

21CT21521NB

ARREST / NOTICE TO APPEAR
Juvenile Referral Report

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

1 Juvenile N

| | | | | | | | | | | | |
|---|---|--|--|--|--|---|--|---|--|-----------------------|--|
| ADMINISTRATIVE | OBTS Number | | Agency ORI Number FLO 5 0 2 6 0 0 | | Agency Name PALM BEACH GARDENS POLICE DEPARTMENT | | Agency Report Number 78 - 21005968 | | | | |
| | Charge Type: Check as many as apply. | | 1. Felony <input type="checkbox"/> 2. Traffic Felony <input type="checkbox"/> | | 3. Misdemeanor <input type="checkbox"/> 4. Traffic Misdemeanor <input checked="" type="checkbox"/> | | 5. Ordinance <input type="checkbox"/> 6. Other <input type="checkbox"/> | | | | |
| | Location of Arrest (Including Name of Business) GARDEN LAKES DR/N MILITARY TRL, PBG, FL | | Location of Offense (Business Name, Address) 12200-BLK N MILITARY TRL, PBG, FL | | Weapon Seized / Type 2 1. Yes 2. No | | Multiple Clearance Indicator | | | | |
| | Date of Arrest 12/30/2021 | Time of Arrest 22:05 | Booking Date | Booking Time | Jail Date | Jail Time | Location of Vehicle KAUFF'S TOWING AND RECOVERY 4701 EAST AVENUE, WPB, FL 33407 | | | | |
| Name (Last, First, Middle) SKAAR, PAL, JOHAN | | | | | | | | Alias (Name, DOB, Soc. Sec. #, Etc.) | | | |
| Race W - White I - American Indian B - Black O - Oriental/Asian | | Sex M | Date of Birth 04/22/1985 | | Height 6'2 | Weight 220 | Eye Color BRO | Hair Color BRO | Complexion LGT | Build LARGE | |
| Scars, Marks, Tattoos, Unique Physical Features (Location, Type, Description) | | | | Marital Status MARRIED | | Religion NOT STATED | | Indication of Alcohol/Drug Influence Y N Unk <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | | | |
| Local Address (Street, Apt. Number) 523 40TH ST, WEST PALM BEACH, FL 33407 | | | City (State) (Zip) WEST PALM BEACH, FL 33407 | | Phone (561) 313-2330 | | Residence Type: 1. City 2. County 3. Florida 4. Out of State 2 | | | | |
| Permanent Address (Street, Apt. Number) 523 40TH ST, WEST PALM BEACH, FL 33407 | | | City (State) (Zip) WEST PALM BEACH, FL 33407 | | Phone | | Address Source VERBAL | | | | |
| Business Address (Name, Street) | | | City (State) (Zip) | | Phone | | Occupation | | | | |
| D/L Number, State S600670851420 FL | | Soc. Sec. Number | | INS Number | | Place of Birth (City, State) STANFORD, CT | | Citizenship US | | | |
| 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 Name (Last) (First) (Middle) | | <input type="checkbox"/> Legal Custodian | | <input type="checkbox"/> Other | | 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 355-2526) informed of any change of address. <input type="checkbox"/> Yes, by: (Name) <input type="checkbox"/> No: (Reason) | | | | | | School Attended | | Grade | | | |
| Property Crime? <input type="checkbox"/> Yes <input type="checkbox"/> No | | Description of Property | | | Value of Property | | | | | | |
| Drug Activity S. Sell 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 | | 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 | | Counts 1 | Domestic Violence <input type="checkbox"/> Y <input checked="" type="checkbox"/> N | Statute Violation Number 316.193(1)(C) | | Violation of ORD # | | | | | |
| Drug Activity | | Drug Type | Amount / Unit | Offense # | Warrant / Capias Number | | Bond | | | | |
| Charge Description DUI ENHANCED OVER .15 | | Counts 1 | Domestic Violence <input type="checkbox"/> Y <input checked="" type="checkbox"/> N | Statute Violation Number 316.193(4) | | Violation of ORD # | | | | | |
| Drug Activity | | Drug Type | Amount / Unit .167 | 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 Room Number, Address) NORTH COUNTY COURTHOUSE, 3188 PGA BOULEVARD, PALM BEACH GARDENS, FL 33410 - PH: (561).662-6700 | | | | | | | | | | | |
| Court Date and Time Month FEBRUARY Day 2ND Year 2022 Time 10:00 AM <input checked="" type="checkbox"/> PM <input type="checkbox"/> | | | | | | | | | | | |
| 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 [Signature] | | | 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) OFC. A.FLINK | | I.D. # 514 | | (PRINT) | | PAGE | | | |
| Inmate Deputy [Signature] | | ID # | Pouch # | Transporting Officer OFC. A.FLINK | | ID # 514 | Agency PBGPD | | 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)


