

0495536

818

ARREST / NOTICE TO APPEAR
Juvenile Referral Report

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

1
Jvenile

ADMINISTRATIVE	OBTS Number		Agency ORI Number FLO 500000		Agency Name PALM BEACH COUNTY SHERIFF'S OFFICE		Agency Report Number (N.T.A.'s only) 06-18-035232		
	Charge Type: Check as many as apply. <input type="checkbox"/> 1. Felony <input type="checkbox"/> 2. Traffic Felony <input checked="" type="checkbox"/> 3. Misdemeanor <input checked="" type="checkbox"/> 4. Traffic Misdemeanor <input type="checkbox"/> 5. Ordinance <input type="checkbox"/> 6. Other		Weapon Seized / Type 1. Yes 2. No		Multiple Clearance Indicator 1				
	Location of Arrest (Including Name of Business) BOYNTON BCH RD (.5 MI) E OF JOG RD BOYNTON BCH FL 33437				Location of Offense (Business Name, Address) BOYNTON BEACH BY (.5 MI) E OF JOG RD BOYNTON BEACH FL 33437				
	Date of Arrest 02/06/2018	Time of Arrest 0028	Booking Date	Booking Time	Jail Date	Jail Time	Location of Vehicle CITY TOWING		
Name (Last, First, Middle) MORRIS ROBERT PATRICK								Alias (Name, DOB, Soc. Sec. #, Etc.)	
Race W - White 1 - American Indian B - Black 0 - Oriental/Asian	Sex M	Date of Birth 03/19/1965	Height 602	Weight 246	Eye Color BLU	Hair Color BLON	Complexion MED	Build MED	
Scars, Marks, Tattoos, Unique Physical Features (Location, Type, Description) NONE				Marital Status M	Religion CATHOLIC	Indication of: Alcohol Influence <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> Unk. Drug Influence <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> Unk.			
Local Address (Street, Apt. Number) 6356 PARK LAKE CIRCLE		(City) BOYNTON BEACH	(State) FL	(Zip) 33437	Phone (302) 3327762	Residence Type: 1. City 2. County 3. Florida 4. Out of State 1			
Permanent Address (Street, Apt. Number)		(City)	(State)	(Zip)	Phone	Address Source DEFENDANT			
Business Address (Name, Street) 150 AUSTRALIAN AVE		(City) WEST PALM BEACH	(State) FL	(Zip) 33409	Phone (561)	Occupation BARTENDER			
D/L Number, State (FL)M-620-775-65-099-1		Soc. Sec. Number		INS Number		Place of Birth (City, State) PHILADELPHIA PA		Citizenship US	
Co-Defendant Name (Last, First, Middle)				Race	Sex	Date of Birth	<input type="checkbox"/> 3. Felony <input type="checkbox"/> 4. Misdemeanor <input type="checkbox"/> 5. Juvenile		
Co-Defendant Name (Last, First, Middle)				Race	Sex	Date of Birth	<input type="checkbox"/> 1. Arrested <input type="checkbox"/> 2. At Large <input type="checkbox"/> 3. Felony <input type="checkbox"/> 4. Misdemeanor <input type="checkbox"/> 5. Juvenile		
<input type="checkbox"/> Parent <input type="checkbox"/> Legal Custodian <input type="checkbox"/> Other		Residence Phone () ()		Address (Street, Apt. Number)		(City)	(State)	(Zip)	
Notified by: (Name)		Date	Time	Juvenile Disposition 1. Handled/processed within Dept. and Released. 2. TOT HRS / DYS 3. Incarcerated					
Released To: (Name)		Relationship		Date	Time				
The above address 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 (Phone 355-2526) informed of any change of address. <input type="checkbox"/> Yes, by: (Name) <input type="checkbox"/> No: (Reason)				School Attended		Grade			
Property Crime? <input type="checkbox"/> Yes <input 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. Synthetics		U. Unknown Z. Other			
Charge Description DUI		Counts	Domestic Violence <input type="checkbox"/> Y <input type="checkbox"/> N		Statute Violation Number 316.193(1)		Violation of ORD #		
Drug Activity /	Drug Type /	Amount / Unit N/A	Offense # 18-035232		Warrant / Capias Number		Bond		
Charge Description		Counts	Domestic Violence <input type="checkbox"/> Y <input type="checkbox"/> N		Statute Violation Number		Violation of ORD #		
Drug Activity /	Drug Type /	Amount / Unit /	Offense #		Warrant / Capias Number		Bond		
Charge Description		Counts	Domestic Violence <input type="checkbox"/> Y <input type="checkbox"/> N		Statute Violation Number		Violation of ORD #		
Drug Activity /	Drug Type /	Amount / Unit /	Offense #		Warrant / Capias Number		Bond		
Charge Description		Counts	Domestic Violence <input type="checkbox"/> Y <input type="checkbox"/> N		Statute Violation Number		Violation of ORD #		
Drug Activity /	Drug Type /	Amount / Unit /	Offense #		Warrant / Capias Number		Bond		
Location (Court Room Number Address) 3228 GUN CLUB RD WEST PALM BEACH FL 33406									
Court Date and Time Month MARCH Day 1 Year 2018 Time 0830 AM <input checked="" type="checkbox"/> PM									
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 CONTEMPT OF COURT AND A WARRANT FOR MY ARREST SHALL BE ISSUED									
Signature of Defendant (or Juvenile and Parent /Custodian)						Date Signed 02/06/2018			
HOLD for other Agency Name:		Signature of Arresting Officer X		Name Verification (Printed by Arrestee) FEB 6 AM 4:49		PAGE			
<input type="checkbox"/> Dangerous <input type="checkbox"/> Suicidal		<input type="checkbox"/> Resisted Arrest <input type="checkbox"/> Other		Name of Arresting Officer (Print) INV. E. K. WHITE 7209		I.D. # 7209		PAGE	
Inmate Copy		ID # 7209		Pouch #		Transporting Officer E. K. WHITE		Agency PBSO	
Witness here if subject signed with an "X"						OF			

