0520318 20CT16585 669

ARREST / NOTICE TO APPEAR

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

ADMINISTRATION

OBTS Number

Agency ORI Number: 0501700 | Agency Name: Jupiter Police Department | Agency Report Number (N.T.A.'s only): 5 | 4 | 20-004259

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

If Weapon Seized: Enter Type NONE | Multiple Clearance Indicator

Location of Arrest (Including Name of Business): LOXAHATCHEE RIVER ROAD/PENNOCK POINT RD

Location of Offense (Business Name, Address): 1499 CENTER ST/LOXAHATCHEE RIVER RD, JUPITER, FL

Date of Arrest	Time of Arrest	Booking Date	Booking Time	Jail Date	Jail Time	Location of Vehicle
12/19/2020	17:24	12/19/2020	17:34			

DEFENDANT

Name (Last, First, Middle): HOFFMAN, ANDREA LEAH

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	F	11/15/1959	5'05	140	BLUE	BLONDE /	LIGHT	Medium

Scars, Marks, Tatoos, Unique Physical Features (Location, Type, Description)

Marital Status: M | Religion

Indication of Alcohol Influence ☐ Yes ☐ No ☒ Unk. Drug Influence ☐

Local Address (Street, Apt. Number) (City) (State) (Zip): 19878 N 198TH PL, JUPITER, FL 33458 | Phone | Residence Type: 1. City 2. County 3. Florida 4. Out of State

Permanent Address (Street, Apt. Number) (City) (State) (Zip): 19878 N 198TH PL, JUPITER, FL 33458 | Phone | Address Source

Business Address (Name, Street) (City) (State) (Zip) | Phone | Occupation

D/L Number, State	Soc. Sec. Number	INS Number	Place of Birth (City, State)	Citizenship
H155012599150 / FL	[redacted]		VANCOUVER/CANADA	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
				☐ 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 ☒ 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. Dispense/Distribute M. Manufacture/Produce/Cultivate Z. Other

Drug Type: N. N/A A. Amphetamine B. Barbiturate C. Cocaine B. Heroin H. Hallucinogen M. Marijuana O. Opium/Deriv. P. Paraphernalia/Equipment S. Synthetic U. Unknown Z. Other

CHARGE

Charge Description: DUI - BAC/BRAC OVER .15 -OR- MINOR IN VEHICLE | Statute Violation Number: 316.193(4) | Violation of ORD #

Drug Activity	Drug Type	Amount / Unit	Offense #	Counts	Domestic Violence	Warrant / Capias Number	Bond
	N	/		1	☐ Y ☒ N		

1

Charge Description | Statute Violation Number | Violation of ORD #

Drug Activity	Drug Type	Amount / Unit	Offense #	Counts	Domestic Violence	Warrant / Capias Number	Bond
		/			☐ Y ☐ N		

Charge Description | Statute Violation Number | Violation of ORD #

Drug Activity	Drug Type	Amount / Unit	Offense #	Counts	Domestic Violence	Warrant / Capias Number	Bond
		/			☐ Y ☐ N		

INTAKE

Health / Apparent Physical Condition of Defendant | Any knowledge of the following: ☐ Mental ☐ Escape Risk ☐ Medication ☐ Deformities ☐ Injuries Explain:

Check which applies: ☐ Released O.R. ☐ Posted Bond ☐ Released to Parent/Guardian ☐ South County Mental Health ☒ T.O.T. County Jail | PROPERTY - Received By | Released By | Released To

Transported By | Date Transported / / | Time Transported : : | Other DEC 19 PM10:21

NOTICE TO APPEAR

☒ 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): North County PALM BEACH GARD

Court Date and Time: 01/27/2021 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

No Photo Available

ADMIN

HOLD for Other Agency

☐ Dangerous ☐ Suicidal ☐ Resisted Arrest ☐ Other

Intake Deputy I.D. # Pouch #

Signature of Arresting Officer: S 388

Name of Arresting Officer (Print): MCGILLICUDDY, STEVEN I.D. # 1216

Transporting Officer: S. MCGILLICUDDY I.D. # 388 Agency JUPITE

Name Verification (Printed by Arrestee) (PRINT)

