

0528445

22MM-40

333

ARREST / NOTICE TO APPEAR

- 1. Arrest (No Warrant)
- 2. N.T.A.
- 3. Request for Warrant
- 4. Request for Capias
- 5. Juvenile Referral

1

JUVENILE

OBTS Number	Agency ORI Number 0500200		Agency Name Boca Raton Police Department		Agency Report Number (N.T.A.'s only) 3 2 2022-000004						
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 checked="" type="checkbox"/> 4. Traffic Misdemeanor		<input type="checkbox"/> 5. Ordinance <input type="checkbox"/> 6. Other		If Weapon Seized Enter Type: UNARMED	Multiple Clearance Indicator					
Location of Arrest (Including Name of Business) 500 S FEDERAL HWY, 500 S FEDERAL HWY, BOCA RATON, FL			Location of Offense (Business Name, Address) 500 S FEDERAL HWY, BOCA RATON, FL 33432								
Date of Arrest 01/01/2022	Time of Arrest 02:03	Booking Date	Booking Time	Jail Date	Jail Time	Location of Vehicle					
Name (Last, First, Middle) MAY, RYAN J			Alias (Name, DOB, Soc. Sec. #, Etc.)								
Race W - White B - Black	I - American Indian O - Oriental/Asian	Sex M	Date of Birth 11/18/1982	Height 5'10	Weight 180	Eye Color BLUE	Hair Color WHITE	Complexion LIGHT	Build Large		
Local Address (Street, Apt. Number) 1113 SE 14TH TERRACE, DEERFIELD BEACH, FL 33441			(City)	(State)	(Zip)	Phone (954) 775-7876	Residence Type: 1. City 2. County 3. Florida 4. Out of State 1		Indication of Alcohol Influence Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Unk. <input type="checkbox"/>		
Permanent Address (Street, Apt. Number) 1113 SE 14TH TERRACE, DEERFIELD BEACH, FL 33441			(City)	(State)	(Zip)	Phone (954) 775-7876	Address Source FL ID				
Business Address (Name, Street) M000730824180 / FL			(City)	(State)	(Zip)	Phone	Occupation				
D/L Number, State M000730824180 / FL		Soc. Sec. Number		INS Number		Place of Birth (City, State) BOYNTON, FL, United		Citizenship U			
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"/> Other: _____			Name (Last, First, Middle)			Residence Phone					
<input type="checkbox"/> Legal Custodian			Address (Street, Apt. Number)			Business Phone					
Address (Street, Apt. Number)			(City)	(State)	(Zip)						
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. Smuggle D. Deliver E. Use	K. Dispenses/ 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 DUI						Statute Violation Number 316.193(1) A		Violation of ORD #			
Drug Activity	Drug Type N	Amount / Unit	Offense #	Counts 1	Domestic Violence <input type="checkbox"/> Y <input checked="" type="checkbox"/> N	Warrant / Capias Number		Bond			
Charge Description RESIST/OBSTRUCT OFFICER W/O VIOLENCE						Statute Violation Number 843.02		Violation of ORD #			
Drug Activity	Drug Type N	Amount / Unit	Offense #	Counts 1	Domestic Violence <input type="checkbox"/> Y <input checked="" type="checkbox"/> N	Warrant / Capias Number		Bond			
Charge Description WILLFULLY REFUSING TO SIGN AND ACCEPT SUMMONS						Statute Violation Number 318.14(3)		Violation of ORD #			
Drug Activity	Drug Type N	Amount / Unit	Offense #	Counts 1	Domestic Violence <input type="checkbox"/> Y <input checked="" type="checkbox"/> N	Warrant / Capias Number		Bond			
Health / Apparent Physical Condition of Defendant						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 Explain:					
Check which applies: <input type="checkbox"/> Released O.R. <input type="checkbox"/> Released to Parent/Guardian <input type="checkbox"/> T.O.T. County Jail <input type="checkbox"/> Posted Bond <input type="checkbox"/> South County Mental Health						PROPERTY - Received By		Released By		Released To	
Transported By						Date Transported	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) South County 200 W Atlantic Ave Delray Beach, FL 33444		Court Date and Time 01/31/2022 08:30:00			
I AGREE TO APPEAR AT THE TIME AND PLACE DESIGNATED TO ANSWER THE OFFENSE CHARGED OR TO PAY THE FINE SUBSCRIBED. I UNDERSTAND THAT SHOULD I WILLFULLY FAIL TO APPEAR BEFORE THE COURT AS REQUIRED BY THIS NOTICE TO APPEAR, THAT I MAY BE HELD IN CONTEMPT OF COURT AND A WARRANT FOR MY ARREST SHALL BE ISSUED.						Signature of Defendant (or Juvenile and Parent/Custodian)		Date Signed			
HOLD for Other Agency						Name Verification (Printed by Arrestee)		PAGE 1 OF 1			
<input type="checkbox"/> Dangerous <input type="checkbox"/> Resisted Arrest <input type="checkbox"/> Suicidal <input type="checkbox"/> Other						Name of Arresting Officer (Print) BUGALLO, G. A.		I.D. # 847			
Intake Agency Col HUNICAL 7206						Transporting Officer L. Madotta		I.D. # 842		Agency BRPD	

