

0374309

19CT 8103

3742

ARREST / NOTICE TO APPEAR  
Juvenile Referral Report

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

ADMINISTRATIVE	OBTS Number		Agency ORI Number <b>FLO 500000</b>		Agency Name <b>PALM BEACH COUNTY SHERIFF'S OFFICE</b>		Agency Report Number (N.T.A.'s only) <b>06-19-066560</b>		
	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				Weapon Seized / Type <input checked="" type="checkbox"/> 1. Yes <input type="checkbox"/> 2. No		Multiple Clearance Indicator		
	Location of Arrest (Including Name of Business) <b>16100 Half Mile Road, Delray Beach FL</b>				Location of Offense (Business Name, Address) <b>16100 Half Mile Road, Delray Beach FL</b>				
	Date of Arrest <b>05/03/2019</b>	Time of Arrest <b>0005</b>	Booking Date	Booking Time	Jail Date	Jail Time	Location of Vehicle <b>City Towing</b>		
Name (Last, First, Middle) <b>Magill, Michael, Edward</b>								Alias (Name, DOB, Soc. Sec. #, Etc.)	
Race W - White 1 - American Indian B - Black 0 - Oriental/Asian		Sex <b>M</b>	Date of Birth <b>11/7/1967</b>	Height <b>6'04</b>	Weight <b>240</b>	Eye Color <b>Br</b>	Hair Color <b>Br</b>	Complexion <b>Fair</b>	Build <b>Lg</b>
Scars, Marks, Tattoos, Unique Physical Features (Location, Type, Description) <b>NONE</b>				Marital Status <b>Married</b>	Religion <b>PROTESTANT</b>	Indication of Alcohol Influence Y <input type="checkbox"/> N <input type="checkbox"/> Unk. <input type="checkbox"/>			Indication of Drug Influence Y <input type="checkbox"/> N <input type="checkbox"/> Unk. <input type="checkbox"/>
Local Address (Street, Apt. Number) (City) (State) (Zip) <b>4423 Woodfield Blvd, Boca Raton, FL 33434</b>				Phone <b>(561) 445 2430</b>		Residence Type: 1. City 2. County 3. Florida 4. Out of State <b>1</b>			
Permanent Address (Street, Apt. Number) (City) (State) (Zip)				Phone		Address Source <b>DEF</b>			
Business Address (Name, Street) (City) (State) (Zip)				Phone		Occupation <b>Unemployed</b>			
D/L Number, State <b>M240545674070, FL</b>		Soc. Sec. Number		INS Number		Place of Birth (City, State) <b>Fayetteville NC</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"/> 2. At Large <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"/> 3. Felony <input type="checkbox"/> 2. At Large <input type="checkbox"/> 4. Misdemeanor <input type="checkbox"/> 5. Juvenile			
Parent Name (Last) (First) (Middle)		Residence Phone		Legal Custodian		Business 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)			
Property Crime? <input type="checkbox"/> Yes <input type="checkbox"/> No		Description of Property		Value of Property		School Attended		Grade	
Drug Activity N. N/A S. Sell R. Smuggle K. Dispense/Distribute M. Manufacture/Produce/Cultivate Z. Other P. Possess B. Buy D. Deliver E. Use T. Traffic		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 <b>DUI</b>		Counts <b>1</b>	Domestic Violence <input type="checkbox"/> Y <input checked="" type="checkbox"/> N	Statute Violation Number <b>316.193(1)</b>	Violation of ORD #
Drug Activity		Drug Type	Amount / Unit	Offense # <b>19-066560</b>	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, Room Number, Address) <b>Criminal Justice Complex, 3228 Gun Club Road, West Palm Beach, FL 33406 - Ph: (561) 688-4600</b>									
Court Date and Time Month <b>5</b> Day <b>30</b> Year <b>19</b> Time <b>8:30</b> 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. <b>05/03/2019</b> Signature of Defendant (or Juvenile and Parent /Custodian) _____ Date Signed _____									
HOLD for other Agency Name:		Signature of Arresting Officer <b>X</b>		Name Verification (Printed by Arrestee) <b>SCANNED</b>					
<input type="checkbox"/> Dangerous <input type="checkbox"/> Resisted Arrest <input type="checkbox"/> Suicidal <input type="checkbox"/> Other:		Name of Arresting Officer (Print) <b>A SOLOWAY 8586</b>		I.D. #		PAGE			
Intake Deputy <b>[Signature]</b>		I.D. #	Pouch #	Transporting Officer <b>A Soloway</b>		ID # <b>8586</b>	Agency <b>PBSO</b>	Witness here if subject signed with _____ <b>MAY 04 2019</b> 1 OF 1	