Witness here if subject signed with an "X"

DEC 20 AM

PAGE 1 OF 1

PROBABLE CAUSE AFFIDAVIT

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

ADMIN

OBTS Number			JUVENILE
		1	

Agency ORI Number	Agency Name	Agency Report Number
FL 0501700	JUPITER POLICE DEPARTMENT	5 4 20-004259

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
HOFFMAN, ANDREA LEAH		W	F	11/15/1959

CHARGES

Charge Description	Charge Description
316.193(4) DUI - BAC/BRAC OVER .15 -OR- MINOR IN VEHICLE	
Charge Description	Charge Description

VICTIM

Victim's Name (Last, First, Middle)	Race	Sex	Date of Birth
State Of Florida			

Local Address (Street, Apt. Number)	(City)	(State)	(Zip)	Phone	Address Source
Business Address (Name, Street)	**(City)**	**(State)**	**(Zip)**	**Phone**	**Occupation**

PROBABLE CAUSE STATEMENT

The undersigned certifies and swears that he/she has just and reasonable grounds to believe, and does believe that the above named Defendant committed the following violation of law.

The Person taken into custody

☒ committed the below acts in my presence.

☐ 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 19 day of December, 2020 at 16:52 (Specifically include facts constituting cause for arrest.)

On 12/19/2020 at approximately 1652 hrs, Northern Communications received a call from witness Colin Rayner. Rayner advised that he was following a white Lincoln MKX (VEHICLE-1), bearing FL tag NQI-W19. Rayner advised that the vehicle was driving dangerously, stopping randomly in the middle of the road and at one point, had ran off the road into some bushes. I advised dispatch to notifty the caller to keep following the vehicle as long as it was safe to do so. At some point the caller advised that VEHICLE-1 had stopped and the driver stated that she was just trying to get some pizza. The witness advised that he believed the driver to be impaired.
I imitated a response to the area and located VEHICLE-1 north bound on Loxahatchee River Road. Due to the highly dangerous nature of driving being reported, I conducted a welfare stop on the driver to make sure that they were not tired, sick or impaired. The final location for the traffic stop was Loxahatchee River Road, just south of Pennock Point Road. I made contact with the driver, now identified as Andrea Hoffman (DEFENDANT).

My first observations of Hoffman were that she had red, bloodshot glassy eyes. She spoke with slurred speech. I detected a strong odor of unknown alcoholic beverage emitting from her person, which intensified as she spoke. I advised Hoffman of the reason for the stop. I asked Hoffman if had drank anything or taken any medication and she had denied both. I had her follow my finger briefly, which she had a hard time doing. She stated that some man was following her, referencing the caller. When I asked Hoffman for her license, she originally handed me a credit card. She then made a phone call to a Pizza restaurant and I told her to hang up the phone. I then requested her license for a second time and she provided it. I encouraged her to be honest with me about what she had consumed today and she was adamant that she had not consumed any alcohol or taken any drugs. I observed at this time that her pupils appeared constricted for the lighting condition.

ADMINISTRATIVE

SWORN AND SUBSCRIBED BEFORE ME

NOTARY PUBLIC / CLERK OF COURT / OFFICER (F.S.S. 117.10)

12/19/2020
DATE

JOSHUA BELL
MY COMMISSION #GG346008
EXPIRES: JUN 18, 2023
Bonded through 1st State Insurance

SIGNATURE OF ARRESTING / INVESTIGATING OFFICER

MCGILLICUDDY, STEVEN (1216)
NAME OF OFFICER (PLEASE PRINT)

12/19/2020
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 0501700	JUPITER POLICE DEPARTMENT	5 | 4 | 20-004259

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☐ 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
HOFFMAN, ANDREA LEAH		W	F	11/15/1959

PROBABLE CAUSE STATEMENT

Based on my observations I conducted a DUI investigation. I had Hoffman exit the vehicle and she had a noticeable limp, favoring her left leg. She advised me she previously had a right hip replacement. I then conducted field sobriety exercises. Due to Hoffman`s bad leg, I elected to administer the seated battery, which I am certified in.

