

21CT20978ANS

0528215

409

OBTS Number		ARREST / NOTICE TO APPEAR Juvenile Referral Report		1. Arrest 2. N.T.A.		3. Request for Warrant 4. Request for Capias		1		Juvenile		N	
Agency ORI Number FLO 502600		Agency Name PALM BEACH GARDENS POLICE DEPARTMENT				Agency Report Number (N.T.A.'s only) 78- 21-005788							
Charge Type: Check as many as apply.		1. Felony <input type="checkbox"/>		3. Misdemeanor <input type="checkbox"/>		5. Ordinance <input type="checkbox"/>		2. Traffic Felony <input checked="" type="checkbox"/>		4. Traffic Misdemeanor <input checked="" type="checkbox"/>		6. Other <input type="checkbox"/>	
Location of Arrest (Including Name of Business) ELM AVE/N MILITARY TRL		Location of Offense (Business Name, Address) ELM AVE/N MILITARY TRL											
Date of Arrest 12/20/2021		Time of Arrest 00:41		Booking Date		Booking Time		Jail Date		Jail Time		Location of Vehicle KAUFF'S TOWING & RECOVERY 4301 East Avenue, West Palm Beach, FL 33405	
Name (Last, First, Middle) Bernardo, Andrew, Joseph												Alias (Name, DOB, Soc. Sec. #, Etc.)	
Race W - White 1 - American Indian B - Black 0 - Oriental/Asian		Sex M		Date of Birth 11/17/1986		Height 511		Weight 175		Eye Color BLUE		Hair Color BRO	
Complexion LIGHT		Build THIN		Scars, Marks, Tattoos, Unique Physical Features (Location, Type, Description) TATOO ON LEFT WRIST THAT SAYS "TITLEIST"		Marital Status S		Religion NONE		Indication of Alcohol Influence Y <input checked="" type="checkbox"/> N <input type="checkbox"/>		Drug Influence Y <input type="checkbox"/> N <input type="checkbox"/>	
Local Address (Street, Apt. Number) 52 YACHT CLUB DR #103		(City) NORTH PALM BEACH FL		(State) FL		(Zip) (305) 926-5647		Phone (305) 926-5647		Residence Type: 1. City 2. County 3. Florida 4. Out of State		4	
Permanent Address (Street, Apt. Number) 52 YACHT CLUB DR #103		(City) NORTH PALM BEACH FL		(State) FL		(Zip) (305) 926-5647		Phone (305) 926-5647		Address Source VERBAL		Occupation OCCUPATIONAL THERAPIST	
Business Address (Name, Street) OLD PALM		(City) OLD PALM		(State) FL		(Zip) (305) 926-5647		Phone (305) 926-5647		Place of Birth (City, State) PROVIDENCE, RI		Citizenship US	
D/L Number, State 2312196 RI		Soc. Sec. Number [REDACTED]		INS Number		Place of Birth (City, State) PROVIDENCE, RI		Citizenship US		Co-Defendant Name (Last, First, Middle)		Race [REDACTED]	
Co-Defendant Name (Last, First, Middle)		Race [REDACTED]		Sex [REDACTED]		Date of Birth [REDACTED]		1. Arrested <input type="checkbox"/>		3. Felony <input type="checkbox"/>		4. Misdemeanor <input type="checkbox"/>	
Co-Defendant Name (Last, First, Middle)		Race [REDACTED]		Sex [REDACTED]		Date of Birth [REDACTED]		1. Arrested <input type="checkbox"/>		3. Felony <input type="checkbox"/>		4. Misdemeanor <input type="checkbox"/>	
Parent <input type="checkbox"/>		Legal Custodian <input type="checkbox"/>		Other <input type="checkbox"/>		Name (Last) [REDACTED]		(First) [REDACTED]		(Middle) [REDACTED]		Residence Phone [REDACTED]	
