



ARREST REPORT

Report Date / Time 04/18/2017 07:11 AM	Agency Case/Offense Number FHPL17OFF029646	OCA Number	Originating Agency Case Number	OBTS Number	Offender Based Transaction System	Jail Booking Number	Other Number LWRC17CAD065980
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LOCATION OF OCCURRENCE

County PALM BEACH	Address SB I-95 (SR-9) AT 6TH AVE EXIT , LAKE WORTH, FL 33461	
Range of Occurrence Date/Time 04/18/2017 06:14 AM to 04/18/2017 08:00 AM	Latitude N 26 36.5334	Longitude W 80 4.1316

PERSON: SUSPECT

First Name MICHAEL	Middle Name JAMES	Last Name KREMPA	Suffix	Date of Birth 09/09/1980	Age 36	Race W	Sex M	Height 601	Weight 200	Hair BLN	Eyes GRN
Master Name Index Number	Place of Birth BAYONNE NEW JERSEY	Nation US	SSN	Driver's License or Other ID K651550803290	State FL	Class or Type E					
Address 1242 NW 5TH STREET	City BOCA RATON	County PALM BEACH	State FL	Zip Code 33486	Phone						

CHARGES

Counts 1	Charge Number 316.193.1	Charge DUI-UNLAW BLD ALCH			
Charge Degree	Charge Level MISDEMEANOR	General Offense Code PRINCIPAL	<input type="checkbox"/> Hate Crime	<input type="checkbox"/> Domestic Violence	Bond Amount \$0.00

DUI ALCOHOL OR DRUGS

PROBABLE CAUSE

On the referenced date and approximate time while on routine patrol I was dispatched to a black Chevy Tahoe with a white male unconscious in the drivers seat in the outside left turn lane of southbound I-95 (State Road 9) at 6th Avenue. Upon arrival on scene I observed a Black Chevy Tahoe with a white male driver unconscious. I opened the drivers door and viewed the vehicle was running, still n drive with the drivers foot on the brake. I put the vehicle in park and turned off the ignition and removed the keys from the vehicle. After the vehicle was unable to be moved I tried waking the driver who was asleep and very slow to respond. Palm Beach County Fire Rescue arrived on scene and checked the vitals of the driver. The driver sated he had diabetes but no other medical conditions. Palm Beach County Fire Rescue checked the drivers sugar level and found it was in acceptable ranges and no transport to a hospital was required.

I requested the driver for his drivers license and he said he didn't know where it was. The driver fumbled with a wallet and needed assistance holding the wallet and looking though it. The driver had a strong odor of alcohol coming from his breath as he spoke, his speech was slurred and mumbled, his eyes were bloodshot and watery, and he was very unsteady on his feet.

The driver identified himself by name and date of birth as Michael James Krempa 9/9/1980 who was also the registered owner of the vehicle.

When asked, Krempa agreed to submit to a series of field sobriety exercises.

Horizontal Gaze Nystagmus Exercise

Prior to beginning the exercise it was determined Krempa was not wearing contacts. Krempa's eyes were checked and his eyes displayed equal tracking and his pupils were equal sizes. Krempa was instructed to following the stimulus with his eyes only, keeping his head still. After stating he understood the instructions Krempa attempted this exercise.

The results of this exercise displayed 6 of the 6 possible clues.

- A lack of Smooth Pursuit in his left eye.
- A lack of Smooth Pursuit in his right eye.
- A distinct and sustained nystagmus in the left eye at maximum deviation.
- A distinct and sustained nystagmus in the right eye at maximum deviation.
- An onset of nystagmus in the left eye prior to 45 degrees.
- An onset of nystagmus in the right eye prior to 45 degrees.
- The exercise further revealed the presence of vertical nystagmus. Vertical nystagmus is an indicator of high doses of alcohol, other central nervous system (CNS) depressants or inhalants, and the consumption of the drug phencyclidine (PCP).

While performing the Horizontal Gaze Nystagmus exercise, it was observed that Krempa - Swayed while standing front to back 3-5 inches and needed to be watched for possibly falling over.

Walk and Turn Exercise

Prior to attempting this exercise, Krempa indicated he did not have any medical problems that would have prevented him from performing the exercise. Krempa was instructed to put his left foot on the line and his right foot in front of it with his right heel touching the toe of his left foot. He was instructed to stand in this manner with his hands to his sides until the exercise instructions were completed and the exercise demonstrated. Krempa was instructed not to begin the exercise until told to start. He was instructed to take nine steps along the line in a heel-to-toe manner. After the ninth step he was to stop and turn around keeping his lead foot on the ground, taking several small steps with the other foot to turn around. After turning around he was to take nine steps in a heel-to-toe manner back along the line, in the direction he had come from. Krempa was further instructed to watch his feet at all times while walking, keep his arms down to his side, and to count his steps out loud. After the exercise was demonstrated Krempa stated he was unable to perform the exercise and he said just arrest him.

Walk & Turn Exercise Observations

- Was unable to stand in a heel-to-toe manner while the instructions to the exercise were given.

I explained to Krempa we could try a different exercise and Krempa again said I don't want to do it just take me in, I want my lawyer. I explained to Krempa I would have no choice but to arrest him for refusing to attempt field sobriety exercises. I placed Krempa in handcuffs and double locked checking for tightness.

