

0528306

0528386

761

OBTS Number		ARREST / NOTICE TO APPEAR				1. Arrest (No Warrant) 3. Request for Warrant 6. Arrest (Warrant) 4. Request for Capias 2. N.T.A. 5. Juvenile Referral		1	JUVENILE	
Agency ORI Number <b>0500200</b>		Agency Name <b>Boca Raton Police Department</b>		Agency Report Number (N.T.A.'s only) <b>3 2 2021-015624</b>						
Charge Type: Check as many as apply: <input type="checkbox"/> 1. Felony <input type="checkbox"/> 2. Traffic Felony		<input type="checkbox"/> 3. Misdemeanor <input checked="" type="checkbox"/> 4. Traffic Misdemeanor		<input type="checkbox"/> 5. Ordinance <input type="checkbox"/> 6. Other		If Weapon Seized Enter Type		Multiple Clearance Indicator		
Location of Arrest (Including Name of Business) <b>265 NE SPANISH RIVER BLVD, 265 NE SPANISH RIVER BLVD,</b>				Location of Offense (Business Name, Address) <b>265 NE SPANISH RIVER BLVD, BOCA RATON, FL 33431</b>						
Date of Arrest <b>12/29/2021</b>	Time of Arrest <b>19:26</b>	Booking Date <b>12/29/2021</b>	Booking Time <b>19:46</b>	Jail Date <b>12/29/2021</b>	Jail Time <b>19:46</b>	Location of Vehicle <b>EMERALD TOWING</b>				
Name (Last, First, Middle) <b>COLEMAN, CHRISTOPHER M</b>				Alias: _____						
Race W - White B - Black	Sex <b>M</b>	Date of Birth <b>03/20/1976</b>	Height <b>5'06</b>	Weight <b>180</b>	Eye Color <b>BROWN</b>	Hair Color <b>BROWN</b>	Complexion <b>LIGHT</b>	Build <b>Medium</b>		
Scars, Marks, Tattoos, Unique Physical Features (Location, Type, Description) <b>TATT R SHOULDER / MALTESE CROSS</b>				Marital Status <b>D</b>	Religion <b>CATHOLIC</b>	Indication of Alcohol Intoxication Drug Influence Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Unk. <input type="checkbox"/>				
Local Address (Street, Apt. Number) (City) (State) (Zip) <b>3442 N DIXIE HWY, BOCA RATON, FL 33431</b>				Phone <b>(561) 502-0163</b>		Residence Type: 1. City 2. County 3. Florida 4. Out of State <b>1 1</b>				
Permanent Address (Street, Apt. Number) (City) (State) (Zip) <b>3442 N DIXIE HWY, BOCA RATON, FL 33431</b>				Phone <b>(561) 502-0163</b>		Address Source <b>VERBAL</b>				
Business Address (Name, Street) (City) (State) (Zip) <b>GUTTERMAN MEMORIAL CHAPEL,</b>				Phone <b>(561) -</b>		Occupation <b>Mortician</b>				
D/L Number, State <b>C455113761000 / FL</b>		Sec. Sec. Number [REDACTED]		DNS Number		Place of Birth (City, State) <b>TYLER, TX, United</b>		Citizenship <b>US</b>		
Co-Defendant Name (Last, First, Middle)				Race	Sex	Date of Birth	<input type="checkbox"/> 1. Arrested <input type="checkbox"/> 3. Felony <input type="checkbox"/> 5. Juvenile <input type="checkbox"/> 2. At Large <input type="checkbox"/> 4. Misdemeanor			
Co-Defendant Name (Last, First, Middle)				Race	Sex	Date of Birth	<input type="checkbox"/> 1. Arrested <input type="checkbox"/> 3. Felony <input type="checkbox"/> 5. Juvenile <input type="checkbox"/> 2. At Large <input type="checkbox"/> 4. Misdemeanor			
<input type="checkbox"/> Parent <input type="checkbox"/> Other		Name (Last, First, Middle)		Residence Phone						
<input type="checkbox"/> Legal Custodian		Address (Street, Apt. Number) (City) (State) (Zip)		Business Phone						
