

J-0492393

ARREST / NOTICE TO APPEAR
Juvenile Referral Report

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

OBTS Number	Agency ORI Number FLO 500000		Agency Name PALM BEACH COUNTY SHERIFF'S OFFICE		Agency Report Number (N.T.A.'s only) 06-17136306	
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
Location of Arrest (Including Name of Business) 4400 S Ocean Blvd, Highland Beach, FL 33487				Location of Offense (Business Name, Address) 4400 S Ocean Blvd, Highland Beach, FL 33487		
Date of Arrest 10/07/2017	Time of Arrest 0329	Booking Date	Booking Time	Jail Date	Jail Time	Location of Vehicle 4400 S Ocean Blvd, Highland Beach, FL 33487

Name (Last, First, Middle) Stern, William, Nichols						Alias (Name, DOB, Soc. Sec. #, Etc.)					
Race W - White 1 - American Indian B - Black 0 - Oriental/Asian	Sex M	Date of Birth 02/20/1991	Height 5'07	Weight 135	Eye Color Brown	Hair Color Brown	Complexion light	Build medium			
Scars, Marks, Tattoos, Unique Physical Features (Location, Type, Description) None						Marital Status Single	Religion NONE	Indication of Alcohol Influence Drug Influence 1. City <input type="checkbox"/> 2. County <input type="checkbox"/> 3. Florida <input type="checkbox"/> 4. Out of State <input type="checkbox"/> 1			
Local Address (Street, Apt. Number) (City) (State) (Zip) 340 W Palmetto Park Rd 101, Boca Raton, FL 33432						Phone () Unknown		Residence Type: 1. City <input type="checkbox"/> 2. County <input type="checkbox"/> 3. Florida <input type="checkbox"/> 4. Out of State <input type="checkbox"/> 1			
Permanent Address (Street, Apt. Number) (City) (State) (Zip) 340 W Palmetto Park Rd 101, Boca Raton, FL 33432						Phone ()		Address Source Drivers license			
Business Address (Name, Street) (City) (State) (Zip) ()						Phone ()		Occupation Unknown			
D/L Number, State S365934910600, FL		Soc. Sec. Number ()		INS Number ()		Place of Birth (City, State) refused - Philadelphia, PA		Citizenship USA			

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
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:	Name (Last) (First) (Middle)	Relationship	Residence Phone ()
Address (Street, Apt. Number) (City) (State) (Zip)			Business Phone ()		
Notified by: (Name)			Date	Time	Juvenile Disposition 1. Handed/processed within Dept. and Released. 2. TOT HRS / DYS 3. Incarcerated
Released To: (Name)			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
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 Driving Under The Influence (DUI)			Counts 1	Domestic Violence <input type="checkbox"/> Y <input type="checkbox"/> N	Statute Violation Number 316.193(1)	Violation of ORD #				
Drug Activity U	Drug Type U	Amount / Unit n/a	Offense # 17136306	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) South County Courthouse, Courtroom #1, 200 W. Atlantic Ave., Delray Beach, FL 33444 - Ph: (561) 355-2996					
Court Date and Time Month Nov Day 6 Year 2017 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 10/07/2017	

HOLD for other Agency Name:		Signature of Arresting Officer		Name Verification (Printed by Arresting Officer)	
<input type="checkbox"/> Dangerous	<input type="checkbox"/> Resisted Arrest	Name of Arresting Officer (Print) D/S Jacob Frey		(PRINT)	
<input type="checkbox"/> Suicidal	<input type="checkbox"/> Other	I.D. # 9658		PAGE	
Transporting Officer D/S Jacob Frey		ID # 9658	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)

