

ARREST / NOTICE TO APPEAR

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

1

JUVENILE

AD M I N I S T R A T I O N	ORIS Number		Agency ORI Number <b>0501700</b>		Agency Name <b>Jupiter Police Department</b>		Agency Report Number (N.T.A.'s only) <b>5, 4   19-004124</b>		Charge Type: Check as many as apply: <input type="checkbox"/> 1. Felony <input type="checkbox"/> 2. Traffic Felony <input type="checkbox"/> 3. Misdemeanor <input checked="" type="checkbox"/> 4. Traffic Misdemeanor <input type="checkbox"/> 5. Ordinance <input type="checkbox"/> 6. Other		If Weapon Seized Enter Type: <b>NONE</b>		Multiple Clearance Indicator	
D E F E N D A N T	Location of Arrest (Including Name of Business) <b>E INDIANTOWN ROAD/S ALT A1A</b>				Location of Offense (Business Name, Address) <b>1 E INDIANTOWN RD/S ALT A1A, JUPITER, FL 33477</b>									
	Date of Arrest <b>09/13/2019</b>	Time of Arrest <b>03:42</b>	Booking Date <b>09/13/2019</b>	Booking Time <b>03:52</b>	Jail Date	Jail Time	Location of Vehicle							
C O D E F	Name (Last, First, Middle) <b>DESJARLAIS, ROBERT ANTHONY</b>											Alias (Name, DOB, Soc. Sec. #, Etc.)		
	Race W - White B - Black		Sex <b>M</b>	Date of Birth <b>02/23/1992</b>	Height <b>6'01</b>	Weight <b>170</b>	Eye Color <b>BROWN</b>	Hair Color <b>BLACK</b>	Complexion <b>LIGHT</b>	Build <b>Medium</b>	Scars, Marks, Tattoos, Unique Physical Features (Location, Type, Description)			
	Local Address (Street, Apt. Number) <b>3686 GULL RD, PALM BEACH GARDENS, FL 33410</b>		(City)	(State)	(Zip)	Marital Status <b>U</b>		Religion <b>CHRISTIAN</b>	Indication of: Alcohol Influence Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Unk. <input type="checkbox"/> Drug Influence Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Unk. <input type="checkbox"/>		Residence Type: 1. City 3. Florida 2. County 4. Out of State <b>2</b>			
	Permanent Address (Street, Apt. Number) <b>3686 GULL RD, PALM BEACH GARDENS, FL 33410</b>		(City)	(State)	(Zip)	Phone <b>(561) 601-1933</b>		Address Source <b>VERBAL/DL</b>		Occupation <b>Student</b>				
	Business Address (Name, Street) <b>PGHS,</b>		(City)	(State)	(Zip)	Phone <b>(561) 601-1933</b>		Occupation <b>Student</b>		Occupation				
	D/L Number, State <b>D264761920630 / FL</b>		Sec. Sec. Number		INS Number		Place of Birth (City, State) <b>FL PALM BEACH GARDENS</b>		Citizenship					
	Co-Defendant Name (Last, First, Middle)				Race	Sex	Date of Birth		<input type="checkbox"/> 1. Arrested <input type="checkbox"/> 3. Felony <input type="checkbox"/> 5. Juvenile <input type="checkbox"/> 2. At Large <input type="checkbox"/> 4. Misdemeanor					
	Co-Defendant Name (Last, First, Middle)				Race	Sex	Date of Birth		<input type="checkbox"/> 1. Arrested <input type="checkbox"/> 3. Felony <input type="checkbox"/> 5. Juvenile <input type="checkbox"/> 2. At Large <input type="checkbox"/> 4. Misdemeanor					
	<input type="checkbox"/> Parent <input type="checkbox"/> Other: _____		Name (Last, First, Middle)						Residence Phone					
	<input type="checkbox"/> Legal Custodian		Address (Street, Apt. Number)						Business Phone					
Notified by: (Name)		Date	Time	JUVENTILE DISPOSITION 1. Handled/Processed within Department and Released 2. TOT JAC 3. Incarcerated										
Released To: (Name)		Relationship	Date	Time										
