

05 02 766

ARREST / NOTICE TO APPEAR

2659

OBTS Number	Agency ORI Number <b>0502000</b>		Agency Name <b>Lantana Police Department</b>		Agency Report Number (N.T.A.'s only) <b>6, 4 18-002635</b>	1. Arrest 2. N.T.A.	3. Request for Warrant 4. Request for Capias	<b>1</b>	JUVENILE					
Charge Type: Check as many as apply	<input type="checkbox"/> 1. Felony <input type="checkbox"/> 2. Traffic Felony	<input checked="" type="checkbox"/> 3. Misdemeanor <input type="checkbox"/> 4. Traffic Misdemeanor	<input type="checkbox"/> 5. Ordinance <input type="checkbox"/> 6. Other	If Weapon Seized	Enter Type <b>None/not Applicable</b>	Multiple Clearance Indicator		<b>1</b>						
Location of Arrest (Including Name of Business) <b>S DIXIE HWY/E CENTRAL BLVD</b>					Location of Offense (Business Name, Address) <b>1710 21ST CT, DELRAY BEACH, FL 33435</b>									
Date of Arrest <b>11/03/2018</b>	Time of Arrest <b>21:48</b>	Booking Date <b>11/03/2018</b>	Booking Time <b>21:58</b>	Jail Date	Jail Time	Location of Vehicle <b>JD TOWING</b>								
Name (Last, First, Middle) <b>CAMPBELL, CHRISTOPHER STUART</b>					Alias:									
Race <b>W</b>	Sex <b>M</b>	Date of Birth <b>11/01/1976</b>	Height <b>5'10</b>	Weight <b>180</b>	Eye Color <b>BLUE</b>	Hair Color <b>GRAY</b>	Complexion <b>LIGHT</b>	Build <b>Medium</b>						
Scars, Marks, Tattoos, Unique Physical Features (Location, Type, Description)					Marital Status <b>S</b>	Religion <b>CHRISTIAN</b>	Indication of Alcohol Influence Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Unk. <input type="checkbox"/>							
Local Address (Street, Apt. Number) <b>1710 21ST CT, DELRAY BEACH, FL 33435</b>					Phone <b>(702) 917-9625</b>		Residence Type: 1. City 3. Florida 2. County 4. Out of State <b>2</b>							
Permanent Address (Street, Apt. Number) <b>1710 21ST CT, DELRAY BEACH, FL 33435</b>					Phone <b>(702) 917-9625</b>		Address Source <b>DEFENDANT</b>							
Business Address (Name, Street) <b>GAMMA AVIATION,</b>					Phone		Occupation <b>Aircraft Mechac</b>							
D/L Number, State <b>CS14117764010 / FL</b>		Sec. Sec. Number	INS Number	Place of Birth (City, State) <b>LANSING, MI, United</b>		Citizenship <b>US</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"/> 5. Juvenile				
Co-Defendant Name (Last, First, Middle)					Race	Sex	Date of Birth	<input type="checkbox"/> 2. At Large	<input type="checkbox"/> 4. Misdemeanor					
Name (Last, First, Middle)					Residence Phone			Business Phone						
Address (Street, Apt. Number)					School Attended			Grade						
Notified by: (Name)					Date	Time	JUVENILE DISPOSITION 1. Handled/Processed within Department and Released 2. TOT JAC 3. Incarcerated							
Released To: (Name)					Relationship	Date	Time							
The above address was 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's Office (Phone 355-2526) informed of any change of address.					Property Crime? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			Description of Property			Value of Property			
Drug Activity N. N/A P. Possess					S. Sell B. Buy T. Traffic	R. Seizure 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. Synthetic	U. Unknown Z. Other
Charge Description <b>DUI-DRIVING UNDER THE INFLUENCE</b>					Statute Violation Number <b>316.193(1)</b>	Violation of ORD # <b>316.193(1) OR</b>								
Drug Activity <b>N</b>	Drug Type <b>N</b>	Amount / Unit	Offense # <b>18-002635</b>	Counts <b>1</b>	Domestic Violence <input type="checkbox"/> Y <input checked="" type="checkbox"/> N	Warrant / Capias Number		Bond						
Charge Description <b>ATTACHED TAG NOT ASSIGNED</b>					Statute Violation Number <b>320.261</b>	Violation of ORD # <b>320.261 OR</b>								
Drug Activity <b>N</b>	Drug Type <b>N</b>	Amount / Unit	Offense # <b>18-002635</b>	Counts <b>1</b>	Domestic Violence <input type="checkbox"/> Y <input checked="" type="checkbox"/> N	Warrant / Capias Number		Bond						
Charge Description					Statute Violation Number	Violation of ORD #								
Drug Activity	Drug Type	Amount / Unit	Offense #	Counts	Domestic Violence <input type="checkbox"/> Y <input checked="" type="checkbox"/> N	Warrant / Capias Number		Bond						
Health / Apparent Physical Condition of Defendant					Any knowledge of the following: <input type="checkbox"/> Mental <input type="checkbox"/> Escape Risk <input type="checkbox"/> Medication <input type="checkbox"/> Deformities <input type="checkbox"/> Injuries									
Check which applies: <input type="checkbox"/> Released O.R. <input type="checkbox"/> Posted Bond					<input type="checkbox"/> Released to Parent/Guardian <input type="checkbox"/> T.O.T. County Jail		PROPERTY - Received By		Released By		Released To			
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) <b>200 W Atlantic Ave, DELRAY BEACH</b>									
					Court Date and Time <b>12/03/2018 00:00:00</b>									
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 COMTEMPT OF COURT AND A WARRANT FOR MY ARREST SHALL BE ISSUED.					No Photo Available									
Signature of Defendant (or Juvenile and Parent/Custodian) <i>[Signature]</i>					Date Signed <b>NOV 04 2018</b>									
HOLD for Other Agency					Name Verification (Printed by Arrestee) <b>SHARON R. BOCK</b> Clerk & Comptroller									
<input type="checkbox"/> Dangerous <input type="checkbox"/> Suicidal					<input type="checkbox"/> Resisted Arrest <input type="checkbox"/> Other									
Name of Arresting Officer (Print) <b>VARGAS, CHRISTIAN A.</b>					I.D. # <b>887</b>									
Transporting Officer <b>VARGAS, CHRISTIAN</b>					I.D. # <b>887</b>									
Agency <b>LPD</b>					Agency <b>LPD</b>									
Witness here if subject signed with an "X".					PAGE <b>1 OF 1</b>									