RECEIVED
OCT 08 2017
SOUTH COUNTY CLERK'S OFFICE

SCANNED
OCT 08 2017

PROBABLE CAUSE AFFIDAVIT

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

Juvenile

OBTS Number		Agency ORI Number FLO 5 0 3 8 0 0		Agency Name HIGHLAND BEACH POLICE DEPARTMENT		Agency Report Number 17-0660	
Charge Type: Check as many as apply		1. Felony 2. Traffic Felony		3. Misdemeanor 4. Traffic Misdemeanor		5. Ordinance 6. Other	
Name (Last, First, Middle) STERN WILLIAM NICHOLS		Alias		Race WM		Sex M	
Date of Birth 02.20.91		Charge Description DUI		Charge Description		Charge Description	
Victim's Name (Last, First, Middle) STATE OF FLORIDA		Local Address (Street, Apt. Number)		City (City)		State (State)	
Business Address (Name, Street)		City (City)		State (State)		Zip (Zip)	
Phone		Phone		Phone		Address Source	
Occupation		Occupation		Occupation		Occupation	
<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 checked="" 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 type="checkbox"/> was found to have committed the below acts, resulting from my (described) investigation.</p> <p>On the <u>7th</u> day of <u>OCTOBER</u> 2017 at <u>0240</u> <input checked="" type="checkbox"/> A.M. <input type="checkbox"/> P.M. (Specifically include facts constituting cause for arrest.)</p> <p>WHILE ON A TRAFFIC STOP IN IN THE TOWN OF HIGHLAND BEACH PALM BEACH COUNTY AT APPROXIMATELY 0150 HOURS HIGHLAND BEACH OFFICERS WERE ON A TRAFFIC STOP AT 4600 S OCEAN BLVD WHEN A WHITE LATE MODEL MERCEDES WENT BY AT AN ESTIMATED 60mph in a 35mph State Zone HEADING NORTHBOUND. I ATTEMPTED A TRAFFIC STOP BUT BROKE OFF WHEN MY SPEED OF 70mph WAS NOT CLOSING THE DISTANCE. WE LOCATED THE VEHICLE IN DECRY BEACH. AT APPROXIMATELY 0230 HOURS I WAS PATROLLING NORTHBOUND AND NOTICED A SOUTHBOUND VEHICLE AT A HIGH RATE OF SPEED ESTIMATED AT 65-70mph. I ACTIVATED MY RADAR AND OBSERVED A SPEED OF 65mph in a 35mph state zone. I MADE A U TURN AND INITIATED A TRAFFIC STOP NOTING THE SAME WHITE MERCEDES (PARAG) U/TN STOPPING. THE DRIVER POUT HIS KEYS ON THE ROOF. PRIOR TO REACHING THE FRONT WINDOW, I NOTED A STRONG ODOR OF AN ALCOHOLIC BEVERAGE THE DRIVER W/AM WILLIAM NICHOLS STERN DOB 02/20/91 HAD GASSY EYES. I CONTACTED PBSD DISPATCH FOR A DUI UNIT</p>							
SWORN AND SUBSCRIBED BEFORE ME		D/S Jacob Frey		10/7/17		DATE	
NOTARY PUBLIC / CLERK OF COURT / POLICE OFFICER		9655		10/7/2017		DATE	
SIGNATURE OF ARRESTING / INVESTIGATING OFFICER		OFC SEMPLE		10/7/2017		DATE	
NAME OF OFFICER (PLEASE PRINT)		OFC SEMPLE		10/08/2017		DATE	
PAGE		1		OF		1	

PROBABLE CAUSE AFFIDAVIT

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

Juvenile

OBTS Number

Agency ORI Number
FLO 5 0 3 8 0 0

Agency Name
HIGHLAND BEACH POLICE DEPARTMENT

Agency Report Number
17-0660

Charge Type:
Check as many as apply.

- 1. Felony
- 2. Traffic Felony
- 3. Misdemeanor
- 4. Traffic Misdemeanor
- 5. Ordinance
- 6. Other

Special Notes:

Name (Last, First, Middle)

STERN WILLIAM NICHOLS

Race Sex Date of Birth

WM M 02.20.91

Charge Description

DUI

Charge Description

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 ...

Committed the below acts in my presence.

was observed by _____ who told _____

that he/she saw the arrested person commit the below acts.

confessed to _____

was found to have committed the below acts, resulting from my (described) investigation.

admitting to the below facts.

On the 7th day of OCTOBER 2017 at 0240 A.M. P.M. (Specifically include facts constituting cause for arrest.)

