

0511311

19CF-9156

3903

ARREST / NOTICE TO APPEAR

A D M I N I S T R A T I O N	OBTS Number		Agency ORJ Number 0501700		Agency Name Jupiter Police Department		Agency Report Number (N.T.A.'s only) 5, 4 19-004339		1. Arrest <input type="checkbox"/> 2. N.T.A. <input type="checkbox"/> 3. Request for Warrant <input type="checkbox"/> 4. Request for Capias <input checked="" type="checkbox"/>		JUVENILE <input type="checkbox"/>		
	Charge Type: Check as many as apply <input checked="" type="checkbox"/> 1. Felony <input type="checkbox"/> 2. Traffic Felony		<input type="checkbox"/> 3. Misdemeanor <input checked="" type="checkbox"/> 4. Traffic Misdemeanor		<input type="checkbox"/> 5. Ordinance <input type="checkbox"/> 6. Other		If Weapon Seized Enter Type NONE		Multiple Clearance Indicator 2				
Location of Arrest (Including Name of Business) W INDIANTOWN RD/ISLAND WAY JUPITER, FL 33458						Location of Offense (Business Name, Address) 6799 W INDIANTOWN RD/ISLAND WAY, JUPITER, FL 33458							
Date of Arrest 09/27/2019		Time of Arrest 20:13		Booking Date		Booking Time		Jail Date		Jail Time		Location of Vehicle	
Name (Last, First, Middle) GIER, KEVIN SCOTT						Alias (Name, DOB, Soc. Sec. #, Etc.) Alias:							
Race W - White B - Black		Sex M		Date of Birth 02/10/1968		Height 5'10		Weight 195		Eye Color BLUE		Hair Color GRAY	
Completion MEDIUM		Build Medium		Scars, Marks, Tattoos, Unique Physical Features (Location, Type, Description)		Marital Status D		Religion LUTHERAN		Indication of Alcohol Influence Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unk <input type="checkbox"/>		Indication of Drug Influence Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Unk <input type="checkbox"/>	
Local Address (Street, Apt. Number) 9608 MOCKINGBIRD TRL, JUPITER, FL 33478				(City)		(State)		(Zip)		Phone (561) 847-5213		Residence Type: 1. City <input type="checkbox"/> 2. County <input type="checkbox"/> 3. Florida <input type="checkbox"/> 4. Out of State <input checked="" type="checkbox"/>	
Permanent Address (Street, Apt. Number) 9608 MOCKINGBIRD TRL, JUPITER, FL 33478				(City)		(State)		(Zip)		Phone (561) 847-5213		Address Source FCIC	
Business Address (Name, Street)				(City)		(State)		(Zip)		Phone		Occupation	
DL Number, State G600517680500 / FL		Sex, Eye, Hair		DNS Number		Place of Birth (City, State) GALLOPIAS, OH,		Citizenship US					
Co-Defendant Name (Last, First, Middle)		Race		Sex		Date of Birth		<input type="checkbox"/> 1. Arrested <input type="checkbox"/> 3. Felony <input type="checkbox"/> 5. Juvenile					
Co-Defendant Name (Last, First, Middle)		Race		Sex		Date of Birth		<input type="checkbox"/> 2. At Large <input type="checkbox"/> 4. Misdemeanor					
<input type="checkbox"/> Parent <input type="checkbox"/> Other		Name (Last, First, Middle)		Address (Street, Apt. Number)		(City)		(State)		(Zip)		Residence Phone	
<input type="checkbox"/> Legal Custodian		Name (Last, First, Middle)		Address (Street, Apt. Number)		(City)		(State)		(Zip)		Business Phone	
Notified by: (Name)		Date		Time		JUVENILE DISPOSITION 1. Handled/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:		Property Crime? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Description of Property		Value of Property							
Drug Activity N. N/A P. Possess		S. Sell B. Buy T. Traffic		R. Smuggle D. Deliver E. Use		K. Disperse/ 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 CHILD ABUSE - NEGLECT OF CHILD						Statute Violation Number 827.03(2)(4)(a)(2)(D)		Violation of ORD #					
Drug Activity		Drug Type N		Amount / Unit /		Offense #		Counts 1		Domestic Violence <input type="checkbox"/> Y <input checked="" type="checkbox"/> N		Warrant / Capias Number	
Bond													
Charge Description DUI - DAMAGE TO PERSON/PROPERTY						Statute Violation Number 316.193(3)(C)(1)		Violation of ORD #					
Drug Activity		Drug Type N		Amount / Unit /		Offense #		Counts 1		Domestic Violence <input type="checkbox"/> Y <input checked="" type="checkbox"/> N		Warrant / Capias Number	
Bond													
Charge Description						Statute Violation Number		Violation of ORD #					
Drug Activity		Drug Type		Amount / Unit		Offense #		Counts		Domestic Violence <input type="checkbox"/> Y <input type="checkbox"/> N		Warrant / Capias Number	
Bond													
Health / Apparent Physical Condition of Defendant						Any knowledge of the following: <input type="checkbox"/> Mental <input type="checkbox"/> Escape Risk <input type="checkbox"/> Medication <input type="checkbox"/> Deformities <input type="checkbox"/> Injuries							
Check which applies: <input type="checkbox"/> Released O.R. <input type="checkbox"/> Released to Parent/Guardian <input type="checkbox"/> T.O.T. County Jail						PROPERTY - Received By		Released By		Released To			
<input type="checkbox"/> Posted Bond <input type="checkbox"/> South County Mental Health						Date Transported		Time Transported		Other			
Transported By						Date Transported		Time Transported		Other			
<input checked="" type="checkbox"/> INSTRUCTION NO. 1 - Mandatory appearance in court						Location (Court, Room)		No Photo Available					
<input checked="" type="checkbox"/> INSTRUCTION NO. 2 - You need not appear in Court but must comply with instructions on Page 2.						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 COMTEMPT OF COURT AND A WARRANT FOR MY ARREST SHALL BE ISSUED.						Signature of Defendant (or Juvenile and Parent/Custodian)		Date Signed					
HOLD by Other Agency						Signature of Arresting Officer [Signature]		Name Verification (Printed by Arrestee)					
<input type="checkbox"/> Dangerous <input type="checkbox"/> Resisted Arrest		<input type="checkbox"/> Suicidal <input type="checkbox"/> Other		Name of Arresting Officer (Print) GELINA, PHILIP		I.D. # 0961		(PRINT)					
State of Florida # D/S B. SHATARA #7623		I.D. # #7623		Pouch #		Transporting Officer Yochum, CRAIG		I.D. # 383		Agency JPD		PAGE 1 OF 1	
Witness here if subject signed with an "X"													

