

ARREST / NOTICE TO APPEAR

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

1

JUVENILE

18CT 11501

| | | |
|--|--|---|
| Agency ORI Number 0500200 | Agency Name Boca Raton Police Department | Agency Report Number (N.T.A.'s only) 3 2 2018-008783 |
| Change 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 | W/Weapons Seized Enter Type: None/not Applicable | Multiple Charges Indicator N |
| Location of Arrest (Including Name of Business) 5099 N MILITARY TRL, BOCA RATON, FL | | Location of Offense (Postbox Name, Address) 5099 N MILITARY TRL, BOCA RATON, FL 33431 |
| Date of Arrest 06/29/2018 | Time of Arrest 23:06 | Booking Date 06/29/2018 |
| Booking Time 23:16 | Jail Date 06/29/2018 | Jail Time 00:00 |
| Location of Vehicle WESTWAY TOWING | | |
| Name (Last, First, Middle) ROLING, TIMOTHY AUGUST | | |
| Alias: Alias (Name, DOB, Sex, etc.) | | |
| Sex M | Date of Birth 07/12/1995 | Height 6'00 |
| Weight 155 | Eye Color BROWN | Hair Color BROWN |
| Complexion LIGHT | Build Medium | |
| Married Status S | | |
| Religion CATHOLIC | | |
| Indication of Alcohol Intoxication <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unk. <input type="checkbox"/> | | |
| Indication of Drug Intoxication <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unk. <input type="checkbox"/> | | |
| Local Address (Street, Apt. Number) 6292 LA COSTA DR E, BOCA RATON, FL 33433 | | |
| Phone (319) 480-2620 | | |
| Residence Type 1. City 3. Florida 2. County 4. Out of State | | |
| Permanent Address (Street, Apt. Number) 6292 LA COSTA DR E, BOCA RATON, FL 33433 | | |
| Phone (319) 480-2620 | | |
| Address Source VERBAL | | |
| Business Address (Name, Street) OLIVE GARDEN, PALMETTO/POWERLINE | | |
| Phone | | |
| Occupation Server | | |
| DL Number, State 379AE7594 / IA | Sec. Sec. Number | DNS Number |
| Place of Birth (City, State) CEDAR RAPIDS, IA | Citizenship US | |
| 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 | | |
| Name (Last, First, Middle) | | |
| Residence Phone | | |
| Address (Street, Apt. Number) (City) (State) (Zip) | | |
| Business Phone | | |
| Notified by: (Name) | Date | Time |
| JUVENILE DISPOSITION 1. Bond/Proceed within Department and Released 2. TOT IAC 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. | | |
| 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. Sample 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. Opioid/Depr. | P. Paraphernalia/ Equipment S. Synthetic |
| U. Unknown 2. Other | State Violation Number 316.193(1) | |
| Charge Description DUI | | Violation of ORD # 316.193(1) |
| Drug Activity | Drug Type | Amount / Unit |
| Offense # | Counts | Domestic Violence <input type="checkbox"/> Y <input checked="" type="checkbox"/> N |
| Warrant / Citrus Number | | |
| Bond | | |
| Charge Description | | |
| State Violation Number | | |
| Violation of ORD # | | |
| Bond | | |
| Charge Description | | |
| State Violation Number | | |
| Violation of ORD # | | |
| Bond | | |
| Health / Apparent Physical Condition of Defendant FAIR | | |
| Any knowledge of the following: <input type="checkbox"/> Mental <input type="checkbox"/> Escape Risk <input type="checkbox"/> Medication <input type="checkbox"/> Dehydration <input type="checkbox"/> Injury Explain: | | |
| Check which apply: <input type="checkbox"/> Released O.R. <input type="checkbox"/> Released to Parent/Guardian <input checked="" type="checkbox"/> T.O.T. County Jail | | |
| PROPERTY - Received By VAN CAMP | | |
| Released By VAN CAMP | | |
| Released To PBCJ | | |
| Transported By | | |
| Date Transported 06/29/2018 | Time Transported 00:00 | |
| 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) South County 200 W Atlantic Ave Delray Beach, FL 33444 | | |
| Court Date and Time 07/30/2018 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 CONTEMPT OF COURT AND A WARRANT FOR MY ARREST SHALL BE ISSUED. | | |
| Signature of Defendant (or Juvenile and Parent/Custodian) | | Date Signed 6/29/18 |
| HOLD BY OTHER AGENCY | | |
| Signature of Appointing Officer | | |
| Name of Appointing Officer (Print) VAN CAMP, J.A. | | |
| ID.# 747 | | |
| Transporting Officer VAN CAMP | | |
| ID.# 747 | | |
| Agency BOCA | | |
| Name Verification (Printed by Arrestor) | | |
| (PRINT) | | |
| PAGE 1 OF 1 | | |
| Witness here if not signed with an "X" | | |