Notified by: (Name)				Date	Time	JUVENILE DISPOSITION 1. Handled/Processed within Department and Released 2. TOT JAC 3. Incarcerated				
Released To: (Name)				Relationship	Date	Time				
The above address was provided by <input type="checkbox"/> defendant and/or <input type="checkbox"/> defendant's parents. The child and/or parent was told to keep the Juvenile Court Clerk's Office (Phone 355-2526) informed of any change of address.				School Attended		Grade				
<input type="checkbox"/> Yes, by: _____		<input type="checkbox"/> No:		Property Crime? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Description of Property		Value of Property		
Drug Activity N. N/A P. Possess	S. Sell B. Buy T. Traffic	R. Seize/Deliver D. Deliver E. Use	K. Disperse/Distribute	M. Manufacture/Produce/Cultivate	Z. Other	Drug Type N. N/A A. Amphetamine	B. Barbiturate C. Cocaine E. Heroin	H. Hallucinogen M. Marijuana O. Opium/Deriv.	P. Paraphernalia/Equipment S. Synthetic	U. Unknown Z. Other
Charge Description <b>DRIVE UNDER INFLUENCE</b>						Statute Violation Number <b>316.193(1A)</b>		Violation of ORD #		
Drug Activity	Drug Type	Amount / Unit	Offense #	Counts	Domestic Violence	Warrant / Capias Number		Bond		
	<b>N</b>				<input type="checkbox"/> Y <input checked="" type="checkbox"/> N					
Charge Description						Statute Violation Number		Violation of ORD #		
Drug Activity	Drug Type	Amount / Unit	Offense #	Counts	Domestic Violence	Warrant / Capias Number		Bond		
					<input type="checkbox"/> Y <input type="checkbox"/> N					
Charge Description						Statute Violation Number		Violation of ORD #		
Drug Activity	Drug Type	Amount / Unit	Offense #	Counts	Domestic Violence	Warrant / Capias Number		Bond		
					<input type="checkbox"/> Y <input type="checkbox"/> N					
Health / Apparent Physical Condition of Defendant <b>GOOD</b>						Any knowledge of the following: <input type="checkbox"/> Mental <input type="checkbox"/> Escape Risk <input type="checkbox"/> Medication <input type="checkbox"/> Deformities <input type="checkbox"/> Injuries				
Check which applies: <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 <b>J. CASAS 818</b>		Released By <b>CALHOUN 783</b>	Released To <b>TOT CJ</b>	
Transported By <b>CALHOUN 783</b>						Date Transported <b>// : : :</b>	Time Transported		Other	
<input checked="" type="checkbox"/> INSTRUCTION NO. 1 - Mandatory appearance in court <input type="checkbox"/> INSTRUCTION NO. 2 - You need not appear in Court but must comply with instructions on Page 2.						Location (Court, Room) <b>South County 200 W Atlantic Ave Delray Beach, FL 33444</b>			2021 No Photo Available	
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.						Court Date and Time <b>01/31/2022 08:30:00</b>				
Signature of Defendant (or Juvenile and Parent/Custodian) <i>[Signature]</i>						Date Signed				
HOLD for Other Agency				Signature of Arresting Officer <i>[Signature]</i>		Name Verification (Printed by Arrestee)				
<input type="checkbox"/> Dangerous <input type="checkbox"/> Resisted Arrest <input type="checkbox"/> Suicidal <input type="checkbox"/> Other		Name of Arresting Officer (Print) <b>CASAS, J.</b>		I.D. # <b>818</b>		(PRINT)				
Initial Agency <b>CP 1401001720</b>		I.D. # <b>783</b>		Agency <b>BRPD</b>		PAGE <b>1 OF 1</b>				

