

19CT16892ASB

ARREST / NOTICE TO APPEAR

- 1. Arrest
- 2. N.T.A.
- 3. Request for Warrant
- 4. Request for Capias
- 5. Juvenile Referral

1

JUVENILE

AD M I N I S T R A T I O N	OBTS Number		Agency ORI Number 0500200		Agency Name Boca Raton Police Department		Agency Report Number (N.T.A.'s only) 3 2 2019-012242														
D E F E N D A N T	Charge Type: Check as many as apply		<input type="checkbox"/> 1. Felony <input type="checkbox"/> 2. Traffic Felony <input checked="" type="checkbox"/> 3. Misdemeanor <input type="checkbox"/> 4. Traffic Misdemeanor <input type="checkbox"/> 5. Ordinance <input type="checkbox"/> 6. Other		If Weapon Seized		Eater Type None/not Applicable		Multiple Clearance Indicator												
	Location of Arrest (Including Name of Business) 7599 N FEDERAL HWY					Location of Offense (Business Name, Address) 7599 N FEDERAL HWY, BOCA RATON, FL 33487															
	Date of Arrest 09/11/2019		Time of Arrest 22:20		Booking Date 09/11/2019		Booking Time 22:30		Jail Date // : :		Jail Time										
	Name (Last, First, Middle) KOECKRITZ, GEORGE BERNHARD		Alias (Name, DOB, Soc. Sec. #, Etc.)																		
	Race W - White B - Black		Sex M		Date of Birth 05/23/1939		Height 5'09		Weight 150		Eye Color BROWN		Hair Color GRAY		Complexion MEDIUM		Build Small				
	Local Address (Street, Apt. Number) 730 NE 74TH ST, BOCA RATON, FL 33487		State		Zip		Phone (954) 214-7632		Residence Type 1. City 2. County 3. Florida 4. Out of State		Address Source DEFENDANT		Indication of Alcohol Influence Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unk. <input type="checkbox"/>		Indication of Drug Influence Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Unk. <input type="checkbox"/>						
	Permanent Address (Street, Apt. Number) 730 NE 74TH ST, BOCA RATON, FL 33487		State		Zip		Phone (954) 214-7632		Business Address (Name, Street) SELF,		City (561) -		Occupation								
	DL Number, State K263302391830 / FL		Sec. Sec. Number		INS Number		Place of Birth (City, State) MILWAUKEE, WI,		Citizenship US		Marital Status D		Religion LUTHERAN								
	Co-Defendant Name (Last, First, Middle)		Race		Sex		Date of Birth		<input type="checkbox"/> 1. Arrested <input type="checkbox"/> 2. At Large <input type="checkbox"/> 3. Felony <input type="checkbox"/> 4. Misdemeanor		<input type="checkbox"/> 1. Arrested <input type="checkbox"/> 2. At Large <input type="checkbox"/> 3. Felony <input type="checkbox"/> 4. Misdemeanor		<input type="checkbox"/> 1. Arrested <input type="checkbox"/> 2. At Large <input type="checkbox"/> 3. Felony <input type="checkbox"/> 4. Misdemeanor		<input type="checkbox"/> 1. Arrested <input type="checkbox"/> 2. At Large <input type="checkbox"/> 3. Felony <input type="checkbox"/> 4. Misdemeanor						
	Co-Defendant Name (Last, First, Middle)		Race		Sex		Date of Birth		<input type="checkbox"/> 1. Arrested <input type="checkbox"/> 2. At Large <input type="checkbox"/> 3. Felony <input type="checkbox"/> 4. Misdemeanor		<input type="checkbox"/> 1. Arrested <input type="checkbox"/> 2. At Large <input type="checkbox"/> 3. Felony <input type="checkbox"/> 4. Misdemeanor		<input type="checkbox"/> 1. Arrested <input type="checkbox"/> 2. At Large <input type="checkbox"/> 3. Felony <input type="checkbox"/> 4. Misdemeanor		<input type="checkbox"/> 1. Arrested <input type="checkbox"/> 2. At Large <input type="checkbox"/> 3. Felony <input type="checkbox"/> 4. Misdemeanor						
