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18 CT 5625-SB
ARREST / NOTICE TO APPEAR

1512

ADMISSIONS	OBTS Number	Agency ORI Number 0500200		Agency Name Boca Raton Police Department		Agency Report Number (N.T.A.'s only) 3 2 2018-004400		1. Arrest 2. N.T.A.	3. Request for Warrant 4. Request for Capias	1	JUVENILE			
	Charge Type: Check as many as apply.	<input type="checkbox"/> 1. Felony <input type="checkbox"/> 2. Traffic Felony	<input type="checkbox"/> 3. Misdemeanor <input checked="" type="checkbox"/> 4. Traffic Misdemeanor	<input type="checkbox"/> 5. Ordinance <input type="checkbox"/> 6. Other	If Weapon Seized Enter Type None/not Applicable		Multiple Clearance Indicator	N						
ARRESTION	Location of Arrest (Including Name of Business) 2000 W YAMATO RD BOCA RATON FL				Location of Offense (Business Name, Address) 2000 W YAMATO RD, BOCA RATON, FL 33496									
	Date of Arrest 03/28/2018	Time of Arrest 22:43	Booking Date 03/28/2018	Booking Time 22:53	Jail Date	Jail Time	Location of Vehicle EMERALD TOWING							
DEFENDANT	Name (Last, First, Middle) WIENER, HILTON M				Alias:				Alias (Name, DOB, Soc. Sec. #, Etc.)					
	Race W - White B - Black O - Oriental/Asian	Sex M	Date of Birth 08/09/1949	Height 5'08	Weight 190	Eye Color BLUE	Hair Color GRAY	Complexion LIGHT	Build Medium					
	Scars, Marks, Tattoos, Unique Physical Features (Location, Type, Description)				Marital Status M	Religion JEWISH	Indication of: Alcohol Influence Drug Influence		Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Unk <input type="checkbox"/>					
	Local Address (Street, Apt. Number) 3099 NW 28TH TER, BOCA RATON, FL 33434				(City)	(State)	(Zip)	Phone (561) 750-6672	Residence Type: 1. City 2. Country 3. Florida 4. Out of State		I			
	Permanent Address (Street, Apt. Number) 3099 NW 28TH TER, BOCA RATON, FL 33434				(City)	(State)	(Zip)	Phone (561) 750-6672	Address Source DEFENDANT					
	Business Address (Name, Street)				(City)	(State)	(Zip)	Phone (561) 997-1386	Occupation					
	D/L Number, State W560333492890 / FL		Soc. Sec. Number		INS Number		Place of Birth (City, State) BROOKLYN, NY,		Citizenship US					
	Co-Defendant Name (Last, First, Middle)				Race	Sex	Date of Birth		<input type="checkbox"/> 1. Arrested <input type="checkbox"/> 2. At Large	<input type="checkbox"/> 3. Felony <input type="checkbox"/> 4. Misdemeanor	<input type="checkbox"/> 5. Juvenile			
	Co-Defendant Name (Last, First, Middle)				Race	Sex	Date of Birth		<input type="checkbox"/> 1. Arrested <input type="checkbox"/> 2. At Large	<input type="checkbox"/> 3. Felony <input type="checkbox"/> 4. Misdemeanor	<input type="checkbox"/> 5. Juvenile			
	Parent <input type="checkbox"/> Other: _____ Name (Last, First, Middle)				Residence Phone									
Legal Custodian _____				Business Phone										
Address (Street, Apt. Number)				(City)	(State)	(Zip)	Notified by: (Name)		Date	Time	JUVENILE DISPOSITION			
Released To: (Name)				Relationship		Date	Time	1. Handled/Processed within Department and Released		2. TOT JAC 3. Incarcerated				
The above address was provided by <input type="checkbox"/> defendant and/or <input type="checkbox"/> defendant's parents. The child and/or parent was told to keep the Juvenile Court Clerk's Office (Phone 355-2526) informed of any change of address.				School Attended				Grade						