Krempa was taken to the palm Beach County Breath Testing Facility where he refused to provide a sample of his breath. Implied consent was read and Krempa still refused to provide a sample. Miranda was read to Krempa to which he refused to answer any questions.

In car camera was used for this stop and Bat Facility video is available.

SCANNED
APR 21 2017

ARREST REPORT D/S T. BURNSIDE #5406

FHP99ARR130568

Page 1 of 2

LEO BOND

Bond Amount \$	None	<input type="checkbox"/> ROR	<input type="checkbox"/> Cash	<input type="checkbox"/> Any	<input type="checkbox"/> PreTrial If Qualify
	<input type="checkbox"/> Pro				<input type="checkbox"/>

COURT APPEARANCE INFORMATION

Court (CIRCUIT) PALM BEACH NORTH COUNTY COURTHOUSE	Court Phone 561-624-6608	Court Date & Time 05/17/2017 01:30 PM
Court Address 3188 PGA BLVD., PALM BEACH GARDENS, FL 33410		
Instructions		

ARREST INFORMATION

Arrest Date / Time 04/18/2017 06:39 AM	Residency Within jurisdiction	Injured None	Extent of Injury N/A	Resist Arrest No
Prior Arrests Yes	Arrest Jurisdiction Within jurisdiction	Alcohol Yes	Drugs No	

ARREST LOCATION

County PALM BEACH	Address SB I-95 (SR-9) AT 6TH AVE EXIT , LAKE WORTH, FL 33461
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ARREST DELIVERED TO

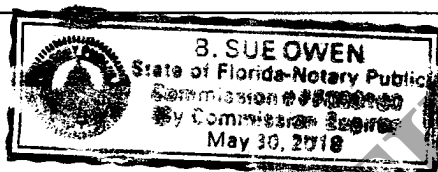
Jail / Booking Facility PALM BEACH COUNTY CORRECTIONS	Location 3228 GUN CLUB ROAD, WEST PALM BEACH, FLORIDA 33406	Phone (561) 688-4400
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ARRESTING OFFICER

Officer Call Number 1138	Officer Name R.E. WEBER	Officer Signature
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Subscribed and sworn to (or affirmed) before me this 18th day of April A.D., 2017 by Randy Weber who is ☒ personally known to me or has produced [Signature] as identification.

Signature [Signature] Notary Public LEO CO Commission No: _____ My Commission Expires: _____



Florida Highway Patrol
ALCOHOL AND DRUG INFLUENCE REPORT

Case Number: FHPL17OFF029646
Offense Location: _____
Arresting Trooper / ID#: RONALD WEBER TROOPER 3011
Defendant: MICHAEL JAMES KREMPA 09/09/1980
(Name) DOB

Offense Date: 4/18/17 Time: 8:14 ☒ AM ☐ PM
Arrest Date: 4/18/17 Time: 6:39 ☒ AM ☐ PM
Crash: ☐ Yes ☒ No
In Car Video Used: ☒ YES ☐ NO
DUI Citation Number: A75ZD5E

PHASES OF DETECTION

Phase 1 - Vehicle in Motion: (If more than 12 total lines of type in Phases of Detection Section use Narrative Continuation page of this form)

SEE ARREST REPORT

Phase 2 - Physical Contact:

SEE ARREST REPORT

Phase 3 - Pre-Arrest Screening:

SEE ARREST REPORT

Traffic Crash Details:

NA

DUI DETECTION DRIVING CUES ☐ Not Applicable - Traffic Crash Investigation

Problems In Maintaining Proper Lane Position:

- ☐ Weaving ☐ Weaving Across Lane Lines ☐ Drifting ☐ Straddling a Lane Line ☐ Swerving ☐ Almost Striking Object or Vehicle
☐ Turning With Wide Radius

Speeding and Braking Problems:

- ☐ Braking Erratically (too far/short/jerky) ☐ Unnecessary Acceleration/Deceleration ☐ Varying Speed
☐ Driving 10mph or More Below Speed Limit

Vigilance Problems:

- ☐ Driving Without Headlights ☐ Failure to Signal/Signal Inconsistent With Actions ☐ Driving in Opposing Lanes or the Wrong Way on a One-Way
☐ Slow Response to Traffic Signals ☐ Slow or Failure to Respond to Officer's Signals ☒ Stopping in Lane for No Apparent Reason

Judgment Problems:

- ☐ Following Too Closely (Tailgating) ☐ Improper/Unsafe Lane Change ☐ Turning Abruptly or Illegally
☐ Driving on Other Than Designated Roadway ☐ Stopping Inappropriately in Response to Officer ☒ Inappropriate/Unusual Behavior
☒ Appearing to be Impaired

POST-STOP CUES

- ☐ Difficulty With Motor Vehicle Controls ☒ Fumbling With DL/Registration ☒ Difficulty Exiting the Vehicle
☐ Repeating Questions/Comments ☒ Swaying, Unsteady, or Balance Problems ☒ Leaning on the Vehicle or Other Object
☒ Slurred Speech ☒ Slow to Respond to Officer/Officer Must Repeat ☐ Provides Incorrect Information or Changes Answers
☒ Odor of Alcoholic Beverage From the Driver

Trooper RONALD WEBER ID Number TROOPER 3011 Case Number FHPL17OFF029646 Page of
HSMV 61160 (Rev.03/14)

