

0200604

20 CT-1798

974

ARREST / NOTICE TO APPEAR  
Juvenile Referral Report

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

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>06-20-031603</b>	
Charge Type: Check as many as apply.		1. Felony <input type="checkbox"/> 2. Traffic Felony <input type="checkbox"/>		3. Misdemeanor <input type="checkbox"/> 4. Traffic Misdemeanor <input checked="" type="checkbox"/>		5. Ordinance <input type="checkbox"/> 6. Other <input type="checkbox"/>	
Location of Arrest (Including Name of Business) <b>SOUTH SHORE BLVD/FOREST HILL BLVD</b>		Location of Offense (Business Name, Address) <b>SOUTH SHORE BLVD/FOREST HILL BLVD</b>		Weapon Seized / Type 2. No <input checked="" type="checkbox"/> 1. Yes <input type="checkbox"/> N/A		Multiple Clearance Indicator <b>01</b>	
Date of Arrest <b>01/29/2020</b>	Time of Arrest <b>0109</b>	Booking Date	Booking Time	Jail Date	Jail Time	Location of Vehicle <b>WELLINGTON / FL / 33414</b>	
Name (Last, First, Middle) <b>STARNES CATRINA BARON</b>		Sex <b>F</b>		Date of Birth <b>10/05/1977</b>		Height <b>5'04"</b>	
Race <b>W</b>		Weight <b>135</b>		Eye Color <b>BROWN</b>		Hair Color <b>BLACK</b>	
Complexion <b>FAIR</b>		Build <b>MED</b>		Alias (Name, DOB, Soc. Sec. #, Etc.)		Priority Towing <b>PRIORITY TOWING</b>	
Scars, Marks, Tattoos, Unique Physical Features (Location, Type, Description) <b>LEFT SLEEVE / LOWER BACK / RIGHT ARM / SIDES</b>		Marital Status <b>DIVORCED</b>		Religion <b>CHRISTIAN</b>		Indication of Alcohol Influence / Drug Influence Y <input type="checkbox"/> N <input type="checkbox"/> UNK <input type="checkbox"/>	
Local Address (Street, Apt. Number) <b>1611 BAY RIDGE PLACE</b>		(City) <b>WELLINGTON / FL / 33414</b>		(State) <b>FL</b>		(Zip) <b>33414</b>	
Permanent Address (Street, Apt. Number)		(City)		(State)		(Zip)	
Business Address (Name, Street)		(City)		(State)		(Zip)	
Phone <b>(561) 236 0515</b>		Residence Type: 1. City <input type="checkbox"/> 2. County <input type="checkbox"/> 3. Florida <input checked="" type="checkbox"/> 4. Out of State <input type="checkbox"/>		Address Source <b>DRIVERS LICENSE</b>		Occupation <b>BARTENDER</b>	
DL Number, State <b>S365102778650 / FL</b>		Sec. Sec. Number		INS Number <b>N/A</b>		Place of Birth (City, State) <b>WEST PALM BEACH, FL USA</b>	
Citizenship <b>USA</b>		Co-Defendant Name (Last, First, Middle)		Race		Sex	
Date of Birth		1. Arrested <input type="checkbox"/> 2. At Large <input type="checkbox"/> 3. Felony <input type="checkbox"/> 4. Misdemeanor <input type="checkbox"/> 5. Juvenile <input type="checkbox"/>		Co-Defendant Name (Last, First, Middle)		Race	
Date of Birth		1. Arrested <input type="checkbox"/> 2. At Large <input type="checkbox"/> 3. Felony <input type="checkbox"/> 4. Misdemeanor <input type="checkbox"/> 5. Juvenile <input type="checkbox"/>		Parent <input type="checkbox"/> Legal Custodian <input type="checkbox"/> Other: <input type="checkbox"/>		Residence Phone ( )	
Address (Street, Apt. Number)		(City)		(State)		(Zip)	
Business Phone ( )		Notified by: (Name)		Date		Time	
Relationship		Released To: (Name)		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 355-2528) informed of any change of address. <input type="checkbox"/> Yes, by: (Name) <input type="checkbox"/> No (Reason)		School Attended		Grade		Value of Property	
Property Crime? <input type="checkbox"/> Yes <input type="checkbox"/> No		Description of Property		Date		Time	
Drug Activity		S. Sell		R. Smuggle		K. Dispense / Distribute	
N. N/A		B. Buy		D. Deliver		M. Manufacture / Produce / Cultivate	
P. Possess		T. Traffic		E. Use		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) a</b>	
Drug Activity <b>N</b>		Drug Type <b>N</b>		Amount / Unit		Offense # <b>20-031603</b>	
Warrant / Capias Number		Bond		Charge Description <b>DUI</b>		Counts	
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Warrant / Capias Number		Bond		Charge Description			