Address (Street, Apt. Number) [REDACTED]		(City) [REDACTED]		(State) [REDACTED]		(Zip) [REDACTED]		Business Phone [REDACTED]		Notified by: (Name) [REDACTED]		Date [REDACTED]	
Released To: (Name) [REDACTED]		Relationship [REDACTED]		Date [REDACTED]		Time [REDACTED]		Juvenile Disposition 1. Handled/processed within Dept. and Released. 2. TOT HRS / DYS 3. Incarcerated		1. Arrested <input type="checkbox"/>		2. At Large <input type="checkbox"/>	
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 355-2528) informed of any change of address. <input type="checkbox"/> Yes, by: (Name) <input type="checkbox"/> No: (Reason)		School Attended [REDACTED]		Grade [REDACTED]		Value of Property [REDACTED]		Property Crime? <input type="checkbox"/> Yes <input type="checkbox"/> No		Description of Property [REDACTED]		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 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 D.U.I.		Counts 1		Domestic Violence <input type="checkbox"/> Y <input checked="" type="checkbox"/> N		Statute Violation Number 316.193(1)A		Violation of ORD #	
Drug Activity N		Drug Type N		Amount / Unit N/A		Offense # 21-005788		Warrant / Capias Number		Bond		Violation of ORD #	
Charge Description		Counts		Domestic Violence <input type="checkbox"/> Y <input checked="" type="checkbox"/> N		Statute Violation Number		Warrant / Capias Number		Bond		Violation of ORD #	
Drug Activity		Drug Type		Amount / Unit		Offense #		Statute Violation Number		Warrant / Capias Number		Bond	
Charge Description		Counts		Domestic Violence <input type="checkbox"/> Y <input checked="" type="checkbox"/> N		Statute Violation Number		Warrant / Capias Number		Bond		Violation of ORD #	
Drug Activity		Drug Type		Amount / Unit		Offense #		Statute Violation Number		Warrant / Capias Number		Bond	
Charge Description		Counts		Domestic Violence <input type="checkbox"/> Y <input checked="" type="checkbox"/> N		Statute Violation Number		Warrant / Capias Number		Bond		Violation of ORD #	
Drug Activity		Drug Type		Amount / Unit		Offense #		Statute Violation Number		Warrant / Capias Number		Bond	
Location (Court Room Number, Address) NORTH COUNTY COURTHOUSE, 3188 PGA BOULEVARD, PALM BEACH GARDENS, FL 33410 - PH: (561) 662-6700													
Court Date and Time Month JAN Day 19 Year 2022 Time 10:00 AM <input checked="" type="checkbox"/> PM													
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) [REDACTED]													
Date Signed 12/20/2021													
HOLD for other Agency Name: [REDACTED]													
Signature of Arresting Officer [REDACTED]													
Name Verification (Printed by Arresting Officer) [REDACTED]													
(PRINT)													
Name of Arresting Officer (Print) Ofc. Dean Morea													
I.D. # #517													
Transporting Officer Ofc. Dean Morea													
ID # #517													
Agency PBPGD													
Witness here if subject signed with a pen													
1 OF 1													