# D.U.I. PROBABLE CAUSE AFFIDAVIT

ON THE 2 DAY OF May 20 19, AT 2328  AM  PM

SUBJECT: Magill, Michael, Edward CASE NUMBER: 19-066560

AGENCY: PALM BEACH COUNTY SHERIFF'S OFFICE ARRESTING OFFICER: A SOLOWAY 8586

## PERSONAL CONTACT

DRIVING PATTERN: ACTUAL PHYSICAL CONTROL (PHYSICAL EVIDENCE OR STATEMENTS PUTTING DEF. BEHIND WHEEL OF VEHICLE)

I met with two independent witnesses. Both stated MaGill was sitting in the driver's seat of the SUV when they arrived. They both stated he was only person in or near the vehicle. PBCFR stated he told them he had been drinking tonight and was coming from downtown. When I arrived I observed a black SUV on the west side of the roadway. The vehicle left the roadway and traveled on the swale before it came to the canal bank. This SUV was teetering on the north edge of the canal bank which ran east and west. The vehicle was stuck in the wet grass and the frame was dug into the canal bank.

## OBSERVATION OF DRIVER:

Upon my arrival the driver was being examined by PBCFR and standing next to the rescue vehicle. I met with the driver who was identified as Michael MaGill by his FL DL. I informed him that the crash investigation had concluded and I was now conducting a criminal investigation. He told me he wanted his lawyer. In speaking with him I could smell a strong odor of an unknown alcoholic beverage on the driver's breath. The driver's eyes were red and glassy and his speech was slurred. The driver's shorts zipper (fly) was down. I informed him that he was not entitled to one at this point. I requested he submit to SFSTs and he refused. I explained that failure to submit to SFSTs could be used against him in court and I would be forced to conclude my investigation and base my decision as to his impairment. I again requested he submit to SFSTs and he again refused.

## DRIVER'S STATEMENTS:

Driver told PBCFR that he was coming from downtown and had been drinking tonight. He told medics he is diabetic. They tested his sugar level and it was normal. The driver stated he called PBSO. A check of 911 calls did not indicate he called. At the BAT he told me he called AAA for a tow truck and gave me his AAA card to submit with his property.

## ODORS:

Strong odor of an unknown alcoholic beverage on the driver's breath.

## GENERAL OBSERVATIONS

SPEECH: slurred

ATTITUDE: argumentative then compliant

CLOTHING: blue short sleeve shirt, gray shorts, brown shoes

MEDICAL/OTHER: unknown

TATE OF FLORIDA  
COUNTY OF PALM BEACH

A SOLOWAY 8586

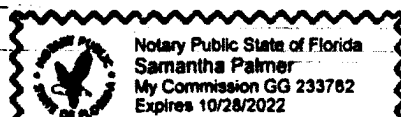
Signature of Arresting/Investigative Officer

The foregoing instrument was sworn to or affirmed and subscribed before me this 3 day of May 20 19 by A SOLOWAY 8586

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

Samantha Palmer (#24520)

