0228157 PCT5000 1855

ARREST / NOTICE TO APPEAR

ADMINISTRATION

OBTS Number

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

Agency ORI Number	Agency Name	Agency Report Number (N.T.A.'s only)
0501700	Jupiter Police Department	5 4 19-001286

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

Multiple Clearance Indicator: 01

Location of Arrest (Including Name of Business)	Location of Offense (Business Name, Address)
417 CALL PL / Jupiter 33458	1 MILITARY TRL/W INDIANTOWN RD, JUPITER, FL 33458

Date of Arrest	Time of Arrest	Booking Date	Booking Time	Jail Date	Jail Time	Location of Vehicle
03/15/2019	20:44	03/15/2019	20:54			LEFT ON SCENE

DEFENDANT

Name (Last, First, Middle): CLARKE, PAUL

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

Race (W - White, B - Black, I - American Indian, O - Oriental/Asian)	Sex	Date of Birth	Height	Weight	Eye Color	Hair Color	Complexion	Build
W	M	03/22/1959	6'04	200	BLUE	BROWN	LIGHT	Thin

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

Marital Status: M — Religion

Indication of: Alcohol Influence ☒ Yes ☐ No ☐ Unk. — Drug Influence

Local Address (Street, Apt. Number) (City) (State) (Zip): 417 CALL PL, JUPITER, FL 33458 — Phone: (954) 682-7819 — Residence Type: 1. City 2. County 3. Florida 4. Out of State: 1

Permanent Address (Street, Apt. Number) (City) (State) (Zip): 417 CALL PL, JUPITER, FL 33458 — Phone: (954) 682-7819 — Address Source: DL

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

D/L Number, State	Soc. Sec. Number	INS Number	Place of Birth (City, State)	Citizenship
C462680591020 / FL	[redacted]		UNITED KINGDOM	GB

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.

School Attended — Grade

☐ Yes, by: ☐ No: — 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 - ENHANCED BAC OVER .15	316.193(4)(c)	

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 #

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

2019 MAR 17 AM 8:03

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): North County PALM BEACH GARD

Court Date and Time: 04/17/2019 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.

Signature of Defendant (or Juvenile and Parent/Custodian) — Date Signed: 3/15/19

No Photo Available

ADMIN

HOLD for Other Agency — Signature of Arresting Officer

☐ Dangerous ☐ Resisted Arrest ☐ Suicidal ☐ Other

Name of Arresting Officer (Print): BORROWS, ANDREW — I.D. #: 1138 — Name Verification (Printed by Arrestee) (PRINT)

Issued Deputy — I.D. # — Pouch # — Transporting Officer: A. BORROWS — I.D. #: 380 — Agency: JPD — Witness here if subject signed with an "X".

PAGE 1 OF 1

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SCANNED MAR 18 2019 MAR 16 AM 12:47

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	Agency Name	Agency Report Number
FL 0501700	JUPITER POLICE DEPARTMENT	5 4 19-001286

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
CLARKE, PAUL	CLARKE, PAUL	W	M	03/22/1959

CHARGES

Charge Description	Charge Description
316.193(4) DUI OVER .15	
Charge Description	Charge Description

VICTIM

Victim's Name (Last, First, Middle)	Race	Sex	Date of Birth

Local Address (Street, Apt. Number)	(City)	(State)	(Zip)	Phone	Address Source
Business Address (Name, Street)	**(City)**	**(State)**	**(Zip)**	**Phone**	**Occupation**

PROBABLE CAUSE STATEMENT

The undersigned certifies and swears that he/she has just and 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 15 day of March, 2019 at 20:17 (Specifically include facts constituting cause for arrest.)

On above date at approximately 2017 hours, I was on routine patrol in the area of Indiancreek Parkway and Military Trail, in the Town of Jupiter, Palm Beach County, Florida.

