (Street, Apt. Number)		(City)	(State)	(Zip)	Residence Phone Business Phone
C O U N T Y	Notified by (Name)	Date	Time	JUVENILE DISPOSITION 1 Modified/Processed within Department and Released 2 TOT JAC 3 Incarcerated				
	Released To (Name)	Relationship	Date	Time				
C O U N T Y	The above address was provided by <input type="checkbox"/> defendant and/or <input type="checkbox"/> defendant's parent. 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 Owned? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Description of Property		Value of Property			
C O U N T Y	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/Derm	P Parapharmaka/ Equipment S Synthetic	U Unknown Z Other				
C H A R G E	Charge Description DUI-ENHANCED BAC OVER .15		State Violation Number 316.193(4)		Violation of ORD #			
	Drug Activity	Drug Type	Amount / Unit	Offense #	Counts	Domestic Violence <input type="checkbox"/> Y <input checked="" type="checkbox"/> N	Warrant / Capas Number	
C H A R G E	Charge Description		State Violation Number		Violation of ORD #			
	Drug Activity	Drug Type	Amount / Unit	Offense #	Counts	Domestic Violence <input type="checkbox"/> Y <input type="checkbox"/> N	Warrant / Capas Number	
C H A R G E	Charge Description		State Violation Number		Violation of ORD #			
	Drug Activity	Drug Type	Amount / Unit	Offense #	Counts	Domestic Violence <input type="checkbox"/> Y <input type="checkbox"/> N	Warrant / Capas Number	
I N T A K E	Health / Apparent Physical Condition of Defendant		Any knowledge of the following Mental <input type="checkbox"/> Escape Risk <input type="checkbox"/> Medication <input type="checkbox"/> Deformities <input type="checkbox"/> Injuries <input type="checkbox"/>					
	Check which applies <input type="checkbox"/> Released O.R. <input type="checkbox"/> Released to Parent/Guardian <input type="checkbox"/> South County Mental Health		PROPERTY - Received By		Released By	Released To		
N O T I C E T O A P P E A R	Transported By		Date Transported	Time Transported	Other			
	<input checked="" type="checkbox"/> INSTRUCTION NO. 1 - Mandatory appearance in court <input type="checkbox"/> INSTRUCTION NO. 2 - You need not appear in Court but must comply with instructions on Page 2.		Location (Court Room) North County PALM BEACH GARD		Court Date and Time 04/24/2019 08:30:00			
A D M I N I S T R A T I O N	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 3/24/19			
	HOLD For Other Agency		Signature of Arresting Officer G. ACB 2001/13		Name Verification (Printed by Arrestor) MAR 24 4M 4:23			
A D M I N I S T R A T I O N	<input type="checkbox"/> Dangerous <input type="checkbox"/> Suicidal		<input type="checkbox"/> Restated Arrest <input type="checkbox"/> Other		Name of Arresting Officer (Print) BORROWS, ANDREW			
	ID # 6810		Pouch #	Transporting Officer OFC A BORROWS	ID # 380	Agency JPD	Witness here if subject signed with an "X"	

COURT AGENCY CENTRAL RECORDS JAIL CRIME ANALYSIS P.I.O. DEFENDANT

SCANNED
MAR 25 2019

PROBABLE CAUSE AFFIDAVIT

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

1 JUVENILE

OBTS Number	Agency ORI Number FL 0501700		Agency Name JUPITER POLICE DEPARTMENT	Agency Report Number 5 4 19-001398
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		

Name (Last, First, Middle) SISCA, CHARLES A	Aliases	Race W	Sex M	Date of Birth 12/03/1956
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Charge Description DUI ENHANCED OVER .15	Charge Description
Charge Description	Charge Description

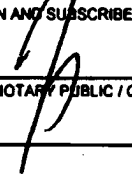

Victim's Name (Last, First, Middle) State Of Florida	Race	Sex	Date of Birth
Local Address (Street, Apt. Number) (City) (State) (Zip)	Phone	Address Source	
Business Address (Name, Street) (City) (State) (Zip)	Phone	Occupation	

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 24 day of March 2019 at 00:32 (Specifically include facts constituting cause for arrest.)

