ARREST / NOTICE TO APPEAR 19CF10818

ADMINISTRATION

OBTS Number

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

Agency ORI Number	Agency Name	Agency Report Number (N.T.A.'s only)
0501700	Jupiter Police Department	5 , 4 | 19-005150

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

If Weapon Seized — Enter Type: NONE — Multiple Clearance Indicator:

Location of Arrest (Including Name of Business)	Location of Offense (Business Name, Address)
STADIUM DRIVE/CADES BAY AVE	4319 STADIUM DR/CADES BAY AVE, JUPITER, FL 33458

Date of Arrest	Time of Arrest	Booking Date	Booking Time	Jail Date	Jail Time	Location of Vehicle
11/16/2019	01:54	11/16/2019	02:04			

DEFENDANT

Name (Last, First, Middle): MARSH, DONALD JAMES — Alias (Name, DOB, Soc. Sec. #, Etc.): Alias:

Race (W - White, B - Black, I - American Indian, O - Oriental/Asian)	Sex	Date of Birth	Height	Weight	Eye Color	Hair Color	Complexion	Build
W	M	11/05/1983	6'03	300	BROWN	BROWN	FAIR	LARGE

Scars, Marks, Tatoos, Unique Physical Features (Location, Type, Description) | Marital Status: S | Religion: CATHOLIC | Indication of: Alcohol Influence ☒ Yes ☐ No ☐ Unk. Drug Influence

Local Address (Street, Apt. Number)	(City)	(State)	(Zip)	Phone	Residence Type: 1. City 2. County 3. Florida 4. Out of State
4448 STADIUM DR 1094, JUPITER, FL 33458				(561) 951-8679	1

Permanent Address (Street, Apt. Number)	(City)	(State)	(Zip)	Phone	Address Source
4448 STADIUM DR 1094, JUPITER, FL 33458				(561) 951-8679	VERBAL

Business Address (Name, Street)	(City)	(State)	(Zip)	Phone	Occupation
STADIUM GRILL,					Waiter

D/L Number, State	Soc. Sec. Number	INS Number	Place of Birth (City, State)	Citizenship
M620190834050 / FL	[redacted]		SMITH TOWN, NY,	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 ☐ Other: ☐ Legal Custodian — 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 Department and Released 2. TOT JAC 3. Incarcerated
Released To: (Name) Relationship	Date	Time	

The above address was provided by ☐ defendant and/or ☐ 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.
☐ Yes, by: ☐ No:

School Attended — Grade

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

CODE

Drug Activity: N. N/A, P. Possess, S. Sell, B. Buy, T. Traffic, R. Smuggle, D. Deliver, E. Use, K. Disperses/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

Charge Description	Statute Violation Number	Violation of ORD #
DUI - DRIVING UNDER INFLUENCE	316.193(1)*	

Drug Activity	Drug Type	Amount / Unit	Offense #	Counts	Domestic Violence	Warrant / Capias Number	Bond
	N	/		1	☐ Y ☒ N		OR

CHARGE

Charge Description	Statute Violation Number	Violation of ORD #
FLEE/ELUDE - FAILURE TO OBEY LEO AND STOP W/KNOWLEDGE	316.1935(1)*	

Drug Activity	Drug Type	Amount / Unit	Offense #	Counts	Domestic Violence	Warrant / Capias Number	Bond
	N	/		1	☐ Y ☒ N		2,000.00

CHARGE

Charge Description	Statute Violation Number	Violation of ORD #

Drug Activity	Drug Type	Amount / Unit	Offense #	Counts	Domestic Violence	Warrant / Capias Number	Bond
		/			☐ Y ☐ N		

INTAKE

Health / Apparent Physical Condition of Defendant — Any knowledge of the following: ☐ Mental ☐ Escape Risk ☐ Medication ☐ Deformities ☐ Injuries — Explain:

Check which apply: ☐ Released O.R. ☐ Released to Parent/Guardian ☒ T.O.T. County Jail ☐ Posted Bond ☐ South County Mental Health

PROPERTY - Received By	Released By	Released To

Transported By	Date Transported	Time Transported	Other
	/ /	: :	

NOTICE TO APPEAR

☐ INSTRUCTION NO. 1 - Mandatory appearance in court
☒ INSTRUCTION NO. 2 - You need not appear in Court but must comply with instructions on Page 2.

