0316122 2019CTO22841ASB 1299

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 | 2019-016758

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): 4000 N OCEAN BLVD
Location of Offense (Business Name, Address): 4000 N OCEAN BLVD, BOCA RATON, FL 33431

Date of Arrest	Time of Arrest	Booking Date	Booking Time	Jail Date	Jail Time	Location of Vehicle
12/08/2019	15:19	12/08/2019	15:41			3900 N OCEAN BLVD BOCA

DEFENDANT

Name (Last, First, Middle): JACKSON, PETER GERARD
Alias (Name, DOB, Soc. Sec. #, Etc.): Alias:

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	09/11/1970	5'10	285	BLUE	BALD	LIGHT	Stocky

Scars, Marks, Tatoos, Unique Physical Features (Location, Type, Description): TATT UL BACK / SUN
Marital Status: U
Religion: UNKNOWN
Indication of: Alcohol Influence ☒ Yes ☐ No ☐ Unk. Drug Influence ☒ ☐ ☐

Local Address (Street, Apt. Number) (City) (State) (Zip): 501 N OCEAN BLVD APT 7, BOCA RATON, FL 33432
Phone:
Residence Type: 1. City 2. County 3. Florida 4. Out of State: 1

Permanent Address (Street, Apt. Number) (City) (State) (Zip): 501 N OCEAN BLVD APT 7, BOCA RATON, FL 33432
Phone:
Address Source: SUBJECT

Business Address (Name, Street) (City) (State) (Zip): SOUTHEAST DE-REGULATED ENERGY, 4400 N FED HWY STE 125
Phone: (561) 399-1526
Occupation: Employee

D/L Number, State	Soc. Sec. Number	INS Number	Place of Birth (City, State)	Citizenship
J250667703310 / FL	[redacted]		UNKNOWN	US

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:

1-OR

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- PROPERTY DAMAGE/ INJURY TO PROPERTY OR PERSON ENHANCED	316.193(3C1)	

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 #
~~CARELESS DRIVING~~ OR	~~316.1925(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 #

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

INTAKE

Health / Apparent Physical Condition of Defendant: GOOD
Any knowledge of the following: ☐ Mental ☐ Escape Risk ☒ Medication ☐ Deformities ☐ Injuries
Explain: ADVISED ON MULTIPLE PRESCRIBED MEDS

Check which applies: ☐ Released O.R. ☐ Released to Parent/Guardian ☒ T.O.T. County Jail ☐ Posted Bond ☐ South County Mental Health

PROPERTY - Received By: PBSO CJ | Released By | Released To

Transported By: RAFALKO | 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: 01/06/2020 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

No Photo Available

ADMIN

HOLD for Other Agency
☐ Dangerous ☐ Resisted Arrest ☐ Suicidal ☐ Other

Signature of Arresting Officer
Name of Arresting Officer (Print): PARE, B. S. | I.D. #: 671

Name Verification (Printed by Arrestee) (PRINT)

Intake Deputy: [illegible] | I.D. #: [illegible] | Pouch #
Transporting Officer: Rafalko | I.D. #: 779 | 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.O. ☐ 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 | 2019-016758

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): JACKSON, PETER GERARD

Alias:

Race: W | Sex: M | Date of Birth: 09/11/1970

CHARGES

Charge Description: 316.193(3C1) DUI- PROPERTY DAMAGE/ INJURY TO PROPERTY

Charge Description:

Charge Description:

Charge Description:

VICTIM

Victim's Name (Last, First, Middle): State Of Florida

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 OFC. PARE admitting to the below facts.

☒ was observed by OFC. ADRIAN who told OFC. PARE 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 8 day of December, 2019 at 14:07 (Specifically include facts constituting cause for arrest.)

On 12/08/2019 at approximately 1407hrs, I responded to 4000 N Ocean Blvd in reference to a minor traffic crash. Ofc. Adrian advised via BRPD Police Radio that he had just been rear ended by another vehicle while in his unmarked Police Vehicle (White Ford F250). Ofc. Adrian`s vehicle will be referred to as V2 for the remainder of the report. While enroute to the location, Ofc. Adrian called for BRFR to check the status of D1 due to what Ofc. Adrian described D1 as being disoriented.

