

## ARREST / NOTICE TO APPEAR

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

1

JUVENILE

|                                                                                                                                                                                                                                                                                                                 |                                                                                  |                                 |                                                                                                       |                             |                                                                                                    |                                                                                                                                                                                                                 |                                                                                                                                                                                                                                     |                                                   |                                                                                                      |                        |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------|---------------------------------|-------------------------------------------------------------------------------------------------------|-----------------------------|----------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------|------------------------------------------------------------------------------------------------------|------------------------|
| OBTS Number                                                                                                                                                                                                                                                                                                     | Agency ORI Number<br><b>0500200</b>                                              |                                 | Agency Name<br><b>Boca Raton Police Department</b>                                                    |                             | Agency Report Number (N.T.A.'s only)<br><b>3 2 2019-003498</b>                                     |                                                                                                                                                                                                                 | <b>ACT 4466</b>                                                                                                                                                                                                                     |                                                   |                                                                                                      |                        |
| Charge Type:<br>Check as many as apply.                                                                                                                                                                                                                                                                         | <input type="checkbox"/> 1. Felony<br><input type="checkbox"/> 2. Traffic Felony |                                 | <input checked="" type="checkbox"/> 3. Misdemeanor<br><input type="checkbox"/> 4. Traffic Misdemeanor |                             | <input type="checkbox"/> 5. Ordinance<br><input type="checkbox"/> 6. Other                         |                                                                                                                                                                                                                 | If Weapon Seized<br>Enter Type <b>None/not Applicable</b>                                                                                                                                                                           |                                                   |                                                                                                      |                        |
| Location of Arrest (Including Name of Business)<br><b>5540 N MILITARY TRAIL</b>                                                                                                                                                                                                                                 |                                                                                  |                                 |                                                                                                       |                             | Location of Offense (Business Name, Address)<br><b>5540 N MILITARY TRAIL, BOCA RATON, FL 33487</b> |                                                                                                                                                                                                                 |                                                                                                                                                                                                                                     |                                                   |                                                                                                      |                        |
| Date of Arrest<br><b>03/08/2019</b>                                                                                                                                                                                                                                                                             | Time of Arrest<br><b>23:16</b>                                                   | Booking Date                    | Booking Time                                                                                          | Jail Date                   | Jail Time                                                                                          | Location of Vehicle                                                                                                                                                                                             |                                                                                                                                                                                                                                     |                                                   |                                                                                                      |                        |
| Name (Last, First, Middle)<br><b>WARD, GREG EDWARD</b>                                                                                                                                                                                                                                                          |                                                                                  |                                 |                                                                                                       |                             |                                                                                                    |                                                                                                                                                                                                                 |                                                                                                                                                                                                                                     | Alias (Name, DOB, Soc. Sec. #, Etc.)<br>Alias:    |                                                                                                      |                        |
| Race<br>W - White<br>B - Black                                                                                                                                                                                                                                                                                  | I - American Indian<br>O - Oriental/Asian                                        | Sex<br><b>M</b>                 | Date of Birth<br><b>03/06/1961</b>                                                                    | Height<br><b>5'10</b>       | Weight<br><b>165</b>                                                                               | Eye Color<br><b>BLUE</b>                                                                                                                                                                                        | Hair Color<br><b>GRAY</b>                                                                                                                                                                                                           | Complexion<br><b>MEDIUM</b>                       | Build<br><b>Med</b>                                                                                  |                        |
| Scars, Marks, Tattoos, Unique Physical Features (Location, Type, Description)                                                                                                                                                                                                                                   |                                                                                  |                                 |                                                                                                       |                             | Marital Status<br><b>M</b>                                                                         | Religion<br><b>CHRISTIAN</b>                                                                                                                                                                                    | Indication of:<br>Alcohol Influence Yes <input type="checkbox"/> No <input type="checkbox"/> Unk. <input type="checkbox"/><br>Drug Influence Yes <input type="checkbox"/> No <input type="checkbox"/> Unk. <input type="checkbox"/> |                                                   |                                                                                                      |                        |
| Local Address (Street, Apt. Number)<br><b>291 NW 46TH ST, BOCA RATON, FL 33431</b>                                                                                                                                                                                                                              |                                                                                  |                                 |                                                                                                       | (City)<br><b>BOCA RATON</b> | (State)<br><b>FL</b>                                                                               | (Zip)<br><b>33431</b>                                                                                                                                                                                           | Phone<br><b>(561) 955-1265</b>                                                                                                                                                                                                      |                                                   | Residence Type:<br>1. City<br>2. County<br>3. Florida<br>4. Out of State                             |                        |