I observed a 2013 black Ford pickup bearing Florida license plate KEMM30 in front of me. The vehicle turned north on Military Trail. The vehicle appeared to be going faster than the posted 45 miles per hour speed limit, at a visually estimated speed of 55 miles per hour. I activated my Stalker Dual SL in car radar (S/N DD005051) in same direction moving mode. I heard a clear audio Doppler tone and the patrol speed matched my certified speedometer. The target speed indicated a speed of 55 miles per hour. I followed the vehicle as it traveled north. I also noticed the vehicle had a frame around the license plate that obscured the lettering above and below the actual tag numbers and letters. The vehicle slowed to about 35 miles per hour shortly after that. After following the vehicle a short while longer, I initiated a traffic stop as it turned down Call Place from North Loxahatchee Drive. The vehicle was slow to stop and did not initially respond to my activated lights and sirens. The driver stopped at his residence, 417 Call Place. The driver, Paul Clarke, attempted to exit his vehicle. I gained control of his movements with voice commands and drew my departmentally approved firearm until I could determine that Clarke had no weapons in his immediate possession.

Upon speaking to Clarke, I noticed he had bloodshot glassy eyes. He had a strong odor of an unknown alcoholic beverage on his breath. [redacted] Clarke admitted to having two beers when asked. Upon the arrival of back up, I had Clarke exit his vehicle. He was noticeably unsteady on his feet. I asked Clarke to complete roadsides and he agreed. I first conducted the Horizontal Gaze Nystagmus task. I am a certified Drug Recognition Expert and conducted the task in a manner consistent with my training. I observed that Clarke had all clues of Horizontal Gaze Nystagmus: Lack of Smooth Pursuit, Distinct and Sustained Nystagmus at Maximum Deviation, and Onset Prior

NOT A CERTIFIED COPY

ADMINISTRATIVE

SWORN AND SUBSCRIBED BEFORE ME

NOTARY PUBLIC / CLERK OF COURT / OFFICER (F.S. 117.10)

03/15/2019
DATE

Notary Public State of Florida
Samantha Palmer
My Commission GG 233762
Expires 10/28/2022

SIGNATURE OF ARRESTING / INVESTIGATING OFFICER

BORROWS, ANDREW (1138)
NAME OF OFFICER (PLEASE PRINT)

03/15/2019
DATE

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

SCANNED
MAR 18 2019

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 0501700	JUPITER POLICE DEPARTMENT	5 | 4 19-001286

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
CLARKE, PAUL	CLARKE, PAUL	W	M	03/22/1959

PROBABLE CAUSE STATEMENT

to 45 degrees. Vertical Gaze Nystagmus was also present. Clarke had difficulty keeping his head still and straight and was swaying visibly side to side.

As I started the instructions for Walk and Turn, Clarke advised he has bad knees and didn`t think he could complete the tasks. I offered the Seated Battery of Tasks to Clarke, which he agreed to complete. I have previously taken an 8 hour course in the Seated Battery of SFSTs. The first task in the seated battery is the seated Horizontal Gaze Nystagmus. I did not complete this task as I had already conducted standing HGN and being seated would not change the outcome.

I conducted the seated Finger to Nose Task first. I observed the following: L1: Clarke opened his eyes, searched, hesitated, and missed the tip of his nose (touched left cheek) and did not bring his hand down. I reminded him to. R2: Clarke hesitated, opened his eyes, used the pad of his finger, and did not bring his hand down. I reminded him to again. L3: Clarke used the pad of his finger and forgot to put his hand back down. I reminded him to. R4: Clarke used the pad of his finger. R5: Clarke used the pad of his finger. L6: Clarke used the pad of his finger.

I next conducted the Palm Pat. Clarke had difficulty understanding the instructions and started early. Clarke rolled his hand on one of the first pats. Clarke did not speed up. I told him to and he did for a few seconds but then slowed back down again.

I next conducted the Hand Coordination Task. Clarke had an improper touch on the first "step" (dragged hands together). Clarke did not return his fist to his chest and put his hands on his lap with palms facing up instead of down.