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



SCANNED

MAY 04 2019

**ROADSIDE TASKS**

**HORIZONTAL GAZE NYSTAGMUS:**

- |  |  |
|--|--|
| <input type="checkbox"/> LT EYE-LACK OF SMOOTH PURSUIT                           | <input type="checkbox"/> RT EYE-LACK OF SMOOTH PURSUIT                           |
| <input type="checkbox"/> LT EYE-DISTINCT & SUSTAINED NYSTAGMUS AT MAX. DEVIATION | <input type="checkbox"/> RT EYE-DISTINCT & SUSTAINED NYSTAGMUS AT MAX. DEVIATION |
| <input type="checkbox"/> LT- EYE-ONSET OF NYSTAGMUS PRIOR TO 45 DEGREES          | <input type="checkbox"/> RT- EYE-ONSET OF NYSTAGMUS PRIOR TO 45 DEGREES          |

**Other Observations:**

**REFUSED**

**WALK & TURN:**

**REFUSED**

**ONE LEG STAND:**

**REFUSED**

**FINGER TO NOSE:**

**REFUSED**

**ROMBERG ALPHABET:**

**REFUSED**

**BREATH TEST RESULTS:      REFUSED      REFUSED**

NOT A CERTIFIED COPY

STATE OF FLORIDA  
COUNTY OF PALM BEACH

A SOLOWAY 8586

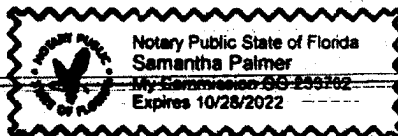
(Signature of Arresting/Investigative Officer)

The foregoing instrument was sworn to or affirmed and subscribed before me this 3 day of May 2019 by A SOLOWAY 8586

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

Samantha Palmer (#24520)

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



SCANNED

MAY 04 2019

# WITNESS LIST

CASE NUMBER: 19-066560

ARRESTING OFFICER: A SOLOWAY 8586

ADDRESS: PBSO

PHONE NUMBERS (HOME): \_\_\_\_\_ (WORK) \_\_\_\_\_

CAN TESTIFY TO: DUI INVESTIGATION

NAME: D/S PUJOL #8530

ADDRESS: PBSO

PHONE NUMBERS (HOME) \_\_\_\_\_ (WORK) \_\_\_\_\_

CAN TESTIFY TO: CRASH INVESTIGATION

NAME: LISA AZZARO

ADDRESS PBCFR 42

PHONE NUMBERS (HOME) \_\_\_\_\_ (WORK) \_\_\_\_\_

CAN TESTIFY TO: TREATING MEDIC, WHEEL WITNESS

NAME: Renteria Hernandez, Samuel,

ADDRESS 9773 Happy Hollow Rd, Delray Beach, FL 33446

PHONE NUMBERS (HOME) (561) 766 3942 (WORK) 0

CAN TESTIFY TO: WHEEL WITNESS

NAME: \_\_\_\_\_

ADDRESS \_\_\_\_\_

PHONE NUMBERS (HOME) \_\_\_\_\_ (WORK) \_\_\_\_\_

CAN TESTIFY TO: \_\_\_\_\_

NAME: \_\_\_\_\_

ADDRESS \_\_\_\_\_

PHONE NUMBERS (HOME) \_\_\_\_\_ (WORK) \_\_\_\_\_

CAN TESTIFY TO: \_\_\_\_\_

NAME: \_\_\_\_\_

ADDRESS \_\_\_\_\_

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NAME: \_\_\_\_\_

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CAN TESTIFY TO: \_\_\_\_\_

NAME: \_\_\_\_\_

ADDRESS \_\_\_\_\_

PHONE NUMBERS (HOME) \_\_\_\_\_ (WORK) \_\_\_\_\_

CAN TESTIFY TO: \_\_\_\_\_

SCANNED

MAY 04 2019

PALM BEACH COUNTY SHERIFF'S OFFICE – **SWORN STATEMENT**

Per FL statute 837.012, whoever knowingly makes a false statement under oath shall be guilty of a misdemeanor of the first degree punishable by imprisonment up to 1 year.