<input type="checkbox"/> Parent <input type="checkbox"/> Legal Custodian		Name (Last, First, Middle)										Residence Phone									
Address (Street, Apt. Number)		City		State		Zip		Business Phone		Notified by: (Name)		Date		Time		JUVENILE DISPOSITION <input type="checkbox"/> 1. Handled/Processed within Department and Released <input type="checkbox"/> 2. TOT JAC <input type="checkbox"/> 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		Property Crime? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Description of Property		Value of Property			
Drug Activity		S. Sell		R. Smuggle		K. Dispense/Distribute		M. Manufacture/Produce/Cultivate		Z. Other		Drug Type		B. Barbiturate		H. Hallucinogen		P. Paraphernalia/Equipment		U. Unknown	
N. N/A		B. Buy		D. Deliver		E. Use						N. N/A		C. Cocaine		M. Marijuana		S. Synthetic		Z. Other	
P. Possess		T. Traffic										A. Amphetamine		E. Heroin							
Charge Description DUI		Amount / Unit		Offense #		Counts		Domestic Violence		Warrant / Capias Number		State Violation Number 316.193(1)		Violation of ORD #		Bond					
Drug Activity		Drug Type		Amount / Unit		Offense #		Counts		Domestic Violence		Warrant / Capias Number		State Violation Number		Violation of ORD #		Bond			
Drug Activity		Drug Type		Amount / Unit		Offense #		Counts		Domestic Violence		Warrant / Capias Number		State Violation Number		Violation of ORD #		Bond			
Drug Activity		Drug Type		Amount / Unit		Offense #		Counts		Domestic Violence		Warrant / Capias Number		State Violation Number		Violation of ORD #		Bond			
Health / Apparent Physical Condition of Defendant		Any knowledge of the following: <input type="checkbox"/> Mental <input type="checkbox"/> Escape Risk <input type="checkbox"/> Medication <input type="checkbox"/> Deformities <input type="checkbox"/> Injuries										Explain:									
Check which applies:		<input type="checkbox"/> Released O.R.		<input checked="" type="checkbox"/> Released to Parent/Guardian		<input checked="" type="checkbox"/> T.O.T. County Jail		PROPERTY - Received By		Released By		Released To									
Transported By		<input type="checkbox"/> Posted Bond		<input type="checkbox"/> South County Mental Health		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)		South County 200 W Atlantic Ave Delray Beach, FL 33444		Court Date and Time		10/07/2019 08:30:00		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 COMTEMPT OF COURT AND A WARRANT FOR MY ARREST SHALL BE ISSUED.		Signature of Defendant (or Juvenile and Parent/Custodian)		Date Signed																	
HOLD for Other Agency		Signature of Arresting Officer		Name Verification (Printed by Arrestee)																	
<input type="checkbox"/> Dangerous <input type="checkbox"/> Suicidal		<input type="checkbox"/> Resisted Arrest <input type="checkbox"/> Other		Name of Arresting Officer (Print) LEYVA, C.																	
Intake Deputy		I.D. #		Pooch #																	
LEYVA		828		BRPD																	
Witness here if subject signed with an "X"		PAGE		1 OF 1																	

