0512749

P# 863

ARREST / NOTICE TO APPEAR

1. Arrest 2. N.T.A. 3. Request for Warrant 4. Request for Capias 5. Juvenile Referral

1 JUVENILE

ADMINISTRATION

OBTS Number

Agency ORI Number: 0500200

Agency Name: Boca Raton Police Department

Agency Report Number (N.T.A.'s only): 3 2 2019-015833

Charge Type: Check as many as apply. ☐ 1. Felony ☐ 2. Traffic Felony ☐ 3. Misdemeanor ☒ 4. Traffic Misdemeanor ☐ 5. Ordinance ☐ 6. Other

If Weapon Seized — Enter Type: None/not Applicable

Multiple Clearance Indicator

Location of Arrest (Including Name of Business): 2800 NW 2ND AVE BOCA RATON, FL 33431

Location of Offense (Business Name, Address): 2800 NW 2ND AVE, BOCA RATON, FL 33431

Date of Arrest	Time of Arrest	Booking Date	Booking Time	Jail Date	Jail Time	Location of Vehicle
11/21/2019	04:41	11/21/2019	04:51	/ / : :		3RD PARTY

DEFENDANT

Name (Last, First, Middle): ACKER, NOAH ANTHONY

Alias (Name, DOB, Soc. Sec. #, Etc.): Alias:

Race (W - White, I - American Indian, B - Black, O - Oriental/Asian)	Sex	Date of Birth	Height	Weight	Eye Color	Hair Color	Complexion	Build
W	M	08/24/2000	6'02	190	BROWN	BROWN	MEDIUM	Med

Scars, Marks, Tatoos, Unique Physical Features (Location, Type, Description):

Marital Status: S — Religion: ROMAN CATH — Indication of Alcohol Influence: Yes ☒ No ☐ Unk. ☐ — Drug Influence ☐

Local Address (Street, Apt. Number) (City) (State) (Zip): 1961 GERONIMO TRL, MAITLAND, FL 32751 — Phone — Residence Type: 1. City 3. Florida 2. County 4. Out of State

Permanent Address (Street, Apt. Number) (City) (State) (Zip): 1961 GERONIMO TRL, MAITLAND, FL 32751 — Phone — Address Source: DEFENDANT

Business Address (Name, Street) (City) (State) (Zip): FAU, — Phone — Occupation: Student

D/L Number, State	Soc. Sec. Number	INS Number	Place of Birth (City, State)	Citizenship
A260621003040 / FL	[redacted]		WINTER PARK,	

CO-DEF

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

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

JUVENILE

☐ Parent ☐ Other: ☐ Legal Custodian — Name (Last, First, Middle) — Residence Phone

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 ☐ defendant and/or ☐ 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.

☐ Yes, by: ☐ No: — School Attended — Grade

Property Crime? ☐ Yes ☒ No — Description of Property — Value of Property

CODE

Drug Activity: N. N/A P. Possess S. Sell B. Buy T. Traffic R. Smuggle D. Deliver E. Use K. 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

Charge Description	Statute Violation Number	Violation of ORD #
DUI	316.193(1)	

Drug Activity	Drug Type	Amount / Unit	Offense #	Counts	Domestic Violence	Warrant / Capias Number	Bond
	N	/		1	☐ Y ☒ N		

CHARGE

Charge Description	Statute Violation Number	Violation of ORD #
		OR

Drug Activity	Drug Type	Amount / Unit	Offense #	Counts	Domestic Violence	Warrant / Capias Number	Bond
		/			☐ Y ☐ N		

CHARGE

Charge Description	Statute Violation Number	Violation of ORD #

Drug Activity	Drug Type	Amount / Unit	Offense #	Counts	Domestic Violence	Warrant / Capias Number	Bond
		/			☐ Y ☐ N		

INTAKE

Health / Apparent Physical Condition of Defendant — Any knowledge of the following: ☐ Mental ☐ Escape Risk ☐ Medication ☐ Deformities ☐ Injuries — Explain:

Check which applies: ☐ Released O.R. ☐ Released to Parent/Guardian ☒ T.O.T. County Jail ☐ Posted Bond ☐ South County Mental Health — PROPERTY - Received By — Released By — Released To

Transported By — Date Transported — Time Transported — Other

NOTICE TO APPEAR

☒ INSTRUCTION NO. 1 - Mandatory appearance in court

☐ INSTRUCTION NO. 2 - You need not appear in Court but must comply with instructions on Page 2.