PROBABLE CAUSE STATEMENT

~~WHILE ON A TRAFFIC STOP IN~~
 IN THE TOWN OF HIGHLAND BEACH PALM BEACH COUNTY
 AT APPROXIMATELY 0150 HOURS HIGHLAND BEACH OFFICERS
 WERE ON A TRAFFIC STOP AT 4600 S OCEAN BLVD
 WHEN A WHITE LATE MODEL MERCEDES WENT
 BY AT AN ESTIMATED 60mph in a 35mph State Zone
 HEADING NORTHBOUND. I ATTEMPTED A TRAFFIC STOP
 BUT BROKE OFF WHEN MY SPEED OF 70mph WAS
 NOT CLOSING THE DISTANCE. WE LOCATED THE
 VEHICLE IN DEERLY BEACH. AT APPROXIMATELY
 0230 HOURS I WAS PATROLLING NORTHBOUND AND
 NOTICED A SOUTHBOUND VEHICLE AT A HIGH RATE OF SPEED
 ESTIMATED AT 65-70mph. I ACQUIRED MY RADAR AND OBTAINED
 A SPEED OF 65mph in a 35mph state zone. I MADE A U TURN AND
 INITIATED A TRAFFIC STOP NOTING THE SAME WHITE
 MERCEDES (PARG) UPON STOPPING THE DRIVER
 PUT HIS KEYS ON THE ROOF. PRIOR TO REACHING THE
 FRONT WINDOW, I NOTED A STRONG ODOR OF AN ALCOHOLIC
 BEVERAGE THE DRIVER W/AS WILLIAM NICHOLS STERN DOB 02/20/91
 HAD GASSY EYES. I CONTACTED PBSO DISPATCH FOR A DUI UNIT

SWORN AND SUBSCRIBED BEFORE ME

D/S Jacob Frey
NOTARY PUBLIC / CLERK OF COURT / POLICE OFFICER 965'S

10/7/17
DATE

ORIG #077
SIGNATURE OF ARRESTING / INVESTIGATING OFFICER

OFC SEMPLE #001782017
NAME OF OFFICER (PLEASE PRINT)

10/7/2017
DATE

PAGE
1 OF 1

D.U.I. PROBABLE CAUSE AFFIDAVIT

ON THE 7 DAY OF Oct 20 17, AT 0235 AM PM

SUBJECT: Stern, William, Nichols CASE NUMBER: 17136306

AGENCY: PALM BEACH COUNTY SHERIFF'S OFFICE ARRESTING OFFICER: D/S Jacob Frey

PERSONAL CONTACT

DRIVING PATTERN: ACTUAL PHYSICAL CONTROL (PHYSICAL EVIDENCE OR STATEMENTS PUTTING DEF. BEHIND WHEEL OF VEHICLE)
On 7 Oct 17 at approximately 0255hrs I arrived at 4400 S Ocean Blvd, in the Town of Highland Beach, Palm Beach County, in reference to a Driving Under The Influence (DUI) investigation.

Upon arrival I met Officer Bill Semple (#077) of the Highland Beach Police Department. He told me at approximately 0150hrs he was on a traffic stop in the area of 4600 S Ocean Blvd. he observed a "late model Mercedes" pass by him at a high rate of speed going northbound on S Ocean Blvd. He told me he estimated the speed of the vehicle at 60mph in 35mph zone. He told me he attempted to stop the vehicle using his emergency lights on his marked patrol vehicle. He told me he was doing 70mph in his marked patrol vehicle and observed the vehicle pulling away from him. At this time he "broke off" the traffic stop due to the high rate of speed and not being able to close the distance. He told me he was in the city of Delray when he broke it off. At approximately 0230hrs He was patrolling northbound on S Ocean Blvd and noticed a vehicle traveling southbound at a high rate of speed (estimated 65-70mph in a 35mph zone). He told me he activated his radar (Stalker Dou 1 S/N 002612) and obtained a speed of 65mph in a 35mph zone. He told me he made a U-turn and stopped the vehicle (PA tag KBP1281) in the area of 4400 S Ocean Blvd. This was the same Mercedes he attempted to stop earlier. Once the vehicle was stopped the driver reached out the window and placed the keys on the roof. As Officer Semple stated "prior to reaching the front window, I (Ofc. Semple) noted a strong odor of and alcoholic beverage. He told me he identified the driver as William Stern by his Florida Driver's License.