| Permanent Address (Street, Apt. Number)<br><b>291 NW 46TH ST, BOCA RATON, FL 33431</b>                                                                                                                                                                                                                          |                                                                                  |                                 |                                                                                                       | (City)<br><b>BOCA RATON</b> | (State)<br><b>FL</b>                                                                               | (Zip)<br><b>33431</b>                                                                                                                                                                                           | Phone<br><b>(561) 955-1265</b>                                                                                                                                                                                                      |                                                   | Address Source<br><b>DEFENDANT</b>                                                                   |                        |
| Business Address (Name, Street)<br><b>MASSAGE THERAPIST,</b>                                                                                                                                                                                                                                                    |                                                                                  |                                 |                                                                                                       | (City)<br><b>BOCA RATON</b> | (State)<br><b>FL</b>                                                                               | (Zip)<br><b>33431</b>                                                                                                                                                                                           | Phone<br><b>(561) -</b>                                                                                                                                                                                                             |                                                   | Occupation                                                                                           |                        |
| D/L Number, State<br><b>W630285610860 / FL</b>                                                                                                                                                                                                                                                                  |                                                                                  | Soc. Sec. Number                | INS Number                                                                                            |                             | Place of Birth (City, State)<br><b>COLUMBUS, OH</b>                                                |                                                                                                                                                                                                                 | Citizenship                                                                                                                                                                                                                         |                                                   |                                                                                                      |                        |
| 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<br><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<br><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                                                                                                                                                                                                                                                                        |                                                                                  |                                 |                                                                                                       | Business Phone              |                                                                                                    |                                                                                                                                                                                                                 |                                                                                                                                                                                                                                     |                                                   |                                                                                                      |                        |
| Address (Street, Apt. Number)                                                                                                                                                                                                                                                                                   |                                                                                  |                                 |                                                                                                       | (City)                      | (State)                                                                                            | (Zip)                                                                                                                                                                                                           |                                                                                                                                                                                                                                     |                                                   |                                                                                                      |                        |
| Notified by: (Name)                                                                                                                                                                                                                                                                                             |                                                                                  |                                 |                                                                                                       | Date                        | Time                                                                                               | JUVENILE DISPOSITION<br>1. Handled/Processed within Department and Released<br>2. TOT JAC<br>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.<br>The child and/or parent was told to keep the Juvenile Court Clerk's Office<br>(Phone 355-2526) informed of any change of address.                                                  |                                                                                  |                                 |                                                                                                       |                             |                                                                                                    | School Attended                                                                                                                                                                                                 | Grade                                                                                                                                                                                                                               |                                                   |                                                                                                      |                        |
| <input type="checkbox"/> Yes, by: _____ <input type="checkbox"/> No                                                                                                                                                                                                                                             |                                                                                  |                                 |                                                                                                       |                             |                                                                                                    | Property Crime?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No                                                                                                                          | Description of Property                                                                                                                                                                                                             | Value of Property                                 |                                                                                                      |                        |
| Drug Activity<br>N. N/A<br>P. Possess                                                                                                                                                                                                                                                                           |                                                                                  | S. Sell<br>B. Buy<br>T. Traffic | R. Smuggle<br>D. Deliver<br>E. Use                                                                    | K. Dispense/<br>Distribute  | M. Manufacture/<br>Produce/<br>Cultivate                                                           | Z. Other                                                                                                                                                                                                        | Drug Type<br>N. N/A<br>A. Amphetamine                                                                                                                                                                                               | B. Barbiturate<br>C. Cocaine<br>E. Heroin         | H. Hallucinogen<br>M. Marijuana<br>O. Opium/Deriv.<br>P. Paraphernalia/<br>Equipment<br>S. Synthetic | U. Unknown<br>Z. Other |
| Charge Description<br><b>DUI - PROPERTY DAMAGE</b>                                                                                                                                                                                                                                                              |                                                                                  |                                 |                                                                                                       |                             |                                                                                                    | Statute Violation Number<br><b>316.193(3)(3C1)</b>                                                                                                                                                              |                                                                                                                                                                                                                                     | Violation of ORD #                                |                                                                                                      |                        |