Location (Court, Room): South County 200 W Atlantic Ave Delray Beach, FL 33444

Court Date and Time: 12/23/19 ~~12/16/2019~~ 08:30:00

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.

(X) Signature of Defendant (or Juvenile and Parent/Custodian) — 11/21/19 Date Signed

No Photo Available

ADMIN

HOLD for Other Agency — Signature of Arresting Officer 798

☐ Dangerous ☐ Resisted Arrest ☐ Suicidal ☐ Other — Name of Arresting Officer (Print): BURNETTE, A. N. — I.D. # 798

Name Verification (Printed by Arrestee) (PRINT)

Intake Deputy: Thomas — I.D. # 7201 — Pouch # — Transporting Officer: VELINA — I.D. # 581 — Agency: BRPD

Witness here if subject signed with an "X".

PAGE 1 OF 1

☐ COURT ☐ STATE ATTORNEY ☐ AGENCY ☐ CENTRAL RECORDS ☐ JAIL ☐ CRIME ANALYSIS ☐ P I G ☐ DEFENDANT

PROBABLE CAUSE AFFIDAVIT

ADMIN

OBTS Number:

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

JUVENILE:

Agency ORI Number: FL 0500200

Agency Name: BOCA RATON POLICE DEPARTMENT

Agency Report Number: 3 2 2019-015833

Charge Type: Check as many as apply. ☐ 1. Felony ☐ 2. Traffic Felony ☐ 3. Misdemeanor ☒ 4. Traffic Misdemeanor ☐ 5. Ordinance ☐ 6. Other

Special Notes:

DEF

Name (Last, First, Middle)	Alias	Race	Sex	Date of Birth
ACKER, NOAH ANTHONY		W	M	08/24/2000

CHARGES

Charge Description	Charge Description
316.193(1) DUI	
Charge Description	Charge Description

VICTIM

Victim's Name (Last, First, Middle)	Race	Sex	Date of Birth
STATE OF FLORIDA,	U	U	

Local Address (Street, Apt. Number) (City) (State) (Zip)	Phone	Address Source
100 NW 2ND AVE, BOCA RATON, FL 33432	(561) -	DEFENDANT
Business Address (Name, Street) (City) (State) (Zip)	**Phone**	**Occupation**
	(56) -	

PROBABLE CAUSE STATEMENT

The undersigned certifies and swears that he/she has just and resonable grounds to believe, and does believe that the above named Defendant committed the following violation of law.

The Person taken into custody . . .

☐ committed the below acts in my presence.

☐ confessed to _____ admitting to the below facts.

☐ was observed by _____ who told _____ that he/she saw the arrested person committ the below acts.

☒ was found to have committed the below acts, resulting from my (described) investigation.

On the 21 day of November, 2019 at 04:28 (Specifically include facts constituting cause for arrest.)

On 11/21/2019 at approximately 0444 hours, I responded to 2800 NW 2nd Ave in reference to a traffic stop conducted by Sergeant McInnis.

Upon arrival, I was informed by Sgt McInnis that he observed the vehicle stop past the stop bar at the intersection of NW 40th St and NW 2nd Ave. The vehicle continued southbound and began swerving, the driver unable to maintain his lane. This concerned Sgt. McInnis and based on the erratic nature of the driving pattern, he initiated a traffic stop to ensure that the driver was okay and did not need any medical attention. The traffic stop took place at 2800 NW 2nd Ave. See his supplement for further.

I then approached the vehicle on the driver's side and made contact with a white male later identified as Noah Acker by his valid FL DL (A260621003040). I asked Acker if he suffered from diabetes or had any previous head injuries and he stated that he was not diabetic, however, he thinks he may have had a concussion a few days ago. I asked him if he sought medical attention and he stated no Acker then stated that he had a lisp. As I was conversing with Acker, I could smell a strong odor of alcohol coming from inside his vehicle. It should be known that while I did recognize the fact that Acker had a lisp, I also recognized that he was speaking with a heavy tongue causing his speech to be slurred. I then requested Acker step out of the vehicle and he complied. When outside of the vehicle, I asked Acker how old he was, and he stated 19. I then asked him where he was coming from and he stated FAU and pointed north. It should be noted that the location of the FAU campus in relation to where the traffic stop took place was west. I asked Acker where he was going, and he stated his girlfriends house. I then asked if there was any reason why I could smell alcohol coming from his person and he stated that he just came from the Whistle Stop (a local bar) with some friends. At this point, I read Acker his constitutional warnings from a pre-printed card and he agreed to speak with me. I then advised Acker that I could smell the alcohol coming off his breath and I observed his eyes to be glassy and watery. I asked him if he had consumed any alcohol

