

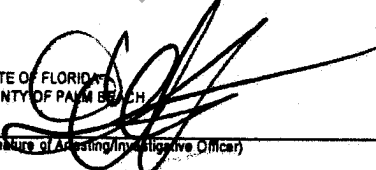
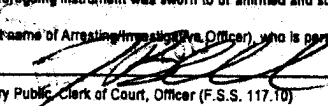
Q10 2231

1961220 79

2814

ADMINISTRATIVE	OBTS Number		ARREST / NOTICE TO APPEAR Juvenile Referral Report				1. Arrest 2. N.T.A.		3. Request for Warrant 4. Request for Capias		1	Juvenile	N	
	Agency ORI Number FLO 500000		Agency Name PALM BEACH COUNTY SHERIFF'S OFFICE				Agency Report Number (N.T.A.'s only) 06-19-142900							
	Charge Type: Check as many as apply: ☐ 1. Felony ☐ 2. Traffic Felony ☒ 3. Misdemeanor ☒ 4. Traffic Misdemeanor ☐ 5. Ordinance ☐ 6. Other		Weapon Seized / Type 1. Yes 2. No		Multiple Clearance Indicator 1									
	Location of Arrest (Including Name of Business) LAKE WORTH RD (E) OF LUCERNE LAKES BV 33463				Location of Offense (Business Name, Address) LAKE WORTH RD (E) OF LUCERNE LAKES BV / LAKE WORTH FL 33463									
DEFENDANT	Date of Arrest 11/29/2019	Time of Arrest 2244	Booking Date	Booking Time	Jail Date	Jail Time	Location of Vehicle							
	Name (Last, First, Middle) BURKE JOHN L												Alias (Name, DOB, Soc. Sec. #, Etc.)	
	Race W - White I - American Indian B - Black O - Oriental/Asian	Sex M	Date of Birth 11/21/1949	Height 508	Weight 182	Eye Color BRO	Hair Color BLK/GRY	Complexion MEDIUM	Build MEDIUM					
	Scars, Marks, Tattoos, Unique Physical Features (Location, Type, Description) NONE				Mental Status M	Religion CATHOLIC	Indication of: Alcohol Influence Drug Influence Y ☐ N ☐ Unk. ☐							
CO-DEF	Local Address (Street, Apt. Number) 7430 PINE FOREST CIR W LAKE WORTH FL 33469				Phone (561) 255 2685		Residence Type: 1. City 2. County 3. Florida 4. Out of State 1							
	Permanent Address (Street, Apt. Number)				Phone		Address Source DEFENDANT							
	Business Address (Name, Street)				Phone		Occupation RETIRED							
	D/L Number, State (FL)B620472494210		Soc. Sec. Number		INS Number		Place of Birth (City, State) BOSTON MASS		Citizenship US					
JUVENILE	Co-Defendant Name (Last, First, Middle)				Race	Sex	Date of Birth	☐ 1. Arrested ☐ 2. At Large ☐ 3. Felony ☐ 4. Misdemeanor ☐ 5. Juvenile						
	Co-Defendant Name (Last, First, Middle)				Race	Sex	Date of Birth	☐ 1. Arrested ☐ 2. At Large ☐ 3. Felony ☐ 4. Misdemeanor ☐ 5. Juvenile						
	☐ Parent ☐ Legal Custodian ☐ Other:				Address (Street, Apt. Number)				(City) (State) (Zip)				Residence Phone ()	Business Phone ()
	Notified by: (Name)				Date	Time	Juvenile Disposition 1. Handed/processed within Dept. and Released. 2. TOT HRS / DYS 3. Incarcerated							
CHARGE	Released To: (Name)				Relationship				Date	Time				
	The above address provided by ☐ defendant and / or ☐ defendant's parents. The child and / or parent was told to keep the Juvenile Court Clerk (Phone 355-2526) informed of any change of address. ☐ Yes, by: (Name) ☐ No: (Reason)								School Attended		Grade			