7# 0528405

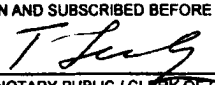
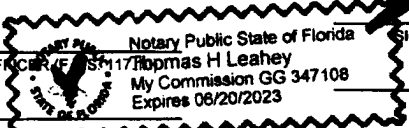

PAF 3044

PROBABLE CAUSE AFFIDAVIT

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

1 JUVENILE

| | | | |
|---|--|--|---|
| A D M I N I S T R A T I V E | OBTS Number Agency ORI Number FL FL0502600 | Agency Name Palm Beach Gardens Police Department | Agency Report Number 7 8 21-005968 |
| | 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: |
| D E F | Name (Last, First, Middle) SKAAR, PAL JOHAN | | Race Sex Date of Birth W M 04/22/1985 |
| C H A R G E S | Charge Description 316.193(1)(C) DUI - BREATH .08 OR ABOVE | | Charge Description 316.193(4) DUI - BAC/BRAC OVER .15 -OR- MINOR IN V |
| V I C T I M | Victim's Name (Last, First, Middle) State Of Florida | | 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... <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 checked="" type="checkbox"/> was found to have committed the below acts, resulting from my (described) investigation. On the <u>30</u> day of <u>December</u> , <u>2021</u> at <u>23:42</u> (Specifically include facts constituting cause for arrest.) | | | |
| On 12/30/2021 at approximately 2145 hours, this Officer was conducting a traffic enforcement selective in the 12200-block of N Military Trl, PBG, FL, when a vehicle was observed traveling at an increased rate of speed south bound. Body worn camera and in car video were activated upon traffic stop. This Officer's initial visual observation of the vehicle was approximately 70 MPH in a posted 45 MPH zone. Using RADAR Stalker DSR2X (DB001317), forward antenna (KC086606) this Officer received a steady tone and reading of 69 MPH. The RADAR calibration was last checked on 11/19/2021 and was due on 05/19/2022. Prior to this tour of duty on this date, this Officer ensured the RADAR was in working order, to confirm the accuracy of the unit. At the end of this tour of duty, this Officer did the same. This Officer received RADAR/LIDAR certification on 05/31/2008, in Cannon AFB, NM. This Officer entered the same lane as the vehicle and observed the vehicle, a Volvo utility vehicle (KDUE79/FL) drifting within the lane and one time drifting over the stripped lines. This Officer activated overhead red and blue lights at the overpass of Interstate 95, the vehicle continued south then west on Garden Lakes Dr where it finally stopped. This Officer made contact with the driver, identified via Florida Driver License photo, Pal Skaar (OF), while he was still in actual physical control of the vehicle. Skaar had low droopy eyelids, red watery eyes, slurred speech and the obvious odor of an unknown alcoholic beverage emanating from his breath at conversational distance. This odor increased in intensity as Skaar spoke with this Officer. Skaar said he was on his way home from dinner with friends and when asked how much he's had to drink this night, he replied "not much". Based on this Officer's observations, Skaar was asked to exit the vehicle to participate in Standardized Field Sobriety Exercises, to which he complied. Skaar said he did not have any medical conditions which would affect the exercises performed, Skaar only | | | |
| S W O R N | SWORN AND SUBSCRIBED BEFORE ME _____ NOTARY PUBLIC / CLERK OF COURT / OFFICER (S.S. 1720) 12/30/2021 DATE | | |
| | Notary Public State of Florida Thomas H Leahy My Commission GG 347108 Expires 06/20/2023 | | |
| | SIGNATURE OF ARRESTING / INVESTIGATING OFFICER  FLINK, ANDREW S (514) NAME OF OFFICER (PLEASE PRINT) 12/30/2021 DATE | | |
| | | | PAGE 1 of 2 |