0499440

JUL 03 2018 3877

PROBABLE CAUSE AFFIDAVIT

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

1 JUVENILE

| | | | |
|---|---|--|---|
| OBTS Number | | | |
| Agency ORI Number FL 0500200 | Agency Name BOCA RATON POLICE DEPARTMENT | Agency Report Number 3 2 2018-008783 | |
| 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 | Special Notes: | | |
| Name (Last, First, Middle) ROLING, TIMOTHY AUGUST | Alias | Race W | Sex M Date of Birth 07/12/1995 |
| Charge Description 316.193(1) DUI | Charge Description | | |
| Charge Description | Charge Description | | |
| Victim's Name (Last, First, Middle) STATE OF FLORIDA, | Race | Sex | Date of Birth |
| Local Address (Street, Apt. Number) 100 NW 2ND AVE, BOCA RATON, FL 33432 | (City) | (State) | (Zip) |
| Business Address (Name, Street) 100 NW 2ND AVE, BOCA RATON, FL 33432 | (City) | (State) | (Zip) |
| 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 ... <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>29</u> day of <u>June</u> , <u>2018</u> at <u>19:38</u> (Specify include facts constituting cause for arrest.) | | | |
| On 6-29-2018 at 1813 hours, multiple units responded code three in reference to a W/M passed out behind the wheel of a blue Chevrolet vehicle bearing FL Tag#661VYW. The caller advised that the vehicle was stopped in traffic and a W/M was slumped over the wheel of his vehicle in the northbound lanes of N. Military Trl. just south of W. Yamato Rd. CSO Boylston arrived on scene first and observed the W/M, later identified as Timothy Roling, still passed out inside of his vehicle in the driver's seat. CSO Boylston saw that the vehicle was still in drive and put the vehicle in park. Ofc. Carney arrived on scene a short time later and turned the vehicle off. BRFD Paramedics made patient contact with Roling and provided medical attention (BRFD Run#18-9057). Upon my arrival, Roling was in the back of BRFD Fire Engine#6 being provided medical assistance. I spoke with members of BRFD who advised that Roling was being transported to Boca Regional Hospital due to the fact that he was passed out. I briefly spoke with Roling who appeared completely out of it and very lethargic. I followed BRFD to Boca ER and again made contact with Roling in room#25. I began speaking with Roling who was disoriented and lethargic. I asked Roling if he knew where he was, and he responded with, "this is Pompano right?" Roling advised that he dropped his girlfriend off at her job in Coconut Creek and was not sure what happened after that. Roling was very confused and had to ask me where we were. Roling did not know what had happened and I had to explain to him that he was located in the middle of the roadway, passed out behind the wheel of his vehicle. Roling stated that he thought he was driving to a doctor's appointment that was supposed to be earlier in the afternoon. I informed Roling that he was close to 7 pm, he advised that he must have been running late. While speaking with Roling, he continued to have a delayed reaction time and he was very sleepy. I asked Roling if he had | | | |
| SWORN AND SUBSCRIBED BEFORE ME | SIGNATURE OF ARRESTING / INVESTIGATING OFFICER | | |
| GRAHAM KEITH NOTARY PUBLIC / CLERK OF COURT / OFFICER (F.S. 117.10) | VAN CAMP, JEFFERY ALAN (747) NAME OF OFFICER (PLEASE PRINT) | | |
| <u>06/29/2018</u> DATE | <u>06/29/2018</u> DATE | | |
| ADMINISTRATIVE | PAGE 1 OF 3 | | |