The above address was provided by <input type="checkbox"/> defendant and/or <input type="checkbox"/> defendant's parents. The child and/or parent was told to keep the Juvenile Court Clerk's Office (Phone 355-2526) informed of any change of address.				School Attended		Grade								
<input type="checkbox"/> Yes, by: _____		<input type="checkbox"/> No:		Property Crime? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Description of Property		Value of Property						
Drug Activity N. N/A P. Possess		S. Sell B. Buy T. Traffic	R. Smuggle D. Deliver E. Use	K. Dispense/ Distribute	M. Manufacture/ Produce/ Cultivate	Z. Other	Drug Type N. N/A A. Amphetamine	B. Barbiturate C. Cocaine E. Heroin	H. Hallucinogen M. Marijuana O. Opium/Deriv.	P. Paraphernalia/ Equipment S. Synthetic	U. Unknown Z. Other			
Charge Description <b>DUI - DRIVING UNDER INFLUENCE</b>		Statute Violation Number <b>316.193(1)</b>		Violation of ORD #										
Drug Activity	Drug Type	Amount / Unit	Offense #	Counts	Domestic Violence	Warrant / Capias Number	Bond <b>OR</b>							
Charge Description		Statute Violation Number		Violation of ORD #										
Drug Activity	Drug Type	Amount / Unit	Offense #	Counts	Domestic Violence	Warrant / Capias Number	Bond							
Charge Description		Statute Violation Number		Violation of ORD #										
Drug Activity	Drug Type	Amount / Unit	Offense #	Counts	Domestic Violence	Warrant / Capias Number	Bond							
Health / Apparent Physical Condition of Defendant						Any knowledge of the following <input type="checkbox"/> Mental <input type="checkbox"/> Escape Risk <input type="checkbox"/> Medication <input type="checkbox"/> Deformities <input type="checkbox"/> Injuries Explain:								
Check which applies: <input type="checkbox"/> Released O.R. <input type="checkbox"/> Posted Bond		<input type="checkbox"/> Released to Parent/Guardian <input type="checkbox"/> South County Mental Health		<input checked="" type="checkbox"/> T.O.T. County Jail		PROPERTY - Received By		Released By		Released To				
Transported By		Date Transported	Time Transported	Other										
<input checked="" type="checkbox"/> INSTRUCTION NO. 1 - Mandatory appearance in court		<input type="checkbox"/> INSTRUCTION NO. 2 - You need not appear in Court		but must comply with instructions on Page 2.		Location (Court, Room) <b>North County PALM BEACH GARD</b>		Court Date and Time <b>10/16/2019 08:30:00</b>		No photo available SEP 13 AM				
I AGREE TO APPEAR AT THE TIME AND PLACE DESIGNATED TO ANSWER THE OFFENSE CHARGED OR TO PAY THE FINE SUBSCRIBED. I UNDERSTAND THAT SHOULD I WILLFULLY FAIL TO APPEAR BEFORE THE COURT AS REQUIRED BY THIS NOTICE TO APPEAR, THAT I MAY BE HELD IN COMTEMPT OF COURT AND A WARRANT FOR MY ARREST SHALL BE ISSUED.														
Signature of Defendant (or Juvenile and Parent/Custodian)						Date Signed								
HOLD for Other Agency		Signature of Arresting Officer <b>203 88 1216</b>				Name Verification (Printed by Arrestee)								
<input type="checkbox"/> Dangerous <input type="checkbox"/> Suicidal		<input type="checkbox"/> Resisted Arrest <input type="checkbox"/> Other		Name of Arresting Officer (Print) <b>MCGILLICUDDY, STEVEN</b>		I.D. # <b>1216</b>		(PRINT)						
Duty Deputy <b>DS Collins 7622</b>		Pouch #		Transporting Officer <b>S. MCGILLICUDDY</b>		I.D. # <b>388</b>		Agency <b>JUPITE</b>		Witness here if subject signed with an "X".				
AD M I N		PAGE <b>1 OF 1</b>												

