		0511	36-	)	0	019	•		. •	87	1. Arrest	3. Request for W	1	765	!
A D M	OBTS Number		9		ARI	REST / NO	OHCE	10 A	PPEAK	1	2, N.T.A. ort Number (N.T.A.)	Request for C:     Suvenile Refer	epias I	<b>1</b>	VENILE
I N		0500200	Bo	ca Raton P						1	2019-0	13149			Multiple
S T	Charge Type: Check as many as apply.	1. Felony	Feloay	3. Mindemeanor 4. Traffic Minden		5. Ordinance 6. Other		l ocation :	of Officerse (Elu	rinoss Name A	Easer Type	None/no	t Applic	able	Clearance Indicator
A T		(Including Name of V 5TH AVE	BOCA RAT	ON FL 3343 Booking Date	I	Booking Tie			-		HWY, BOC	A RATON		3431	
0 N		9/2019	02:04	09/29/20	019	02:			09/29/20		02:09 (Name, DOB, Soc. 5		N FED	ERAL H	WY BOCA
	COBB, I		] Sex	Date of Birth		Height	Alia		Eye Col		Hair Color		Complexion		Build
D	W-White 1- B-Black O-	American Indian Oriental/Asian	Features (Location, Typ	04/20	V1986	5'11		200		BLUE Status Retig		AY	Indication o		MO
EFE		oset, Apt. Nismber)		(City)	,	(State)	t2	Č(p)			ONE Phone		Alcohol Infi Dros Infine Residence T	nge L. Type:	<u>™                                    </u>
N D A		FEDERAL is (Street, Apr. Name	. HWY 215, B ∞)	OCA RATO	N, FL 3343	(State)	(2	Zip)		<del></del>	(203) 21 Phone	8-4368	1. City 2. County Address So		11
7 %	2500 N Business Address		. HWY 215, B	OCA RATO	N, FL 3343	(State)	(2	Zip)			(203) 21 Phone	<u>8-4368</u>	Occupation		
	D/L Number, Sun		- T			INS Number				e of Birth (City		Citize	nship	<i>lanaging</i>	Direct
c		167785958 me (Last, First, Midd					Rac	<b>-</b> T		RIDGE. Date of Birth	PORT, CT,		Arrested [		5. Juvenile
O D	Co-Defendant Na	me flast, First, Mide	Sic)				Rac	<b>2</b>	Sex 1	Date of Birth		0.	Arrested [		5. Juvenile
Ē.	Parent	Other:			Name (Last.	First, Middle)		1	<u> </u>					4. Missiemenn Residence Phone	x
200	Address (Street, A			(1	City)		(State)	<u> </u>	(Zip)					Business Phone	<del>/////////////////////////////////////</del>
N E	Notified by: (Nan	ine)						Date		Tiess	1. H	E DISPOSITION	within .	2. TOT JAC	
E	Released To: (Na	ure)		<u></u>	Relationship	<del>-,</del>	<del>-</del>	Date	- 1	Tique	D	epartment and Rei	<u> </u>	3. Incarcement	1
	The above	address was p	provided by was told to kee	defendant a	nd/or 🗆 de	efendant's p	parents.			School Arte	nded			G	ade
	(Phone 355	5-2526) infor	med of any cha	nge of address.  □ №		0			Crime?	Description	of Property			V	akue of Property
COD	Drug Activity N. N/A P. Powes	S. Sell B. Bay T. Traffic	R. Sanuggie D. Deliver E. Use	K. Dispersen/ Distribute	M. Mannfacture/ Produce/ Cultivate	Z. Other		Drug 1 N. N/A A. A.R	Fype phetamine	B. Barbitura C. Consinc E. Heroia	itė H. Halluci M. Mariju O. Opium/	LINA	araphemalia/ Equipment Synthetic	U. Unknow Z. Other	L
CH	Charge Description  DUI	<b>100</b>									Statute Violat 316.19			Violation of C	RD#
RGE	Drug Activity	Drug Type A	mount / Unit	Officese #	13144		omestic Viole		Warrant / Cape	as Number				Bond	
C H A	Charge Descriptor  LEAVII		CENE OF A		H INJURY						Statute Violat 316.02			Violation of C	RD#
R G E		Ñ	Lenount / Unit	2014 -	013149	1	Omestic Viole	- 1	Warrant / Capi	as Number	la vista			Bood	$\overline{m}$
C H A R	Charge Descripti			The state of the s		75 . 75		1	11		Statute Violat	ion Number		Violatima of	RD#
G E	Drug Activity	<u> </u>	amount / Unst	Offense #		1	Omestic Viole	N-	Warrant / Capi		<u>. n.</u>	ı Пе	. n	<u> </u>	rmities 🗖 lejuries
1 27	GOOD Check which app	r Physical Condition		cased to Parent/Guardi	GI - /	).T. County Jail	PROPERT		Explain:		Pg 1i Ments  Released By	. L. tacapt Ri		estion Li Delo	was Ligena
T A K E	Check which app Transperted By	Poste		nh County Mental Hea		coury mi	BRPI.	)	_		BRPD Other			SO	
	BRPD	HOTOM	O. 1 - Mandator		n 00:		09/2	9/201 (Court, Ro	9 0.	2:09				<del>- 1</del>	
NOTICE			3. 2 - You need		Court	Page 2.		COU.		W Atlai	ntic Ave De	iray Beaci	h, FL 3.	3444	No
т 0	I WILLFULLY	APPEAR AT TH Y FAIL TO APPE REST SHALL BE	E TIME AND PLACE EAR BEFORE THE	E DESIGNATED COURT AS REQU	TO ANSWER TE	E OFFENSE NOTICE TO A	CHARGED APPEAR, T	OR TO	PAY THE	FINE SUBS	CRIBED. I UNI	DERSTAND TI LIRT AND A W	HAT SHOU ARRANT	1	Photo Available
APPEAR	. Va mi Audi	STATE BE	·							,					
Ŕ	HOLD for Other		Signature of Defende	nt (or Juvenile and	Parent/Custodian) Signature of Custodian					Na	Date Signed use Verification (Pol	d by Arreston)	$\overline{1}$		$\overline{\cdot \cdot \cdot \cdot \cdot}$
A D M		gerous	Resisted Arrest		Name of Arresting		P	4			PRINT	FI		Dino	PAGE
Ņ	Intoke Departs	Salar Mar	Other	Pouch #	Transporting Office	er		LD. #	Aş	21 RPD W	Vimess here if subject	signed with Sa	<del>2</del> 30	2019	PAGE 1 OF
		1 - 2/1												BO	
-				1 77/D	**************************************	Allo	11 6		N	a al		21.v.	erk &	. 10 m	