DISTRIBUTION: WHITE - COURT COPY

GREEN - STATE ATTORNEY

YELLOW - AGENCY

PINK - AGENCY

GOLD - DEFENDANT (N.T.A.'s ONLY)

PROBABLE CAUSE AFFIDAVIT

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

Juvenile

1

OBTS Number Agency ORI Number Agency Name Agency Report Number

FLO 50000 PALM BEACH COUNTY SHERIFF'S OFFICE 06-18-035232

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

Name (Last, First, Middle) MORRIS, ROBERT, PATRICK Race W Sex M Date of Birth 03/19/1965

Charge Description DUI 316.193(1)

Victim's Name Local Address Business Address

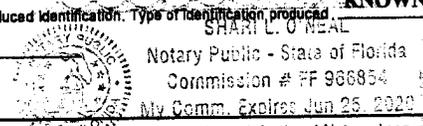
The undersigned certifies and swears that he/she has just and reasonable grounds to believe, and does believe that the above named Defendant committed the following violation of law. On the 5 day of FEBRUARY 2018 at 2336

On Monday, February 5, 2018 at approximately 2343 hours, I was dispatched to Boynton Beach Boulevard (Bv) and Jog Road (Rd), Boynton Beach (Palm Beach County) Florida in reference to a traffic crash with unknown injuries. Deputies from the District 6 division were on scene. Upon my arrival I saw a white utility vehicle stopped against a tree inside the grass median. I also saw a white male standing on the passenger side of the vehicle with next to the deputies. The deputies told me the crash was witnessed by a security guard who came forward with information. The driver was later identified as Robert Patrick Morris Jr. by his Florida driver license. I noticed he was extremely unsteady while standing and assumed a leaning position against his vehicle to maintain his balance. His speech was slurred, his eyes were red, watery and glossy and his cheeks were flushed. His facial feature was lax and droopy. His mouth was dry. I could smell a strong odor of an unknown alcoholic beverage emanating from his breath that intensified when he spoke. I explained that I am required to read him his Constitutional Rights prior to interviewing him. After advising him of his "rights" I asked if he understood them. He acknowledged his "rights". I asked if he would consent to talking about this incident. He obliged. Morris told me he was driving west on Boynton Beach Bv when a red car cut him off. He told me he drove through the grass and hit a tree. I asked if he had been drinking and he told me he drank a lot. I made contact with the security guard who was stationed inside a guard house. He identified himself as Omar Quintana. Quintana told me he watched the utility vehicle drive through the median and hit the tree. He called 911 before running over to the vehicle to assist the driver. Quintana told me he made contact with a white male who was the single occupant inside the vehicle. When asked if he was alright, he told me the driver replied by asking him could he smoke a cigarette. I began investigating the crash and saw where the defendant's vehicle was traveling westbound on Boynton Beach Bv. The vehicle entered into the left turn lane and proceeded west. It struck a raised concrete curb before entering into the grass median. It glanced one tree with its left front side before striking a second tree with its left front side. The contact caused the left front tire to break from the axle. It also caused severe damage to the left front side of the vehicle. The side airbags deployed as a result of the crash.

