

5-0528410

211 21514

P-3791

OBTs Number		ARREST / NOTICE TO APPEAR Juvenile Referral Report			1. Arrest 2. N.T.A.		3. Request for Warrant 4. Request for Capias		1	Juvenile	N										
Agency ORI Number FLO ORI NUMBER		Agency Name RIVIERA BEACH PD			Agency Report Number AG- 21-09013																
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 type="checkbox"/> 4. Traffic Misdemeanor		<input type="checkbox"/> 5. Ordinance <input type="checkbox"/> 6. Other		Weapon Seized / Type 2 1. Yes 2. No		Multiple Clearance Indicator 1											
Location of Arrest (Including Name of Business) 1600 W BLUE HERON BLVD, RIVIERA BEACH, FL 33404					Location of Offense (Business Name, Address) 1600 W BLUE HERON BLVD, RIVIERA BEACH, FL 33404																
Date of Arrest 12/30/2021		Time of Arrest 23:48		Booking Date		Booking Time		Jail Date		Jail Time											
Location of Vehicle SHEEHAN'S TOWING 1253 ROEBUCK CT, WEST PALM BEACH, FL 33401																					
Name (Last, First, Middle) CRUZ PEREZ, ADAN,																					
Alias (Name, DOB, Soc. Sec. #, Etc.)																					
Race W - White 1 - American Indian B - Black 0 - Oriental/Asian		Sex M		Date of Birth 9/1/1983		Height 5'-5"		Weight 150		Eye Color BRO		Hair Color BLK		Complexion MED		Build SMALL					
Scars, Marks, Tattoos, Unique Physical Features (Location, Type, Description)						Marital Status SINGLE		Religion CATHOLIC		Indication of Alcohol Influence Y <input checked="" type="checkbox"/> N <input type="checkbox"/> Unk. <input type="checkbox"/>		Indication of Drug Influence Y <input type="checkbox"/> N <input type="checkbox"/> Unk. <input checked="" type="checkbox"/>									
Local Address (Street, Apt. Number) 5230 SW 57TH ST, DAVIE, FL 33314						(City)		(State)		(Zip)		Phone (786) 463-2865		Residence Type: 1. City 2. County 3. Florida 4. Out of State		3					
Permanent Address (Street, Apt. Number)						(City)		(State)		(Zip)		Phone		Address-Source		DEFENDANT					
Business Address (Name, Street)						(City)		(State)		(Zip)		Phone		Occupation CONSTRUCTION							
D/L Number, State NONE			Soc. Sec. Number			INS Number			Place of Birth (City, State) HUEHUETENANGO			Citizenship GUATEMALA									
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)						Residence Phone													
Address (Street, Apt. Number)						(City)		(State)		(Zip)		Business Phone									
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 355-2528) 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 - DRIVING WHILE UNDER INFLUENCE		Counts 1		Domestic Violence <input type="checkbox"/> Y <input checked="" type="checkbox"/> N		Statute Violation Number 316.193(1)A BS						Violation of ORD #									
Drug Activity N		Drug Type		Amount / Unit		Offense # 21-09013		Warrant / Capias Number				Bond									
Charge Description		Counts		Domestic Violence <input type="checkbox"/> Y <input checked="" 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 checked="" 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 checked="" type="checkbox"/> N		Statute Violation Number				Violation of ORD #											
Drug Activity		Drug Type		Amount / Unit		Offense #		Warrant / Capias Number				Bond									
Location / Court Date and Time JANUARY 85 NORTH COUNTY																					
Court Date and Time Month DECEMBER Day 31 Year 2021 Time 0830^{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 12/30/2021											
HOLD for other Agency Name:				Signature of Arresting Officer OFC. B. SPEAROW				Name Verification (Printed by Arrestee) (PRINT)													
<input type="checkbox"/> Dangerous <input type="checkbox"/> Suicidal		<input type="checkbox"/> Resisted Arrest <input type="checkbox"/> Other:		Name of Arresting Officer (Print) OFC. B. SPEAROW		I.D. # 6440		PAGE 1 OF 1													
Initiate Deputy A. O'NEAL		D. Pouch		Transporting Officer OFC. B. SPEAROW		ID # 6440		Agency RBPB		Witness here if subject signed with an "X" 1 OF 1											