2017 APR 19 AM 5:28
SHARON R. BOOK, CLERK
PALM BEACH COUNTY
GUN CLUB FRANCHISE

STANDARDIZED FIELD SOBRIETY EXERCISES (SFSEs)

Performed: ☐ Yes No - Why: ☐ Unable ☐ Too Impaired ☒ Refused Date: 4/18/17 Time: 6:38 ☒ AM ☐ PM

Given By (Name / ID#): TROOPER RONALD WEBER 3011

Location: ☒ Roadside/On-Scene ☐ Parking Lot ☐ Sidewalk/Driveway ☐ BAT/Testing Facility ☐ Medical Facility ☐ Jail ☐ Other: _____

Lighting: ☐ Day ☒ Night ☐ Dusk ☐ Dawn ☒ Street Light ☒ Vehicle Lights ☐ Other: _____

Surface: ☒ Dry ☐ Wet ☒ Paved ☐ Dirt ☒ Hard ☒ Level ☐ Upgrade/Downgrade ☒ Marked Line ☐ Other: _____

Weather Conditions: ☐ Rain ☐ Fog ☐ Smoke ☐ Wind ☐ Ice ☐ Other: _____

Video: ☒ Yes ☐ Intoxilyzer Room ☒ BAT ☒ In Car ☐ Other: _____

☐ No Why? _____
If refused, was refusal captured on video? ☒ Yes ☐ No

Subject's Education Level: ☐ None ☐ Elementary ☐ Middle/Junior High ☐ High School ☐ College ☐ Other: _____

Subject's Ability To Understand Instructions: ☐ Good ☒ Fair ☐ Poor ☐ Unable

Wearing Glasses ☐ Yes ☒ No

Wearing Contacts ☐ Yes ☒ No

Eye Problems ☐ Yes ☒ No

Artificial Eye ☐ Yes ☒ No

Equal Pupil Size ☒ Yes ☐ No

Resting Nystagmus ☐ Yes ☒ No

Able to Follow Stimulus ☒ Yes ☐ No

Equal Tracking ☒ Yes ☐ No

HORIZONTAL GAZE NYSTAGMUS

- ☒ Lack Smooth pursuit: Left eye
- ☒ Lack Smooth pursuit: Right eye
- ☒ Distinct & Sustained Nystagmus at Max deviation: Left Eye
- ☒ Distinct & Sustained Nystagmus at Max deviation: Right Eye
- ☒ Onset of Nystagmus prior to 45 degrees: Left Eye
- ☒ Onset of Nystagmus prior to 45 degrees: Right Eye
- ☒ TOTAL CLUES OBSERVED (Decision point 4)

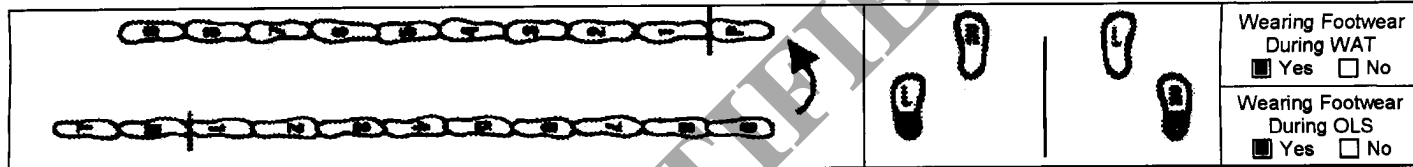
Exercise was: Performed Unsatisfactorily

VERTICAL GAZE NYSTAGMUS Present

LACK OF CONVERGENCE Select One



Draw arrows in the direction that eyes move.



Wearing Footwear During WAT
☒ Yes ☐ No

Wearing Footwear During OLS
☒ Yes ☐ No

WALK AND TURN

- ☒ Cannot keep balance while listening to instructions
- ☒ Starts before instructions are finished
- ☐ Stops walking to steady self
- ☐ Does not touch heel-to-toe
- ☐ Loses balance while walking (steps off the line)
- ☐ Uses arm(s) for balance (raising arm(s) over six inches)
- ☐ Incorrect number of steps
- ☐ Incorrect turn or loses balance during turn
- ☐ Cannot perform, subject is in danger of falling
- ☐ TOTAL CLUES OBSERVED (Decision point 2)

Exercise was: Refused

FINGER TO NOSE (OPTIONAL EXERCISE)

- ☐ Uses arm(s) for balance (raising arm(s) over six inches)
- ☐ Sways forward-backward / side-to-side
- ☐ Eyes do not remain closed
- ☐ Brings head forward to finger
- ☐ Misses tip of nose with tip of finger
- ☐ Uses wrong hand
- ☐ Forgets to remove finger
- ☐ Cannot perform, subject is in danger of falling

Exercise was: Refused

RHOMBERG BALANCE (OPTIONAL EXERCISE) / 30 seconds

- ☐ Uses arm(s) for balance (raising arm(s) over six inches)
- ☐ Sways forward-backward / side-to-side
- ☐ Eyes do not remain closed
- ☐ Eye lid tremors
- ☐ Body tremors
- ☐ Cannot perform, subject is in danger of falling

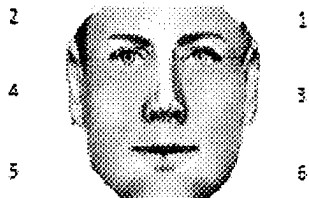
Exercise was: Refused

ONE-LEG STAND / 30 seconds

- ☐ Sways while balancing
- ☐ Uses arm(s) to balance (raises arm(s) over six inches)
- ☐ Hops
- ☐ Puts foot down
- ☐ Cannot perform, subject is in danger of falling
- ☐ TOTAL CLUES OBSERVED (Decision point 2)