STATE OF FLORIDA COUNTY OF PALM BEACH INV. E. K. WHITE 720 (Signature of Arresting/Investigative Officer)

The foregoing instrument was sworn to or affirmed and subscribed before me this 5 day of FEBRUARY 2018 by INV E K WHITE KNOWN

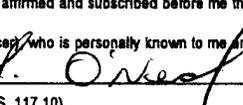
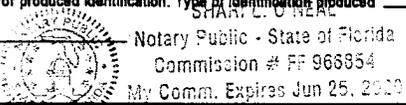
(Print name of Arresting/Investigative Officer) who is personally known to me and/or produced identification. Type of Identification Produced Shari O'Neal (#6212) Notary Public - State of Florida Commission # FF 966854 My Comm. Expires Jun 25, 2020

OBTS Number		PROBABLE CAUSE AFFIDAVIT		1. Arrest 2. N.T.A.	3. Request for Warrant 4. Request for Capias	1	Juvenile
ADMIN	Agency ORI Number FLO 500000	Agency Name PALM BEACH COUNTY SHERIFF'S OFFICE	Agency Report Number 06- 18-035232				
	Charge Type: Check as many as apply.		1. Felony <input type="checkbox"/>	2. Traffic Felony <input type="checkbox"/>	3. Misdemeanor <input type="checkbox"/>	4. Traffic Misdemeanor <input type="checkbox"/>	5. Ordinance <input type="checkbox"/>
DEF	Name (Last, First, Middle) MORRIS, ROBERT, PATRICK			Alias	Race W	Sex M	Date of Birth 03/19/1965
	Charge Description DUI		316.193(1)	Charge Description			
CHARGES	Charge Description		Charge Description				
	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	<p>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</p> <p><input type="checkbox"/> committed the below acts in my presence. <input type="checkbox"/> was observed by _____ who told _____ that he/she saw the arrested person commit the below acts.</p> <p><input type="checkbox"/> confessed to _____ admitting to the below facts. <input checked="" type="checkbox"/> was found to have committed the below acts, resulting from my (described) investigation.</p> <p>On the <u>5</u> day of FEBRUARY, 20<u>18</u> at <u>2336</u> <input type="checkbox"/> A.M. <input checked="" type="checkbox"/> P.M. (Specifically include facts constituting cause for arrest.)</p>						
	<p>I explained to Morris how the crash occurred. Afterward I told him I had completed my crash investigation and would now be conducting a criminal investigation for DUI. I asked if he would consent to performing Standardized Field Sobriety Evaluations (SFSTs) for the purpose of determining if he was impaired while operating a motor vehicle. He told me he would. I asked if he had been seen by paramedics and he told me he did. I asked if he had any prior physical injuries that would inhibit him from performing light physical movements. He told me he suffered an elbow injury. I asked if he was taking medication (He later told me at the facility that he was taking medication for his blood pressure. He also said he fell from a building which caused considerable injuries to his body). While speaking with him he asked that I just take him to jail. When asked why, he told me he was drunk. I had him identify with the yellow edge line near the median on the roadway. This area was smooth and free from obstructions and debris. It was well lighted by ambient lighting and the lights from my patrol car. The following SFSTs were intended to be administered after being explained, demonstrated and acknowledged by him: HGN, The Walk and Turn, The One Leg Stand, The Finger to Nose and The Romberg Alphabet Recitation. During the HGN I initially had him leaned against his vehicle. I later asked him to stand on the roadway due to the ground he was standing on not being level. Once he stood on the roadway which provided a much level surface, I noticed he was not safely maintaining his balance. I grew concern for his safety and decided to stop this task. I began instructions for the Walk and Turn and noticed he once again could not safely assume the instructional position without maintaining his balance. Cpl. Reynaldo Soriano was also on scene and stood on his right side to prevent him from injuring himself if he fell. I decided this task would also be too risky to administer. After explaining the One Leg Stand Morris told me he was not going to do the task and I should just take him to jail. I began reading the Taylor Warnings which explained the tasks being voluntary. Absent his performance, however, I decided his lack of balance made him incapable of performing the tasks. Moreover, and based on the crash being witnessed by Quintana who assisted the defendant after the crash, coupled with my observation of personal indicators of impairment exhibited by the defendant, probable cause was established for DUI. I told the defendant he was being placed under lawful arrest for DUI. He was searched and handcuffed (double locked and checked for proper fit) prior to being seated into the rear of my patrol car.</p>						
ADMINISTRATIVE	STATE OF FLORIDA COUNTY OF PALM BEACH			INV. E. K. WHITE 7209			
	(Signature of Arresting/Investigative Officer)						
<p>The foregoing instrument was sworn to or affirmed and subscribed before me this <u>5</u> day of FEBRUARY, 20<u>18</u> by <u>INV. E. K. WHITE 7209</u></p> <p>(Print name of Arresting/Investigative Officer, who is personally known to me and/or produced identification. Type of identification produced.) KNOWN</p> <p>Shari O'Neal (#6212)</p> <p>Notary Public, Clerk of Court, Officer (F.S.S. 117.10)</p>							
							PAGE <u>2</u> OF <u>3</u>