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SCANNED
SEP 12 2019

PROBABLE CAUSE AFFIDAVIT

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

1 JUVENILE

A D M I N I S T R A T I V E	OBS Number	Agency ORI Number FL 0500200		Agency Name BOCA RATON POLICE DEPARTMENT		Agency Report Number 3 2 2019-012242	
	Charge Type: Check as many as apply. <input type="checkbox"/> 1. Felony <input checked="" type="checkbox"/> 3. Misdemeanor <input type="checkbox"/> 5. Ordinance <input type="checkbox"/> 2. Traffic Felony <input type="checkbox"/> 4. Traffic Misdemeanor <input type="checkbox"/> 6. Other						Special Notes:

D E F	Name (Last, First, Middle) KOECKRITZ, GEORGE BERNHARD	Alias	Race W	Sex M	Date of Birth 05/23/1939
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C H A R G E S	Charge Description 316.193(1) DUI	Charge Description
	Charge Description	Charge Description

V I C T I M	Victim's Name (Last, First, Middle)				Race	Sex	Date of Birth
	Local Address (Street, Apt. Number)		(City)	(State)	(Zip)	Phone	Address Source
	Business Address (Name, Street)		(City)	(State)	(Zip)	Phone	Occupation

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. was observed by _____ who told _____ that he/she saw the arrested person commit the below acts.

confessed to _____ admitting to the below facts. was found to have committed the below acts, resulting from my (described) investigation.

On the **11** day of **September**, **2019** at **22:19** (Specifically include facts constituting cause for arrest.)

On 09/11/2019 at 1938 hours I responded to 7599 N Federal Hwy in reference to a four vehicle accident. Upon my arrival, I met with B/F Judy Wamachio who was involved in the accident. Wamachio was driving a white Mercedes bearing FL tag HXJ H06. Wamachio stated that she was driving southbound on N. Federal Hwy and got into the left turn lane and came to a complete stop at a red light. Wamachio then stated she heard a loud noise, and observed a vehicle hit the right side of her vehicle. The vehicle that struck Wamachio's vehicle belonged to W/M Michael Garulli. Garulli was identified by his FL DL and was driving a silver Toyota Camry bearing FL tag 548 PIM. Officer Maranges spoke with Garulli and another driver who was in the accident, W/M Carlos Conpreras-Alba who was driving a black Jeep Cherokee bearing FL tag Y33 TPA, while I spoke with fourth driver, W/M George Koeckritz. Koeckritz was the driver of a silver Maserati bearing FL tag CXM Y99. When I approached Koeckritz, who was sitting in the driver seat of his vehicle, I immediately could smell alcohol coming from Koeckritz person, and observed he had glossy eyes. See Officer Maranges accident report for further.

While speaking to Koeckritz about the accident he uttered to me "I'm not that drunk I'm good." I then asked Koeckritz what he meant, and he replied, "not even drunk, I shouldn't have said that". I then asked Koeckits where he was driving home from and he stated a restaurant by the name of Autumn House in Delray Beach. I then asked Koeckritz if he was drinking at Autumn house and he said yes, and that he had three drinks. When I asked what kind of drinks, he replied Heineken beers. I asked Koeckritz if he had any medical issues and he advised no.

Once I completed my crash investigation, I informed Koeckritz I would be conducting a DUI investigation. I then read him his constitutional rights. Koeckritz advised that he understood his rights and wished to speak with me. I asked Koeckritz would he consent to

A D M I N I S T R A T I V E	SWORN AND SUBSCRIBED BEFORE ME	SIGNATURE OF ARRESTING / INVESTIGATING OFFICER	
	VAZQUEZ-BELLO, YVETTE D	LEYVA, CARLA (828)	
	NOTARY PUBLIC / CLERK OF COURT / OFFICER (F.S.S. 117.10)	NAME OF OFFICER (PLEASE PRINT)	
	09/11/2019 DATE	09/11/2019 DATE	

PROBABLE CAUSE AFFIDAVIT
SUPPLEMENT

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

1

JUVENILE

OBTS Number	Agency ORI Number FL 0500200		Agency Name BOCA RATON POLICE DEPARTMENT		Agency Report Number 3 2 2019-012242
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Charge Type: Check as many as apply	<input type="checkbox"/> 1. Felony	<input checked="" type="checkbox"/> 3. Misdemeanor	<input type="checkbox"/> 5. Ordinance	Special Notes:
	<input type="checkbox"/> 2. Traffic Felony	<input type="checkbox"/> 4. Traffic Misdemeanor	<input type="checkbox"/> 6. Other	

Name (Last, First, Middle) KOECKRITZ, GEORGE BERNHARD	Race W	Sex M	Date of Birth 05/23/1939
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some field sobriety tasks which he agreed to do. I then asked Koeckritz if he had any medical issues once again, and he stated that he is diagnosed with Cervical Torticollis, which makes his head shake uncontrollably.

