0530956 50-2022-MM-003045-ASB 3648

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

ADMINISTRATION

OBTS Number

Agency ORI Number: 0500200
Agency Name: Boca Raton Police Department
Agency Report Number (N.T.A.'s only): 3 2 2022-005056

Charge Type: Check as many as apply — 1. Felony; 2. Traffic Felony; 3. Misdemeanor [X]; 4. Traffic Misdemeanor [X]; 5. Ordinance; 6. Other
If Weapon Seized — Enter Type: UNARMED
Multiple Clearance Indicator

Location of Arrest (Including Name of Business): 1600 S FEDERAL HWY, 1600 S FEDERAL HWY, BOCA RATON,
Location of Offense (Business Name, Address): 1600 S FEDERAL HWY, BOCA RATON, FL 33432

Date of Arrest	Time of Arrest	Booking Date	Booking Time	Jail Date	Jail Time	Location of Vehicle
04/17/2022	02:26	04/17/2022	02:36	04/17/2022	05:05	TOWED

DEFENDANT

Name (Last, First, Middle): SHULMAN, ALAN
Alias: Alias (Name, DOB, Soc. Sec. #, Etc.)

Race (W - White, I - American Indian, B - Black, O - Oriental/Asian)	Sex	Date of Birth	Height	Weight	Eye Color	Hair Color	Complexion	Build
W	M	11/16/1959	6'03	245	GREEN	BLACK	LIGHT	L

Scars, Marks, Tatoos, Unique Physical Features (Location, Type, Description): N C M C
Marital Status: S
Religion:
Indication of: Alcohol Influence Yes [X] No [ ] Unk [ ]; Drug Influence
Residence Type: 1. City 2. County 3. Florida 4. Out of State: 3

Local Address (Street, Apt. Number) (City) (State) (Zip): 5773 SEASHELL TER, BOYNTON BEACH, FL 33437
Phone: (678) 410-7738

Permanent Address (Street, Apt. Number) (City) (State) (Zip): 5773 SEASHELL TER, BOYNTON BEACH, FL 33437
Phone: (678) 410-7738
Address Source: PERSON

Business Address (Name, Street) (City) (State) (Zip): SELF EMPLOYED,
Phone: (561) -
Occupation: Buisness Consul

D/L Number, State: S455000594160 / FL
Soc. Sec. Number: [redacted]
INS Number:
Place of Birth (City, State): BRONZ, NY, United
Citizenship: US

CO-DEF

Co-Defendant Name (Last, First, Middle) | Race | Sex | Date of Birth | [ ] 1. Arrested [ ] 2. At Large [ ] 3. Felony [ ] 4. Misdemeanor [ ] 5. Juvenile

Co-Defendant Name (Last, First, Middle) | Race | Sex | Date of Birth | [ ] 1. Arrested [ ] 2. At Large [ ] 3. Felony [ ] 4. Misdemeanor [ ] 5. Juvenile

JUVENILE

[ ] Parent [ ] Other: [ ] Legal Custodian
Name (Last, First, Middle)
Residence Phone
Address (Street, Apt. Number) (City) (State) (Zip)
Business Phone

Notified by: (Name) | Date | Time | JUVENILE DISPOSITION: 1. Handled/Processed within Department and Released; 2. TOT JAC; 3. Incarcerated

Released To: (Name) | Relationship | Date | Time

The above address was provided by [ ] defendant and/or [ ] 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.
[ ] Yes, by: [ ] No.

School Attended | Grade

Property Crime? [ ] Yes [X] No | Description of Property | Value of Property

CODE

Drug Activity: N. N/A; P. Possess; S. Sell; B. Buy; T. Traffic; R. Smuggle; D. Deliver; E. Use; K. Disperses/ 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

Charge Description	Statute Violation Number	Violation of ORD #	Drug Activity	Drug Type	Amount / Unit	Offense #	Counts	Domestic Violence	Warrant / Capias Number	Bond
UNLAWFUL POSSESSION OF PRESCRIPTION DRUGS	499.03(1)			N	/		1	[ ] Y [X] N		OR
DRIVE UNDER INFLUENCE ALC	316.193(1A)			N	/		1	[ ] Y [X] N		OR
					/			[ ] Y [ ] N		

