

2022 CT - 001324 AMB

ARREST / NOTICE TO APPEAR
Juvenile Referral Report

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

1 Juvenile N

ADMINISTRATIVE	OBTS Number		Agency ORI Number FLO 500000		Agency Name PALM BEACH COUNTY SHERIFF'S OFFICE		Agency Report Number (N.T.A.'s only) 06-22-029513		
	Charge Type: Check as many as apply: <input type="checkbox"/> 1. Felony <input type="checkbox"/> 2. Traffic Felony <input checked="" type="checkbox"/> 3. Misdemeanor <input checked="" type="checkbox"/> 4. Traffic Misdemeanor <input type="checkbox"/> 5. Ordinance <input type="checkbox"/> 6. Other		Weapon Seized / Type 2 1. Yes 2. No		Multiple Clearance Indicator				
	Location of Arrest (Including Name of Business) Congress Ave/Kennel Club, W Palm Beach FL 33406				Location of Offense (Business Name, Address) Congress Ave/Kennel Club, W Palm Beach FL 33406				
	Date of Arrest 01/26/2022	Time of Arrest 2115	Booking Date	Booking Time	Jail Date	Jail Time	Location of Vehicle Kauffs Towing		
DEFENDANT	Name (Last, First, Middle) Shultis, Charles, Everett								
	Alias (Name, DOB, Soc. Sec. #, Etc.)								
	Race W - White 1 - American Indian B - Black 0 - Oriental/Asian W	Sex M	Date of Birth 11/27/1947	Height 5'08	Weight 145	Eye Color Bl	Hair Color Br	Complexion Med	Build Med
	Scars, Marks, Tattoos, Unique Physical Features (Location, Type, Description) ARMS				Marital Status Single	Religion AGNOSTIC	Indication of: Alcohol Influence Drug Influence Y <input type="checkbox"/> N <input type="checkbox"/> Unk. <input type="checkbox"/>		
	Local Address (Street, Apt. Number) (City) (State) (Zip) 507 Monroe Dr, West Palm Beach, FL 33405				Phone (561) 5312251		Residence Type: 1. City 2. County 3. Florida 4. Out of State 2		
	Permanent Address (Street, Apt. Number) (City) (State) (Zip)				Phone		Address Source Defendant		
	Business Address (Name, Street) (City) (State) (Zip)				Phone		Occupation Retired		
	D/L Number, State S432145474270, FL		Soc. Sec. Number		INS Number		Place of Birth (City, State) Wakegan IL		
	Co-Defendant Name (Last, First, Middle)				Race	Sex	Date of Birth	<input type="checkbox"/> 3. Felony <input type="checkbox"/> 4. Misdemeanor <input type="checkbox"/> 5. Juvenile	
	Co-Defendant Name (Last, First, Middle)				Race	Sex	Date of Birth	<input type="checkbox"/> 1. Arrested <input type="checkbox"/> 2. At Large <input type="checkbox"/> 3. Felony <input type="checkbox"/> 4. Misdemeanor <input type="checkbox"/> 5. Juvenile	
CO-DEF	Parent Legal Custodian Other Name (Last) (Middle)				Residence Phone				
	Address (Street, Apt. Number) (City) (State) (Zip)				Business Phone				
	Notified by: (Name)				Date	Time	Juvenile Disposition 1. Handed/ processed within Dept. and Released. 2. TOT HRS / DYS 3. Incarcerated		
	Released To: (Name)				Relationship		Date	Time	