0498413 / 1468

SCANNED  
SEP 13 2019

PROBABLE CAUSE AFFIDAVIT

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

1 JUVENILE

Agency ORI Number: FL 0501700 Agency Name: JUPITER POLICE DEPARTMENT Agency Report Number: 5 4 19-004124

Charge Type: 1. Felony 2. Traffic Felony 3. Misdemeanor 4. Traffic Misdemeanor 5. Ordinance 6. Other

Name (Last, First, Middle): DESJARLAIS, ROBERT ANTHONY Race: W Sex: M Date of Birth: 02/23/1992

Charge Description: 316.193(1) DUI - DRIVING UNDER INFLUENCE

Victim's Name (Last, First, Middle): State Of Florida Local Address (Street, Apt. Number) (City) (State) (Zip) Phone Address Source Business Address (Name, Street) (City) (State) (Zip) Phone Occupation

The undersigned certifies and swears that he/she has just and reasonable grounds to believe, and does believe that the above named Defendant committed the following violation of law. The Person taken into custody... [X] committed the below acts in my presence... [X] was found to have committed the below acts, resulting from my (described) investigation. On the 13 day of September, 2019 at 02:50 (Specifically include facts constituting cause for arrest.)

On 9/13/2019 at approximately 0250 hrs, I was on patrol north bound on US 1 from E Indiantown Road when I observed a white Nissan Altima (VEHICLE-1) bearing FL tag JQH95 traveling in front of me. I observed the vehicle make an extremely wide radius uturn and go back south bound on US 1 toward E Indiantown Road. I then made a uturn and got behind the vehicle, at which time we were both now traveling south on US 1. It should be noted that the right turn lane typically used to go west bound on the E Indiantown Road bridge was completely blocked for construction by construction cones. I observed as VEHICLE-1 failed to signal a right hand west bound turn within 100 feet as required by 316.155, at which time the vehicle made a hard right turn and travelled west bound over the bridge. I conducted a traffic stop by activating my visor mounted red and blue lights while behind VEHICLE-1 as it approached N Alternate A1A. The south bound arrow turned red and VEHICLE-1 had plenty of time to stop for the red light, but continued through it south bound. Once south on Alternate A1A, as VEHICLE-1 was pulling over, the right tires struck the curb. I exited my vehicle and made contact with the driver, Robert Desjarlais (DEFENDANT).

During my contact at the window with Desjarlais I immediately observed that there was a very strong odor of an unknown alcoholic beverage emitting from the interior of the vehicle. The odor intensified as Desjarlais spoke to me. Desjarlais spoke with heavily slurred speech and I observed that he had red bloodshot and glassy eyes. I began my contact with him by advising that just because he was being pulled over did not give him the right to run a red light. He became argumentative and advised that he did not run the red light. I then explained to him my original reason for the stop. When I asked him where he was coming from he stated that it "didn't matter". When I asked him how much he had to drink he stated nothing. I asked him to look at me and he stated that he didn't have to. He then became argumentative again about the reason for the stop. I asked him again where he was coming from and he stated "Guanabana's" (local restaurant/bar). I asked again how much he drank tonight and he stated "zero percent".

SWORN AND SUBSCRIBED BEFORE ME [Signature] NOTARY PUBLIC / CLERK OF COURT OFFICIAL (F.S.S. 117.10) 09/13/2019 DATE [Signature] SIGNATURE OF ARRESTING / INVESTIGATING OFFICER MCGILICUDDY, STEVEN (1216) NAME OF OFFICER (PLEASE PRINT) 09/13/2019 DATE

Agency ORI Number: **FL 0501700** Agency Name: **JUPITER POLICE DEPARTMENT** Agency Report Number: **5 4 19-004124**

Charge Type:  1. Felony  2. Traffic Felony  3. Misdemeanor  4. Traffic Misdemeanor  5. Ordinance  6. Other

Name (Last, First, Middle): **DESJARLAIS, ROBERT ANTHONY** Race: **W** Sex: **M** Date of Birth: **02/23/1992**

I asked if he had taken any narcotics and he gave me a look of confusion. I then told him that I could smell the alcohol coming from him and asked again how much he had to drink. He stated "a lot".

I asked Desjarlais if his license was good he handed me a business card for a defense attorney and he advised me to call him. He then asked me why I pulled him over and I told him again that he failed to properly signal his turn within 100 feet as required. He then advised that he "saw me a mile away" and told me to go ahead. He then told me that I recently was the officer that stopped him on Frederick Small Road, which I did not recall. I asked him about the attorney card and if I had arrested him previously and he stated that I was "about to". He then said he "had to do it" because "it's who I am", which made no sense. He then advised me that he has a speech impediment. He advised he just went to go find his girlfriend and almost got into a fight at Johnny Mango's (bar).