DISTRIBUTION: WHITE - COURT COPY GREEN - STATE ATTORNEY YELLOW - AGENCY PINK - AGENCY GOLD - DEFENDANT (N.T.A.'s ONLY)

D.U.I. PROBABLE CAUSE AFFIDAVIT

On the 31 day of DECEMBER 2021 at 23:18 AM PM

Subject: CRUZ PEREZ, ADAN, Case Number: 21-09013

Agency: RIVIERA BEACH PD Arresting Officer: OFC. B. SPEAROW 6440

PERSONAL CONTACT

DRIVING PATTERN: (Actual Physical Control; Physical Evidence or Statements Putting Defendant Behind Wheel of Vehicle)

DRIVER WAS DISCOVERED BEHIND THE WHEEL AT REST AS V1 IN REFERENCE TO A MINOR VEHICLE CRASH. BECAUSE OF THIS, DRIVING PATTERN WAS NOT OBSERVED.

OBSERVATION OF DRIVER:

DRIVER APPEARED TO BE INCOHERENT. DRIVER WAS UNAWARE THAT HE STRUCK ANOTHER VEHICLE. DURING THE INVESTIGATION, DRIVER URINATED AT THE REAR OF HIS VEHICLE. DRIVER APPEARED TO HAVE WATERY BLOODSHOT EYES. DRIVER HAD SLURRED SPEECH. DRIVER WAS TALKATIVE AND DID NOT COMPLETELY UNDERSTAND ENGLISH. DRIVER WAS OBSERVED TO BE SWAYING AND UNSTEADY WHILE STANDING. WHEN SPEAKING, DRIVER HAD THE SMELL OF AN INTOXICATING BEVERAGE EMITTING FROM HIS BREATH.

DRIVER STATEMENTS:

DRIVER CONTINUED TO ASK TO MAKE A PHONE CALL. DRIVER CONTINUED TO ASK WHAT WAS GOING ON.

ODORS: INTOXICATING BEVERAGE

GENERAL OBSERVATIONS

SPEECH: SLURRED, INTERMITTENT

ATTITUDE: CONFUSED, CAREFREE, CALM

CLOTHING: NORMAL CLOTHING, NOT SOILED

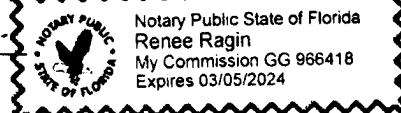
MEDICAL/OTHER: NONE

STATE OF FLORIDA
COUNTY OF PALM BEACH


SIGNATURE OF ATTESTING OFFICER

The forgoing instrument was sworn to or affirmed and subscribed before me this 31 day of DECEMBER 2021 by OFC. B. SPEAROW 6440 who is personally known to me or produced


Notary Public, Clerk of Court, Officer (FSS 117.10)



STAMP

D.U.I. PROBABLE CAUSE AFFIDAVIT Cont.

Subject: CRUZ PEREZ, ADAN,

Case Number: 21-09013

ROADSIDE TASKS

HORIZONTAL GAZE NYSTAGMUS:

LEFT EYE

- Lack of Smooth Pursuit
Distinct & Sust. Nystag. at Max. Deviation
Onset of Nystagmus Prior to 45 Degrees

RIGHT EYE

- Lack of Smooth Pursuit
Distinct & Sust. Nystag. at Max. Deviation
Onset of Nystagmus Prior to 45 Degrees

Other Observations:

CRUZ PEREZ SWAYED FROM LEFT TO RIGHT WHILE BEING READ THE INSTRUCTIONS, TURNED HIS HEAD TO FOLLOW THE STIMULUS, AND WAS REMINDED 4 TIMES TO FOLLOW WITH EYES ONLY.

