J-0511818 19CT-19472 P-324

ARREST / NOTICE TO APPEAR
Juvenile Referral Report

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

ADMINISTRATIVE

OBTS Number	Agency ORI Number	Agency Name	Agency Report Number (N.T.A.'s only)
		Palm Beach Police Department	19-001335

Charge Type: Check as many as apply. ☐ 1. Felony ☐ 2. Traffic Felony ☑ 3. Misdemeanor ☐ 4. Traffic Misdemeanor ☐ 5. Ordinance ☐ 6. Other

Weapon Seized / Type: 1. Yes 2. No — Multiple Clearance Indicator:

Location of Arrest (Including Name of Business): 2000 S Ocean Blvd, Palm Beach, FL, 33480

Location of Offense (Business Name, Address): 2000 S Ocean Blvd, Palm Beach, FL, 33480

Date of Arrest	Time of Arrest	Booking Date	Booking Time	Jail Date	Jail Time	Location of Vehicle
10/17/2019	0509					

DEFENDANT

Name (Last, First, Middle): GALAN, DEREK — Alias (Name, DOB, Soc. Sec. #, Etc.):

Race (W - White I - American Indian B - Black O - Oriental/Asian)	Sex	Date of Birth	Height	Weight	Eye Color	Hair Color	Complexion	Build
W	M	02/16/1990	510	230	GRN	bro	Light	Large

Scars, Marks, Tatoos, Unique Physcal Features (Location, Type, Description):

Marital Status: Single — Religion: NONE — Indication of: Alcohol Influence: Y ☑ — Drug Influence: Unk. ☑

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

Permanent Address (Street, Apt. Number): 1221 Cheval Drive — (City) Vero Beach — (State) FL — (Zip) 32960 — Phone (321) 704-7773 — Address Source: FL DL

Business Address (Name, Street) (City) (State) (Zip) — Phone ( ) — Occupation: Home insurance

D/L Number, State: G450160900560-FL — Soc. Sec. Number: [redacted] — INS Number: — Place of Birth (City, State): New York, New York — Citizenship: US

CO-DEF

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

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

JUVENILE

☐ Parent ☐ Legal Custodian ☐ Other: Name (Last) (First) (Middle) — Residence Phone ( )

Address (Street, Apt. Number) (City) (State) (Zip) — Business Phone ( )

Notified by: (Name) — Date — Time — Juvenile Disposition: 1. Handled/ processed within Dept. and Released. 2. TOT HRS / DYS 3. Incarcerated

Released To: (Name) — Relationship — Date — Time

The above address provided by ☐ defendant and / or ☐ defendant's parents The child and / or parent was told to keep the Juvenile Court Clerk (Phone 355-2526) informed of any change of address. ☐ Yes, by: (Name) ☐ No: (Reason) — School Attended — Grade

Property Crime? ☐ Yes ☐ No — Description of Property — Value of Property

CODE

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. Amphetamine B. Barbiturate C. Cocaine E. Heroin H. Hallucinogen M. Marijuana O. Opium/Deriv. P. Paraphernalia/ Equipment S. Synthetics U. Unknown Z. Other

CHARGE

Charge Description: D.U.I. — Counts: 1 — Domestic Violence: ☐Y ☑N — Statute Violation Number: 316.193(1) — Violation of ORD #:

Drug Activity: N — Drug Type: N — Amount / Unit: — Offense #: 19-001335 — Warrant / Capias Number: — Bond: OR

CHARGE

Charge Description — Counts — Domestic Violence ☐Y ☐N — Statute Violation Number — Violation of ORD #

Drug Activity — Drug Type — Amount / Unit — Offense # — Warrant / Capias Number — Bond

CHARGE

Charge Description — Counts — Domestic Violence ☐Y ☐N — Statute Violation Number — Violation of ORD #

Drug Activity — Drug Type — Amount / Unit — Offense # — Warrant / Capias Number — Bond

CHARGE

Charge Description — Counts — Domestic Violence ☐Y ☐N — Statute Violation Number — Violation of ORD #

Drug Activity — Drug Type — Amount / Unit — Offense # — Warrant / Capias Number — Bond