	Property Crime? ☐ Yes ☐ No				Description of Property				Value of Property					
	CODE Drug Activity: N. N/A, P. Possess, S. Sell, B. Buy, T. Traffic, R. Smuggle, D. Deliver, E. Use, K. Dispense/Distribute, M. Manufacture/Produce/Cultivate, Z. Other Drug Type: N. N/A, A. Amphetamine, B. Barbiturate, C. Cocaine, E. Heroin, H. Hallucinogen, M. Marijuana, O. Opium/Deriv., P. Paraphernalia/Equipment, S. Synthetics, U. Unknown, Z. Other													
CHARGE	Charge Description DUI WITH PROPERTY DAMAGE/INJURY				Counts 1	Domestic Violence ☐ Y ☒ N	Statute Violation Number 316.193(3)C1		Violation of ORD #					
	Drug Activity / Drug Type / Amount / Unit / Offense # 19-142900				Warrant / Capias Number		Bond OK							
	Charge Description REFUSAL TO SUBMIT TO TESTING				Counts 1	Domestic Violence ☐ Y ☒ N	Statute Violation Number 316.1939(1)		Violation of ORD #					
	Drug Activity / Drug Type / Amount / Unit / Offense # 19-142900				Warrant / Capias Number		Bond OK							
CHARGE	Charge Description				Counts	Domestic Violence ☐ Y ☒ N	Statute Violation Number		Violation of ORD #					
	Drug Activity / Drug Type / Amount / Unit / Offense #				Warrant / Capias Number		Bond							
	Charge Description				Counts	Domestic Violence ☐ Y ☒ N	Statute Violation Number		Violation of ORD #					
	Drug Activity / Drug Type / Amount / Unit / Offense #				Warrant / Capias Number		Bond							
CHARGE	Charge Description				Counts	Domestic Violence ☐ Y ☒ N	Statute Violation Number		Violation of ORD #					
	Drug Activity / Drug Type / Amount / Unit / Offense #				Warrant / Capias Number		Bond							
	Charge Description				Counts	Domestic Violence ☐ Y ☒ N	Statute Violation Number		Violation of ORD #					
	Drug Activity / Drug Type / Amount / Unit / Offense #				Warrant / Capias Number		Bond							
NOTICE TO APPEAR	Location (Court Room Number Address) 3228 GUN CLUB RD WPB FL 33406													
	Court Date and Time Month JANUARY Day 2 Year 2020 Time 0830 AM ☒ PM ☐													
	I AGREE TO APPEAR AT THE TIME AND PLACE DESIGNATED TO ANSWER THE OFFENSE CHARGED OR TO PAY THE FINE SUBSCRIBED. I UNDERSTAND THAT SHOULD I WILLFULLY FAIL TO APPEAR BEFORE THE COURT AS REQUIRED BY THIS NOTICE TO APPEAR, THAT I MAY BE HELD IN CONTEMPT OF COURT AND A WARRANT FOR MY ARREST SHALL BE ISSUED 11/29/2019													
	Signature of Defendant (or Juvenile and Parent /Custodian) [Signature] Date Signed													
ADMIN	HOLD for other Agency Name:				Signature of Arresting Officer X				Name Verification (Printed by Arrestee)					
	☐ Dangerous ☐ Registered Arrest ☐ Suicidal ☐ Other:				Name of Arresting Officer (Print) INV E. K. WHITE 7209 I.D. #				(PRINT)					
	Intake Agency ID # Pouch #				Transporting Officer E. K. WHITE 7209 Agency PBSO				PAGE 1 OF 1					
	Witness here if subject signed with an "X"													

