

19CT-1762

OBTS Number		<b>ARREST / NOTICE TO APPEAR</b> Juvenile Referral Report			1. Arrest 2. N.T.A.	3. Request for Warrant 4. Request for Capias	1	Juvenile	N		
Agency ORI Number <b>FLO 500000</b>		Agency Name <b>PALM BEACH COUNTY SHERIFF'S OFFICE</b>			Agency Report Number (N.T.A.'s only) <b>06-19030273</b>						
Charge Type: Check as many as apply.		1. Felony <input type="checkbox"/>		3. Misdemeanor <input type="checkbox"/>		5. Ordinance <input type="checkbox"/>		Weapon Seized / Type			
		2. Traffic Felony <input type="checkbox"/>		4. Traffic Misdemeanor <input checked="" type="checkbox"/>		6. Other <input type="checkbox"/>		2 1. Yes 2. No			
Location of Arrest (Including Name of Business) <b>Gateway Blvd at Lawrence Rd, Boynton Beach, FL 33436</b>					Location of Offense (Business Name, Address) <b>Gateway Blvd at Lawrence Rd, Boynton Beach, FL 33436</b>						
Date of Arrest <b>01/27/2019</b>		Time of Arrest <b>0414</b>		Booking Date		Booking Time		Jail Date			
								Location of Vehicle <b>Gateway Blvd at Lawrence Rd, Boynton Beach, FL 33436</b>			
Name (Last, First, Middle) <b>Stevenson, Christopher, Michael</b>					Alias (Name, DOB, Soc. Sec. #, Etc.) <b>Chris</b>						
Race W - White   - American Indian B - Black   - Oriental/Asian		Sex W M		Date of Birth <b>9/5/1984</b>		Height <b>5'08</b>		Weight <b>190</b>			
						Eye Color <b>green</b>		Hair Color <b>brown</b>			
						Complexion <b>light</b>		Build <b>medium</b>			
Scars, Marks, Tattoos, Unique Physical Features (Location, Type, Description) <b>None</b>					Marital Status <b>Married</b>		Religion <b>NONE</b>		Indication of Alcohol/Drug Influence Y N Unc. <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		
Local Address (Street, Apt. Number) <b>3585 Coleebs Ave, Boynton Beach, FL 33436</b>			(City) (State) (Zip)		Phone <b>(561) 350-8392</b>		Residence Type: 1. City 2. County 3. Florida 4. Out of State <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/>				
Permanent Address (Street, Apt. Number) <b>3585 Coleebs Ave, Boynton Beach, FL 33436</b>			(City) (State) (Zip)		Phone ( )		Address Source <b>Verbal/ driver's license</b>				
Business Address (Name, Street) ( )			(City) (State) (Zip)		Phone ( )		Occupation <b>Information Technology</b>				
D/L Number, State <b>S315113843250, FL</b>		Soc. Sec. Number [REDACTED]		INS Number		Place of Birth (City, State) <b>Omaha, NE</b>		Citizenship <b>USA</b>			
Co-Defendant Name (Last, First, Middle)					Race		Sex		Date of Birth		
									<input type="checkbox"/> 1. Arrested <input type="checkbox"/> 3. Felony <input type="checkbox"/> 2. At Large <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"/> 3. Felony <input type="checkbox"/> 2. At Large <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 ( )		Business Phone ( )					
Address (Street, Apt. Number)		(City) (State) (Zip)		Business Phone ( )							
Notified by: (Name)		Date		Time		Juvenile Disposition 1. Handed/ 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 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. Amphetamines	
										B. Barbiturate C. Cocaine E. Heroin	
										H. Hallucinogen M. Marijuana O. Opium/Derv.	
										P. Paraphernalia/ Equipment S. Synthetics	
										U. Unknown Z. Other	
Charge Description <b>Driving Under The Influence (DUI)</b>		Counts <b>1</b>		Domestic Violence <input type="checkbox"/> Y <input checked="" type="checkbox"/> N		Statute Violation Number <b>316.193(1)</b>		Violation of ORD #			
Drug Activity <b>U</b>		Drug Type <b>U</b>		Amount / Unit <b>n/a</b>		Offense # <b>19030273</b>		Warrant / Capias Number		Bond	
Charge Description		Counts		Domestic Violence <input type="checkbox"/> Y <input checked="" 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 checked="" 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 checked="" 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) <b>South County Courthouse, Courtroom #1, 200 W. Atlantic Ave., Delray Beach, FL 33444 - Ph: (561) 355-2996</b>											
Court Date and Time Month <b>Feb</b> Day <b>25</b> Year <b>2019</b> Time <b>0830</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 <b>01/27/2019</b>											
Signature of Defendant (or Juvenile and Parent /Custodian)								Date Signed			
HOLD for other Agency Name:		Signature of Arresting Officer				Name Verification (Printed by Arrestee)					
<input type="checkbox"/> Dangerous <input type="checkbox"/> Resisted Arrest <input type="checkbox"/> Suicidal <input type="checkbox"/> Other:		Name of Arresting Officer (Print) <b>INV Jacob Frey</b>				I.D. # <b>9658</b>					
Intake Deputy		I.D. #		Pouch #		Transporting Officer <b>INV Jacob Frey</b>		ID # <b>9658</b>		Agency <b>PBSO</b>	
Witness here if subject signed with me											