INTAKE

Health - Apparent Physical Condition of Defendant: GOOD
Any knowledge of the following: [ ] Mental [ ] Escape Risk [ ] Medication [ ] Deformities [ ] Injuries
Explain:

Check which applies: [ ] Released O.R. [ ] Released to Parent/Guardian [X] T.O.T. County Jail [ ] Posted Bond [ ] South County Mental Health

PROPERTY - Received By	Released By	Released To
868	868	PBCJ

Transported By | Date Transported: 04/17/2022 | Time Transported: 05:06 | Other

NOTICE TO APPEAR

[X] INSTRUCTION NO. 1 - Mandatory appearance in court
[ ] 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: 05/16/2022 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 COMTEMPT OF COURT AND A WARRANT FOR MY ARREST SHALL BE ISSUED.

Signature of Defendant (or Juvenile and Parent/Custodian) | Date Signed

No Photo Available

ADMIN

HOLD for Other Agency
[ ] Dangerous [ ] Resisted Arrest [ ] Suicidal [ ] Other
Intake Deputy: [illegible] ID # 7906 Pouch #

Signature of Arresting Officer
Name of Arresting Officer (Print): WILLIAMS, D. I.D. # 868
Transporting Officer: WILLIAMS,DAVID I.D. # 868 Agency: BOCA

Name Verification (Printed by Arrestee)
(PRINT)
Witness here if subject signed with an "X"

PAGE 1 OF 1

[ ] COURT [ ] STATE ATTORNEY [ ] AGENCY [ ] CENTRAL RECORDS [ ] JAIL [ ] CRIME ANALYSIS [ ] P. I. O. [ ] DEFENDANT

PROBABLE CAUSE AFFIDAVIT

ADMIN

OBTS Number:

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

JUVENILE:

Agency ORI Number	Agency Name	Agency Report Number
FL FL0500200	BOCA RATON POLICE DEPARTMENT	3 | 2 2022-005056

Charge Type: Check as many as apply — ☐ 1. Felony ☐ 2. Traffic Felony ☒ 3. Misdemeanor ☒ 4. Traffic Misdemeanor ☐ 5. Ordinance ☐ 6. Other

Special Notes:

DEF

Name (Last, First, Middle)	Alias	Race	Sex	Date of Birth
SHULMAN, ALAN		W	M	11/16/1959

CHARGES

Charge Description	Charge Description
316.193(1A) DUI	499.03(1) UNLAWFUL POSSESSION OF PRESCRIPTION DRUG
Charge Description	Charge Description

VICTIM

Victim's Name (Last, First, Middle)	Race	Sex	Date of Birth
STATE OF FLORIDA,	U	U	

Local Address (Street, Apt. Number) (City) (State) (Zip)	Phone	Address Source
100 NW 2ND AVE, BOCA RATON, FL 33432	(561) 338-1234	
Business Address (Name, Street) (City) (State) (Zip)	**Phone**	**Occupation**
	(561) -	

PROBABLE CAUSE STATEMENT

The undersigned certifies and swears that he/she has just and resonable 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.

☐ confessed to _____ admitting to the below facts.

☐ was observed by _____ who told _____ that he/she saw the arrested person committ the below acts.

☐ was found to have committed the below acts, resulting from my (described) investigation.

On the 17 day of April, 2022 at 02:26 (Specifically include facts constituting cause for arrest.)

MVR Available

On 4/17/2022, at 0159 hours, I was traveling southbound on S Federal Hwy passing the intersection of E Camino Real. I observed a blue Mercedes (FL GMUG14) approaching me from the rear in the inside lane. I observed the vehicle to have a headlight out. As the vehicle was passing me, I watched as it swayed within its lane driving over the dotted white line. I activated my emergency equipment and conducted a traffic stop on the vehicle at approximately 1600 S Federal Hwy.

I walked up to the driver`s window and spoke with the driver who was identified by FL DL# S455000594160 as Allan Shulman. Shulman explained he was driving home from a friend`s house where he consumed two glasses of wine. In speaking with Shulman, I was able to observe a strong smell of alcohol emanating from his breath as well as bloodshot/watery eyes. Based upon the combination of pre-stop and post-stop clues I asked if Shulman would be willing to participate in field sobriety exercises (FSEs) to which he initially denied. After explaining the purposes of FSEs and that refusal to participate can be submitted as evidence Shulman changed his mind and complied.