Upon arrival to the above stated address, I observed a 2019 White Kia Forte (V1) bearing LA TAG N493286 stopped facing northbound partially in the left turn lane of N Ocean Blvd/NE Spanish River Blvd. The rear of the vehicle was partially blocking the southbound lane of travel. I could see that the front bumper of V1 was still up against the rear bumper of V2. V2 is unmarked Police Vehicle (Ford F250) bearing FL TAG HFWY08. Minor damage was sustained to both vehicles. D1, who was later identified to me as W/M Peter Jackson by his FL DL, was still sitting behind the steering wheel of V1 in actual physical control of the vehicle. I noted that D1 appeared to be sleeping at this point. Ofc. Adrian informed me that he was at a complete stop when the crash occurred. He said that at one point prior to the crash, he looked in his rearview mirror and noticed V1 pull into the opposite lane of travel and drive around the vehicle that was originally directly behind him. V1 then turned back toward the left turn lane. It should be noted that there was just enough room for the front of V1 to enter the lane before coming in contact with V2. The other vehicle that was originally behind V2 left without leaving any time of contact information.

Ofc. Adrian also informed me that a motorcyclist stopped to inform him that V1 nearly hit him south of their location. This motorist also left prior to leaving any contact information. See Ofc. Keener`s accident report for further details regarding the crash. As I was speaking with Ofc. Adrian, BRFR Medic 3 arrived on scene. It was at this point that D1 was helped from the driver seat of V1 and helped over to the ambulance. I noted

ADMINISTRATIVE

SWORN AND SUBSCRIBED BEFORE ME

MAZER, DEREK B
NOTARY PUBLIC / CLERK OF COURT / OFFICER (F.S.S. 117.10)

12/08/2019
DATE

SIGNATURE OF ARRESTING / INVESTIGATING OFFICER

PARE, BRIAN SCOTT (671)
NAME OF OFFICER (PLEASE PRINT)

12/08/2019
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 | 2019-016758

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
JACKSON, PETER GERARD		W	M	09/11/1970

PROBABLE CAUSE STATEMENT

that Jackson appeared to be lethargic and at first was in need of medics on each side of him to stabilize him while he walked. BRFR checked Jackson`s vitals as well as his glucose levels. They advised Jackson was stable and that the event was not the result of a Diabetic situation. They further stated that Jackson did not make any medical complaints and that he was refusing any further evaluation. Jackson informed BRFR staff that he, "Double upped" on his Lexapro prior to driving. He also stated that he also takes Rimeron and Klonopin in addition to the Lexapro. Jackson informed us that he takes these medications for a variety of ailments. The focus of the medication is for anti-anxiety as well as sleep aids.

Once BRFR completed their evaluation of Jackson, he then exited the medic unit and walked back over to the front of my marked police vehicle. Ofc. Keener finished her crash investigation at which time I informed Jackson that I was initiating a criminal DUI investigation. Prior to asking Jackson any questions, I read him his Miranda Warnings from a Department issued card. He advised that he understood and agreed to speak with me. Jackson initially stated that he was utilizing the middle lane of N Ocean Blvd when the crash occurred. It should be noted that there is only one northbound lane and one southbound lane. At certain points along N Ocean Blvd, there are portions of the roadway that will allow for turn lanes, but no middle lanes of travel exist. I explained this to Jackson at which point he clarified by saying he utilized the yellow stripped portion of the roadway between north and southbound traffic just south of the intersection of N Ocean Blvd/NE Spanish River Blvd.

This area of the roadway that his marked with diagonal hash marks is designed to prevent vehicles from doing what Jackson did. These areas are not meant for vehicular traffic. Jackson said that he was using this area of the roadway to drive around traffic that was stopped in the northbound lane of traffic. Jackson then stated that as he re-entered the proper lane of travel, the vehicle ahead of him stopped abruptly, causing him to slam on his breaks. He stated that he did not have enough time to stop. I immediately confirmed with Ofc. Adrian that this was not accurate. Ofc. Adrian confirmed that he was stopped and that the impact was a slow speed impact. Jackson originally stated that he was going the speed limit of 35mph at the time of the crash. It should be noted that Jackson appeared to be very confused with his surroundings and had a difficult time recalling exactly what happened. It appeared that he had multiple renditions of how the crash occurred.