<input type="checkbox"/> Yes, by: _____ <input type="checkbox"/> No: _____				Property Crime? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Description of Property		Value of Property						
Drug Activity				S. Sell N. N/A P. Possess	B. Buy T. Traffic	R. Smuggle D. Deliver E. Use	K. Disperses/ Distribute	M. Manufacture/ Produce/ Cultivate	Z. Other	Drug Type N. N/A A. Amphetamine	B. Barbiturate C. Cocaine E. Heroin	H. Hallucinogen M. Marijuana O. Opium/Deriv.	P. Paraphernalia/ Equipment S. Synthetic	U. Unknown Z. Other
Charge Description DUI				Statute Violation Number 316.193(1)				Violation of ORD #						
Drug Activity	Drug Type N	Amount / Unit	Offense #	Counts	Domestic Violence <input type="checkbox"/> Y <input checked="" type="checkbox"/> N	Warrant / Capias Number		Bond		OR				
Charge Description				Statute Violation Number				Violation of ORD #						
Drug Activity	Drug Type	Amount / Unit	Offense #	Counts	Domestic Violence <input type="checkbox"/> Y <input type="checkbox"/> N	Warrant / Capias Number		Bond		MAR 29 AM 2:05				
Charge Description				Statute Violation Number				Violation of ORD #						
Drug Activity	Drug Type	Amount / Unit	Offense #	Counts	Domestic Violence <input type="checkbox"/> Y <input type="checkbox"/> N	Warrant / Capias Number		Bond						
Health / Apparent Physical Condition of Defendant GOOD				Any knowledge of the following: <input type="checkbox"/> Mental <input type="checkbox"/> Escape Risk <input type="checkbox"/> Medication <input type="checkbox"/> Deformities <input type="checkbox"/> Injuries				Explain:						
Check which applies: <input type="checkbox"/> Released O.R. <input type="checkbox"/> Posted Bond				<input type="checkbox"/> Released to Parent/Guardian <input type="checkbox"/> South County Mental Health		<input checked="" type="checkbox"/> T.O.T. County Jail		PROPERTY - Received By SAAVEDRA		Released By SAAAVEDRA		Released To PBCF		
Transported By				Date Transported // : :	Time Transported	Other		Date Signed 3/29/18		No Photo Available				
<input checked="" type="checkbox"/> INSTRUCTION NO. 1 - Mandatory appearance in court <input type="checkbox"/> INSTRUCTION NO. 2 - You need not appear in Court but must comply with instructions on Page 2.				Location (Court, Room) South County 200 W Atlantic Ave Delray Beach, FL 33444				Court Date and Time 04/30/2018 08:30:00		SCANNED MAR 29 2018 # 38				
I AGREE TO APPEAR AT THE TIME AND PLACE DESIGNATED TO ANSWER THE OFFENSE CHARGED OR TO PAY THE FINE SUBSCRIBED. I UNDERSTAND THAT SHOULD I WILLFULLY FAIL TO APPEAR BEFORE THE COURT AS REQUIRED BY THIS NOTICE TO APPEAR, THAT I MAY BE HELD IN CONTEMPT OF COURT AND A WARRANT FOR MY ARREST SHALL BE ISSUED.				Signature of Defendant (or Juvenile and Parent Custodian)				Date Signed						
HOLD for Other Agency				Signature of Arresting Officer				Name Verification (Printed by Arrestee)						
<input type="checkbox"/> Dangerous <input type="checkbox"/> Suicidal				<input type="checkbox"/> Resisted Arrest <input type="checkbox"/> Other		Name of Arresting Officer (Print) SAAVEDRA, A.		I.D. # 777		(PRINT)		MAR 29 2018		
Intake Deputy SAAVEDRA		Pouch #		Transporting Officer SAAVEDRA		I.D. # 777		Agency BRPD		Witness here if subject signed with an "X".		PAGE 1 OF 1		