NOV 30 AM 2:55

OBTS Number		PROBABLE CAUSE AFFIDAVIT		1. Arrest 2. N.T.A.		3. Request for Warrant 4. Request for Capias		1	Juvenile	N	
ADMIN	Agency ORI Number FLO 500000		Agency Name PALM BEACH COUNTY SHERIFF'S OFFICE		Agency Report Number 06- 19-142900						
	Charge Type: Check as many as apply.		☐ 1. Felony ☐ 2. Traffic Felony ☐ 3. Misdemeanor ☐ 4. Traffic Misdemeanor ☐ 5. Ordinance ☐ 6. Other		Special Notes:						
DEF	Name (Last, First, Middle) BURKE, JOHN, L				Alias		Race W	Sex M	Date of Birth 11/21/1949		
	Charge Description DUI WITH PROPERTY DAMAGE/INJURY				316.193(3)C1		Charge Description REFUSAL TO SUBMIT TO TESTING		316.1939(1)		
CHARGES	Charge Description						Charge Description				
	Charge Description						Charge Description				
VICTIM	Victim's Name (Last, First, Middle)				Race		Sex	Date of Birth			
	Local Address (Street, Apt. Number)		(City)	(State)	(zip)	Phone		Address Source			
	Business Address (Name, Street)		(City)	(State)	(zip)	Phone		Occupation			
The undersigned certifies and swears that he/she has just and reasonable grounds to believe, and does believe that the above named Defendant committed the following violation of law. The Person taken into custody ☐ committed the below acts in my presence. ☐ confessed to _____ admitting to the below facts. ☐ was observed by _____ who told that he/she saw the arrested person commit the below acts. ☒ was found to have committed the below acts, resulting from my (described) investigation. On the <u>29</u> day of <u>NOVEMBER</u> 20 <u>19</u> at <u>2147</u> ☒ A.M. ☐ P.M. (Specifically include facts constituting cause for arrest.)											
On Friday, November 29, 2019 at approximately 2205 hours, I responded to the 7200 block of Lake Worth Road, Lake Worth (Palm Beach County) Florida to assist Deputy Jodi Walker with a traffic crash that involved a possible drunk driver. While en route to this location it was advised there were no injuries incurred in the crash. Upon my arrival deputies secured the roadway at Pinehurst and Lake Worth Rd to prevent westbound traffic from entering into the crash scene. Additional deputies blocked the entrance from a shopping plaza to secure the scene. I noticed scattered debris in all the westbound lanes. Debris was also scattered into the eastbound lane of traffic. I saw yaw marks and gouges in the roadway that led in a western direction. This evidence was later matched up to the crashed vehicles final rest. D/S Walker told me she was actively investigating the crash. She also located a witness who came forward with information regarding the crash. I initially spoke with the driver of the Cadillac who identified himself as Victor Quillen. I saw blood oozing from his left ear. He refused to be transported to the hospital for treatment. He told me he was traveling west on Lake Worth Rd in the middle lane when the mustang entered into the roadway. He attempted to veer to his left in an effort to miss colliding with the mustang. The mustang continued to travel toward him and they collided. The witness told me he was traveling in the inside lane when the mustang entered into the roadway. He watched the Cadillac attempt to avoid the mustang by veering into his lane. The vehicles collided and the Cadillac rolled several times. The witness wrote a sworn statement with information regarding this crash. I made contact with the driver who was standing on the sidewalk with his family. He was later identified as John L Burke by his Florida driver license. He wandered throughout the crash scene. During my interview I noticed his eyes were red, watery and glossy. His cheeks were flushed and his mouth was dry. He stood with his feet more than shoulder width apart. I could smell an odor of an unknown alcoholic beverage emanating from his breath. I told him I was assisting D/S Walker with the crash. Moreover I told him I am required to advise him of his Constitutional Rights prior to speaking with him. After reading him his "right" with his acknowledgment, I asked if he would speak with me regarding this incident.											
ADMINISTRATIVE	STATE OF FLORIDA COUNTY OF PALM BEACH  (Signature of Arresting/Investigative Officer)				INV E. K. WHITE						
	The foregoing instrument was sworn to or affirmed and subscribed before me this <u>29</u> day of <u>NOVEMBER</u> 20 <u>19</u> by <u>INV E. K. WHITE 7209</u>										
	(Print name of Arresting/Investigative Officer) who is personally known to me and of produced identification. Type of identification produced <u>KNOWN</u>										
	Notary Public, Clerk of Court, Officer (F.S.S. 117.10) 				 JOSHUA BELL MY COMMISSION #GG346008 EXPIRES: JUN 18, 2023 Bonded through 1st State Insurance				PAGE <u>1</u> OF <u>2</u>		