NOTICE TO APPEAR

Location (Court, Room Number, Address): 3228 Gun Club Rd., West Palm Beach, Fl

Court Date and Time: Month 11 Day 7 Year 2019 Time 0830 AM PM

I AGREE TO APPEAR AT THE TIME AND PLACE DESIGNATED TO ANSWER THE OFFENSE CHARGED OR TO PAY THE FINE SUBSCRIBED. I UNDERSTAND THAT SHOULD I WILLFULLY FAIL TO APPEAR BEFORE THE COURT AS REQUIRED BY THIS **NOTICE TO APPEAR**, THAT I MAY BE HELD IN CONTEMPT OF COURT AND A WARRANT FOR MY ARREST SHALL BE ISSUED

Signature of Defendant (or Juvenile and Parent /Custodian) — Date Signed

ADMIN

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

☐ Dangerous ☐ Resisted Arrest ☐ Suicidal ☐ Other: — Name of Arresting Officer (Print): Ardon — I.D. #: 0068 — (PRINT)

OCT 17 AM 7:59

Intake Deputy: DS Collins 7600 — I.D. # — Pouch # — Transporting Officer: Ardon — ID #: 0068 — Agency: PBPD — Witness here if subject signed with an "X" — PAGE 1 OF 1

PBSO #148 REV. 8/97 — DISTRIBUTION: WHITE - COURT COPY GREEN - STATE ATTORNEY YELLOW - AGENCY PINK - AGENCY GOLD - DEFENDANT (Juvenile)

2019 OCT 18 AM 5:

SCANNED OCT 19 2019

PROBABLE CAUSE AFFIDAVIT

OBTS Number | 1. Arrest 2. N.T.A. 3. Request for Warrant 4. Request for Capias | 1 | Juvenile | N

ADMIN

Agency ORI Number	Agency Name	Agency Report Number
	Palm Beach Police Department	19-001335

Charge Type: Check as many as apply. ☐ 1. Felony ☐ 2. Traffic Felony ☑ 3. Misdemeanor ☐ 4. Traffic Misdemeanor ☐ 5. Ordinance ☐ 6. Other

Special Notes:

DEF

Name (Last, First, Middle)	Alias	Race	Sex	Date of Birth
GALAN, DEREK		H	M	02/16/1990

CHARGES

Charge Description		Charge Description	
D.U.I.	316.193(1)		
Charge Description		Charge Description	

VICTIM

Victim's Name (Last, First, Middle)	Race	Sex	Date of Birth
STATE OF FLORIDA			

Local Address (Street, Apt. Number) (City) (State) (zip)	Phone	Address Source
	( )	
Business Address (Name, Street) (City) (State) (zip)	**Phone**	**Occupation**
	( )	

PROBABLE CAUSE STATEMENT

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

☑ committed the below acts in my presence.
☐ confessed to _____ admitting to the below facts.
☐ was observed by _____ who told _____ that he/she saw the arrested person commit the below acts.
☐ was found to have commited the below acts, resulting from my (described) investigation.

On the 17th day of October 20 19 at 0509 ☑ A.M. ☐ P.M. (Specifically include facts constituting cause for arrest.)

I was driving north bound on the 2100 block of S Ocean Blvd, when I observed a silver Ford bearing FL tag GTMB13 with the headlights on. The vehicle was also on while parked on the west side of the road on the 2000 block facing southbound with a flat driver side rear tire. I then repositioned my vehicle behind the Ford and observed the driver identified verbally as Derek Galan H/M DOB 2/16/1990 quickly get out of his vehicle and stumble as he tried to regain balance. While speaking with Galan I detected a strong odor of alcoholic beverages emanating from his breath and his eyes were blood shot and glossy. Galan speech was slow and slurred. I asked Galan if he had consumed any alcoholic beverages within the last couple of hours. Galan advised me that he drank earlier, Galan seemed confused and did not know where he was. Due to my observations, I advised Galan that I wished to conduct some standardized field sobriety tasks with him. Galan agreed to do the tasks. The following standardized field sobriety tests were administered in accordance with NHTSA standards. The tests were administered on a flat surface, in a well illuminated area, in a safe position clear from debris or obstructions and passing traffic. When asked, Galan advised he had no injuries or medical impairment. It should also be noted that all standardized field sobriety tests were conducted with the MVR on patrol vehicle 808 activated.