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

SCANNED
JUL 03 2018

PROBABLE CAUSE AFFIDAVIT
SUPPLEMENT

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

1 JUVENILE

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|---|--|--|--|---|--|-----------------------------------|
| OSTS Number | Agency ORI Number FL 0500200 | | Agency Name BOCA RATON POLICE DEPARTMENT | | Agency Report Number 3 2 2018-008783 | |
| Change Type: Check as many as apply. | <input type="checkbox"/> 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"/> 6. Other |
| Name (Last, First, Middle) ROLING, TIMOTHY AUGUST | | | | | Race W | Sex M |
| Date of Birth 07/12/1995 | | | | | Special Notes: | |
| <p>consumed any controlled substances today. Roling informed me that he had ingested Clonazepam and that he had also smoked marijuana. Roling stated that the effects of the Clonazepam were stronger than normal because he had not taken the narcotic in a few days.</p> <p>Based on my observations, I requested that Roling consent to the standard field sobriety tasks to dispel my alarm he was driving impaired, he provided consent. The tasks were performed in his hospital bed in room#25.</p> <p>I explained and demonstrated each task before he attempted them.</p> <p>The first task was the Horizontal Gaze Nystagmus. There was a lack of smooth pursuit that was present in both eyes. Onset prior to 45 degrees was present in both eyes. While observing HGN, Roling fell asleep and I had to wake him up.</p> <p>The second task the Finger to Nose (L-R-L-R-R-L). On every finger to nose sequence, Roling missed the tip of his nose and a few times touched the top of his nose. His eyes were rolling toward the back of his head and it appeared as if he was going to fall asleep again.</p> <p>The third task was the Rhomberg Alphabet. Roling got to the letter F and then said, I, J, K, and paused for several moments. Roling picked up from there and recited the alphabet correctly.</p> <p>The fourth task was the Rhomberg Number Sequence (30-60). During the task, Roling's eyes were again rolling toward the back of his head. Toward the end of the task, Roling opened his eyes and asked, "you did say 60 right." Roling counted correctly.</p> <p>The fifth task was the Rhomberg Balance (estimate 30 seconds). Roling counted out loud instead of too himself as instructed. Roling estimated 30 seconds in 45 seconds.</p> <p>At 1938 hours, I placed Roling under arrest for Driving under the Influence per F.S.S. 316.193(1). Due to the extended amount of time spent at the hospital, and the fact that I was still waiting on the results of Roling's medical evaluation, asking Roling to provide a breath sample became impracticable. Therefore, I asked Roling to provide a legal sample of his blood to determine the presence of a controlled or chemical substance. Roling provided consent.</p> <p>Boca Raton Regional Hospital Nurse Jean Alcimeus responded and legally withdrew blood from Roling at 2007 hours. The blood was withdrawn from the left arm. After the blood was withdrawn, the viles were inverted several times. All of the necessary paperwork was completed, and the blood was collected. The blood kit was later placed in the evidence refrigerator at the police department. A PBSO Laboratory Analysis Request was</p> | | | | | | |
| <p>SWORN AND SUBSCRIBED BEFORE ME</p> <p>GRAHAM, KEITH T #714 NOTARY PUBLIC / CLERK OF COURT / OFFICER (F.S.S. 117.10) DATE: 06/29/2018</p> <p>SIGNATURE OF ARRESTING / INVESTIGATING OFFICER VAN CAMP, JEFFERY ALAN (747) NAME OF OFFICER (PLEASE PRINT) DATE: 06/29/2018</p> | | | | | | |
| | | | | | | PAGE 2 of 3 |