I asked Jackson again about his medications that he takes. He confirmed that he took a double dose Lexapro in addition to Mirtazapine (Antihistimine), Klonopin (sedative) and Remeron (Antidepressant). Jackson at one point stated that he was under a new combination of prescription drugs that possibly caused the interaction. He later confirmed that he has been on these medications for at least the past year and is familiar with their reactions.

ADMINISTRATIVE

SWORN AND SUBSCRIBED BEFORE ME

MAZER, DEREK B
NOTARY PUBLIC / CLERK OF COURT / OFFICER (F.S.S. 117.10)

12/08/2019
DATE

SIGNATURE OF ARRESTING / INVESTIGATING OFFICER

PARE, BRIAN SCOTT (671)
NAME OF OFFICER (PLEASE PRINT)

12/08/2019
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 | 2019-016758

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

Special Notes:

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Name (Last, First, Middle)	Alias	Race	Sex	Date of Birth
JACKSON, PETER GERARD		W	M	09/11/1970

PROBABLE CAUSE STATEMENT

I then asked Jackson to participate in some Standardized Field Sobriety Tasks which he agreed.

The tasks were completed in the order as follows.

Horizontal Gaze Nystagmus- While conducting HGN I observed a lack of smooth pursuit in both eyes. Jackson had a great deal of difficulty keeping his head still. Distinct and sustained Nystagmus at maximum deviation was observed in both eyes. I observed each eye to have a constant jerking motion while at maximum deviation. Onset of nystagmus prior to 45 degrees could be observed as well in both eyes. While conducting Vertical Gaze Nystagmus, I also observed a constant jerking motion.

Walk and Turn- While explaining this task to Jackson, he continued to have trouble maintaining his balance and could not maintain the starting position. He advised that he had a foot disorder that involved his nerves. Jackson stated that this condition is documented with a Doctor. I advised him to stand comfortably until we were ready to begin and to let me know if it was something, he felt he could not safely complete. Once Jackson began the task, I noticed that he would stop walking at times to steady himself. On more than one occasion, Jackson appeared to stumble. He consistently could not touch his feet heel to toe as requested and used his arms for balance. Jackson completed an improper turn and took 20 steps on the first set of steps before being reminded the proper amount required.

One-Leg-Stand- Once Jackson began the task, he was swaying back and forth while trying to maintain his balance and needed to use his arms to steady himself. Jackson did not look at his elevated foot and could not count as instructed. Jackson also discontinued the task prior to being told to stop.

Rhomberg Alphabet- During this task, I again noticed that Jackson was swaying back and forth. Jackson got to the letter J before becoming confused. After thinking for a few moments, Jackson continued but confused the order of other letters and recited the alphabet in a rhythmic tone.

Finger to nose- On the first command of Left, Jackson lifted his arm up but failed to touch his nose. After leaving his arm up for an extended period of time, the instructions were repeated, and the task restarted. On each subsequent command for Left and Right, Jackson struggled to find his nose. On each command of Right, Jackson touched either his lip or the side of his nose. On the second and last command of Left, Jackson touched the side of his nose. I also noted that Jackson left his finger on his nose once he found it for an extended period of time.

ADMINISTRATIVE

SWORN AND SUBSCRIBED BEFORE ME

MAZER, DEREK B
NOTARY PUBLIC / CLERK OF COURT / OFFICER (F.S.S. 117.10)

12/08/2019
DATE

SIGNATURE OF ARRESTING / INVESTIGATING OFFICER

PARE, BRIAN SCOTT (671)
NAME OF OFFICER (PLEASE PRINT)

12/08/2019
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COURT STATE ATTORNEY CENTRAL RECORDS JAIL CRIME ANALYSIS P. I. O.

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JUVENILE

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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
JACKSON, PETER GERARD		W	M	09/11/1970

PROBABLE CAUSE STATEMENT

At this point based upon my investigation I placed Jackson under arrest for DUI with property damage and transported him to BRPD booking facility where he was processed and TOT County Jail. Upon arrival to BRPD I made contact with Breath Operator Rafalko. See his DUI Influence report for further detail. On the first request to submit a lawful sample of his breath, Jackson provided a .010BAC. On the second request to submit a sample of his breath, Jackson provided a .010BAC. I then requested a sample of Jackson`s urine due to the level of impairment I observed while conducting Standardized Field Sobriety Exercises. Jackson agreed. A sample of Jackson`s urine was collected and submitted into BRPD Evidence for safe keeping/toxicology. Jackson was issued a Uniform Traffic Citation for DUI as well as Careless Driving and assigned a court date. Jackson`s vehicle was removed by Westway Towing.