DEC 30 2021

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PROBABLE CAUSE AFFIDAVIT

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

1 JUVENILE

OBTS Number	Agency ORI Number <b>FL FL0500200</b>		Agency Name <b>BOCA RATON POLICE DEPARTMENT</b>	Agency Report Number <b>3   2   2021-015624</b>
Charge Type: Check as many as apply. <input type="checkbox"/> 1. Felony <input type="checkbox"/> 3. Misdemeanor <input type="checkbox"/> 5. Ordinance <input type="checkbox"/> 2. Traffic Felony <input checked="" type="checkbox"/> 4. Traffic Misdemeanor <input type="checkbox"/> 6. Other				Special Notes:

Name (Last, First, Middle) <b>COLEMAN, CHRISTOPHER M</b>	Alias	Race <b>W</b>	Sex <b>M</b>	Date of Birth <b>03/20/1976</b>
Charge Description <b>316.193(1) DUI</b>	Charge Description			
Charge Description	Charge Description			

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	

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

On the 29 day of December, 2021 at 19:26 (Specifically include facts constituting cause for arrest.)

On 12/29/21, at approximately 1832 hours, BRPD communications received a report of a motor vehicle crash in the parking lot of 265 NE Spanish River Blvd. According to the caller, a blue Subaru Impreza (FL - HCAY42) struck his silver Toyota Camry (FL - 457QRB) while it was parked. The caller also stated that he believed the driver of the Subaru was exhibiting signs of impairment. Officer Calhoun (ID783) responded to the scene and conducted a crash investigation (HSMV 24101308). Officer Calhoun's investigation determined that the Subaru backed into the Toyota while it was properly parked in a parking spot.

I arrived on scene at approximately 1854 hours. Upon arrival, I observed that the blue Subaru was stopped in the middle of the parking lane with its rear bumper inches away from the Toyota's rear bumper as if the two vehicles had collided at some point. I also observed a white male subject, later identified via FL DL as Christopher Coleman, speaking with Officer Calhoun. I noticed that Coleman had severely slurred speech while speaking with Officer Calhoun and he stumbled while walking back towards the Subaru. Lastly, I observed Coleman enter the Subaru to search for the documents being requested by Officer Calhoun.

While Coleman searched for his documents, I spoke with Officer Calhoun. Officer Calhoun informed me of his findings. Officer Calhoun also expressed that he believed that Coleman was exhibiting what he has learned to identify as signs of impairment. This included slurred speech, poor balance, difficulty walking, disorientation, and lapse in judgement.

Based on the manner of collision, Officer Calhoun's observations, my observations, and the overall totality of the circumstances, I suspected that Coleman had been operating a vehicle within the state while impaired by alcohol and/or chemical or controlled substances. Officer Calhoun then informed Coleman that the crash investigation was over,

SWORN AND SUBSCRIBED BEFORE ME  <u>CARNEY, DANIEL CHARLES</u> NOTARY PUBLIC / CLERK OF COURT / OFFICER (F.S.S. 117.10)  <u>12/29/2021</u> DATE	<u>[Signature]</u> SIGNATURE OF ARRESTING / INVESTIGATING OFFICER  <u>CASAS, JAVIER</u> (618) NAME OF OFFICER (PLEASE PRINT)  <u>12/29/2021</u> DATE	SCANNED DEC 30 2021	PAGE 1 OF 3
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<b>OBTS Number</b>	<b>PROBABLE CAUSE AFFIDAVIT SUPPLEMENT</b>	1. Arrest 2. N.T.A.	3. Request for Warrant 4. Request for Capias	<b>1</b>	JUVENILE
<b>Agency ORI Number</b> <b>FL FL0500200</b>	<b>Agency Name</b> <b>BOCA RATON POLICE DEPARTMENT</b>	<b>Agency Report Number</b> <b>3   2   2021-015624</b>			
Charge Type: Check as many as apply. <input type="checkbox"/> 1. Felony <input type="checkbox"/> 3. Misdemeanor <input type="checkbox"/> 5. Ordinance <input type="checkbox"/> 2. Traffic Felony <input checked="" type="checkbox"/> 4. Traffic Misdemeanor <input type="checkbox"/> 6. Other			<b>Special Notes:</b>		

<b>Name (Last, First, Middle)</b> <b>COLEMAN, CHRISTOPHER M</b>	<b>Alias</b>	<b>Race</b> <b>W</b>	<b>Sex</b> <b>M</b>	<b>Date of Birth</b> <b>03/20/1976</b>
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and I informed him that I would be conducting a criminal DUI investigation. Coleman stated he understood.