| | | | | |
|--|---|---|-----------------|------------------------------------|
| OBTS Number Agency ORI Number FL FL0502600 | PROBABLE CAUSE AFFIDAVIT SUPPLEMENT | 1. Arrest 2. N.T.A. 3. Request for Warrant 4. Request for Copies | 1 | JUVENILE |
| Agency Name Palm Beach Gardens Police Department | Agency Report Number 7 8 21-005968 | | | |
| 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) SKAAR, PAL JOHAN | | Race W | Sex M | Date of Birth 04/22/1985 |
| <p>mentioned having contact lenses on his eyes.</p> <p>The first exercise conducted, was the Horizontal Gaze Nystagmus. The stimulus used, was a Toxoptix X3 with an illuminated red light. This Officer observed lack of smooth pursuit in both eyes. This Officer also observed sustained involuntary jerking in both eyes at maximum deviation and the onset of Nystagmus in both eyes prior to 45 degrees.</p> <p>The next exercise conducted, was the Walk and Turn. The line used was a strip of yellow tape placed upon the pavement by this Officer. During the instructions, Skaar did not remain in the starting position. Skaar stepped out of position three times and had to be told to get back into position for instructions to continue. Skaar also started the exercise prior to being told to do so. During the first set of steps, Skaar raised his arms more than six inches from his sides. During the turnaround, Skaar started turn right then turned left and came off the line, with his feet ending up opposite of how they should be positioned.</p> <p>The next exercise conducted, was the One-Leg Stand. Skaar raised his right foot for the exercise. Skaar swayed and had to be told to look down at his raised foot. Skaar also counted improperly, repeating numbers and began to hop just prior to being told to place his foot down.</p> <p>The final exercise conducted, was the Finger to Nose. The following indicators were observed during the exercise: first command of Left, Skaar touched the side of his nose with the pad of his finger and had to be told to lower his hand. First command of right, Skaar touched under the tip of his nose and did not lower his hand. Second command of left, Skaar used the pad of his finger. Second and third command of right, Skaar touched under his nose and did not lower his hand, both times.</p> <p>Based on this Officer's observations, Skaar was placed under arrest at 2205 hours. At PBSO BAT, this Officer requested Skaar to provide a breath sample for the purpose of determining its alcohol content, to which he asked what if he did not. This Officer advised Skaar of Florida Implied Consent to which he acknowledged and agreed to provide a breath sample. At 2302 hours, he blew .167 and at 2305 hours, he blew .163.</p> <p>Based on the results of the investigation, this Officer has probable cause to prove Pal Skaar operated a motor vehicle, in the state of Florida, while under the influence of alcohol to the extent his normal faculties were impaired with an unlawful breath alcohol content, in violation of FSS 316.193(1)(C). The degree which Skaar was impaired by alcohol was in violation of FSS 316.193(4).</p> | | | | |
| SWORN AND SUBSCRIBED BEFORE ME  NOTARY PUBLIC / CLERK OF COURT / OFFICER / JUDGE 12/30/2021 DATE |  | SIGNATURE OF ARRESTING / INVESTIGATING OFFICER  FLINK, ANDREW S (514) NAME OF OFFICER (PLEASE PRINT) 12/30/2021 DATE | | |
| | | | | PAGE 2 OF 2 |



**PALM BEACH GARDENS POLICE DEPARTMENT
DUI TESTING FACILITY INFORMATION SHEET**



PBSO Case #: 21-143454 PBSO Zone: 3-13

Agency Case #: 21005968 Crash Case #: _____

Incident Information:

Time of Stop/Crash: 2147 Date of Incident: 12/30/2021 Day: THURSDAY

Location of Incident: 12200-BLK N MILITARY TRL, PBG, FL

Arrest Information:

