

0488324

## ARREST / NOTICE TO APPEAR

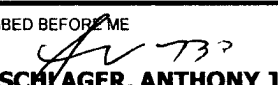

1. Arrest 2. N.T.A. 3. Request for Warrant 4. Request for Capias

1

JUVENILE

OBTS Number	Agency ORI Number <b>0500200</b>		Agency Name <b>Boca Raton Police Department</b>		Agency Report Number (N.T.A. only) <b>3   2   2017-07622</b>		1		JUVENILE
Charge Type: Check as many as apply	1. Felony <input type="checkbox"/> 2. Traffic Felony <input type="checkbox"/> 3. Misdemeanor <input checked="" type="checkbox"/> 4. Traffic Misdemeanor <input checked="" type="checkbox"/> 5. Ordinance <input type="checkbox"/> 6. Other <input type="checkbox"/>		If Weapon Seized Enter Type: <b>None/not Applicable</b>		Multiple Clearance Indicator				
Location of Arrest (Including Name of Business) <b>800 MEADOWS RD</b>					Location of Offense (Business Name, Address) <b>27 ROYAL PALM WAY, BOCA RATON, FL 33432</b>				
Date of Arrest <b>05/25/2017</b>	Time of Arrest <b>22:42</b>	Booking Date <b>05/25/2017</b>	Booking Time <b>22:52</b>	Jail Date	Jail Time	Location of Vehicle <b>EMERALD</b>			
Name (Last, First, Middle) <b>DIMEO, JONATHAN CHARLES</b>					Alias (Name, DOB, Soc. Sec. #, Etc.) Alias:				
Race W - White 1 - American Indian B - Black O - Oriental/Asian	Sex <b>M</b>	Date of Birth <b>07/06/1981</b>	Height <b>5'11</b>	Weight <b>200</b>	Eye Color	Hair Color <b>BROWN</b>	Complexion <b>LIGHT</b>	Build <b>Medium</b>	
Scars, Marks, Tattoos, Unique Physical Features (Location, Type, Description)					Marital Status	Religion	Indication of: Alcohol Influence Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Unk. <input type="checkbox"/> Drug Influence Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Unk. <input type="checkbox"/>		
Local Address (Street, Apt. Number) (City) (State) (Zip) <b>10 FLINT WAY, BOYNTON BEACH, FL 33426</b>					Phone		Residence Type: 1. City 3. Florida 2. County 4. Out of State <b>2</b>		
Permanent Address (Street, Apt. Number) (City) (State) (Zip) <b>10 FLINT WAY, BOYNTON BEACH, FL 33426</b>					Phone		Address Source <b>SUBJECT</b>		
Business Address (Name, Street) (City) (State) (Zip)					Phone		Occupation		
D/L Number, State <b>D500423812460 / FL</b>		Social Security Number		Place of Birth (City, State) <b>NEW JERSEY, NJ</b>		Citizenship			
Co-Defendant Name (Last, First, Middle)					Race	Sex	Date of Birth		
Co-Defendant Name (Last, First, Middle)					Race	Sex	Date of Birth		
Parent <input type="checkbox"/> Other: <input type="checkbox"/> Legal Custodian <input type="checkbox"/>					Residence Phone				
Address (Street, Apt. Number) (City) (State) (Zip)					Business Phone				
Notified by: (Name)					Date	Time	JUVENILE DISPOSITION 1. Held/Processed within Department and Released 2. TOT JAC 3. Incarcerated		
Released To: (Name) Relationship					Date	Time			
The above address was provided by <input type="checkbox"/> defendant and/or <input type="checkbox"/> defendant's parents. The child and/or parent was told to keep the Juvenile Court Clerk's Office (Phone 355-2526) informed of any change of address.					School Attended Grade				