ADMINISTRATIVE

SWORN AND SUBSCRIBED BEFORE ME

MCINNIS, BRYAN MICHAEL
NOTARY PUBLIC / CLERK OF COURT / OFFICER (F.S.S. 117.10)

11/21/2019
DATE

798
SIGNATURE OF ARRESTING / INVESTIGATING OFFICER

BURNETTE, ASHLEY NICOLE (798)
NAME OF OFFICER (PLEASE PRINT)

11/21/2019
DATE

COURT STATE ATTORNEY CENTRAL RECORDS JAIL CRIME ANALYSIS P. I. O.

ADMIN

OBTS Number

PROBABLE CAUSE AFFIDAVIT
SUPPLEMENT

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

Agency ORI Number	Agency Name	Agency Report Number
FL 0500200	BOCA RATON POLICE DEPARTMENT	3 | 2 | 2019-015833

Charge Type: Check as many as apply. ☐ 1. Felony ☐ 2. Traffic Felony ☐ 3. Misdemeanor ☒ 4. Traffic Misdemeanor ☐ 5. Ordinance ☐ 6. Other

Special Notes:

DEF

Name (Last, First, Middle)	Alias	Race	Sex	Date of Birth
ACKER, NOAH ANTHONY		W	M	08/24/2000

PROBABLE CAUSE STATEMENT

and he stated yes. I asked him how he was obtaining the alcoholic beverages and he stated that his friends are 21 and they give it to him. I asked him how many drinks he consumed, and he stated 2 beers. I asked him what size the beers were and he stated 8 ounces. Acker stated that he did not consume any other substances i.e. Pills, Marijuana etc. prior to driving. At this point, I asked him to perform voluntary Standardized Field Sobriety Exercises (SFSE`s) so I could ensure he was not intoxicated and would be ok to drive and he consented. The lighting consisted of my patrol vehicle, streetlights, and my flashlight. The temperature was approximately 64 degrees. No surface defects were noted or claimed. Officer Gannon and Sgt. McInnis were on scene as backup.

The first FSE I asked him to perform was the Horizontal Gaze Nystagmus. I instructed him on where to stand and how to perform the exercise. I asked him if he had any head injuries past or present and he stated no. He was not wearing glasses or any contact lenses. He did not have resting Nystagmus, and his pupil size was equal. He exhibited lack of smooth pursuit in both eyes, distinct and sustained Nystagmus at maximum deviation in both eyes, and the onset of Nystagmus prior to 45 degrees in both eyes. Vertical gaze Nystagmus was not present in both eyes. While conducting the HGN, I continued to smell an odor of an alcoholic beverage coming from his mouth. During the exercise, Acker exhibited a front to back sway.
The second exercise was the walk and turn. I gave the instructions and demonstrated the exercise prior to asking him to perform it. I asked him if he had any physical issues that would prevent him from performing the exercise, and he stated no. Acker failed to touch heel to toe on steps 5, 6, and 8, losing his balance and stepping off the line on step 8. Acker did not perform the turnaround as instructed, taking both feet off the line. On the returning 9 steps, Acker failed to count his steps out loud as instructed.

The third exercise was the one leg stand. I gave the instructions and demonstrated the exercise prior to asking him to perform it. When told to begin, Acker raised his left foot. He looked at me or straight ahead and not at his pointed foot as instructed. When counting, he reached 1018 then counted 1017 then continued counting from 1018.

The Fourth FSE I asked him to perform was the Rhomberg with recitation. I gave the instructions and demonstrated the exercise prior to asking him to perform it. I asked him if he understood the instructions and he stated yes. I asked him what level of education he had, and he stated college. I asked him if he knew the English alphabet and he stated yes. He recited the following
A,B,C,D,E,F,G,H,I,J,K,L,M,N,O,P,Q,R,S,T,U,V,W,X,Y,Z opening his eyes at "y." During this exercise he exhibited an orbital sway.

