

ARREST / NOTICE TO APPEAR

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

1

JUVENILE

19 CT 14 33 19-003674

AD MI NI ST RA TI ON	ORIS Number	Agency ORI Number 0501700	Agency Name Jupiter Police Department	Agency Report Number (N.T.A.'s only) 19-003674	1. Arrest 2. N.T.A. 3. Request for Warrant 4. Request for Capias	1	JUVENILE				
D E F E N D A N T	Charge Type: Check as many as apply	Location of Arrest (Including Name of Business) 335 W INDIANTOWN RD. JUPITER, FL 33458			Location of Offense (Business Name, Address) 335 W INDIANTOWN RD, JUPITER, FL 33458						
	<input type="checkbox"/> 1. Felony <input type="checkbox"/> 2. Traffic Felony <input type="checkbox"/> 3. Misdemeanor <input checked="" type="checkbox"/> 4. Traffic Misdemeanor <input type="checkbox"/> 5. Ordinance <input type="checkbox"/> 6. Other	Date of Arrest 08/11/2019			Time of Arrest 02:49	Booking Date 08/11/2019	Roaming Time 02:59	Multiple Charges Indicator 1			
C O D E D	Name (Last, First, Middle) FICO, DARRELL ALEXANDER				Alias (Name, DOB, Soc. Sec. #, Etc.)						
	Race W - White I - American Indian B - Black O - Oriental/Asian	Sex M	Date of Birth 02/07/1960	Height 5'08	Weight 200	Eye Color HAZEL	Hair Color GRAY	Complexion LIGHT	Build Medium		
	Scars, Marks, Tattoos, Unique Physical Features (Location, Type, Description)				Marital Status M	Religion PROTESTANT	Indication of Alcohol Influence Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unk. <input type="checkbox"/>		Drug Influence Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Unk. <input type="checkbox"/>		
	Local Address (Street, Apt. Number) 12333 181ST CT N, JUPITER, FL 33478			(City)	(State)	(Zip)	Phone (561) 339-2599	Residence Type: 1. City 3. Florida 2. County 4. Out of State 1			
	Permanent Address (Street, Apt. Number) 12333 181ST CT N, JUPITER, FL 33478			(City)	(State)	(Zip)	Phone (561) 339-2599	Address Source FL DL			
Business Address (Name, Street)			(City)	(State)	(Zip)	Phone	Occupation				
D/L Number, Size F200161600470 / FL		Exp. Sec. Number	DNS Number		Place of Birth (City, State) MT. VERNON, IL	Citizenship US					
Co-Defendant Name (Last, First, Middle)		Race	Sex	Date of Birth		<input type="checkbox"/> 1. Arrested <input type="checkbox"/> 3. Felony <input type="checkbox"/> 5. Juvenile <input type="checkbox"/> 2. At Large <input type="checkbox"/> 4. Misdemeanor					
Co-Defendant Name (Last, First, Middle)		Race	Sex	Date of Birth		<input type="checkbox"/> 1. Arrested <input type="checkbox"/> 3. Felony <input type="checkbox"/> 5. Juvenile <input type="checkbox"/> 2. At Large <input type="checkbox"/> 4. Misdemeanor					
<input type="checkbox"/> Parent <input type="checkbox"/> Other: _____		Name (Last, First, Middle)				Residence Phone					
<input type="checkbox"/> Legal Custodian		Address (Street, Apt. Number)				Business Phone					
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.				School Attended	Grade						
<input type="checkbox"/> Yes by: _____ <input type="checkbox"/> No: _____				Property Crime? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Description of Property	Value of Property					
C H A R G E	Drug Activity N. N/A P. Possess	S. Sell B. Buy T. Traffic	R. Smuggle D. Deliver E. Use	K. Disperse/ 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. Opioid/Deriv.	P. Paraphernalia/ Equipment S. Synthetic	U. Unknown Z. Other
	Charge Description DUI-ENHANCED BAC 0.15						Statute Violation Number 316.193(4)	Violation of ORD #			
Drug Activity N		Drug Type	Amount / Unit	Offense #	Counts 1	Domestic Violence <input type="checkbox"/> Y <input checked="" type="checkbox"/> N	Warrant / Capias Number	Bond BR			
Charge Description						Statute Violation Number	Violation of ORD #				
Drug Activity		Drug Type	Amount / Unit	Offense #	Counts	Domestic Violence <input type="checkbox"/> Y <input 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 type="checkbox"/> N	Warrant / Capias Number	Bond			
Health / Apparent Physical Condition of Defendants											
Check which applies: <input type="checkbox"/> Released O.R. <input type="checkbox"/> Released to Parent/Guardian <input type="checkbox"/> T.O.T. County Jail				PROPERTY - Received By		Released By		Released To			
<input type="checkbox"/> Posted Bond <input type="checkbox"/> South County Mental Health				Date Transported		Time Transported		Other			
Transported By				Date Transported		Time Transported		Other			
<input checked="" type="checkbox"/> INSTRUCTION NO. 1 - Mandatory appearance in court <input type="checkbox"/> INSTRUCTION NO. 2 - You need not appear in Court but must comply with instructions on Page 2.				Location (Court, Room) North County PALM BEACH GARD				No Photo Available			
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.				Court Date and Time 09/11/2019 08:30:00							
Signature of Defendant (or Juvenile and Parent/Custodian) X Donald Fico				Date Signed 08/11/2019							
HOLD for Other Agency		Signature of Arresting Officer SEJ		Name Verification (Printed by Arrestee) AUG 11 AM 5:25							
<input type="checkbox"/> Dangerous <input type="checkbox"/> Resisted Arrest <input type="checkbox"/> Suicidal <input type="checkbox"/> Other		Name of Arresting Officer (Print) YOCHUM, CRAIG		I.D. # 1185							
Inmate Deposit		I.D. #		Pouch #		Transferring Officer OFC. C. YOCHUM					
				I.D. # 383		Agency JPD					
Witness here if subject signed with an "X".											