OBSERVATION OF DRIVER:

Ofc. Semple told me he smelled the strong odor of an alcohol beverage coming from the vehicle. He told me he observed William's eyes were glassy.

After speaking to Ofc. Semple, made contact with William. He was in the driver's seat looking forward. I could smell the odor of an unknown alcoholic beverage coming from inside the vehicle. When I initially spoke to him he would not turn and make eye contact with me. Eventually when he did turn and talk to me, I could smell the strong odor of an unknown alcoholic beverage coming from William's breath. His eyes were slightly red, watery, and glassy. His speech was slurred. I asked him to exit the vehicle and walk back to my marked patrol vehicle. He staggered as he walked. Once out side the vehicle I could smell the strong odor of an unknown alcoholic beverage coming from his breath and his person.

DRIVER'S STATEMENTS:

He was very talkative.

ODORS:

Strong of odor of an unknown alcoholic beverage coming from his breath and person.

GENERAL OBSERVATIONS

SPEECH: Slurred

ATTITUDE: uncooperative, talkative, belligerent, cocky

CLOTHING: buttoned down shirt partially unbuttoned, jeans, brown shoes (no socks)

MEDICAL/OTHER: Stated he had medical condition that he gets "growths throughout his body". He told me he had this condition for approximately 3 years and had surgery for it. He could not tell me the name of the condition. He also told me he has "flat feet".

STATE OF FLORIDA
COUNTY OF PALM BEACH

D/S Jacob Frey

(Signature of Arresting/Investigative Officer)

The foregoing instrument was sworn to or affirmed and subscribed before me this 7 day of Oct 20 17 by D/S Jacob Frey

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

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



SHARI L. O'NEAL
Notary Public - State of Florida
Commission # FF 96305
My Comm. Expires Jun 25, 2018
Bonded through National Notary Association

SCANNED

OCT 08 2017

WITNESS LIST

CASE NUMBER: 17136306

ARRESTING OFFICER: D/S Jacob Frey

ADDRESS: 3228 Gun Club Rd, WPB

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

CAN TESTIFY TO: personal contact, SFST

NAME: Officer Bill Semple (#077) - Highland Beach

ADDRESS: 3614 S Ocean Blvd, Highland Beach, FL 33487

PHONE NUMBERS (HOME) _____ (WORK) 561-276-2458

CAN TESTIFY TO: Driving pattern, personal contact

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 _____

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: _____

ADDRESS _____

PHONE NUMBERS (HOME) _____ (WORK) _____

CAN TESTIFY TO: _____

SCANNED

OCT 08 2017

TESTING FACILITY TASK REPORT

4

AGENCY: 1150 115 Frey #4652
SUBJECT: Steve Williams N. CASE NUMBER: 17-126206

DATE: 10-07-17 VIDEO TAPE NUMBER: /

BEGINNING TIME: 0950hrs ENDING TIME: 0954hrs

BREATH TESTS RESULTS: 1) D TIME 0952 A.M./P.M. 2) _____ TIME _____ A.M./P.M.
3) _____ TIME _____ A.M./P.M. 4) _____ TIME _____ A.M./P.M.