The fifth FSE I asked her to perform was the finger to nose (L-R-L-R-R-L). I gave the instructions and demonstrated the exercise prior to asking him to perform it. I asked him if he understood the instructions and he stated yes. He exhibited a front to back

ADMINISTRATIVE

SWORN AND SUBSCRIBED BEFORE ME BM734

MCINNIS, BRYAN MICHAEL
NOTARY PUBLIC / CLERK OF COURT / OFFICER (F.S.S. 117.10)

11/21/2019
DATE

798
SIGNATURE OF ARRESTING / INVESTIGATING OFFICER

BURNETTE, ASHLEY NICOLE (798)
NAME OF OFFICER (PLEASE PRINT)

11/21/2019
DATE

COURT STATE ATTORNEY CENTRAL RECORDS JAIL CRIME ANALYSIS

ADMIN

OBTS Number

PROBABLE CAUSE AFFIDAVIT
SUPPLEMENT

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

1

JUVENILE

Agency ORI Number: FL 0500200

Agency Name: BOCA RATON POLICE DEPARTMENT

Agency Report Number: 3 2 2019-015833

Charge Type: Check as many as apply. ☐ 1. Felony ☐ 2. Traffic Felony ☐ 3. Misdemeanor ☒ 4. Traffic Misdemeanor ☐ 5. Ordinance ☐ 6. Other

Special Notes:

DEF

Name (Last, First, Middle): ACKER, NOAH ANTHONY

Alias

Race	Sex	Date of Birth
W	M	08/24/2000

PROBABLE CAUSE STATEMENT

sway during the exercise.

Based on the totality of circumstances, I placed Acker under arrest for violation of F.S.S 316.193(1) at 0223 hours. The cuffs were double locked, and finger checked for tightness. I then transported Acker to the BRPD booking facility for further processing.

Ofc. Coon responded to BRPD as my Breath Test Operator. Ofc. Coon and I conducted the 20-minute observation and then Acker was taken into the BAT room. Acker was asked to provide a breath sample and refused at 0318 hours. See DUI influence report and Ofc. Coon`s supplement for further.

Acker was transported to the Palm Beach County Jail for further processing.

ADMINISTRATIVE

SWORN AND SUBSCRIBED BEFORE ME

BM734

MCINNIS, BRYAN MICHAEL
NOTARY PUBLIC / CLERK OF COURT / OFFICER (F.S.S. 117.10)

11/21/2019
DATE

798

SIGNATURE OF ARRESTING / INVESTIGATING OFFICER

BURNETTE, ASHLEY NICOLE (798)
NAME OF OFFICER (PLEASE PRINT)

11/21/2019
DATE

COURT STATE ATTORNEY CENTRAL RECORDS JAIL CRIME ANALYSIS P.I.O.

ARRESTING OFFICER: BURNETTE

Name: BURNETTE Phone # 561 362 6107 Work # _____

Address: 100 NW 2ND AVE

Can testify to: ROADSIDES

Name: GANNON Phone # " " Work # _____

Address: " "

Can testify to: SCENE SAFETY

Name: SGT. MCINNIS Phone # " " Work # _____

Address: " "

Can testify to: TRAFFIC STOP

Name: COON Phone # " " Work # _____

Address: " "

Can testify to: BREATH TEST OPERATOR

Name: _____ Phone # _____ Work # _____

Address: _____

Can testify to: _____

Name: _____ Phone # _____ Work # _____

Address: _____

Can testify to: _____

Name: _____ Phone # _____ Work # _____

Address: _____

Can testify to: _____

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

I, OFC. BURNETTE (Name of Officer reading Implied Consent Warning), a duly certified Law Enforcement Officer or Correctional Officer, am a member of BOCA RATON POLICE DEPT (Name of law enforcement agency), and I do swear or affirm that on or about the 21 day of NOVEMBER, 20 19, at 0223 ☐ P.M ☑ A.M.

DRIVER (Type or Print) NOAH (FIRST NAME) ANTHONY (MIDDLE OR MAIDEN NAME) ACKER (LAST NAME),

DL# A260621003040, state of FLORIDA, was placed under lawful arrest for the offense of DUI by OFC. BURNETTE (Name of Arresting Officer) and issued Citation # A6LQ9FE.

That on or about the 21 day of NOVEMBER, 20 19, at 0315 ☐ P.M ☑ A.M.

in PALM BEACH County,

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

Signature of Law Enforcement Officer or Correctional Officer

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

The foregoing instrument was sworn and subscribed before me:

Signature of Attesting Officer

Title OFFICER

Date 11/21/19

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.