<input type="checkbox"/> Yes, by: <input type="checkbox"/> No: <input type="checkbox"/> Property Crime? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No					Description of Property Value of Property				
Drug Activity N. N/A S. Sell B. Buy P. Possess T. Traffic R. Struggle D. Deceiver 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 <b>BATTERY ON A LAW ENFORCEMENT OFFICER</b>					Statute Violation Number <b>784.07(2B)</b>		Violation of ORD #		
Drug Activity	Drug Type	Amount / Unit	Offense #	Counts	Domestic Violence	Warrant / Capias Number	Bond		
	<b>N</b>		<b>2017-007622</b>	<b>1</b>	<input type="checkbox"/> Y <input checked="" type="checkbox"/> N		<b>MAY 26 AM 8:10</b>		
Charge Description <b>DUI - PROPERTY DAMAGE</b>					Statute Violation Number <b>316.19</b>		Violation of ORD #		
Drug Activity	Drug Type	Amount / Unit	Offense #	Counts	Domestic Violence	Warrant / Capias Number	Bond		
	<b>N</b>		<b>2017-007622</b>	<b>1</b>	<input type="checkbox"/> Y <input checked="" type="checkbox"/> N		<b>301 3c1</b>		
Charge Description					Statute Violation Number		Violation of ORD #		
Drug Activity	Drug Type	Amount / Unit	Offense #	Counts	Domestic Violence	Warrant / Capias Number	Bond		
					<input type="checkbox"/> Y <input type="checkbox"/> N				
Health / Apparent Physical Condition of Defendant					Any knowledge of the following: <input type="checkbox"/> Men <input type="checkbox"/> Escape Risk <input type="checkbox"/> Medication <input type="checkbox"/> Deformities <input type="checkbox"/> Injuries				
Check which applies: <input type="checkbox"/> Released <input type="checkbox"/> Released to Parent/Guardian <input checked="" type="checkbox"/> T.O.T. County Jail <input type="checkbox"/> Posted Bond <input type="checkbox"/> South County Mental Health					PROPERTY - Received By <b>BISSOON</b> Released By <b>BISSOON</b> Released To <b>COUNTY JAIL</b>				
Transported By					Date Transported	Time Transported	Other		
<input type="checkbox"/> INSTRUCTION NO. 1 Mandatory appearance in court <input checked="" type="checkbox"/> INSTRUCTION NO. 2 You need not appear in Court but must comply with instructions on Page 2.					Location (Court, Room) <b>South County 200 W Atlantic Ave Dey Beach, FL 33444</b> Court Date and Time				
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.					No Photo Available				
Signature of Defendant (or Juvenile and Parent/Custodian)					Date Signed				
HOLD for Other Agency					Signature of Arresting Officer				
<input type="checkbox"/> Dangerous <input type="checkbox"/> Armed Arrest <input checked="" type="checkbox"/> Suicidal <input type="checkbox"/>					Name of Arresting Officer (Print) <b>BISSOON, STEPHEN R.</b> ID # <b>664</b>				
Intake Deputy <b>D/S T. BURNSIDE #5406</b>					Transporting Officer <b>BRPD</b> ID # <b>683</b>				
Witness here if subject signed with an "X"					PAGE 1 OF 1				