PROBABLE CAUSE AFFIDAVIT

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

1 JUVENILE

OBTS Number	Agency ORI Number FL 0501700		Agency Name JUPITER POLICE DEPARTMENT		Agency Report Number 5 4 19-004339	
Charge Type: Check as many as apply.					Special Notes:	
<input checked="" type="checkbox"/> 1. Felony <input type="checkbox"/> 3. Misdemeanor <input type="checkbox"/> 5. Ordinance <input type="checkbox"/> 2. Traffic Felony <input checked="" type="checkbox"/> 4. Traffic Misdemeanor <input type="checkbox"/> 6. Other						

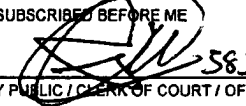

Name (Last, First, Middle) GIER, KEVIN SCOTT				Alias	Race W	Sex M	Date of Birth 02/10/1968
Charge Description 316.193(1)(C)(1)				Charge Description 827.03(3)(A)(1)			

Victim's Name (Last, First, Middle) STATE OF FLORIDA,				Race	Sex	Date of Birth
Local Address (Street, Apt. Number) 210 MILITARY TRL, JUPITER, FL 33458		(City)	(State)	(Zip)	Phone (561) 746-6201	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. was observed by _____ who told _____ that he/she saw the arrested person commit the below acts.
 confessed to _____ admitting to the below facts. was found to have committed the below acts, resulting from my (described) investigation.
 On the 27 day of September, 2019 at 18:08 (Specifically include facts constituting cause for arrest.)