1.00
2.00
3.00

NOT A REAL FILED

No Photo Available

SCANNED
JAN 02 2022

- COURT
- STATE ATTORNEY
- AGENCY
- CENTRAL RECORDS
- JAIL
- CRIME ANALYSIS
- DEFENDANT

L. Madotta

PROBABLE CAUSE AFFIDAVIT

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

1 JUVENILE

Agency ORI Number: FL FLO500200 Agency Name: BOCA RATON POLICE DEPARTMENT Agency Report Number: 3 2 2022-000004

Charge Type: 1. Felony 2. Traffic Felony 3. Misdemeanor 4. Traffic Misdemeanor 5. Ordinance 6. Other

Name (Last, First, Middle): MAY, RYAN J Race: W Sex: M Date of Birth: 11/18/1982

Charge Description: 316.193(1) DUI 843.02 RESIST/OBSTRUCT OFFICER W/O VIOLENCE 318.14(3) WILLFULLY REFUSING TO SIGN AND ACCEPT SU

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... On the 1 day of January, 2022 at 03:43 (Specifically include facts constituting cause for arrest.)

On 1/1/2022 at approximately 0114 hours, I responded to 500 S Federal Hwy in reference to a traffic stop on a dark colored Lexus bearing FL Tag KTAZ84.

Upon arrival, I proceeded to make contact with Sgt. McInnis who initiated the traffic stop on a dark colored Lexus bearing FL Tag KTAZ84. Upon observing Sgt. McInnis speak to the driver, later identified as Ryan May by FL ID, I noticed that May had difficulty presenting his vehicle registration to Sgt McInnis as he appeared to look through the vehicle registration blankly when attempting to present it.

I then made contact with driver Ryan May, and upon approaching the driver window of the stopped Lexus, I smelled a strong overwhelming odor of an alcoholic beverage emanating from May's person. I observed May to have extremely red glossy eyes, slurred speech, and extremely dilated pupils.

I proceeded to introduce myself and ask May where he was traveling to at the time of the traffic stop and he proceeded to have slurred speech in answering me when he advised he was picking up his female passenger. Initially, I was unable to understand May speaking due to his slurred speech and low volume. After being asked if he had anything to drink, May advised me that he did not have any acholic beverages. I then proceeded to ask May if he would agree to participate in field sobriety tasks in order to dispel my alarm that he was driving impaired. May declined to participate and I advised him that I would have to be forced to make a decision based on Sgt McInnis' and my observations thus far. May continued to decline to participate.

