

ARREST / NOTICE TO APPEAR
 Juvenile Referral Report

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

Agency ORI Number: **FLO 500000** Agency Name: **PALM BEACH COUNTY SHERIFF'S OFFICE** Agency Report Number (N.T.A.'s only): **106-19107190**

Charge Type: 1. Felony 2. Traffic Felony 3. Misdemeanor 4. Traffic Misdemeanor 5. Ordinance 6. Other

Weapon Seized / Type: **2** 1. Yes 2. No

Multiple Clearance Indicator: **01**

Location of Arrest (Including Name of Business): **12000 BLK FOREST HILL BLVD, WELLINGTON, FL 333414**

Location of Offense (Business Name, Address): **12000 BLK FOREST HILL BLVD, WELLINGTON FL 33414**

Date of Arrest: **08/23/2019** Time of Arrest: **0230** Booking Date: Booking Time: Jail Date: Jail Time: Location of Vehicle: **2000 BLK FOREST HILL BLVD, WELLINGTON, FL 333414**

Name (Last, First, Middle): **BURRELL CHRISTOPHER JOHN** Alias (Name, DOB, Soc. Sec. #, Etc.):

Race: **W - White I - American Indian B - Black O - Oriental/Asian** Sex: **M** Date of Birth: **11/26/81** Height: **5'11** Weight: **176** Eye Color: **BRN** Hair Color: **BRN** Complexion: **MED** Build: **SMALL**

Scars, Marks, Tattoos, Unique Physical Features (Location, Type, Description):

Marital Status: **Single** Religion: **NONE** Indication of Alcohol Influence: Y N Unk. Drug Influence: Y N Unk.

Local Address (Street, Apt. Number): **13398 24TH CT N** (City): **LOXAHATCHEE, FL 33470** (State): (Zip): Phone: **(954) 661-0106**

Permanent Address (Street, Apt. Number): (City): (State): (Zip): Phone: Residence Type: 1. City 2. County 3. Florida 4. Out of State **2**

Business Address (Name, Street): (City): (State): (Zip): Phone: Address Source: **FL DL** Occupation: **HORSE SHOEMAN**

DL Number, State: **B640110814260** Soc. Sec. Number: INS Number: Place of Birth (City, State): **PLANTATION, FL** Citizenship: **USA**

Co-Defendant Name (Last, First, Middle): Race: Sex: Date of Birth: 1. Arrested 2. At Large 3. Felony 4. Misdemeanor 5. Juvenile

Co-Defendant Name (Last, First, Middle): Race: Sex: Date of Birth: 1. Arrested 2. At Large 3. Felony 4. Misdemeanor 5. Juvenile

Parent Legal Custodian Other: Address (Street, Apt. Number): (City): (State): (Zip): Residence Phone: 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 defendant and / or 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. Yes, by: (Name) No. (Reason)

Property Crime? Yes No Description of Property: Value of Property:

Drug Activity: **N** S. Sell N. N/A P. Possess R. Smuggle B. Buy T. Traffic D. Deliver E. Use K. Dispense/Distribute M. Manufacture/Produce/Cultivate Z. Other Drug Type: **N** Drug Type: **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 | Charge Description | Counts | Domestic Violence | Statute Violation Number | Violation of ORD # |
|--------|--|----------|--|---------------------------|---------------------|
| | DUI(minor in vehicle) | 1 | <input type="checkbox"/> Y <input checked="" type="checkbox"/> N | 316.193(4) | |
| | Drug Activity: N Drug Type: N Amount / Unit: Offense #: 19107190 | | | Warrant / Capias Number: | Bond: |
| | Charge Description: Counts: 1 Domestic Violence: <input type="checkbox"/> Y <input checked="" type="checkbox"/> N | | | Statute Violation Number: | Violation of ORD #: |
| | Drug Activity: N Drug Type: N Amount / Unit: Offense #: | | | Warrant / Capias Number: | Bond: |
| | Charge Description: Counts: 1 Domestic Violence: <input type="checkbox"/> Y <input checked="" type="checkbox"/> N | | | Statute Violation Number: | Violation of ORD #: |
| | Drug Activity: N Drug Type: N Amount / Unit: Offense #: | | | Warrant / Capias Number: | Bond: |
| | Charge Description: Counts: Domestic Violence: | | | Statute Violation Number: | Violation of ORD #: |
| | Drug Activity: Drug Type: Amount / Unit: Offense #: | | | Warrant / Capias Number: | Bond: |