HORIZONTAL GAZE NYSTAGMUS
-Equal tracking and pupil size in both eyes
-No resting nystagmus in either eye
-Lack of smooth pursuit in both eyes
-Distinct and sustained nystagmus at maximum deviation in both eyes
-Onset of nystagmus prior to forty-five degrees in both eyes
-Vertical nystagmus present in both eyes
- 6 of 6 clues, plus vertical nystagmus
-Had to reset stimulus several times as she would look beyond it and not focus

LACK OF CONVERGENCE
-LOC present in both eyes, twice

HAND COORDINATION
Task 1 - Improper Touch
Task 2 - Did not perform (had to be told to do so), improper count
Task 3 - Improper touch, did not put fist to chest
Task 4 - Did not perform
- 6 clues (minimum is 3)

PALM PAT
-Started at wrong time
-Chopped pat
-Rolled pat
-Did not speed up
-4 clues (minimum 2)

FINGER TO NOSE
1L - Pad to left nostril then to tip
2R - Pad to right bridge, tapping down nose
3L - Tip to left nostril
4R - Side to above tip
5R - Used left, pad to tip
6L - Side to tip

RHOMBERG ALPHABET (B to X)
- B C D E F G H I J K L M N O P R S T U M V

ADMINISTRATIVE

SWORN AND SUBSCRIBED BEFORE ME

NOTARY PUBLIC / CLERK OF COURT / OFFICER (FL STATE OFFICER)

JOSHUA BELL
MY COMMISSION #GG346008
EXPIRES: JUN 18, 2023
Bonded through 1st State Insurance

12/19/2020
DATE

SIGNATURE OF ARRESTING / INVESTIGATING OFFICER

MCGILLICUDDY, STEVEN (1216)
NAME OF OFFICER (PLEASE PRINT)

12/19/2020
DATE

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

ADMIN

OBTS Number

PROBABLE CAUSE AFFIDAVIT
SUPPLEMENT

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Special Notes:

DEF

Name (Last, First, Middle)	Alias	Race	Sex	Date of Birth
HOFFMAN, ANDREA LEAH		W	F	11/15/1959

PROBABLE CAUSE STATEMENT

Based on my observations, investigation and the totality of the circumstances, I have probable cause to believe that Hoffman was in actual physical control a vehicle while under the influence of an alcoholic beverage, chemical or controlled substance, to the point that her normal faculties were impaired, contrary to F.S.S. 316.193. I placed her under arrest at 1724 hrs.

I then transported Hoffman to the Palm Beach County Breath Alcohol Testing Center, arriving at at 1808 hrs. I placed Hoffman under a 20 minute observation period during which I did not observe her consume nor regurgitate anything. We then went on video with BAT Technician Bell (ID #8656) and I requested that Hoffman submit to a breath test. Hoffman then provided breath samples of .175 BrAC and .169 BrAC. I then read her her Miranda rights from a prepared card. Post-Miranda she admitted to lying about drinking. She first stated she had one glass of wine and then two, when I challenged her on it. She advised me on a scale from 1-10 of impairment that she was a 2.

I finished Hoffmans paperwork and placed her in holding while I finished her paperwork. I issued her a criminal court date of 1/27/2021 at 0830 hrs at the North County Courthouse. VEHICLE-1 was towed from the scene by All Hooked Up.

ADMINISTRATIVE

SWORN AND SUBSCRIBED BEFORE ME

NOTARY PUBLIC / CLERK OF COURT / OFFICER

JOSHUA BELL
MY COMMISSION #GG346008
EXPIRES: JUN 18, 2023
Bonded through 1st State Insurance

12/19/2020
DATE

SIGNATURE OF ARRESTING / INVESTIGATING OFFICER

MCGILLICUDDY, STEVEN (1216)
NAME OF OFFICER (PLEASE PRINT)