DISTRIBUTION: WHITE - COURT COPY

GREEN - STATE ATTORNEY

YELLOW - AGENCY

PINK - AGENCY

GOLD - DEFENDANT (N.T.A.'s ONLY)

DEC 20 2021

D.U.I. PROBABLE CAUSE AFFIDAVIT

ON THE 20 DAY OF DECEMBER 20 21, AT 0041 ✓ AM PM
SUBJECT: Bernardo, Andrew, Joseph CASE NUMBER: 21-005788

AGENCY: PALM BEACH GARDENS POLICE DEPT. ARRESTING OFFICER: Ofc. Dean Morea #517
PERSONAL CONTACT

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

ON DECEMBER 20TH, 2021, AT 0008 HOURS, I OBSERVED A SILVER FORD VEHICLE TRAVELING NORTHBOUND ON N MILITARY TRAIL. WHILE BEHIND THE VEHICLE, I OBSERVED THE VEHICLE FAILING TO MAINTAIN ITS LANE, SWERVING BACK AND FORTH OVER THE WHITE LINE. THE LICENSE PLATE COVER ALSO WAS BLOCKING WHICH STATE THE TAG WAS REGISTERED TOO RENDERING THE TAG UNREADABLE. I INITIATED A TRAFFIC STOP ON THIS VEHICLE AT ELM AVE/N MILITARY TRAIL. I CONTACTED THE DRIVER AND SOLE OCCUPANT OF THE VEHICLE IDENTIFIED TO ME VIA RHODE ISLAND DRIVERS LICENSE AS, ANDREW BERNARDO W/M, DOB: 11/17/1986.

OBSERVATION OF DRIVER:

THE DRIVER HAD RED BLOODSHOT EYES AND SLURRED SPEECH AND APPEARED TO BE CONFUSED AS TO WHAT WAS GOING ON.

DRIVER'S STATEMENTS:

THE DRIVER STATED HE HAD JUST LEFT GRANDE RESTAURANT LOCATED AT 4580 DONALD ROSS RD AND WAS FOLLOWING HIS FRIEND HOME. THE DRIVER HAD A STRONG ODOR OF ALCOHOL EMANATING FROM HIS BREATH AND HIS SPEECH WAS SLURRED. THE DRIVER STATED HE HAD BEEN DRINKING AT THE RESTAURANT AND WAS THERE FROM 7PM TO APPROX 12 AM. THE DRIVER STATED HE HAD MORE THEN 2 DRINKS.

ODORS:

STRONG ODOR OF ALCOHOLIC BEVERAGE

GENERAL OBSERVATIONS

SPEECH: SLURRED, SLOW

ATTITUDE: REPETITIVE, DISRUPTIVE, CARELESS, ARGUMENTATIVE

CLOTHING: LIGHT BLUE BUTTON DOWN SHIRT, BLUE PANTS, WHITE SHOES

MEDICAL/OTHER: UNKNOWN

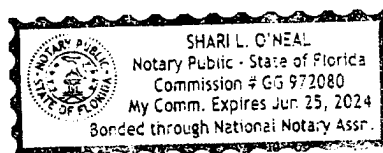
STATE OF FLORIDA
COUNTY OF PALM BEACH

(Signature of Arresting/Investigative Officer)

The foregoing instrument was sworn to or affirmed and subscribed before me this 20TH day of DECEMBER 20 21 by Ofc. Dean Morea

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

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



SUBJECT: Bernardo, Andrew, Joseph

CASE NUMBER 21-005788

ROADSIDE TASKS

HORIZONTAL GAZE NYSTAGMUS:



LT EYE-LACK OF SMOOTH PURSUIT



RT EYE-LACK OF SMOOTH PURSUIT



LT EYE-DISTINCT & SUSTAINED NYSTAGMUS AT MAX. DEVIATION



RT EYE-DISTINCT & SUSTAINED NYSTAGMUS AT MAX. DEVIATION



LT- EYE-ONSET OF NYSTAGMUS PRIOR TO 45 DEGREES



RT- EYE-ONSET OF NYSTAGMUS PRIOR TO 45 DEGREES

Other Observations:

SUBJECT KEPT MOVING HEAD TO FOLLOW STIMULUS AFTER BEING TOLD NUMEROUS TIMES TO ONLY FOLLOW WITH HIS EYES.