Exercise was: Refused

Right Finger Left



Draw a line from the number to the area touched

ORDER:

- 1. Left
- 2. Right
- 3. Left
- 4. Right
- 5. Right
- 6. Left

RONALD WEBER

TROOPER 3011

FHPL17OFF029646

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Trooper
HSMV 61160 (Rev.03/14)

ID Number

Case Number

SCANNED

2017 APR 19 AM 5:28
SHARON R. JOHNS, CLERK
PALM BEACH COUNTY
GUN CLUB BRANCH

OBSERVATIONS

CLOTHING DESCRIPTION AND COLOR	Hat / Cap	BALL CAP
	Jacket / Coat	
	Shirt / Dress	GRY SHIRT
	Footwear	BLACK SNEAKERS
	Pants / Skirt	BLACK SHORTS
CLOTHING CONDITION	<input checked="" type="checkbox"/> Orderly <input type="checkbox"/> Disorderly <input type="checkbox"/> Clean <input type="checkbox"/> Mussed <input type="checkbox"/> Unzipped <input type="checkbox"/> Inside Out <input type="checkbox"/> Torn <input type="checkbox"/> Naked <input type="checkbox"/> Urine <input type="checkbox"/> Feces <input type="checkbox"/> Vomit <input type="checkbox"/> Blood <input type="checkbox"/> Other: _____	
BREATH	Odor of Alcoholic Beverage <input checked="" type="checkbox"/> Strong <input type="checkbox"/> Moderate <input type="checkbox"/> Faint <input type="checkbox"/> None	
ATTITUDE	<input type="checkbox"/> Excited <input type="checkbox"/> Hilarious <input checked="" type="checkbox"/> Polite <input type="checkbox"/> Cooperative <input type="checkbox"/> Silent <input type="checkbox"/> Sleepy <input type="checkbox"/> Lethargic <input type="checkbox"/> Confused <input type="checkbox"/> Talkative <input type="checkbox"/> Carefree <input type="checkbox"/> Indifferent <input type="checkbox"/> Profanity <input type="checkbox"/> Mood Swings <input type="checkbox"/> Cocky <input type="checkbox"/> Insulting <input type="checkbox"/> Remorseful <input type="checkbox"/> Combative <input type="checkbox"/> Sarcastic <input type="checkbox"/> Angry <input type="checkbox"/> Argumentative <input type="checkbox"/> Threatening <input type="checkbox"/> Sullen <input type="checkbox"/> Other: _____	
COLOR OF FACE	<input type="checkbox"/> Pale <input type="checkbox"/> Flushed <input checked="" type="checkbox"/> Normal <input checked="" type="checkbox"/> Other: FOOD STUCK TO FACE	
EYES	<input checked="" type="checkbox"/> Bloodshot <input checked="" type="checkbox"/> Watery <input type="checkbox"/> Normal <input type="checkbox"/> Other: _____ Color: GRN Reaction to Light: <input type="checkbox"/> Normal <input type="checkbox"/> Slow <input type="checkbox"/> No Reaction	
PUPILS	<input type="checkbox"/> Not Equal Size <input type="checkbox"/> Constricted <input type="checkbox"/> Dilated <input checked="" type="checkbox"/> Normal	
UNUSUAL ACTIONS	<input type="checkbox"/> Hiccoughing <input type="checkbox"/> Belching <input type="checkbox"/> Vomiting <input checked="" type="checkbox"/> Sleeping <input type="checkbox"/> Crying <input type="checkbox"/> Laughing <input type="checkbox"/> None <input type="checkbox"/> Other: _____	
SPEECH	<input checked="" type="checkbox"/> Incoherent <input checked="" type="checkbox"/> Mumbling <input checked="" type="checkbox"/> Slurred <input type="checkbox"/> Thick Tongued <input type="checkbox"/> Stuttering <input type="checkbox"/> Accent <input type="checkbox"/> Apparently Normal	

MEDICAL QUESTIONS

Do you have any physical defects? ☐ Yes ☒ No If yes, please explain. _____

Are you sick or injured? ☐ Yes ☒ No If yes, please explain. BAD BACK

When did you last sleep? _____ How much sleep did you have? _____

Have you ever had a head injury? ☐ Yes ☐ No If yes, did you lose consciousness? ☐ Yes ☐ No

Are you under the care of a Doctor or Dentist? _____ If so, who? _____ When? _____

What for? _____ Are you taking tranquilizers, pills or medicines of any kind? ☐ Yes ☐ No

If yes, what kind? _____ Last dose? _____ ☐ AM ☐ PM Do you have epilepsy? ☐ Yes ☐ No

Diabetes? ☐ Yes ☐ No Do you take insulin? ☒ Yes ☐ No If yes, last dose? SUGAR WAS CHECKED BY EMT

Are you wearing an artificial limb? NO Do you have any medical alert ID? _____

Do you have any foreign objects in your mouth? NO

Subject advised of Miranda Rights Date: 4/18/17 Time: 7:29 ☒ AM ☐ PM Invoked ☒ Yes ☐ No

INTERVIEW QUESTIONS (Quote Answers)