After being medically cleared at BRCH, Jackson was TOT CJ for final disposition.

ADMINISTRATIVE

SWORN AND SUBSCRIBED BEFORE ME

MAZER, DEREK B
NOTARY PUBLIC / CLERK OF COURT / OFFICER (F.S.S. 117.10)

12/08/2019
DATE

SIGNATURE OF ARRESTING / INVESTIGATING OFFICER

PARE, BRIAN SCOTT (671)
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12/08/2019
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COURT STATE ATTORNEY CENTRAL RECORDS JAIL CRIME ANALYSIS P. I. O.

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: 12/08/2019

Date of Last Agency Inspection: 11/26/2019
Observation Period Began: 15:41
Subject's Name: PETER G JACKSON DOB: 09/11/1970 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	16:02
Air Blank	0.000	16:02
Control Test	0.080	16:03
Air Blank	0.000	16:03
Subject Sample #1	0.010	16:04
Air Blank	0.000	16:04
Air Blank	0.000	16:06
Subject Sample #2	0.010	16:07
Air Blank	0.000	16:07
Control Test	0.080	16:07
Air Blank	0.000	16:08
Diagnostics Check	OK	16:08

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 TRAVIS K RAFALKO, 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: 12/8/19
Signature

Sworn to (or affirmed) before me this 8th day of December, 2019

_____ Keener 837
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

PARE
(671)

2019016758

FLORIDA UNIFORM TRAFFIC CITATION

A8EYNLE

COUNTY OF: PALM BEACH
CITY (IF APPLICABLE): BOCA RATON 06/32
☐ (1) F.H.P. ☒ (2) P.D. ☐ (3) S.O. ☐ (4) OTHER
AGENCY NAME: BOCA RATON POLICE
AGENCY #: 32

IN THE COURT DESIGNATED BELOW THE UNDERSIGNED CERTIFIES THAT HE/SHE HAS JUST AND REASONABLE GROUNDS TO BELIEVE AND DOES BELIEVE THAT ON — SUMMONS (VIOLATOR'S COPY)

DAY OF WEEK	MONTH	DAY	YEAR	
SUNDAY	12	08	2019	02:07 ☐ A.M. ☒ P.M.

NAME (FIRST) FIRST: PETER — MIDDLE: GERARD — LAST: JACKSON

STREET: 501 N OCEAN BLVD - APT 7 — IF DIFFERENT THAN ONE ON DRIVER LICENSE "X" HERE ☐

CITY: BOCA RATON — STATE: FL — ZIP CODE: 33432

TELEPHONE NUMBER	DATE OF BIRTH MO	DAY	YR	RACE	SEX	HGT
	09	11	1970	W	M	510

DRIVER LICENSE NUMBER: J250667703310 — STATE: FL — CLASS: E — CDL LICENSE ☐ YES ☒ NO — YR LICENSE EXP.: 2026 — COMMERCIAL VEHICLE ☐ YES ☒ NO

YR. VEHICLE	MAKE	STYLE	COLOR	PLACARDED HAZARDOUS MATERIAL
2019	KIA	4D	WHI	☐ YES ☒ NO

VEHICLE LICENSE NO.	TRAILER TAG NO.	STATE	YEAR TAG EXPIRES	≥ 16 PASSENGERS
N493286		LA	2000	☐ YES ☒ NO

UPON A PUBLIC STREET OR HIGHWAY, OR OTHER LOCATION, NAMELY: 4000 N OCEAN BLVD, BOCA RATON — MOTORCYCLE ☐ YES ☒ NO

COMPANION CITATION NUMBER(S) ☐ YES ☒ NO

FT. _____ MILES _____ ☒ N ☐ S ☐ E ☐ W OF NODE _____

DID UNLAWFULLY COMMIT THE FOLLOWING OFFENSE. CHECK ONLY ONE OFFENSE EACH CITATION.