OCT 0 1 2018/9

Received WB LOUCKNEW TO THE

A	OBTS Number PROB	ABLE CAUSE	E AFFIDAVIT	1 Arrest 2. N.T.A.	3. Request f 4. Request			JUVENILE
D M	Agency ORI Number Agency Name  FL 0500200 BOCA RATON POLICE	DEDARTM	1 " "	Report Number 2 2019-	.0121	10		
- 2	Charge Type: 1. Felony 3 Misdemeanor 5	i. Ordinance	LIVI J	Special Not		<del>7</del> 2		
٥	Name (Last, First, Middle)	i. Other			Race	Sex	Date of Birth	
w u.	COBB, DALE M	To	harge Description		W	М	04/20/	1986
C H A	Charge Description 316.027(2A) LEAVING THE SCENE OF A CRASH WITH IN	1	116.193(1) DUI					
K G W	Charge Description	C	harge Description					
S	Victim's Name (Last, First, Middle)	<u> </u>			Race	Sex	Date of Birth	
١	ORDWAY, AMBER ELIZABETH Local Address (Street, Apt. Number) (City)	State) (2	Zip)	Phone	W	F	11/08/1 tress Source	1972
T	303 SW 8TH AVE, BOYNTON BEACH, FL 33435	oare) (a	/					
M	Business Address (Name, Street) (City)	State) (a	Zip)	Phone		00	cupation	
$\vdash$	The undersigned certifies and swears that he/she has just and resonable grounds	to believe, and doe	s believe that the above na	med Defendant co	nmitted th	e follow	nng violation of	law.
	The Person taken into custody  committed the below acts in my presence.	∏ was ab	served by					who toid
	confessed to ME							tt the below acts.
	admitting to the below facts.  On the 28 day of September , 2019 at		nd to have committed the Specifically include facts		1 -	•	(described) in	vestigation.
	Of the 20 day of September , 2023 at	23.23	Specifically include facts	CONSBIDENCY CAN	ise ioi ai	1651.)		
	On 09/28/19 at approximately 2213 hou		_					
	N. Federal Hwy. An anonymous caller so a white Jeep and that the Cadillac was							
P	lot towards Publix. The victim then	_				_	_	- :
R	and that the vehicle which had struck	her had	parked in the	e Publix	park	ing	lot. S	he
8 A	described the driver of that vehicle	to be a W	/M wearing a	gray shi	irt a	nd l	olack p	ants
B	and was staggering into Publix.							
E	I then arrived on scene and made conta	act with	the victim, 1	Ms. Amber	ord	way	. She a	dvised
	she was driving North on N. Federal H			-				
A	South on N. Federal Hwy to make a lef 24th St. She advised she had a green							
s	her right of way causing her to strik							
Ε	front passenger side of her vehicle.				-			
S	vehicle, consistent with her explanat the suspect through the parking lot n							
Ā	parked over near the Beehive Kitchen.		=					
Ë		was the	sole occupan	t.				
E		lix in a	staggering m	anner. I	then	was	s advis	ed by
N T	Dispatch that the suspect had exited							_
	observed the male matching the suspec		~	_				
	When he looked up at me entering the in an apparent attempt to avoid me. I			_			_	
	and explained the reason that I was to							_
	to my vehicle so that I could complet		<del>-</del>					
	consumed any alcohol between the time custody and he advised he did not.	or the c	rasn and the	time whe	en I	TOO	k nim i	nto
Â			D I	'/ h-			······································	
<b>∢D≱</b> -:		<del>-</del>	SIGNATURE OF A	PRESTING LINE	STICATION	IG OFF	CER	
2~0	MAZER, DEREK-S  NOTARY PUBLIC / CLERK OF COURT OFFICER (F. 38-417 10)						UER	
N-STRATI	09/29/2019	•		RYAN JAME F OFFICER (PLEA				PAGE
TIVE	ŧ.	-	0	9/29/2019 DATE	<u> </u>			1 of 3