1) Horizontal Gaze Nystagmus: I explained the test to Galan and he acknowledged that he understood the instructions. Galan eyes were checked, and no signs of resting nystagmus, unequal pupil size, or unequal tracking were seen. Galan advised he had no recent head injuries and was not wearing glasses or contacts. Galan displayed 6 clues on this test including lack of smooth pursuit in both eyes, distinct and sustained nystagmus at maximum deviation in both eyes, and the onset of nystagmus prior to 45 degrees in both eyes. VGN was not observed.

Galan had difficulty following instructions and had to be reminded several times to keep his head still during this task, Galan also had trouble standing with both his feet together.

2) Walk and Turn: I explained and demonstrated the test to Galan and he acknowledged that he understood the instructions. At the completion of the test, a total of 7 clues were observed including cannot keep balance during instructions, stops walking to steady self, takes the wrong number of steps, steps off the line, does not walk heel to toe, uses arms for balance, or turns incorrectly. Additionally, it should be noted that Galan was not counting his steps out loud, was swaying in the starting position and appeared off balance while walking.

3) One Leg Stand: I explained and demonstrated the task to Galan and he acknowledged that he understood the instructions. At the completion of the test, a total of 3 clues were observed including sways while balancing, uses arms to balance, and putting his foot down. Additionally, it should be noted that Galan was not counting aloud or place his foot parallel to the ground as instructed.

4) Finger to Nose Test: I explained and demonstrated how to perform the task which Galan stated he understood. At the completion of the test a total of 4 clues were observed. During this task Galan had to keep being reminded to put his hand down to his side, and used the wrong hand then instructed several times.

5) Rhomberg with Recitation: I explained to Galan how to perform the task which he stated he understood. Galan was asked if he wanted to perform the alphabet or number count which he stated either and began to state the alphabet. Galan stated he would rather count and was instructed to count from 5-25. At the completion of the task a total of 3 clues were observed. During this task Galan kept skipping numbers began to speak in order to apologize.

At the completion of the Standardized Field Sobriety Tests, I determined that Galan was operating his vehicle while impaired. I placed Galan under arrest for D.U.I. at 0509 hours

ADMINISTRATIVE

STATE OF FLORIDA
COUNTY OF PALM BEACH

Ardon 0068
(Signature of Arresting/Investigative Officer)

The foregoing instrument was sworn to or affirmed and subscribed before me this 17th day of October 20 19 by Ardon 0068

(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)

Notary Public State of Florida
Thomas H Leahey
My Commission GG 347108
Expires 06/20/2023

SCANNED
OCT 19 2019

PAGE 1 OF 1

PBSO 86864 REV. 04/01 DISTRIBUTION: WHITE - COURT COPY GREEN - STATE ATTORNEY YELLOW - AGENCY PINK - AGENCY

D.U.I. PROBABLE CAUSE AFFIDAVIT

ON THE 17th DAY OF October 20 19, AT 0509 ✓ AM PM

SUBJECT: Derek Galan CASE NUMBER: 19-001335

AGENCY: Palm Beach Police Department ARRESTING OFFICER: Ardon 0068

PERSONAL CONTACT

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

The defendant was seen coming out of the vehicle and was the sole occupant of the vehicle.

OBSERVATION OF DRIVER:

Slurred speech, blood shot eyes, had trouble standing.

DRIVER'S STATEMENTS:

Stated he was going home from drinking earlier.

ODORS:

Unknown alcoholic beverage was emanating from his person.