| Drug Activity                                                                                                                                                                                                                                                                                                   | Drug Type<br><b>N</b>                                                            | Amount / Unit                   | Offense #                                                                                             | Counts                      | Domestic Violence<br><input type="checkbox"/> Y <input checked="" 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<br><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<br><input type="checkbox"/> Y <input type="checkbox"/> N                         | Warrant / Capias Number                                                                                                                                                                                         | 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"/> Delinquency <input type="checkbox"/> Injuries |                                                                                                                                                                                                                                     |                                                   |                                                                                                      |                        |
| 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                                       |                                                                                                      |                        |
| <input type="checkbox"/> Posted Bond <input type="checkbox"/> South County Mental Health                                                                                                                                                                                                                        |                                                                                  |                                 |                                                                                                       |                             |                                                                                                    | Date Transported                                                                                                                                                                                                |                                                                                                                                                                                                                                     | Time Transported                                  |                                                                                                      |                        |
| Transported By                                                                                                                                                                                                                                                                                                  |                                                                                  |                                 |                                                                                                       |                             |                                                                                                    | Other                                                                                                                                                                                                           |                                                                                                                                                                                                                                     |                                                   |                                                                                                      |                        |
| <input checked="" type="checkbox"/> INSTRUCTION NO. 1 - Mandatory appearance in court<br><input type="checkbox"/> INSTRUCTION NO. 2 - You need not appear in Court<br>but must comply with instructions on Page 2.                                                                                              |                                                                                  |                                 |                                                                                                       |                             |                                                                                                    | Location (Court, Room)<br><b>South County 200 W Atlantic Ave Delray Beach, FL 33446</b>                                                                                                                         |                                                                                                                                                                                                                                     | Court Date and Time<br><b>04/08/2019 08:30:00</b> |                                                                                                      |                        |
| 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. |                                                                                  |                                 |                                                                                                       |                             |                                                                                                    | Date Signed<br><b>3/8/19</b>                                                                                                                                                                                    |                                                                                                                                                                                                                                     | Photo Available                                   |                                                                                                      |                        |
| Signature of Defendant (or Juvenile and Parent/Custodian)<br><b>Greg Ward</b>                                                                                                                                                                                                                                   |                                                                                  |                                 |                                                                                                       |                             |                                                                                                    | Name Verification (Printed by Arrestee)<br><b>BURNETTE, A. N.</b>                                                                                                                                               |                                                                                                                                                                                                                                     | PAGE<br>1 OF 1                                    |                                                                                                      |                        |
| HOLD for Other Agency                                                                                                                                                                                                                                                                                           |                                                                                  |                                 |                                                                                                       |                             |                                                                                                    | Name of Arresting Officer (Print)<br><b>BURNETTE, A. N.</b>                                                                                                                                                     |                                                                                                                                                                                                                                     | LD. #<br><b>798</b>                               |                                                                                                      |                        |
| <input type="checkbox"/> Dangerous <input type="checkbox"/> Resisted Arrest<br><input type="checkbox"/> Suicidal <input type="checkbox"/> Other                                                                                                                                                                 |                                                                                  |                                 |                                                                                                       |                             |                                                                                                    | Transporting Officer<br><b>Burnette</b>                                                                                                                                                                         |                                                                                                                                                                                                                                     | LD. #<br><b>798</b>                               |                                                                                                      |                        |
| Inmate Deputy<br><b>Dunn</b>                                                                                                                                                                                                                                                                                    |                                                                                  |                                 |                                                                                                       |                             |                                                                                                    | Pouch #<br><b>624</b>                                                                                                                                                                                           |                                                                                                                                                                                                                                     | Agency<br><b>BRPD</b>                             |                                                                                                      |                        |
| Witness here if subject signed with an "X".                                                                                                                                                                                                                                                                     |                                                                                  |                                 |                                                                                                       |                             |                                                                                                    | SCANNED                                                                                                                                                                                                         |                                                                                                                                                                                                                                     |                                                   |                                                                                                      |                        |