SWORN AND SUBSCRIBED BEFORE ME CARNEY, DANIEL CHARLES NOTARY PUBLIC / CLERK OF COURT / OFFICER (F.S.S. 117.10) 01/01/2022 DATE SIGNATURE OF ARRESTING INVESTIGATING OFFICER BUGALLO, GABRIEL ALEJANDRO (847) NAME OF OFFICER (PLEASE PRINT) 01/01/2022 DATE

PROBABLE CAUSE AFFIDAVIT
SUPPLEMENT

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

1 JUVENILE

OBTS Number	Agency ORI Number FL FLO500200		Agency Name BOCA RATON POLICE DEPARTMENT	Agency Report Number 3 2 2022-000004
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Charge Type: Check as many as apply.	<input type="checkbox"/> 1. Felony	<input checked="" type="checkbox"/> 3. Misdemeanor	<input type="checkbox"/> 5. Ordinance	Special Notes:
	<input type="checkbox"/> 2. Traffic Felony	<input checked="" type="checkbox"/> 4. Traffic Misdemeanor	<input type="checkbox"/> 6. Other	

Name (Last, First, Middle) MAY, RYAN J	Alias	Race W	Sex M	Date of Birth 11/18/1982
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After May declined again to participate in field sobriety tasks, I ordered May out of the vehicle. May refused to get out of the vehicle and proceeded to stay seated in the driver's seat. I then ordered May out of the vehicle again and advised him that he will be forcefully taken out of the vehicle if he did not comply. After May continued to be uncooperative, I proceeded to open up the driver side door by unlocking the vehicle from the window and I unbuckled May. Officer Yockel assisted me in removing May from the vehicle and moved him to the back of my marked unit (374). May was read his Miranda Warnings off of a BRPD issued card.

May was taken into custody and transported to BRPD for observation and breath. May refused to provide breath did not want to speak to me. See DUI influence report for further. May's vehicle was towed by Emerald towing and a tow slip was collected.

May was placed under arrest for Driving Under the Influence, subsequent to F.S.S 316.193(1), and Resisting Arrest without Violence, subsequent to F.S.S. 843.02. May was TOT CJ. May was given a citation for DUI - A6LQFRE and a citation for refusing to sign for receiving a criminal citation pursuant to F.S.S. 318.14(3).

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SWORN AND SUBSCRIBED BEFORE ME	SIGNATURE OF ARRESTING / INVESTIGATING OFFICER
CARNEY, DANIEL CHARLES	BUGALLO, GABRIEL ALEJANDRO (847)
NOTARY PUBLIC / CLERK OF COURT / OFFICER (F.S.S. 117.10)	NAME OF OFFICER (PLEASE PRINT)
01/01/2022	01/01/2022
DATE	DATE

PAGE
2 OF 2

STATE OF FLORIDA
DEPARTMENT OF HIGHWAY SAFETY & MOTOR VEHICLES
AFFIDAVIT OF REFUSAL TO SUBMIT TO
BREATH AND/OR URINE TEST

I, Bucallo Sy J, a duly certified Law Enforcement Officer or Correctional Officer,
(Name of Officer reading Implied Consent Warning)

am a member of Boca Raton Police Services Department, and I do swear
(Name of law enforcement agency)

or affirm that on or about the 01 day of JAN, 20 22, at 043 P.M. A.M.

DRIVER Ryan S Mary,
(Type or Print) FIRST NAME MIDDLE OR MAIDEN NAME LAST NAME

DL# M000730824180, state of FL, was placed under lawful arrest for

the offense of DUI by Bucallo and
(Name of Arresting Officer)

issued Citation # AC160FLE.

That on or about the 01 day of JAN, 20 22, at 0220 P.M. A.M.

in Palm Beach County,

I requested that the driver submit to a breath and/or urine test to determine his or her blood alcohol level and/or the presence of chemical or controlled substances. I informed the driver that the refusal to submit to such test(s) would result in the suspension of his or her driving privilege for a period of one (1) year for a first refusal, or for a period of eighteen (18) months if his or her driving privilege had been previously suspended for refusing to submit to a breath, urine or blood test. I also informed the driver that he or she commits a misdemeanor by refusing to submit to a lawful test as requested above if his or her driving privilege has been previously suspended for refusal to submit to a lawful test of his or her breath, urine, or blood. Additionally, I informed the driver that if he or she holds a CDL, or was operating a CMV, refusal will result in the disqualification of the Commercial Driver's License/driving privilege for a period of one (1) year in the case of a first refusal or permanently if he or she has previously been disqualified as a result of a refusal to submit to any such lawful test. Nonetheless, the driver refused to submit to the test(s) requested.