I advised Desjarlais that based on my observations I had observed multiple indicators of possible impairment. I advised him that I had a series of roadside sobriety tasks that I wanted him to participate in. I asked him to participate in these roadside tasks and he refused. I then advised Desjarlais of his Taylor warning and he again refused. Based on the totality of the circumstances and my observations of Desjarlais thus far, I had probable cause to believe that he was in actual physical control of a motor vehicle, and that during such operation he was under the influence of an alcoholic beverage and/or a chemical or controlled substance to the point where his normal faculties were impaired. I placed him under arrest at 0257 hrs. I transported Desjarlais to the Palm Beach County Breath Alcohol Testing Center (BAT), arriving at 0327 hrs. During the ride to the BAT, Desjarlais made numerous comments about how he would beat me in court, was going to call the Chief of Police and how I was going to regret arresting him.

Once at the BAT, I placed Desjarlais under the 20 minute observation period, during which I did not observe him consume nor regurgitate anything. We then went on video with BAT Technician Leahey (ID #19183). I requested that Desjarlais provide a breath sample and he refused. I read him the implied consent law and he did not answer. I explained the part that applied to him in detail so that he understood his option and he again remained silent, which was marked as a refusal at 0352 hrs. I then read him his Miranda rights and he refused to speak. I placed Desjarlais in the holding area while I finished his paperwork. I then booked him into county jail on one count of DUI 1st offense. He was issued citations for failure to signal as required and for a red light violation. He was given a court date of 10/16/2019 at 0830 hrs at the North County courthouse. The vehicle was towed from the scene by East Coast Towing. BWC.

SWORN AND SUBSCRIBED BEFORE ME

*Thomas H. Leahey*  
 NOTARY PUBLIC / CLERK OF COURT OFFICER (F.S. 117.10)  
 09/13/2019  
 DATE

Notary Public State of Florida  
 Thomas H. Leahey  
 My Commission GG 347108  
 Expires 08/20/2023

*Steven McGillicuddy*  
 SIGNATURE OF ARRESTING / INVESTIGATING OFFICER  
**MCGILlicuddy, STEVEN (1216)**  
 NAME OF OFFICER (PLEASE PRINT)  
 09/13/2019  
 DATE

PAGE 2 of 2

# WITNESS LIST

CASE NUMBER: 19-004124

ARRESTING OFFICER: MCGILLICUDDY

ADDRESS: 210 Military Trl. Jupiter, FL 33458

PHONE NUMBERS (HOME): \_\_\_\_\_ (WORK) (561) 746-6201

CAN TESTIFY TO: PC

NAME: OFC C. MORGAN

ADDRESS: 210 MILITARY TRL, JUPITER, FL 33458

PHONE NUMBERS (HOME) \_\_\_\_\_ (WORK) \_\_\_\_\_

CAN TESTIFY TO: BACKUP ON STOP/INVENTORY OF VEHICLE

NAME: \_\_\_\_\_

ADDRESS \_\_\_\_\_

PHONE NUMBERS (HOME) \_\_\_\_\_ (WORK) \_\_\_\_\_

CAN TESTIFY TO: \_\_\_\_\_

NAME: \_\_\_\_\_

ADDRESS \_\_\_\_\_

PHONE NUMBERS (HOME) \_\_\_\_\_ (WORK) \_\_\_\_\_

CAN TESTIFY TO: \_\_\_\_\_

NAME: \_\_\_\_\_

ADDRESS \_\_\_\_\_

PHONE NUMBERS (HOME) \_\_\_\_\_ (WORK) \_\_\_\_\_

CAN TESTIFY TO: \_\_\_\_\_

NAME: \_\_\_\_\_

ADDRESS \_\_\_\_\_

PHONE NUMBERS (HOME) \_\_\_\_\_ (WORK) \_\_\_\_\_

CAN TESTIFY TO: \_\_\_\_\_

NAME: \_\_\_\_\_

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CAN TESTIFY TO: \_\_\_\_\_

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CAN TESTIFY TO: \_\_\_\_\_

NAME: \_\_\_\_\_

ADDRESS \_\_\_\_\_

PHONE NUMBERS (HOME) \_\_\_\_\_ (WORK) \_\_\_\_\_

CAN TESTIFY TO: \_\_\_\_\_

NOT A CERTIFIED COPY

# TESTING FACILITY TASK REPORT

AGENCY: JPD  
SUBJECT: Desjarlais, Robert A CASE NUMBER: 19-114506  
DATE: 09/13/19 VIDEO TAPE NUMBER: N/A  
BEGINNING TIME: 03:49 ENDING TIME: 03:52  
BREATH TESTS RESULTS: 1) R TIME 03:52 A.M./P.M. 2) N/A TIME — A.M./P.M.  
3) N/A TIME — A.M./P.M. 4) N/A TIME — A.M./P.M.  
BREATH OPERATOR: J Lecky #19183  
MAINTENANCE TECHNICIAN: J. Konecko #6467