Received W.B.

NOV 06 2018

# D.U.I. PROBABLE CAUSE AFFIDAVIT

ON THE 3rd DAY OF november 20 18, AT 2129 AM/PM  
SUBJECT: Christopher Campbell CASE NUMBER: 18-002635  
AGENCY: LANTANA POLICE ARRESTING OFFICER: C. Vargas 887

## PERSONAL CONTACT

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

Defendant Christopher Campbell 11/01/76 was involved in a single vehicle crash at S. Dixie Hwy and E. Central Blvd. On scene contact was made with defendant who was in the driver's seat of his vehicle. Defendant stated he was driving southbound on S. Dixie Hwy and he was cut off by an unknown vehicle causing him to drive off the roadway and crash. Two independent witnesses on scene also stated the defendant was driving the Silver BMW that he was sitting in.

## OBSERVATION OF DRIVER:

Defendant was the only occupant in the vehicle. Defendant was positioned in the front drivers seat upon this Officer's approach of the vehicle. Defendant appeared to be unaware of his surroundings. Defendant had glassy eyes and slurred his speech. Defendant had the smell of an unknown alcoholic substance emitting from his mouth.

## DRIVER'S STATEMENTS:

Defendant advised that he was driving home from the Old Key Lime House Bar. Defendant admitted to drinking 4 beers in 3 hours. Defendant stated he was cut off by another vehicle which caused the crash. Defendant stated he was aware that he was drinking and driving but

## ODORS:

Strong odor of an unknown alcoholic beverage coming from the defendant's mouth/vehicle.

## GENERAL OBSERVATIONS

**SPEECH:** Slurred.

**ATTITUDE:** Emotional, erratic.

**CLOTHING:** Messy

## MEDICAL / OTHER:

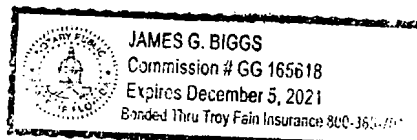
STATE OF FLORIDA  
COUNTY OF PALM BEACH

(Signature of Arresting / Investigative Officer)

The foregoing instrument was sworn to or affirmed and subscribed before me this 3rd day of NOVEMBER 20 18 by OFC. C VARGAS 887

(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 117.10)



SUBJECT: Christopher Campbell CASE NUMBER: 18002635

## 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:

Defendant was swaying while performing tasks.

### WALK & TURN:

Defendant was swaying while listening to the instructions, Defendant failed to follow instructions. Defendant failed to place feet in a heel-to-toe position while performing tasks.

### ONE LEG STAND:

Defendant was swaying while listening to the instructions, Defendant failed to follow instructions. Defendant's foot touched the ground 5 times during the task. Defendant counted #14 twice. The defendant counted #20 then skipped #21 and counted #22.