MAR 9 AM 4:30

| OBT Number                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                                             | PROBABLE CAUSE AFFIDAVIT |                                                                                                       | 1. Arrest<br>2. N.T.A. |                                                                                                     | 3. Request for Warrant<br>4. Request for Capias |                 | 1 | JUVENILE                           |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------|--------------------------|-------------------------------------------------------------------------------------------------------|------------------------|-----------------------------------------------------------------------------------------------------|-------------------------------------------------|-----------------|---|------------------------------------|
| ADMINISTRATIVE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | Agency ORI Number<br><b>FL 0500200</b>                                                                                      |                          | Agency Name<br><b>BOCA RATON POLICE DEPARTMENT</b>                                                    |                        | Agency Report Number<br><b>3   2   2019-003498</b>                                                  |                                                 |                 |   |                                    |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | Charge Type:<br>Check as many as apply.<br><input type="checkbox"/> 1. Felony<br><input type="checkbox"/> 2. Traffic Felony |                          | <input checked="" type="checkbox"/> 3. Misdemeanor<br><input type="checkbox"/> 4. Traffic Misdemeanor |                        | <input type="checkbox"/> 5. Ordinance<br><input type="checkbox"/> 6. Other                          |                                                 | Special Notes:  |   |                                    |
| DEFENSE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | Name (Last, First, Middle)<br><b>WARD, GREG EDWARD</b>                                                                      |                          |                                                                                                       |                        | Race<br><b>W</b>                                                                                    |                                                 | Sex<br><b>M</b> |   | Date of Birth<br><b>03/06/1961</b> |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | Charge Description<br><b>316.193(3A) DUI - PROPERTY DAMAGE</b>                                                              |                          |                                                                                                       |                        | Charge Description                                                                                  |                                                 |                 |   |                                    |
| CHARGES                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | Charge Description                                                                                                          |                          |                                                                                                       |                        | Charge Description                                                                                  |                                                 |                 |   |                                    |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | Charge Description                                                                                                          |                          |                                                                                                       |                        | Charge Description                                                                                  |                                                 |                 |   |                                    |
| VICTIM                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | Victim's Name (Last, First, Middle)<br><b>STATE OF FLORIDA,</b>                                                             |                          |                                                                                                       |                        | Race                                                                                                |                                                 | Sex             |   | Date of Birth                      |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | Local Address (Street, Apt. Number)<br><b>100 NW 2ND AVE, BOCA RATON, FL 33432</b>                                          |                          |                                                                                                       |                        | Phone<br><b>(561) -</b>                                                                             |                                                 | Address Source  |   |                                    |