The first task that was conducted was the horizontal gaze nystagmus. There was a lack of smooth pursuit in each eye. Distinct and sustained nystagmus at maximum deviation in each eye. Onset of nystagmus prior to 45 degrees in each eye. VGN was not performed due to Koeckritz having Cervical Torticollis.

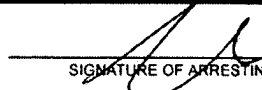
The second task was the walk and turn. I explained and demonstrated the task to Koeckritz. While I was explaining the directions to Koeckritz, he put his left foot in front of his right, he almost fell over. Koeckritz was unable to stay in the starting position. I then repeated the directions to Koeckritz a second time. Before I could even start reading the directions for a second time Koeckritz started to try and walk the line without listening to the directions. On the third attempt, Koeckritz tried to walk the line without any instructions. Koeckritz never counted, did not make heel to toe steps throughout the entire tasks, used his arms for balance, and made an improper turn. On his fourth attempt Koeckritz took one step and almost fell.

The third task was the one leg stand. I explained and demonstrated the task to Kockritz. Kockritz started the task before instructed and had his arms were straight out and not on his sides. While in the middle of explaining the rest of the instructions, Koeckritz started to do the walk and turn task. I then read the directions a second time for the leg stand, and before I finished the instructions, Koeckritz started to do the walk and turn task once again. While performing the leg stand task, Koeckritz did not look at his raised foot and was kicking his foot back and forth in the air. Koeckritz placed his raised leg and started to count by saying "1000, 3000, 4000, 5000, 6000 and fell backwards and did not look at the tip of his toe.

The fourth task was the finger to nose. I explained and demonstrated the task to Koeckritz. Koeckritz tried to start the task before I finished with the instructions. While performing the task Koeckritz missed the tip of his nose on his first attempt. Koeckritz then started to touch his nose with his right and left finger at the same time without me telling him to do so. On Koeckritz third, fourth and fifth attempts he touched the bridge of his nose.

The fifth task was to recite the English Alphabet. Koeckritz attempted the task three times. On his first attempt he got stuck on the letter N. On his second attempt he gave the following sequences "LMNO whatever it is" and "AGP". Koeckritz got stuck at LMNO and then said "I don't know the rest". Koeckritz was never able recite the alphabet from A to Z.

Based on my investigation I placed Koeckritz under arrest for violation of Florida State

SWORN AND SUBSCRIBED BEFORE ME	SIGNATURE OF ARRESTING / INVESTIGATING OFFICER
VAZQUEZ-BELLO, YVETTE D NOTARY PUBLIC / CLERK OF COURT / OFFICER (F.S.S. 117.10)	
09/11/2019 DATE	LEYVA, CARLA (828) NAME OF OFFICER (PLEASE PRINT)
	09/11/2019 DATE
	PAGE 2 OF 3

PROBABLE CAUSE AFFIDAVIT
SUPPLEMENT

1 Arrest
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1 JUVENILE

OBTS Number		
Agency ORI Number FL 0500200	Agency Name BOCA RATON POLICE DEPARTMENT	Agency Report Number 3 2 2019-012242

Charge Type: Check as many as apply	<input type="checkbox"/> 1. Felony <input type="checkbox"/> 2. Traffic Felony <input checked="" type="checkbox"/> 3. Misdemeanor <input type="checkbox"/> 4. Traffic Misdemeanor <input type="checkbox"/> 5. Ordinance <input type="checkbox"/> 6. Other	Special Notes:
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Name (Last, First, Middle) KOECKRITZ, GEORGE BERNHARD	Alias	Race W	Sex M	Date of Birth 05/23/1939
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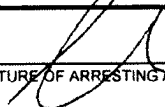
Statute 316.193(1) driving under the influence. Koeckritz was transported to the Boca Raton Police Department to be processed. Officer Burnette attempted to conduct The Intoxilyzer 8000 testing. I asked Koeckritz to provide a breath sample. He refused to comply. I read him Implied Consent. He had no questions. I asked him again to provide a breath sample and he refused to comply. At 2142 hours, he was issued a refusal. Koeckritz was then transported to Boca Regional Hospital to be medically cleared then to Palm Beach County Jail.