### FINGER TO NOSE :

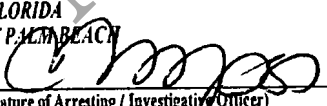
Defendant was swaying while listening to the instructions, Defendant failed to follow instructions. Defendant lost his balance and took several steps forward off the position where he was performing the tasks. Defendant failed to touch his nose three times.

### ROMBERG / ALPHABET :

Task not completed

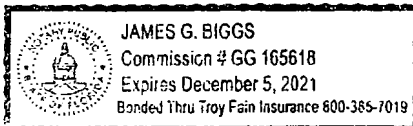
### BREATH TEST RESULTS : (1) .199, (2) .196

STATE OF FLORIDA  
COUNTY OF PALM BEACH

  
(Signature of Arresting / Investigative Officer)

The foregoing instrument was notarized or sworn before me this 3rd day of NOVEMBER 20 18 by OFC.C VARGAS 887  
who is personally known to me and/or produced identification. Type of identification produced \_\_\_\_\_

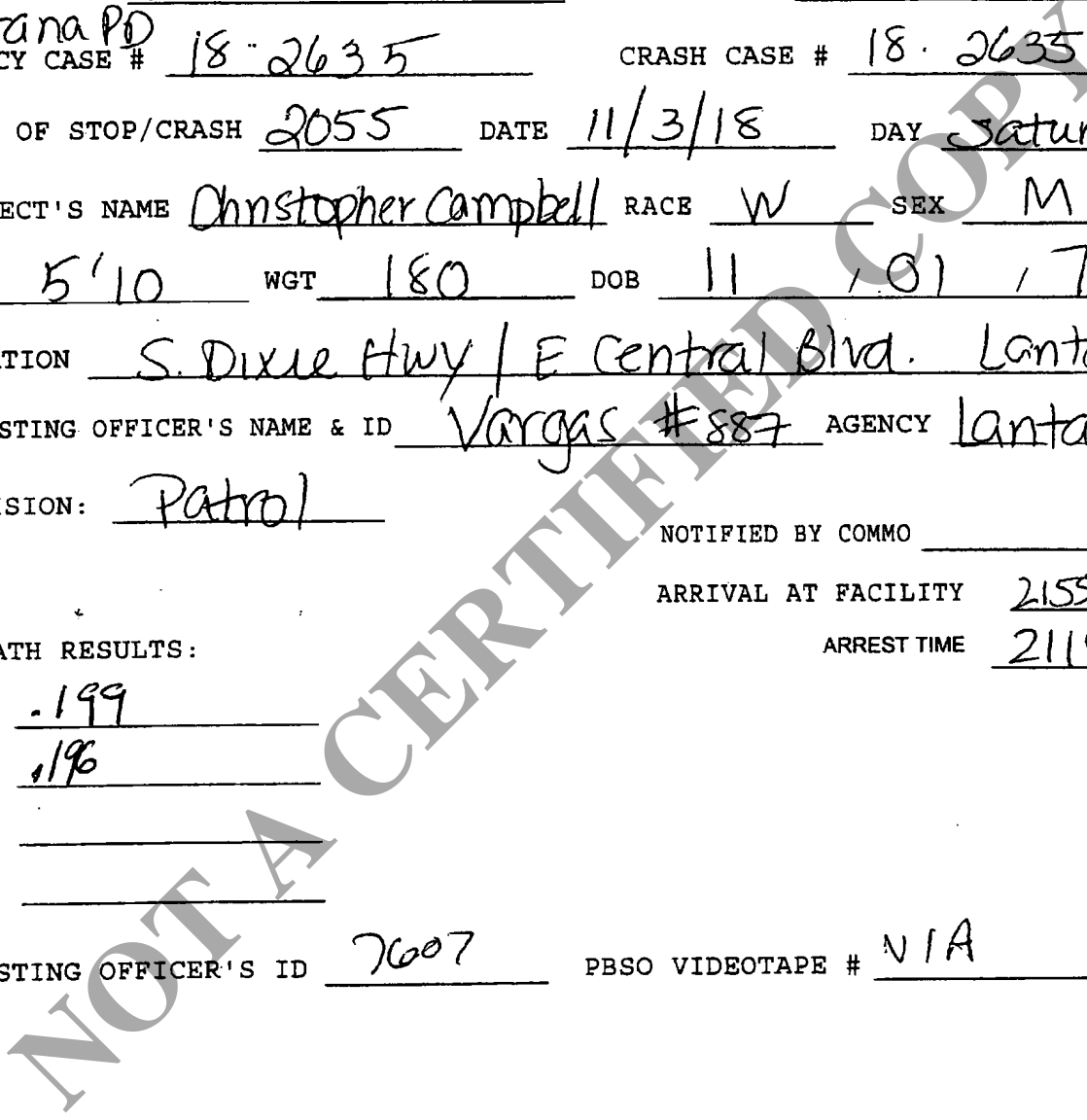
\_\_\_\_\_  
Notary Public, Clerk of Court, Officer F.S.S. 117-10)