PROBABLE CAUSE AFFIDAVIT

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

1 Juvenile

ADMIN	OBTS Number	Agency ORI Number FLO 500000		Agency Name PALM BEACH COUNTY SHERIFF'S OFFICE	Agency Report Number 06-18-035232
	Charge Type: Check as many as apply.		Special Notes:		
DEF	Name (Last, First, Middle) MORRIS, ROBERT, PATRICK				Alias
CHARGES	Charge Description DUI	316.193(1)	Charge Description		
	Charge Description		Charge Description		
VICTIM	Victim's Name (Last, First, Middle)				Race
	Local Address (Street, Apt. Number) (City) (State) (zip)				Sex
	Business Address (Name, Street) (City) (State) (zip)				Date of Birth
ADMINISTRATIVE	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.				
	<input type="checkbox"/> committed the below acts in my presence. <input type="checkbox"/> was observed by _____ who told _____ that he/she saw the arrested person commit the below acts. <input type="checkbox"/> confessed to _____ admitting to the below facts. <input checked="" type="checkbox"/> was found to have committed the below acts, resulting from my (described) investigation.				
On the <u>5</u> day of <u>FEBRUARY</u> 20 <u>18</u> at <u>2336</u> <input type="checkbox"/> A.M. <input checked="" type="checkbox"/> P.M. (Specifically include facts constituting cause for arrest.)					
<p>I later transported him to the main jail breath analysis facility and began a 20 minute observation period. During this time he ingested nothing into his body orally or otherwise. He also did not regurgitate. Afterward I escorted him into the testing room and asked on video for him to give breath samples for the purpose of determining his alcohol content. He gave the samples that rendered consecutive results of .341. He was reminded of his acknowledgment of his Constitutional Rights. He agreed to be interviewed. After the interview I transported him to Wellington Regional Hospital for medical clearance.</p>					
STATE OF FLORIDA COUNTY OF PALM BEACH  INV. E. K. WHITE 720 (Signature of Arresting/Investigative Officer)					
The foregoing instrument was sworn to or affirmed and subscribed before me this <u>5</u> day of <u>FEBRUARY</u> 20 <u>18</u> by <u>INV. E. K. WHITE 7209</u>					
(Print name of Arresting/Investigative Officer who is personally known to me and/or produced identification. Type of identification produced <u>KNOWN</u>)					
<u>Shari O'Neal (#6212)</u> 					
Notary Public, Clerk of Court, Officer (F.S.S. 117.10)					
					

NOT A CERTIFIED COPY

D.U.I. PROBABLE CAUSE AFFIDAVIT

ON THE 5 DAY OF FEBRUARY 20 18, AT 2336 AM PM

SUBJECT: MORRIS ROBERT PATRICK CASE NUMBER: 18-035232

AGENCY: PALM BEACH COUNTY SHERIFF'S OFFICE ARRESTING OFFICER: INV. E. K. WHITE 7209

PERSONAL CONTACT

DRIVING PATTERN: ACTUAL PHYSICAL CONTROL (PHYSICAL EVIDENCE OR STATEMENTS PUTTING DEF. BEHIND WHEEL OF VEHICLE)
SEE PC AFFIDAVITS

OBSERVATION OF DRIVER:
SEE PC AFFIDAVITS

DRIVER'S STATEMENTS:
I DRANK A LOT

ODORS:
STRONG ODOR OF AN UNKNOWN ALCOHOLIC BEVERAGE COMING FROM SUBJECT'S BREATH.