OBTS Number		PROBABLE CAUSE AFFIDAVIT		1. Arrest 2. N.T.A.		3. Request for Warrant 4. Request for Copies		1	Juvenile	N
ADMIN	Agency ORI Number FLO 500000		Agency Name PALM BEACH COUNTY SHERIFF'S OFFICE		Agency Report Number 06- 19-142900					
	Charge Type: Check as many as apply: ☐ 1. Felony ☐ 2. Traffic Felony ☐ 3. Misdemeanor ☐ 4. Traffic Misdemeanor ☐ 5. Ordinance ☐ 6. Other				Special Notes:					
DEF	Name (Last, First, Middle) BURKE, JOHN. L				Alias		Race W	Sex M	Date of Birth 11/21/1949	
	Charge Description DUI WITH PROPERTY DAMAGE/INJURY		316.193(3)C1		Charge Description REFUSAL TO SUBMIT TO TESTING		316.1939(1)			
CHARGES	Charge Description				Charge Description					
VICTIM	Victim's Name (Last, First, Middle) "						Race /	Sex /	Date of Birth /	
	Local Address (Street, Apt. Number)		(City)	(State)	(zip)	Phone ()	Address Source			
	Business Address (Name, Street)		(City)	(State)	(zip)	Phone ()	Occupation			
The undersigned certifies and swears that he/she has just and reasonable grounds to believe, and does believe that the above named Defendant committed the following violation of law. The Person taken into custody ☐ committed the below acts in my presence. ☐ confessed to _____ admitting to the below facts. ☐ was observed by _____ who told _____ that he/she saw the arrested person commit the below acts. ☒ was found to have committed the below acts, resulting from my (described) investigation. On the <u>29</u> day of <u>NOVEMBER</u> 20<u>19</u> at <u>2147</u> ☒ A.M. ☐ P.M. (Specifically include facts constituting cause for arrest.)										
He obliged. The defendant told me he was driving the mustang and entered onto Lake Worth Rd from the shopping plaza. He said the other vehicle was coming toward him too fast and hit him. I asked if he was injured from the crash. He told me he was not injured. I asked if he had been drinking alcoholic beverages. He told me he drank one beer hours earlier. I explained I had completed my assistance with the crash and would now be conducting a criminal investigation for DUI. My suspicions of his alcoholic beverage consumption was based on the previously mentioned indicators of impairment I observed and his admittance of drinking after his "rights" were acknowledged. Thus, I asked if he would consent to performing Standardized Field Sobriety Evaluations (SFSTs) for the purpose of determining if he was impaired while operating a motor vehicle. He refused. I explained Taylor Warning informing the defendant that the SFSTS were voluntary and he did not have to perform them, however in the absence of his performance I would be only left with the physical evidence of impairment before me which could be strong basis for them being placed under arrest for DUI. I asked if he understood the warnings. He told me he did but did not wish to perform the SFSTS. Based on the totality of evidence with the defendant being the driver of the mustang during the crash, coupled with the eye witnesses' account of seeing the crash, the property damage to the Cadillac to include the injury to the its driver and my observation of personal indicators of impairment exhibited by the defendant, probable cause was established for DUI with property damage/minor injury. I told the defendant he were being placed under lawful arrest for DUI. The defendant was searched and handcuffed (double locked and checked for tightness) prior to being seated into the rear of my patrol car. He gave his personal property to his wife. The defendant's vehicle was towed on a rotation request due the damage it acquired from the crash. Meanwhile I began transport to the main jail breath analysis facility for further processing. Upon our arrival I escorted the defendant into the facility and began a 20 minute observation period. During this time the defendant did not ingest anything into his body orally or otherwise. Neither did he regurgitate. I escorted him into the testing room and asked him to provide breath samples for the purpose of determining his alcohol content. He refused. I read implied consent and asked if he understood the consent afterward. He acknowledged the consent, but refused to give breath samples. At this time he was deemed a "refusal". I asked if he remembered the reading of his Constitutional Rights. He did. I asked if he would consent to a continued interview regarding this incident. He obliged. I did a driver license status check on the defendant. It is reported on February 5, 1998 the defendant has a prior refusal to submit to testing. Based on this evidence the defendant is additionally being charged with Refusal to Submit to Testing. He was later booked into the main jail on the previously mentioned charges.										
STATE OF FLORIDA COUNTY OF PALM BEACH INV E. K. WHITE (Signature of Arresting/Investigative Officer) The foregoing instrument was sworn to or affirmed and subscribed before me this <u>29</u> day of <u>NOVEMBER</u> 20<u>19</u> by <u>INV E. K. WHITE</u> (Print name of Arresting/Investigative Officer), who is personally known to me and/or produced identification. Type of identification produced <u>KNOWN</u> Notary Public, Clerk of Court, Officer (F.S.S. 117.10) 										
PAGE <u>2</u> OF <u>2</u>										

PALM BEACH COUNTY SHERIFF'S OFFICE – **SWORN STATEMENT**

Per FL statute 837.012, whoever knowingly makes a false statement under oath shall be guilty of a misdemeanor of the first degree punishable by imprisonment up to 1 year.


☒ WITNESS ☐ VICTIM ☐ OTHER

CASE #: 19-142903	ZONE: 1-43	SUSPECT: John Burke	DATE & TIME OF ORIGINAL EVENT/OFFENSE: 11/29/19 2145
EVENT TYPE: DUI w/prop damage/injury		DEPUTY: DS Walker	ID#: 2828

COMPLETE EVERYTHING BELOW – PRINT LEGIBLY

LAST NAME: Overpeck		FIRST NAME: Matthew		MIDDLE INITIAL: B	RACE: W	SEX: M
DATE OF BIRTH: (MM/DD/YYYY) 09/04/1991		YOUR HEIGHT: 6'2"	YOUR WEIGHT: 175	YOUR HAIR COLOR: Blonde		YOUR EYE COLOR: Blue
YOUR HOME ADDRESS: 20 W Mango		☐ CHECK IF HOMELESS		CITY: Lake Worth	STATE: FL	ZIP: 33467
YOUR WORK NAME & ADDRESS: 3233 Commerce Place Suite C		☐ CHECK IF UNEMPLOYED OR RETIRED		CITY: West Palm Beach	STATE: FL	ZIP: 33401
WORK PHONE: ☒ CHECK IF NONE ()	CELL PHONE: ☐ CHECK IF NONE (941) 628-5092	HOME PHONE: ☐ CHECK IF NONE ()	EMAIL: Moverpeck@icloud.com		☐ CHECK IF NONE	