Location (Court, Room): To Be Assigned By PALM BEACH GARD
Court Date and Time:

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.

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

ADMIN

HOLD for Other Agency
☐ Dangerous ☐ Resisted Arrest ☐ Suicidal ☐ Other
Issuing Deputy I.D. # Pouch #

Signature of Arresting Officer

Name of Arresting Officer (Print): MCGILLICUDDY, STEVEN — I.D. #: 1216

Transporting Officer: S. MCGILLICUDDY — I.D. #: 388 — Agency: JUPITE

Name Verification (Printed by Arrestee) (PRINT)

NOV 16 AM 5:16

Witness here if subject signed with an "X".

0512625

PROBABLE CAUSE AFFIDAVIT

OBTS Number:

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

JUVENILE:

ADMIN

Agency ORI Number	Agency Name	Agency Report Number
FL 0501700	JUPITER POLICE DEPARTMENT	5 | 4 | 19-005150

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
MARSH, DONALD JAMES		W	M	11/05/1983

CHARGES

Charge Description	Charge Description
316.193(1)* DUI - DRIVING UNDER INFLUENCE	316.1935(1)* FLEE/ELUDE - FAILURE TO OBEY LEO AND
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 resonable 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 committ the below acts.

☒ was found to have committed the below acts, resulting from my (described) investigation.

On the 16 day of November, 2019 at 02:40 (Specifically include facts constituting cause for arrest.)

On 11/16/2019 at approximately 0057 hrs, I was stationary on University Boulevard facing west bound just west of Chancellor Drive. I observed a black Cadillac ATS bearing Fl tag HHQ-E91 (VEHICLE-1) pass me west bound at a high rate of speed. I travelled west bound on University Boulevard in an attempt to get an accurate pace clock on the vehicle, but it was accelerating too fast. I observed the vehicle complete disregard the west facing stop sign at Main Street, make a hard north bound turn and accelerate at which time I activated the lights and sirens on my patrol vehicle.

I observed as the vehicle continued north bound and disregard the north facing stop sign at Main Street and Avenue A. The vehicle continued north bound and took a hard east bound turn onto Parkside Drive. The vehicle then continued east bound and took a hard left turn into the parking lot and pulled into a parking space on the north side. It should be noted that from the time I activated my lights and sirens until this moment, I had never de-activated them. The total time of the vehicle`s flight was approximately 32 seconds. I held the driver at gunpoint until responding units could arrive and provide adequate cover. The driver, now identified as Donald Marsh (DEFENDANT), was called back from his vehicle and detained in handcuffs. The vehicle was then cleared and I conducted my investigation.

Upon nearing Marsh, I detected that he had red, bloodshot eyes and smelled of a strong odor of an unknown alcoholic beverage. The odor of an unknown alcoholic beverage intensified as he spoke. Due to the fact that he was in custody for fleeing, I read him his Miranda rights. I asked him if he understood that I was driving a police car and he stated in the affirmative. I asked him if he was aware of the lights/sirens and he responded in the affirmative and then stated he did not see the lights. I walked him to the front of my vehicle to show how it was implausible not to see the numerous flashing lights mounted to the front of my patrol vehicle. I asked Marsh how much he had to drink and he stated that he had some alcohol. I asked him to clarify and he stated he

ADMINISTRATIVE

SWORN AND SUBSCRIBED BEFORE ME

NOTARY PUBLIC / CLERK OF COURT / OFFICER (F.S. 117.10)

11/16/2019
DATE

SHARI L. O'NEAL
Notary Public - State of Florida
Commission # FF 965354
My Comm. Expires Jun 25, 2020
Bonded through National Notary Assn.

SIGNATURE OF ARRESTING / INVESTIGATING OFFICER

MCGILLICUDDY, STEVEN (1216)
NAME OF OFFICER (PLEASE PRINT)

11/16/2019
DATE

COURT STATE ATTORNEY CENTRAL RECORDS JAIL CRIME ANALYSIS P. I. O.