BREATH OPERATOR: S. O'Neil #16212

MAINTENANCE TECHNICIAN: DIS J. Kunkle #0967

TESTING OFFICER'S OBSERVATIONS

SPEECH: _____

ATTITUDE: Quiet, Cooperative, Unresponsive, Cautious

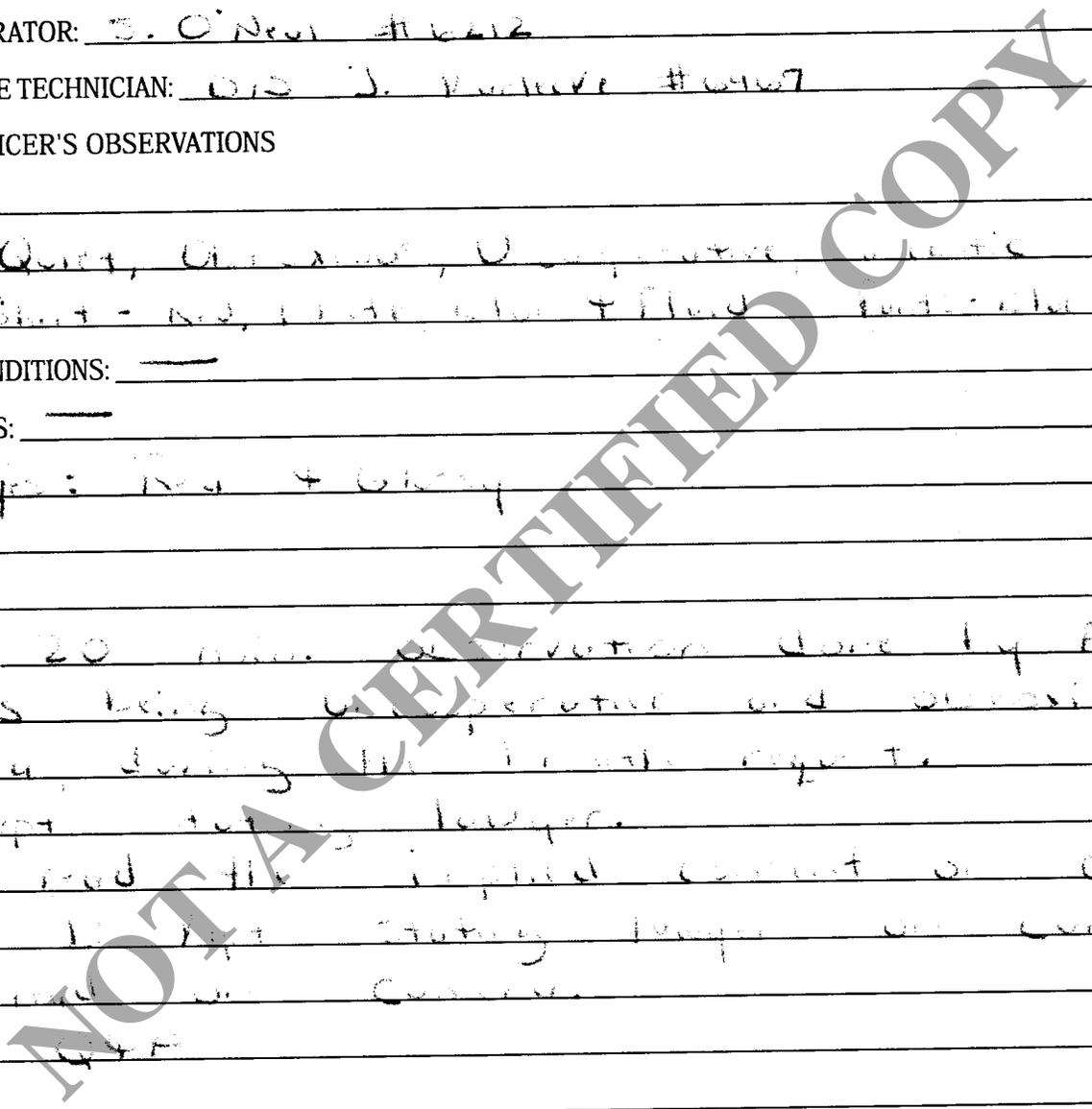
CLOTHING: Short - No, 1150 115 Frey #4652

MEDICAL CONDITIONS: _____

MEDICATIONS: _____

OTHER: Eyes: Red + Glassy

COMMENTS: 20 min. observation done by AIO Frey
D was being uncooperative and obnoxious on
camera during the breath test.
D kept trying to argue.
AIO read the implied consent of camera
2x. D kept stating he was on camera.
CW read the consent.
Do not



SCANNED
OCT 08 2017

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.