PROBABLE CAUSE AFFIDAVIT

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

1 JUVENILE

Form with fields for Agency ORI Number (FL 0500200), Agency Name (BOCA RATON POLICE DEPARTMENT), Agency Report Number (3 | 2 | 2018-004400), Charge Type (4. Traffic Misdemeanor), Name (WIENER, HILTON M), Charge Description (316.193(1) DUI), Victim's Name (STATE OF FLORIDA), Local Address (100 NW 2ND AVE, BOCA RATON, FL 33432), and a large text area for the affidavit.

The undersigned certifies and swears that he/she has just and reasonable grounds to believe, and does believe that the above named Defendant committed the following violation of law.
The Person taken into custody...
[] committed the below acts in my presence. [] was observed by... who told... that he/she saw the arrested person commit the below acts.
[] confessed to... admitting to the below facts. [X] was found to have committed the below acts, resulting from my (described) investigation.
On the 28 day of March, 2018 at 22:43 (Specifically include facts constituting cause for arrest.)

On 03/28/2018 at 2206 hours, I responded to 2000 W. Yamato Rd, as a back-up officer for Officer Calhoun's traffic stop.
Upon arrival, I met with Officer Calhoun, who informed me of the following:
On 03/28/2018 at approximately 2155 hours, while on patrol, he observed a black 2014 Audi S5 bearing FL tag HVRW15 traveling westbound at a high rate of speed at 1000 W. Yamato Rd. He initiated a traffic stop, but the vehicle did not come to a complete stop until 2200 W. Yamato Rd. Officer Calhoun made contact with the sole occupant and driver of the vehicle, who later identified himself by his FL DL as Hilton Wiener. See his supplement for further.
I then arrived on scene and took over the investigation. I approached the driver side door and made contact with Wiener. As I opened the door to his vehicle, I was able to smell a strong odor of an alcoholic beverage emitting from his breath. I observed Wiener's eyes were red and glassy and his speech was slurred. I then asked Wiener to step out of the vehicle, which he did. I then asked Wiener where was he coming from and he stated Frank and Dinos. I then asked Wiener if he had anything to drink and he stated one glass of Vodka. I then asked Wiener if he takes any medication and he stated Lexapro for depression and Ambien for sleeping. I asked Wiener at what time did he take his medication and he stated approximately 0900 hours. I then asked Wiener if he had any injuries and he stated no. As I continued speaking with Wiener, the odor of an alcoholic beverage emitting from his breath became stronger. I then asked Wiener if he would consent to some field sobriety task, which he consented.
I then explained and demonstrated each task to Wiener before he performed them.
The first task was Horizontal Gaze Nystagmus. While performing the task, Wiener

SWORN AND SUBSCRIBED BEFORE ME
FRENZ, JONATHAN RYAN
NOTARY PUBLIC / CLERK OF COURT / OFFICER (F.S.S. 117.10)
03/29/2018
DATE

SIGNATURE OF ARRESTING / INVESTIGATING OFFICER
SCANNED MAR 29 2018
SAAVEDRA, ALONSO (777)
NAME OF OFFICER (PLEASE PRINT)
03/29/2018
DATE

OBTS Number

PROBABLE CAUSE AFFIDAVIT
SUPPLEMENT

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

1

JUVENILE

Agency ORI Number

Agency Name

Agency Report Number

FL 0500200

BOCA RATON POLICE DEPARTMENT

3 | 2 | 2018-004400

Charge Type:
Check as many
as apply.

- 1. Felony
- 2. Traffic Felony
- 3. Misdemeanor
- 4. Traffic Misdemeanor
- 5. Ordinance
- 6. Other

Special Notes:

Name (Last, First, Middle)

Alias

Race

Sex

Date of Birth

WIENER, HILTON M

W

M

08/09/1949

showed equal pupil size and no resting nystagmus. Wiener had lack of smooth pursuit and distinct and sustained nystamus at maximum deviation in both eyes. Wiener displayed onset of nystagmus prior to forty five degrees in both eyes. During the task, Wiener had a hard time keeping his head still and following my stimulus. Wiener was swaying side to side while standing.

The second task was the Walk and Turn. Wiener was unable to maintain the starting position. He started the task before being told to do so and took 26 steps forward. I then reminded him to wait until I explained the task to him. As I continued explaining the instructions he decided to start the task again. I then reminded him again not to start until I tell him to do so. He took 9 steps forward not touching heel to toe. He did not turn as instructed. He then took 9 steps back not touching heel to toe. He stepped off the line on the way back on steps 6, 7, 8, 9.

The third task was the One Leg Stand. Wiener was unable to maintain the starting position. He did not lift his foot the way he was instructed. He used his arms for balance. He lost his balance while counting 1004. He then dropped his foot while counting 1015, 1017, 1022. He then dropped his foot and lost his balance while counting 1026.

The fourth task was the Finger to Nose. The sequence is as following (L-R-L-R-R-L). L- Wiener stood still and then opened his eyes and told me what do I need to do. I then explained and demonstrated the task again. Wiener then stated he understood. L- His head was tilted forward. He missed the tip of his nose and touched his right nostril. R- His head was tilted forward. He missed the tip of his nose and touched his left nostril. L- His head was tilted forward. He missed the tip of his nose and touched his right nostril. R- Tilted his head forward. R- He brought his left hand more than halfway up and then corrected himself. His head was tilted forward. L- His head was tilted forward.