## TESTING OFFICER'S OBSERVATIONS

SPEECH: thick, slurred  
ATTITUDE: arguing, belligerent, talkative, belligerent  
CLOTHING: camo shorts, tan t-shirt, black sneakers  
MEDICAL CONDITIONS: None  
MEDICATIONS: None

**REFUSED**

OTHER: eyes glassy + bloodshot  
odor of unknown alcoholic beverage in breath

COMMENTS: arrived at center A/D mid to late 30 minute  
observation period at 03:27 hrs.

A refused to perform breath test

A/D read I/C + A refused to answer

A refused to answer request for breath test

A/D read rights + A refused to answer

A/D did not attempt P/A

**REFUSED**

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

I, Officer MCGILLICUDDY, a duly certified Law Enforcement Officer or Correctional Officer,
(Name of Officer reading Implied Consent Warning)

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

or affirm that on or about the 13TH day of SEPTEMBER, 20 19, at 0257 P.M. A.M.

DRIVER ROBERT A DESJARLAIS
(Type or Print) FIRST NAME MIDDLE OR MAIDEN NAME LAST NAME

DL# D264761920630, state of FLORIDA, was placed under lawful arrest for

the offense of DUI 1ST OFFENSE by Officer MCGILLICUDDY and
(Name of Arresting Officer)

issued Citation # AATBLPE

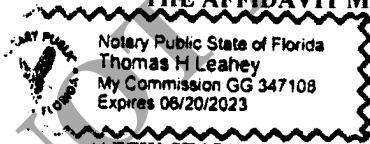
That on or about the 13TH day of SEPTEMBER, 20 19, at 0352 P.M. A.M.

in Palm Beach County,

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

Signature of Law Enforcement Officer or Correctional Officer

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



(AFFIX SEAL)

The foregoing instrument was sworn and subscribed before me:

The foregoing instrument was sworn and subscribed before

me this 1833TH day of SEPTEMBER, 20 19,

by Officer MCGILLICUDDY 388,

who is personally known to me or who has produced

POLICE ID/PERSONALLY KNOWN as identification

Notary Public LEAHEY #19183

HSMV-BAR1001 (REV. 10/2016)

Signature of Attesting Officer

Title

Date

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.