0510117

SCANNED 70 AUG 12 2019

2/19/19

PAGE 1 of 1

D.U.I. PROBABLE CAUSE AFFIDAVIT

ON THE 11th DAY OF August 20 19, AT 2:08 AM PM
SUBJECT: Fico Darrell A CASE NUMBER: 19-003674
AGENCY: Jupiter Police Department ARRESTING OFFICER: Craig Yochum # 383

PERSONAL CONTACT

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

On the aforementioned date at approximately 0218 hours, I responded to the parking lot of 335 W Indiantown Rd. (Verizon) in the Town of Jupiter, Palm Beach County, FL as a backup unit for Officer Turner, who had conducted a traffic stop on a white 2010 Ford pickup bearing FL tag # 657TRF. At the time, I was driving an unmarked Jupiter Police Department patrol vehicle (vehicle 1916), I was wearing a JPD uniform clearly identifying myself as a Jupiter Police Officer, and I was wearing my department-issued Axon body camera. Upon arrival, I was advised by Officer Turner that he was flagged down by an unknown subject near Double Roads Tavern (251 S US Highway 1) advising the subject in the aforementioned vehicle should not be driving. Officer Turner stated he observed the truck traveling northbound on S US Highway 1 and come to a stop at the intersection with S.R. 706 (E Indiantown Rd.) with both front and rear tires past the stop bar at the intersection. Officer Turner advised he followed the vehicle westbound on S.R. 706 and observed it weaving over the lane lines several times, traveling over the lane lines by approximately one-half the vehicle's width. Officer Turner advised he conducted a traffic stop on the vehicle and identified the driver to be Darrell Fico (w/m; 02/07/1960) by his valid Class E Florida driver license, which he handed to me. See supplement from Officer Turner.

OBSERVATION OF DRIVER:

I approached the aforementioned pickup on the driver side and made contact with Fico. Fico was sitting in the driver seat of the vehicle and the front driver door was open. Fico was sitting patiently inside the vehicle, listening to loud music. When I made contact with Fico, I requested he turn the music down, which he did. I immediately noted that Fico's eyes were extremely bloodshot and glassy. Fico spoke with dysarthria (slurred speech) and I could smell the odor of an unknown alcoholic beverage on his breath, which intensified as he spoke. I also noted Fico had a disheveled appearance (tight fitting shorts with the zipper at the front of his pants open).

DRIVER'S STATEMENTS:

Fico advised he was hanging out in Town at a couple of bars. When asked if Fico had anything to drink, he stated "absolutley I have". I asked Fico to estimate his level of impairment on a scale of 1 (being completely sober) to 10 (being the most intoxicated he had been in his life) and Fico stated he was "about a six and a half". When asked if he felt under the influence, Fico advised "I am, absolutley" (heavily slurring the word "absolutley").

ODORS:

Odor of unknown alcoholic beverage on Fico's breath which intensified as he spoke.