WRITE WHAT HAPPENED IN YOUR WORDS IN FULL DETAIL – PRINT LEGIBLY

YOUR NAME: Matthew Overpeck	DO HEREBY VOLUNTARILY MAKE THE FOLLOWING STATEMENT WITHOUT THREAT, COERCION, OFFER OF BENEFIT, OR FAVOR BY ANY PERSONS WHOMSOEVER...
Was driving West on lake worth Rd with my brother/sisters/ and Mother. There was a Monte Carlo & Cadillac in the middle (Cadillac) and Right lane (Monte Carlo) as I was in the left lane ~100 feet back. The Mustang pulled out from the dollar general right before the Monte Carlo & Cadillac & myself were coming up. Might not have seen me behind the others but the Mustang pulled out, Monte Carlo locked his brakes & the Cadillac swerved into my lane ahead of me to swerve out of the way of the Mustang who was going for the left lane. I hit my brakes & the Mustang & Cadillac connected (front passenger side of Cadillac & the front driver side of Mustang) Cadillac went into the Median and rolled back in the lane.	
PAGE ____ OF ____	

(Mustang definitely could have killed that guy)

READ AND SIGN	DEPUTY SHERIFF ☒ NOTARY PUBLIC ☐ FSS: 117.10
I SWEAR AND AFFIRM THIS AND/OR THE ATTACHED STATEMENTS ARE CORRECT AND TRUE:	SWORN TO AND SUBSCRIBED BEFORE ME TODAY:
YOUR SIGNATURE: X Matthew Overpeck	DATE: 11/29/19 TIME: 2145
	SIGNATURE: DS Walker ID: 2828

IF YOU DO NOT WISH TO PROSECUTE, COMPLETE THE ABOVE STATEMENT, READ THIS DISCLAIMER AND INITIAL BELOW: I AM OF LEGAL AGE AND I AM THE REPORTED VICTIM OF A CRIME UNDER FLORIDA LAW. I HEREBY STATE THAT I WILL NOT COOPERATE ANY FURTHER WITH THE INVESTIGATION OF THE ALLEGED CRIME. I FURTHER RELEASE THE PALM BEACH COUNTY SHERIFF'S OFFICE OF ANY PRESENT OR FUTURE RESPONSIBILITY AS TO MY CASE. I ACKNOWLEDGE THAT I UNDERSTAND MY RIGHTS AS A CRIME VICTIM, PARTICULARLY REGARDING VICTIM COMPENSATION ELIGIBILITY, WHICH INCLUDES SUCH BENEFITS AS REIMBURSEMENT FOR: DISABILITY; LOST WAGES; LOSS OF SUPPORT; MEDICAL, DENTAL, MENTAL HEALTH COUNSELING AND FUNERAL EXPENSES. I AM AWARE I MAY BE GIVING UP THESE RIGHTS FOR MY FAMILY AND MYSELF BY INITIALING BELOW. I AM TAKING THIS POSITION OF MY OWN FREE WILL KNOWING THAT THE CASE CAN ONLY BE FURTHER INVESTIGATED AND PROSECUTED WITH MY COOPERATION. ☐ DO NOT WISH TO PROSECUTE (INITIAL _____)

(PROSECUTION WAIVER NOT TO BE USED FOR CASES INVOLVING DOMESTIC OR DATING VIOLENCE PER G.O. 508.00)

WHITE - RECORDS COPY CANARY - STATE ATTORNEY COPY PINK - OFFICER'S COPY GOLD - WITNESS / VICTIM COPY

D.U.I. PROBABLE CAUSE AFFIDAVIT

ON THE 29 DAY OF NOVEMBER 20 19 AT 2147 ✓ AM PM

SUBJECT: BURKE JOHN L CASE NUMBER: 19-142900

AGENCY: PALM BEACH COUNTY SHERIFF'S OFFICE ARRESTING OFFICER: INV E. K. WHITE

PERSONAL CONTACT

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

OBSERVATION OF DRIVER:
SEE PC AFFIDAVITS

DRIVER'S STATEMENTS:
I DRANK ONE BEER HOURS EARLIER

ODORS:
ODOR OF AN UNKNOWN ALCOHOLIC BEVERAGE COMING FROM SUBJECT'S BREATH.