On 9/27/19 at approximately 1451 hours, I responded to a traffic crash in the area W Indiantown Road and Island Way/68th Terrace, Jupiter Florida. The defendant, Kevin Scott Gier, 2/10/68 was involved in a reported traffic crash. Upon my arrival, there were two cars in the left turn lane. The red VW had front bumper damage while the tan Toyota had rear bumper damage. I spoke with Toyota driver, Ron Mason. He told me that he was stopped at the red light and was just rear ended hard by the VW. The driver of the VW, later identified as Kevin Gier, was the driver and was still sitting in the vehicle. He had his young _____ sitting in the back child car seat after just picking him up from Lighthouse Elementary school. Gier was initially sitting inside his vehicle chewing gum. While speaking to him, he came out of the vehicle. He had a hard time standing and during our conversations, he leaned/fell against his car 3x's. When asked for his driver's license, he looked through a stack of money and only found a credit card. When asked what happened, he told me that the car in front of him slammed on his brakes and he tried to stop but ran into the back of him. Mason advised that he was stopped and had been stopped. Gier was slow in movements and unsure of his speech at times. His mind wandered and could not answer simple questions about his health and drugs which he was taking. Gier finally remembered that he had taken his prescribed Xanax (.5mg), 1/2 in the am and 1/2 in the pm. He had already taken both for the day. He also has taken 2 cough syrup today. He stated he has not had any alcoholic to drink today and had been in court with his ex-wife.

With an odor of an alcoholic beverage coming from Gier breath and the above observations, I suspected impairment. I read him his Miranda warnings after the crash investigation was completed. He stated he understood his rights. I had Gier attempt to complete roadside tasks. He staggered when he walked. I attempted to get him to stand in the instruction position several times. He was unable to stand with one foot in front of the other and stepped off the line before we started. He also started before told to begin. When standing there, he took steps back. He walked into a curb and fell

SWORN AND SUBSCRIBED BEFORE ME  NOTARY PUBLIC / CLERK OF COURT / OFFICER (F.S.S. 117.10) <u>09/27/2019</u> DATE	 SIGNATURE OF ARRESTING / INVESTIGATING OFFICER <u>GELINA, PHILIP (0961)</u> NAME OF OFFICER (PLEASE PRINT) <u>09/27/2019</u> DATE	PAGE 1 of 2
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SCANNED
SEP 28 2019

PROBABLE CAUSE AFFIDAVIT
SUPPLEMENT

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

1



JUVENILE

A D M I N I S T R A T I V E	OBTS Number		Agency ORI Number FL 0501700		Agency Name JUPITER POLICE DEPARTMENT		Agency Report Number 5 4 19-004339	
	Change Type: Check as many as apply.		<input checked="" type="checkbox"/> 1. Felony <input type="checkbox"/> 2. Traffic Felony		<input type="checkbox"/> 3. Misdemeanor <input checked="" type="checkbox"/> 4. Traffic Misdemeanor		<input type="checkbox"/> 5. Ordinance <input type="checkbox"/> 6. Other	

D E F	Name (Last, First, Middle) GIER, KEVIN SCOTT			Alias	Race W	Sex M	Date of Birth 02/10/1968
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backwards landing on his back and buttocks. He was not injured. Gier stated that he was not going to do the task. I advised him several times if he understood that failure to do my task can and will be used against time in the court of law. He finally said yes, he understood.

Probable cause exist to charge Kevin Gier with DUI pursuant to FSS#316.193(3)(C)(1). Gier, being impaired, crashing into a car with [REDACTED] in the car, placed his [REDACTED] in grave danger of being injured and failed to make a reasonable effort to protect [REDACTED], a [REDACTED], by [REDACTED] Kevin Gier who is responsible for his care. This is a direct violation of FSS#827.03(1)(e), Neglect of a child, a felony of 3rd degree.

A D M I N I S T R A T I V E	SWORN AND SUBSCRIBED BEFORE ME		SIGNATURE OF ARRESTING / INVESTIGATING OFFICER	
				
	NOTARY PUBLIC / CLERK OF COURT / OFFICER (F.S.S. 117.10)		GELINA, PHILIP (0961)	
	09/27/2019 DATE		09/27/2019 NAME OF OFFICER (PLEASE PRINT) DATE	

PAGE
2 OF 2

D.U.I. PROBABLE CAUSE AFFIDAVIT

ON THE 27th DAY OF September 20 19, AT 2:51 AM PM
 SUBJECT: Gier Kevin Scott CASE NUMBER: 19004339
 AGENCY: Jupiter Police Department ARRESTING OFFICER: P. Gelina #361/0961

PERSONAL CONTACT

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

Gier was involved in a reported traffic crash. the crash occurred approximately 200 feet east of the intersection of W Indiantown Road and 68th Terrace, Jupiter Florida, Palm Beach County. Upon my arrival, there were two car in the left turn lane. The red VW had front bumper damage while the tan Toyota had rear bumper damage. I spoke with Toyota driver, Ron Mason. He told me that he was stopped at the red light and was just rear ended hard by the VW. The driver, later identified as Kevin Gier, was the driver and was still sitting in the vehicle. He had his [redacted] in the back seat.