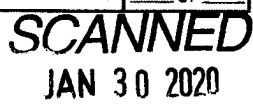
PROBABLE CAUSE AFFIDAVIT

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

1 Juvenile N

OBTS Number	PROBABLE CAUSE AFFIDAVIT		1. Arrest 3. Request for Warrant 2. N.T.A. 4. Request for Capias		1	Juvenile	N
Agency ORI Number <b>FLO 500000</b>	Agency Name <b>PALM BEACH COUNTY SHERIFF'S OFFICE</b>	Agency Report Number <b>06- 20-031603</b>					
Charge Type: Check as many as apply.	<input type="checkbox"/> 1. Felony	<input type="checkbox"/> 3. Misdemeanor	<input type="checkbox"/> 5. Ordinance	Special Note:			
	<input type="checkbox"/> 2. Traffic Felony	<input type="checkbox"/> 4. Traffic Misdemeanor	<input type="checkbox"/> 8. Other				
Name (Last, First, Middle) <b>STARNES, CATRINA, BARON</b>	Alias	Race W	Sex F	Date of Birth 10/05/1977			
Charge Description DUI	316.193(1)	Charge Description DUI					
Charge Description	Charge Description						
Victim's Name (Last, First, Middle) <b>STATE OF FLORIDA , ,</b>	Race	Sex	Date of Birth				
Local Address (Street, Apt. Number)	(City)	(State)	(zip)	Phone	Address Source		
Business Address (Name, Street)	(City)	(State)	(zip)	Phone	Occupation		
<p>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</p> <p><input type="checkbox"/> committed the below acts in my presence. <input type="checkbox"/> was observed by _____ who told _____ that he/she saw the arrested person commit the below acts.</p> <p><input type="checkbox"/> confessed to _____ admitting to the below facts. <input checked="" type="checkbox"/> was found to have committed the below acts, resulting from my (described) investigation.</p> <p>On the <b>29TH</b> day of <b>JANUARY</b> 20 <b>2020</b> at <b>0045</b> <input checked="" type="checkbox"/> A.M. <input type="checkbox"/> P.M. (Specifically include facts constituting cause for arrest.)</p> <p><b>I was summoned to the area of Forest Hill Boulevard and South Shore Blvd, Village of Wellington, Palm Beach County Florida regarding a traffic stop that was conducted by Lt. D. Duplantis #5298 due to his suspicion of DUI.</b></p> <p><b>SEE LT. D. DUPLANTIS #5298 PROBABLE CAUSE AFFIDAVIT</b></p> <p><b>Upon arrival I observed the defendant to be standing outside her vehicle and leaning on the driver side rear panel. It appeared that she was using the vehicle to assist her in maintaining her balance. I spoke with Lt. D. Duplantis who informed me of his observations and his reason for initiating a traffic stop. I then made contact with the defendant who was identified by Florida Drivers License as Catrina B. Starnes (10/05/1977). I informed her that I was there to conduct an investigation for DUI and asked if she would submit to standardized roadside tasks to determine if she was able to safely operate a motor vehicle. Starnes stated that she wanted to call her sister. Upon my initial contact with Starnes I detected the odor of an unknown alcoholic beverage coming from on or about her person. When Starnes stated she wished to call her sister the odor intensified. Additionally Starnes speech was labored and she seemed to have a delay in her response. Starnes speech was also slurred and her eyes were bloodshot and glassy. I informed Starnes that at this time she was not going to be permitted to make any phone calls. I explained to Starnes that I wanted to provide her with an opportunity to demonstrate her ability to safely operate a motor vehicle within the state of Florida. Starnes stated that she understood but wanted to call her sister. I then stated and explained to Starnes her "Taylor Warnings". I clearly stated that if Starnes chose to refuse the Standardized Roadside Tasks that I would have to make a determination based on the evidence presented up to this time. Starnes stated that she understood and indicated her intention to refuse. At that time Starnes was placed into handcuffs to the rear that were double locked and checked from proper fit and tightness. When Starnes stated she wished to call her sister the odor intensified. Additionally Starnes speech was labored and she seemed to have a delay in her response. Starnes speech was also slurred and her eyes were bloodshot and glassy.</b></p>							
<p>STATE OF FLORIDA COUNTY OF PALM BEACH <i>D/S W. Amadon #9440</i> D/S W. AMADON (Signature of Arresting/Investigative Officer)</p> <p>The foregoing instrument was sworn to or affirmed and subscribed before me this <u>29th</u> day of <u>January</u>, 20 <u>20</u> by <u>D/S W. AMADON</u> (Print name of Arresting/Investigative Officer), who is personally known to me and/or produced identification. Type of identification produced <u>Known</u></p> <p>Notary Public, Clerk of Court, Officer (F.S.S. 117.10) <i>Thomas H. Leahey</i> Notary Public State of Florida Thomas H. Leahey My Commission 03 347 106 Expires 06 26 2025 STATE ATTORNEY</p>							