Time of Arrest: 22:05 Date of Arrest: 12/30/2021 Day: THURSDAY

Location of Arrest: GARDEN LAKES DR/N MILITARY TRL, PBG, FL

Subject's Name: (L) SKAAR, (F) PAL, (M) JOHAN

DOB: 04/22/1985 Race: W Sex: M Height: 6'2 Weight: 220 Hair BRO Eye BRO

Address: 523 40TH ST, WEST PALM BEACH, FL 33407 Phone: (561) 313-2330

Arresting Officer's Name: OFC. A.FLINK ID#: 514

Agency: PBGPD Division: TRAFFIC - DUI

Breath Results

- 1) .167 at 2302 hrs.
- 2) .163 at 2305 hrs.
- 3) N/A at N/A hrs.
- 4) N/A at N/A hrs.

---BAT Use---

| | |
|----------------------|--------------|
| BAT Notified: | <u>YES</u> |
| Arrival Time at BAT: | <u>2235</u> |
| Subject Arrest Time: | <u>22:05</u> |

Breath Test Operator: LEAHEY, TOM 19183

PBSO

TESTING FACILITY TASK REPORT

AGENCY: PBG

SUBJECT: Skaar, Pal J

DATE: Dec 30, 2021

BEGINNING TIME: 2257

CASE NUMBER: 21-143454

VIDEO DVD NUMBER: n/a

ENDING TIME: 2311

BREATH TESTS RESULTS: 1) .167 TIME 2302 A.M. P.M. 2) .163 TIME 2305 A.M. P.M.
3) n/a TIME 0 A.M. P.M. 4) n/a TIME 0 A.M. P.M.

BREATH OPERATOR: Thomas H Leahey #19183

MAINTENANCE TECHNICIAN: Jason Karlecke #6467

TESTING OFFICER'S OBSERVATIONS

SPEECH: slurred

ATTITUDE: calm, cooperative

CLOTHING: tan pants, black s/s shirt, blue sneakers

MEDICAL CONDITIONS: none

MEDICATIONS: none

OTHER:

eyes are glassy and bloodshot
odor of unknown alcoholic beverage on breath
subject stated he drank 2 beers - Q&A

COMMENTS:

arrived at center A/O conducted 20 minute observation period at 2235 hrs

subject refused to perform breath test - what if i don't

A/O read I/C & subject understood I/C

subject agreed to perform breath test

A/O read rights & subject understood rights

tech read breath test results & subject understood breath test results

A/O conducted Q&A

subject answered questions

**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: 80-006239 Software: 8100.27
Date of Test: 12/30/2021

Date of Last Agency Inspection: 12/03/2021
Observation Period Began: 22:35
Subject's Name: PAL J SKAAR

DOB: 04/22/1985 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 | 23:00 |
| | Air Blank | 0.000 | 23:00 |
| | Control Test | 0.079 | 23:01 |
| | Air Blank | 0.000 | 23:01 |
| | Subject Sample #1 | 0.167 | 23:02 |
| | Air Blank | 0.000 | 23:02 |
| | Air Blank | 0.000 | 23:04 |
| | Subject Sample #2 | 0.163 | 23:05 |
| | Air Blank | 0.000 | 23:05 |
| | Control Test | 0.080 | 23:06 |
| | Air Blank | 0.000 | 23:06 |
| | Diagnostics Check | OK | 23:06 |

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 THOMAS H LEAHEY, 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: T. Leahey Date: 12/30/2021
Signature

Sworn to and affirmed before me this 30 day of December, 2021
[Signature] Ofc A Flink #514
Signature of Notary Public-State of Florida Printed Name of Notary Public-State of Florida

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.