GENERAL OBSERVATIONS

SPEECH: **Slurred**

ATTITUDE: **Unaware of what was happening**

CLOTHING: **Button up, khaki pants, multi colored shoes.**

MEDICAL/OTHER:

STATE OF FLORIDA
COUNTY OF PALM BEACH

Ardon 0068
(Signature of Arresting/Investigative Officer)

The foregoing instrument was sworn to or affirmed and subscribed before me this 17th day of October 20 19 by

(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)

Notary Public State of Florida
Thomas H Leahey
My Commission GG 347108
Expires 06/20/2023

SUBJECT: Derek Galan CASE NUMBER 19-001335

ROADSIDE TASKS

HORIZONTAL GAZE NYSTAGMUS:

- [x] LT EYE-LACK OF SMOOTH PURSUIT
- [x] RT EYE-LACK OF SMOOTH PURSUIT
- [x] LT EYE-DISTINCT & SUSTAINED NYSTAGMUS AT MAX. DEVIATION
- [x] RT EYE-DISTINCT & SUSTAINED NYSTAGMUS AT MAX. DEVIATION
- [x] LT- EYE-ONSET OF NYSTAGMUS PRIOR TO 45 DEGREES
- [x] RT- EYE-ONSET OF NYSTAGMUS PRIOR TO 45 DEGREES

Other Observations:

Eyes glassy and bloodshot. Extreme swaying of body while speaking.

WALK & TURN

Could not keep balance during instruction stage. Used arms for balance. missed heel to toe on multiple steps. stepped off line multiple times. Improper turn. Took 12 steps.

ONE LEG STAND:

Used arms for balance, put foot down 3 times, swayed back and forth, did not count.

FINGER TO NOSE:

Missed nose multiple times. Kept finger on nose (had to be instructed multiple times to return finger back down to his side) Did not keep head tilted back. Swayed. Used the wrong hand to touch his nose several times.

ROMBERG ALPHABET:

Swayed back and forth. Did not keep head tilted back. Could not recite 5-25 correctly, and began speaking to apologize.

BREATH TEST RESULTS: _____

STATE OF FLORIDA
COUNTY OF PALM BEACH

Ardon 0068
(Signature of Arresting/Investigative Officer)

The foregoing instrument was sworn to or affirmed and subscribed before me this 17th day of October 2019 by _____

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

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

Notary Public State of Florida
Thomas H Leahey
My Commission GG 347108
Expires 08/20/2023

SCANNED
OCT 19 2019

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

I, **Ardon 0068**, a duly certified Law Enforcement Officer or Correctional
(Person reading Implied Consent Warning)
Officer, am a member of PALM BEACH PD, and I do swear
(Name of enforcement agency)
or affirm that on or about the 17TH day of **October**, 20**19**, at **0509** ✓ P.M. A.M (Circle One)
NAME DEREK GALAN
(Type or Print) FIRST MIDDLE OR MAIDEN LAST
DL# **G450160900560-FL**, state of **FLORIDA**, was placed under lawful arrest for
the offense of 316.193(1) by **Ardon 0068** and
(Name of Arresting Officer)
issued Citation # 3426-XDV

That on or about the **17th** day of **October**, 20**19**, at ✓ P.M. A.M. (Circle One)
in, *PALM BEACH COUNTY*, **[PLEASE CHECK THE BOX OR BOXES THAT APPPLY]** I did request said person to submit to a ☒ **breath,** ☐ **urine, or** ☐ **blood** test to determine the content of alcohol in his or her blood or breath or the presence of chemical or controlled substances therein. I did inform said person that any refusal to submit to such test or tests would result in the suspension of his or her privilege to operate a motor vehicle for a period of one (1) year for a first refusal, or for a period of eighteen (18) months if the driving privilege of such person had been suspended previously for refusing to submit to such test or tests. I did inform said person that he or she commits a misdemeanor,if said person refuses to submit to a lawful test as requested above, and his her driving privilege has been previously suspended for a prior refusal to submit to submit to a lawful test of his or her breath, urine, or blood,. In cases involving a Commercial Motor Vehicle, I did inform the driver that this refusal will result in the disqualification of the driver's Commercial Driver's License/privilege for a period of one (1) year in the case of a first refusal or permanently if he or she has previouslybeen disqualified as a result of a refusal to submit to such test.

Said person did at that time and place refuse to submit to such test or tests.

Signature of Law Enforcement Officer or Correctional Officer

THE AFFIDAVIT MUST BE NOTARIZED OR ATTESTED TO (F. S. 117.10)

Notary Public State of Florida
Thomas H Leahey
My Commission GG 347108
Expires 06/20/2023
(NOTARY SEAL)

The foregoing instrument was sworn and subscribed before me this 17th day of **October**, 20**19**, by **Ardon 0068**, who is personally known tome or who has produced personally known as identification.