The fifth task was the Rhomberg Alphabet. While reciting the Alphabet, Wiener continued swaying side to side.

At 2243 hours, I placed Hilton Wiener under arrest for DUI per F.S.S. 316.193(1). Wiener was transported to the Boca Raton Police Department for processing. Officer Deen conducted the Intoxilyzer Testing. I then asked Pedro to provide us with a breath sample. Wiener would not stop screaming and demanding an attorney. He was explained numerous times that he will be able to call his attorney after we were done with these proceedings. Wiener continued asking for an attorney at which time, I read him Implied Consent. Wiener continued talking over me and screaming not allowing me to explain Implied Consent. Wiener then stated that he will submit to the breath test even though we are not allowing him to speak with his attorney. While in the DUI room, on the first breath sample, Wiener was unable to provide a sufficient breath sample and as a result

SWORN AND SUBSCRIBED BEFORE ME

FRENZ, JONATHAN RYAN

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

03/29/2018

DATE

SIGNATURE OF ARRESTING / INVESTIGATING OFFICER

SCANNED
MAR 29 2018
SAAVEDRA, ALONSO (777)

NAME OF OFFICER (PLEASE PRINT)

03/29/2018

DATE

PAGE

2 OF 3

PROBABLE CAUSE AFFIDAVIT
SUPPLEMENT

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

1

JUVENILE

A D M I N	OBTS Number	Agency Name		Agency Report Number
	Agency ORI Number FL 0500200	BOCA RATON POLICE DEPARTMENT		3 2 2018-004400
Charge Type: Check as many as apply. <input type="checkbox"/> 1. Felony <input type="checkbox"/> 3. Misdemeanor <input type="checkbox"/> 5. Ordinance <input type="checkbox"/> 2. Traffic Felony <input checked="" type="checkbox"/> 4. Traffic Misdemeanor <input type="checkbox"/> 6. Other				Special Notes:

D E F	Name (Last, First, Middle)	Alias	Race	Sex	Date of Birth
	WIENER, HILTON M		W	M	08/09/1949

his readings were a volume not met. On the second sample he gave us a breath sample of .123. The third breath sample, Wiener was unable to provide a sufficient breath sample, as a result his readings were a volume not met. Wiener was unable to follow instructions and continued arguing that we were not allowing him to speak with his attorney.

Officer Deen then restarted the Intoxilyzer Testing. Wiener was still unable to provide us with two sufficient breath samples and as a result his readings were a volume not met. At 0026, Wiener was issued a refusal.

Wiener was transported to Palm Beach County jail for final disposition. The vehicle was towed from the scene by Emerald Towing.

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A D M I N I S T R A T I V E	SWORN AND SUBSCRIBED BEFORE ME	SIGNATURE OF ARRESTING / INVESTIGATING OFFICER
	FRENZ, JONATHAN RYAN NOTARY PUBLIC / CLERK OF COURT / OFFICER (F.S.S. 117.10)	SCANNED MAR 29 2018
	03/29/2018 DATE	SAAVEDRA, ALONSO (777) NAME OF OFFICER (PLEASE PRINT)
		03/29/2018 DATE
		PAGE 3 OF 3

1013
2243

2020
18-004400

DUI INFLUENCE REPORT



BOCA RATON POLICE SERVICES DEPARTMENT
100 NW 2nd Avenue
Boca Raton, FL 33432

SCANNED
MAR 29 2018

ARRESTING OFFICER: A. Saavedra

Name: A. Saavedra Phone # 561 368 6201 Work # _____

Address: 2200 W. Yamato Rd (100 NW 2nd Ave)

Can testify to: DUI Investigation

Name: K. Calhoun Phone # 561 368 6201 Work # _____

Address: 2200 W. Yamato Rd (100 NW 2nd Ave)

Can testify to: Traffic Stop

Name: G. Reilly Phone # 561 368 6201 Work # _____

Address: 2200 W. Yamato Rd (100 NW 2nd Ave)