COURT STATE ATTORNEY

**CENTRAL RECORDS** 

CRIME ANALYSIS

JAIL

P. I. O.

_	OBTS Number	$\neg$	PROBABLE CAUSE	AFFIDAVIT	1	Aurest 3	Request	for Warrar		
			SUPPLEME	NT			4. Request	for Capies	1	JUVENILE
D M		y Name			Agency Report N		^-	40		
ì			OLICE DEPARTM	ENT	3 2	2019-0		49		
Z	Charge Type	3. Misdemeanor 4. Traffic Misdemeano	5. Ordinance			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,				
0	Name (Last, First, Middle)		Alies				Race	Sex	Date of Birth	
Ē	COBB, DALE M						W	M	04/20	/1986
PROBABLE CAUSE STATEMENT	When I asked him about about. When I pointed he usually listens to effects which may be in the crash but state legally obligated to injuries due to his at the suspect advised stated he does not he from performing field series of tasks to de escorted him over to task one was the wall that he understood the suspect had to use he and forth. The suspect that the understood the sure he understood the ground more than two as he was instructed times. He used his at task three was the first	ad concluded read him his so rights and tions with the ked the suspection nor did in the cranswer.  time he had ked what he fter ponderied how many medication to the Howard why he didned he didnes top after a ctions.  hat a Bachelove any problem to sobriety to termine his a flat, level and turn.  Lem prior to sarms for let counted 6 leg stand.  Lem prior to inches. The suspections to the suspections to the suspections to the suspection to t	is my crash involutional miranda right with those riche suspect the pect why he need he stop to such ash (Injuries di consumed alcomes di consumed	estigation to via against in a crassion a cr	and he mind, he and he dvised opproximate with his is and then additionally and he sale with his is and he sale with and he sale with his is and he sale with his is and was and he sale with his is and was a skipp of the transfer ound the first he transfer ound the first hear ound the first hea	would reprint the did of all tempt in advisually wever advisually	now need in wish control of earth of the control of	she is care of the	eginn:  I. He :  I speal  I speal  I not :  I not :  I not :  I not of  I the  I the	stated k with mitted s from provide  ior ple dvised if he  king but that sound involved hit had  He rent him to a hen tasks.  ensured cion, the s back  made ef the his foot down 12
A D N I	OTIONITAND GODGONDED DET ONE ME	016	<b>.</b>			TING UNIVE	STICATI	NG OFF	ICER	-

SWORN AND SUBSCRIBED BEFORE ME

MAZER, DEREK-B

NOTARY PUBLIC / CLERK OF COURT LOPFICER (F.S.S. T17 10)

DATE

SIGNATURE OF ARRESTING / INVESTIGATING OFFICER

VICK, BRYAN JAMES (821)

NAME OF OFFICER (PLEASE PRINT)

DATE

PAGE
2 or 3

COURT

$\Box$	OBTS Number	PROBABLE CAUSE AFFIDAVIT SUPPLEMENT	1. Arrest 3 Request for Warrant 2 N.T.A. 4. Request for Capies JUVENILE
â	Agency ORI Number Agency Name		Agency Report Number
M	FL 0500200 BOCA	RATON POLICE DEPARTMENT	3 2 2019-013149
N	Check as many	Alisdemeanor	Special Notes:
D	Name (Last, First, Middle)	Alias	Race Sex Oate of Buth
F	COBB, DALE M		W   M   04/20/1986