MAY 27 2017

OBS Number		PROBABLE CAUSE AFFIDAVIT		1. Arrest 2. N.T.A.		3. Request for Warrant 4. Request for Capias		<b>1</b>	JUVENILE
A D M I N I S T R A T I V E	Agency ORI Number <b>FL 0500200</b>	Agency Name <b>BOCA RATON POLICE DEPARTMENT</b>	Agency Report Number <b>3   2   2017-007622</b>						
	Charge Type: Check as many as apply. <input checked="" type="checkbox"/> 1. Felony <input checked="" 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) <b>DIMEO, JONATHAN CHARLES</b>					Race <b>W</b>	Sex <b>M</b>	Date of Birth <b>07/06/1981</b>	
C H A R G E S	Charge Description <b>316.193(3A). DUI (INJURY TO PERSON OR PROPERTY)</b>			Charge Description <b>784.07(2B) BATTERY ON A LAW ENFORCEMENT OFFICER</b>					
V I C T I M	Victim's Name (Last, First, Middle) <b>STATE OF FLORIDA,</b>					Race	Sex	Date of Birth	
	Local Address (Street, Apt. Number) (City) (State) (Zip) <b>100 NW 2ND AVE, BOCA RATON, FL 33432</b>					Phone <b>(561) -</b>		Address Source	
	Business Address (Name, Street) (City) (State) (Zip)					Phone <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> <div style="display: flex; justify-content: space-between;"> <div> <input type="checkbox"/> committed the below acts in my presence.  <input type="checkbox"/> confessed to _____ admitting to the below facts.         </div> <div> <input type="checkbox"/> was observed by _____ who told _____ that he/she saw the arrested person commit the below acts.  <input checked="" type="checkbox"/> was found to have committed the below acts, resulting from my (described) investigation.         </div> </div> <p>On the <b>25</b> day of <b>May</b>, <b>2017</b> at <b>22:42</b> (Specifically include facts constituting cause for arrest.)</p>									
<p><b>Victim # 2 Ofc S. Bissoon ID#664</b></p> <p>On 05/25/2017 I responded to 27 Royal Palm Way in reference to a two car accident gray Hyundai bearing NJ tag# Y17GCW and white GMC bearing FL tag#EMQB98. BRFD and Ofc Deen were on scene. Ofc Deen advised that she believed that the driver Jonathan Dimeo was possibly under the influence. See accident report for further details.</p> <p>BRFD placed Dimeo onto a stretcher and placed him in the ambulance to give him further treatment. While inside the ambulance I could smell a strong odor of an alcoholic beverage emanating from his person as he lay on the stretcher passed out. BRFD continued to treat Dimeo as Ofc Deen stood by in the ambulance with Dimeo.</p> <p>I then spoke with witness Amanda Gonzalez who advised that while she was driving home from a restaurant in Deerfield and travelling north bound on Federal Hwy she observed Dimeo who was driving a gray Hyundai speeding to the red-light and cut over two lanes and clipped an SUV and drove over to the next lane and ran the red light. The SUV that was hit did not pull over and continued north bound on Federal Hwy. Gonzalez advised that Dimeo kept on driving and when she turned onto SW 18th St she saw a male holding the driver side door of Dimeo's Hyundai because Dimeo was trying to leave the scene. Gonzalez advised that Dimeo was heavily tattooed, neck and arms wearing a black shirt. Gonzalez advised that she went to the passenger side and Dimeo appeared to be nodding out. He would wake up and then doze off like he was drunk or using opioids. Gonzalez advised that Dimeo hit two cars one in Hillsboro and Federal and then the other vehicle at SW 18th St and S Dixie.</p>									
A D M I N I S T R A T I V E	SWORN AND SUBSCRIBED BEFORE ME  <b>WOLLSCHLAGER, ANTHONY J</b> NOTARY PUBLIC / CLERK OF COURT / OFFICER (F.S.S. 117.10)					 SIGNATURE OF ARRESTING / INVESTIGATING OFFICER <b>BISSOON, STEPHEN R (664)</b> NAME OF OFFICER (PLEASE PRINT)			
	<b>05/26/2017</b> DATE					<b>05/26/2017</b> DATE			
	<b>MAY 27 2017</b> DATE					PAGE <b>1 OF 2</b>			