ADMINISTRATIVE PROBABLE CAUSE STATEMENT



SUBJECT STARNES

CATRINA

CASE NUMBER 20-031603

**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:**

I detected the odor of an unknown alcoholic beverage coming from on or about her person. When Starnes stated she wished to call her sister the odor intensified. Additionally Starnes speech was labored and she seemed to have a delay in her response. Starnes speech was also slurred and her eyes were bloodshot and glassy.

**WALK & TURN:**

**Refused all roadside tasks**

**ONE LEG STAND:**

**Refused all roadside tasks**

**FINGER TO NOSE:**

**Refused all roadside tasks**

**ROMBERG ALPHABET:**

**Refused all roadside tasks**

**BREATH TEST RESULTS:**

STATE OF FLORIDA  
COUNTY OF PALM BEACH

D/S W. AMADON  
(Signature of Arresting/Investigative Officer)

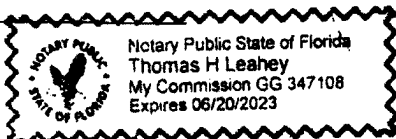
*D/S W. Amadon #9440*

The foregoing instrument was sworn to or affirmed and subscribed before me this 29th day of January 2020 by D/S W. AMADON

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

*J. Leaney*

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



**SCANNED**  
JAN 30 2023



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

PBSO CASE # 20-031603 PBSO ZONE 8-21

AGENCY CASE # 20-031603 CRASH CASE # N/A

TIME OF STOP/CRASH 0045 DATE 01/29/2020 DAY \_\_\_\_\_

SUBJECT'S NAME STARNES CATRINA BARON RACE W SEX F  
LAST FIRST MID

HGT 5'04" WGT 135 DOB 10/05/1977

LOCATION SOUTH SHORE BLVD/FOREST HILL BLVD

ARRESTING OFFICER'S NAME & ID D/S W. AMADON 9440 AGENCY Palm Beach County Sheriff's Office

DIVISION: ROAD PATROL DIST 8

NOTIFIED BY COMMO YES

ARRIVAL AT FACILITY 0200

ARREST TIME 0109

BREATH RESULTS:

1)  **REFUSED**  
 2)  **REFUSED**  
 3)   
 4)