| TIM                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | Business Address (Name, Street)<br><b>(56) -</b>                                                                            |                          |                                                                                                       |                        | Phone<br><b>(56) -</b>                                                                              |                                                 | Occupation      |   |                                    |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                                             |                          |                                                                                                       |                        |                                                                                                     |                                                 |                 |   |                                    |
| <p>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.</p> <p>The Person taken into custody ...</p> <p><input type="checkbox"/> committed the below acts in my presence. <input type="checkbox"/> was observed by _____ who told _____ that he/she saw the arrested person commit the below acts.</p> <p><input type="checkbox"/> confessed to _____ admitting to the below facts. <input checked="" type="checkbox"/> was found to have committed the below acts, resulting from my (described) investigation.</p> <p>On the <u>8</u> day of <u>March</u>, <u>2019</u> at <u>22:46</u> (Specifically include facts constituting cause for arrest.)</p> <p>On 03/08/2019 at approximately 1927 hours, I responded to 5540 N Military Trl in reference to a traffic crash.</p> <p>Upon arrival, I observed two vehicles with extensive front-end damage at final rest on the NE side of the intersection. I made contact with CSO Boylston and we proceeded to ensure the scene was safe and check for injuries. Located in the driver seat of the vehicle bearing FL tag K497CS was a white male later identified as Greg Edward Ward by his VALID FL driver's license (W-630-285-61-086-0). Ward was being assisted out of the vehicle by paramedics on scene. See CSO Boylston's crash report (2019-003493) for further.</p> <p>As CSO Boylston was speaking with Ward, I could smell a strong odor of an alcoholic beverage coming from his facial area. CSO Boylston gathered all the information needed for his crash investigation and informed Ward that he had completed his crash investigation. I Informed Ward that the crash investigation was over and that I would be conducting a criminal investigation for DUI. I read Ward his constitutional warnings and he agreed to speak with me or answer any questions. As I was conversing with Ward, I could still smell a strong odor of an alcoholic beverage coming from his mouth. I observed his eyes to be bloodshot, glassy, watery, and red. At this point, I asked him to perform voluntary Standardized Field Sobriety Exercises (SFSE's) so I could ensure he was not intoxicated and would be ok to drive and he consented. The lighting consisted of my patrol vehicle, streetlights, and my flashlight. The temperature was approximately 70 degrees. No surface defects were noted or claimed. Officer Fong was on scene as backup.</p> <p>The first FSE I asked him to perform was the Horizontal Gaze Nystagmus. I instructed him on where to stand and how to perform the exercise. I asked him if he had any head injuries past or present and he stated no. He was not wearing glasses or any contact</p> |                                                                                                                             |                          |                                                                                                       |                        |                                                                                                     |                                                 |                 |   |                                    |
| ADMINISTRATIVE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | SWORN AND SUBSCRIBED BEFORE ME                                                                                              |                          |                                                                                                       |                        | SIGNATURE OF ARRESTING / INVESTIGATING OFFICER                                                      |                                                 |                 |   |                                    |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | <b>GRAHAM, KEITH T</b><br>NOTARY PUBLIC / CLERK OF COURT / OFFICER (F.S.S. 117.10)<br><u>03/08/2019</u><br>DATE             |                          |                                                                                                       |                        | <b>BURNETTE, ASHLEY NICOLE (798)</b><br>NAME OF OFFICER (PLEASE PRINT)<br><u>03/08/2019</u><br>DATE |                                                 |                 |   |                                    |