I then placed Clarke under arrest for DUI and advised him. I secured Clarke in handcuffs which I checked for spacing and double locked. I transported Clarke to the Palm Beach County Breath Alcohol Testing Facility. I conducted a 20 minute observation period and then requested that Clarke provide a sample of his breath. Clarke agreed and provided samples of .197 and .204. I advised Clarke of his Miranda Rights and Clarke answered some of the interview questions. I then secured Clarke in a holding cell while I completed my paperwork. I then booked Clarke into the Palm Beach County Jail where I charged him with DUI (over .15) per FSS 316.193(4).

My on scene investigation was captured on my issued body worn camera.

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ADMINISTRATIVE

SWORN AND SUBSCRIBED BEFORE ME

NOTARY PUBLIC / CLERK OF COURT / OFFICER (F.S. 117.10)

03/15/2019
DATE

Notary Public State of Florida
Samantha Palmer
My Commission GG 233762
Expires 10/28/2022

SIGNATURE OF ARRESTING / INVESTIGATING OFFICER

BORROWS, ANDREW (1138)
NAME OF OFFICER (PLEASE PRINT)

03/15/2019
DATE

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

SCANNED
MAR 18 2019

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

Instrument Type: Intoxilyzer 8000
Instrument Registered To: PALM BEACH CO SO
Instrument Serial Number: 80-006240 Software: 8100.27
Date of Test: 03/15/2019

Date of Last Agency Inspection: 03/15/2019
Observation Period Began: 21:29
Subject's Name: PAUL CLARKE DOB: 03/22/1959 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	21:51
Air Blank	0.000	21:52
Control Test	0.081	21:52
Air Blank	0.000	21:53
Subject Sample #1	0.197	21:53
Air Blank	0.000	21:54
Air Blank	0.000	21:56
Subject Sample #2	0.204	21:56
Air Blank	0.000	21:57
Control Test	0.080	21:57
Air Blank	0.000	21:58
Diagnostics Check	OK	21:58

Cylinder Lot: 00919080A3
Exp: 03/05/2021

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 SAMANTHA M PALMER, 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: _____ Date: 3/15/19
Signature

Sworn to (or affirmed) before me this 15 day of March, 2019

_____ OFC. Borrows #380
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

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SCANNED
MAR 18 2019

TESTING FACILITY TASK REPORT

AGENCY: JPD/BORROWS

SUBJECT: CLARKE, PAUL

CASE NUMBER: 19-048588

DATE: Mar 15, 2019

VIDEO DVD NUMBER: N/A

BEGINNING TIME: 2149

ENDING TIME: 2204

BREATH TESTS RESULTS: 1) .197 TIME 2153 A.M.☐ P.M.☒ 2) .204 TIME 2156 A.M.☐ P.M.☒

3) XX TIME XX A.M.☐ P.M.☐ 4) XX TIME XX A.M.☐ P.M.☐

BREATH OPERATOR: S. PALMER #24520

MAINTENANCE TECHNICAN: J Karlecke #6467

TESTING OFFICER'S OBSERVATIONS

SPEECH: CLEAR,

ATTITUDE: CALM, QUIET, COOPERATIVE

CLOTHING: BLUE POLO SHIRT, NAVY PANTS, BROWN SHOES

MEDICAL CONDITIONS: PROSTATE REMOVED, KNEE REPLAEMENT

MEDICATIONS: PAROXETINE, SEROQUEL, LAMICTAL,

OTHER:

EYES GLASSY AND BLOODSHOT

COMMENTS:

ARRESTING OFFICER CONDUCTED THE 20 MINUTE OBSERVATION BEGINNING AT 2129
SUBJECT AGREED TO TAKE BREATH TEST
AND PROVIDED TWO ADEQUATE SAMPLES SUCCESSFULLY
TECH READ TEST RESULTS
SUBJECT STATED HE UNDERSTOOD RESULTS
A/O READ RIGHTS
SUBJECT STATED HE UNDERSTOOD RIGHTS
A/O CONDUCTED Q&A
SUBJECT ANSWERED QUESTIONS