ADMIN

OBTS Number

PROBABLE CAUSE AFFIDAVIT
SUPPLEMENT

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

1

JUVENILE

Agency ORI Number: FL 0501700

Agency Name: JUPITER POLICE DEPARTMENT

Agency Report Number: 5 | 4 | 19-005150

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): MARSH, DONALD JAMES

Alias

Race	Sex	Date of Birth
W	M	11/05/1983

PROBABLE CAUSE STATEMENT

had three or four drinks and also three or four shots. He stated he had "eight total". He stated his last drink was an hour ago. I asked him on a scale from 1-10 of intoxication where he would rate himself and he stated "five and a half". He consented to SFST`s.

HORIZONTAL GAZE NYSTAGMUS (HGN)
- Equal tracking and pupil size in both eyes
- Lack of smooth pursuit in both eyes
- Distinct and sustained nystagmus in both eyes
- Onset of nystagmus prior to 45 degrees in both eyes
- No vertical nystagmus
- 6 of 6 clues observed

WALK AND TURN
- Lost balance during the instructional phase
- Used arms for balance
- Missed heel to toe
- Stepped off line
- Improper Turn
- Incorrect number of steps
- 6 of 8 clues

ONE LEG STAND
- Put foot down
- Used arms for balance
- Swayed
- 3 of 4 clues

FINGER TO NOSE
- 1L - Started with incorrect finger. Corrected finger, pad to tip
- 2R - Correct finger, pad to tip
- 3L - Correct finger, pad to tip
- 4R - Correct finger, pad to tip
- 5R - Correct finger, pad to tip
- 6L - Correct finger, pad to tip

Rhomberg Alphabet
- No abnormalities noted

Modified Rhomberg
- Estimated the passage of 30 seconds in 26 seconds

Based on my investigation and the totality of the circumstances, I had probable cause to believe that Donald Marsh was in actual physical control of a motor vehicle while under the influence of an alcoholic beverage and/or a chemical or control substance to the

ADMINISTRATIVE

SWORN AND SUBSCRIBED BEFORE ME

NOTARY PUBLIC / CLERK OF COURT / OFFICER (F.S.S. 117.10)

11/16/2019
DATE

SHARI L. O'NEAL
Notary Public - State of Florida
Commission # FF 966854
My Comm. Expires Jun 23, 2020
Bonded through National Notary Assn.

SIGNATURE OF ARRESTING / INVESTIGATING OFFICER

MCGILLICUDDY, STEVEN (1216)
NAME OF OFFICER (PLEASE PRINT)

11/16/2019
DATE

COURT STATE ATTORNEY CENTRAL RECORDS JAIL CRIME ANALYSIS P. I. O.

ADMIN

OBTS Number		PROBABLE CAUSE AFFIDAVIT SUPPLEMENT	1. Arrest 2. N.T.A. 3. Request for Warrant 4. Request for Capias	1	JUVENILE

Agency ORI Number	Agency Name	Agency Report Number
FL 0501700	JUPITER POLICE DEPARTMENT	5 | 4 | 19-005150

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

Special Notes:

DEF

Name (Last, First, Middle)	Alias	Race	Sex	Date of Birth
MARSH, DONALD JAMES		W	M	11/05/1983

PROBABLE CAUSE STATEMENT

point where his normal faculties are impaired, in violation of F.S.S. 316.193(1). I also have probable cause to believe that Marsh willfully refused and failed to stop his vehicle, and willfully attempted to elude me, while I had my lights and sirens active, contrary to F.S.S. 316.1935(1).

I placed him under arrest at 0116 hrs. I transported him to the BAT, arriving at 0145 hrs. I placed him under the 20 minute observation period, during which I did not observe him consume nor regurgitate anything. We then went on video with BAT Technician O`Neal (ID #6212). I asked Marsh to provide a breath sample and he refused. I then read him implied consent, minus the CDL language (non-relevant) and he consented to providing breath. He provided samples of .163 BrAC and .166 BrAC. I read him his Miranda rights and he refused to speak to me.
Marsh`s vehicle was left secured in its` resting location as it was in front of his apartment complex. I issued him citations for the stop sign violations, flee/eluding, expired tag (expired 11/5/2019) and DUI. Due to the fleeing charge being a felony, a court date was set as TBA by the court. EWC.