| OBT Number                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                                                                                                         | PROBABLE CAUSE AFFIDAVIT<br>SUPPLEMENT |                                                    | 1. Arrest<br>2. N.T.A. |                                                    | 3. Request for Warrant<br>4. Request for Copies |  | 1                                  | JUVENILE |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------|----------------------------------------------------|------------------------|----------------------------------------------------|-------------------------------------------------|--|------------------------------------|----------|
| A<br>D<br>M<br>I<br>N<br>I<br>S<br>T<br>R<br>A<br>T<br>I<br>V<br>E                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | Agency ORI Number<br><b>FL 0500200</b>                                                                                                                                                                                                                                                  |                                        | Agency Name<br><b>BOCA RATON POLICE DEPARTMENT</b> |                        | Agency Report Number<br><b>3   2   2019-003498</b> |                                                 |  |                                    |          |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | Charge Type:<br><input type="checkbox"/> 1. Felony<br><input type="checkbox"/> 2. Traffic Felony<br><input checked="" type="checkbox"/> 3. Misdemeanor<br><input type="checkbox"/> 4. Traffic Misdemeanor<br><input type="checkbox"/> 5. Ordinance<br><input type="checkbox"/> 6. Other |                                        | Special Notes:                                     |                        |                                                    |                                                 |  |                                    |          |
| Name (Last, First, Middle)<br><b>WARD, GREG EDWARD</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                                                                                                                                                                                                         |                                        |                                                    | Race<br><b>W</b>       |                                                    | Sex<br><b>M</b>                                 |  | Date of Birth<br><b>03/06/1961</b> |          |
| <p>lenses. He did not have resting Nystagmus, and his pupil size was equal. He exhibited 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. Vertical gaze Nystagmus was present in both eyes. While conducting the HGN, I continued to smell an odor of an alcoholic beverage coming from his mouth. During the exercise, Ward exhibited a front to back sway. I had to inform Ward to keep his head still and follow with his eyes only throughout the exercise.</p> <p>The second exercise was the walk and turn. I gave the instructions and demonstrated the exercise prior to asking him to perform it. I asked him if he had any physical issues that would prevent him from performing the exercise, and he stated no. He failed to stay in the starting position as I was explaining the instructions. On the first nine heel to toe steps, he failed to touch heel to toe on steps 2 and 3, and 4, losing his balance and stumbling on step 3. Ward then returned to the starting position and began counting again from 1. He did not perform the turnaround properly, taking his lead foot off the line and turning around. On the second nine steps, He failed to touch heel to toe on steps 3,4,5, and 6. Throughout the exercise, Ward kept his arms raised from his sides to assist with balance.</p> <p>The third exercise was the one leg stand. I gave the instructions and demonstrated the exercise prior to asking him to perform it. I asked him if he had any physical issues that would prevent him from performing the exercise, he stated no. Ward raised his left foot before given the instructions to begin. I then gave the instructions to begin whenever he was ready, and he raised his left foot. He put his foot down on count 1004, and 1008. Ward then stated that his hip was hurting and he wanted to switch legs. Let it be known that Ward never claimed any injury past or present prior to the start of this exercise. Ward raised his arms to assist with balance throughout the exercise. Ward got to count 1009, put his foot down and asked "how much longer" prior to being given the instruction to stop.</p> <p>The fourth FSE I asked him to perform was the finger to nose (L-R-L-R-L-L-R). I gave the instructions and demonstrated the exercise prior to asking him to perform it. I asked him if he understood the instructions and he stated yes. He failed to touch finger to nose on every turn, touching the pad of his finger to the tip of his nose. He exhibited a front to back sway during the exercise.</p> <p>The fifth FSE I asked him to perform was the Rhomberg with recitation. I gave the instructions and demonstrated the exercise prior to asking him to perform it. I asked him if he understood the instructions and he stated yes. I asked him what level of education he had, and he stated some college. I asked him if he knew the English alphabet and he stated yes. He recited the following A,B,C,D,E,F,G,H,I,J,K,O,P, he then took a pause, looked at me started over from "A". During recitation, he exhibited a front to back sway.</p> |                                                                                                                                                                                                                                                                                         |                                        |                                                    |                        |                                                    |                                                 |  |                                    |          |
| <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> <p>SWORN AND SUBSCRIBED BEFORE ME</p> <p style="text-align: center;"><b>GRAHAM, KEITH T</b></p> <p style="text-align: center;">NOTARY PUBLIC / CLERK OF COURT / OFFICER (F.S.S. 117.10)</p> <p style="text-align: center;"><b>03/08/2019</b></p> <p style="text-align: center;">DATE</p> </div> <div style="width: 45%; text-align: center;"> <br/>           SIGNATURE OF ARRESTING / INVESTIGATING OFFICER<br/> <b>BURNETTE, ASHLEY NICOLE (798)</b><br/>           NAME OF OFFICER (PLEASE PRINT)<br/> <b>03/08/2019</b><br/>           DATE         </div> </div>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                                                                                                                                                                                         |                                        |                                                    |                        |                                                    |                                                 |  |                                    |          |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                                                                                                                                                                                                         |                                        |                                                    |                        |                                                    |                                                 |  | PAGE<br>2 OF 3                     |          |