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SWORN AND SUBSCRIBED BEFORE ME VAZQUEZ-BELLO, YVETTE D NOTARY PUBLIC / CLERK OF COURT / OFFICER (F.S. 11-40) 09/11/2019 DATE	SIGNATURE OF ARRESTING / INVESTIGATING OFFICER  LEYVA, CARLA (828) NAME OF OFFICER (PLEASE PRINT) 09/11/2019 DATE	PAGE 3 OF 3
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2019-012242

20 min: 2118

Arrest: 2055

DUI INFLUENCE REPORT



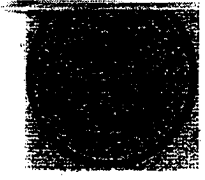
BOCA RATON POLICE SERVICES DEPARTMENT

100 NW 2nd Avenue

Boca Raton, FL 33432

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SEP 12 2019



BOCA RATON POLICE SERVICES DEPARTMENT

DUI INFLUENCE REPORT - PART I

On the 11 day of Sept 2019, at 2055 AM/PM

Subject: Koeknitz, George Case Number: 2019-012242

PERSONAL CONTACT

Driving Pattern: See PC

Observation of Driver: See PC

Driver's Statement: See PC

Odors: alcoholic beverage coming from facial area.

GENERAL OBSERVATIONS

Speech: Repetitive, ~~Apologetic~~, Stunned

Attitude: Apologetic, Calm

Clothing: Boiled (urine)

Medical Problems: Cervical Tonicolis.

Medications: Clazepam

Other: _____

Horizontal Gaze Nystagmus:

- Left eye does not follow smoothly
- Left eye jerks at 45 degrees angle or less
- Distinct jerking left eye maximum deviation
- Right eye does not follow smoothly
- Right eye jerks at 45 degrees angle or less
- Distinct jerking right eye maximum deviation

Can not do, Why? _____

Walk and turn: See pc

Can not do, Why? _____

One leg stand: See pc

Can not do, Why? _____

Finger to nose: See pc

Can not do, Why? _____

Alphabet (speech pattern): Slurred

Can not do, Why? _____

Breath/Blood test results: _____

State of Florida, County of Palm Beach,
Sworn and subscribed before me this 9/11/19 (date) by Ofc. Leyva

Notary/Clerk of Court/ Officer (FSS 117.10) _____ Date 9/11/19

Signature of Arresting Officer _____ Name of Officer (print) C. Leyva

ARRESTING OFFICER: _____

Name: _____ Phone # _____ Work # _____

Address: _____

Can testify to: _____

Name: _____ Phone # _____ Work # _____

Address: _____

Can testify to: _____

Name: _____ Phone # _____ Work # _____

Address: _____

Can testify to: _____

Name: _____ Phone # _____ Work # _____

Address: _____

Can testify to: _____

Name: _____ Phone # _____ Work # _____

Address: _____

Can testify to: _____

Name: _____ Phone # _____ Work # _____

Address: _____

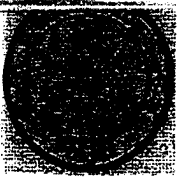
Can testify to: _____

Name: _____ Phone # _____ Work # _____

Address: _____

Can testify to: _____

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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.*)
- (8) Do you understand these rights as I have read them to you, and do you wish to speak to me?