COURT


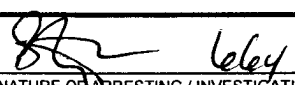
STATE ATTORNEY

CENTRAL RECORDS

JAIL

CRIME ANALYSIS

P. I. O.

OBTS Number		<b>PROBABLE CAUSE AFFIDAVIT SUPPLEMENT</b>		1. Arrest 2. N.T.A.	3. Request for Warrant 4. Request for Capias	<b>1</b>	JUVENILE
Agency ORI Number <b>FL 0500200</b>		Agency Name <b>BOCA RATON POLICE DEPARTMENT</b>		Agency Report Number <b>3   2   2017-007622</b>			
Charge Type: Check as many as apply.		<input checked="" type="checkbox"/> 1. Felony <input type="checkbox"/> 2. Traffic Felony		<input checked="" type="checkbox"/> 3. Misdemeanor <input checked="" type="checkbox"/> 4. Traffic Misdemeanor		<input type="checkbox"/> 5. Ordinance <input type="checkbox"/> 6. Other	
Name (Last, First, Middle) <b>DIMEO, JONATHAN CHARLES</b>		Alias		Race <b>W</b>	Sex <b>M</b>	Date of Birth <b>07/06/1981</b>	
<p>I met with Dimeo and Ofc Deen at Boca Regional and tried to ask him what happened during the accident. (It should be noted that Ofc Deen placed Dimeo into handcuffs while inside the ambulance due to Dimeo being combative in the ambulance as he was being treated by BRFD. Dimeo was only handcuffed for safety precautions so he would not strike any of the paramedics that were trying to render aid to Dimeo). Dimeo stated that he was parked at the light and someone struck his vehicle at the light. Dimeo was also slurring his speech and his eyes were blood shot and glossy. I then read Dimeo his Constitutional Warnings in the presence of Ofc Deen and Ofc Reissi. I advised him that the crash investigation was over and now I was conducting a criminal investigation. While speaking with him he became aggressive and said "criminal this dick" and leaned back on the bed. I then advised Dimeo that he was now under arrest for DUI and attempted to secure him to the hospital bed. Ofc Deen grabbed his left hand to place the handcuffs on his hand and to the hospital bed. I grabbed his right hand to keep Dimeo from hitting me or Ofc Deen. Dimeo was pulling, tensing and pushing as he tried to grab my thumb, as I tried to place handcuffs on his right hand. I told him to stop grabbing my finger and he stated "when I see you on the street I am going to knock your jaw out". As Ofc Deen applied the handcuffs to the bed I was holding Dimeo forearm and then Dimeo grabbed my hand and I told him to let go of my hand several times. Dimeo eventually let go of my hand. Dimeo was belligerent and called us all kinds of derogatory names.</p> <p>I then spoke to Dr Beattie at 2327hrs and he advised that Dimeo would be at the hospital for an extended period of time before he would be medically cleared. Due to the length of time that he would be at the hospital breath was impractical. I then asked Dimeo if he would provide a blood sample at which time he refused. I then read him his Implied Consent Warnings and asked him if he would provide a blood sample and Dimeo kept on saying that he would provide a breath sample. He kept on being belligerent and saying that he would give a breath sample but not a blood sample. So at 2332hrs Dimeo refused to provide a blood sample.</p> <p>Based on the above information Jonathan Dimeo is being charged under F.S.S 784.07(2b) for battery on law enforcement officer as well as F.S.S 316.193(3a) for DUI with property damage/personal injury. He was cleared at Boca Regional and then transported to PBCJ. Dimeo's vehicle was towed by Emerald and the GMC left the scene without further incident.</p>							
SWORN AND SUBSCRIBED BEFORE ME <div style="text-align: center;">   <b>WOLLSCHLAGER, ANTHONY J</b>  <small>NOTARY PUBLIC / CLERK OF COURT / OFFICER (F.S.S. 117.10)</small> </div> <div style="display: flex; justify-content: space-between; align-items: center;"> <div style="text-align: center;"> <b>SCANNED</b>  <b>05/26/2017</b>  <b>MAY 27 2</b> </div> <div style="text-align: center;"> <b>05/26/2017</b>  <small>DATE</small> </div> </div>				<div style="text-align: center;">   <small>SIGNATURE OF ARRESTING / INVESTIGATING OFFICER</small>  <b>BISSOON, STEPHEN R (664)</b>  <small>NAME OF OFFICER (PLEASE PRINT)</small>  <b>05/26/2017</b>  <small>DATE</small> </div>			
PAGE <b>2 OF 2</b>							