GENERAL OBSERVATIONS

SPEECH: SLURRED

ATTITUDE: POLITE, APOLOGETIC AND COOPERATIVE

CLOTHING: BEIGE SHORTS, WHITE SHOES AND PHILADELPHIA EAGLES FOOTBAL SHIRT

MEDICAL/OTHER: HIGH BLOOD PRESSURE

STATE OF FLORIDA
COUNTY OF PALM BEACH

INV. E. K. WHITE 7209

(Signature of Arresting/Investigative Officer)

The foregoing instrument was sworn to or affirmed and subscribed before me this 5 day of FEBRUARY 20 18 by INV. E. K. WHITE 7209

(Print name of Arresting/Investigative Officer), who is personally known to me and/or produced identification. Type of identification produced KNOWN

Shari O'Neal (#6212)

Notary Public, Clerk of Court, Officer (F.S.S. 117.10)

SHARI L. O'NEAL
Notary Public - State of Florida
Commission # PF 006607
My Comm. Expires on 02/28/2021

CERTIFIED COPY

ROADSIDE TASKS

HORIZONTAL GAZE NYSTAGMUS:

LT EYE-LACK OF SMOOTH PURSUIT

RT EYE-LACK OF SMOOTH PURSUIT

LT EYE-DISTINCT & SUSTAINED NYSTAGMUS AT MAX. DEVIATION

RT EYE-DISTINCT & SUSTAINED NYSTAGMUS AT MAX. DEVIATION

LT- EYE-ONSET OF NYSTAGMUS PRIOR TO 45 DEGREES

RT- EYE-ONSET OF NYSTAGMUS PRIOR TO 45 DEGREES

Other Observations:

COULD NOT COMPLETE FOR SAFETY CONCERNS

WALK & TURN:

THE DEFENDANT WAS PLACED IN THE INSTRUCTIONAL STANCE FOR THE WALK AND TURN. THIS TASK WAS EXPLAINED AND DEMONSTRATED TO THE DEFENDANT. THE DEFENDANT ACKNOWLEDGED THE INSTRUCTIONS PRIOR TO PERFORMING THIS TASK: Could not complete due to safety concerns

ONE LEG STAND:

THE DEFENDANT WAS PLACED IN THE INSTRUCTIONAL STANCE FOR THE ONE LEG STAND. THIS TASK WAS EXPLAINED AND DEMONSTRATED TO THE DEFENDANT. THE DEFENDANT ACKNOWLEDGED THE INSTRUCTIONS PRIOR TO PERFORMING THIS TASK: Refused to perform further tasks

FINGER TO NOSE:

REFUSED TO PERFORM FURTHER TASKS

ROMBERG ALPHABET:

REFUSED TO PERFORM FURTHER TASKS

BREATH TEST RESULTS: .341 .341

STATE OF FLORIDA
COUNTY OF PALM BEACH

INV. E. K. WHITE 7209

(Signature of Arresting/Investigative Officer)

The foregoing instrument was sworn to or affirmed and subscribed before me this 5 day of FEBRUARY 20 18 by INV. E. K. WHITE 7209

(Print name of Arresting/Investigative Officer), who is personally known to me and/or produced identification. Type of identification produced KNOWN

Shari O'Neal (#6212)

Notary Public, Clerk of Court, Officer (F.S.S 117.10)



SHARI L. O'NEAL
Notary Public - State of Florida
Commission # FF 969954
My Comm. Expires Jun 25, 2020
Bonded through National Notary

PALM BEACH COUNTY SHERIFF'S OFFICE – SWORN STATEMENT

Q 535 650 88 2680



Per FL statute 837.012, whoever knowingly makes a false statement under oath shall be guilty of a misdemeanor of the first degree punishable by imprisonment up to 1 year.