Walk and Turn

CRUZ PEREZ STATED HE UNDERSTOOD THE INSTRUCTIONS. HE BROKE OUT OF THE STARTING POSITION MULTIPLE TIMES. HE DID NOT HAVE HIS HEEL TOUCH HIS TOES ON THE FOLLOWING STEPS: 1,2,3,5,7 ON THE FIRST 9 STEPS. HE USED HIS ARMS TO BALANCE FOR THE ENTIRE TASK AND STEPPED OFF THE LINE ON STEP 5. HE DID NOT COMPLETE THE TURN CORRECTLY. THE FOLLOWING 9 STEPS HE DID NOT TOUCH HEEL TO TOE ON STEPS 4,5,6,7,8,9,10 AND TOOK ONE EXTRA STEP AT THE END.

One Leg Stand

CRUZ PEREZ STATED HE UNDERSTOOD THE INSTRUCTIONS. HE SWAYED FROM LEFT TO RIGHT WHILE BEING READ THE INSTRUCTIONS. HE BEGAN THE TASK AND RAISED HIS ARMS FOR BALANCE THROUGHOUT THE TASK. HE NEVER LOOKED DOWN AT HIS ELEVATED FOOT. HE DID NOT COUNT OUT LOUD, EVEN AFTER BEING REMINDED. HE PUT HIS FOOT DOWN 4 TIMES AND WAS TOLD TO KEEP GOING EACH TIME. HE POINTED HIS FOOT UP AND BENT HIS KNEE DURING THE TASK.

Rhombberg

CRUZ PEREZ STATED HE UNDERSTOOD THE INSTRUCTIONS. HE KEPT HIS EYES OPEN THROUGHOUT THE TASK. HE RECITED THE SPANISH ALPHABET AS FOLLOWS: A B C D E F G H I L M N O P Q R S T U V W Z.

Finger to Nose

CRUZ PEREZ STATED HE UNDERSTOOD THE INSTRUCTIONS. ON THE FIRST RIGHT (R1), HE BROUGHT HIS RIGHT FINGER PAD TO HIS FOREHEAD AND HELD IT THERE UNTIL TOLD TO RETURN HIS HAND BACK DOWN. ON THE FIRST LEFT (L1), HE BROUGHT HIS FINGER PAD TO HIS FOREHEAD. ON THE SECOND RIGHT (R2), HE BROUGHT HIS FINGER PAD TO HIS FOREHEAD. ON THE SECOND LEFT (L2), HE BROUGHT HIS FINGER PAD TO HIS FOREHEAD. ON THE THIRD LEFT (L3), HE BEGAN TO BRING HIS RIGHT HAND UP, THEN SWITCHED TO HIS LEFT. HE THEN BROUGHT HIS FINGER PAD TO HIS FOREHEAD. ON THE THIRD RIGHT (R3), HE BROUGHT HIS RIGHT FINGER PAD TO HIS FOREHEAD.

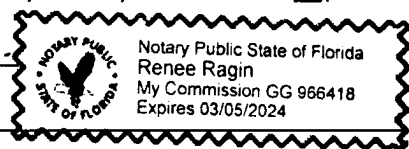
BREATH RESULTS: 1) .224 @ 0110 2) .215 @ 0112 3) --- @ --- 4) --- @ ---

STATE OF FLORIDA
COUNTY OF PALM BEACH

SIGNATURE OF ATTESTING OFFICER

The forgoing instrument was sworn to or affirmed and subscribed before me this 31 day of DECEMBER 20 21 by OFC. B. SPEAROW 6440 who is personally known to me or produced

Notary Public, Clerk of Court, Officer (FSS 117.10)



STAMP



RIVIERA BEACH PD

DUI TESTING FACILITY INFORMATION SHEET

PBSO Case #: 21-143479 PBSO Zone: 3-13

Agency Case #: 21-09013 Crash Case #: 21-09013

Incident Information:

Time of Stop/Crash: 23:18 Date of Incident: 12/30/2021 Day: THURSDAY

Location of Incident: 1600 W BLUE HERON BLVD, RIVIERA BEACH, FL 33404

Arrest Information:

Time of Arrest: 23:48 Date of Arrest: 12/30/2021 Day: THURSDAY

Location of Arrest: 1600 W BLUE HERON BLVD, RIVIERA BEACH, FL 33404

Subject's Name: (L) CRUZ PEREZ (F) ADAN (M)

DOB: 9/1/1983 Race: H Sex: M Height: 5'-5" Weight: 150

Arresting Officer's Name: OFC. B. SPEAROW ID#: 6440

Agency: RBPB Division: PATROL

Breath Results

- 1) .224 at 0110 hrs.
2) .215 at 0112 hrs.
3) --- at --- hrs.
4) --- at --- hrs.