OBSERVATION OF DRIVER:

Gier was initially sitting inside his vehicle chewing gum. While speaking to him, he came out of the vehicle. he had a hard time standing and during our conversations, he leaned/fell against his car 3x's. When asked for his drivers license, he looked through a stack of money and only found a credit card. When asked what happened, he told me that the car in front of him slammed on his brakes and he tried to stop but ran into the back of him. Mason advised that he was stopped and had been stopped. Gier was slow in movements and unsure of his speech at times. His mind wandered and could not answer simple questions about his health and drugs which he was taking. Captured on BWC.

DRIVER'S STATEMENTS:

He takes prescribed Xanax (.5mg). 1/2 in the am and 1/2 in the pm. He had already taken both for the day. He also has taken 2 cough syrup today. He stated he has not had any alcoholic to drink today. He was in court with his ex-wife to day. I read him his Miranda warnings after the crash investigation was completed. He stated he understood his rights. He said he picked up [redacted] from his elementary school after being at his house. Captured on BWC

ODORS:

Noticeable odor of an unknown alcoholic beverage that became stronger when he spoke.

GENERAL OBSERVATIONS

SPEECH: Slurred, hard to understand at time. I had to have him repeat things.
ATTITUDE: Cooperative at time, resistant at others, got into my face several times
CLOTHING: Blue long sleeve shirt, khaki pants, brown shoes, black socks, brown belt.

MEDICAL/OTHER: He said he had issues with his liver but did not know the aliment. He quick smoking and drinking. he had [redacted] in the car after he picked him up from school.

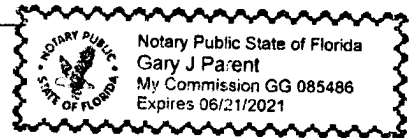
STATE OF FLORIDA
COUNTY OF PALM BEACH

[Signature]
Signature of Arresting/Investigative Officer)

he foregoing instrument was sworn to or affirmed and subscribed before me this 27 day of September 20 19 by Officer P. Gelina #361/0961

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

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



SCANNED
SEP 28 2019

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:

He had a difficult time staying in instruction position. He was unable keep his feet together and stopped in the task several times. recorded on BWC.

WALK & TURN:

I attempted to get him to stand in the instruction position several times. he was unable to stand with one foot in front of the other and step off the line before we started. he also started before told to begin. When standing there, he took steps back. He walked into a curb and fell backwards landing on his back and buttocks. He was not injured. Gier stated that he was not going to do the task. I advised him several times if he understood that failure to do my task can and will be used against time in the court of law. He finally said yes, he understood.

ONE LEG STAND:

Refused

FINGER TO NOSE:

Refused

ROMBERG ALPHABET:

Refused

BREATH TEST RESULTS:

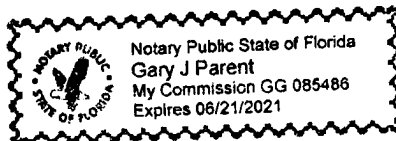
STATE OF FLORIDA
COUNTY OF PALM BEACH


Signature of Arresting/Investigative Officer

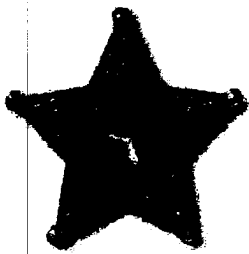
The foregoing instrument was sworn to or affirmed and subscribed before me this 27 day of September 2019 by Officer P. Gelina #361/0961

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)