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

Have you been drinking? _____ What? REFUSED How much? _____

Where? _____ With whom? REFUSED Time started? _____ Time stopped? _____

Have you used any type of illegal drugs recently? REFUSED If so, what kind of drug? REFUSED

Last dose? _____ ☐ AM ☐ PM Do you feel the effects of the alcohol or drugs? REFUSED

Do you feel impaired? REFUSED

Were you operating a vehicle at the time of the stop/crash? REFUSED Was anyone in the vehicle with you? _____

What street or highway were you on? REFUSED Direction of travel? _____

Where did you start from? REFUSED What time did you start? _____

Were you involved in a crash today? REFUSED Have you had any alcoholic beverages or drugs since the crash? _____

If so, what? REFUSED

Where? _____ How Much? _____ When? _____

Is it day or night? REFUSED What time is it now? _____

What is the date? REFUSED Day of week? _____ What city (county) are we in? _____

Interviewer's Name: TROOPER RONALD WEBER Actual Date/Day/Time: 4/18/17 TUESDAY 7:29 ☒ AM ☐ PM

Date Day of Week Time

RONALD WEBER

TROOPER 3011

FHPL17OFF029646

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Trooper
HSMV 61160 (Rev.03/14)

ID Number Case Number

2017 APR 19 AM 5:28

SHARON R. BROWN

ALM RELEASED

COMM. DIV. 2017

4-18-17

BREATH / URINE / BLOOD TEST DATA

☐ Voluntary Consent **OR** ☒ Implied Consent Warning Given: Date: 4/18/17 Time: 7:28 ☒ AM ☐ PM
☐ Involuntary Consent - Warrant Obtained ☐ Yes ☐ No If no, why? _____

Specimen: ☐ Breath ☐ Urine ☐ Blood ☐ None
☒ Refused ☐ Unable

If refused, why? UNKNOWN

Analysis result: _____

Breath Test Operator: S. OWEN 3184

If breath, Intoxilyzer 8000 serial # : _____

Department: PBSO

Did the subject request an independent blood test, as outlined in FSS 316.1932? ☐ Yes ☒ No

If yes, what arrangements were made for the subject to obtain the independent test? _____

Conclusion: Is the subject's ability to safely operate a vehicle impaired? ☒ Yes, is impaired. ☐ No, is not impaired.

I swear and affirm that the information and / or statements contained in this report are true and accurate to the best of my knowledge.

TROOPER RONALD WEBER

Trooper's Actual Signature

Trooper's Printed Name

In and for the State of Florida, County of PALM BEACH sworn to and subscribed before me this 18TH day of APRIL, 2017.

Actual Signature of Person Authorized to Administer Oath

B Sue Owen
Printed Name of Authorized Person

☐ LEO ☐ CO ☒ Notary Public

Commission No. _____

My Commission Expires: _____

RONALD WEBER

TROOPER 3011

FHPL17OFF029646

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Trooper

ID Number

Case Number

HSMV 61160 (Rev.03/14)

Place Drivers License Here

2017 APR 19 AM 5:28
 SARAH R. BOCK, CLERK
 PALM BEACH COUNTY CLERK
 GUN CLUB BRANCH

STANDARIZED FIELD SOBRIETY EXERCISES

INSTRUCTION SHEET

Horizontal Gaze Nystagmus Instructions

1. I am going to check your eyes. (Please remove your glasses.)
2. Stand with your feet together and your hands down at your side. (Subject may also be seated.)
3. Keep your head still and follow the stimulus (i.e., tip of the pen) with your eyes only.
4. Do not move your head.
5. Do you understand the instructions?

Walk and Turn Instructions

1. Put your left foot on the line and put your right foot in front of it with your right heel touching your left toe. Keep your hands at your side. (*Demonstrate*)
2. Do not start to perform the exercise until I tell you to do so.
3. Do you understand the instructions so far?
4. When I tell you to begin, take nine heel-to-toe steps on the line, turn around keeping one foot on the line, and return nine heel-to-toe steps. (*Demonstrate heel-to-toe; three steps is sufficient.*)
5. On the ninth step, keep the front foot on the line and turn by taking several small steps with the other foot. (*Demonstrate turn*)
6. While walking, watch your feet at all times, keep arms at your side, and count steps out loud. Once you begin, do not stop until the exercise is completed.
7. Do you understand the instructions?
8. You may begin the exercise.

One-Leg Stand Instructions

1. Stand with your heels together and your arms at your side. (*Demonstrate*)
2. Do not start to perform the exercise until I tell you to do so.
3. Do you understand the instructions so far?
4. When I tell you to, I want you to raise one leg, either leg, approximately six inches off the ground, foot pointed out forward. Keep both legs straight, and keep your eyes on the elevated foot.
5. While holding that position, count out loud; one thousand and one, one thousand and two, one thousand and three, and so forth until you are told to stop. (*Demonstrate raised leg and count*)
6. Do you understand the instructions?
7. You may begin the exercise.

Vertical Gaze Nystagmus Instructions (if checked)

1. I am going to check your eyes. (Please remove your glasses.)
2. Stand with your feet together and your hands down at your sides. (Subject may also be seated.)
3. Keep your head still and follow the stimulus (i.e., tip of the pen) with your eyes only.
4. Do not move your head.
5. Do you understand the instructions?