---BAT Use---

BAT Notified: Y
Arrival Time at BAT: 0029
Subject Arrest Time: 23:48

Breath Test Operator: R. RAGIN 16877
PBSO

FLORIDA DEPARTMENT OF LAW ENFORCEMENT
ALCOHOL TESTING PROGRAM
BREATH ALCOHOL TEST AFFIDAVIT

Instrument Type: Intoxilyzer 8000
Instrument Registered To: PALM BEACH CO SO
Instrument Serial Number: 80-006477 Software: 9100.27
Date of Test: 12/31/2021

Date of Last Agency Inspection: 12/09/2021
Observation Period Began: 00:29
Subject's Name: ADAN CRUZ PEREZ

DOB: 09/01/1983 Sex: M

The subject was observed for at least twenty-minutes prior to the administration of the breath test to ensure that the subject did not take anything orally and did not regurgitate.

Results:	Test	g/210L	Time
	Diagnostics Check	OK	01:06
	Air Blank	0.000	01:07
	Control Test	0.079	01:07
	Air Blank	0.000	01:07
	Subject Sample #1	0.224	01:10
	Air Blank	0.000	01:10
	Air Blank	0.000	01:12
	Subject Sample #2	0.215	01:12
	Air Blank	0.000	01:13
	Control Test	0.077	01:14
	Air Blank	0.000	01:14
	Diagnostics Check	OK	01:14

Cylinder Lot: 19021080A2
Exp: 09/05/2023

State of Florida, County of Palm Beach

Personally appeared before me the undersigned authority, who () is personally known to me or () produced _____ as identification, and who after being placed under oath, states:

I RENEE M RAGIN, hold a valid Breath Test Operator permit issued by the Florida Department of Law Enforcement, I administered the above breath test to the subject named above in accordance with Chapter 11D-8, Florida Administrative Code, and this form is a true and accurate report of that breath test.

Breath Test Operator: _____ Date: 12/31/21
Signature

Sworn to (or affirmed) before me this 31 day of Dec., 2021

Signature of Notary Public-State of Florida [Signature] Printed Name of Notary Public-State of Florida Ofc. B. Spearow #6440

Note: Pursuant to section 117.10, Florida Statutes, law enforcement officers, correctional officers, traffic accident investigation officers and traffic infraction enforcement officers are notaries public when engaged in the performance of official duties. In accordance with section 316.1934(5), F.S., this completed form is admissible without further authentication and is presumptive proof of the results herein. To be used in accordance with Section 316.1934(5), F.S., and in administrative proceedings pursuant to 322.2615, F.S.

FLORIDA DEPARTMENT OF LAW ENFORCEMENT
ALCOHOL TESTING PROGRAM
BREATH ALCOHOL TEST AFFIDAVIT

Instrument Type: Intoxilyzer 8000
Instrument Registered To: PALM BEACH CO SO
Instrument Serial Number: 80-006477 Software: 9100.27
Date of Test: 12/31/2021

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Observation Period Began: 00:29

Subject's Name: ADAN CRUZ PEREZ

DOB: 09/01/1983 Sex: M

The subject was observed for at least twenty-minutes prior to the administration of the breath test to ensure that the subject did not take anything orally and did not regurgitate.