		<b>PROBABLE CAUSE AFFIDAVIT</b>		1. Arrest	3. Request for Warrant	1	Juvenile	
				2. N.T.A.	4. Request for Copies			
ADMIN	OBTS Number	Agency ORI Number <b>FLO 500000</b>		Agency Name <b>PALM BEACH COUNTY SHERIFF'S OFFICE</b>		Agency Report Number <b>06-19-030273</b>		
		Charge Type: Check as many as apply.		Special Notes:				
CHARGES	1. Felony <input type="checkbox"/>		3. Misdemeanor <input type="checkbox"/>		5. Ordinance <input type="checkbox"/>			
	2. Traffic Felony <input checked="" type="checkbox"/>		4. Traffic Misdemeanor <input type="checkbox"/>		6. Other <input type="checkbox"/>			
VICTIM	Name (Last, First, Middle) <b>Stevenson, Christopher, Michael</b>						Alias	
	Charge Description DUI						Charge Description 316.193 (1)	
ADMINISTRATIVE	Victim's Name (Last, First, Middle) State of Florida , ,						Race	Sex
	Local Address (Street, Apt. Number)						(City)	(State) (zip)
	Business Address (Name, Street)						(City)	(State) (zip)
							Phone	Occupation
<p>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</p> <p><input checked="" type="checkbox"/> committed the below acts in my presence.      <input type="checkbox"/> was observed by _____ who told _____ that he/she saw the arrested person commit the below acts.</p> <p><input type="checkbox"/> confessed to _____ admitting to the below facts.      <input type="checkbox"/> was found to have committed the below acts, resulting from my (described) investigation.</p> <p>On the <u>27</u> day of <u>January</u> 20<u>19</u> at <u>0320</u> <input checked="" type="checkbox"/> A.M. <input type="checkbox"/> P.M. (Specifically include facts constituting cause for arrest.)</p> <p><b>While on routine patrol, I responded to Gateway Blvd and Lawrence Rd in unincorporated Boynton Beach, Palm Beach County in reference to a vehicle stopped in the roadway with the driver passed out.</b></p> <p><b>I observed the vehicle stopped in the left turn lane, sit through multiple green light cycles with the driver passed out, with the car in drive and the drivers foot on the brake. I made multiple attempts to awake the driver by knocking on the door and shaking the car for approximately 5 to 15 minutes; the driver was still unresponsive. After shaking the car multiple times, the driver started to slowly awake and was in a groggy and lethargic state. When the driver was asked to give myself and other deputies his drivers license he kept trying to give us his phone. After asked multiple times about his drivers license, the driver gave his FL DL to me. The driver was identified as Christopher Stevenson.</b></p> <p><b>This is a supplemental probable cause affidavit. The investigation was turned over to Investigator Frye.</b></p>								
NOT A CERTIFICATE								
<p>STATE OF FLORIDA COUNTY OF PALM BEACH</p> <p>(Signature of Arresting/Investigative Officer)</p> <p>The foregoing instrument was sworn to or affirmed and subscribed before me this <u>27</u> day of <u>January</u> 20<u>19</u> by _____</p> <p>(Print name of Arresting/Investigative Officer), who is personally known to me and/or produced identification. Type of identification produced <u>Known LEO</u></p> <p>Notary Public, Clerk of Court Officer (F.S.S. 117.10)</p>								
PAGE <u>1</u> OF <u>1</u>								

# D.U.I. PROBABLE CAUSE AFFIDAVIT

ON THE 27th DAY OF Jan 20 19 AT 0325  AM  PM

SUBJECT: Stevenson, Christopher, Michael CASE NUMBER: 19030273

AGENCY: PALM BEACH COUNTY SHERIFF'S OFFICE ARRESTING OFFICER: INV Jacob Frey

## PERSONAL CONTACT

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

On 27Jan19 at approximately 0335hrs I arrived at the intersection of Gateway Blvd and Lawrence Rd, Boynton Beach, in unincorporated Palm Beach County in reference to a person passed out at the wheel.