Finger-to-Nose Instructions (optional exercise)

1. Stand with your feet together, your arms at your side, and your index fingers pointed down. (*Demonstrate*)
2. Do not start to perform the exercise until I tell you to do so.
3. Do you understand the instructions so far?
4. When I tell you to start, close both eyes and tilt your head back.
5. When I tell you to do so, bring the hand I direct, upward, touching the tip of the finger to the tip of your nose.
6. After touching your nose, immediately bring hand down at your side.
7. Do you understand all instructions so far?

NOTE: Test will be conducted in the following sequence: **left, right, left, right, right, left**

Rhomberg Balance Instructions (optional exercise)

1. Stand with your feet together and your arms at your side. (*Demonstrate*)
2. Do not start to perform the exercise until I tell you to do so.
3. When I tell you to begin, close your eyes, tilt your head back, and keep your arms at your side.
4. Do you understand the instructions?
5. You may begin the exercise and continue until you are told to stop.

SUBJECT: Krempe, Michael James CASE NUMBER: FHPL17OFF029646

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 Tpr Weber "L" of the FHP

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) _____

SUBJECT: Krempa, Michael James CASE NUMBER: FHPL170FF029646

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: _____

TESTING FACILITY TASK REPORT

AGENCY: FHP-L

SUBJECT: Krempa, Michael James CASE NUMBER: 17-065916

DATE: 4/18/17 VIDEO TAPE NUMBER: DVD# 62470

BEGINNING TIME: 0726 ENDING TIME: 0729

BREATH TESTS RESULTS: **REFUSED** 1) TIME 0728 A.M./P.M. 2) TIME A.M./P.M.
3) TIME A.M./P.M. 4) TIME A.M./P.M.

BREATH OPERATOR: J. Owen #3184

MAINTENANCE TECHNICIAN: J. Karlecke #6467

TESTING OFFICER'S OBSERVATIONS

SPEECH: _____

ATTITUDE: friendly, co-operative

CLOTHING: black tennis shoes, black shorts, grey t-shirt

MEDICAL CONDITIONS: diabetic I insulin 1 needle x 24 hrs pen when eat

MEDICATIONS: none

OTHER: D/L LOST # K651-550-80-329-0 FL

COMMENTS: A/O & A arrived at 0706 hrs
A/O observed 20 minutes
A/O requested breath test, A refused
A/O read I/C, A understood, still refused
(A wouldn't answer intro questions,
ask for attorney) A read c/w, A
understood rights. Refused Q&A

SCANNED

APR 24 2017

Vehicle Tow

Page 1 of 1

CASE NUMBER
FHPL17OFF029646

DATE / TIME 4/18/2017 6:49:42 AM	COUNTY PALM BEACH	CITY	OTHER NUMBER	CITATION / REPORT
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NO HOLD - MAY BE RELEASED

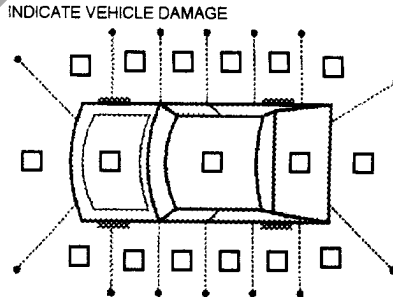
OWNER	FIRST NAME MICHAEL	MIDDLE NAME JAMES	LAST NAME KREMPA	SUFFIX NAME	TELEPHONE
	ADDRESS 1499 S FEDERAL HWY S116			CITY BOYNTON BEACH	STATE ZIP CODE FL 33435
	<input type="checkbox"/> OWNER PRESENT OR <input type="checkbox"/> OWNER NOTIFICATION ATTEMPTED			OWNER NOTIFICATION ATTEMPTS: <input type="checkbox"/> OWNER NOTIFICATION SUCCESSFUL	

DRIVER	NAME FIRST MICHAEL	NAME MIDDLE JAMES	LAST NAME KREMPA	SUFFIX NAME	TELEPHONE
	ADDRESS 1499 S FEDERAL HWY S116			CITY BOYNTON BEACH	STATE ZIP CODE FL 33435

VEHICLE / TRAILERS	YEAR 2003	MAKE CHEV	MODEL TAHOE	VEHICLE STYLE UT	VEHICLE COLOR BLK	TAG STATE / NUMBER FL J267RI	VIN 1GNEC13ZX3J344115	ODOMETER
	CIC ENTRY		RED TAG DATE / TIME		ID NUMBER	NAME		
	REASON VEHICLE TOWED ARREST							
	POWER UNIT	MAKE	YEAR	COLOR	UNIT NO.	VEHICLE IDENTIFICATION NO.	TAG NO.	STATE EXP. DATE
	TRAILER 1	MAKE	YEAR	COLOR	UNIT NO.	VEHICLE IDENTIFICATION NO.	TAG NO.	STATE EXP. DATE
TRAILER 2	MAKE	YEAR	COLOR	UNIT NO.	VEHICLE IDENTIFICATION NO.	TAG NO.	STATE EXP. DATE	

TOW	TOW SELECTION TYPE ROTATION WRECKER	LOCATION VEHICLE INVENTORIED / TOWED FROM 195 SB EXIT RAMP TO 6TH AVENUE
	TOWING SERVICE BABBSCO	DAY TELEPHONE (561)965-0799
	ADDRESS 3546 S. MILITARY TRAIL, LAKE WORTH, FL	NIGHT TELEPHONE CITY / STATE / ZIP