WITNESS VICTIM OTHER

CASE #	18-035229 / 18-035232	ZONE	6-SR	SUSPECT	ROBERT P MORRIS	DATE & TIME OF ORIGINAL EVENT/OFFENSE:	2/5/18 2336
EVENT TYPE:	CRASH / DUF	DEPUTY:	WHTTR	ID#:	7209		

COMPLETE EVERYTHING BELOW – PRINT LEGIBLY

LAST NAME:		FIRST NAME:		MIDDLE INITIAL:	RACE:	SEX:
Quintana		Omar		J	H	M
DATE OF BIRTH: (MM/DD/YYYY)	YOUR HEIGHT:	YOUR WEIGHT:	YOUR HAIR COLOR:		YOUR EYE COLOR:	
7-28-1988	5' 10	167	Black		Brown	
YOUR HOME ADDRESS: <input type="checkbox"/> CHECK IF HOMELESS			CITY:	STATE:	ZIP:	
1108 SW 8th AVE			Delray Beach	FL	33444	
YOUR WORK NAME & ADDRESS: <input type="checkbox"/> CHECK IF UNEMPLOYED OR RETIRED			CITY:	STATE:	ZIP:	
WORK PHONE: <input type="checkbox"/> CHECK IF NONE	CELL PHONE: <input type="checkbox"/> CHECK IF NONE	HOME PHONE: <input type="checkbox"/> CHECK IF NONE	EMAIL:		<input type="checkbox"/> CHECK IF NONE	
(561) 815 1771	(561) 729-9630	()	Oquintana88@gmail.com			

WRITE WHAT HAPPENED IN YOUR WORDS IN FULL DETAIL – PRINT LEGIBLY

YOUR NAME:	DO HEREBY VOLUNTARILY MAKE THE FOLLOWING STATEMENT WITHOUT THREAT, COERCION, OFFER OF BENEFIT, OR FAVOR BY ANY PERSONS WHOMSOEVER...
1 Omar Quintana	

At 11:30 pm I witnessed a white SUV traveling west on Baynton Beach Blvd lose control of the vehicle and go into the median. The SUV swerved into a tree and came to a stop. I immediately called 911 and notified them of the crash, which they then asked if everyone was okay, so I ran over to ask the driver, and he said he was fine. I told him help was on the way, and waited until the police arrived.

READ AND SIGN

I SWEAR AND AFFIRM THIS AND/OR THE ATTACHED STATEMENTS ARE CORRECT AND TRUE:	<input checked="" type="checkbox"/> DEPUTY SHERIFF <input type="checkbox"/> NOTARY PUBLIC FSS: 117.10
YOUR SIGNATURE: X	SWORN TO AND SUBSCRIBED BEFORE ME TODAY: DATE: 2/6/18 TIME: 0035 SIGNATURE: ID: 7209

IF YOU DO NOT WISH TO PROSECUTE, COMPLETE THE ABOVE STATEMENT, READ THIS DISCLAIMER AND INITIAL BELOW: I AM OF LEGAL AGE AND I AM THE REPORTED VICTIM OF A CRIME UNDER FLORIDA LAW. I HEREBY STATE THAT I WILL NOT COOPERATE ANY FURTHER WITH THE INVESTIGATION OF THE ALLEGED CRIME. I FURTHER RELEASE THE PALM BEACH COUNTY SHERIFF'S OFFICE OF ANY PRESENT OR FUTURE RESPONSIBILITY AS TO MY CASE. I ACKNOWLEDGE THAT I UNDERSTAND MY RIGHTS AS A CRIME VICTIM, PARTICULARLY REGARDING VICTIM COMPENSATION ELIGIBILITY, WHICH INCLUDES SUCH BENEFITS AS REIMBURSEMENT FOR: DISABILITY; LOST WAGES; LOSS OF SUPPORT; MEDICAL, DENTAL, MENTAL HEALTH COUNSELING AND FUNERAL EXPENSES. I AM AWARE I MAY BE GIVING UP THESE RIGHTS FOR MY FAMILY AND MYSELF BY INITIALLING BELOW. I AM TAKING THIS POSITION OF MY OWN FREE WILL KNOWING THAT THE CASE CAN ONLY BE FURTHER INVESTIGATED AND PROSECUTED WITH MY COOPERATION. DO NOT WISH TO PROSECUTE (INITIAL _____)

WITNESS LIST

CASE NUMBER: 18-035232

ARRESTING OFFICER: INV. E. K. WHITE 7209

ADDRESS: HQ

PHONE NUMBERS (HOME): _____ (WORK) 561 688 3000

CAN TESTIFY TO: FACTS

NAME: OMAR QUINTANA

ADDRESS: 1108 SW 8TH AVE DEL RAY BCH FL 33444

PHONE NUMBERS (HOME) 561729 9670 (WORK) 561 865 1771

CAN TESTIFY TO: WITNESSES THE CRASH

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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NAME: _____

ADDRESS _____

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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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TESTING FACILITY TASK REPORT

AGENCY: PBSO Inv. Unit # 7209
SUBJECT: Monte J. Kelly J. CASE NUMBER: 15-0552-2
DATE: 02-07-15 VIDEO TAPE NUMBER: N/A

BEGINNING TIME: 0121:15 ENDING TIME: 0130:15

BREATH TESTS RESULTS: 1) .241 TIME A.M./P.M. 2) .241 TIME A.M./P.M.
3) _____ TIME _____ A.M./P.M. 4) _____ TIME _____ A.M./P.M.