GENERAL OBSERVATIONS

SPEECH: **NORMAL**

ATTITUDE: **COOPERATIVE**

CLOTHING: **NORMAL**

MEDICAL/OTHER: **NONE**

STATE OF FLORIDA
COUNTY OF PALM BEACH

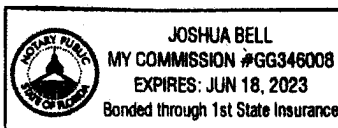
INV E. K. WHITE

(Signature of Arresting/Investigative Officer)

The foregoing instrument was sworn to or affirmed and subscribed before me this 29 day of NOVEMBER 20 19 by INV E. K. WHITE

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

Joshua Bell
Notary Public, Clerk of Court, Officer (F.S.S. 117.10)



SUBJECT BURKE

JOHN

CASE NUMBER 19-142900

ROADSIDE TASKS

HORIZONTAL GAZE NYSTAGMUS:

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

Other Observations:

REFUSED ALL TASKS

WALK & TURN:

N/A

ONE LEG STAND:

N/A

FINGER TO NOSE:

N/A

ROMBERG ALPHABET:

N/A

BREATH TEST RESULTS: 1) REFUSED 2) 3) 4)

STATE OF FLORIDA
COUNTY OF PALM BEACH

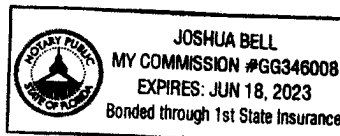
INV E. K. WHITE

(Signature of Arresting/Investigative Officer)

The foregoing instrument was sworn to or affirmed and subscribed before me this 29 day of NOVEMBER 20 19 by INV E. K. WHITE

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

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



TESTING FACILITY TASK REPORT

AGENCY: PBSO

SUBJECT: BURKE, JOHN L

CASE NUMBER: 19-142900

DATE: 11/29/19

VIDEO TAPE NUMBER: N/A

BEGINNING TIME: 2330

ENDING TIME: 2338

BREATH TESTS RESULTS: 1) R TIME 2332 A.M./P.M. 2) N/A TIME XX A.M./P.M.
3) XX TIME XX A.M./P.M. 4) N/A TIME XX A.M./P.M.

BREATH OPERATOR: J. BELL #8656

MAINTENANCE TECHNICIAN: J. KARLECKE #6467

TESTING OFFICER'S OBSERVATIONS

SPEECH: ACCENT

ATTITUDE: TALKATIVE, COOPERATIVE, POLITE

CLOTHING: BLUE POLO SHIRT, BLUE JEANS, BROWN LOAFERS

MEDICAL CONDITIONS: NONE

MEDICATIONS: NONE / [REDACTED]

OTHER: EYES: GLASSY

ODOR OF AN UNKNOWN ALCHOLIC BEVERAGE COMING FROM BREATH

COMMENTS: ARRIVED AT CENTER A/O BEGAN 20 MIN OBSERVATION AT 2307 HRS

SUBJECT STATED HE WOULD NOT TAKE BREATH TEST

A/O READ I.C

SUBJECT STATED HE UNDERSTOOD I.C. AND REFUSED TO TAKE BREATH TEST

A/O READ RIGHTS ON SCENE

SUBJECT STATED HE REMEMBERED AND UNDERSTOOD HIS RIGHTS

A/O CONDUCTED Q AND A

SUBJECT ANSWERED QUESTIONS

REFUSED

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

I, INV E. K. WHITE, a duly certified Law Enforcement Officer or Correctional Officer,
 (Name of Officer reading Implied Consent Warning)

am a member of PBSO, and I do swear
 (Name of law enforcement agency)

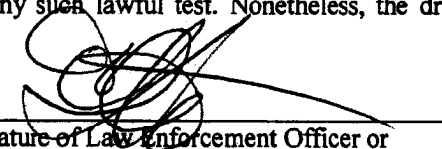
or affirm that on or about the 29 day of NOVEMBER, 20 19, at 2244 ☒ P.M. ☐ A.M.