COURT

STATE ATTORNEY

CENTRAL RECORDS

JAIL

CRIME ANALYSIS

P.I.O.

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |  |                                                                                                                                                                                                                                                                         |  |                                                    |                                                 |                                    |          |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|----------------------------------------------------|-------------------------------------------------|------------------------------------|----------|
| OBTS Number                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |  | <b>PROBABLE CAUSE AFFIDAVIT<br/>SUPPLEMENT</b>                                                                                                                                                                                                                          |  | 1. Arrest<br>2. N.T.A.                             | 3. Request for Warrant<br>4. Request for Capias | <b>1</b>                           | JUVENILE |
| Agency ORI Number<br><b>FL 0500200</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |  | Agency Name<br><b>BOCA RATON POLICE DEPARTMENT</b>                                                                                                                                                                                                                      |  | Agency Report Number<br><b>3   2   2019-003498</b> |                                                 |                                    |          |
| Charge Type:<br>Check as many as apply.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |  | <input type="checkbox"/> 1. Felony<br><input type="checkbox"/> 2. Traffic Felony<br><input checked="" type="checkbox"/> 3. Misdemeanor<br><input type="checkbox"/> 4. Traffic Misdemeanor<br><input type="checkbox"/> 5. Ordinance<br><input type="checkbox"/> 6. Other |  | Special Notes:                                     |                                                 |                                    |          |
| Name (Last, First, Middle)<br><b>WARD, GREG EDWARD</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |  | Alias                                                                                                                                                                                                                                                                   |  | Race<br><b>W</b>                                   | Sex<br><b>M</b>                                 | Date of Birth<br><b>03/06/1961</b> |          |
| <p>Based on the totality of circumstances, I placed Ward under arrest for violation of F.S.S 316.193(1) at 0317 hours. I placed him in the right rear seat of my patrol vehicle.</p> <p>Ofc. Fong responded to BRPD as my Breath Test Operator. Ofc. Fong and I conducted the 20-minute observation and then Ward was taken into the BAT room. Ward was asked to provide a breath sample and he refused. I then read Ward implied consent and he still refused. See DUI influence report.</p> <p>Ward was transported to the Palm Beach County Jail for further processing.</p>                           |  |                                                                                                                                                                                                                                                                         |  |                                                    |                                                 |                                    |          |
| <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> <p>SWORN AND SUBSCRIBED BEFORE ME</p> <p><b>GRAHAM, KEITH T</b></p> <p>NOTARY PUBLIC / CLERK OF COURT / OFFICER (F.S.S. 117.10)</p> <p><b>03/08/2019</b></p> <p>DATE</p> </div> <div style="width: 45%; text-align: center;"> <br/> <p>SIGNATURE OF ARRESTING / INVESTIGATING OFFICER</p> <p><b>BURNETTE, ASHLEY NICOLE (798)</b></p> <p>NAME OF OFFICER (PLEASE PRINT)</p> <p><b>03/08/2019</b></p> <p>DATE</p> </div> </div> |  |                                                                                                                                                                                                                                                                         |  |                                                    |                                                 |                                    |          |

COURT

STATE ATTORNEY

CENTRAL RECORDS

JAIL

CRIME ANALYSIS

P. I. O.

2046  
2118

2019-3498

## DUI INFLUENCE REPORT



BOCA RATON POLICE SERVICES DEPARTMENT

100 NW 2<sup>nd</sup> Avenue

Boca Raton, FL 33432

ARRESTING OFFICER: ASHLEY BURNETTE

Name: OFF HOD Phone # \_\_\_\_\_ Work # 561-368-6201

Address: 100 NW 2ND AVE BOCA RATON FL

Can testify to: BACK UP

Name: OFF BURNETTE Phone # \_\_\_\_\_ Work # 561-368-6201

Address: 100 NW 2ND AVE BOCA RATON FL 33432

Can testify to: BACK UP

Name: JOHN BOYLSTON Phone # \_\_\_\_\_ Work # 561-368-6201

Address: 100 NW 2ND BOCA RATON FL 33432

Can testify to: CRASH INVESTIGATOR

Name: \_\_\_\_\_ Phone # \_\_\_\_\_ Work # \_\_\_\_\_

Address: \_\_\_\_\_

Can testify to: \_\_\_\_\_

Name: \_\_\_\_\_ Phone # \_\_\_\_\_ Work # \_\_\_\_\_

Address: \_\_\_\_\_

Can testify to: \_\_\_\_\_

Name: \_\_\_\_\_ Phone # \_\_\_\_\_ Work # \_\_\_\_\_

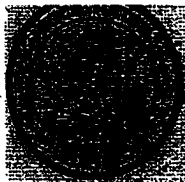
Address: \_\_\_\_\_

Can testify to: \_\_\_\_\_

Name: \_\_\_\_\_ Phone # \_\_\_\_\_ Work # \_\_\_\_\_

Address: \_\_\_\_\_

Can testify to: \_\_\_\_\_



BOCA RATON POLICE SERVICES DEPARTMENT  
DUI INFLUENCE REPORT - PART II

To be filled out at testing facility

Agency Case # 2017-3498

I INTRODUCTION

(Instrument Operator faces video camera)