COURT

STATE ATTORNEY

CENTRAL RECORDS

JAIL

CRIME ANALYSIS

SCANNED
JUL 03 2018

PROBABLE CAUSE AFFIDAVIT
SUPPLEMENT

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

1

JUVENILE

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|--|---|--|--|--|---|--|--|-----------------------|------------------------------------|
| A D M I N I S T R A T I V E | OSTS Number | | Agency ORI Number FL 0500200 | | Agency Name BOCA RATON POLICE DEPARTMENT | | Agency Report Number 3 2 2018-008783 | | |
| | Charge Type: Check as many as apply. | | Special Note: | | Name (Last, First, Middle) ROLING, TIMOTHY AUGUST | | Race W | Sex M | Date of Birth 07/12/1995 |
| <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 | | | | | | | | | |
| <p>sent to the lab.</p> <p>After being medically cleared, Roling was taken to the Boca Raton Police Dept. for processing and later taken to the Palm Beach County Jail without incident.</p> <p>The vehicle was towed to Westway Towing.</p> | | | | | | | | | |
| <p>NOT A CERTIFIED COPY</p> | | | | | | | | | |
| <p>SWORN AND SUBSCRIBED BEFORE ME</p> <p>GRAHAM, KEITH T #763 NOTARY PUBLIC / CLERK OF COURT / OFFICER (F.S.S. 117.10) DATE 06/29/2018</p> <p>VAN CAMP, JEFFERY ALAN (747) SIGNATURE OF ARRESTING / INVESTIGATING OFFICER NAME OF OFFICER (PLEASE PRINT) DATE 06/29/2018</p> | | | | | | | | | |
| | | | | | | | | PAGE 3 of 3 | |

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COURT STATE ATTORNEY CENTRAL RECORDS JAIL CRIME ANALYSIS

SCANNED P.I.O.
JUL 03 2018

DUI INFLUENCE REPORT



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

SCANNED
JUL 03 2018



**BOCA RATON POLICE SERVICES DEPARTMENT
DUI INFLUENCE REPORT - PART I**

On the _____ day of _____, at _____ AM/PM:

Subject: _____ Case Number: _____

PERSONAL CONTACT

Driving Pattern: _____

Observation of Driver: _____

Driver's Statement: _____

Odors: _____

GENERAL OBSERVATIONS

Speech: _____

Attitude: _____

Clothing: _____

Medical Problems: _____

Medications: _____

Other: _____

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JUL 03 2018

Horizontal Gaze Nystagmus:

- | | |
|--|---|
| <input type="checkbox"/> Left eye does not follow smoothly | <input type="checkbox"/> Right eye does not follow smoothly |
| <input type="checkbox"/> Left eye jerks at 45 degrees angle or less | <input type="checkbox"/> Right eye jerks at 45 degrees angle or less |
| <input type="checkbox"/> Distinct jerking left eye maximum deviation | <input type="checkbox"/> Distinct jerking right eye maximum deviation |

Can not do, Why? _____

Walk and turn: _____

Can not do, Why? _____

One leg stand: _____

Can not do, Why? _____

Finger to nose: _____

Can not do, Why? _____

Alphabet (speech pattern): _____

Can not do, Why? _____

Breath/Blood test results: _____

State of Florida, County of Palm Beach,

Sworn and subscribed before me this _____ (date) by _____

Notary/Clerk of Court/ Officer (FSS 117.10)

Date

Signature of Arresting Officer

Name of Officer (print)