On the above date at approximately 0032 hours I was on patrol in the area of East Indiantown Road and Jonathan Drive in the Town of Jupiter, Palm Beach County, Florida.

I was traveling west. I observed a 2017 Cadillac bearing Florida license plate IMM14 traveling west in front of me. This is a posted 45 mile per hour zone in either direction. I visually estimated the vehicle's speed at 60 miles per hour. I activated my in car Stalker Dual SL Radar (SN DD005051) in same direction moving mode. The digital patrol speed display matched my vehicle's certified speedometer. The target speed indicated a speed of 58 miles per hour and I heard a clear audio Doppler tone. As I was following the vehicle, I observed it swerve within its lane and over the dotted lane marker several times, though this did not affect other traffic. The vehicle turned north onto Alternate A1A and then west onto Center Street. I initiated a traffic stop of the vehicle by activating my emergency lights and sirens. The vehicle pulled over a short time later.

I walked up to the driver's side window and spoke to the driver, Charles Sisca. Sisca at first appeared to be avoiding eye contact and was very quiet and reluctant to speak. I could smell the odor of an unknown alcoholic beverage on Sisca's breath. I saw that Sisca's eyes were very bloodshot and glassy. Sisca denied drinking when I asked him. I asked Sisca for his license, registration and proof of insurance. Sisca handed me a bill for an auto repair shop. I pointed this out and Sisca found his registration and then appeared to forget for the other documents. I reminded him. Sisca handed me his license and appeared to forget the insurance. Sisca then handed me two insurance cards which I checked and saw they were issued in 2016 and expired in 2017. I told Sisca. He seemed disoriented and unable to keep up with conversation. I asked Sisca what company he had, as we were speaking about insurance. Sisca indicated that he has his own company (as in work). I asked what insurance company he had. Sisca stated "Aetna", which I later found was his health insurance company and not his vehicle insurance

SWORN AND SUBSCRIBED BEFORE ME		
NOTARY PUBLIC / CLERK OF COURT / OFFICER (F.S. 7117.10)	JAMES G. BIGGS Commission # GG 105618 Expires December 3, 2021 Bonded thru Troy Fom Insurance 800-385-7000	SIGNATURE OF ARRESTING / INVESTIGATING OFFICER BORROWS, ANDREW (1138) NAME OF OFFICER (PLEASE PRINT)
DATE 03/24/2019	DATE 03/24/2019	PAGE 1 of 3

PROBABLE CAUSE AFFIDAVIT
SUPPLEMENT

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

1 JUVENILE

OBTS Number	Agency ORI Number FL 0501700		Agency Name JUPITER POLICE DEPARTMENT	Agency Report Number 5 4 19-001398
Charge Type Check as many as apply	<input type="checkbox"/> 1 Felony	<input type="checkbox"/> 3 Misdemeanor	<input type="checkbox"/> 5 Ordinance	Special Notes
	<input type="checkbox"/> 2 Traffic Felony	<input checked="" type="checkbox"/> 4 Traffic Misdemeanor	<input type="checkbox"/> 6 Other	

Name (Last, First, Middle) SISCA, CHARLES A	Aliases	Race W	Sex M	Date of Birth 12/03/1956
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company. I asked Sisca what his current address is. Sisca told me "8209 East River Road" and couldn't remember the zip code. I later found that Sisca's correct address is 8209 SE Rivers Edge Road and that he has been at the address since at least 7/28/2016.

I returned to my car and conducted some basic document checks and history checks on Sisca. I reversed my vehicle and created a safety zone with traffic cones so I could safely conduct field sobriety tasks. I asked Sisca to exit his vehicle. Sisca was very unsteady on his feet and had difficulty following my directions to walk to the front of my car. I asked Sisca again how much he'd had to drink. He stated that he'd had a few drinks but thought he was OK to drive. I asked Sisca to complete roadside tasks. Sisca stated that he would be unable to walk a line when he was "a thousand percent sober" due to multiple injuries. I asked Sisca if he thought he could do some sobriety tasks while sitting. He stated that he would. I retrieved a folding chair that I keep for such occasions in my car.