WITNESS    VICTIM    OTHER

CASE #:	19-066560	ZONE:	4-32	SUSPECT:	Michael McG. H	DATE & TIME OF ORIGINAL EVENT/OFFENSE:	5/2/19 2728
EVENT TYPE:	DUI	DEPUTY:	Soloway	ID#:	8580		

**COMPLETE EVERYTHING BELOW – PRINT LEGIBLY**

LAST NAME:	Azzaro	FIRST NAME:	Lisa	MIDDLE INITIAL:		RACE:	W	SEX:	F
DATE OF BIRTH:	(MM/DD/YYYY) 11-17-75	YOUR HEIGHT:	5'2	YOUR WEIGHT:	120	YOUR HAIR COLOR:	Brn	YOUR EYE COLOR:	Brn
YOUR HOME ADDRESS:	PBCFR 42	<input type="checkbox"/> CHECK IF HOMELESS		CITY:	Delray Beach	STATE:	FL	ZIP:	33446
YOUR WORK NAME & ADDRESS:		<input type="checkbox"/> CHECK IF UNEMPLOYED OR RETIRED		CITY:		STATE:		ZIP:	
WORK PHONE:	<input type="checkbox"/> CHECK IF NONE	CELL PHONE:	<input type="checkbox"/> CHECK IF NONE	HOME PHONE:	<input type="checkbox"/> CHECK IF NONE	EMAIL:		<input type="checkbox"/> CHECK IF NONE	

**WRITE WHAT HAPPENED IN YOUR WORDS IN FULL DETAIL – PRINT LEGIBLY**

YOUR NAME:	1 Lisa Azzaro	DO HEREBY VOLUNTARILY MAKE THE FOLLOWING STATEMENT WITHOUT THREAT, COERCION, OFFER OF BENEFIT, OR FAVOR BY ANY PERSONS WHOMSOEVER...
<p>R42 was dispatched to intoxicated male <del>barabod</del> in vehicle that is halfway down embankment of canal. On arrival, male was found <del>behind</del> in vehicle sitting in driver seat w/ car running. Male was awake and responded to us by shifting car off; came out side of vehicle. Patient had obvious smell of <del>ETOH</del>. When asked if he drank tonight, he responded yes.</p>		
PAGE 1 OF 1		

**READ AND SIGN**

I SWEAR AND AFFIRM THIS AND/OR THE ATTACHED STATEMENTS ARE CORRECT AND TRUE:

YOUR SIGNATURE: X

DEPUTY SHERIFF    NOTARY PUBLIC   FSS: 117.10  
 SWORN TO AND SUBSCRIBED BEFORE ME TODAY:  
 DATE: 5/2/19   TIME: 2355  
 SIGNATURE:   
 ID: 3511

IF YOU DO NOT WISH TO PROSECUTE, COMPLETE THE ABOVE STATEMENT, READ THIS DISCLAIMER AND INITIAL BELOW: I AM OF LEGAL AGE AND I AM THE REPORTED VICTIM OF A CRIME UNDER FLORIDA LAW. I HEREBY STATE THAT I WILL NOT COOPERATE ANY FURTHER WITH THE INVESTIGATION OF THE ALLEGED CRIME. I FURTHER RELEASE THE PALM BEACH COUNTY SHERIFF'S OFFICE OF ANY PRESENT OR FUTURE RESPONSIBILITY AS TO MY CASE. I ACKNOWLEDGE THAT I UNDERSTAND MY RIGHTS AS A CRIME VICTIM, PARTICULARLY REGARDING VICTIM COMPENSATION ELIGIBILITY, WHICH INCLUDES SUCH BENEFITS AS REIMBURSEMENT FOR: DISABILITY; LOST WAGES; LOSS OF SUPPORT; MEDICAL, DENTAL, MENTAL HEALTH COUNSELING AND FUNERAL EXPENSES. I AM AWARE I MAY BE GIVING UP THESE RIGHTS FOR MY FAMILY AND MYSELF BY INITIALLING BELOW. I AM TAKING THIS POSITION OF MY OWN FREE WILL KNOWING THAT THE CASE CAN ONLY BE FURTHER INVESTIGATED AND PROSECUTED WITH MY COOPERATION.  DO NOT WISH TO PROSECUTE INITIAL