Sy J
Signature of Law Enforcement Officer or
Correctional Officer

THE AFFIDAVIT MUST BE NOTARIZED OR ATTESTED TO (F.S. 117.10)

The foregoing instrument was sworn and subscribed before me:

Signature of Attesting Officer

Title _____

Date _____

(AFFIX SEAL)

The foregoing instrument was sworn and subscribed before

me this _____ day of _____, 20 _____.

by _____.

who is personally known to me or who has produced

_____ as identification

Notary Public _____

HSMV-BAR1001 (REV. 10/2016)

Note: Mail or hand deliver to the designated Bureau of Administrative Reviews office, Department of Highway Safety and Motor Vehicles, with the driver's license, the appropriate copy of the UTC, and the probable cause affidavit.

SCANNED
JAN 02 2022

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

Instrument Type: Intoxilyzer 8000
Instrument Registered To: BOCA RATON PD
Instrument Serial Number: 80-006622 Software: 8100.27
Date of Test: 01/01/2022

Date of Last Agency Inspection: 12/22/2021
Observation Period Began: 01:57
Subject's Name: RYAN J MAY

DOB: 11/18/1982 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	02:25
	Air Blank	0.000	02:26
	Control Test	0.078	02:26
	Air Blank	0.000	02:27
	Subject Sample #1	REF*	02:27
	Air Blank	0.000	02:27
	Control Test	0.079	02:28
	Air Blank	0.000	02:28
	Diagnostics Check	OK	02:28

*Subject Test Refused

Cylinder Lab: 15421058A1
Exp: 08/03/2023

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, RYAN J MAY, 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: [Signature] Date: 1-1-22
Signature

Sworn to (or affirmed) before me this 1st day of January, 2022

[Signature] Notary Public-State of Florida Ofc. G. Bugallo Printed Name of Notary Public-State of Florida

SCANNED
JAN 02 2022

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.

22-000004

10-15 : 0143

Obsv : 0157

DUI INFLUENCE REPORT



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

SCANNED
JAN 02 2012



BOCA RATON POLICE SERVICES DEPARTMENT
DUI INFLUENCE REPORT - PART I

On the 1st day of January, at 0143 AM/PM:

Subject: Ryan May Case Number: 22-4

PERSONAL CONTACT

Driving Pattern: _____

Observation of Driver: _____

Driver's Statement: _____

Odors: _____

GENERAL OBSERVATIONS

Speech: _____

Attitude: _____

Clothing: _____

Medical Problems: _____

Medications: _____

Other: _____

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JAN 02

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: _____

State of Florida, County of Palm Beach,
Sworn and subscribed before me this _____ (date) by _____

Notary/Clerk of Court/ Officer (FSS 117.10) Date

Signature of Arresting Officer

Name of Officer (print)

SCANNED
JAN 02 2002

ARRESTING OFFICER: ofc. Bugallo

Name: ofc. Bugallo Phone # _____ Work # _____

Address: _____

Can testify to: On scene - BAT Room

Name: ofc. J CASAS Phone # _____ Work # _____

Address: _____

Can testify to: BAT Room

Name: Sgt. McInnis Phone # _____ Work # _____

Address: _____

Can testify to: Traffic Stop

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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BOCA RATON POLICE SERVICES DEPARTMENT
DUI INFLUENCE REPORT - PART II

To be filled out at testing facility

Agency Case # 22-4

I. INTRODUCTION (Instrument Operator faces video camera)

A. The day is Saturday, January, 1st, 2022.
(day) (month) (date) (year)

B. The time is now approximately 0220 AM/PM.

C. The following is in reference to case number 22-4.

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

E. Officer Bugallo, have you arrested Ryan May 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. May, 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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JAN 02 2022

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: Read on Camera

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. May has refused to submit to a breath test.

The date is January, 1st, 2022, and the time is 0222 AM/PM.
(month) (day) (year)

A refusal form will be completed by the arresting officer.