Can testify to: Back-Up Officer

Name: _____ Phone # _____ Work # _____

Address: _____

Can testify to: _____

Name: _____ Phone # _____ Work # _____

Address: _____

Can testify to: _____

Name: _____ Phone # _____ Work # _____

Address: _____

Can testify to: _____

Name: _____ Phone # _____ Work # _____

Address: _____

Can testify to: _____



BOCA RATON POLICE SERVICES DEPARTMENT
DUI INFLUENCE REPORT - PART II

To be filled out at testing facility

Agency Case # 2018 - 004400

I. INTRODUCTION (Instrument Operator faces video camera)

A. The day is wednesday, march, 28, 2018.
(day) (month) (date) (year)

B. The time is now approximately 2340 AM/PM.

C. The following is in reference to case number 2018 - 004400

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

E. Officer Saavedra, have you arrested Hilton Wiener 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. Wiener, I am required to inform you these proceedings are being video recorded.

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

NOT A CERTIFIED COPY

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 its alcohol content.
- 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 _____ of the _____.

If you fail to submit to the test I have requested of you, your privilege to operate a motor vehicle will be suspended for a period of one (1) year for a first refusal, or eighteen (18) months if your privilege has been previously suspended as a result of a refusal to submit to a lawful test of your breath, urine, or blood. Additionally, if you refuse to submit to the test I have requested of you and if your driving privilege has been previously suspended for a prior refusal to submit to a lawful test of your breath, urine, or blood, you will be committing a misdemeanor. Refusal to submit to the test I have requested of you is admissible into evidence in any criminal proceeding.

Subject 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, 29, 2018, and the time is 0026 AM PM.
(month) (day) (year)

A refusal form will be completed by the arresting officer.

NOT A CERTIFIED COPY



BOCA RATON POLICE SERVICES DEPARTMENT
JUVENILE CONSTITUTIONAL WARNINGS

**Rights of suspects prior to custodial questioning.
Identify yourself and state:**

I am required to warn you before you make any statement that you have the following Constitutional rights:

- (1) You have the right to remain silent and not answer any questions. *Tell me in your own words what you think this means.
(You do not have to talk to me or answer any questions about this offense. You can be quiet if you want.)*
- (2) Any statement you make must be freely and voluntarily given. *Tell me in your own words what you think this means.
(If you do talk to me it has to be because you want to and not because anyone is forcing you to speak.)*
- (3) You have a right to the presence and representation of a lawyer of your choice before you make any statement and during any questioning. *Tell me in your own words what you think this means.
(You can talk to a lawyer before we ask you any questions and you can have him/her with you now, during our questioning.)*
- (4) If you cannot afford a lawyer, you are entitled to the presence and representation of a court appointed lawyer before you make any statement and during any questioning. *Tell me in your own words what you think this means
(If you do not have money for a lawyer and you want one, a lawyer will be given to you for free.)*
- (5) If at any time during the interview you do not wish to answer any questions, you are privileged to remain silent. *Tell me in your own words what you think this means.
(If you decide to talk to me then change your mind, you can stop answering my questions at any time.)*
- (6) I can make no threats or promises to induce you to make a statement. This must be of your own free will. *Tell me in your own words what you think this means
(I am not allowed to threaten you or make you any promises to get you to talk to me. If you decide to talk, it must be because you want to.)*
- (7) Any statement can be and will be used against you in a court of law. *Tell me in your own words what you think this means
(Anything you say to me can and will be told to the judge or a jury in court. A judge is a person who decides if you have done something wrong. Sometimes a group of people called a jury decide this, but the Judge is the person who decides what punishment you get.)*
- (8) Do you understand these rights as I have read them to you, and do you wish to speak to me?