12/19/2020
DATE

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

TESTING FACILITY TASK REPORT

AGENCY: JPD

SUBJECT: HOFFMAN, ANDREA LEAH

CASE NUMBER: 20-138467

DATE: Dec 19, 2020

VIDEO DVD NUMBER: N/A

BEGINNING TIME: 1830

ENDING TIME: 1842

BREATH TESTS RESULTS: 1) .175 TIME 1835 A.M.☐ P.M.☒ 2) .169 TIME 1838 A.M.☒ P.M.☐

3) N/A TIME XX A.M.☐ P.M.☐ 4) N/A TIME XX A.M.☐ P.M.☐

BREATH OPERATOR: JOSHUA J BELL #8656

MAINTENANCE TECHNICAN: J. KARLECKE #6467

TESTING OFFICER'S OBSERVATIONS

SPEECH:

ATTITUDE: COOPERATIVE

CLOTHING: PINK BLOUSE, BLACK LEGGINGS, PURPLE SHOES

MEDICAL CONDITIONS: BAD HIP, BAD SHOULDER

MEDICATIONS: UNKNOW PRESCRIPTION FOR PAIN AND OVER THE COUNTER PAIN PILLS

OTHER:

EYES: GLASSY

COMMENTS:

ARRIVED AT DUI TESTING FACILITY AND BEGAN THE 20 MINUTE OBSERVATION AT 1808 HOURS

SUBJECT STATED SHE WOULD TAKE BREATH TEST

A/O READ RIGHTS
SUBJECT STATED SHE UNDERSTOOD HER RIGHTS

TECH READ BREATH TEST RESULTS
SUBJECT STATED SHE UNDERSTOOD BREATH TEST RESULTS

A/O ASKED SOME QUESTIONS
SUBJECT ANSWERED QUESTIONS

PALM BEACH COUNTY SHERIFF'S OFFICE
DUI TESTING FACILITY
INFORMATION SHEET

PBSO CASE # 20-138467 PBSO ZONE 3-14

AGENCY CASE # 20-004259 CRASH CASE #

TIME OF STOP/CRASH 1659 DATE 12/19/2020 DAY SATURDAY

SUBJECT'S NAME HOFFMAN (LAST) ANDREA (FIRST) L (MID) RACE W SEX F

HGT 5'5 WGT 140 DOB 11/15/1959

LOCATION CENTER STREET/LOXAHATCHEE RIVER ROAD

ARRESTING OFFICER'S NAME & ID MCGILLICUDDY 388 AGENCY JUPITER PD

DIVISION: POLICE

NOTIFIED BY COMMO Yes

ARRIVAL AT FACILITY 1808

ARREST TIME 1724

BREATH RESULTS:

1) .175
2) .169
3) N/A
4) N/A

TESTING OFFICER'S ID 8656 PBSO VIDEOTAPE # N/A

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: 80-006240 Software: 8100.27
Date of Test: 12/19/2020

Date of Last Agency Inspection: 12/11/2020
Observation Period Began: 18:08
Subject's Name: ANDREA L HOFFMAN DOB: 11/15/1959 Sex: F

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	18:33
Air Blank	0.000	18:33
Control Test	0.081	18:34
Air Blank	0.000	18:34
Subject Sample #1	0.175	18:35
Air Blank	0.000	18:36
Air Blank	0.000	18:37
Subject Sample #2	0.169	18:38
Air Blank	0.000	18:39
Control Test	0.080	18:39
Air Blank	0.000	18:39
Diagnostics Check	OK	18:40

Cylinder Lot: 14020080A1
Exp: 07/05/2022

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 JOSHUA J BELL, 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: _____ Date: 12/19/20
Signature

Sworn to (or affirmed) before me this 19 day of December, 2020

_____ OFC. S. McGillicuddy #388
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.

FDLE/ATP FORM 38 - MARCH 2004, Ref. 11D-8.007

SUBJECT: Heifman, Andrea Leah 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? ______

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: CFC. S. McGillicuddy #[illegible]

WHITE - STATE ATTY. YELLOW - DHSMV PINK - CENTRAL RECORDS GOLD - JAIL

PBSO #0129C REV. 9/93

SUBJECT: Hoffman, Andrea Leah 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) Read on camera

WHITE - STATE ATTY. YELLOW - DHSMV PINK - CENTRAL RECORDS GOLD - JAIL

PBSO #01298 REV. 06/11

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: 2020029753	**Date:** 12/20/2020
	Specialist Name/ID: AM/31562