SCANNED
SEP 28 2019



**PALM BEACH COUNTY SHERIFF'S OFFICE
DUI TESTING FACILITY
INFORMATION SHEET**

PBSO CASE # 19-12006 PBSO ZONE 3-14

AGENCY CASE # 19004339 CRASH CASE # _____

TIME OF STOP/CRASH 2:51 p.m. DATE 09/27/2019 DAY Friday

SUBJECT'S NAME Gier Kevin Scott RACE W SEX M
LAST FIRST MID

HGT 5'10" WGT 194 DOB 2/10/68

LOCATION W Indiantown Road and 68th Terrace, Jupiter Fl, 33458

ARRESTING OFFICER'S NAME & ID P. Gelina #361/0961 AGENCY Jupiter

DIVISION: Traffic

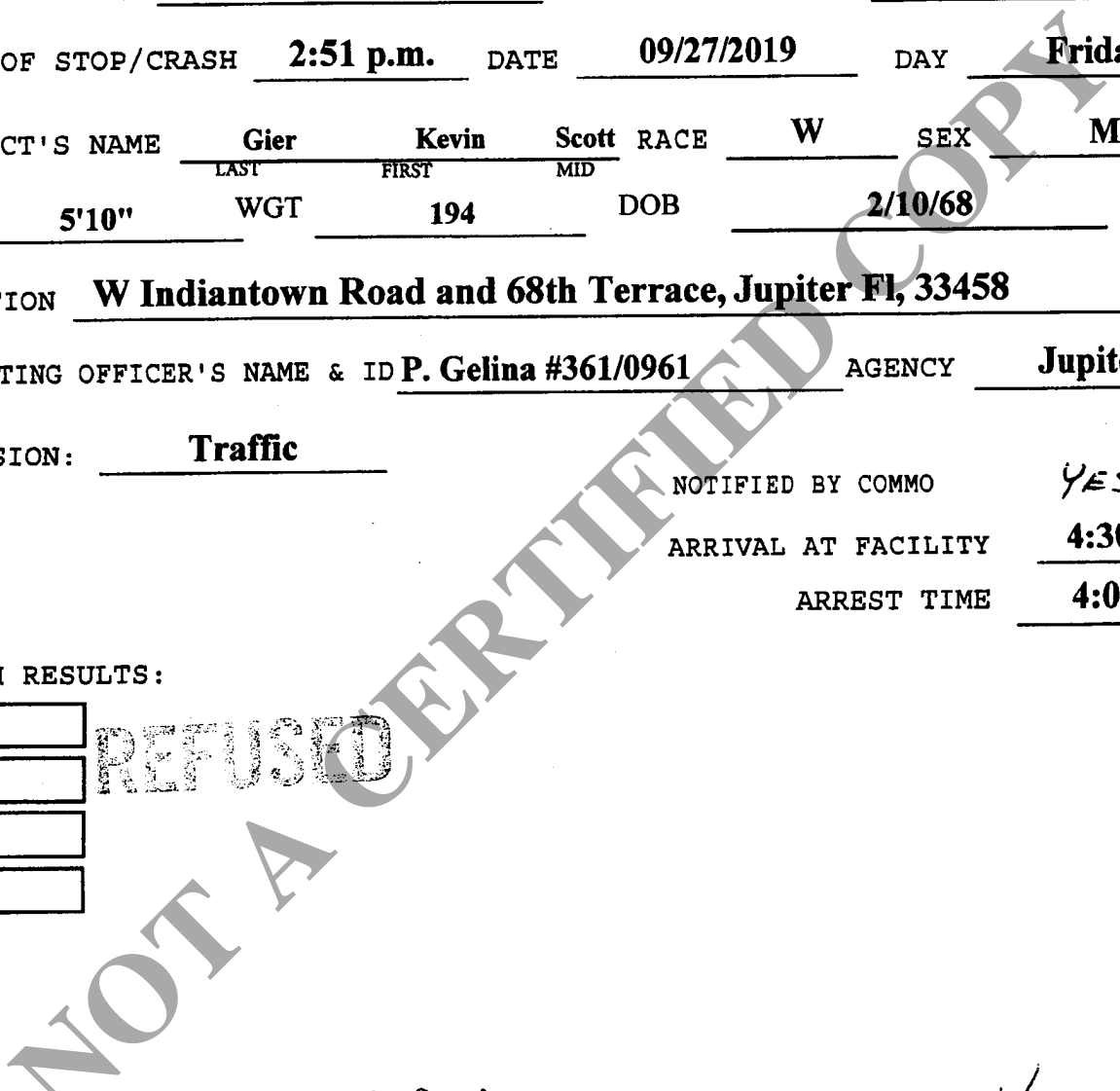
NOTIFIED BY COMMO YES
 ARRIVAL AT FACILITY 4:30 pm
 ARREST TIME 4:02pm