A. The day is FRIDAY, MARCH, 08, 2019  
(day) (month) (date) (year)

B. The time is now approximately 9:36 AM/PM PM

C. The following is in reference to case number 2019-3493

D. Present at this time is OFF. BURNETTE S. FONG of the Boca Raton Police Department.  
(Officer's Name)

E. Officer BURNETTE, have you arrested GREG WARD 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. GREG WARD, I am required to inform you these  
proceedings are being video recorded.

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

**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 OFF. BURNETTE of the BEA RAYON PD

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: \_\_\_\_\_

*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.

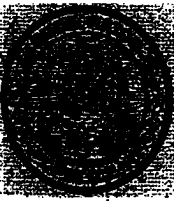
*Note: After reading the implied consent warning, the arresting officer must request a breath sample again.*

**(IF REFUSAL THEN)**

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

The date is MARCH, 08, 2019, and the time is \_\_\_\_\_ AM/PM  
(month) (day) (year)

A refusal form will be completed by the arresting officer.



BOCA RATON POLICE SERVICES DEPARTMENT  
TESTING FACILITY TASK REPORT

SUBJECT: GREG WARD

CASE #: 2019-3498

DATE: 3/8/19

BREATH TEST RESULTS

1) TIME REFUSED AM/PM 2) TIME REFUSED AM/PM

3) TIME \_\_\_\_\_ AM/PM 4) TIME \_\_\_\_\_ AM/PM

BREATH OPERATOR: OFF. FONG

MAINTENANCE TECHNICIAN: OFF. VAN CAMP

TESTING OFFICER'S OBSERVATIONS

SPEECH: MURDER

ATTITUDE: UPSET

CLOTHING: BLUE/GRAY POLO, BLUE JEANS, BLACK SHOES

MEDICAL CONDITION: \_\_\_\_\_

OTHER: \_\_\_\_\_

COMMENTS: \_\_\_\_\_

**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? Yes

Where were you going? pulling into fresh Market

What street or highway were you on? Military trail

Direction of travel? South

Where did you start driving from? Powerline at a restaurant

What city (county) were you stopped in? Boca Raton

What time did you start? 8:30 AM/PM 9:30/10 pm What time is it now?

What is today's date? 3/8/19 What day of the week is it? Friday

When did you last eat? Breakfast What did you eat? Shees steak

What have you been doing the past three hours prior to this stop/accident? went for a walk + met friends

How much do you weigh? 165 Have you been drinking? Yes What were you drinking? Banana + coke

How much? 1-1 1/2 Where? Angelos With whom were you drinking? friends

When did you have your first drink? 8:30 AM When did you stop drinking? 20 mins prior to crash

How did you consume your last two drinks? by mouth

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? Massage Tech

When did you last work? Yesterday

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? Yes

Have you taken any drugs or smoked marijuana today? NO

What? \_\_\_\_\_ When? \_\_\_\_\_

Have you seen a doctor or dentist today? ☐ Yes ☒ No Who? \_\_\_\_\_

Are you taking any prescription medications? ☒ Yes ☐ No What? Bisoprolol insulin When? Morning

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? NO

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? NO

I am now ending this video recording. The time is now approximately 9:48 AM/PM AM

The date is MARCH, 08, 2019.  
(month) (day) (year)



**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)(i)                           | Assets of a crime victim.                                                                                                                                                  |                |
|                                                             | <input type="checkbox"/>            | 395.3025(7)(a),<br>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),<br>(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),<br>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: 2019008155

Date: 03/10/2019

Specialist Name/ID: AM/31562