Location (Court, Court Number, Agency): **PALM BEACH COUNTY COURTHOUSE CRIMINAL JUSTICE COMPLEX, 3228 GUN CLUB RD, WEST PALM BEACH, FL 33406 - PH: (561) 355-2996**

Court Date and Time: Month **September** Day **19** Year **2019** Time **0830** AM 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): **[Signature]** Date Signed: **08/23/2019**

HOLD for other Agency Name: Signature of Arresting Officer: **[Signature]** Name Verification (Printed by Arrestee):

Dangerous Resisted Arrest Suicidal Other: Name of Arresting Officer (Print): **D/S M. KYSOR** I.D. #: **14498** Agency: **PBSO**

Transporting Officer: **D/S M. KYSOR** ID #: **14498** Agency: **PBSO**

Witness here if subject signed with an "X": **[Signature]** PAGE: **1** OF **1**

PROBABLE CAUSE AFFIDAVIT

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

1 Juvenile N

Agency ORI Number: FLO 500000 Agency Name: PALM BEACH COUNTY SHERIFF'S OFFICE Agency Report Number: 06-19107190

Charge Type: 1. Felony 2. Traffic Felony 3. Misdemeanor 4. Traffic Misdemeanor 5. Ordinance 6. Other

Name (Last, First, Middle): BURRELL, CHRISTOPHER, JOHN Race: W Sex: M Date of Birth: 11/26/81

Charge Description: DUI(minor in vehicle) 316.193(4)

Charge Description: (Empty)

Victim's Name (Last, First, Middle): (Empty) Race: Sex: Date of Birth:

Local Address (Street, Apt. Number) (City) (State) (zip) Phone Address Source: FL DL

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... On the 23 day of August 2019 at 0045 A.M.

On 8/23/19 at approximately 0030 hrs, I responded to the Publix Plaza in the 12000 block of Forest Hill BLVD, Wellington FL 33414 in reference to a reported possible drunk driver in the area.

See Driving Pattern section of Supplemental PC for further information on reported driving pattern.

Upon arriving on scene, I observed a White Dodge 2500 bearing FL tag QF258 parked incorrectly across multiple parking spots, where the anonymous witness last observed the vehicle. The Dodge pickup matched the description of the suspect vehicle and was in the area only a couple minutes after the witness last observed the vehicle.

Christopher had blood shot, glassy eyes, the odor of alcohol coming from his person and the stench of urine on his person. Christopher tended to change moods rapidly from cooperative to crying and sobbing.

Christopher was placed in the instructional stance for the Horizontal Gaze Nystagmus(HGN) and given instructions. Christopher advised he understood the instructions.

Christopher was placed in the instructional stance for the walk and turn. The instructions were given and demonstrated. Christopher advised he understood the instructions.

Christopher was placed in the instructional stance for the One Leg Stand and given instructions. Christopher advised he understood the instructions.

Christopher was placed in the instructional stance for the Finger to Nose and given instructions. Christopher advised he understood the instructions.

Christopher was placed in the instructional stance for the Romberg Alphabet and given instructions. Christopher advised he understood the instructions.

Due to the above Christopher was placed under arrest for DUI pursuant to FSS 316.194(4). Christopher was placed in handcuffs, double locked, checked for tightness and placed in the rear passenger compartment of my marked PBSO vehicle.

Due to the above investigation, probable cause exists for DUI pursuant to FSS 316.193(4)

STATE OF FLORIDA COUNTY OF PALM BEACH D/S M. KYSOR (Signature of Arresting Investigative Officer)

The foregoing instrument was sworn to or affirmed and subscribed before me this 23 day of August 2019 by D/S M. KYSOR

(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) Notary Public State of Florida Thomas H Leahy My Commission GG 347108

D.U.I. PROBABLE CAUSE AFFIDAVIT

ON THE 23 DAY OF August 20 19, AT 0045 AM PM

SUBJECT: BURRELL CHRISTOPHER JOHN CASE NUMBER: 19107190

AGENCY: PALM BEACH COUNTY SHERIFF'S OFFICE ARRESTING OFFICER: D/S M. KYSOR

PERSONAL CONTACT

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

Anonymous witness stated a white dodge pickup was driving erratically by swerving from side to side and almost ran into another vehicle at approximately 60 mph. The witness advised they observed the white Dodge pickup bearing a FL tag he believed was OF258, pull into the Publix plaza in the 12000 blk of Forest Hill BLVD, Wellington, FL 33414. Shortly after the vehicle pulled into the plaza, I observed a White Dodge 2500 bearing FL tag QF258. I then observed a white male later identified by FL DL as Christopher Burrell (DOB 11/26/81). It should be noted, the plate had a special design and was slightly damaged making it difficult to read the first character.