☐ UNLAWFUL SPEED _____ MPH SPEED APPLICABLE _____ MPH
(☐ INTERSTATE ☐ SCHOOL ZONE ☐ CONSTRUCTION WORKERS PRESENT)
SPEED MEASUREMENT DEVICE _____

☐ CARELESS DRIVING
☐ CHILD RESTRAINT
☐ SAFETY BELT VIOLATION
☐ NO VALID DRIVER LICENSE
☐ NO PROOF OF INSURANCE
☐ IMPROPER PASSING
☐ VIOLATION OF RIGHT-OF-WAY
☐ IMPROPER OR UNSAFE EQUIPMENT
☐ VIOLATION OF TRAFFIC CONTROL DEVICE
☐ FAILURE TO STOP AT A TRAFFIC SIGNAL
☐ IMPROPER LANE CHANGE OR COURSE
☐ EXPIRED TAG SIX (6) MONTHS OR LESS
☐ EXPIRED TAG MORE THAN SIX (6) MONTHS
☐ EXPIRED DRIVER LICENSE SIX (6) MONTHS OR LESS
☐ EXPIRED DRIVER LICENSE MORE THAN SIX (6) MONTHS
☐ DRIVING WHILE LICENSE SUSPENDED OR REVOKED
☐ DRIVING UNDER THE INFLUENCE ☐ Passenger Under 18 Yrs BAL _____

OTHER VIOLATIONS OR COMMENTS PERTAINING TO OFFENSE:
DUI- PROPERTY DAMAGE/ INJURY TO PROPERTY OR PERSON ENHANCED

RE-EXAM ☐ YES ☒ NO — DL SEIZED ☐ YES ☒ NO

☐ AGGRESSIVE DRIVING | IN VIOLATION OF STATE STATUTE | SECTION: 316.193 | SUB-SECTION: (3C1)

CRASH	PROPERTY DAMAGE	$		BLAMED TO ANOTHER	SERIOUS BODILY INJURY TO ANOTHER	FATAL
☒ YES ☐ NO	☒ YES	1,000	☐ NO	☐ YES ☒ NO	☐ YES ☒ NO	☐ YES ☒ NO

☒ CRIMINAL VIOLATION. COURT APPEARANCE REQUIRED. AS INDICATED BELOW.
☐ INFRACTION. COURT APPEARANCE REQUIRED. AS INDICATED BELOW.
☐ INFRACTION WHICH DOES NOT REQUIRE APPEARANCE IN COURT.

A8EYNLE

CIVIL PENALTY IS $ _____

COURT INFORMATION: DATE 01/06/2020 — TIME 08:30 AM
COURT: SOUTH COUNTY COURTHOUSE
LOCATION: 200 W ATLANTIC AVE, DELRAY BCH, FL 33444

ARREST DELIVERED TO: PBSO — DATE: 12/08/2019

I AGREE AND PROMISE TO COMPLY AND ANSWER TO THE CHARGES AND INSTRUCTIONS SPECIFIED IN THIS CITATION. WILLFUL REFUSAL TO ACCEPT AND SIGN THE CITATION MAY RESULT IN ARREST. I UNDERSTAND MY SIGNATURE IS NOT AN ADMISSION OF GUILT OR WAIVER OF RIGHTS. IF YOU NEED REASONABLE FACILITY ACCOMMODATIONS TO COMPLY WITH THIS CITATION, CONTACT THE CLERK OF COURT.

X SIGNATURE OF VIOLATOR (SIGNATURE IS REQUIRED IF INFRACTION REQUIRES APPEARANCE IN COURT)

RANK - NAME OF OFFICER | BADGE NO. | D. NO. | TROOP UNIT

☒ I CERTIFY THIS CITATION WAS DELIVERED TO THE PERSON CITED ABOVE AND CERTIFY THE CHARGE ABOVE.