COURT

STATE ATTORNEY

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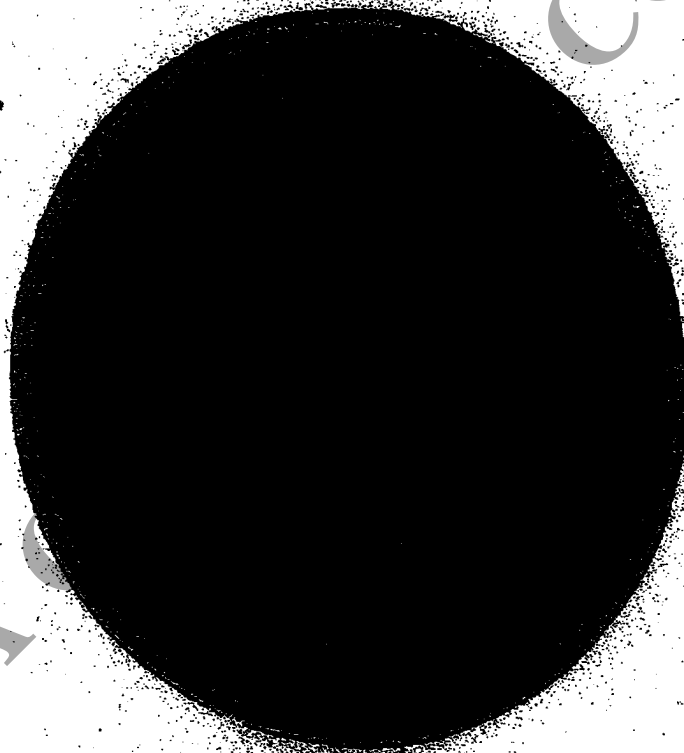
CRIME ANALYSIS

P.I.O.

2017-7622

1015:2242

# **D. U. I. INFLUENCE REPORT**



**Boca Raton Police Services Department**  
**100 Northwest Second Avenue**  
**Boca Raton, Florida 33432**

CHANNEL  
2017

Probable Cause Affidavit

On the \_\_\_\_\_ Day of \_\_\_\_\_, at \_\_\_\_\_ AM/PM:

Subject: \_\_\_\_\_ Case Number: \_\_\_\_\_

PERSONAL CONTACT

Driving Pattern: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Observation of Driver: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Driver's Statement: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Odors: \_\_\_\_\_

\_\_\_\_\_

GENERAL OBSERVATIONS

Speech: \_\_\_\_\_

Attitude: \_\_\_\_\_

Clothing: \_\_\_\_\_

Medical Problems: \_\_\_\_\_

Medications: \_\_\_\_\_

Other: \_\_\_\_\_

SCANNED  
MAY 27 2017

## ROADSIDE TASKS

Horizontal Gaze Nystagmus:

\_\_\_ Left eye does not follow smoothly  
\_\_\_ Left eye jerks at 45 degrees angle or less  
\_\_\_ Distinct jerking left eye maximum deviation

\_\_\_ Right eye does not follow smoothly  
\_\_\_ Right eye jerks at 45 degrees angle or less  
\_\_\_ Distinct jerking right eye maximum deviation

Can not do, Why? \_\_\_\_\_

Walk and turn: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Can not do, Why? \_\_\_\_\_

One leg

stand: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Can not do, Why? \_\_\_\_\_

Finger to nose: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Can not do, Why? \_\_\_\_\_

Alphabet (speech pattern) \_\_\_\_\_

Can not do, Why? \_\_\_\_\_

Breath/Blood test results: \_\_\_\_\_

State of Florida, County of Palm Beach,

Sworn and subscribed before me this \_\_\_\_\_ (date) By: \_\_\_\_\_

\_\_\_\_\_  
Notary/Clerk of Court/  
Officer (F.S. 117:10)

\_\_\_\_\_  
Signature of arresting officer

\_\_\_\_\_  
Date

\_\_\_\_\_  
Name of Officer (please print)

Page 2

PART ONE

WITNESS LIST

ARRESTING OFFICER: \_\_\_\_\_

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

SCANNED  
MAY 27 2017

BOCA RATON POLICE DEPARTMENT

Agency Case# \_\_\_\_\_

PART II D.U.I. REPORT  
To be filled out at testing facility

I. INTRODUCTION (Instrument Operator faces video camera)

A. The day is: \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_  
(day) (month) (date) (year)

B. The time is now approximately \_\_\_\_\_ AM/PM

C. The following is in reference to case number \_\_\_\_\_

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

E. Officer \_\_\_\_\_, Have you arrested \_\_\_\_\_  
(Defendant's name)

In violation of Florida State Statute 316.193?