While speaking with Coleman, I observed he had glassy eyes, slurred speech, poor balance, and difficulty walking. Coleman also appeared disoriented and provided statements which did not make sense. For example, Coleman referred to his Subaru as a Honda, told officer Golden he was going to a home in Georgia, and stated he had just gotten ice cream from Publix despite being in front of Carvel and not in a Publix parking lot.


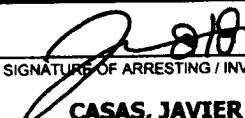
According to Coleman, he has a condition which causes cloudy judgement. When I asked Coleman about this condition, he claimed it was West Nile Encephalitis. Upon doing brief research on the illness, I discovered that common symptoms include high temperature, headaches, and body aches, not what Coleman claimed. According to Coleman he felt normal and unaffected by the illness at this time. He also said his judgement was not impaired.

Coleman denied consuming any alcohol, marijuana, or drugs this evening. According to Coleman, he does consume Seroquel and Gabapentin but had not taken any since at least 5am this morning. Lastly, Coleman stated he was not diabetic or epileptic, and did not have anything wrong with his eyes that isn't corrected by glasses or contacts. I then requested that Coleman submit to Standardized Field Sobriety Exercises, and he agreed to participate.

The first exercise was Horizontal Gaze Nystagmus. I administered the instructions and Coleman stated that he understood. I first ensured that Coleman's eyes had equal pupil sizes and tracked equally. I then continued with the exercise. Coleman displayed lack of smooth pursuit, distinct and sustained nystagmus at maximum deviation, and onset of nystagmus prior to 45 degrees in both eyes. He also displayed Vertical Gaze Nystagmus and lack of convergence. Lastly, I observed that Coleman had body tremors while I conducted the exercise.

The second exercise was the Walk and Turn. I administered the instructions and demonstrated how the exercise should be completed. Coleman had difficulty getting into the starting position and staying in the position. Coleman also failed to follow instructions, missed heel-to-toe, stepped off the line, made an improper turn, used his arms for balance, and took an incorrect number of steps. It appeared as if Coleman did not know what he was supposed to be doing.

The third exercise was the One-Leg Stand. I administered the instructions and demonstrated how the exercise should be completed. Coleman stated he understood. Coleman tried to use both of his arms to raise his right leg but was unable to keep it in the air for more than a second at a time. His knee was also bent while doing this. Once

SWORN AND SUBSCRIBED BEFORE ME  <div style="text-align: center;">   <b>CARNEY, DANIEL CHARLES</b>  <small>NOTARY PUBLIC / CLERK OF COURT OFFICER (F.S.S. 117.10)</small>   <b>12/29/2021</b>  <small>DATE</small> </div>	<div style="text-align: center;">   <small>SIGNATURE OF ARRESTING / INVESTIGATING OFFICER</small>   <b>CASAS, JAVIER (818)</b>  <small>NAME OF OFFICER (PLEASE PRINT)</small>   <b>12/29/2021</b>  <small>DATE</small> </div>		
<table border="1" style="float: right; border-collapse: collapse;"> <tr> <td style="padding: 2px;"><small>PAGE</small></td> <td style="padding: 2px;"><b>2 of 3</b></td> </tr> </table>		<small>PAGE</small>	<b>2 of 3</b>
<small>PAGE</small>	<b>2 of 3</b>		

PROBABLE CAUSE AFFIDAVIT  
SUPPLEMENT

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

1

JUVENILE

OBTS Number	Agency ORI Number <b>FL FLO500200</b>		Agency Name <b>BOCA RATON POLICE DEPARTMENT</b>	Agency Report Number <b>3   2   2021-015624</b>
Charge Type: Check as many as apply. <input type="checkbox"/> 1. Felony <input type="checkbox"/> 3. Misdemeanor <input type="checkbox"/> 5. Ordinance <input type="checkbox"/> 2. Traffic Felony <input checked="" type="checkbox"/> 4. Traffic Misdemeanor <input type="checkbox"/> 6. Other				Special Notes:

Name (Last, First, Middle) <b>COLEMAN, CHRISTOPHER M</b>	Alias	Race <b>W</b>	Sex <b>M</b>	Date of Birth <b>03/20/1976</b>
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again, it appeared as if Coleman did not know what he was supposed to be doing.