Prior to my arrival I spoke to the deputies at the scene (D/S M. Alexander 30589 and D/S B. Sanz 30565). They told me they had a white male passed out in a vehicle at the intersection. They stated the vehicle was in drive and the vehicle was running. They spent several minutes attempting to wake the driver but were unsuccessful. I told them to have fire rescue respond to the scene for a possible medical emergency. D/S Sanz completed a supplemental probable cause affidavit.

Upon arrival I observed a gray Nissan sedan (FL tag Y54QQG) stopped in the left turn lane of westbound Gateway Blvd at the intersection with Lawrence Rd. I parked my marked patrol vehicle in front of the vehicle to prevent it from accidentally entering traffic and possibly causing a crash. As I approached the vehicle I observed a white male sitting in the driver's seat. He was later identified as Christopher Stevenson by his Florida Driver's License. He was slumped forward. His face was flush and he had a small amount of vomit on the front of his shirt. I observed the vehicle running and the shifter was in drive. All of the doors were locked and the windows were up.

## OBSERVATION OF DRIVER:

The deputies on the scene and I attempted to wake him up by knocking on the driver's side window and door several times. D/S Sanz rocked the car for several minutes. Eventually Christopher began to wake up. As he woke up he appeared dazed and confused. I requested several times to open the driver's side door. His movements were very slow. He eventually opened the door. As the door opened I immediately smell the strong odor of an unknown alcoholic beverage coming from inside the vehicle. During this time he turned the vehicle off. I asked him several times for his driver's license. After several times he handed me his keys. I again asked several times for his license. He slowly looked around the vehicle and appeared confused. He slowly grabbed his cell phone from the passenger's seat and began slowly go through his phone (he had difficulty pressing the buttons on the screen). I asked again for his license; he began to show me the phone and indicated it was his license. I told him several times that it was his phone and not his license. During this time I could smell the strong odor of an unknown alcoholic beverage coming from his breath. I also could see that his eyes were watery and glassy. As he exited his vehicle he was unsteady on his feet and stumbled around. One of the deputies at the scene indicated to me that his wallet was in his back pocket. Christopher retrieved his wallet slowly. During this time Palm Beach County Fire Rescue began to evaluate him. He still appeared confused so I asked him if I could go into his wallet to retrieve his driver's license. He gave me permission and I was able to locate his driver's license.

## DRIVER'S STATEMENTS:

At the BAT, post-Miranda, while in the holding cell he made the spontaneous utterance "I know I fucked up".

## ODORS:

Strong odor of an unknown alcoholic beverage coming from his breath and person

## GENERAL OBSERVATIONS

SPEECH: Slurred and slow

ATTITUDE: cooperative, disoriented, dazed, confused, sleepy

CLOTHING: black ball cap, black t-shirt (stained-drool), jeans, black sneakers

MEDICAL/OTHER: None

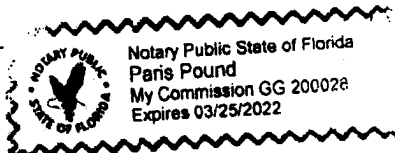
STATE OF FLORIDA  
COUNTY OF PALM BEACH

INV Jacob Frey  
(Signature of Arresting/Investigative Officer)

The foregoing instrument was sworn to, affirmed and subscribed before me this 27 day of Jan 20 19 by INV Jacob Frey

(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  
JAN 28 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:**

He had watery and glassy eyes. His body swayed. He had difficulty standing with his feet together and had to widen his stance to maintain balance. He had equal pupil size and equal tracking. His pupils were slow to react to light. He had difficulty following the stylus and I had to remind him several times to not move his head. He had Vertical Gaze Nystagmus (VGN) but did not have Lack of Convergence (LOC).