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JAN 02 2022



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: _____

SCANNED
JAN 02 2012



BOCA RATON POLICE SERVICES DEPARTMENT
TESTING FACILITY TASK REPORT

SUBJECT: Ryan May

CASE #: 22-4 DATE: 1-1-22

BREATH TEST RESULTS

1) TIME Refused AM/PM 2) TIME _____ AM/PM
3) TIME _____ AM/PM 4) TIME _____ AM/PM

BREATH OPERATOR: Ofc. J. CASAS

MAINTENANCE TECHNICIAN: Ofc. Van Camp

TESTING OFFICER'S OBSERVATIONS

SPEECH: Slurred

ATTITUDE: Argumentative

CLOTHING: Blue shirt, Tan shorts, Brown shoes

MEDICAL CONDITION: _____

OTHER: Bloodshot eyes

COMMENTS: _____

SCANNED
JAN 02 2022

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: Read on Camera Date: _____ Time: _____

QUESTIONS AND ANSWERS

Were you operating a motor vehicle at the time of the accident/stop? _____

Where were you going? _____

What street or highway were you on? _____

Direction of travel? _____

Where did you start driving from? _____

What city (county) were you stopped in? _____

What time did you start? _____ AM/PM What time is it now? _____

What is today's date? _____ What day of the week is it? _____

When did you last eat? _____ What did you eat? _____

What have you been doing the past three hours prior to this stop/accident? _____

How much do you weigh? _____ Have you been drinking? _____ What were you drinking? _____

How much? _____ Where? _____ With whom were you drinking? _____

When did you have your first drink? _____ AM/PM When did you stop drinking? _____

Refused

SCANNED
JAN 10 2 2011

How did you consume your last two drinks? _____

Are you under the influence of alcohol now? Yes No

Can you feel the effects of alcohol? Yes No

Have you consumed alcohol since the accident? Yes No

Can you feel the effects of alcohol? Yes No

Have you consumed alcohol since the accident? Yes No How much? _____

What? _____ Where? _____

What line of work are you in? _____

When did you last work? _____

Do you have any physical defects or injuries? Yes No If yes, explain: _____

Are you sick or injured? Yes No If yes, explain: _____

Do you limp? Yes No Did you get a bump on the head? Yes No

Were you in an accident today? _____

Have you taken any drugs or smoked marijuana today? _____

What? _____ When? _____

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

Are you taking any prescription medications? Yes No What? _____ When? _____

Do you have: Epilepsy? Yes No Inner ear trouble? Yes No

Glass eye? Yes No Ear infection? Yes No

False teeth? Yes No Diabetes? Yes No

Any problems not correctable by glasses or contact lenses? _____

Do you take insulin? Yes No If yes, when was your last injection? _____

Have you ever had a driver's license in any other state? _____

I am now ending this video recording. The time is now approximately 0228 AM/PM.

The date is January (month), 1st (day), 2022 (year).

SCANNED
JAN 02 2022

TOWED VEHICLE & INVENTORY RECEIPT FORM**OWNER INFORMATION**

MAY, RYAN J Home:
1113 SE 14TH TERRACE Work:
DEERFIELD BEACH, FL 33441 Cell:

RACE: **W** SEX: **M** DATE OF BIRTH: **11/18/1982** AGE: **39**

VEHICLE DESCRIPTION

License Plate / State / Year License Type
KTAZ84 FL 2022

Veh Year / Make / Model Veh Color
2019 LEXS ES350 **GRY**

Veh Type Veh Style VIN
01 **4D** **58ABZ1B11KU045474**

TOW / IMPOUND / REPOSSESSION INFORMATION

Type Hold Inventory Case #
Tow **NO** **YES** **2022000004**

Reason Status Date/Time Officer
01/01/2022 01:43 **YOCKEL, K. T.**

Date / Time Requested Date/Time Arrived
01/01/2022 01:43:09 **01/01/2022 01:43:10**

Tow Company Towed To Phone #

Towed To

Lien Holder Lien Holder Phone #

Notes
Inventory on BWC

RELEASE INFORMATION

Date/Time Released By

Claim Ticket

Released To

Relation Phone #

Notes

SCANNED
 JAN 02



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: 2022000043	Date: 1/2/2022
	Specialist Name/ID: M. Tooks #8557

SCANNED
 JAN 02 2022