90 223 1 — 19/1220 79 — 2814

ARREST / NOTICE TO APPEAR
Juvenile Referral Report

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

ADMINISTRATIVE

OBTS Number	Agency ORI Number	Agency Name	Agency Report Number (N.T.A.'s only)
	FLO 500000	PALM BEACH COUNTY SHERIFF'S OFFICE	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)	Location of Offense (Business Name, Address)
LAKE WORTH RD (E) OF LUCERNE LAKES BV 33463	LAKE WORTH RD (E) OF LUCERNE LAKES BV / LAKE WORTH FL 33463

Date of Arrest	Time of Arrest	Booking Date	Booking Time	Jail Date	Jail Time	Location of Vehicle
11/29/2019	2244					

DEFENDANT

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	Date of Birth	Height	Weight	Eye Color	Hair Color	Complexion	Build
W	M	11/21/1949	508	182	BRO	BLK/GRY	MEDIUM	MEDIUM

Scars, Marks, Tatoos, Unique Physical Features (Location, Type, Description)	Marital Status	Religion	Indication of: Alcohol Influence / Drug Influence	Y	N	Unk.
NONE	M	CATHOLIC		☒ / ☐	☐ / ☐	☐ / ☒

Local Address (Street, Apt. Number) (City) (State) (Zip)	Phone	Residence Type: 1. City 2. County 3. Florida 4. Out of State
7430 PINE FOREST CIR W LAKE WORTH FL 33469	(561) 255 2685	1

Permanent Address (Street, Apt. Number) (City) (State) (Zip)	Phone	Address Source
,	( )	DEFENDANT

Business Address (Name, Street) (City) (State) (Zip)	Phone	Occupation
	( )	RETIRED

D/L Number, State	Soc. Sec. Number	INS Number	Place of Birth (City, State)	Citizenship
(FL)B620472494210	[redacted]		BOSTON MASS	US

CO-DEF

Co-Defendant Name (Last, First, Middle)	Race	Sex	Date of Birth	1. Arrested 2. At Large	3. Felony 4. Misdemeanor 5. Juvenile
				☐ / ☐	☐ / ☐ / ☐
Co-Defendant Name (Last, First, Middle)	Race	Sex	Date of Birth	1. Arrested 2. At Large	3. Felony 4. Misdemeanor 5. Juvenile
				☐ / ☐	☐ / ☐ / ☐

JUVENILE

☐ Parent ☐ Legal Custodian ☐ Other: — Residence Phone ( )

Address (Street, Apt. Number) (City) (State) (Zip) — Business Phone ( )

Notified by: (Name)	Date	Time	Juvenile Disposition 1. Handled/ processed within Dept. and Released. 2. TOT HRS / DYS 3. Incarcerated

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	Counts	Domestic Violence	Statute Violation Number	Violation of ORD #
DUI WITH PROPERTY DAMAGE/INJURY	1	☐Y ☒N	316.193(3)C1	

Drug Activity	Drug Type	Amount / Unit	Offense #	Warrant / Capias Number	Bond
/	/		19-142900		OR

CHARGE

Charge Description	Counts	Domestic Violence	Statute Violation Number	Violation of ORD #
REFUSAL TO SUBMIT TO TESTING	1	☐Y ☒N	316.1939(1)	

Drug Activity	Drug Type	Amount / Unit	Offense #	Warrant / Capias Number	Bond
/	/	/	19-142900		OR

CHARGE

Charge Description	Counts	Domestic Violence	Statute Violation Number	Violation of ORD #
		☐Y ☒N		/

Drug Activity	Drug Type	Amount / Unit	Offense #	Warrant / Capias Number	Bond
/	/				

CHARGE

Charge Description	Counts	Domestic Violence	Statute Violation Number	Violation of ORD #
		☐Y ☒N		

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 X 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

Signature of Defendant (or Juvenile and Parent /Custodian) — Date Signed: 11/29/2019

ADMIN

HOLD for other Agency Name: ☐ Dangerous ☐ Resisted Arrest ☐ Suicidal ☐ Other:

Signature of Arresting Officer: X

Name of Arresting Officer (Print): INV E. K. WHITE I.D. #: 7209

Name Verification (Printed by Arrestee) (PRINT)

Intake Facility — I.D. # — Pouch #

Transporting Officer: E. K. WHITE ID #: 7209 Agency: PBSO

Witness here if subject signed with an -X"

PAGE 1 OF 1

DISTRIBUTION: WHITE - COURT COPY GREEN - STATE ATTORNEY YELLOW - AGENCY PINK - AGENCY GOLD - DEFENDANT (N.T.A.'s ONLY)

PBSO #148 REV. 8/97

NOV 30 AM 2:55

ADMIN

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

Agency ORI Number	Agency Name	Agency Report Number
FLO 500000	PALM BEACH COUNTY SHERIFF'S OFFICE	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)	Alias	Race	Sex	Date of Birth
BURKE, JOHN, L		W	M	11/21/1949

CHARGES

Charge Description		Charge Description	
DUI WITH PROPERTY DAMAGE/INJURY	316.193(3)C1	REFUSAL TO SUBMIT TO TESTING	316.1939(1)
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		
		( )			

PROBABLE CAUSE STATEMENT

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 commited the below acts, resulting from my (described) investigation.