PROBABLE CAUSE STATEMENT	the suspect fell off the suspect did not have his suspect was swaying 4-6; himself from falling durch his nose once and also to approximately one inch fit approximately one inch fit approximately one inch fit advised he understood the suspect thirty seconds prince seconds and was sway. Task five was the Horizon exercise and he advised be eyes other than him requipursuit with both eyes. In both eyes and there was in both eyes and there was 1 then advised the suspect Influence (F.S.S. 316.19: 316.027(2A)). He was hand for proper spacing. The for booking. Ofc. Lauckned defendant was asked to prove the suspect of the Palm Beach County for Driving Under the Institute of the Palm Beach County for Driving Under the Institute of the Palm Beach County for Driving Under the Institute of the Palm Beach County for Driving Under the Institute of the Palm Beach County for Driving Under the Institute of the Palm Beach County for Driving Under the Institute of the Palm Beach County for Driving Under the Institute of the Palm Beach County for Driving Under the Institute of the Palm Beach County for Driving Under the Institute of the Palm Beach County for Driving Under the Institute of the Palm Beach County for Driving Under the Institute of the Palm Beach County for Driving Under the Institute of the Palm Beach County for Driving Under the Institute of the Palm Beach County for Driving Under the Institute of the Palm Beach County for Driving Under the Institute of the Palm Beach County for Driving Under the Institute of the Palm Beach County for Driving Under the Institute of the Palm Beach County for Driving Under the Institute of the Palm Beach County for Driving Under the Institute of the Palm Beach County for Driving Under the Institute of the Palm Beach County for Driving Under the Institute of the Palm Beach County for Driving Under the Institute of the Palm Beach County for Driving Under the Institute of the Palm Beach County for Driving Under the Institute of the Palm Beach County for Driving Under the Institute of the	line and had to catch himself head tilted towards the sky as inches as he performed the task ing the task. He touched the til ouched the bridge of his nose worm the tip.  I without Recitation. I explain a instructions prior to beginning the suspect ying approximately 3-6 inches do not all Gaze Nystagmus. He was insuch a understood. He advised he distring glasses or contact lenses there was distinct and sustained as onset of Nystagmus prior to the was being placed under ar 3(1) and Leaving the Scene of a dcuffed (double locked) behind defendant was transported to the er served as the breath test opprovide a sample of his breath word and .205.  Was towed to Emerald Towing. The Jail, He was issued Florida Uniform Train Injury, both with a mandatory	k. The suspect had to catch ip of his finger to the bridge of with part of his finger that was need the task to the suspect and he ing. I used my watch to show the ended the task at one minute and during the task.  structed how to stand during the id not have any problems with his s. He exhibited lack of smooth ed Nystagmus at maximum deviation 45 degrees in both eyes.  rrest for Driving Under the a Crash with Injury (F.S.S. his back with the cuffs checked he Boca Raton Police Department
ADM - N-STRAT-	SWORN AND SUBSCRIBED BEFORE ME	S B	N184
N	MAZER, DERPK		RE OF ARRESTING / INVESTIGATING OFFICER
S	NOTARY PUBLIC / CLERK OF COURT FOF	FICE (IFS \$ 117.10)	CK, BRYAN JAMES (821)
R	09/29/2019		NAME OF OFFICER (PLEASE PRINT)
Y.	DATE		09/29/2019 PAGE 3 OF 3
Ĕ			DATE