ADMINISTRATIVE

SWORN AND SUBSCRIBED BEFORE ME

NOTARY PUBLIC / CLERK OF COURT / OFFICER

11/16/2019
DATE

SHARI L. O'NEAL
Notary Public, State of Florida
Commission # FF 966554
My Comm. Expires Jun 25, 2020

SIGNATURE OF ARRESTING / INVESTIGATING OFFICER

MCGILLICUDDY, STEVEN (1216)
NAME OF OFFICER (PLEASE PRINT)

11/16/2019
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: PALM BEACH CO SO
Instrument Serial Number: 80-006238 Software: 8100.27
Date of Test: 11/16/2019

Date of Last Agency Inspection: 11/15/2019
Observation Period Began: 01:45
Subject's Name: DONALD J MARSH DOB: 11/05/1983 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	02:10
Air Blank	0.000	02:10
Control Test	0.080	02:11
Air Blank	0.000	02:11
Subject Sample #1	0.163	02:12
Air Blank	0.000	02:12
Air Blank	0.000	02:14
Subject Sample #2	0.166	02:15
Air Blank	0.000	02:15
Control Test	0.079	02:16
Air Blank	0.000	02:16
Diagnostics Check	OK	02:16

Cylinder Lot: 17919080A1
Exp: 08/05/2021

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 SHARI L O'NEAL, 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: S. O'Neal Date: 11-16-19
Signature

Sworn to (or affirmed) before me this 16 day of November, 2019

Ofc McGillicuddy #388 Ofc McGillicuddy #388
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.

FDLE/ATP FORM 38 - MARCH 2004, Ref. 11D-8.007

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

PBSO CASE # 19-138119 PBSO ZONE 3-14

AGENCY CASE # 19-005150 CRASH CASE #

TIME OF STOP/CRASH 0057 DATE 11/16/2019 DAY SATURDAY

SUBJECT'S NAME MARSH (LAST) DONALD (FIRST) J (MID) RACE W SEX M

HGT 6'03 WGT 210 DOB 11/5/83

LOCATION STADIUM DRIVE/PARKSIDE DRIVE

ARRESTING OFFICER'S NAME & ID MCGILLICUDDY 388 AGENCY JUPITER PD

DIVISION: POLICE

NOTIFIED BY COMMO Yes

ARRIVAL AT FACILITY 0145

ARREST TIME 0116

BREATH RESULTS:

1) .163
2) .166
3)
4)

TESTING OFFICER'S ID 6212 PBSO VIDEOTAPE # N/A

TESTING FACILITY TASK REPORT

AGENCY: _____

SUBJECT: _____ CASE NUMBER: _____

DATE: _____ VIDEO TAPE NUMBER: _____

BEGINNING TIME: _____ ENDING TIME: _____

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

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

BREATH OPERATOR: _____

MAINTENANCE TECHNICIAN: _____

TESTING OFFICER'S OBSERVATIONS

SPEECH: _____

ATTITUDE: _____

CLOTHING: _____

MEDICAL CONDITIONS: _____

MEDICATIONS: _____

OTHER: _____

COMMENTS: _____

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

WITNESS LIST

CASE NUMBER: 19-005150

ARRESTING OFFICER: MCGILLICUDDY
ADDRESS: 210 Military Trl. Jupiter, FL 33458
PHONE NUMBERS (HOME): (WORK) (561) 746-6201
CAN TESTIFY TO: PC

NAME: PFC FLESCH
ADDRESS: 210 MILITARY TRL, JUPITER, FL 33458
PHONE NUMBERS (HOME) (WORK)
CAN TESTIFY TO: BACKUP ON STOP

NAME: OFC LOWE
ADDRESS 210 MILITARY TRL, JUPITER, FL 33458
PHONE NUMBERS (HOME) (WORK)
CAN TESTIFY TO: BACKUP ON STOP

NAME: OFC BORROWS
ADDRESS 210 MILITARY TRL, JUPITER, FL 33458
PHONE NUMBERS (HOME) (WORK)
CAN TESTIFY TO: BACKUP ON STOP

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

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

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: 16-005150

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) _____

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

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: 2019036991	**Date:** 11/17/2019
	Specialist Name/ID: AM/31562