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

PBSO CASE # 18-140720 PBSO ZONE G-12  
Lantana PD  
 AGENCY CASE # 18-2635 CRASH CASE # 18-2635  
 TIME OF STOP/CRASH 2055 DATE 11/3/18 DAY Saturday  
 SUBJECT'S NAME Christopher Campbell RACE W SEX M  
 HGT 5'10 WGT 180 DOB 11 10 1976  
 LOCATION S. Dixie Hwy / E Central Blvd. Lantana FL  
 ARRESTING OFFICER'S NAME & ID Vargas #887 AGENCY Lantana <sup>33462</sup>  
 DIVISION: Patrol NOTIFIED BY COMMO \_\_\_\_\_  
 ARRIVAL AT FACILITY 2155  
 BREATH RESULTS: ARREST TIME 2119  
 1. .199  
 2. .196  
 3. \_\_\_\_\_  
 4. \_\_\_\_\_  
 TESTING OFFICER'S ID 7607 PBSO VIDEOTAPE # NIA



# WITNESS LIST

CASE NUMBER: 18002058

ARRESTING OFFICER C. VARGAS #887

ADDRESS 901 N 8TH ST, LANTANA FL 33462

PHONE NUMBERS (HOME) \_\_\_\_\_ (WORK) 561.540.5701

CAN TESTIFY TO: FACTS/ ACCIDENT

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: \_\_\_\_\_

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PHONE NUMBERS (HOME) \_\_\_\_\_ (WORK) \_\_\_\_\_

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CAN TESTIFY TO: \_\_\_\_\_

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PHONE NUMBERS (HOME) \_\_\_\_\_ (WORK) \_\_\_\_\_

CAN TESTIFY TO: \_\_\_\_\_

NAME: \_\_\_\_\_

ADDRESS \_\_\_\_\_

PHONE NUMBERS (HOME) \_\_\_\_\_ (WORK) \_\_\_\_\_

CAN TESTIFY TO: \_\_\_\_\_

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: 80-006477 Software: 8100.27  
Date of Test: 11/03/2018

Date of Last Agency Inspection: 10/19/2018  
Observation Period Began: 21:55  
Subject's Name: CHRISTOPHER S CAMPBELL DOB: 11/01/1976 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	22:18
	Air Blank	0.000	22:18
	Control Test	0.080	22:19
	Air Blank	0.000	22:19
	Subject Sample #1	0.199	22:20
	Air Blank	0.000	22:20
	Air Blank	0.000	22:22
	Subject Sample #2	0.196	22:22
	Air Blank	0.000	22:23
	Control Test	0.079	22:23
	Air Blank	0.000	22:24
	Diagnostics Check	OK	22:24

Cylinder lot: 05218080A3  
Exp: 05/05/2020

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: 11/3/18  
Signature

Sworn to (or affirmed) before me this 3 day of Nov, 2018

Signature of Notary Public-State of Florida \_\_\_\_\_ Printed Name of Notary Public-State of Florida OFC Vargas

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: LPD-VARGAS

SUBJECT: CAMPBELL, CHRISTOPHER S

CASE NUMBER: 18-140726

DATE: Nov 3, 2018

VIDEO DVD NUMBER: N/A

BEGINNING TIME: 2215

ENDING TIME: 2226

BREATH TESTS RESULTS: 1) .199 TIME 2220 A.M.  P.M.  2) .196 TIME 2222 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 Karklecke #6467

## TESTING OFFICER'S OBSERVATIONS

SPEECH: SLURRED, MUMBLING AT TIMES

ATTITUDE: COOPERATIVE, UPSET

CLOTHING: BLUE SHIRT, GRAY SHORTS

MEDICAL CONDITIONS: NONE

MEDICATIONS: NONE

## OTHER:

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

## COMMENTS:

ARRESTING OFFICER CONDUCTED THE 20 MINUTE OBSERVATION BEGINNING AT 2155  
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 TO THE SUBJECT  
MIRANDA WAS READ TO SUBJECT  
SUBJECT REFUSED THE QUESTIONS

SUBJECT: Christopher Campbell CASE NUMBER: 18-2635

## 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: \_\_\_\_\_

SUBJECT: Christopher Campbell CASE NUMBER: 18-2635

**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) \_\_\_\_\_



# 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"/>	539.001 FS	Other: All records relating to pawnbroker transactions.	
	<input type="checkbox"/>	119.0712(2)	Other: Personal information contained within a motor vehicle record	

REVIEW COMPLETED BY

Booking Number: 2018036888	Date: 11/04/2018
	Specialist Name/ID: howardt/7185