COURT STATE ATTORNEY **CENTRAL RECORDS** 

JAIL

**CRIME ANALYSIS** 

P. I. O.

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

Instrument Type: Intoxilyzer 8000
Instrument Registered To: BOCA RATON PD
Instrument Serial Number: 80-006622 Software: 8100.27

Date of Test: 09/29/2019

Date of Last Agency Inspection: 08/06/2019

Observation Period Began: 23:34

Subject's Name: DALE M COBB DOB: 04/20/1986

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.

Sex: M

esulas:	Test	g/210L	Time	
	Diagnostics Che		23:56	
	Air Blank	0.000	23:56	
	Control Test	0.079	23:57	
	Air Blank	0.000	23:57	
	Subject Sample	#1 0.230	23:58	
	Air Blank	0.000	23:59	
	Air Blank	0.000	00:00	1
	Subject Sample	#2 0.200	00:00	
	Air Blank	0.000	60:01	
	Air Blank	0.000	00:03	
	Subject Sample	#3 0.205	00:03	
	Air Blank	0,000	00:04	
	Control Test	0.079	00:05	
	Air Blank	0.000	00:05	
	Diagnostics Che	ek OK	00:05	

Cvl(nder Lot: 13518080A5 Exp: 08/05/2020

State of Florida, County of falmBeach

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 THEOREMS A DAMPSHEE , , 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: A J. . . . . Date: 09/29/2019

Sworn to (or affirmed) before me this 29th day of September, 2019

DWW FU

Signature of Notary Public-State of Florida

Printed Name of Notary Public-State of Florida

Note: Pursuant to section 117.10, Florida Statutes, law enforcement officers, correctional officers, traffic

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.