SUBJECT: Shaw, J 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? Michigan

DIRECTION OF TRAVEL? S WHERE DID YOU START? from Michigan

WHAT TIME DID YOU START? 1:00 pm WHAT TIME IS IT NOW? 4:00 pm

WHAT IS TODAY'S DATE? March 20 WHAT DAY OF THE WEEK IS IT? Tuesday

WHAT COUNTY AND CITY ARE YOU IN NOW? MI

WHEN DID YOU LAST EAT? _____ WHAT DID YOU EAT? _____

WHAT HAVE YOU BEEN DOING FOR THE LAST THREE HOURS? at home

HOW MUCH DO YOU WEIGH? 180 HAVE YOU BEEN DRINKING? yes WHAT? Beer

HOW MUCH? two 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? no ARE YOU UNDER THE INFLUENCE? no

HAVE YOU CONSUMED ANY ALCOHOL SINCE THE ACCIDENT? _____ HOW MUCH? _____

WHAT? _____ WHERE? _____ WHEN? _____

WHAT LINE OF WORK ARE YOU IN? at home WHEN DID YOU LAST WORK? no

DO YOU HAVE ANY PHYSICAL DEFECTS OR INJURIES? no WHAT? _____

ARE YOU SICK OR INJURED? no WHAT'S WRONG? _____

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

WERE YOU IN AN ACCIDENT TODAY? no

HAVE YOU TAKEN ANY DRUGS OR SMOKED ANY MARIJUANA TODAY? no WHEN? _____

HAVE YOU SEEN A DOCTOR OR DENTIST TODAY? yes WHO? _____ WHY? to see

ARE YOU TAKING ANY PRESCRIPTION MEDICINES? no WHAT? _____ WHEN? _____

- DO YOU HAVE:
- EPILEPSY? _____
 - GLASS EYE? _____
 - FALSE TEETH? _____
 - EAR INFECTION? _____
 - INNER EAR TROUBLE? _____
 - DIABETES? _____

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

DO YOU TAKE INSULIN? _____ IF SO, WHEN WAS YOUR LAST INJECTION? _____

HAVE YOU EVER HAD A DRIVER'S LICENSE IN ANY OTHER STATE? no WHERE? _____

INTERVIEWER: _____

SUBJECT: _____ CASE NUMBER: _____

IMPLIED CONSENT FOR DUI IN A MOTOR VEHICLE

NOTE: READ ONLY THE PARAGRAPH APPLICABLE TO THE TYPE OF TEST YOU ARE REQUESTING.

I am now requesting that you submit to a lawful test of your BREATH for the purpose of determining its alcohol content.

-OR-

I am now requesting that you submit to a lawful test of your URINE for the purpose of detecting the presence of chemical or controlled substances.

-OR-

I am now requesting that you submit to a lawful test of your BLOOD for the purpose of detecting its alcohol content and the presence of chemical or controlled substances.

NOTE: READ ONLY IF THE SUBJECT DOES NOT COMPLY WITH YOUR REQUEST.

I am _____ of the _____

If you fail to submit to the test I have requested of you, your privilege to operate a motor vehicle will be suspended for a period of one (1) year for a first refusal, or eighteen (18) months if your privilege has been previously suspended as a result of a refusal to submit to a lawful test of your breath, urine or blood. Additionally, if you refuse to submit to the test I have requested of you and if your driving privilege has been previously suspended for a prior refusal to submit to a lawful test of your breath, urine or blood, you will be committing a misdemeanor. Refusal to submit to the test I have requested of you is admissible into evidence in any criminal proceeding.

SUBJECT'S SIGNATURE: (X) _____

CONSTITUTIONAL WARNINGS

I AM REQUIRED TO WARN YOU BEFORE YOU MAKE ANY STATEMENTS THAT YOU HAVE THE FOLLOWING RIGHTS:

1. You have the right to remain silent and not answer any questions.
2. Any statement must be freely and voluntarily given.
3. You have the right to the presence of a lawyer of your choice before you make any statement and during any questioning.
4. If you cannot afford a lawyer, you are entitled to the presence of a court appointed lawyer before you make any statements and during any questioning.
5. If at any time during the interview you do not wish to answer any questions, you are privileged to remain silent.
6. I can make no threats or promises to induce you to make a statement. This must be of your own free will.
7. Any statement can and will be used against you in a court of law.

SUSPECT'S SIGNATURE: (X) _____



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

REVIEW COMPLETED BY

| | |
|----------------------------|------------------------------------|
| Booking Number: 2021032885 | Date: 12/31/2021 |
| | Specialist Name/ID: M. Tooks #8557 |