(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 ____

HSMV-BAR1001 (REV. 10/2016)

FLORIDA DEPARTMENT OF LAW ENFORCEMENT
ALCOHOL TESTING PROGRAM
BREATH ALCOHOL TEST AFFIDAVIT

Instrument Type: Intoxilyzer 8000
Instrument Registered To: BOCA RATON PD
Instrument Serial Number: 80-006622 Software: 8100.27
Date of Test: 11/21/2019

Date of Last Agency Inspection: 10/09/2019
Observation Period Began: 02:47
Subject's Name: NOAH A ACKER DOB: 08/24/2000 Sex: M

The subject was observed for at least twenty-minutes prior to the administration of the breath test to ensure that the subject did not take anything orally and did not regurgitate.

Results:

Test	g/210L	Time
Diagnostics Check	OK	03:16
Air Blank	0.000	03:17
Control Test	0.080	03:17
Air Blank	0.000	03:17
Subject Sample #1	REF*	03:18
Air Blank	0.000	03:18
Control Test	0.081	03:19
Air Blank	0.000	03:19
Diagnostics Check	OK	03:19

*Subject Test Refused

Cylinder Lot: 22419080A3
Exp: 10/05/2021

State of Florida, County of PALM BEACH.

Personally appeared before me the undersigned authority, who (✓) is personally known to me or (__) produced _____ as identification, and who after being placed under oath, states:

I REBECCA L COOK, hold a valid Breath Test Operator permit issued by the Florida Department of Law Enforcement, I administered the above breath test to the subject named above in accordance with Chapter 11D-8, Florida Administrative Code, and this form is a true and accurate report of that breath test.

Breath Test Operator: _____ 794 Date: 11/21/19
Signature

Sworn to (or affirmed) before me this 21 day of NOVEMBER, 2019

_____ OFC. BURNETTE
Signature of Notary Public-State of Florida Printed Name of Notary Public-State of Florida

Note: Pursuant to section 117.10, Florida Statutes, law enforcement officers, correctional officers, traffic accident investigation officers and traffic infraction enforcement officers are notaries public when engaged in the performance of official duties. In accordance with section 316.1934(5), F.S., this completed form is admissible without further authentication and is presumptive proof of the results herein. To be used in accordance with Section 316.1934(5), F.S., and in administrative proceedings pursuant to 322.2615, F.S.

FDLE/ATP FORM 38 - MARCH 2004, Ref. 11D-8.007

0

2019015833
10-15 0223
OBS 0247

DUI INFLUENCE REPORT

BOCA RATON POLICE SERVICES DEPARTMENT
100 NW 2nd Avenue
Boca Raton, FL 33432

Revised: July 9, 2018

[redacted]

BOCA RATON POLICE SERVICES DEPARTMENT

JUVENILE 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: _____

[redacted]

BOCA RATON POLICE SERVICES DEPARTMENT

DUI INFLUENCE REPORT – PART II

To be filled out at testing facility

Agency Case # 20190015833

I. INTRODUCTION (Instrument Operator faces video camera)

A. The day is THURSDAY (day), NOVEMBER 21 (month) (date), 2019 (year).

B. The time is now approximately 0313 (AM)/PM.

C. The following is in reference to case number 20190015833.

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

E. Officer BURNETTE, have you arrested NOAH ACKER (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? YES

G. (Mr./Mrs./Ms.) ACKER, I am required to inform you these proceedings are being video recorded.

Operator Note: *Video record breath request, breath sample, and interview.*

II. 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 the presence of chemical or controlled substances.

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.

I am OFC. BURNETTE of the BOCA RATON POLICE DEPT.

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: SEE VIDEO

Note: 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.

Note: After reading the implied consent warning, the arresting officer must request a breath sample again.

(IF REFUSAL THEN)

At this time (Mr./Mrs./Ms.) ACKER has refused to submit to a breath test.

The date is NOVEMBER (month) 21 (day), 2019 (year), and the time is 0315 (AM)/PM.

A refusal form will be completed by the arresting officer.

[redacted]

BOCA RATON POLICE SERVICES DEPARTMENT

TESTING FACILITY TASK REPORT

SUBJECT: ACKER, NOAH

CASE #: 2019015833 DATE: 11/21/19

BREATH TEST RESULTS

1) TIME _____ AM/PM 2) TIME _____ AM/PM

3) TIME _____ AM/PM 4) TIME _____ AM/PM

BREATH OPERATOR: COON

MAINTENANCE TECHNICIAN: VANCAMP

TESTING OFFICER'S OBSERVATIONS

SPEECH: SLOW, SLURRED, TALKATIVE

ATTITUDE: GOOD, COOPERATIVE

CLOTHING: BLACK SWEATER, BLUE SHORTS, BLACK SHOES

MEDICAL CONDITION: VIVANCE (ADHD)

OTHER: _____

COMMENTS: FIDGETY, CAN'T SIT STILL

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.
(2) Any statement you make must be freely and voluntarily given.
(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.
(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.
(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.
(8) Do you understand these rights as I have read them to you, and do you wish to speak to me?