OBSERVATION OF DRIVER:

Upon arriving on scene, I observed a white male later identified by FL DL as Christopher Burrell (DOB 11/26/81), slouched in the front driver seat of the vehicle. As I approached the vehicle, Christopher began yelling incomprehensible language. Christopher wearing gray shirt, gray shorts and black dress shoes. Christopher tended to stand slouched over and exhibited slow, lethargic movements. Christopher appeared very distraught and had difficulty focusing and would veer the conversation towards him having issues with his girlfriend. Christopher had an odor of alcohol coming from his person and the stench of urine on his person. Christopher tended to change moods rapidly from cooperative to crying and sobbing.

DRIVER'S STATEMENTS:

While speaking with Christopher, they advised they just left from his home in Loxahatchee and was headed to pick up his Girlfriend at the Chevron nearby. While speaking with Christopher, I detected the strong odor of alcohol coming from their person that grew stronger as they spoke. When asked how much they had to drink, Christopher initially stated they had one Cocktail approximately four ago but later stated they had a few drinks earlier. When asked how many he had, Christopher was unable to answer the questions. Christopher spoke with a slurred speech to the point where I had to lean in to understand what he was saying. When advised a witness observed him driving erratically, Christopher advised he was texting his girlfriend, which is the reason why he was swerving. When advised of my observations along with the observations reported from the witness, Christopher sunk his heads in his hands and began sobbing. Christopher continued stating he was going through a difficult time. During the investigation, Christopher stated he knew he shouldn't have gone out tonight.

ODORS:

Odor of an Unk Alcoholic beverage and urine coming from her person.

GENERAL OBSERVATIONS

SPEECH: Slurred speech

ATTITUDE: cooperative, slowed response, would change moods from cooperative to upset

CLOTHING: gray shirt with numerous wet marks, gray pants(wet), black dress shoes

MEDICAL/OTHER: Christopher advised he did not have any medical conditions, did not have any pain or injuries, and did not have diabetes. All ROADSIDES CAPTURED ON IN-CAR VIDEO

STATE OF FLORIDA
COUNTY OF PALM BEACH

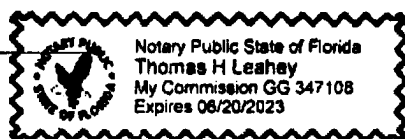
D/S M. KYSOR

Signature of Arresting/Investigative Officer

The foregoing instrument was sworn to or affirmed and subscribed before me this 23 day of August 20 19 by D/S M. KYSOR

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)



SCANNED
AUG 24 2019

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:

Christopher had blood shot, glassy eyes.

WALK & TURN:

Christopher was placed in the instructional stance for the walk and turn. The instructions were given and demonstrated. Christopher advised he understood the instructions.

Christopher had to be given and demonstrated the instructions numerous times and exhibited an orbital sway while given instructions. After confirming he understood the instructions, Christopher started too soon, exited the instructional stance numerous times, missed heel to to numerous times, raised his arms for balance, and stopped to steady himself.

ONE LEG STAND:

Christopher was placed in the instructional stance for the One Leg Stand. Christopher was given and demonstrated instructions. Christopher continued to interrupt me not allowing me to finish the instructions and requiring to provide the instructions numerous times.

Christopher leaned back for balance, bent his knees for balance and raised his foot more than six inches with his toe pointed upwards towards the sky.

FINGER TO NOSE:

Christopher was given instructions for the finger to nose. Christopher was given and demonstrated the instructions. Christopher advised he understood the questions.

Christopher missed finger to nose numerous times, placing his finger below his nose towards his upper lip. Christopher tended to flutter his eyes on the few times he correctly performed the exercise.


ROMBERG ALPHABET:

Christopher was placed in the instructional stance for the Romberg Alphabet and given Instructions. Christopher advised he understood the questions.

Christopher incorrectly recited the Alphabet with a clear, confident and concise "X" in the improper place.