**WALK & TURN:**

I instructed and demonstrated the walk and turn several times; he eventually acknowledged he understood. He could not stand as instructed and had to step off the line and could not stand in the instructional stance. At this time I had to explain to him the Taylor Warning; he acknowledged he understood. He started to walk before instructed to do so. I again explained to him the Taylor warning and he acknowledged he understood. He walked 13 steps forward. He failed to maintain heel to toe and stepped off the line several times. He turned incorrect. He walked 9 steps back. He again failed to maintain heel to toe and stepped off the line. The task was completed on mildly wet roadway using a straight painted road line.

**ONE LEG STAND:**

I instructed and demonstrated the one leg stand; he eventually acknowledged he understood. He started the task by stretching out his left leg in front of with is toe still touching the ground. He counted to 4. He switched to his right foot and did the same thing. He then stopped and stood there. I had to remind him to continue the task until he was told to stop. He then pointed his left foot with his toe on the ground again. The task was completed on a mildly wet roadway.

**FINGER TO NOSE:**

I instructed and demonstrated the finger to nose; he acknowledged he understood. As I gave the demonstration he mimicked my movements. He could not keep his eyes closed and head tilted back. On several of the command he either pushed his nose, touched the bridge of his nose, or the side of his nose. His body swayed during the task. The task was completed on a mildly wet road.

**ROMBERG ALPHABET:**

He told me his highest level of education was a Bachelor's degree and English was his primary language. During the task his body swayed. He could not keep his eyes closed and head tilted back. He recited the alphabet incorrectly: "a, b, c, d, e, f, g, h, I, j, k, l, m, n, o, g, h, L, j, k, l, m, n, o, p, q, r, s, t, u, v, w, x, w, and, z, w, x, y, and, z." The task was completed on a mildly wet road.

**BREATH TEST RESULTS:** refused

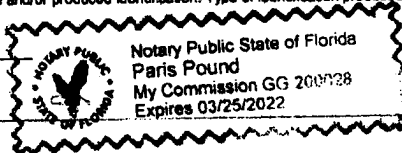
STATE OF FLORIDA  
COUNTY OF PALM BEACH

INV Jacob Frey  
(Signature of Arresting/Investigative Officer)

The foregoing instrument was sworn to or affirmed and subscribed before me this 27 day of Jan 2019 by INV Jacob Frey

(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**  
JAN 28 2019

SUBJECT: STEVENSON, CHRISTOPHER M CASE NUMBER: 19-030273

### 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? NO

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: Sarah Frey 9658

**SCANNED**  
JAN 28 2019

SUBJECT: STEVENSON, CHRISTOPHER M CASE NUMBER: 19-030273

## 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 J. Frey of the PRSU

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.

**SCANNED**  
JAN 28 2019

SUSPECT'S SIGNATURE: (X) READ ON CAMERA

# TESTING FACILITY TASK REPORT

AGENCY: PBSO

SUBJECT: STEVENSON, CHRISTOPHER M CASE NUMBER: 19-030273

DATE: 01/27/19 VIDEO TAPE NUMBER: N/A

BEGINNING TIME: 05:17 ENDING TIME: 05:27

BREATH TESTS RESULTS: 1) R TIME 05:24 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: P. Pound # 24639

MAINTENANCE TECHNICIAN: J. KARLECKE # 6467

## TESTING OFFICER'S OBSERVATIONS

SPEECH: SLURRED

ATTITUDE: CALM UPSET

CLOTHING: BLUE JEANS BLACK SHIRT BLACK/WHITE SNEAKERS

MEDICAL CONDITIONS: NONE

MEDICATIONS: NONE

OTHER: EYES GLASSY AND BLOODSHOT

**REFUSE**

COMMENTS: ARRIVED AT CENTER A/D BEGAN THE 20  
MINUTE OBSERVATION PERIOD AT 04:50 HRS.

A. REFUSED TO TAKE TEST

A/D READ I/C

A. STATED HE DIDN'T UNDERSTAND I/C  
A/D READ I/C AND EXPLAINED I/C MULTIPLE TIMES.

A/D CALLED REFUSAL @ 05:24

A/D READ RIGHTS

A. STATED HE UNDERSTOOD RIGHTS.

**REFUSED**

A/D ATTEMPTED QIA

**SCANNED**

A. REFUSED QUESTIONS.

**JAN 28 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: 2019003043	Date: 01/28/2019
	Specialist Name/ID: AM/31562

**SCANNED**  
**JAN 28 2019**