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

PBSO CASE # 19-114506 PBSO ZONE 3-14

AGENCY CASE # 19-004124 CRASH CASE # \_\_\_\_\_

TIME OF STOP/CRASH 0250 DATE 09/13/2019 DAY FRIDAY

SUBJECT'S NAME DESJARLAIS ROBERT A RACE W SEX M  
LAST FIRST MID

HGT 6'01 WGT 185 DOB 02-23-1992

LOCATION E Indiantown Road/Alternate A1A

ARRESTING OFFICER'S NAME & ID MCGILLICUDDY 388 AGENCY JUPITER PD

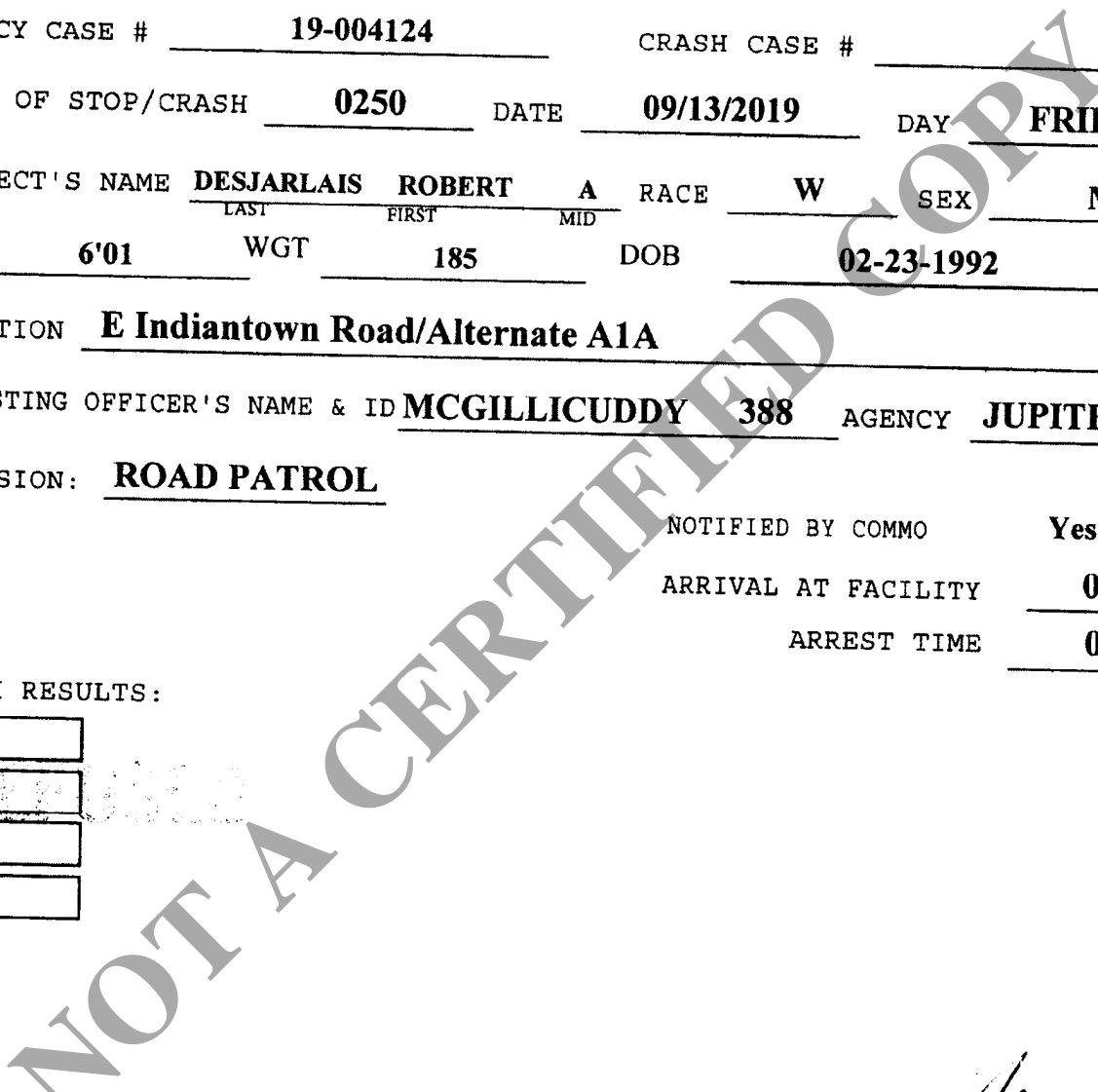
DIVISION: ROAD PATROL

NOTIFIED BY COMMO Yes  
 ARRIVAL AT FACILITY 0327  
 ARREST TIME 0257

BREATH RESULTS:

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

TESTING OFFICER'S ID LEAHEY #19183 PBSO VIDEOTAPE # N/A



SUBJECT: Desjarlais, Robert A      CASE NUMBER: \_\_\_\_\_

## IMPLIED CONSENT FOR DUI IN A MOTOR VEHICLE

NOTE: READ ONLY THE PARAGRAPH APPLICABLE TO THE TYPE OF TEST YOU ARE REQUESTING.

I am now requesting that you submit to a lawful test of your BREATH for the purpose of determining its alcohol content.

-OR-

I am now requesting that you submit to a lawful test of your URINE for the purpose of detecting the presence of chemical or controlled substances.

-OR-

I am now requesting that you submit to a lawful test of your BLOOD for the purpose of detecting its alcohol content and the presence of chemical or controlled substances.

NOTE: READ ONLY IF THE SUBJECT DOES NOT COMPLY WITH YOUR REQUEST.

I am OK McBr. McCuddy of the JPD

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) Read on camera

SUBJECT: Desjarlais, Robert

CASE NUMBER: \_\_\_\_\_

### 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: \_\_\_\_\_



**Palm Beach County Sheriff's Office – Arrests Only**

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

**REVIEW COMPLETED BY**

Booking Number: 2019029856	Date: 9/13/2019
	Specialist Name/ID: Gammage/5660