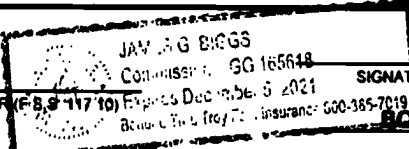
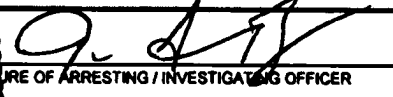
I have previously completed an 8 hour transition course in the Seated Battery of Roadside Tasks and have routinely administered the seated battery in situations where a person claims to be physically incapable of completing the standard battery. I first conducted the seated Horizontal Gaze Nystagmus. I am a certified Drug Recognition Expert and conducted the task in a manner consistent with my training. I observed Lack of Smooth Pursuit, Distinct and Sustained Nystagmus at Maximum Deviation and Onset Prior to 45 Degrees in both of Sisca's eyes.

I next conducted the Seated Finger to Nose. I observed the following: L1: Sisca searched and touched the side of his nose with the pad of his finger. R2: Sisca turned his head towards his hand and used the pad of his finger. L3: Sisca turned his head towards his hand and used the pad of his finger. R4: Sisca turned his head towards his hand and used the pad of his finger. R5: Sisca at first used the wrong hand, changed to the correct one, and turned his head towards his hand and used the pad of his finger. Sisca then opened his eyes and I reminded him to close them. L6: Sisca used the side of his finger to touch the right side of his nose.

I then conducted the Palm Pat task. Sisca rolled his hands, started to double pat after a few seconds. Sisca also chopped several pats and stopped before being told to.

I then conducted the Hand Coordination task. Sisca took three forward steps. He then clapped three times, counting them out loud and asking me how many claps. Sisca then improperly counted the return steps, counted only three, and did not return his fist to his chest. Sisca did not place his hands on his lap when finished.

I then advised Sisca he was under arrest for DUI. I secured him in handcuffs which I checked for spacing and double locked. I secured Sisca in the rear of my police car and transported him to the Palm Beach County Breath Alcohol Testing Center. I conducted a

SWORN AND SUBSCRIBED BEFORE ME		 SIGNATURE OF ARRESTING / INVESTIGATING OFFICER
NOTARY PUBLIC / CLERK OF COURT / OFFICER (F.S. § 117.10) 03/24/2019 DATE		

PROBABLE CAUSE AFFIDAVIT
SUPPLEMENT

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

1 JUVENILE

OSTS Number

Agency ORI Number
FL 0501700

Agency Name
JUPITER POLICE DEPARTMENT

Agency Report Number
5 | 4 | 19-001398

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

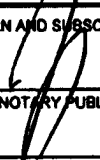
Special Notes

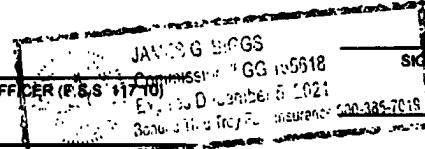
Name (Last, First, Middle)
SISCA, CHARLES A


Race Sex Date of Birth
W M 12/03/1956

20 minute observation period. I then requested that Sisca provide a sample of his breath. He said, "Absolutely" and provided samples of .221 and .228. I then advised Sisca of his Miranda Rights and Sisca indicated that he would decide which questions to answer or not. Sisca answered all of the questions I asked him. I then placed Sisca in a holding cell while I completed my paperwork. I subsequently booked Sisca into the Palm Beach County Jail where I charged him with DUI (enhanced over .15) per FSS 316.193(4).

NOT A CERTIFIED COPY

SWORN AND SUBSCRIBED BEFORE ME

NOTARY PUBLIC / CLERK OF COURT / OFFICER (P.S.S. #1710)
03/24/2019
DATE


JAMES G. BOGGS
Commission # GG 105618
Expires December 5, 2021
Bonded to the State of Florida for \$10,000.00


SIGNATURE OF ARRESTING / INVESTIGATING OFFICER
BORROWS, ANDREW (1138)
NAME OF OFFICER (PLEASE PRINT)
03/24/2019
DATE

PAGE
3 of 3

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

Instrument Type: Intoxilyzer 8000
Instrument Registered To: PALM BEACH CO SO
Instrument Serial Number: 80-006478 Software: 8100.27
Date of Test: 03/24/2019