	The above address provided by <input type="checkbox"/> defendant and / or <input type="checkbox"/> defendant's parents The child and / or parent was told to keep the Juvenile Court Clerk (Phone 355-2526) informed of any change of address. <input type="checkbox"/> Yes, by: (Name) <input type="checkbox"/> No: (Reason)				School Attended				
	Property Crime? <input type="checkbox"/> Yes <input type="checkbox"/> No				Description of Property				
	Value of Property								
	Drug Activity N. N/A S. Sell B. Buy P. Possess T. Traffic				R. Smuggle D. Deliver E. Use				
	K. Dispense/ Distribute				M. Manufacture/ Produce/ Cultivate				
	Z. Other				Drug Type N. N/A A. Amphetamines B. Barbiturate C. Cocaine E. Heroin H. Hallucinogen M. Marijuana O. Opium/Deriv. P. Paraphernalia/ Equipment S. Synthetics U. Unknown Z. Other				
CHARGE	Charge Description Driving Under the Influence				Counts 1	Domestic Violence <input type="checkbox"/> Y <input type="checkbox"/> N	Statute Violation Number 316.193(3)(c)(1)		
	Drug Activity N				Drug Type N	Amount / Unit	Offense # 22-029513	Violation of ORD #	
	Charge Description				Counts	Domestic Violence <input type="checkbox"/> Y <input type="checkbox"/> N	Statute Violation Number		
	Drug Activity N				Drug Type N	Amount / Unit	Offense #	Violation of ORD #	
	Charge Description				Counts	Domestic Violence <input type="checkbox"/> Y <input type="checkbox"/> N	Statute Violation Number		
	Drug Activity N				Drug Type N	Amount / Unit	Offense #	Violation of ORD #	
	Charge Description				Counts	Domestic Violence <input type="checkbox"/> Y <input type="checkbox"/> N	Statute Violation Number		
	Drug Activity N				Drug Type N	Amount / Unit	Offense #	Violation of ORD #	
	Charge Description				Counts	Domestic Violence <input type="checkbox"/> Y <input type="checkbox"/> N	Statute Violation Number		
	Drug Activity N				Drug Type N	Amount / Unit	Offense #	Violation of ORD #	
NOTICE TO APPEAR	Location (Court, Room Number, Address) Criminal Justice Complex, 3228 Gun Club Road, West Palm Beach, FL 33406 - Ph: (561) 688-4600								
	Court Date and Time Month 2 Day 24 Year 2022 Time 8:30 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. 01/26/2022								
	Signature of Defendant (or Juvenile and Parent /Custodian)				Date Signed				
ADMIN	HOLD for other Agency Name:		Signature of Arresting Officer X		Name Verification (Printed by Arrestee)				
	<input type="checkbox"/> Dangerous <input type="checkbox"/> Suicidal <input type="checkbox"/> Resisted Arrest <input type="checkbox"/> Other:		Name of Arresting Officer (Print) A. Soloway #8586		(PRINT) SCANNED				
	I take Deputy Brulle 18342 I.D. # 18342 Pouch #		Transporting Officer A. Soloway		ID # 8586 Agency PBSO				
	DISTRIBUTION: WHITE - COURT COPY GREEN - STATE ATTORNEY YELLOW - AGENCY PINK - AGENCY GOLD - DEFENDANT (N.T.A.'s ONLY)		Witness here if subject signed with an "X"		1 OF 1				