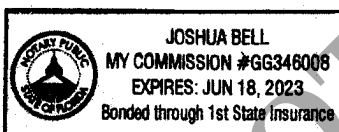
DRIVER JOHN L BURKE
 (Type or Print) FIRST NAME MIDDLE OR MAIDEN NAME LAST NAME

DL# (FL)B620472494210, state of FLORIDA, was placed under lawful arrest for
 the offense of DUI WITH PROPERTY DAMAGE/INJURY by INV E. K. WHITE and
 issued Citation # A2G4G0P
 (Name of Arresting Officer)

That on or about the 29 day of NOVEMBER, 20 19, at 2332 ☒ P.M. ☐ A.M.
 in PALM BEACH County,

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


 Signature of Law Enforcement Officer or
 Correctional Officer



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

The foregoing instrument was sworn and subscribed before me:

Signature of Attesting Officer

Title

Date

(AFFIX SEAL)

The foregoing instrument was sworn and subscribed before

me this 29 day of NOVEMBER, 20 19,

by INV E. K. WHITE,

who is personally known to me or who has produced

KNOWN as identification

Notary Public

HSMV-BAR1001 (REV. 10/2016)

Note: Mail or hand deliver to the designated Bureau of Administrative Reviews office, Department of Highway Safety and Motor Vehicles, with the driver's license, the appropriate copy of the UTC, and the probable cause affidavit.

SUBJECT Burke, John L

CASE NUMBER 19-142900

QUESTIONS AND ANSWERS

I AM NOW GOING TO ASK YOU SOME QUESTIONS WITH THESE RIGHTS IN MIND. YOU MAY ANSWER SOME OF, ALL OF, OR NONE OF THE FOLLOWING QUESTIONS AS YOU LIKE.

WERE YOU OPERATING A MOTOR VEHICLE AT THE TIME OF THE STOP/ACCIDENT? YES

WHERE WERE YOU GOING? HOME

WHAT STREET OR HIGHWAY WERE YOU ON? Lake Worth/Lucerne Lakes

DIRECTION OF TRAVEL? W WHERE DID YOU START? Shopping Center

WHAT TIME DID YOU START? NO IDEA WHAT TIME IS IT NOW? 10:30 PM

WHAT IS TODAY'S DATE? 2/7/90 WHAT DAY OF THE WEEK IS IT? FRIDAY

WHAT COUNTY AND CITY ARE YOU IN NOW? WEST PALM BEACH, FL

WHEN DID YOU LAST EAT? few hours ago WHAT DID YOU EAT? PIZZA

WHAT HAVE YOU BEEN DOING FOR THE LAST THREE HOURS? Back shop socializing

HOW MUCH DO YOU WEIGH? 182

HAVE YOU BEEN DRINKING? NOPE WHAT? Beer

HOW MUCH? one WHERE? bar

WHEN DID YOU HAVE YOUR FIRST DRINK? slow AND YOUR LAST DRINK? slow

HOW DID YOU CONSUME YOUR LAST TWO DRINKS? slow

CAN YOU FEEL THE EFFECTS OF THE ALCOHOL? NO

ARE YOU UNDER THE INFLUENCE? NO

HAVE YOU CONSUMED ANY ALCOHOL SINCE THE ACCIDENT? NO

WHAT? NO WHERE? NO

WHAT TYPE OF WORK ARE YOU IN? Retired

WHEN DID YOU LAST WORK? NO

DO YOU HAVE ANY PHYSICAL DEFECTS OR INJURIES? NO WHAT? NO

ARE YOU SICK OR INJURED? NO WHAT'S WRONG? NO

DO YOU LIMP? NO DID YOU RECEIVE A BUMP ON THE HEAD RECENTLY? NO

WERE YOU IN AN ACCIDENT TODAY? YES

HAVE YOU TAKEN ANY DRUGS OR SMOKED ANY MARIJUANA TODAY? NO

HAVE YOU SEEN A DOCTOR OR DENTIST TODAY? NO WHO? NO

ARE YOU TAKING ANY PRESCRIPTION MEDICINES? YES WHAT? NO

DO YOU HAVE

EPILEPSY? NO

GLASS EYE? NO

FALSE TEETH? YES

EAR INFECTION? NO

INNER EAR TROUBLE? NO

DIABETES? NO

DO YOU HAVE ANY PROBLEMS WITH YOUR EYES THAT ARE NOT CORRECTED BY GLASSES? NO

DO YOU TAKE INSULIN? NO IF SO, WHEN WAS YOUR LAST INJECTION? NO

HAVE YOU EVER HAD A DRIVER'S LICENSE IN ANY OTHER STATE? YES

INTERVIEWER: INV. White #7209

SUBJECT

Burke, John L

CASE NUMBER

19-142900

IMPLIED CONSENT FOR DUI IN A MOTOR VEHICLE

NOTE: READ ONLY THE PARAGRAPH APPLICABLE TO THE TYPE OF TEST YOU ARE REQUESTING.