Observation Time: 2334-2354 BRPD Case: 2019-013149

### DUI INFLUENCE REPORT



BOCA RATON POLICE SERVICES DEPARTMENT 100 NW 2<sup>nd</sup> Avenue Boca Raton, FL 33432

Revised: July 9, 2018

## BOCA RATON POLICE SERVICES DEPARTMENT DUI INFLUENCE REPORT - PART I

On the	28th	_day of	september	, at	2213	AM/PM
Subject: _	Dale	Cobb	september	Case Number:	2019-	013149
-			PERSONAL C	CONTACT		
Driving P	attern:		See	P.C.		
•						
· · · · · · · · · · · · · · · · · · ·				1		
Observati	on of Driver:					
					) /·	
Driver's	Statement:					
Odors:						
			<u> </u>			
			GENERAL OBSI			
Speech:			<u>see</u>	P.C.	·	
Attitude: Clothing:	,				-	
_	Problems:	·				
Medication	ons:			<del></del>	•	
Other: _			<u>V</u>			

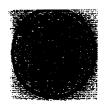
Page 1 PART ONE

Horizontal Gaze Nystagmus:	
Left eye does not follow smoothly	Right eye does not follow smoothly
Left eye jerks at 45 degrees angle or less	Right eye jets at 45 degrees angle or less
Distinct jerking left eye maximum deviation	Distinct jerting right eye maximum deviation
Can not do, Why?	
	/
Can not do, Why?	
•	A
One leg stand:	
Can not do, Why?	
Finger to nose:	
I light to liose.	
(4)	
CY	
Can not do, Why?	
Alphabet (speech pattern):	V
Can not do, Why?	
Breath/Blood test results: 15t), 230 2	(30), $(30)$ , $(30)$
State of Florida, County of Palm Beach,	2019 - of 1- acoust
Sworn and subscribed before me this	2019 (date) by Ofc. Lanckner
and de	09/ /2019
Notary/Clerk of Court/ Officer (FSS 117.10)	Date
Boll 920	Beyon Vak 821
Signature of Arresting Officer	Name of Officer (print)

Page 2 PART ONE

ARRESTING OFFICER:	Fc. B. Vick	_	
Name:	Phone #	Work #	
Address:			
Can testify to:			
Name:	Phone #	Work #	
Address:			
Can testify to:			
Name:	Phone #	Work #	<u>)</u>
Address:			
Can testify to:			
Name:	Phone #	Work#	
Address:			
Can testify to:		<b>Y</b>	-
Name:	Phone #	Work #	·
Address:			
Can testify to:			·
Name:	Phone #	Work #	
Address:			· · · · · · · · · · · · · · · · · · ·
Can testify to:			•
Name:	Phone #	Work #	
Address:			-
Can testify to:			

Page 3
-END OF PART ONE-



## BOCA RATON POLICE SERVICES DEPARTMENT JUVENILE CONSTITUTIONAL WARNINGS

Rights of suspects prior to custodial questioning. Identify yourself and state:

I am required to warn you before you make any statement that you have the following Constitutional rights:

- (1) You have the right to remain silent and not answer any questions. Tell me in your own words what you think this means.

  (You do not have to talk to me or answer any questions about this offense. You can be quiet if you want.)
- (2) Any statement you make must be freely and voluntarily given. Tell me in your own words what you think this means.

  (If you do talk to me it has to be because you want to and not because anyone is forcing you to speak.)
- (3) You have a right to the presence and representation of a lawyer of your choice before you make any statement and during any questioning. Tell me in your own words what you think this means.
  - (You can talk to a lawyer before we ask you any questions and you can have him/her with you now, during our questioning.)
- (4) If you cannot afford a lawyer, you are entitled to the presence and representation of a court appointed lawyer before you make any statement and during any questioning. Tell me in your own words what you think this means
  - (If you do not have money for a lawyer and you want one, a lawyer will be given to you for free.).
- (5) If at any time during the interview you do not wish to answer any questions, you are privileged to remain silent. Tell me in your own words what you think this means.
  - (If you decide to talk to me then change your mind, you can stop answering my questions at any time.)
- (6) I can make no threats or promises to induce you to make a statement. This must be of your own free will. Tell me in your own words what you think this means
  - (I am not allowed to threaten you or make you any promises to get you to talk to me. If you decide to talk, it must be because you want to.)
- (7) Any statement can be and will be used against you in a court of law. Tell me in your own words what you think this means (Anything you say to me can and will be told to the judge or a jury in court. A judge is a person who decides if you have done something wrong. Sometimes a group of people called a jury decide this, but the Judge is the person who decides what punishment you get.)