BREATH OPERATOR: O'Neil # 0212

MAINTENANCE TECHNICIAN: J. Klocke # 4969

TESTING OFFICER'S OBSERVATIONS

SPEECH: Impaired, slurred

ATTITUDE: Cooperative, friendly, cooperative

CLOTHING: Black t-shirt

MEDICAL CONDITIONS: High blood pressure, diabetes

MEDICATIONS: M.D. for blood pressure & diabetes

OTHER: Eyes: Very Red & Grogginess: Flashed

Dexterity: A little unsteady

Strong odor of unburned alcoholic beverage #7209

COMMENTS: 20 min. observation done by AIO White

AIO requested the breath test.

D submitted at 01:21, + observed until 01:30

at 01:30.

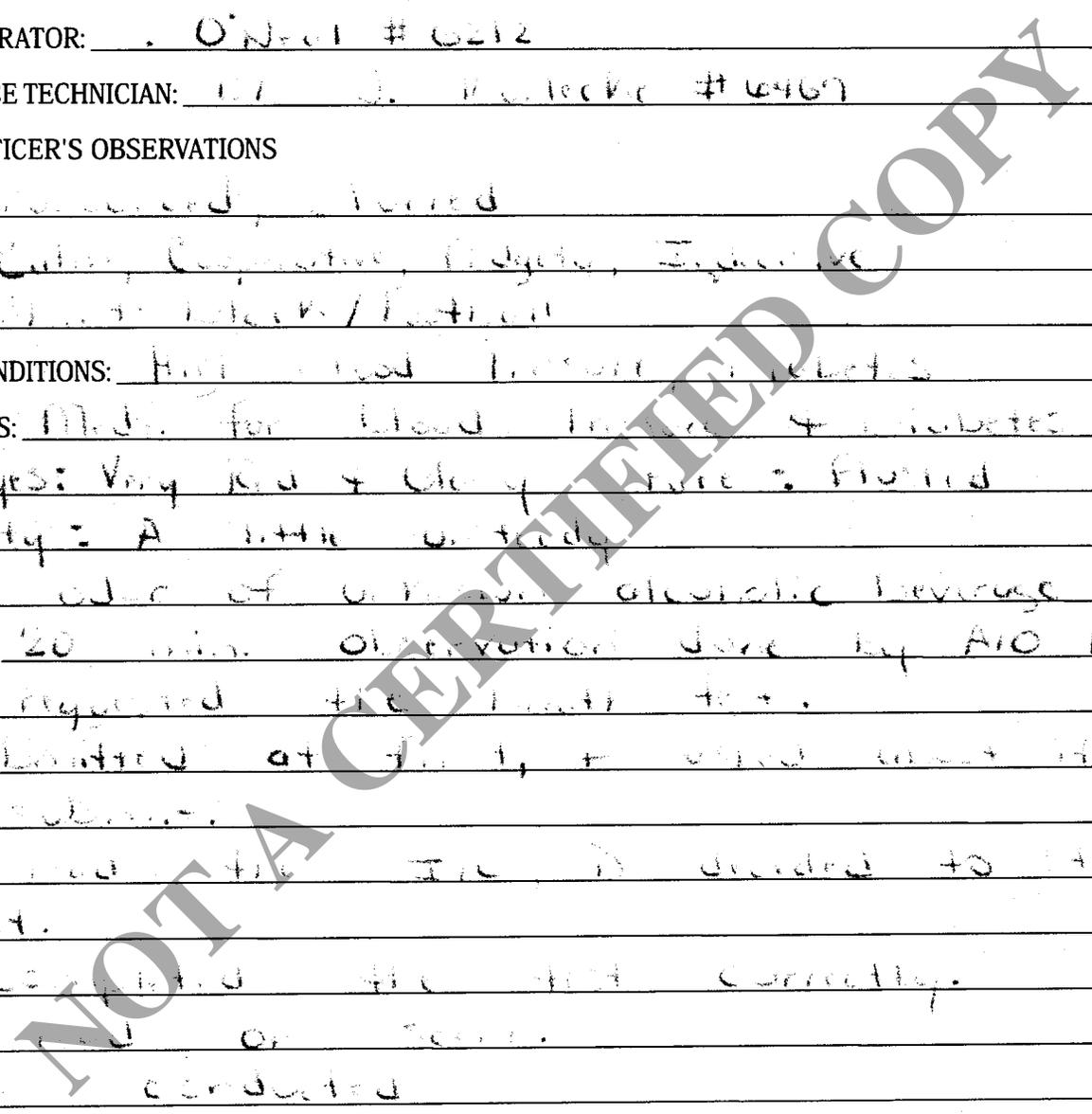
no other tests. I.D. decided to fill

report.

D completed the test correctly.

CUU on scene.

g + r conducted



SUBJECT: _____ 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 _____ 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) _____

SUBJECT: Robert Patrick Morris Jr. CASE NUMBER: 18-C35232

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? Yes

WHERE WERE YOU GOING? Home

WHAT STREET OR HIGHWAY WERE YOU ON? Dornton Brn Blvd

DIRECTION OF TRAVEL? W WHERE DID YOU START? Elmas

WHAT TIME DID YOU START? 1 1/2 hours from now WHAT TIME IS IT NOW? 8 pm or 9 pm

WHAT IS TODAY'S DATE? 4th WHAT DAY OF THE WEEK IS IT? Monday

WHAT COUNTY AND CITY ARE YOU IN NOW? I don't know where I am

WHEN DID YOU LAST EAT? 10 hrs ago WHAT DID YOU EAT? Taco's

WHAT HAVE YOU BEEN DOING FOR THE LAST THREE HOURS? Being a GROOMER

HOW MUCH DO YOU WEIGH? 145 lb HAVE YOU BEEN DRINKING? Yes WHAT? Cecis Light

HOW MUCH? At least 7 WHERE? Elmas WITH WHOM? self