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SCANNED
MAR 18 2019

WITNESS LIST

CASE NUMBER: 19-001286

ARRESTING OFFICER: Ofc. A. Borrows 380 / 1138

ADDRESS: 210 Military Trail, Jupiter Fl 33458

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

CAN TESTIFY TO: PC

NAME: Officer Chris Lowe

ADDRESS: 210 Military Trail, Jupiter Fl 33458

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

CAN TESTIFY TO: Scene

NAME: _____

ADDRESS _____

PHONE NUMBERS (HOME) _____ (WORK) _____

CAN TESTIFY TO: _____

NAME: _____

ADDRESS _____

PHONE NUMBERS (HOME) 0 (WORK) 0

CAN TESTIFY TO: _____

NAME: _____

ADDRESS _____

PHONE NUMBERS (HOME) _____ (WORK) _____

CAN TESTIFY TO: _____

NAME: _____

ADDRESS _____

PHONE NUMBERS (HOME) _____ (WORK) _____

CAN TESTIFY TO: _____

NAME: _____

ADDRESS _____

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CAN TESTIFY TO: _____

NAME: _____

ADDRESS _____

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ADDRESS _____

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NAME: _____

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CAN TESTIFY TO: _____

NAME: _____

ADDRESS _____

PHONE NUMBERS (HOME) _____ (WORK) _____

CAN TESTIFY TO: _____

NAME: _____

ADDRESS _____

PHONE NUMBERS (HOME) _____ (WORK) _____

CAN TESTIFY TO: _____

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SCANNED
MAR 18 2019

SUBJECT: Clark, Paul CASE NUMBER: 19-048526

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? Home

WHAT STREET OR HIGHWAY WERE YOU ON? Call

DIRECTION OF TRAVEL? _____ WHERE DID YOU START? [illegible]

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

WHAT IS TODAY'S DATE? 3/15/19 WHAT DAY OF THE WEEK IS IT? [illegible]

WHAT COUNTY AND CITY ARE YOU IN NOW? _____

WHEN DID YOU LAST EAT? 1300 pm WHAT DID YOU EAT? —

WHAT HAVE YOU BEEN DOING FOR THE LAST THREE HOURS? [illegible]

HOW MUCH DO YOU WEIGH? 200 HAVE YOU BEEN DRINKING? [illegible] WHAT? [illegible]

HOW MUCH? 1 WHERE? [illegible] WITH WHOM? [illegible]

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? [illegible] ARE YOU UNDER THE INFLUENCE? No

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

WHAT? _____ WHERE? _____ WHEN? _____

WHAT LINE OF WORK ARE YOU IN? GMR [illegible] WHEN DID YOU LAST WORK? [illegible]

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

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

DO YOU LIMP? No DID YOU RECEIVE A BUMP ON THE HEAD RECENTLY? No

WERE YOU IN AN ACCIDENT TODAY? No

HAVE YOU TAKEN ANY DRUGS OR SMOKED ANY MARIJUANA TODAY? No WHEN? _____

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

ARE YOU TAKING ANY PRESCRIPTION MEDICINES? No WHAT? _____ WHEN? _____

DO YOU HAVE:
- EPILEPSY? No
- GLASS EYE? No
- FALSE TEETH? [illegible]
- EAR INFECTION? No
- INNER EAR TROUBLE? No
- DIABETES? No

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

DO YOU TAKE INSULIN? No IF SO, WHEN WAS YOUR LAST INJECTION? _____

HAVE YOU EVER HAD A DRIVER'S LICENSE IN ANY OTHER STATE? No WHERE? _____

INTERVIEWER: [illegible]

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SCANNED
MAR 18 2019

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

PBSO #0129C REV. 9/93

SUBJECT: Clarke, Paul CASE NUMBER: 19-018588

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) Refused to sign

SCANNED
MAR 18 2019

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

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	☐		Other:	
	☐		Other:	

NOT A CERTIFIED COPY

REVIEW COMPLETED BY

Booking Number: 2019009000	**Date:** 03/17/2019
	Specialist Name/ID: AM/31562

SCANNED
MAR 18 2019