SCANNED
OCT 08 2017

SUSPECT'S SIGNATURE: (X) _____

SUBJECT: Steen, William N. CASE NUMBER: 17-116306

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? _____

SCANNED
OCT 08 2017

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? _____

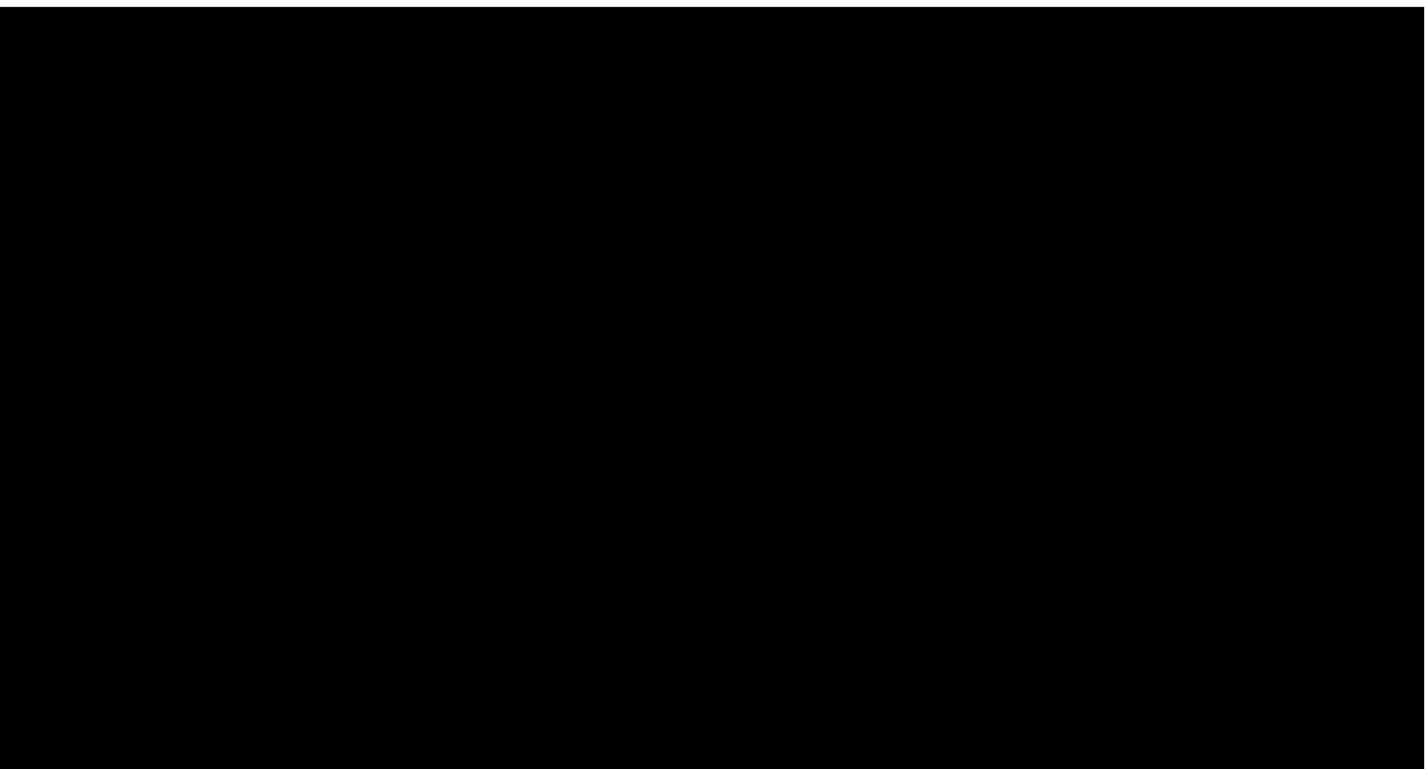
INTERVIEWER: _____

WHITE - STATE ATTY.