Notary Public T Leahey

The foregoing instrument was sworn and subscribed before me:

Signature of Attesting Officer

Title

Date

SCANNED
OCT 19 2019

Note: Mail or hand deliver to the designated Bureau of Administrative Reviews office, Department of Highway Safety and Motor Vehicles, with the driver's license, the appropriate copy of the UTC, and the probable cause affidavit. If no DUI arrest is made, attach HSMV 72005 (Notice of Commercial Driver's License/Privilege Disqualification).

HSMV 78054 (REV. 08/08) S

WITNESS LIST

ARRESTING OFFICER: Ardon 0068
CASE NUMBER: 19-001335

ADDRESS: 345 S. County Rd Palm Beach FL, 33480
PHONE NUMBERS (HOME): (561)838-5454 (WORK)
CAN TESTIFY TO: SFST, Arrest

NAME: T. March
ADDRESS: 345 S. County Rd. Palm Beach FL, 33480
PHONE NUMBERS (HOME) (561)838-5454 (WORK)
CAN TESTIFY TO:

NAME:
ADDRESS
PHONE NUMBERS (HOME) (WORK)
CAN TESTIFY TO:

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CAN TESTIFY TO:

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

PBSO CASE # 19-127040 PBSO ZONE 1-31

AGENCY CASE # _____ CRASH CASE # _____

TIME OF STOP/CRASH 0439 DATE 10/17/19 DAY THUR

SUBJECT'S NAME DEREK CALAN RACE H SEX M

HGT 510 WGT 230 DOB 2/16/90

LOCATION 2000 S OCEAN BLVD, PALM BEACH, FL

ARRESTING OFFICER'S NAME & ID ARDON 0069 AGENCY PBPD

DIVISION: _____

NOTIFIED BY COMMO 0439

ARRIVAL AT FACILITY 550

Arrest Time 0589

BREATH RESULTS:

1. ~~REFUSED~~
2. REFUSED
3. _____
4. _____

TESTING OFFICER'S ID 19183 PBSO VIDEOTAPE # N/A

G450 160 90 0560

SUBJECT: Galan, Derek 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: Galan, Derek 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 Ofc C Avdon # 0068 of the PBPD.

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.

SUSPECT'S SIGNATURE: (X) Read on camera

SCANNED
OCT 19 2019

WHITE - STATE ATTY. YELLOW - DHSMV PINK - CENTRAL RECORDS GOLD - JAIL

PBSO #0129B REV. 06/11

TESTING FACILITY TASK REPORT

AGENCY: PBPD

SUBJECT: Galan, Derek

CASE NUMBER: 19-127040

DATE: 10/17/19

VIDEO TAPE NUMBER: N/A

BEGINNING TIME: 06:12

ENDING TIME: 06:18

BREATH TESTS RESULTS: 1) R TIME 06:16 A.M./P.M. 2) _____ TIME _____ A.M./P.M.

3) _____ TIME _____ A.M./P.M. 4) _____ TIME _____ A.M./P.M.

BREATH OPERATOR: J. Leahey #19183

MAINTENANCE TECHNICIAN: J Karlecke #6467

TESTING OFFICER'S OBSERVATIONS

SPEECH: thick, deliberate, slurred

ATTITUDE: talkative, calm, cooperative

CLOTHING: tan pants, red plaid shirt, white sneakers

MEDICAL CONDITIONS: none

MEDICATIONS: none

OTHER: eyes glassy + bloodshot
odor of unknown alcoholic beverage on breath.
Δ stated he drank approx 4 beers - observation period.

COMMENTS: arrived at center A/O conducted 20 minute observation period at 05:50 hrs

Δ "should I call a lawyer"

A/O read I/C + Δ stated he understood. I/C

Δ refused to perform breath test

A/O read rights + Δ stated he understood rights.

A/O attempted Q+A

Δ invoked right to counsel

REFUSED

REFUSED

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	☐	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 (CIs).	
	☐	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: 2019033788	**Date:** 10/17/2019
	Specialist Name/ID: J. Beck/9007