(PROSECUTION WAIVER NOT TO BE USED FOR CASES INVOLVING DOMESTIC OR DATING VIOLENCE PER G.O. 508.00)

**PALM BEACH COUNTY SHERIFF'S OFFICE – SWORN STATEMENT**

Per FL statute 837.012, whoever knowingly makes a false statement under oath shall be guilty of a misdemeanor of the first degree punishable by imprisonment up to 1 year.



WITNESS    VICTIM    OTHER

CASE #:	19-066560	ZONE:	4-32	SUSPECT:	Michael McGill	DATE & TIME OF ORIGINAL EVENT/OFFENSE:	5/2/19 2328
EVENT TYPE:	DUI	DEPUTY:	Solomon	ID#:	8586		

**COMPLETE EVERYTHING BELOW – PRINT LEGIBLY**

LAST NAME:	Renteria	FIRST NAME:	Samuel	MIDDLE INITIAL:		RACE:		SEX:	
DATE OF BIRTH: (MM/DD/YYYY)	5/25/1961	YOUR HEIGHT:	6.1	YOUR WEIGHT:	180	YOUR HAIR COLOR:	black	YOUR EYE COLOR:	Hazel
YOUR HOME ADDRESS:	14101 half mile	<input type="checkbox"/> CHECK IF HOMELESS		CITY:	Delray Beach	STATE:	FL	ZIP:	33446
YOUR WORK NAME & ADDRESS:		<input type="checkbox"/> CHECK IF UNEMPLOYED OR RETIRED		CITY:		STATE:		ZIP:	
WORK PHONE: <input type="checkbox"/> CHECK IF NONE	( )	CELL PHONE: <input type="checkbox"/> CHECK IF NONE	561-766-3942	HOME PHONE: <input type="checkbox"/> CHECK IF NONE	( )	EMAIL:		<input type="checkbox"/> CHECK IF NONE	

**WRITE WHAT HAPPENED IN YOUR WORDS IN FULL DETAIL – PRINT LEGIBLY**

YOUR NAME:	Samuel Renteria	DO HEREBY VOLUNTARILY MAKE THE FOLLOWING STATEMENT WITHOUT THREAT, COERCION, OFFER OF BENEFIT, OR FAVOR BY ANY PERSONS WHOMSOEVER...
<p>I was driving home from my parents house                  saw the person in the driver seat                  of a <sup>car</sup> <del>vehicle</del> half way in the canal                  I called 911 and police showed and                  the driver was the only person in vehicle.</p>		
PAGE 1 OF 1		

**READ AND SIGN**

I SWEAR AND AFFIRM THIS AND/OR THE ATTACHED STATEMENTS ARE CORRECT AND TRUE:	<input checked="" type="checkbox"/> DEPUTY SHERIFF <input type="checkbox"/> NOTARY PUBLIC   FSS: 117.10
YOUR SIGNATURE: <u>X Samuel Renteria</u>	SWORN TO AND SUBSCRIBED BEFORE ME TODAY: DATE: 5/2/2019   TIME: 11:55 PM SIGNATURE: <u>[Signature]</u> ID: 332