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

G. Mr./Mrs./Ms. \_\_\_\_\_, I am required to  
Inform you these proceedings are being video taped.

Operator Note: Video tape breath request, breath sample, and interview



BOCA RATON POLICE DEPARTMENT

Agency Case # \_\_\_\_\_

**H. 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.*

2. 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: \_\_\_\_\_

**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.

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 \_\_\_\_\_ (Month) \_\_\_\_\_ (Day) \_\_\_\_\_ (Year) and the time \_\_\_\_\_ AM/PM

A refusal form will be completed by the arresting officer.

## 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: \_\_\_\_\_ Date: \_\_\_\_\_ Time: \_\_\_\_\_

Revised 8/2006

SCANNED  
MAY 27 2017

BOCA RATON POLICE DEPARTMENT  
TESTING FACILITY TASK REPORT

SUBJECT: \_\_\_\_\_

CASE #: \_\_\_\_\_ DATE: \_\_\_\_\_

BREATH TESTS RESULTS

1) TIME \_\_\_\_\_ AM/PM 2) TIME \_\_\_\_\_ AM/PM

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

BREATH OPERATOR: \_\_\_\_\_

MAINTENANCE TECHNICIAN: \_\_\_\_\_

TESTING OFFICER'S OBSERVATIONS

SPEECH: \_\_\_\_\_

ATTITUDE: \_\_\_\_\_

CLOTHING: \_\_\_\_\_

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

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

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

\_\_\_\_\_

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BOCA RATON POLICE DEPARTMENT

Agency Case # \_\_\_\_\_

**ADULT CONSTITUTIONAL WARNINGS**  
(Juvenile warning on reverse side)

**"I am required to warn you before you make any statement that you have the following 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 the right to the presence of a lawyer 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 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.

**DO YOU UNDERSTAND THESE RIGHTS AS I HAVE READ THEM TO YOU AND DO YOU WISH TO SPEAK TO ME?**

(X) \_\_\_\_\_

**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? \_\_\_\_\_

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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 affects of alcohol? Yes ☐ No ☐Have you consumed alcohol since the accident? Yes ☐ No ☐Can you feel the affects 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? \_\_\_\_\_ Did you get a bump on the head? \_\_\_\_\_

Were you involved in an accident today? \_\_\_\_\_

Have you taken any drugs or smoked marijuana today? \_\_\_\_\_

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

Have you seen a doctor or dentist today? \_\_\_\_\_ Who? \_\_\_\_\_

Are you taking any prescription medicines? 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 eye 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 videotaping. The time now is approximately \_\_\_\_\_ AM/PM

The date is: \_\_\_\_\_ (month) \_\_\_\_\_ (day) \_\_\_\_\_ (year).

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

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

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

or affirm that on or about the 25 day of May, 20 17, at 2242 PM ☐ A.M.

DRIVER Jonathan Charles Dimeo,  
(Type or Print) FIRST NAME MIDDLE OR MAIDEN NAME LAST NAME

DL# D500423812460, state of Florida, was placed under lawful arrest for

the offense of DUI by Ofc Bisson and  
(Name of Arresting Officer)  
issued Citation A 6L PXUE

That on or about the 25 day of May, 20 17, at 2332 PM ☐ 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 committed a misdemeanor by refusing to submit to a lawful test as requested above if his or her driving privilege has been previously suspended for refusal to submit to a lawful test of his or her breath, urine, or blood. Additionally, I informed the driver that if he or she holds a CDL, or was operating a CMV, refusal will result in the disqualification of the Commercial Driver's License/driving privilege for a period of one (1) year in the case of a first refusal or permanently if he or she has previously been disqualified as a result of a refusal to submit to any such lawful test. Nonetheless, the driver refused to submit to the test(s) requested.

[Signature]  
Signature of Law Enforcement Officer or Correctional Officer

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

The foregoing instrument was sworn and subscribed before me:

[Signature] 776  
Signature of Attesting Officer

Title Police Officer

Date 5/26/17

(AFFIX SEAL)

The foregoing instrument was sworn and subscribed before me this \_\_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_\_,

by \_\_\_\_\_,

who is personally known to me or who has produced

\_\_\_\_\_ as identification

Notary Public \_\_\_\_\_

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