GENERAL OBSERVATIONS

SPEECH: Slurred

ATTITUDE: Cooperative, Calm

CLOTHING: Long-sleeved blue shirt, Khaki cargo shorts, Brown sandals

MEDICAL/OTHER: Fico advised he did not have any medical conditions, diabetes, or epilepsy. Fico stated he takes cholesterol medication (Atorvastatin) once per day, typically in the evenings.

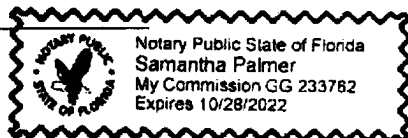
STATE OF FLORIDA
COUNTY OF PALM BEACH

(Signature of Arresting Investigative Officer)

The foregoing instrument was sworn to or affirmed and subscribed before me this 11th day of August 20 19 by Officer Craig Yochum # 383

(Print name of Arresting Investigative Officer, who is personally known to me and/or produced identification. Type of identification produced Personally Known)

Notary Public, Clerk of Court, Officer (F.S.S 117.10)



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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:

Fico was swaying heavily from front to back and side to side during the administration of the task. Fico would sway towards the direction of the stimulus as it moved to maximum deviation. Fico advised several times that the task was "hard to do." I observed all 6 clues of impairment in Fico's eyes. Vertical Gaze Nystagmus was not present.

WALK & TURN:

Fico had an extremely difficult time standing in the starting position during the Instructions Stage. Fico was so unsteady on his feet that officers had to stand on either side of him to ensure he did not fall to the ground. Fico lost his balance several times during the Instructions Stage, taking his feet off the line. Fico started the task before being told to do so. Fico did not start the task from the starting position and counted his first step (with his right foot) as "one". It should be noted that, when completed properly, the first step taken in this task should be with the left foot. The following indicators of impairment were recorded as though the task were completed with the left foot being the first step: On the first part of the walk, Fico missed heel-to-toe on steps 3, 4, 5, 6, and 8. Fico stepped off the line, to the right, on steps 3, 5, and 6. On Step 5, Fico stumbled off the line, to the right, and advised "sorry, I can't do that," paused several seconds, and continued. Fico took a total of 12 steps down the line. Fico took a total of 11 steps down the line. Fico failed to turn or walk back down the line, as instructed. Instead Fico turned and stated "sorry, that's pretty crappy." I asked if Fico was finished and he stated "yeah."

ONE LEG STAND:

Fico elected to raise his left foot off the ground, standing planted on his left. Fico swayed almost immediately to his right and lost his balance, to the rear, placing his raised foot on the ground (behind his planted foot) approximately 5 seconds into the task. Fico advised "that's about as far as I can do it" and asked if he should try again. I reminded Fico to continue the task until told to stop. Fico again raised his left leg off the ground and was swaying from side to side so severely that the officers standing on either side reached forward to catch him if he fell. Fico placed his foot back on the ground approximately 5 seconds after raising it again. Due to Fico's unsteadiness on his feet, I was concerned he would fall and injure himself so the task was terminated.

FINGER TO NOSE:


Fico demonstrated knowledge of his left and right hands prior to the administration of the tasks. On the first call of left, Fico touched the pad of his left finger across the bottom of his right nostril (touching his nose around his first knuckle) and did not return his arm to his side. On the first call of right, Fico touched the side of his finger to his septum and did not return his arm to his side. On the second call of left, Fico touched the pad of his left finger to the tip of his nose. On the second call of right, Fico touched the pad of his right finger to the tip of his nose. On the final call of right, Fico initially raised his left arm almost all the way to his face, asked "right?", and corrected himself, touching the pad of his right finger to the tip of his nose and did not return his arm to his side. On the final call of left, Fico touched the pad of his left finger to the outside of his left nostril.

ROMBERG ALPHABET:

Fico advised he has completed high school, received a certificate from a vocational school, and that he was comfortable reciting the alphabet from A to Z. When told to begin, Fico tilted his head back but did not close his eyes until after the task was started and he was reminded. Fico grouped letters together and recited the alphabet correctly from A through Z. After reaching Z, Fico continued on and stated "TUV...uhh, oh boy that's bad. I forgot right there."