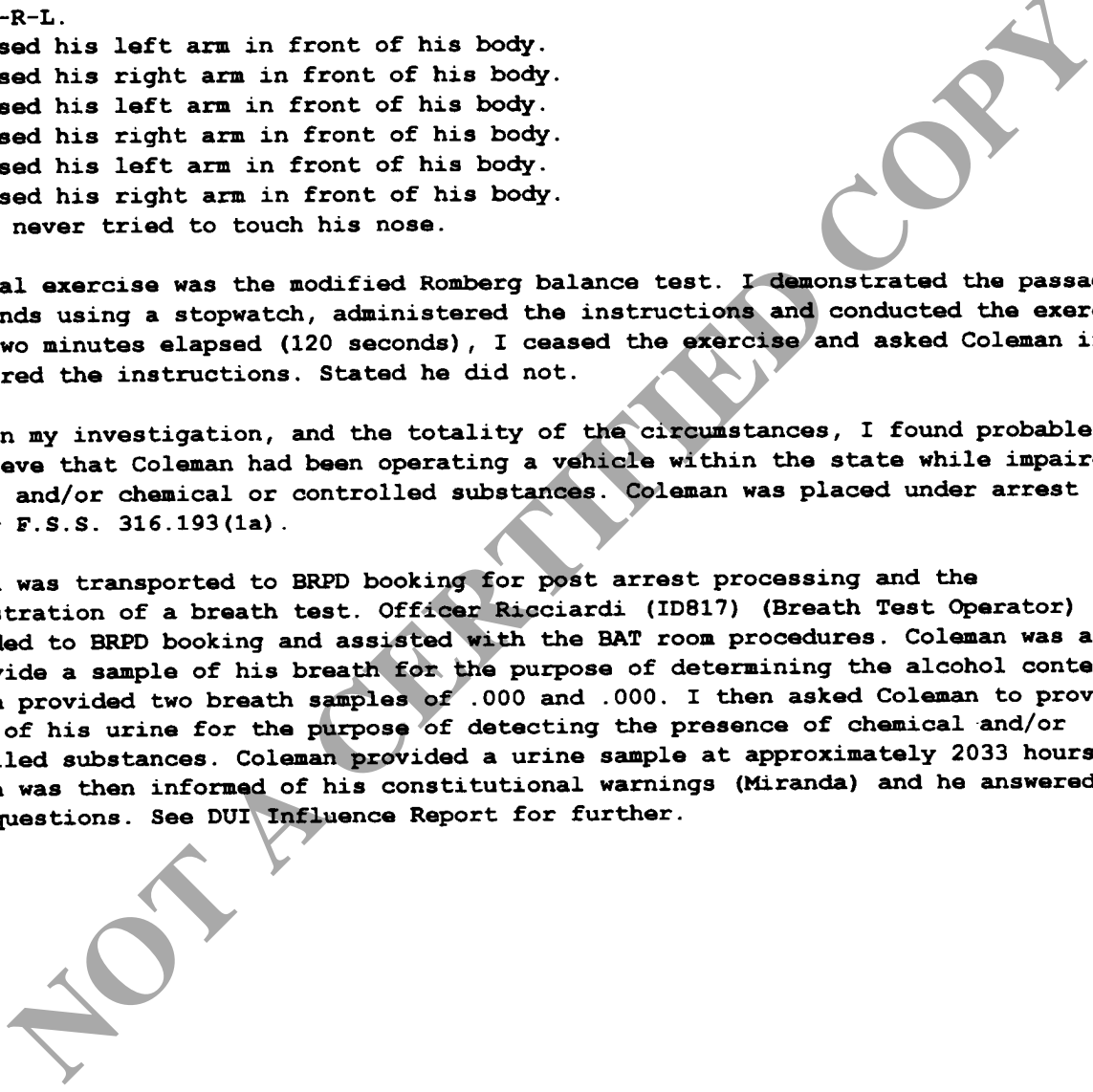
The fourth exercise was the Finger to Nose. I confirmed that Coleman knew his left from his right by asking his to show me his left hand and then his right hand. I then administered the instructions and Coleman stated he understood. The pattern was L-R-L-R-R-L.