I am now requesting that you submit to a lawful test of your BREATH for the purpose of determining its alcohol content.

OR

I am now requesting that you submit to a lawful test of your URINE for the purpose of detecting the presence of chemical or controlled substances.

OR

I am now requesting that you submit to a lawful test of your BLOOD for the purpose of detecting its alcohol content and the presence of chemical or controlled substances.

NOTE: READ ONLY IF THE SUBJECT DOES NOT COMPLY WITH YOUR REQUEST.

I am

of the

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

SUBJECT'S SIGNATURE: (X)

Read on camera

CONSTITUTIONAL WARNINGS

I AM REQUIRED TO WARN YOU BEFORE YOU MAKE ANY STATEMENTS THAT YOU HAVE THE FOLLOWING RIGHTS:

1. You have the right to remain silent and not answer any questions.
2. Any statement must be freely and voluntarily given.
3. You have the right to the presence of a lawyer of your choice before you make any statement and during any questioning.
4. If you cannot afford a lawyer, you are entitled to the presence of a court appointed lawyer before you make any statements and during any questioning.
5. If at any time during the interview you do not wish to answer any questions, you are privileged to remain silent.
6. I can make no threats or promises to induce you to make a statement. This must be of your own free will.
7. Any statement can and will be used against you in a court of law.

SUSPECT'S SIGNATURE: (X)

Read on camera @ Scene

WITNESS LIST

CASE NUMBER: 19-142900

ARRESTING OFFICER: INV E. K. WHITE

ADDRESS: HQ

PHONE NUMBERS (HOME): _____ (WORK) 561 688 3000

CAN TESTIFY TO: FACTS

NAME: D/ JODI WALKER

ADDRESS: HQ (561) 688 3000

PHONE NUMBERS (HOME) 0 (WORK) 561 688 3000

CAN TESTIFY TO: CRASH INVESTIGATOR

NAME: MATTHEW B OVERPECK

ADDRESS 20 W MANGO LAKE WORTH FL 33467

PHONE NUMBERS (HOME) 561 628 5092 (WORK) _____

CAN TESTIFY TO: WITNESSING THE CRASH

NAME: _____

ADDRESS _____

PHONE NUMBERS (HOME) 0 (WORK) 0

CAN TESTIFY TO: _____

NAME: _____

ADDRESS _____

PHONE NUMBERS (HOME) _____ (WORK) _____

CAN TESTIFY TO: _____

NAME: _____

ADDRESS _____

PHONE NUMBERS (HOME) _____ (WORK) _____

CAN TESTIFY TO: _____

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ADDRESS _____

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CAN TESTIFY TO: _____

NAME: _____

ADDRESS _____

PHONE NUMBERS (HOME) _____ (WORK) _____

CAN TESTIFY TO: _____



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

Palm Beach County Sheriff's Office – Arrests Only

	X	Florida State Statute	Description	Page Number(s)
L/E Exemptions	☐	119.071(2)(d)	Surveillance techniques, procedures and personnel; inventory of law enforcement resources, policies or plans pertaining to mobilization deployment or tactical operations.	
	☐	943.053, 943.0525	NCIC/FCIC/FBI and in-state FDLE/DOC.	
	☐	119.071(4)(c)	Undercover personnel.	
	☐	119.071(2)(f)	Confidential informants (CIs).	
	☐	119.071(2)(e)	Confession.	
Public Info. Exemptions	☐	985.04(1)	Juvenile offender records.	
	☐	119.071(h)(i)	Assets of a crime victim.	
	☒	395.3025(7)(a), 456.057(7)(a)	Medical information.	9,12
	☐	394.4615(7)	Mental health information.	
	☐	119.071(4)(d)(2)(a)	Home address, telephone, Social Security number, date of birth, or photos of active/former LE personnel, spouses, and children.	
Florida Rules of Judicial Administration 2.420 (Rule of 23)	☒	(iii) 119.0714(1)(i)-(j), (2)(a)-(e)	Social Security, bank account, charge, debit, and credit card numbers.	2
	☐	(viii) 394.4615(7)	Clinical records under the Baker Act.	
	☐	(xii) 741.30(3)(b)	The victim's address in a domestic violence action on petitioner's request.	
	☐	(xiii) 119.071(2)(h), 119.0714(1)(h)	Protected information regarding victims of child abuse or sexual offenses.	
	☐			
	☐			
	☐			
	☐			
Other	☐		Other:	
	☐		Other:	

REVIEW COMPLETED BY

Booking Number: 2019038384

Date: 12/01/2019

Specialist Name/ID: AM/31562