STORAGE	VEHICLE STORAGE LOCATION BABBSCO	DAY TELEPHONE (561)965-0799
	ADDRESS 3546 S. MILITARY TRAIL, LAKE WORTH, FL	NIGHT TELEPHONE CITY / STATE / ZIP

VEHICLE INVENTORY & DAMAGE	<input type="checkbox"/> CELLULAR PHONE (MAKE/MODEL)	<input type="checkbox"/> WHEEL COVERS	INDICATE VEHICLE DAMAGE 	MARK AREA OF DAMAGE <input type="checkbox"/> UNDERCARRIAGE <input type="checkbox"/> OVERTURN <input type="checkbox"/> WINDSHIELD <input type="checkbox"/> FIRE <input type="checkbox"/> TRAILER
	<input type="checkbox"/> RADAR DETECTOR (MAKE/MODEL)	<input type="checkbox"/> CUSTOM RIMS		
	<input checked="" type="checkbox"/> STEREO SYSTEM (RADIO / CD / TAPE, ETC.)	NUMBER OF TIRES (INCLUDE SPARE) 5		
	<input type="checkbox"/> CB RADIO / 2 WAY RADIO	<input type="checkbox"/> TRUNK ACCESSIBLE		
	<input type="checkbox"/> TRAILER HITCH	<input type="checkbox"/> REAR SPOILER		
PROPERTY IN VEHICLE BLUE BACK PACK (JANSPOUT), WITH SAMSUNG CELL PHONE, BLACK METEALWATCH (NIXON), LOSE CHANGE, DOG BOWLS, SEVERAL CDS, ONE BLUE WALLET WITH 2 DOLLARS IN IT, 2 UMBRELLAS, BLUE BOXING GLOVES (1 PAIR), 1 BLACK ADIAS BACK PACK WITH NOTHING IN IT, 1 PAIR OF BLACK WORK OUT GLOVES, 1 BLUE BACK PACK WITH CLOTHS, SHOES AND 1 DOLLAR BILL, A WHITE CUBE FOR CELL PHONE, 1 FOOT BALL, IN CENTER CONSOLE 1 BLACK			<input type="checkbox"/> NO DAMAGE	

OFFICER COMMENTS

NO HOLD - MAY BE RELEASED

WE THE UNDERSIGNED OFFICER(S) AND TOW DRIVER, HEREBY CERTIFY THAT THE ABOVE LISTED JOINT PROPERTY INVENTORY IS CORRECT TO THE BEST OF OUR KNOWLEDGE.

SIGNATURE OF TOW TRUCK DRIVER  PRINTED NAME OF TOW TRUCK DRIVER Denks, Ralph	DATE 4/18/17	SIGNATURE OF OFFICER  RANK AND NAME OF OFFICER CORPORAL K.A. CASELLA	ORG / UNIT L	I.D. NUMBER 1915
--	------------------------	--	------------------------	----------------------------

SCANNED
APR 24 2017

WITNESS LIST

Name TROOPER JOSE PAJON 1319 On Scene ☒ Yes ☐ No Statement ☐ Yes ☒ No

Home Address _____

Place of Employment FLORIDA HIGHWAY PATROL

Employment Address Florida Turnpike MM 94 FHP Complex Bldg 9330 Lake Worth, FL 33467

Phone Numbers: Primary (561) 357-4040 Secondary _____

Can Testify To: ON SCENE OBSERVED SUBJECTS ACTIONS

Name _____ On Scene ☐ Yes ☐ No Statement ☐ Yes ☐ No

Home Address _____

Place of Employment _____

Employment Address _____

Phone Numbers: Primary _____ Secondary _____

Can Testify To: _____

Name _____ On Scene ☐ Yes ☐ No Statement ☐ Yes ☐ No

Home Address _____

Place of Employment _____

Employment Address _____

Phone Numbers: Primary _____ Secondary _____

Can Testify To: _____

Name _____ On Scene ☐ Yes ☐ No Statement ☐ Yes ☐ No

Home Address _____

Place of Employment _____

Employment Address _____

Phone Numbers: Primary _____ Secondary _____

Can Testify To: _____

Case Number: FHPL17OFF029646

THI Case Number: _____

Page _____

Florida Department of Highway Safety
and Motor Vehicles

FLORIDA HIGHWAY PATROL



DUI INVESTIGATION
CASE REPORT

Offense Date: 4/18/17 Report Date: 4/18/17

FHP Case #: FHPL17OFF029646 THI Case #: _____

Defendant Name: MICHAEL JAMES KREMPA

Incident Type / Charges: S1 / DUI

Arresting Trooper: RONALD WEBER TROOPER 3011 [Signature]
Print Name, Rank, and ID # Signature