- L - Raised his left arm in front of his body.
  - R - Raised his right arm in front of his body.
  - L - Raised his left arm in front of his body.
  - R - Raised his right arm in front of his body.
  - R - Raised his left arm in front of his body.
  - L - Raised his right arm in front of his body.
- Coleman never tried to touch his nose.

The final exercise was the modified Romberg balance test. I demonstrated the passage of 30 seconds using a stopwatch, administered the instructions and conducted the exercise. After two minutes elapsed (120 seconds), I ceased the exercise and asked Coleman if he remembered the instructions. Stated he did not.

Based on my investigation, and the totality of the circumstances, I found probable cause to believe that Coleman had been operating a vehicle within the state while impaired by alcohol and/or chemical or controlled substances. Coleman was placed under arrest for DUI per F.S.S. 316.193(1a).

Coleman was transported to BRPD booking for post arrest processing and the administration of a breath test. Officer Ricciardi (ID817) (Breath Test Operator) responded to BRPD booking and assisted with the BAT room procedures. Coleman was asked to provide a sample of his breath for the purpose of determining the alcohol content. Coleman provided two breath samples of .000 and .000. I then asked Coleman to provide a sample of his urine for the purpose of detecting the presence of chemical and/or controlled substances. Coleman provided a urine sample at approximately 2033 hours. Coleman was then informed of his constitutional warnings (Miranda) and he answered all of my questions. See DUI Influence Report for further.



SWORN AND SUBSCRIBED BEFORE ME

**CARNEY, DANIEL CHARLES**  
NOTARY PUBLIC / CLERK OF COURT / OFFICER (F.S.S. 117.10)

**12/29/2021**  
DATE

*[Signature]*  
SIGNATURE OF ARRESTING / INVESTIGATING OFFICER

**CASAS, JAVIER (818)**  
NAME OF OFFICER (PLEASE PRINT)

**12/29/2021**  
DATE

SCANNED



OBSERVATION: 2000  
10-15-1926  
CASE # - 202115624

## DUI INFLUENCE REPORT



BOCA RATON POLICE SERVICES DEPARTMENT  
100 NW 2<sup>nd</sup> Avenue  
Boca Raton, FL 33432

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BOCA RATON POLICE SERVICES DEPARTMENT  
DUI INFLUENCE REPORT - PART I

On the 29 day of December, at \_\_\_\_\_ AM/PM:

Subject: christopher coleman Case Number: 2021015424

PERSONAL CONTACT

Driving Pattern: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Observation of Driver: \_\_\_\_\_  
\_\_\_\_\_ *see*  
\_\_\_\_\_ *pc*  
\_\_\_\_\_

Driver's Statement: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Odors: \_\_\_\_\_  
\_\_\_\_\_

GENERAL OBSERVATIONS

Speech: \_\_\_\_\_

Attitude: \_\_\_\_\_

Clothing: \_\_\_\_\_

Medical Problems: \_\_\_\_\_

Medications: \_\_\_\_\_

Other: \_\_\_\_\_

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Horizontal Gaze Nystagmus:

- Left eye does not follow smoothly
- Left eye jerks at 45 degrees angle or less
- Distinct jerking left eye maximum deviation
- Right eye does not follow smoothly
- Right eye jerks at 45 degrees angle or less
- 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: 0.00

State of Florida, County of Palm Beach,  
Sworn and subscribed before me this 12/29/21 (date) by A. Ricciardi

[Signature] \_\_\_\_\_ 12/29/21  
Notary/Clerk of Court/ Officer (FSS 117.10) Date