WHEN DID YOU HAVE YOUR FIRST DRINK? mid afternoon AND YOUR LAST DRINK? Prior to the crash

HOW DID YOU CONSUME YOUR LAST TWO DRINKS? Very slow

CAN YOU FEEL THE EFFECTS OF THE ALCOHOL? Pretty good ARE YOU UNDER THE INFLUENCE? Yes

HAVE YOU CONSUMED ANY ALCOHOL SINCE THE ACCIDENT? NO HOW MUCH? NO

WHAT? NO WHERE? NO WHEN? NO

WHAT LINE OF WORK ARE YOU IN? Bar tender / Physician Assistant WHEN DID YOU LAST WORK? Last night

DO YOU HAVE ANY PHYSICAL DEFECTS OR INJURIES? Yes WHAT? Shattered left elbow

ARE YOU SICK OR INJURED? NO WHAT'S WRONG? left leg RT wrist back

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

WERE YOU IN AN ACCIDENT TODAY? Yes

HAVE YOU TAKEN ANY DRUGS OR SMOKED ANY MARIJUANA TODAY? NO WHEN? NO

HAVE YOU SEEN A DOCTOR OR DENTIST TODAY? Yes WHO? Dr Green WHY? Dental work

ARE YOU TAKING ANY PRESCRIPTION MEDICINES? Yes WHAT? NO vaccine WHEN? 2:45 pm

DO YOU HAVE:

- EPILEPSY? NO
- GLASS EYE? NO
- FALSE TEETH? NO
- EAR INFECTION? NO
- INNER EAR TROUBLE? NO
- DIABETES? slightly NOT SURE

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

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

HAVE YOU EVER HAD A DRIVER'S LICENSE IN ANY OTHER STATE? Yes WHERE? Delaware

INTERVIEWER: WHITE 7209



The Sunshine State

DRIVER LICENSE CLASS E
M620-775-65-099-1

ROBERT PATRICK
SR
1000 PINE LAKE CIRCLE
DADE COUNTY, FL 33117-0000
SEX: M
DOB: 05/15/1955

[Signature]

ORGAN DONOR

SAFE DRIVER

Operation of a motor vehicle constitutes consent to any sobriety test required by law.

NOT A CERTIFIED COPY