The FSEs were conducted as follows.

Horizontal Gaze Nystagmus (HGN)

The defendant identified the stimulus as red. The defendant had equal pupil size and equal tracking in both eyes. The defendant`s eyes continued to jump as he attempted to follow the stimulus. In conducting the exercise, I was able to observe a Lack of Smooth Pursuit, Distinct and Sustained Nystagmus at Maximum Deviation, the onset of Nystagmus prior to 45 degrees, and Vertical Nystagmus. While giving the instructions the defendant continued to sway and moved his head numerous times.

ADMINISTRATIVE

SWORN AND SUBSCRIBED BEFORE ME

RADFORD, STEPHEN THOMAS
NOTARY PUBLIC / CLERK OF COURT / OFFICER (F.S.S. 117.10)

04/17/2022
DATE

SIGNATURE OF ARRESTING / INVESTIGATING OFFICER

WILLIAMS, DAVID (868)
NAME OF OFFICER (PLEASE PRINT)

04/17/2022
DATE

COURT STATE ATTORNEY CENTRAL RECORDS JAIL CRIME ANALYSIS P. I. O.

ADMIN

OBTS Number

PROBABLE CAUSE AFFIDAVIT SUPPLEMENT

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

1

JUVENILE

Agency ORI Number: FL FL0500200

Agency Name: BOCA RATON POLICE DEPARTMENT

Agency Report Number: 3 | 2 | 2022-005056

Charge Type: Check as many as apply. ☐ 1. Felony ☐ 2. Traffic Felony ☒ 3. Misdemeanor ☒ 4. Traffic Misdemeanor ☐ 5. Ordinance ☐ 6. Other

Special Notes:

DEF

Name (Last, First, Middle): SHULMAN, ALAN

Alias

Race	Sex	Date of Birth
W	M	11/16/1959

PROBABLE CAUSE STATEMENT

Walk and Turn

The surface was flat and hard. The defendant attempted to do the exercise with shoes. The line used was a painted white line. I made sure the defendant both knew the line they would be using and the color of that line. I began the exercise by instructing and demonstrating to the defendant how to complete the exercise. While giving instructions the defendant lost balance several times and failed to stay in the starting position. In conducting the exercise, the defendant walked the improper number of steps, made an improper turn, and failed to walk heal-to-toe.

One Leg Stand

The surface was flat and hard. The defendant attempted to do the exercise with shoes. The defendant raised his left leg. I advised the defendant multiples times to look at his foot as he was conducting the exercise. The defendant lost track of his count and placed his foot down multiple times. During the exercise, the defendant continued to sway and was only able to hold his foot up for 2-3 seconds.

Finger to nose

The surface was flat and hard. The defendant conducted the exercise with shoes. The defendant failed to touch the tip of his finger to the tip of his nose multiple times. During the exercise, the defendant continued to sway and would leave his finger on his nose.

Time Approximation

The surface was flat and hard. The defendant conducted the exercise with shoes. During the exercise, the defendant continued to sway. The defendant notified me of the completion of the exercise after 15 seconds.

Due to the totality of the circumstances and my training/experience, I felt the defendant was unable to perform simple tasks during the exercises due to being impaired. I felt the defendant is too impaired to operate a motor vehicle safely. The defendant was placed under arrest at 0226 hours, for driving under the influence. Shulman was placed in handcuffs that were checked for tightness and double locked.

Shulman was transported to the BRPD DUI room. Officer Price operated the Intoxilyzer 8000. Shulman advised he will not provide a breath sample and as such was read Implied

ADMINISTRATIVE

SWORN AND SUBSCRIBED BEFORE ME

RADFORD, STEPHEN THOMAS
NOTARY PUBLIC / CLERK OF COURT / OFFICER (F.S.S. 117.10)

04/17/2022
DATE

SIGNATURE OF ARRESTING / INVESTIGATING OFFICER

WILLIAMS, DAVID (868)
NAME OF OFFICER (PLEASE PRINT)

04/17/2022
DATE

COURT STATE ATTORNEY CENTRAL RECORDS JAIL CRIME ANALYSIS P. I. O.