Signed: Refusal

Date: _____

Time: _____

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SEP 12 2019



BOCA RATON POLICE SERVICES DEPARTMENT
TESTING FACILITY TASK REPORT

SUBJECT: Koekritz, George

CASE #: 2019-012242 DATE: 9/11/19

BREATH TEST RESULTS

1) TIME 2142 Refusal AM/PM 2) TIME _____ AM/PM
3) TIME _____ AM/PM 4) TIME _____ AM/PM

BREATH OPERATOR: Otc. Burnette

MAINTENANCE TECHNICIAN: Otc. VanCamp

TESTING OFFICER'S OBSERVATIONS

SPEECH: Slurred, Thick Tongue

ATTITUDE: Calm, upset, apologetic

CLOTHING: Soiled (urine)

MEDICAL CONDITION: Cervical Torticollis

OTHER: _____

COMMENTS: _____

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

To be filled out at testing facility

Agency Case # 2019-012242

I. INTRODUCTION (Instrument Operator faces video camera)

A. The day is Wednesday, Sept, 11, 2019.
(day) (month) (date) (year)

B. The time is now approximately 2140 AM/PM

C. The following is in reference to case number 2019-012242.

D. Present at this time is Ofc. Leyva of the Boca Raton Police Department.
(Officer's Name)

E. Officer Leyva, have you arrested George Koecknitz in violation of
Florida State Statute 316.193? (Defendant's name)

F. Did this violation occur within the City of Boca Raton, Palm Beach County, Florida? Yes

G. Mr./Mrs./Ms. Koecknitz, I am required to inform you these
proceedings are being video recorded.

Operator Note: Video record breath request, breath sample, and interview.

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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 **URINE** 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 **BLOOD** 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 not comply with your request.

I am Officer of the Leona

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 Signature: Refused to sign

Note: Also read for CDL holders:

IN ADDITION, your refusal to submit will result in the loss of your commercial privileges for one year from today. If this is your **SECOND REFUSAL**, you will be permanently disqualified from operating a commercial motor vehicle.

Note: After reading the implied consent warning, the arresting officer must request a breath sample again.

(IF REFUSAL THEN)

At this time Mr./Mrs./Ms. Kalkritz has refused to submit to a breath test.

The date is September 11, 2019, and the time is 2:42 AM (PM)

A refusal form will be completed by the arresting officer.

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: _____ Date: _____ Time: _____

QUESTIONS AND ANSWERS

Were you operating a motor vehicle at the time of the accident/stop? _____

Where were you going? _____

What street or highway were you on? _____

Direction of travel? _____

Where did you start driving from? _____

What city (county) were you stopped in? _____

What time did you start? _____ AM/PM What time is it now? _____

What is today's date? _____ What day of the week is it? _____

When did you last eat? _____ What did you eat? _____

What have you been doing the past three hours prior to this stop/accident? _____

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 you stop drinking? _____ AM/PM

How did you consume your last two drinks? _____

Are you under the influence of alcohol now? Yes No

Can you feel the effects of alcohol? Yes No

Have you consumed alcohol since the accident? Yes No

Can you feel the effects of alcohol? Yes No

Have you consumed alcohol since the accident? Yes No How much? _____

What? _____ Where? _____

What line of work are you in? _____

When did you last work? _____

Do you have any physical defects or injuries? Yes No If yes, explain: _____

Are you sick or injured? Yes No If yes, explain: _____

Do you limp? Yes No Did you get a bump on the head? Yes No

Were you in an accident today? _____

Have you taken any drugs or smoked marijuana today? _____

What? _____ When? _____

Have you seen a doctor or dentist today? Yes No Who? _____

Are you taking any prescription medications? Yes No What? _____ When? _____

Do you have: Epilepsy? Yes No Inner ear trouble? Yes No

Glass eye? Yes No Ear infection? Yes No

False teeth? Yes No Diabetes? 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 2:47 AM/PM PM

The date is Sept (month), 11 (day), 2019 (year).

SCANNED
SEP 12 2019

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

I, Ofc. Ashley Burnette, a duly certified Law Enforcement Officer or Correctional Officer,
(Name of Officer reading Implied Consent Warning)

am a member of Boca Raton Police Department, and I do swear
(Name of law enforcement agency)

or affirm that on or about the 11 day of Sept, 20 19, at 2055 P.M. A.M.