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JUL 03 2018

ARRESTING OFFICER: _____

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: _____

Name: _____ Phone # _____ Work # _____

Address: _____

Can testify to: _____

Name: _____ Phone # _____ Work # _____

Address: _____

Can testify to: _____



BOCA RATON POLICE SERVICES DEPARTMENT
DUI INFLUENCE REPORT - PART II

To be filled out at testing facility

Agency Case # _____

L INTRODUCTION (Instrument Operator faces video camera)

A. The day is _____, _____, _____, _____
(day) (month) (date) (year)

B. The time is now approximately _____ AM/PM.

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

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

E. Officer _____, have you arrested _____ in violation of
Florida State Statute 316.193? (Defendant's name)

F. Did this violation occur within the City of Boca Raton, Palm Beach County, Florida? _____

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

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

NOT A CERTIFIED COPY

SCANNED
JUL 03 2018

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 its alcohol content.
- 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 _____, _____, _____, and the time is _____ AM/PM.
(month) (day) (year)

A refusal form will be completed by the arresting officer.

NOT A CERTIFIED COPY



BOCA RATON POLICE SERVICES DEPARTMENT
JUVENILE CONSTITUTIONAL WARNINGS

Rights of suspects prior to custodial questioning.
Identify yourself and state:

I am required to warn you before you make any statement that you have the following Constitutional rights:

- (1) You have the right to remain silent and not answer any questions. *Tell me in your own words what you think this means.*
(You do not have to talk to me or answer any questions about this offense. You can be quiet if you want.)
- (2) Any statement you make must be freely and voluntarily given. *Tell me in your own words what you think this means.*
(If you do talk to me it has to be because you want to and not because anyone is forcing you to speak.)
- (3) You have a right to the presence and representation of a lawyer of your choice before you make any statement and during any questioning. *Tell me in your own words what you think this means.*
(You can talk to a lawyer before we ask you any questions and you can have him/her with you now, during our questioning.)
- (4) If you cannot afford a lawyer, you are entitled to the presence and representation of a court appointed lawyer before you make any statement and during any questioning. *Tell me in your own words what you think this means*
(If you do not have money for a lawyer and you want one, a lawyer will be given to you for free.)
- (5) If at any time during the interview you do not wish to answer any questions, you are privileged to remain silent. *Tell me in your own words what you think this means.*
(If you decide to talk to me then change your mind, you can stop answering my questions at any time.)
- (6) I can make no threats or promises to induce you to make a statement. This must be of your own free will. *Tell me in your own words what you think this means*
(I am not allowed to threaten you or make you any promises to get you to talk to me. If you decide to talk, it must be because you want to.)
- (7) Any statement can be and will be used against you in a court of law. *Tell me in your own words what you think this means*
(Anything you say to me can and will be told to the judge or a jury in court. A judge is a person who decides if you have done something wrong. Sometimes a group of people called a jury decide this, but the Judge is the person who decides what punishment you get.)
- (8) Do you understand these rights as I have read them to you, and do you wish to speak to me?

Signed: _____ Date: _____ Time: _____



**BOCA RATON POLICE SERVICES DEPARTMENT
TESTING FACILITY TASK REPORT**

SUBJECT: _____

CASE #: _____ DATE: _____

BREATH TEST RESULTS

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

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

BREATH OPERATOR: _____

MAINTENANCE TECHNICIAN: _____

TESTING OFFICER'S OBSERVATIONS

SPEECH: _____

ATTITUDE: _____

CLOTHING: _____

MEDICAL CONDITION: _____

OTHER: _____

COMMENTS: _____

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JUL 03 2018

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: _____ 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 _____ AM/PM.

The date is _____ (month) _____ (day) _____ (year)

SCANNED
JUL 03 2018



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"/> | | | |
| Other | <input type="checkbox"/> | | Other: | |
| | <input type="checkbox"/> | | Other: | |

REVIEW COMPLETED BY

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|----------------------------|----------------------------------|
| Booking Number: 2018021692 | Date: 06/30/2018 |
| | Specialist Name/ID: howardt/7185 |

SCANNED
JUL 03 2018