Date of Last Agency Inspection: 03/15/2019

Observation Period Began: 01:25

Subject's Name: CHARLES A SISCA

DOB: 12/03/1956 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	01:47
	Air Blank	0.000	01:48
	Control Test	0.081	01:48
	Air Blank	0.000	01:49
	Subject Sample #1	0.221	01:50
	Air Blank	0.000	01:50
	Air Blank	0.000	01:52
	Subject Sample #2	0.228	01:54
	Air Blank	0.000	01:54
	Control Test	0.080	01:55
	Air Blank	0.000	01:55
	Diagnostics Check	OK	01:55

Cylinder Lot: 13518080A5
Exp: 08/05/2020

State of Florida, County of Palm Beach

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

I JAMES G BIGGS, 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: _____ Date: 3/24/19
Signature

Sworn to (or affirmed) before me this 24 day of March, 2019

J. A. B. 110 Signature of Notary Public-State of Florida
Off A. Barrows Printed Name of Notary Public-State of Florida

Note: Pursuant to section 117.10, Florida Statutes, law enforcement officers, correctional officers, traffic accident investigation officers and traffic infraction enforcement officers are notaries public when engaged in the performance of official duties. In accordance with section 316.1934(5), F.S., this completed form is admissible without further authentication and is presumptive proof of the results herein. To be used in accordance with Section 316.1934(5), F.S., and in administrative proceedings pursuant to 322.2615, F.S.

TESTING FACILITY TASK REPORT

AGENCY: JPD-BORROWS

SUBJECT: SISCA, CHARLES A

CASE NUMBER: 19-051461

DATE: Mar 24, 2019

VIDEO DVD NUMBER: N/A

BEGINNING TIME: 0146

ENDING TIME: 0201

BREATH TESTS RESULTS: 1) .221 TIME 0150 A.M. P.M. 2) .228 TIME 0154 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 TECHNICIAN: D/S J Karkleck #6467

TESTING OFFICER'S OBSERVATIONS

SPEECH: SLURRED, MUMBLING AT TIMES

ATTITUDE: COOPERATIVE

CLOTHING: PINK SHIRT, BLUE JEANS

MEDICAL CONDITIONS: LOTS, TO MANY TO SAY

MEDICATIONS: LOTS

OTHER:

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

COMMENTS:

ARRESTING OFFICER CONDUCTED THE 20 MINUTE OBSERVATION BEGINNING AT 0125
SUBJECT ADVISED HE WOULD SUBMIT TO THE BREATH TEST
SUBJECT WAS GIVEN THE INSTRUCTIONS FOR THE TEST
SUBJECT COMPLETED BOTH SAMPLES SUCCESSFULLY
RESULTS WERE GIVEN
MIRANDA WAS READ TO SUBJECT
SUBJECT SUBMITTED TO THE QUESTIONS

SCANNED

MAR 25 2019

WITNESS LIST

CASE NUMBER: 19-001398

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 Chris Morgan 378

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) 0 (WORK) 0

CAN TESTIFY TO: _____

NAME: _____

ADDRESS _____

PHONE NUMBERS (HOME) _____ (WORK) _____

CAN TESTIFY TO: _____

NAME: _____

ADDRESS _____

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NAME: _____

ADDRESS _____

PHONE NUMBERS (HOME) _____ (WORK) _____

CAN TESTIFY TO: _____

NAME: _____

ADDRESS _____

PHONE NUMBERS (HOME) _____ (WORK) _____

CAN TESTIFY TO: _____

SCANNED

MAR 25 2019

NOT A CERTIFIED COPY

SUBJECT: Charles A Sisco CASE NUMBER: 19-001398

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? V WHERE DID YOU START? V _____

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? 25 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? V 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: Ofc A. Barrows 380/1138

SCANNED

MAR 25 2019

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

SUBJECT: Charles A. Sisca CASE NUMBER: 19-001398

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.

SCANNED
MAR 25 2019

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

REVIEW COMPLETED BY

Booking Number: 2019009852	Date: 03/25/2019
	Specialist Name/ID: AM/31562

SCANNED
MAR 25 2019