	nething wrong. Sometimes a group nishment you get.)	of people call	led a jury decide this, but	the Judge is the	person who de
(8) Do you u	inderstand these rights as I have read t	hem to you, an	nd do you wish to speak to	me?	
Signed:		Date:	Time:		·
	40				



# BOCA RATON POLICE SERVICES DEPARTMENT TESTING FACILITY TASK REPORT

SUBJECT: Date Cobb	•
CASE #: 2019 - 013 149 DATE: 09/23/2019	
BREATH TEST RESULTS 15+).230 2nd).200 3rd).205	
1) TIME 2358 AMPM) 2) TIME 0000	_AM/PM
3) TIME 0003 AMPM 4) TIME	_AM/PM
BREATH OPERATOR: Ofc. Laucknes #801	<u> </u>
MAINTENANCE TECHNICIAN: Ofc. Van Camp	
TESTING OFFICER'S OBSERVATIONS	
SPEECH: Sluired Speech	···
ATTITUDE: CAIM	
CLOTHING: Blue Teeshirt and black pants	
MEDICAL CONDITION: Nac	
OTHER: Had red glossy eyes and smelled of an unknown	wΛ.
alcoholic biverage	
COMMENTS:	

### BOCA RATON POLICE SERVICES DEPARTMENT DUI INFLUENCE REPORT - PART II

To be filled out at testing facility

2019-013149 Agency Case # **L INTRODUCTION** (Instrument Operator faces video camera) B. The time is now approximately\_ D. Present at this time is Officer Vick of the Boca Raton Police Department. (Officer's Name) E. Officer VICK, have you arrested Date Cobb
Florida State Statute 316.193? YES (Defendant's in violation of F. Did this violation occur within the City of Boca Raton, Palm Beach County, Florida? G. Mr./Mrs./Ms. I am required to inform you these proceedings are being video recorded. Video record breath request, breath sample, and interview. Operator Note:

#### II. AT THIS TIME THE ARRESTING OFFICER WILL REQUEST A BREATH SAMPLE.

Note: Read only the paragraph applicable to the type of test you are requesting.

- A. I am now requesting that you submit to a lawful test of your **BREATH** for the purpose of determining its alcohol content.
- B. I am now requesting that you submit to a lawful test of your <u>URINE</u> for the purpose of determining the presence of chemical or controlled substances.
- C. I am now requesting that you submit to a lawful test of your <u>BLOOD</u> for the purpose of determining its alcohol content and the presence of chemical or controlled substances.

#### IMPLIED CONSENT WARNINGS

	•				
Note:	Read only if the subject does no	ot comply with	your reques	st.	
	I am	· ·	of the		·
			-		
· .	If you fail to submit to the test will be suspended for a period privilege has been previously s breath, urine, or blood. Addition if your driving privilege has been of your breath, urine, or blood.	of one (1) yearsuspended as a nally, if you reen previously s	r for a first result of a fuse to subn uspended fo	refusal, or eighteen (1) refusal to submit to a lamit to the test I have requer a prior refusal to subm	B) months if your wful test of your uested of you and not to a lawful test
	test I have requested of you is a				
	Subject Signature:				
Note:	Also read for CDL holders:			•	
	IN ADDITION, your refusal to year from today. If this is your operating a commercial motor	SECOND RE			
Vote: 2	After reading the implied consent	warning, the a	rresting off	icer mustrequest a bre	ath sample again
4					
Ì	(IF REFUSAL THEN)	,		•	
	At this time Mr/Mrs/Ms	_ has refused t	o submit to	a breath test.	
	The date is			, and the time is	AM/PM.
	The date is(month)	(day)	(year)		
	A refusal form will be complete	ed by the arrest	ing officer.		
		•	-		
		B			