BREATH RESULTS:

- 1)
- 2)
- 3)
- 4)

REFUSED

TESTING OFFICER'S ID 7909 PBSO VIDEOTAPE # 2/4



**SCANNED
SEP 28 2019**

TESTING FACILITY TASK REPORT

AGENCY: JPD
SUBJECT: Green Kevin S CASE NUMBER: 19-120066
DATE: 09/27/19 VIDEO TAPE NUMBER: N/A
BEGINNING TIME: 1700 ENDING TIME: 1704
BREATH TESTS RESULTS: 1) R TIME 1703 A.M./P.M. 2) N/A TIME --- A.M./P.M.
3) N/A TIME --- A.M./P.M. 4) N/A TIME --- A.M./P.M.
BREATH OPERATOR: G. PARENT # 7909
MAINTENANCE TECHNICIAN: KAROLKE # 6467

TESTING OFFICER'S OBSERVATIONS

SPEECH: Talk
ATTITUDE: UPSET, QUIET
CLOTHING: TAN SLACKS, LT BLUE LT FOOTWEAR, SHIRT, BROWN LOAFERS
MEDICAL CONDITIONS: NONE
MEDICATIONS: 8-11-17-18-19 XANAX AND OTHER MEDS
OTHER: EYES GLASSY AND SLEEPY

REFUSED

COMMENTS: ARRIVED AT CENTER A/O READ THE 2019 10/17/18
OBSERVATION PERIOD AT 1630 HRS.

A STATED HE WOULD NOT TAKE TEST WITHOUT THE
CONSENT OF HIS ATTORNEY
A/O READ ETC AND TEST EXPLAINED

A STATED NO TO TAKE THE TEST
A/O READ RIGHTS

REFUSED

A STATED HE UNDERSTOOD RIGHTS
A/O ATTEMPTED Q+A

SCANNED
SEP 28 2019

A ENJOINED HIS RIGHT TO COUNSEL

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

I, Officer P. Gelina #361/0961, a duly certified Law Enforcement Officer or Correctional Officer,
(Name of Officer reading Implied Consent Warning)

am a member of Jupiter Police Department, and I do swear
(Name of law enforcement agency)

or affirm that on or about the 27th day of September, 20 19, at 4:02 P.M. A.M.

DRIVER Kevin Scott Gier,
(Type or Print) FIRST NAME MIDDLE OR MAIDEN NAME LAST NAME

DL# G600517680500, state of Florida, was placed under lawful arrest for

the offense of DUI by Officer P. Gelina #361/0961 and
(Name of Arresting Officer)

issued Citation # AATBM4E

That on or about the 27TH day of September, 20 19, at 5:03 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)



(AFFIX SEAL)

The foregoing instrument was sworn and subscribed before
me this 27 day of September, 20 19,

by Officer P. Gelina #361/0961,

who is personally known to me or who has produced
known as identification

Notary Public [Signature]

The foregoing instrument was sworn and subscribed before me:

Signature of Attesting Officer

Title _____

Date 09/29/2019

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.

WITNESS LIST

CASE NUMBER: 19004339

ARRESTING OFFICER: **P. Gelina #361/0961**

ADDRESS: **210 Military Trl. Jupiter, FL 33458**

PHONE NUMBERS (HOME): _____ (WORK) **(561) 746-6201**

CAN TESTIFY TO: **PC**

NAME: **Ronald Mason**

ADDRESS: **12685 152nd Street N, Jupiter Fl, 33478**

PHONE NUMBERS (HOME) **5617483833** (WORK) _____

CAN TESTIFY TO: **Crash events**

NAME: **Ofc. J. Ercalano #344**

ADDRESS **210 Military Trl. Jupiter, FL 33458**

PHONE NUMBERS (HOME) _____ (WORK) **(561) 746-6201**

CAN TESTIFY TO: **taking care of the child in the car while the dad was arrested**