IF YOU DO NOT WISH TO PROSECUTE, COMPLETE THE ABOVE STATEMENT, READ THIS DISCLAIMER AND INITIAL BELOW: I AM OF LEGAL AGE AND I AM THE REPORTED VICTIM OF A CRIME UNDER FLORIDA LAW. I HEREBY STATE THAT I WILL NOT COOPERATE ANY FURTHER WITH THE INVESTIGATION OF THE ALLEGED CRIME. I FURTHER RELEASE THE PALM BEACH COUNTY SHERIFF'S OFFICE OF ANY PRESENT OR FUTURE RESPONSIBILITY AS TO MY CASE. I ACKNOWLEDGE THAT I UNDERSTAND MY RIGHTS AS A CRIME VICTIM, PARTICULARLY REGARDING VICTIM COMPENSATION ELIGIBILITY, WHICH INCLUDES SUCH BENEFITS AS REIMBURSEMENT FOR: DISABILITY; LOST WAGES; LOSS OF SUPPORT; MEDICAL, DENTAL, MENTAL HEALTH COUNSELING AND FUNERAL EXPENSES. I AM AWARE I MAY BE GIVING UP THESE RIGHTS FOR MY FAMILY AND MYSELF BY INITIALLING BELOW. I AM TAKING THIS POSITION OF MY OWN FREE WILL KNOWING THAT THE CASE CAN ONLY BE FURTHER INVESTIGATED AND PROSECUTED WITH MY COOPERATION.  DO NOT WISH TO PROSECUTE (INITIAL)

(PROSECUTION WAIVER NOT TO BE USED FOR CASES INVOLVING DOMESTIC OR DATING VIOLENCE PER G.O. 508.00)

# TESTING FACILITY TASK REPORT

AGENCY: PBSO/SLOWAY

SUBJECT: MAGILL, MICHAEL

CASE NUMBER: 19-066560

DATE: May 3, 2019

VIDEO DVD NUMBER: N/A

BEGINNING TIME: 0056

ENDING TIME: 0058

BREATH TESTS RESULTS: 1) R TIME 0058 A.M.  P.M.  2) XX TIME XX A.M.  P.M.   
3) XX TIME XX A.M.  P.M.  4) XX TIME XX A.M.  P.M.

BREATH OPERATOR: S. PALMER #24520

MAINTENANCE TECHNICIAN: J Karlecke #6467

## TESTING OFFICER'S OBSERVATIONS

SPEECH: SLURRED, SHORT

ATTITUDE: QUIET, AGGRAVATED

CLOTHING: BLUE SHIRT, GREY SHORTS, BROWN SHOES

MEDICAL CONDITIONS: NONE

MEDICATIONS: NONE

## OTHER:

EYES: GLASSY

## COMMENTS:

ARRESTING OFFICER CONDUCTED THE 20 MINUTE OBSERVATION BEGINNING AT 0035  
SUBJECT REFUSED TO TAKE BREATH TEST  
A/O READ I/C  
SUBJECT STATED HE UNDERSTOOD I/C  
AND AGAIN REFUSED TO TAKE BREATH TEST @ 0058  
A/O READ RIGHTS AT SCENE  
AND DID NOT CONDUCT Q&A

SCANNED  
MAY 04 2019

SUBJECT: M... .. 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 INVOLUNTARILY 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) ... **SCANNED**  
**MAY 04 2019**



SUBJECT: Magill M... CASE NUMBER: 19...

### QUESTIONS AND ANSWERS

I AM NOW GOING TO ASK YOU SOME QUESTIONS. WITH THESE RIGHTS IN MIND, YOU MAY ANSWER SOME OF, ALL OF, OR NONE OF THE FOLLOWING QUESTIONS AS YOU LIKE.