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PART TWO

#### Identify yourself and state:

I am required to warn you before you make any statement that you have the following Constitutional rights:

- (1) You have the right to remain silent and not answer any questions.
- (2) Any statement you make must be freely and voluntarily given.
- (3) You have a right to the presence and representation 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 and representation of a court appointed lawyer before you make any statement 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 be and will be used against you in a court of law.
- (8) Do you understand these rights as I have read them to you, and do you wish to speak to me?

signed: hetused to sign	Date:	Time:	
			`.
QU	ESTIONS AND ANSWERS		
Were you operating a motor vehicle at the	ne time of the accident/stop?_	yes	
Where were you going?	x, then asked	For laster	
What street or highway were you on?		/ hefu	(50)
Direction of travel?			
Where did you start driving from	· /		
What city (county) were you stopped by?			
What time did you start?	AM/PM What time	e is it now?	
What is today's date?	What day of the week	is it?	
When did you last eat?			-
What have you been doing the past three	hours prior to this stop/accide	nt?	
How much do you weigh?	Have you been drinking?	What were you drinking?	***********
How much? Where?	With	whom were you drinking?_	
When did you have your first drink?	AM/PM When did yo	u stop drinking?A	M/PM

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PART TWO

Refused How did you consume your last two drinks? Yes No Are you under the influence of alcohol now? Yes No Can you feel the effects of alcohol? Have you consumed alcohol since the accident? Yes No Can you feel the effects of alcohol? ☐ Yes ☐ No Yes No How much? Have you consumed alcohol since the accident? Where? What line of work are you in? \_ When did you last work? Yes No If yes, explain: Do you have any physical defects or injuries? Yes No If yes, explain: Are you sick or injured? Did younget a bump on the head? Yes No Do you limp? Yes No Were you in an accident today? \_\_\_ Have you taken any drugs or smoked marijuana today? When? What?\_\_\_\_\_ Have you seen a doctor or dentist today? Mes No Who Are you taking any prescription medications? What? Yes No Inner ear trouble? Yes No Do you have: Epilepsy? Yes Yo Ear infection? Yes No Glass eye? Yes Mo Diabetes? Yes No False teeth? Yes No Any problems not correctable by glasses or contact lenses? Do you take insulin? Yes No If yes, when was your last injection? Have you ever had a driver's license in any other state? I am now ending this video recording. The time is now approximately\_\_\_\_ september The date is



### Palm Beach County Sheriff's Office - Arrests Only

	х	Florida State Statute	Description	Page Number(s)
L/E Exemptions		119.071(2)(d)	Surveillance techniques, procedures and personnel; inventory of law enforcement resources, policies or plans pertaining to mobilization deployment or tactical operations.	
		943.053, 943.0525	NCIC/FCIC/FBI and in-state FDLE/DOC.	
		119.071(4)(c)	Undercover personnel.	
		119.071(2)(f)	Confidential informants (Cls).	
		119.071(2)(e)	Confession.	
Public Info. Exemptions		985.04(1)	Juvenile offender records.	
		119.071(h)(i)	Assets of a crime victim.	
		395.3025(7)(a), 456.057(7)(a)	Medical information.	
		394.4615(7)	Mental health information.	
		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)	×	(iii) 119.0714(1)(i)-(j), (2)(a)-(e)	Social Security, bank account, charge, debit, and credit card numbers.	2
		(viii) 394.4615(7)	Clinical records under the Baker Act.	
		(xii) 741.30(3)(b)	The victim's address in a domestic violence action on petitioner's request.	
		(xiii) 119.071(2)(h), 119.0714(1)(h)	Protected information regarding victims of child abuse or sexual offenses.	
Other			Other:	
			Other:	

#### REVIEW COMPLETED BY

Booking Number: 2019031744	Date: 09/30/2019	
	Specialist Name/ID: AM/31562	