DRIVER George Bernhard Koekritz,
(Type or Print) FIRST NAME MIDDLE OR MAIDEN NAME LAST NAME

DL# K263302391830, state of FL, was placed under lawful arrest for

the offense of DUI by Ofc. Leyva and
(Name of Arresting Officer)

issued Citation # _____

That on or about the 11 day of Sep, 20 19, at 2142 P.M. A.M.
in palm beach County,

I requested that the driver submit to a breath and/or urine test to determine his or her blood alcohol level and/or the presence of chemical or controlled substances. I informed the driver that the refusal to submit to such test(s) would result in the suspension of his or her driving privilege for a period of one (1) year for a first refusal, or for a period of eighteen (18) months if his or her driving privilege had been previously suspended for refusing to submit to a breath, urine or blood test. I also informed the driver that he or she commits a misdemeanor by refusing to submit to a lawful test as requested above if his or her driving privilege has been previously suspended for refusal to submit to a lawful test of his or her breath, urine, or blood. Additionally, I informed the driver that if he or she holds a CDL, or was operating a CMV, refusal will result in the disqualification of the Commercial Driver's License/driving privilege for a period of one (1) year in the case of a first refusal or permanently if he or she has previously been disqualified as a result of a refusal to submit to any such lawful test. Nonetheless, the driver refused to submit to the test(s) requested.

[Signature]
Signature of Law Enforcement Officer or
Correctional Officer

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

The foregoing instrument was sworn and subscribed before me:

[Signature]
Signature of Attesting Officer

Title Officer

Date 09/11/2019

(AFFIX SEAL)
The foregoing instrument was sworn and subscribed before
me this _____ day of _____, 20 _____,
by _____,
who is personally known to me or who has produced
_____ as identification
Notary Public _____

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.



**PALM BEACH COUNTY
SHERIFF'S OFFICE**
Florida State Statute Exemption Sheet

Palm Beach County Sheriff's Office – Arrests Only

	X	Florida State Statute	Description	Page Number(s)
L/E Exemptions	<input type="checkbox"/>	119.071(2)(d)	Surveillance techniques, procedures and personnel; inventory of law enforcement resources, policies or plans pertaining to mobilization deployment or tactical operations.	
	<input type="checkbox"/>	943.053, 943.0525	NCIC/FCIC/FBI and in-state FDLE/DOC.	
	<input type="checkbox"/>	119.071(4)(c)	Undercover personnel.	
	<input type="checkbox"/>	119.071(2)(f)	Confidential informants (CIs).	
	<input type="checkbox"/>	119.071(2)(e)	Confession.	
Public Info. Exemptions	<input type="checkbox"/>	985.04(1)	Juvenile offender records.	
	<input type="checkbox"/>	119.071(h)(l)	Assets of a crime victim.	
	<input type="checkbox"/>	395.3025(7)(a), 456.057(7)(a)	Medical information.	
	<input type="checkbox"/>	394.4615(7)	Mental health information.	
	<input type="checkbox"/>	119.071(4)(d)(2)(a)	Home address, telephone, Social Security number, date of birth, or photos of active/former LE personnel, spouses, and children.	
Florida Rules of Judicial Administration 2.420 (Rule of 23)	<input checked="" type="checkbox"/>	(iii) 119.0714(1)(i)-(j), (2)(a)-(e)	Social Security, bank account, charge, debit, and credit card numbers.	2
	<input type="checkbox"/>	(viii) 394.4615(7)	Clinical records under the Baker Act.	
	<input type="checkbox"/>	(xii) 741.30(3)(b)	The victim's address in a domestic violence action on petitioner's request.	
	<input type="checkbox"/>	(xiii) 119.071(2)(h), 119.0714(1)(h)	Protected information regarding victims of child abuse or sexual offenses.	
	<input type="checkbox"/>			
	<input type="checkbox"/>			
	<input type="checkbox"/>			
	<input type="checkbox"/>			
Other	<input type="checkbox"/>		Other:	
	<input type="checkbox"/>		Other:	

REVIEW COMPLETED BY

Booking Number: 2019029712	Date: 9/12/2019
	Specialist Name/ID: Gammage/5660

SCANNED
SEP 12 2019