TESTING OFFICER'S ID 19183 PBSO VIDEOTAPE # N/A

**SCANNED  
JAN 30 2020**

# WITNESS LIST

CASE NUMBER: 20-031603

ARRESTING OFFICER: D/S W. AMADON

ADDRESS: 3228 Gun Club Rd

PHONE NUMBERS (HOME): \_\_\_\_\_ (WORK) 561 688 3000

CAN TESTIFY TO: DUI Investigation

NAME: Lt. D. Duplantis

ADDRESS: 3228 Gun Club Rd

PHONE NUMBERS (HOME) \_\_\_\_\_ (WORK) 561 688 3000

CAN TESTIFY TO: driver pattern/ traffic infractions/ wheel witness

NAME: D/S M. Kysor

ADDRESS 3228 Gun Club Rd

PHONE NUMBERS (HOME) 561 688 3000 (WORK) \_\_\_\_\_

CAN TESTIFY TO: odor/speech/difficulty with balance

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

ADDRESS \_\_\_\_\_

PHONE NUMBERS (HOME) 0 (WORK) 0

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

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

ADDRESS \_\_\_\_\_

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: \_\_\_\_\_

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

ADDRESS \_\_\_\_\_

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: \_\_\_\_\_

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

ADDRESS \_\_\_\_\_

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

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

**SCANNED**  
JAN 30 2020

# TESTING FACILITY TASK REPORT

AGENCY: PBSO  
SUBJECT: Starnes, Catrina B CASE NUMBER: 20-031603  
DATE: 01/29/2020 VIDEO TAPE NUMBER: N/A  
BEGINNING TIME: 02:21 ENDING TIME: 02:25  
BREATH TESTS RESULTS: 1) R TIME 02:23 A.M./P.M. 2) N/A TIME — A.M./P.M.  
3) N/A TIME — A.M./P.M. 4) N/A TIME — A.M./P.M.  
BREATH OPERATOR: T. Leahy #19183  
MAINTENANCE TECHNICIAN: J Karlecke #6467

## TESTING OFFICER'S OBSERVATIONS

SPEECH: slurred, thick  
ATTITUDE: upset, crying, cooperative  
CLOTHING: black pants, black shirt, black hoodie, black sneakers  
MEDICAL CONDITIONS: [REDACTED]  
MEDICATIONS: [REDACTED] **REFUSED**  
OTHER: eyes glassy + bloodshot  
odor of unknown alcoholic beverage on breath

COMMENTS: arrived at center A/O conducted 20 minute  
observation period at 02:00 hrs.

A refused to perform breath test

A/O read I/c + A stated she understood F/c

A refused to perform breath test

A/O read rights + A stated she understood rights

A/O attempted P+A

A invoked right to counsel

**REFUSED**

**SCANNED**  
JAN 30 2020

SUBJECT: Starnes, Catrina B CASE NUMBER: 20-031603

## 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 D/S W Amador of the PBSO

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) Read on camera

## 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

**SCANNED**

SUBJECT: Starnes, Catrina B CASE NUMBER: 20-031603

## 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**  
**JAN 30 2020**

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

I, D/S W. AMADON, a duly certified Law Enforcement Officer or Correctional Officer,  
(Name of Officer reading Implied Consent Warning)

am a member of Palm Beach County Sheriff's Office, and I do swear  
(Name of law enforcement agency)

or affirm that on or about the 29th day of January, 20 20, at 0109  P.M.  A.M.

DRIVER CATRINA BARON STARNES  
(Type or Print) FIRST NAME MIDDLE OR MAIDEN NAME LAST NAME

DL# S365102778650 / FL, state of FLORIDA, was placed under lawful arrest for

the offense of DUI by D/S W. AMADON and  
(Name of Arresting Officer)

issued Citation # A2GD29P

That on or about the 29TH day of JANUARY, 20 20, at 0223  P.M.  A.M.

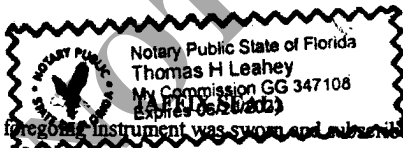
in PALM BEACH County,

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

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

The foregoing instrument was sworn and subscribed before me:



The foregoing instrument was sworn and subscribed before

me this 29th day of January, 20 20,

by D/S W. AMADON,

who is personally known to me or who has produced

Known as identification

Notary Public [Signature]

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 checked="" type="checkbox"/>	395.3025(7)(a), 456.057(7)(a)	Medical information.	10
	<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"/>	782.04 (FS)	Other: Witness	
	<input type="checkbox"/>	415.107 (1)	Other: In order to protect the rights of the individual or other persons responsible for the welfare of a vulnerable adult, all records concerning reports of abuse, neglect, or exploitation of the vulnerable adult.	

REVIEW COMPLETED BY

Booking Number: 2020003168	Date: 1/29/2020
	Specialist Name/ID: M. Tooks #8557

SCANNED  
JAN 30 2020