ADMIN

OBTS Number

PROBABLE CAUSE AFFIDAVIT
SUPPLEMENT

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

1

JUVENILE

Agency ORI Number	Agency Name	Agency Report Number
FL FL0500200	BOCA RATON POLICE DEPARTMENT	3 | 2 2022-005056

Charge Type: Check as many as apply:
☐ 1. Felony ☐ 2. Traffic Felony ☒ 3. Misdemeanor ☒ 4. Traffic Misdemeanor ☐ 5. Ordinance ☐ 6. Other

Special Notes:

DEF

Name (Last, First, Middle)	Alias	Race	Sex	Date of Birth
SHULMAN, ALAN		W	M	11/16/1959

PROBABLE CAUSE STATEMENT

Consent Warnings at 0307 hours. After acknowledging he understood Shulman again denied providing a sample. Reference Intoxilyzer 8000 S#80-006622 results were (Refused).

A search of Shulman`s pockets revealed a yellow in color pill bottle containing several different pills. After identifying the pills through Poison Control, Shulman was found in possession of 4 orange, 2 green, and 1 white pills all identified as Xanax without a prescription. Based upon this information Shulman was additionally charged with F.S.S. 499.03(1) Possession of a controlled substance without a prescription All of the pills were submitted to BRPD evidence.

Shulman was transported to Palm Beach County Jail

ADMINISTRATIVE

SWORN AND SUBSCRIBED BEFORE ME

RADFORD, STEPHEN THOMAS
NOTARY PUBLIC / CLERK OF COURT / OFFICER (F.S.S. 117.10)

04/17/2022
DATE

SIGNATURE OF ARRESTING / INVESTIGATING OFFICER

WILLIAMS, DAVID (868)
NAME OF OFFICER (PLEASE PRINT)

04/17/2022
DATE

COURT STATE ATTORNEY CENTRAL RECORDS JAIL CRIME ANALYSIS P. I. O.

065 2:40

22-5056

XIS 2:26

DUI INFLUENCE REPORT

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

Revised: July 9, 2018

BOCA RATON POLICE SERVICES DEPARTMENT

DUI INFLUENCE REPORT – PART I

On the 17 day of April, at 0226 AM/PM:

Subject: Alan Shulman Case Number: 22-5056

PERSONAL CONTACT

Driving Pattern: CPL

Observation of Driver:

Driver's Statement: CPL

Odors:

GENERAL OBSERVATIONS

Speech:

Attitude:

Clothing: CPL

Medical Problems:

Medications:

Other:

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: _____

CPL

Can not do, Why? _____

One leg stand: _____

CPL

Can not do, Why? _____

Finger to nose: _____

CPL

Can not do, Why? _____

Alphabet (speech pattern): _____

CPL

Can not do, Why? _____

Breath/Blood test results: _____

State of Florida, County of Palm Beach,
Sworn and subscribed before me this 4/17/22 (date) by Ofc Price.

Notary/Clerk of Court/ Officer (FSS 117.10)

4/17/22
Date

Signature of Arresting Officer

Williams Davis
Name of Officer (print)

ARRESTING OFFICER: Williams David

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: _____

Name: _____ Phone # _____ Work # _____

Address: _____

Can testify to: _____

Name: _____ Phone # _____ Work # _____

Address: _____

Can testify to: _____

-END OF PART ONE-

BOCA RATON POLICE SERVICES DEPARTMENT

DUI INFLUENCE REPORT – PART II

To be filled out at testing facility

Agency Case # 2022-005056

I. INTRODUCTION (Instrument Operator faces video camera)

A. The day is Sunday (day), April (month), 17 (date), 2022 (year).

B. The time is now approximately ~~1500~~ 3:07 AM/PM.

C. The following is in reference to case number 2022-005056.

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

E. Officer Williams, have you arrested Alan Shulman (Defendant's name) in violation of Florida State Statute 316.193?

F. Did this violation occur within the City of Boca Raton, Palm Beach County, Florida? Yes

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

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

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 Det. Williams of the Boston Police.

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. Shumway has refused to submit to a breath test.

The date is April (month), 17 (day), 2022 (year), and the time is 3:09 AM/PM.

A refusal form will be completed by the arresting officer.