Reviewing Supervisor: _____
Print Name, Rank, and ID # Signature

Test Type: ☐ Blood ☐ Breath ☐ Urine ☒ Refusal ☐ None

Video: ☒ Yes ☐ No Drug Recognition Evaluation: ☐ Yes ☒ No

☐ State Attorney Copy ☐ DL Administrative Packet ☐ E/P Copy ☐ Station Copy

☐ Trooper Copy ☐ Other (Specify): _____



FLORIDA HIGHWAY PATROL
DUI CASE REPORT CHECKLIST

Defendant Name: **MICHAEL JAMES KREMPA**

FHP Case#: _____ FHPL17OFF029646

THI Case#: _____

Offense Date: _____ 4/18/17

Report Date: _____ 4/18/17

- ☒ Cover Sheet (HSMV 61295)
- ☐ Table of Contents (HSMV 61305)
- ☒ DUI Case Report Checklist (HSMV 61306)
- ☒ Copy of DUI Citation (Hard Copy - Specific DUI UTC for DL Packet)
- ☒ BAR Waiver Review Notice – Copy Issued with DUI UTC for 1st Time DUI Offenders
- ☒ Copy of All Other Traffic Citations, Written Warnings, & Faulty Equipment Notices
- ☒ Completed UTC Transmittal Form (HSMV 75954)
- ☐ Original DL, If Surrendered (Submit with DL Packet); Copy for Others
- ☐ Copy of Identification Card, If No DL
- ☒ Arrest Report / Probable Cause Affidavit
- ☐ Offense Report
- ☒ Alcohol and Drug Influence Report (HSMV 61160)
- ☒ Standardized Field Sobriety Exercises Instruction Sheet ☐ Copy of SFSEs Pocket Cards
- ☒ Implied Consent (HSMV 61299 / 61301) ☐ Copy of Implied Consent Pocket Card (HSMV 61304)
- ☐ Breath Alcohol Test Affidavit (FDLE / ATP Form 38)
- ☐ Consent to Voluntary Blood Withdrawal (HSMV 61296)
- ☐ Search / Arrest Warrant (Missouri v. McNeely)
- ☐ Certificate of Blood Withdrawal (FDLE / ATP Form 11)
- ☐ Toxicology Services - DUI Lab Work Request (FDLE / T Form 01) or Other Lab's Request Form
- ☐ FDLE or Other Laboratory Results
- ☒ Refusal to Submit Affidavit (HSMV 78054) (Submit Original with DL Packet)
- ☒ Miranda Warning (HSMV 61297 / 61298) ☐ Copy of Miranda Warning Pocket Card (HSMV 61300)
- ☐ DAVID / FCIC-NCIC Printout (DL & Vehicle)
- ☐ Criminal History
- ☐ Evidence/Property Receipt (HSMV 61802 / IEvidence)
- ☒ Tow Report / Inventory and Vehicle Storage Receipt (HSMV 61801)
- ☐ Florida Traffic Crash Report (HSMV 90003/4/5)
- ☐ Witness List (HSMV 62704) / Witness Interview (HSMV 62705)
- ☐ Notification of DL Hearing (HSMV 61170)
- ☐ Affidavit of Investigative Costs (HSMV 61303)
- ☐ Copy of Audio/Video Recoding (DVD) Attached ☐ Audio/Video Recording On File
- ☐ Copy of Photographs Attached ☐ Photographs On File
- ☐ Consent to Search (HSMV 61061)
- ☐ Drug Interdiction Reporting Form (HSMV 60105)
- ☐ Notice of Seizure / Right to Adversarial Hearing (HSMV 61023)
- ☐ FHP CAD Call History
- ☐ Other (specify): _____
- ☐ Any Items Required By Local Jurisdiction (see below): _____

FLORIDA CITATION TRANSMITTAL FORM

Transmitted to: CLERK OF COURT - TVB

PALM BEACH COUNTY

- ☐ By Mail
☐ In Person
☐ Other
 (Explain Under Remarks)

Transmitted By: **R.E. WEBER** TROOPEF 3011 L

Enforcement Agency: **FLORIDA HIGHWAY PATROL**

Address: **P.O. BOX 540007, GREENACRES, FL 33454**

Date: **4/18/2017**

The below listed complaint and abstract copies of citations issued by the above are transmitted herewith for court action as required by 316.650 (3) F.S.

CITATION NUMBER	DATE ISSUED	COURT COPIES ATTACHED		BLUE COPY PREVIOUSLY SENT		REMARKS
		YES	NO	YES	NO	

A7LP0EE	04/18/2017					UTC
---------	------------	--	--	--	--	-----

A75ZD5E	04/18/2017					DUI
---------	------------	--	--	--	--	-----

CITATION NUMBER	DATE ISSUED	COURT COPIES ATTACHED		BLUE COPY PREVIOUSLY SENT		REMARKS
		YES	NO	YES	NO	

NOT A CERTIFIED COPY

RECEIVED
APR 19 2017

Total Number of Citations Attached: 2

Received By: _____

Date: _____

THE ABOVE LISTED CITATION COPIES ARE SUBMITTED HERewith ON
 AS PROVIDED IN 316.650 FLORIDA STATUTE.

4/18/2017

(DATE)

Prepared By: BUREAU OF UNIFORM TRAFFIC CITATIONS / Division of Driver Licenses
 DEPARTMENT OF HIGHWAY SAFETY AND MOTOR VEHICLES

**Bureau of Administrative Reviews (BAR)
Waiver Review
First Time DUI Offenders**

Effective 07/01/2013 – First time DUI offenders can apply for a waiver review and may obtain a restricted driver license within 10 days of the suspension if otherwise eligible. To request the waiver review, a non-refundable filing fee of \$25.00 and proof of DUI school enrollment must be submitted with your application for a waiver review hearing within 10 days of the driver license suspension. You may submit your request by appearing at the local BAR office indicated on the DUI citation.

NOT A CERTIFIED COPY

SCANNED
11/14/11