NAME: **Ofc. M. Waltenburg #1222**

ADDRESS **210 Military Trl. Jupiter, FL 33458**

PHONE NUMBERS (HOME) _____ (WORK) **(561) 746-6201**

CAN TESTIFY TO: **Crash investigation and the roadside tasks.**

NAME: _____

ADDRESS _____

PHONE NUMBERS (HOME) _____ (WORK) _____

CAN TESTIFY TO: _____

NAME: _____

ADDRESS _____

PHONE NUMBERS (HOME) _____ (WORK) _____

CAN TESTIFY TO: _____

NAME: _____

ADDRESS _____

PHONE NUMBERS (HOME) _____ (WORK) _____

CAN TESTIFY TO: _____

NAME: _____

ADDRESS _____

PHONE NUMBERS (HOME) _____ (WORK) _____

CAN TESTIFY TO: _____

NAME: _____

ADDRESS _____

PHONE NUMBERS (HOME) _____ (WORK) _____

CAN TESTIFY TO: _____

NAME: _____

ADDRESS _____

PHONE NUMBERS (HOME) _____ (WORK) _____

CAN TESTIFY TO: _____

NAME: _____

ADDRESS _____

PHONE NUMBERS (HOME) _____ (WORK) _____

CAN TESTIFY TO: _____

SCANNED
SEP 28 2014

SUBJECT:

Geer, Kevin S

CASE NUMBER:

19064339

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? _____

WHERE WERE YOU GOING? _____

WHAT STREET OR HIGHWAY WERE YOU ON? _____

DIRECTION OF TRAVEL? _____ WHERE DID YOU START? _____

WHAT TIME DID YOU START? _____ WHAT TIME IS IT NOW? _____

WHAT IS TODAY'S DATE? _____ WHAT DAY OF THE WEEK IS IT? _____

WHAT COUNTY AND CITY ARE YOU IN NOW? _____

WHEN DID YOU LAST EAT? _____ WHAT DID YOU EAT? _____

WHAT HAVE YOU BEEN DOING FOR THE LAST THREE HOURS? _____

HOW MUCH DO YOU WEIGH? _____ HAVE YOU BEEN DRINKING? _____ WHAT? _____

HOW MUCH? _____ WHERE? _____ WITH WHOM? _____

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

HOW DID YOU CONSUME YOUR LAST TWO DRINKS? _____

CAN YOU FEEL THE EFFECTS OF THE ALCOHOL? _____ ARE YOU UNDER THE INFLUENCE? _____

HAVE YOU CONSUMED ANY ALCOHOL SINCE THE ACCIDENT? _____ HOW MUCH? _____

WHAT? _____ WHERE? _____ WHEN? _____

WHAT LINE OF WORK ARE YOU IN? _____ WHEN DID YOU LAST WORK? _____

DO YOU HAVE ANY PHYSICAL DEFECTS OR INJURIES? _____ WHAT? _____

ARE YOU SICK OR INJURED? _____ WHAT'S WRONG? _____

DO YOU LIMP? _____ DID YOU RECEIVE A BUMP ON THE HEAD RECENTLY? _____

WERE YOU IN AN ACCIDENT TODAY? _____

HAVE YOU TAKEN ANY DRUGS OR SMOKED ANY MARIJUANA TODAY? _____ WHEN? _____

HAVE YOU SEEN A DOCTOR OR DENTIST TODAY? _____ WHO? _____ WHY? _____

ARE YOU TAKING ANY PRESCRIPTION MEDICINES? _____ WHAT? _____ WHEN? _____

DO YOU HAVE:

- EPILEPSY? _____
- GLASS EYE? _____
- FALSE TEETH? _____
- EAR INFECTION? _____
- INNER EAR TROUBLE? _____
- DIABETES? _____

DO YOU HAVE ANY PROBLEMS WITH YOUR EYES THAT ARE NOT CORRECTED BY GLASSES? _____

DO YOU TAKE INSULIN? _____ IF SO, WHEN WAS YOUR LAST INJECTION? _____

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

INTERVIEWER: [Signature] [Signature] [Signature]

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

SCANNED
GOLD SEP 28 2019

SUBJECT: Green, Kevin S CASE NUMBER: _____

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) _____

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) Kevin S Green **SCANNED**



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

Palm Beach County Sheriff's Office – Arrests Only

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

REVIEW COMPLETED BY

Booking Number: 2019031603	Date: 09/28/2019
	Specialist Name/ID: AM/31562

SCANNED
SEP 28 2019