Results:	Test	g/210L	Time
	Diagnostics Check	OK	01:06
	Air Blank	0.000	01:07
	Control Test	0.079	01:07
	Air Blank	0.000	01:07
	Subject Sample #1	0.224	01:10
	Air Blank	0.000	01:10
	Air Blank	0.000	01:12
	Subject Sample #2	0.215	01:12
	Air Blank	0.000	01:13
	Control Test	0.077	01:14
	Air Blank	0.000	01:14
	Diagnostics Check	OK	01:14

Cylinder Lot: 19021080A2
Exp: 09/05/2023

State of Florida, County of Palm Beach

Personally appeared before me the undersigned authority, who () is personally known to me or () produced _____ as identification, and who after being placed under oath, states:

I RENEE M RAGIN, hold a valid Breath Test Operator permit issued by the Florida Department of Law Enforcement, I administered the above breath test to the subject named above in accordance with Chapter 11D-8, Florida Administrative Code, and this form is a true and accurate report of that breath test.

Breath Test Operator: _____ Date: 12/31/21
Signature

Sworn to (or affirmed) before me this 31 day of Dec., 2021

Signature of Notary Public-State of Florida

Ofc. B. Spearow #6440
Printed Name of Notary Public-State of Florida

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TESTING FACILITY TASK REPORT

AGENCY: RBPD

SUBJECT: Cruz Perez, Adan

CASE NUMBER: 21-143479

DATE: Dec 31, 2021

VIDEO DVD NUMBER: N/A

BEGINNING TIME: 01:01

ENDING TIME: 01:24

BREATH TESTS RESULTS: 1) .224 TIME 01:10 A.M. P.M. 2) .215 TIME 01:12 A.M. P.M.
3) N/A TIME ----- A.M. P.M. 4) N/A TIME ----- A.M. P.M.

BREATH OPERATOR: R. Ragin #16877

MAINTENANCE TECHNICIAN: Jason Karlecke #6467

TESTING OFFICER'S OBSERVATIONS

SPEECH: Spanish Speaking, Slurred

ATTITUDE: Talkative, fidgety, whining

CLOTHING: Brown jeans, green t-shirt, black shoes

MEDICAL CONDITIONS: None

MEDICATIONS: None

OTHER:

Eyes are red
Odor of unknown alcoholic beverage on breath
Translated by D/S R.Crispin PBSO ID#34263

COMMENTS:

Arrived at center A/O started 20 minute observation period at 00:29 hrs.

Subject stated I don't know.

A/O read I/C and subject stated he understood I/C.

Subject agreed to take test.

A/O read rights 2X.
Subject stated he understood rights.

Tech read breath test results.
Subject acknowledged he understood breath test results.

A/O conducted Q&A.
Subject answered Q&A.

TESTING FACILITY TASK REPORT

AGENCY:

SUBJECT:

DATE:

BEGINNING TIME:

CASE NUMBER:

VIDEO DVD NUMBER:

ENDING TIME:

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

BREATH OPERATOR:

MAINTENANCE TECHNICAN:

TESTING OFFICER'S OBSERVATIONS

SPEECH:

ATTITUDE:

CLOTHING:

MEDICAL CONDITIONS:

MEDICATIONS:

OTHER:

Eyes are red
Odor of unknown alcoholic beverage on breath
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COMMENTS:

Arrived at center A/O started 20 minute observation period at 00:29 hrs.

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Tech read breath test results.

Subject acknowledged he understood breath test results.

A/O conducted Q&A.

Subject answered Q&A.

SUBJECT: Cruz Perez, Adan 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? YES