WALK & TURN:

SUBJECT CONTINUOUSLY INTERRUPTED MY INSTRUCTION AND WAS BEING ARGUMENTATIVE

FAILED TO MAINTAIN STARTING POSITION
STARTED BEFORE INSTRUCTION
IMPROPER NUMBER OF STEPS
DID NOT TOUCH HEEL TO TOE
LOST BALANCE
DID NOT STAY ON LINE
IMPROPER TURN

ONE LEG STAND:

SUBJECT CONTINUOUSLY INTERRUPTED ME DURING INSTRUCTION AND WAS BEING ARGUMENTATIVE

STEPPED OFF LINE
COUNTED WRONG
OFF BALANCE

ROMBERG ALPHABET:

SUBJECT INTERRUPTED ME DURING INSTRUCTION

FAILED TO KEEP EYES CLOSED
STOPPED DURING TASK
RECITED THE FOLLOWING A,B,C,D,E,F,G,H,I,J,K,L,M,N,O,P,Q,R,S,T,U,V,X,Y,Z
AT THE END THE SUBJECT STATE HE DID NOT KNOW THE REST

FINGER TO NOSE:

SUBJECT INTERRUPTED ME NUMEROUS TIMES DURING INSTRUCTION

FAILED TO TOUCH TIP OF NOSE
TOUCHED UPPER LIP
DIDNT USE TIP OF FINGER
TALKED DURING TASK
OPENED EYES

BREATH TEST RESULTS: REFUSED REFUSED

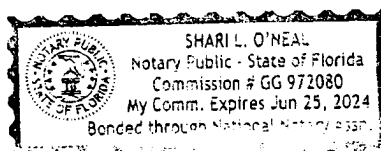
STATE OF FLORIDA
COUNTY OF PALM BEACH

(Signature of Arresting/Investigative Officer)

The foregoing instrument was sworn to or affirmed and subscribed before me this 20TH day of DECEMBER 2021 by Ofc. Dean Morea

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

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



WITNESS LIST

CASE NUMBER: 21-005788

ARRESTING OFFICER: Ofc. Dean Morea

ADDRESS: 10500 N. Military Trail, Palm Beach Gardens, FL 33410

PHONE NUMBERS (HOME): N/A (WORK) (561) 799-4445

CAN TESTIFY TO: Facts of Case

NAME: OFC. FARIS

ADDRESS: 10500 N. Military Trail, Palm Beach Gardens, FL 33410

PHONE NUMBERS (HOME) N/A (WORK) (561) 799-4445

CAN TESTIFY TO: SFST'S / ARREST

NAME: _____

ADDRESS _____

PHONE NUMBERS (HOME) _____ (WORK) (561) 799-4445

CAN TESTIFY TO: _____

NAME: _____

ADDRESS _____

PHONE NUMBERS (HOME) _____ (WORK) (561) 799-4445

CAN TESTIFY TO: _____

NAME: _____

ADDRESS _____

PHONE NUMBERS (HOME) _____ (WORK) _____

CAN TESTIFY TO: _____

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PHONE NUMBERS (HOME) _____ (WORK) _____

CAN TESTIFY TO: _____

NAME: _____

ADDRESS _____

PHONE NUMBERS (HOME) _____ (WORK) _____

CAN TESTIFY TO: _____

NAME: _____

ADDRESS _____

PHONE NUMBERS (HOME) _____ (WORK) _____

CAN TESTIFY TO: _____

HSMV-BAR1001 (REV. 10/2016)

TESTING FACILITY TASK REPORT

AGENCY: PBG OFC. MOREA #517

SUBJECT: BERNARDO, ANDREW J.

CASE NUMBER: 21-139948

DATE: 12-20-21

VIDEO DVD NUMBER: N/A

BEGINNING TIME: 01:30 HRS

ENDING TIME: 01:38 HRS

BREATH TESTS RESULT:

REFUSED

1) 01:35

A.M. ☒ P.M. ☐

2)

TIME

A.M. ☐ P.M. ☐

3)

TIME

A.M. ☐ P.M. ☐

4)

TIME

A.M. ☐ P.M. ☐

BREATH OPERATOR: S.O'NEAL #6212

MAINTENANCE TECHNICIAN: J. KARLECKE #6467

TESTING OFFICER'S OBSERVATIONS

SPEECH: LOUD, PRONOUNCE AND YELLING AT TIMES

ATTITUDE: AGITATED, UPSET, TALKATIVE, OBNOXIOUS, ARGUMENTATIVE AND DEMANDING

CLOTHING: SHIRT- LIGHT BLUE/ PRINT PANTS- GRAY

MEDICAL CONDITIONS: NONE

MEDICATIONS: NONE

OTHER:

EYES: VERY RED & GLASSY

ODOR OF UNKNOWN ALCOHOLIC BEVERAGE

COMMENTS:

20 MIN. OBSERVATION CONDUCTED BY A/O MOREA #517

D WALKED IN THE BAT TELLING THE OFFICER TO NOT TREAT HIM LIKE A " NIGGA".

D BECAME APOLOGETIC WHEN HE CAME IN TO CONTACT WITH ME.

A/O REQUESTED THE BREATH TEST ON CAMERA.

D REFUSED THE BREATH REQUEST.

A/O STARTED READING THE IMPLIED CONSENT ON CAMERA, D WAS INTERRUPTING THE A/O AS HE WAS READING THE IMPLIED CONSENT.

A/O READ THE IMPLIED CONSENT AGAIN ON CAMERA.

D UNDERSTOOD THE I/C AND HE STILL REFUSED THE BREATH REQUEST.

C/W READ ON CAMERA Q&A STARTED, THEN STOPPED.

D WAS OBNOXIOUS AND DEMANDING ON AND OFF CAMERA.



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

PBSO CASE # 21-139948 PBSO ZONE 3-13

AGENCY CASE # 21-005788 CRASH CASE # _____

TIME OF STOP/CRASH 0008 DATE 12/20/21 DAY Monday

SUBJECT'S NAME Bernardo, Andrew, Joseph RACE W SEX M

HGT 511 WGT 175 DOB 11/17/86

LOCATION ELM Ave/N Military Trl

ARRESTING OFFICER'S NAME & ID Moren #517 AGENCY PB610

DIVISION: Patrol

NOTIFIED BY COMMO Yes

ARRIVAL AT FACILITY 1:05 am

BREATH RESULTS:

Arrest Time 00:41

1. _____
2. _____
3. _____
4. _____

TESTING OFFICER'S ID 6212

SUBJECT: Adrian B. [unclear]

CASE NUMBER: 21-005788

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: [Signature] #1517

SUBJECT:

Andrew Search

CASE NUMBER:

31-005788

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) _____

On Camera

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

I, Ofc. Dean Morea, a duly certified Law Enforcement Officer or Correctional Officer,
 (Name of Officer reading Implied Consent Warning)

am a member of Palm Beach Gardens Police Department, and I do swear
 (Name of law enforcement agency)

or affirm that on or about the 20TH day of DECEMBER, 20 21, at 00:41 ☐ P.M. ☒ A.M.

DRIVER Andrew Joseph Bernardo,
 (Type or Print) FIRST NAME MIDDLE OR MAIDEN NAME LAST NAME

DL# 2312196, state of RI, was placed under lawful arrest for

the offense of D.U.I by Ofc. Dean Morea and
 (Name of Arresting Officer)

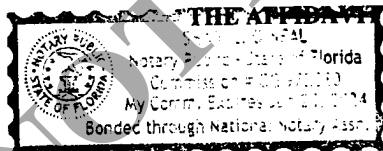
issued Citation # AECQKJE

That on or about the 20TH day of DECEMBER, 20 21, at 01:35 ☐ 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]
 Signature of Law Enforcement Officer or
 Correctional Officer



(AFFIX SEAL)

The foregoing instrument was sworn and subscribed before

me this 20TH day of DECEMBER, 20 21,

by Ofc. Dean Morea,

who is personally known to me or who has produced

Personally Known as identification

Notary Public [Signature]

HSMV-BAR1001 (REV. 10/2016)

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 _____

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.



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

REVIEW COMPLETED BY

Booking Number: 2021032061	Date: 12/20/2021
	Specialist Name/ID: M. Toos #8557