BREATH TEST RESULTS: 1) .175 2) .179 3) 4)

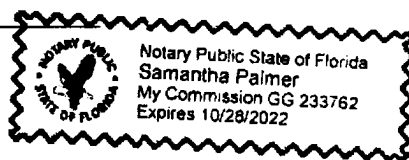
STATE OF FLORIDA
COUNTY OF PALM BEACH


(Signature of Arresting/Investigative Officer)

The foregoing instrument was sworn to or affirmed and subscribed before me this 11th day of August 2019 by Officer Craig Yochum # 383

(Print name of Arresting/Investigative Officer), who is personally known to me and/or produced identification. Type of identification produced Personally Known


Notary Public, Clerk of Court, Officer (F.S.S 117.10)



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: 80-006239 Software: 8100.27
Date of Test: 08/11/2019

Date of Last Agency Inspection: 07/19/2019

Observation Period Began: 03:23

Subject's Name: DARRELL A FICO

DOB: 02/07/1960 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	03:46
	Air Blank	0.000	03:46
	Control Test	0.080	03:47
	Air Blank	0.000	03:47
	Subject Sample #1	0.175	03:48
	Air Blank	0.000	03:48
	Air Blank	0.000	03:50
	Subject Sample #2	0.179	03:51
	Air Blank	0.000	03:51
	Control Test	0.080	03:52
	Air Blank	0.000	03:52
	Diagnostics Check	OK	03:52

Cylinder Lot: 00919080A3
Exp: 03/05/2021

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 SAMANTHA M PALMER, 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-6, Florida Administrative Code, and this form is a true and accurate report of that breath test.

Breath Test Operator: [Signature] Date: 8/11/19
Signature

Sworn to (or affirmed) before me this 11 day of August 2019

[Signature] 383 OFC. Yochum #383
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 accident investigation officers and traffic infraction enforcement officers are notaries public when engaged in the performance of official duties. In accordance with section 316.1934(5), F.S., this completed form is admissible without further authentication and is presumptive proof of the results herein. To be used in accordance with Section 316.1934(5), F.S., and in administrative proceedings pursuant to 322.2615, F.S.

TESTING FACILITY TASK REPORT

AGENCY: JPD/YOCHUM

SUBJECT: FICO, DARRELL

CASE NUMBER: 19-102777

DATE: Aug 11, 2019

VIDEO DVD NUMBER: N/A

BEGINNING TIME: 0344

ENDING TIME: 0354

BREATH TESTS RESULTS: 1) .175 TIME 0348 A.M. P.M. 2) .179 TIME 0351 A.M. P.M.
3) XX TIME XX A.M. P.M. 4) XX TIME XX A.M. P.M.

BREATH OPERATOR: S. PALMER #24520

MAINTENANCE TECHNICIAN: J Karlecke #6467

TESTING OFFICER'S OBSERVATIONS

SPEECH: SLURRED,

ATTITUDE: CALM, QUIET, POLITE, COOPERATIVE

CLOTHING: BLUE SHIRT, TAN SHORTS, BROWN FLIP FLOPS

MEDICAL CONDITIONS: NONE

MEDICATIONS: NONE

OTHER:

EYES: GLASSY AND BLOODSHOT, ODOR OF UNKNOWN ALCOHOLIC BEVERAGES COMING FROM BREATH, UNSTEADY ON HIS FEET

COMMENTS:

ARRESTING OFFICER CONDUCTED THE 20 MINUTE OBSERVATION BEGINNING AT 0323
SUBJECT AGREED TO TAKE BREATH TEST
AND PROVIDED TWO ADEQUATE SAMPLES SUCCESSFULLY
A/O READ RIGHTS
SUBJECT STATED HE UNDERSTOOD HIS RIGHTS
TECH READ RESULTS
SUBJECT STATED HE UNDERSTOOD RESULTS
A/O ATTEMPTED Q&A
SUBJECT REFUSED QUESTIONING