Signed: SEE VIDEO Date: 11/21/19 Time: _____

QUESTIONS AND ANSWERS

Were you operating a motor vehicle at the time of the accident/stop? Yes

Where were you going? Girlfriends house (Innovation Village Apts)

What street or highway were you on? Federal Hwy

Direction of travel? North

Where did you start driving from? Whistle Stop

What city (county) were you stopped in? Boca Raton FL

What time did you start? 12 (AM)/PM What time is it now? 0230 am

What is today's date? 11/20/19 What day of the week is it? Thursday

When did you last eat? 1:00 pm What did you eat? Chicken pasta

What have you been doing the past three hours prior to this stop/accident? out with friends/had one drink

How much do you weigh? 190 Have you been drinking? Y What were you drinking? Rum/coke

How much? 1-2 Max Where? whistle stop With whom were you drinking? friends

When did you have your first drink? 10 AM/PM When did you stop drinking? 11 AM/PM

How did you consume your last two drinks? One Consumed Orally

Are you under the influence of alcohol now? ☐ Yes ☑ No

Can you feel the effects of alcohol? ☐ Yes ☑ No

Have you consumed alcohol since the accident? ☐ Yes ☑ No

Can you feel the effects of alcohol? ☐ Yes ☑ No

Have you consumed alcohol since the accident? ☐ Yes ☑ No How much? —

What? — Where? —

What line of work are you in? Student

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? ☐ Yes ☑ No Did you get a bump on the head? ☐ Yes ☑ No

Were you in an accident today? NO

Have you taken any drugs or smoked marijuana today? NO

What? — When? —

Have you seen a doctor or dentist today? ☐ Yes ☑ No Who? —

Are you taking any prescription medications? ☑ Yes ☐ No What? Vyvanse When? 2pm

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 problems not correctable by glasses or contact lenses? NO

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? NO

I am now ending this video recording. The time is now approximately 0323 (AM)/PM.

The date is NOVEMBER (month), 21 (day), 2019 (year).

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

Palm Beach County Sheriff's Office – Arrests Only

	X	Florida State Statute	Description	Page Number(s)
L/E Exemptions	☐	119.071(2)(d)	Surveillance techniques, procedures and personnel; inventory of law enforcement resources, policies or plans pertaining to mobilization deployment or tactical operations.	
	☐	943.053, 943.0525	NCIC/FCIC/FBI and in-state FDLE/DOC.	
	☐	119.071(4)(c)	Undercover personnel.	
	☐	119.071(2)(f)	Confidential informants (CIs).	
	☐	119.071(2)(e)	Confession.	
Public Info. Exemptions	☐	985.04(1)	Juvenile offender records.	
	☐	119.071(h)(i)	Assets of a crime victim.	
	☐	395.3025(7)(a), 456.057(7)(a)	Medical information.	
	☐	394.4615(7)	Mental health information.	
	☐	119.071(4)(d)(2)(a)	Home address, telephone, Social Security number, date of birth, or photos of active/former LE personnel, spouses, and children.	
Florida Rules of Judicial Administration 2.420 (Rule of 23)	☒	(iii) 119.0714(1)(i)-(j), (2)(a)-(e)	Social Security, bank account, charge, debit, and credit card numbers.	2
	☐	(viii) 394.4615(7)	Clinical records under the Baker Act.	
	☐	(xii) 741.30(3)(b)	The victim's address in a domestic violence action on petitioner's request.	
	☐	(xiii) 119.071(2)(h), 119.0714(1)(h)	Protected information regarding victims of child abuse or sexual offenses.	
	☐			
	☐			
	☐			
	☐			
	☐			
Other	☐	782.04 (FS)	Other: Witness	
	☐	539.001(b)-(l)FSS, 539.003 FSS	Other: Pawn Broker Information	

REVIEW COMPLETED BY

Booking Number: 2019037501	**Date:** 11/21/2019
	Specialist Name/ID: M. Tooks #8557