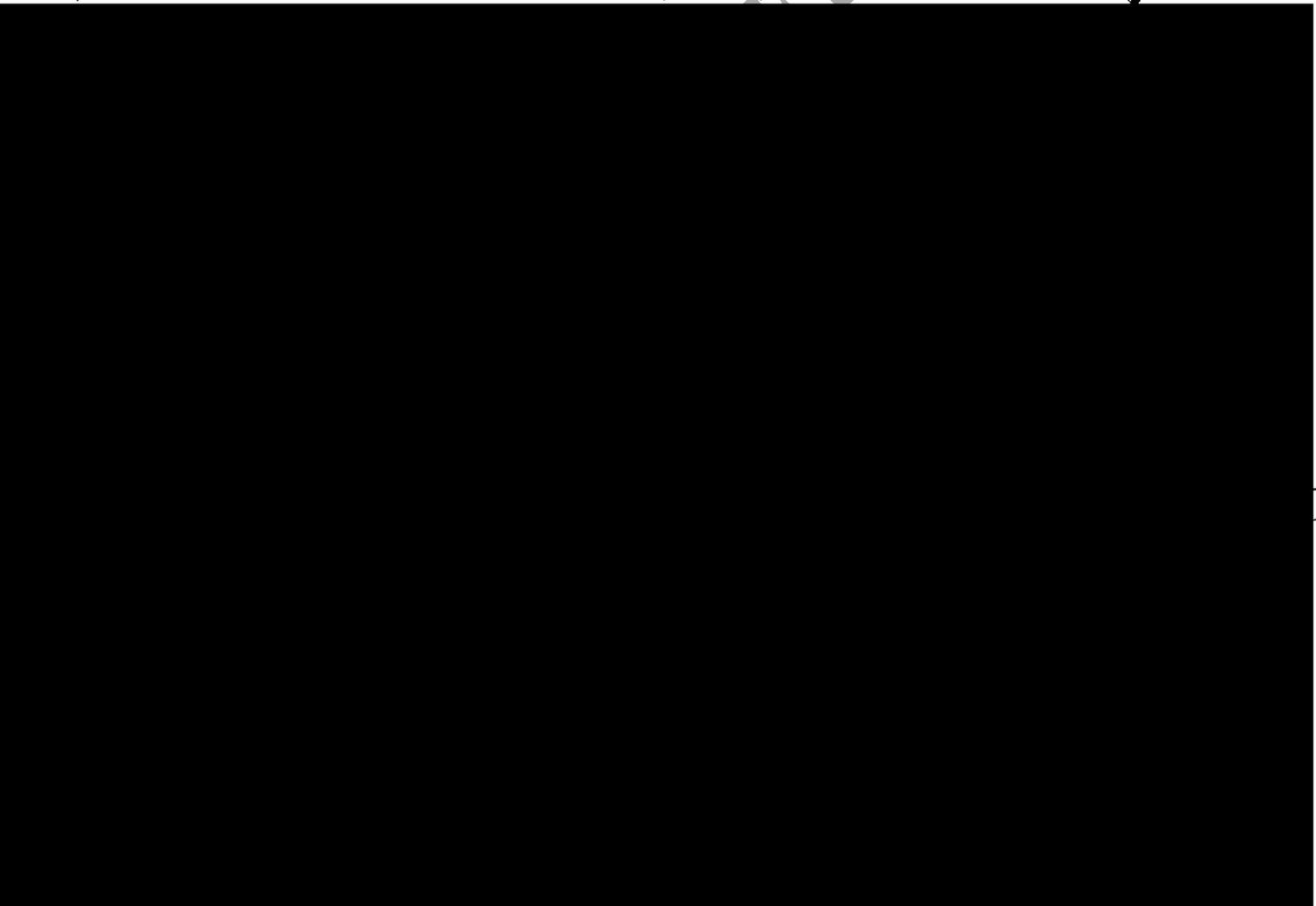
YELLOW - DHSMV

PINK - CENTRAL RECORDS

GOLD - JAIL



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



The Duck Tavern

5901 N. Federal Highway

Boca Raton, FL 33487

561-998-8288

www.theducktavern.co

Date: 10/06/2017 10:17PM

Card Type: Visa

Acct Num: [REDACTED]

Exp Date: **/**

Card Entry: SWIPED

Trans Type: PURCHASE

Auth Code: 092312

Check: 1924

Server: 10018 PM BAR

Amount: \$21.66

** CUSTOMER COPY **

Tip _____

Total _____

Please visit us again soon!

** CUSTOMER COPY **

NOT A CERTIFIED COPY

SCANNED

OCT 08 2017