HSMV 75961 (Rev. 08/20)

19-16758
Arr 1518
OBSV 1541

DUI INFLUENCE REPORT

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

Revised: July 9, 2018

ARRESTING OFFICER: Pare

Name: Ofc. Bafalko Phone # _____ Work # _____

Address: _____

Can testify to: Breath Test Operator

Name: Ofc. Keener Phone # _____ Work # _____

Address: _____

Can testify to: FTO Training w/ Pare

Name: Ofc. Adrian Phone # _____ Work # _____

Address: _____

Can testify to: Crash victim

Name: _____ Phone # _____ Work # _____

Address: _____

Can testify to: _____

Name: _____ Phone # _____ Work # _____

Address: _____

Can testify to: _____

Name: _____ Phone # _____ Work # _____

Address: _____

Can testify to: _____

Name: _____ Phone # _____ Work # _____

Address: _____

Can testify to: _____

Name: _____ Phone # _____ Work # _____

Address: _____

Can testify to: _____

-END OF PART ONE-

[redacted]

DUI INFLUENCE REPORT – PART II

To be filled out at testing facility

Agency Case # 19-16758

I. INTRODUCTION (Instrument Operator faces video camera)

A. The day is Sunday (day), December (month), 8th (date), 2019 (year).

B. The time is now approximately 401 AM/PM

C. The following is in reference to case number 19-16758.

D. Present at this time is Rafalko / Pare / Keener (Officer's Name) of the Boca Raton Police Department.

E. Officer Pare, have you arrested Peter Jackson (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. Jackson, 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 _____ of the _____.

If you fail to submit to the test I have requested of you, your privilege to operate a motor vehicle will be suspended for a period of one (1) year for a first refusal, or eighteen (18) months if your privilege has been previously suspended as a result of a refusal to submit to a lawful test of your breath, urine, or blood. Additionally, if you refuse to submit to the test I have requested of you and if your driving privilege has been previously suspended for a prior refusal to submit to a lawful test of your breath, urine, or blood, you will be committing a misdemeanor. Refusal to submit to the test I have requested of you is admissible into evidence in any criminal proceeding.

Subject Signature: _____

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. _____ has refused to submit to a breath test.

The date is _____ (month), _____ (day), _____ (year), and the time is _____ AM/PM.

A refusal form will be completed by the arresting officer.

[redacted]

BOCA RATON POLICE SERVICES DEPARTMENT

TESTING FACILITY TASK REPORT

SUBJECT: Peter Jackson

CASE #: 19-16758 DATE: 12/8/19

BREATH TEST RESULTS

1) TIME .010 1604 AM/PM 2) TIME .010 1607 AM/PM

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

BREATH OPERATOR: Rafalko

MAINTENANCE TECHNICIAN: Van Camp

TESTING OFFICER'S OBSERVATIONS

SPEECH: Slurred

ATTITUDE: Good/Lathargic

CLOTHING: Blue Polo, camo shorts, Grey Shoes

MEDICAL CONDITION: Hypertension, Anxiety

OTHER: Bloodshot eyes / odor of Alcohol

COMMENTS:

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: ON Video Date: _____ Time: _____

QUESTIONS AND ANSWERS

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

Where were you going? _____

What street or highway were you on? _____

Direction of travel? _____

Where did you start driving from? _____

What city (county) were you stopped in? _____

What time did you start? _____ AM/PM What time is it now? _____

What is today's date? _____ What day of the week is it? _____

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

What have you been doing the past three hours prior to this stop/accident? _____

How much do you weigh? _____ Have you been drinking? ____ What were you drinking? ____

_____

How much? _____ Where? _____ With whom were you drinking? _____

When did you have your first drink? _____ AM/PM When did you stop drinking? _____AM/PM

How did you consume your last two drinks? _____

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

Can you feel the 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? _____

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? _____

Have you taken any drugs or smoked marijuana today? _____

What? _____ When? _____

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

Are you taking any prescription medications? ☐ Yes ☐ No What? _____ When? _____

Do you have: Epilepsy? ☐ Yes ☐ No Inner ear trouble? ☐ Yes ☐ No

Glass eye? ☐ Yes ☐ No Ear infection? ☐ Yes ☐ No

False teeth? ☐ Yes ☐ No Diabetes? ☐ Yes ☐ No

Any problems not correctable by glasses or contact lenses? _____

Do you take insulin? ☐ Yes ☐ No If yes, when was your last injection? _____

Have you ever had a driver's license in any other state? _____

I am now ending this video recording. The time is now approximately 4:17 AM/PM

The date is December (month), 8th (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	☐		Other:	
	☐		Other:	

REVIEW COMPLETED BY

Booking Number: 2019039234	**Date:** 12/09/2019
	Specialist Name/ID: AM/31562