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: _____

BOCA RATON POLICE SERVICES DEPARTMENT

TESTING FACILITY TASK REPORT

SUBJECT: Alan Shulman

CASE #: 2022-005056 DATE: 4/17/22

BREATH TEST RESULTS

1) TIME Refused AM/PM 2) TIME ✓ AM/PM

3) TIME ✓ AM/PM 4) TIME ✓ AM/PM

BREATH OPERATOR: Price

MAINTENANCE TECHNICIAN: Van Camp

TESTING OFFICER'S OBSERVATIONS

SPEECH: _____

ATTITUDE: _____

CLOTHING: _____

MEDICAL CONDITION: _____

OTHER: _____

_____

COMMENTS: _____

_____

_____

_____

_____

_____

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: 4/17/22 Time: 03:10 AM

QUESTIONS AND ANSWERS

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

Where were you going? Home

What street or highway were you on? I-95

Direction of travel? South

Where did you start driving from? Boca

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

What time did you start? Few minutes ~~AM~~/PM What time is it now? 3:10 AM

What is today's date? 4/17/22 What day of the week is it? Sunday

When did you last eat? 8 Hrs Ago What did you eat? Steak.

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

How much do you weigh? 248 Have you been drinking? YES What were you drinking? Wine

How much? 1 Where? Friends With whom were you drinking? Friends

When did you have your first drink? 6 ~~AM~~/PM When did you stop drinking? 2 is ~~AM~~/PM

How did you consume your last two drinks? CRAIG

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? N/A

What? N/A Where? N/A

What line of work are you in? Business consulting

When did you last work? M - Friday

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

Hip, knees

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? No

Have you taken any drugs or smoked marijuana today? No

What? N/A When? N/A

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

Are you taking any prescription medications? ☑ Yes ☐ No What? Xanax / Blood pressure When? Morning

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? No

Do you take insulin? ☐ Yes ☑ No If yes, when was your last injection? N/A

Have you ever had a driver's license in any other state? No / Georgia

I am now ending this video recording. The time is now approximately 3:16 ☑ AM ☐ PM.

The date is April 17, 2020
(month) (day) (year)

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

I, David Williams, a duly certified Law Enforcement Officer or Correctional Officer,
(Name of Officer reading Implied Consent Warning)

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

or affirm that on or about the 17 day of April, 20 22, at 0226 ☐ P.M ☑ A.M.

DRIVER Alan Shulman,
(Type or Print) FIRST NAME MIDDLE OR MAIDEN NAME LAST NAME

DL# S465000594170, state of Florida, was placed under lawful arrest for

the offense of DUI by David Williams and
(Name of Arresting Officer)

issued Citation # ABLQH5E.

That on or about the 17 day of April, 20 22, at 3:07 ☐ 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.

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 Officer P#1640

Date 04/17/2022

(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 _____

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.

HSMV-BAR1001 (REV. 10/2016)

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	☐	119.071(2)(d)	Surveillance techniques, procedures and personnel; inventory of law enforcement resources, policies or plans pertaining to mobilization deployment or tactical operations.	
	☐	943.053, 943.0525	NCIC/FCIC/FBI and in-state FDLE/DOC.	
	☐	119.071(4)(c)	Undercover personnel.	
	☐	119.071(2)(f)	Confidential informants (CIs).	
	☐	119.071(2)(e)	Confession.	
Public Info. Exemptions	☐	985.04(1)	Juvenile offender records.	
	☐	119.071(h)(i)	Assets of a crime victim.	
	☐	395.3025(7)(a), 456.057(7)(a)	Medical information.	
	☐	394.4615(7)	Mental health information.	
	☐	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)	☒	(iii) 119.0714(1)(i)-(j), (2)(a)-(e)	Social Security, bank account, charge, debit, and credit card numbers.	2
	☐	(viii) 394.4615(7)	Clinical records under the Baker Act.	
	☐	(xii) 741.30(3)(b)	The victim's address in a domestic violence action on petitioner's request.	
	☐	(xiii) 119.071(2)(h), 119.0714(1)(h)	Protected information regarding victims of child abuse or sexual offenses.	
	☐			
	☐			
	☐			
	☐			
	☐			
Other	☐		Other:	
	☐		Other:	

REVIEW COMPLETED BY

Booking Number: 2022010021	**Date:** 4/17/2022
	Specialist Name/ID: M. Tooks #8557