On the 29 day of NOVEMBER 20 19 at 2147 ☒ 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

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 7209
(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)

NOTARY PUBLIC STATE OF FLORIDA
JOSHUA BELL
MY COMMISSION #GG346008
EXPIRES: JUN 18, 2023
Bonded through 1st State Insurance

PROBABLE CAUSE AFFIDAVIT

ADMIN

OBTS Number		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: 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)	Alias	Race	Sex	Date of Birth
BURKE, JOHN, L		W	M	11/21/1949

CHARGES

Charge Description		Charge Description	
DUI WITH PROPERTY DAMAGE/INJURY	316.193(3)C1	REFUSAL TO SUBMIT TO TESTING	316.1939(1)
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	

PROBABLE CAUSE STATEMENT

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 commited the below acts, resulting from my (described) investigation.

On the 29 day of NOVEMBER 20 19 at 2147 ☒ 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.

ADMINISTRATIVE

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)

JOSHUA BELL
MY COMMISSION #GG346008
EXPIRES: JUN 18, 2023
Bonded through 1st State Insurance

PAGE 2 OF 2

PBSO #0004 REV. 04/01 DISTRIBUTION: WHITE - COURT COPY GREEN - STATE ATTORNEY YELLOW - AGENCY PINK - AGENCY

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 #:	ZONE:	SUSPECT:	DATE & TIME OF ORIGINAL EVENT/OFFENSE:
19-142903	1-43	John Burke	11/29/19 2145

EVENT TYPE:	DEPUTY:	ID#:
DWI w/Prop Damage/Injury	DS Walker	7828

COMPLETE EVERYTHING BELOW – PRINT LEGIBLY

LAST NAME:	FIRST NAME:	MIDDLE INITIAL:	RACE:	SEX:
OverPeck	Matthew	B	W	M

DATE OF BIRTH: (MM/DD/YYYY)	YOUR HEIGHT:	YOUR WEIGHT:	YOUR HAIR COLOR:	YOUR EYE COLOR:
09/04/1991	6'2"	175	Blonde	Blue

YOUR HOME ADDRESS: ☐ CHECK IF HOMELESS	CITY:	STATE:	ZIP:
20 W Manoa	Lake Worth	FL	33467

YOUR WORK NAME & ADDRESS: ☐ CHECK IF UNEMPLOYED OR RETIRED	CITY:	STATE:	ZIP:
3233 Commerce Place Suite C	West Palm Beach	FL	33401

WORK PHONE: ☐ CHECK IF NONE	CELL PHONE: ☐ CHECK IF NONE	HOME PHONE: ☐ CHECK IF NONE	EMAIL: ☐ CHECK IF NONE
( )	(561) 628-5092	( )	MOverPeck@icloud.com

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

I 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. (Mustang definitely could have killed that guy) across street

PAGE ____ OF ____

READ AND SIGN

I SWEAR AND AFFIRM THIS AND/OR THE ATTACHED STATEMENTS ARE CORRECT AND TRUE:

YOUR SIGNATURE: X Matthew OverPeck

☑ DEPUTY SHERIFF ☐ NOTARY PUBLIC FSS: 117.10

SWORN TO AND SUBSCRIBED BEFORE ME TODAY:

DATE: 11/29/19 TIME: 2149

SIGNATURE: _____ ID: 7828

*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 INITIALLING 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

PBSO #0134 REV. 12/11

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

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

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)

JOSHUA BELL
MY COMMISSION #GG346008
EXPIRES: JUN 18, 2023
Bonded through 1st State Insurance

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

REFUSED

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 REMEMBERD AND UNDERSTOOD HIS RIGHTS

A/O CONDUCTED Q AND A

SUBJECT ANSWERED QUESTIONS

REFUSED

19-142900

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
(Name of Arresting Officer)

issued Citation # **A2G4G0P**.

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 X **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

JOSHUA BELL
MY COMMISSION #GG346008
EXPIRES: JUN 18, 2023
Bonded through 1st State Insurance

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

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.

HSMV-BAR1001 (REV. 10/2016)

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/License Gates

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

WHAT TIME DID YOU START? 10 PM WHAT TIME IS IT NOW? 10:30 PM

WHAT IS TODAY'S DATE? 22nd WHAT DAY OF THE WEEK IS IT? Friday

WHAT COUNTY AND CITY ARE YOU IN NOW? West Palm Bch BCo

WHEN DID YOU LAST EAT? 8:00 hours ago WHAT DID YOU EAT? Pizza

WHAT HAVE YOU BEEN DOING FOR THE LAST THREE HOURS? Bar Stop Socializing

HOW MUCH DO YOU WEIGH? 182 HAVE YOU BEEN DRINKING? Yes WHAT? Beer

HOW MUCH? One WHERE? Bar WITH WHOM? Who ever was there

WHEN DID YOU HAVE YOUR FIRST DRINK? Slow AND YOUR LAST DRINK? /

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 HOW MUCH? /

WHAT? / WHERE? / WHEN? /

WHAT LINE OF WORK ARE YOU IN? Retired WHEN DID YOU LAST WORK? /

DO YOU HAVE ANY PHYSICAL DEFECTS OR INJURIES? No WHAT? /

ARE YOU SICK OR INJURED? No WHAT'S WRONG? /

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 WHEN? /

HAVE YOU SEEN A DOCTOR OR DENTIST TODAY? No WHO? / WHY? /

ARE YOU TAKING ANY PRESCRIPTION MEDICINES? Yes WHAT? [redacted] This morning

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? /

HAVE YOU EVER HAD A DRIVER'S LICENSE IN ANY OTHER STATE? Yes WHERE? Mass.

INTERVIEWER: INV. White #7209

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

FORM DHSMV REV. 2/93

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

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

PRESS FIRMLY TO PRINT CLEARLY

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

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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