SCANNED
AUG 12 2019



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

PBSO CASE # 19-102777 PBSO ZONE 3-14

AGENCY CASE # 19-003674 CRASH CASE # N/A

TIME OF STOP/CRASH 0208 DATE 08/11/2019 DAY Sunday

SUBJECT'S NAME Fico Darrell A RACE W SEX M
LAST FIRST MID
 HGT 5'07" WGT 200 DOB 02/07/1960

LOCATION 335 W Indiantown Rd. Jupiter, FL 33458

ARRESTING OFFICER'S NAME & ID Craig Yochum #383 AGENCY Jupiter PD

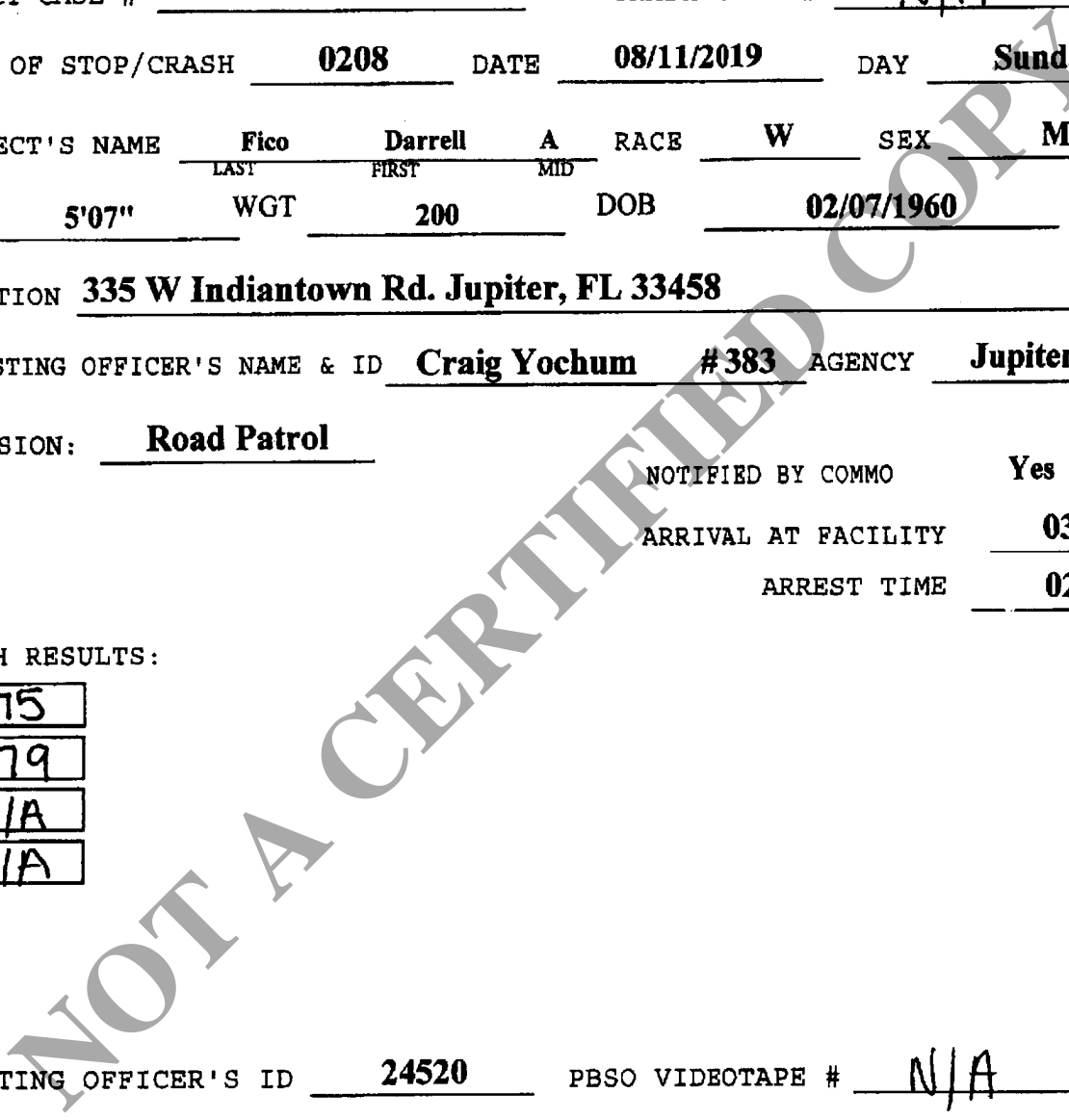
DIVISION: Road Patrol

NOTIFIED BY COMMO Yes
 ARRIVAL AT FACILITY 0323
 ARREST TIME 0249

BREATH RESULTS:

- 1) .175
- 2) .179
- 3) N/A
- 4) N/A

TESTING OFFICER'S ID 24520 PBSO VIDEOTAPE # N/A



5000-100
AUG 12 2019

WITNESS LIST

CASE NUMBER: 19-003674

ARRESTING OFFICER: Craig Yochum

ADDRESS: 210 Military Trl. Jupiter, FL 33458

PHONE NUMBERS (HOME): _____ (WORK) (561) 746-6201

CAN TESTIFY TO: PC

NAME: Jeffrey Turner

ADDRESS: 210 Military Trl. Jupiter, FL 33458

PHONE NUMBERS (HOME) _____ (WORK) (561) 746-6201

CAN TESTIFY TO: Supplement

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 12 2019

SUBJECT: _____ CASE NUMBER: _____

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: _____ CASE NUMBER: _____

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

REVIEW COMPLETED BY

Booking Number: 2019026201	Date: 08/12/2019
	Specialist Name/ID: AM/31562

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