Signed: Refused Date: _____ Time: _____



BOCA RATON POLICE SERVICES DEPARTMENT
TESTING FACILITY TASK REPORT

SUBJECT: Hilton Wiener

CASE #: 2018 - 004400 DATE: 3/28/18

BREATH TEST RESULTS

1) TIME 2:35 (VNM) AM/PM 2) TIME 00:00 (0.123) AM/PM
3) TIME 00:06 (VNM) AM/PM 4) TIME 00:21 (VNM) AM/PM

BREATH OPERATOR: Deen

MAINTENANCE TECHNICIAN: B. Pare

TESTING OFFICER'S OBSERVATIONS

SPEECH: Slurred

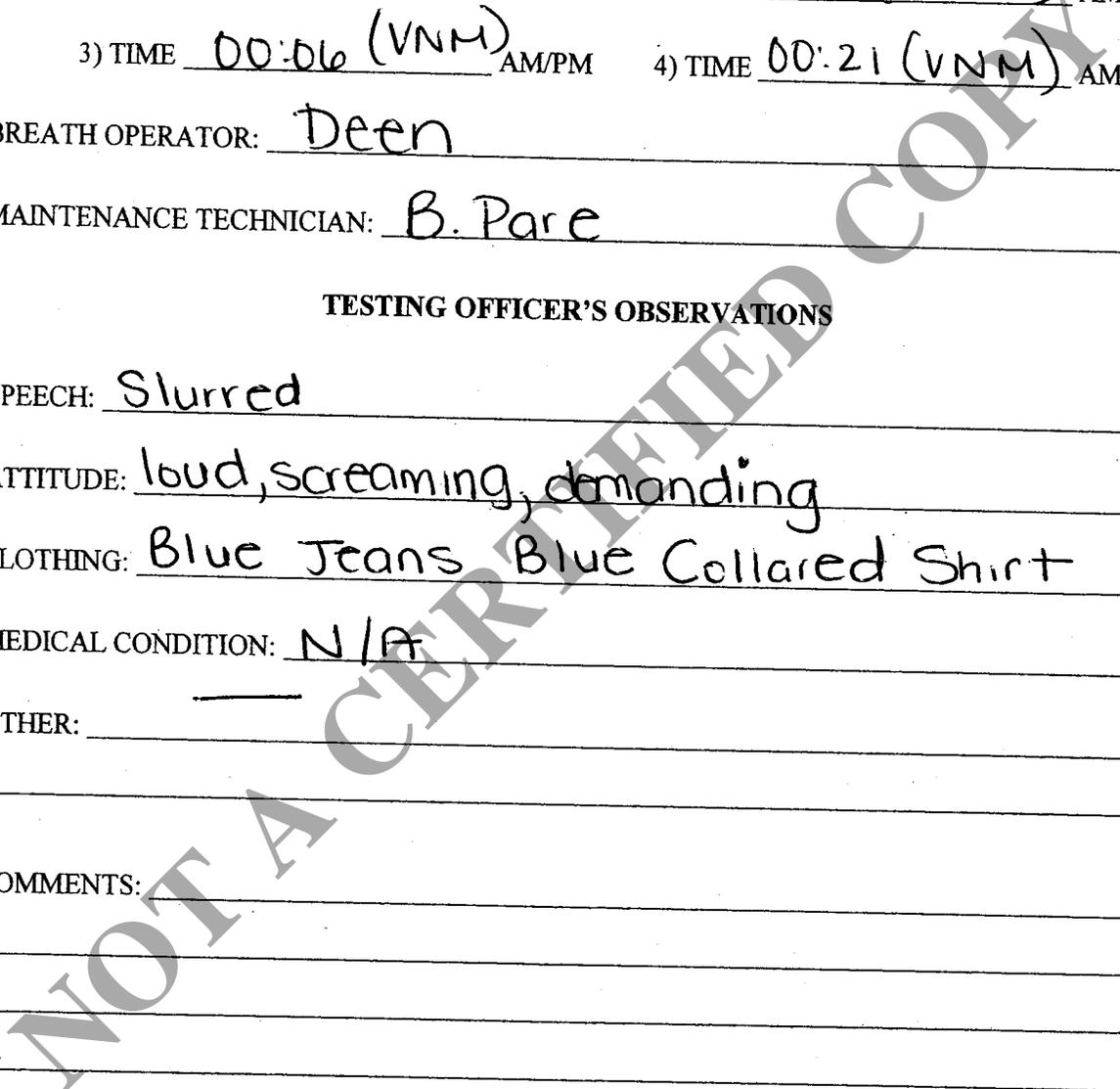
ATTITUDE: loud, screaming, demanding

CLOTHING: Blue Jeans Blue Collared Shirt

MEDICAL CONDITION: N/A

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? _____

Where were you going? _____

What street or highway were you on? _____

Direction of travel? _____

Where did you start driving from? _____

What city (county) were you stopped in? _____

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

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

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

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

How much do you weigh? _____ Have you been drinking? _____ What were you drinking? _____

How much? _____ Where? _____ With whom were you drinking? _____

When did you have your first drink? _____ AM/PM When did you stop drinking? _____ AM/PM