WHERE WERE YOU GOING? HOME

WHAT STREET OR HIGHWAY WERE YOU ON? HEADING EAST FROM MILITARY

DIRECTION OF TRAVEL? E WHERE DID YOU START? N MILITARY

WHAT TIME DID YOU START? NIGHT WHAT TIME IS IT NOW? 1201

WHAT IS TODAY'S DATE? 31ST WHAT DAY OF THE WEEK IS IT? FREDAY

WHAT COUNTY AND CITY ARE YOU IN NOW? PALM BEACH, WEST PALM

WHEN DID YOU LAST EAT? LUNCH TIME WHAT DID YOU EAT? CHICKEN

WHAT HAVE YOU BEEN DOING FOR THE LAST THREE HOURS? FOOD TOWN TO BUY FRUITS

HOW MUCH DO YOU WEIGH? 150 HAVE YOU BEEN DRINKING? YES WHAT? BEER

HOW MUCH? 3 OR 4 WHERE? FRIEND'S HOUSE WITH WHOM? WITH A FRIEND

WHEN DID YOU HAVE YOUR FIRST DRINK? 3 HOURS AGO AND YOUR LAST DRINK? BEFORE ARRIVAL

HOW DID YOU CONSUME YOUR LAST TWO DRINKS? NORMAL

CAN YOU FEEL THE EFFECTS OF THE ALCOHOL? NO ARE YOU UNDER THE INFLUENCE? NO

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

WHAT? _____ WHERE? _____ WHEN? _____

WHAT LINE OF WORK ARE YOU IN? CONSTRUCTION WHEN DID YOU LAST WORK? YESTERDAY

DO YOU HAVE ANY PHYSICAL DEFECTS OR INJURIES? NO WHAT? NO

ARE YOU SICK OR INJURED? NO WHAT'S WRONG? NO

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

WERE YOU IN AN ACCIDENT TODAY? NO ACCIDENT TODAY

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

HAVE YOU SEEN A DOCTOR OR DENTIST TODAY? NO WHO? NO WHY? NO

ARE YOU TAKING ANY PRESCRIPTION MEDICINES? NO WHAT? NO WHEN? NO

DO YOU HAVE:

EPILEPSY?	<u>NO</u>
GLASS EYE?	<u>NO</u>
FALSE TEETH?	<u>NO</u>
EAR INFECTION?	<u>NO</u>
INNER EAR TROUBLE?	<u>NO</u>
DIABETES?	<u>NO</u>

DO YOU HAVE ANY PROBLEMS WITH YOUR EYES THAT ARE NOT CORRECTED BY GLASSES? NO

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? NO WHERE? NO

INTERVIEWER: [Signature] SFC B. SPEAROW #6440

WHITE - STATE ATTY. YELLOW - DHSMV PINK - CENTRAL RECORDS GOLD - JAIL

SUBJECT: Cruz Perez, Adan

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 OFF. B. SPEAROW of the RIVIERA BEACH PD

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

DUI WITNESS LIST

21-09013

Arresting Officer: OFC. B. SPEAROW 6440 Email: bspearow@rbpublicsafety.org
Agency Address: 600 W BLUE HERON BLVD, RIVIERA BEACH, FL 33404 Phone: (561) 845-4123
Can Testify To: DRIVER BEHIND THE WHEEL, SFSTS, DRIVER OBSERVATIONS

Backup Officers: OFC. D. BUSSEK #9868 - NORTH PALM BEACH PD
Agency Address: 560 US-1, NORTH PALM BEACH, FL 33408 Phone: (561) 848-2525
Can Testify To: CONDUCTING SFSTS, TRANSLATION

Crash Investigator: OFC. B. SPEAROW #6440 Email: bspearow@rbpublicsafety.org
Agency Address: 600 W BLUE HERON BLVD, RIVIERA BEACH, FL 33404 Phone: (561) 762-4398

Breathalyzer Technician: R. RAGIN ID: 16877 Agency: PBSO

DRE: _____ ID# _____ Agency Case #: _____
Agency Address: _____ Phone: _____ Email: _____

Name: _____ Involvement: _____
Address: _____ Phone: _____
Can Testify To: _____ Wheel Witness

Name: _____ Involvement: _____
Address: _____ Phone: _____
Can Testify To: _____ Wheel Witness

Name: _____ Involvement: _____
Address: _____ Phone: _____
Can Testify To: _____ Wheel Witness

Name: _____ Involvement: _____
Address: _____ Phone: _____
Can Testify To: _____ Wheel Witness

Name: _____ Involvement: _____
Address: _____ Phone: _____
Can Testify To: _____ Wheel Witness

Name: _____ Involvement: _____
Address: _____ Phone: _____
Can Testify To: _____ Wheel Witness