WERE YOU OPERATING A MOTOR VEHICLE AT THE TIME OF THE STOP/ACCIDENT? \_\_\_\_\_

WHERE WERE YOU GOING? \_\_\_\_\_

WHAT STREET OR HIGHWAY WERE YOU ON? \_\_\_\_\_

DIRECTION OF TRAVEL? \_\_\_\_\_ WHERE DID YOU START? \_\_\_\_\_

WHAT TIME DID YOU START? \_\_\_\_\_ WHAT TIME IS IT NOW? \_\_\_\_\_

WHAT IS TODAY'S DATE? \_\_\_\_\_ WHAT DAY OF THE WEEK IS IT? \_\_\_\_\_

WHAT COUNTY AND CITY ARE YOU IN NOW? \_\_\_\_\_

WHEN DID YOU LAST EAT? \_\_\_\_\_ WHAT DID YOU EAT? \_\_\_\_\_

WHAT HAVE YOU BEEN DOING FOR THE LAST THREE HOURS? \_\_\_\_\_

HOW MUCH DO YOU WEIGH? \_\_\_\_\_ HAVE YOU BEEN DRINKING? \_\_\_\_\_ WHAT? \_\_\_\_\_

HOW MUCH? \_\_\_\_\_ WHERE? \_\_\_\_\_ WITH WHOM? \_\_\_\_\_

WHEN DID YOU HAVE YOUR FIRST DRINK? \_\_\_\_\_ AND YOUR LAST DRINK? \_\_\_\_\_

HOW DID YOU CONSUME YOUR LAST TWO DRINKS? \_\_\_\_\_

CAN YOU FEEL THE EFFECTS OF THE ALCOHOL? \_\_\_\_\_ ARE YOU UNDER THE INFLUENCE? \_\_\_\_\_

HAVE YOU CONSUMED ANY ALCOHOL SINCE THE ACCIDENT? \_\_\_\_\_ HOW MUCH? \_\_\_\_\_

WHAT? \_\_\_\_\_ WHERE? \_\_\_\_\_ WHEN? \_\_\_\_\_

WHAT LINE OF WORK ARE YOU IN? \_\_\_\_\_ WHEN DID YOU LAST WORK? \_\_\_\_\_

DO YOU HAVE ANY PHYSICAL DEFECTS OR INJURIES? \_\_\_\_\_ WHAT? \_\_\_\_\_

ARE YOU SICK OR INJURED? \_\_\_\_\_ WHAT'S WRONG? \_\_\_\_\_

DO YOU LIMP? \_\_\_\_\_ DID YOU RECEIVE A BUMP ON THE HEAD RECENTLY? \_\_\_\_\_

WERE YOU IN AN ACCIDENT TODAY? \_\_\_\_\_

HAVE YOU TAKEN ANY DRUGS OR SMOKED ANY MARIJUANA TODAY? \_\_\_\_\_ WHEN? \_\_\_\_\_

HAVE YOU SEEN A DOCTOR OR DENTIST TODAY? \_\_\_\_\_ WHO? \_\_\_\_\_ WHY? \_\_\_\_\_

ARE YOU TAKING ANY PRESCRIPTION MEDICINES? \_\_\_\_\_ WHAT? \_\_\_\_\_ WHEN? \_\_\_\_\_

DO YOU HAVE: EPILEPSY? \_\_\_\_\_  
GLASS EYE? \_\_\_\_\_  
FALSE TEETH? \_\_\_\_\_  
EAR INFECTION? \_\_\_\_\_  
INNER EAR TROUBLE? \_\_\_\_\_  
DIABETES? \_\_\_\_\_

DO YOU HAVE ANY PROBLEMS WITH YOUR EYES THAT ARE NOT CORRECTED BY GLASSES? \_\_\_\_\_

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

HAVE YOU EVER HAD A DRIVER'S LICENSE IN ANY OTHER STATE? \_\_\_\_\_ WHERE? \_\_\_\_\_

INTERVIEWER: ...

SCANNED  
MAY 04 2019



**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"/>	539.001 FS	Other: All records relating to pawnbroker transactions.	
	<input type="checkbox"/>	119.0712(2)	Other: Personal information contained within a motor vehicle record	

**REVIEW COMPLETED BY**

Booking Number: 2019014733	Date: 05/03/2019
	Specialist Name/ID: howardt/7185

**SCANNED**  
**MAY 04 2019**