[Signature] \_\_\_\_\_ J. CASAS  
Signature of Arresting Officer Name of Officer (print)

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ARRESTING OFFICER: J. CASAS

Name: Calhoun Phone # / Work # 5013381234

Address: 100 NW 2nd AVE, BOCA RATON FL 33432

Can testify to: Accident

Name: Ricciardi Phone # / Work # 5013381234

Address: 100 NW 2nd AVE, BOCA RATON FL 33432

Can testify to: BREATH TEST

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: \_\_\_\_\_

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DEC 30 2021



BOCA RATON POLICE SERVICES DEPARTMENT  
DUI INFLUENCE REPORT - PART II

To be filled out at testing facility

Agency Case # 2021015024

I. INTRODUCTION (Instrument Operator faces video camera)

A. The day is wednesday, december, 29, 2021.  
(day) (month) (date) (year)

B. The time is now approximately 8:22 AM/PM

C. The following is in reference to case number 2021015024.

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

E. Officer CASAS, have you arrested CHRISTOPHER COLEMAN 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? yes

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

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

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**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 the presence of chemical or controlled substances.
- 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.

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DEC 30 2021



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: \_\_\_\_\_

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DEC 30 2021



BOCA RATON POLICE SERVICES DEPARTMENT  
TESTING FACILITY TASK REPORT

SUBJECT: CHRISTOPHER COLEMAN

CASE #: 2021015624 DATE: 12/29/21

BREATH TEST RESULTS

1) TIME 0.00 <sup>2028</sup> AM/PM    2) TIME 0.00 <sup>2031</sup> AM/PM  
3) TIME \_\_\_\_\_ AM/PM    4) TIME \_\_\_\_\_ AM/PM

BREATH OPERATOR: RICCIARDI

MAINTENANCE TECHNICIAN: VAN CAMP

TESTING OFFICER'S OBSERVATIONS

SPEECH: slowed

ATTITUDE: ~~was~~ happy, agreeable

CLOTHING: Gray long sleeve, dark blue, flip flops

MEDICAL CONDITION: HBP (BISBOROL), gabapentin for back aches.

OTHER: \_\_\_\_\_

COMMENTS: Blood shot, watery eyes

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**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? yes

Where were you going? home - 3442 N Dixie Hwy

What street or highway were you on? Parking lot

Direction of travel? NW

Where did you start driving from? House

What city (county) were you stopped in? Boca Raton

What time did you start? Not sure AM/PM What time is it now? Don't know

What is today's date? 12-28-21 What day of the week is it? wednesday

When did you last eat? This morning What did you eat? bagels

What have you been doing the past three hours prior to this stop/accident? sleeping - Eating Icecream

How much do you weigh? 180 Have you been drinking? N What were you drinking? Diet coke

How much? \_\_\_\_\_ Where? \_\_\_\_\_ With whom were you drinking? **SCANNED**

When did you have your first drink? \_\_\_\_\_ AM/PM When did you stop drinking? DEC 30 2021 10:00PM

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:  
Galbladder removed, neck injury, prolapsed intestines

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? yes- hit that car. Nothing prior

Have you taken any drugs or smoked marijuana today? NO

What? \_\_\_\_\_ When? \_\_\_\_\_

Have you seen a doctor or dentist today?  Yes  No Who? \_\_\_\_\_

Are you taking any prescription medications?  Yes  No What? lisoprol, tamazepam When? gabapentin, seroquel

Do you have: Epilepsy?  Yes  No Inner ear trouble?  Yes  No Left ear hard of hearing

Glass eye?  Yes  No Ear infection?  Yes  No

False teeth?  Yes  No Diabetes?  Yes  No

Any problems not correctable by glasses or contact lenses? NO

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? Texas

I am now ending this video recording. The time is now approximately 8:43 AM/PM

The date is December, 29, 2021  
(month) (day) (year)

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**PALM BEACH COUNTY SHERIFF'S OFFICE**  
 Florida State Statute Exemption Sheet

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

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

REVIEW COMPLETED BY

Booking Number: 2021032806	Date: 12/30/2021
	Specialist Name/ID: J. Beck/9007

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