How did you consume your last two drinks? _____

Are you under the influence of alcohol now? Yes No

Can you feel the effects of alcohol? Yes No

Have you consumed alcohol since the accident? Yes No

Can you feel the effects of alcohol? Yes No

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

What? _____ Where? _____

What line of work are you in? _____

When did you last work? _____

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

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

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

Were you in an accident today? _____

Have you taken any drugs or smoked marijuana today? _____

What? _____ When? _____

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

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

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

Glass eye? Yes No Ear infection? Yes No

False teeth? Yes No Diabetes? Yes No

Any problems not correctable by glasses or contact lenses? _____

Do you take insulin? Yes No If yes, when was your last injection? _____

Have you ever had a driver's license in any other state? _____

I am now ending this video recording. The time is now approximately 0030 AM/PM.

The date is March, 29, 2018.
(month) (day) (year)

CALHOUN
(783)

WARNING CITATION

YOU ARE HEREBY OFFICALLY WARNED OF THE BELOW DESCRIBED VIOLATION.
YOUR ONLY REQUIRED ACTION IS TO EXERCISE SAFER DRIVING HABITS IN THE FUTURE.

BOCA RATON POLICE DEPARTMENT

COUNTY OF PALM BEACH		1158257	
CITY (IF APPLICABLE) BOCA RATON 06/32			
DAY OF WEEK WEDNESDAY	MONTH 03	DAY 28	YEAR 2018
NAME (PRINT) FIRST HILTON		MIDDLE M	LAST WIENER
STREET 3099 NW 28TH TERRACE		IF DIFFERENT THAN ONE ON DRIVER LICENSE "X" HERE	
CITY BOCA RATON		STATE FL	ZIP CODE 33434
TELEPHONE NUMBER	DATE OF BIRTH MO 08 DAY 09 YR 1949	RACE W	SEX M
DRIVER LICENSE NUMBER W 5 6 0 3 3 3 4 9 2 8 9 0	STATE FL	CLASS E	YR LICENSE EXP 2019
YR VEHICLE 2014	MAKE AUDI	STYLE 2D	COLOR BLK
VEHICLE LICENSE NO. HVRW15	TRAILER TAG NO.	STATE FL	YEAR TAG EXPIRES 2018
UPON A PUBLIC STREET OR HIGHWAY, OR OTHER LOCATION, NAMELY 2000 W YAMATO RD, BOCA RATON			
VIOLATIONS			

- UNLAWFUL SPEED _____ MPH SPEED APPLICABLE _____ MPH
- INTERSTATE 4-LANE HWY WITH 20 FT. MEDIAN OUTSIDE BUS. OR RES. DIST.)
- | | | |
|--------------------------------------------------------------|-------------------------------------------------------|--------------------------------------------------|
| <input type="checkbox"/> CARELESS DRIVING | <input type="checkbox"/> CHILD RESTRAINT | <input type="checkbox"/> EXPIRED DRIVER LICENSE |
| <input type="checkbox"/> VIOLATION OF TRAFFIC CONTROL DEVICE | <input type="checkbox"/> SAFETY BELT VIOLATION | <input type="checkbox"/> > SIX (6) MONTHS |
| <input type="checkbox"/> FAILURE TO STOP AT A TRAFFIC SIGNAL | <input type="checkbox"/> IMPROPER OR UNSAFE EQUIPMENT | <input type="checkbox"/> NO VALID DRIVER LICENSE |
| <input type="checkbox"/> IMPROPER LANE CHANGE OR COURSE | <input type="checkbox"/> EXPIRED TAG ≤ SIX (6) MONTHS | <input type="checkbox"/> DRIVING WHILE LICENSE |
| <input type="checkbox"/> NO PROOF OF INSURANCE | <input type="checkbox"/> EXPIRED TAG > SIX (6) MONTHS | <input type="checkbox"/> SUSPENDED OR REVOKED |
| <input type="checkbox"/> VIOLATION OF RIGHT-OF-WAY | <input type="checkbox"/> DRIVING UNDER THE INFLUENCE | |
| <input type="checkbox"/> IMPROPER PASSING | BAL _____ | |
- OTHER: **TAG NONE/OBSCURED/DEFACED/IMPROPER DISPLAY**
- IN VIOLATION OF STATE STATUTE **316.605**

COMMENTS PERTAINING TO VIOLATION:

X SIGNATURE OF VIOLATOR

RANK - SIGNATURE OF OFFICER
CALHOUN

SADGE NO
783

NOT A CERTIFIED