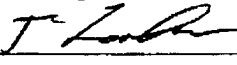
BREATH TEST RESULTS: refused refused

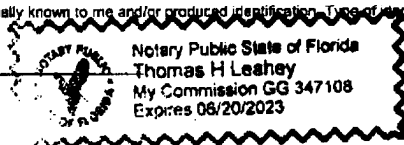
STATE OF FLORIDA
COUNTY OF PALM BEACH

D/S M. KYSOR 
Signature of Arresting/Investigative Officer

The foregoing instrument was sworn to or affirmed and subscribed before me this 23 day of August 2019 by D/S M. KYSOR

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)



SCANNED
AUG 24 2019

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

I, D/S M. KYSOR, a duly certified Law Enforcement Officer or Correctional Officer,
(Name of Officer reading Implied Consent Warning)

am a member of Palm Beach County Sheriff's Office, and I do swear
(Name of law enforcement agency)

or affirm that on or about the 23 day of August, 20 19, at 0230 P.M. A.M.

DRIVER CHRISTOPHER JOHN BURRELL
(Type or Print) FIRST NAME MIDDLE OR MAIDEN NAME LAST NAME

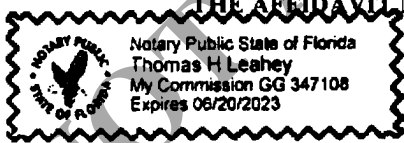
DL# B640110814260, state of FLORIDA, was placed under lawful arrest for
the offense of DUI(minor in vehicle) by D/S M. KYSOR and
issued Citation # A2G4EQP
(Name of Arresting Officer)

That on or about the 23 day of August, 20 19, at 0230 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)



(AFFIX SEAL)

The foregoing instrument was sworn and subscribed before
me this 23 day of August, 20 19,
by D/S M. KYSOR,

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

Notary Public [Signature]

HSMV-BAR1001 (REV. 10/2016)

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.

SCANNED

AUG 24 2019

TESTING FACILITY TASK REPORT

AGENCY: PBSO

SUBJECT: Barrett, Christopher J CASE NUMBER: 11-07190

DATE: 08/23/19 VIDEO TAPE NUMBER: N/A

BEGINNING TIME: 02:09 ENDING TIME: 02:12

BREATH TESTS RESULTS: 1) R TIME 02:11 (A.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: T Leary # 19103

MAINTENANCE TECHNICIAN: J Suterka # 6007

TESTING OFFICER'S OBSERVATIONS

SPEECH: deliberate, thick

ATTITUDE: calm, cooperative

CLOTHING: gray shorts, gray t-shirt, black shoes

MEDICAL CONDITIONS: back & knee pain

MEDICATIONS: no known medications

OTHER: eyes glassy

alco. I am known alcoholic beverage in breath.

COMMENTS: arrived at station at 02:07, advised dominant
of dominant hand at 02:07 hrs.

officer to perform breath test

A/D read I/C & stated he would stand I/C

& refused to perform breath test

A/D read rights & stated he would stand rights

was attempted Q+A

to answer questions

REFUSED

REFUSED

SCANNED
AUG 24 2019

WITNESS LIST

CASE NUMBER: 19107190

ARRESTING OFFICER: D/S M. KYSOR

ADDRESS: ROAD PATROL

PHONE NUMBERS (HOME): _____ (WORK) 688-3000

CAN TESTIFY TO: DUI Investigation

NAME: _____

ADDRESS: _____

PHONE NUMBERS (HOME) _____ (WORK) 688-3000

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: _____

NAME: _____

ADDRESS _____

PHONE NUMBERS (HOME) _____ (WORK) _____

CAN TESTIFY TO: _____

NAME: _____

ADDRESS _____

PHONE NUMBERS (HOME) _____ (WORK) _____

CAN TESTIFY TO: _____

SCANNED

AUG 24 2010

SUBJECT: Carrillo, Christopher J CASE NUMBER: 19-107190

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

SCANNED
AUG 24 2017

SUBJECT: Burrell, Christopher J CASE NUMBER: 19 107190

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 1/5 M Kysor # 14198 of the PBSO

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) _____

Read on Camera

SCANNED
AUG 24 2019



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: 2019027573 | Date: 08/24/2019 |
| | Specialist Name/ID: AM/31562 |

SCANNED
 AUG 24 2019