052901107

0529047

1100

OBTS Number		PROBABLE CAUSE AFFIDAVIT		1. Arrest 2. N.T.A.		3. Request for Warrant 4. Request for Capias		1	Juvenile N
ADMIN	Agency ORI Number FLO 500000		Agency Name PALM BEACH COUNTY SHERIFF'S OFFICE		Agency Report Number 06- 22029501 i 3				
	Charge Type: Check as many as apply.		<input type="checkbox"/> 1. Felony <input type="checkbox"/> 2. Traffic Felony <input checked="" type="checkbox"/> 3. Misdemeanor <input checked="" type="checkbox"/> 4. Traffic Misdemeanor <input type="checkbox"/> 5. Ordinance <input type="checkbox"/> 6. Other		Special Notes:				
DEF	Name (Last, First, Middle) Schultis, Charles				Alias		Race W	Sex M	Date of Birth 11/27/1947
	Charge Description DUI				Charge Description				
CHARGES	Charge Description				Charge Description				
	Charge Description				Charge Description				
VICTIM	Victim's Name (Last, First, Middle) State Of Florida				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		
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 <input checked="" 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. <input type="checkbox"/> confessed to _____ admitting to the below facts. <input type="checkbox"/> was found to have committed the below acts, resulting from my (described) investigation.									
On the 26th day of January , 20 22 at 2020 <input type="checkbox"/> A.M. <input checked="" type="checkbox"/> P.M. (Specifically include facts constituting cause for arrest.)									
***** Supplemental PC*****									
<p>On Wednesday January 26th 2022 at approximately 2012 hours I was dispatched to Congress Ave. and Kennel Club in reference to an accident.</p> <p>Upon arrival, I met with the driver of vehicle two named Ivana Easley. I asked Ivana what happened and she said the following, she was driving on Kennel club and was turning a left to go south on Congress Ave. It should be noted Ivana said she had a green light. Once Ivana accelerated a Grey pickup truck ran the red light and hit her. I asked Ivana if she could identify who was driving the pickup truck and she said yes. Ivana said it was a white male white male who was sitting next to the truck and pointed towards the white male who was later identified as Charles Schultis. I then asked Ivana if she had seen Charles in the driver seat and she said yes.</p> <p>I walked towards Charles who was sitting right next to a Gray Ford F-150. I observed Charles wearing a blue shirt and blue jeans. I asked the Charles fact finding questions about the crash. When I asked Charles what happened he said, he was driving his truck and ran a red light and crashed. I asked Charles for his license, insurance, and registration. It should be noted as Charles talked to me I could smell a strong and obvious odor of alcohol coming from Charles which intensified as he spoke. Also, I noticed he had bloodshot eyes. I asked Charles if he had any alcoholic drinks recently which he said no. Due to the Bloodshot eyes and odor of alcohol, I requested for a DUI unit to respond. Investigator Soloway #8586 arrived on the scene and I explained what I had observed and turned the investigation to him for further evaluation.</p>									
ADMINISTRATIVE	STATE OF FLORIDA COUNTY OF PALM BEACH <i>[Signature]</i> 27513 D/S Mendez (Signature of Arresting/Investigative Officer)								
	The foregoing instrument was sworn to or affirmed and subscribed before me this 26th day of January , 20 22 by D/S Mendez (Print name of Arresting/Investigative Officer), who is personally known to me and/or produced identification. Type of identification produced LEO								
	Notary Public, Clerk of Court, Officer (F.S.S. 117.10) <i>[Signature]</i>								
	<div style="text-align: right;">PAGE 1 OF 1</div>								

D.U.I. PROBABLE CAUSE AFFIDAVIT

ON THE 26 DAY OF January 20 22, AT 2012 ✓ AM PM

SUBJECT: Shultis, Charles, Everett CASE NUMBER: 22-029513

AGENCY: PALM BEACH COUNTY SHERIFF'S OFFICE ARRESTING OFFICER: A. Soloway #8586

PERSONAL CONTACT

DRIVING PATTERN: Actual physical control (physical evidence or statements putting def. behind wheel of vehicle)

I responded to assist DS Mendez #27513 with a crash involving a possible impaired driver. Upon arrival he advised me:
On Wednesday January 26th 2022 at approximately 2012 hours I was dispatched to Congress Ave. and Kennel Club in reference to an accident.

Upon arrival, I met with the driver of vehicle two named Ivana Easley. I asked Ivana what happened and she said the following, she was driving on Kennel club and was turning a left to go south on Congress Ave. It should be noted Ivana said she had a green light. Once Ivana accelerated a Grey pickup truck ran the red light and hit her. I asked Ivana if she could identify who was driving the pickup truck and she said yes. Ivana said it was a white male white male who was sitting next to the truck and pointed towards the white male who was later identified as Charles Schultis. I then asked Ivana if she had seen Charles in the driver seat and she said yes.

I walked towards Charles who was sitting right next to a Gray Ford F-150. I observed Charles wearing a blue shirt and blue jeans, I asked the Charles fact finding questions about the crash. When I asked Charles what happened he said, he was driving his truck and ran a red light and crashed. I asked Charles for his license, insurance, and registration. It should be noted as Charles talked to me I could smell a strong and obvious odor of alcohol coming from Charles which intensified as he spoke. Also, I noticed he had bloodshot eyes. I asked Charles if he had any alcoholic drinks recently which he said no.

OBSERVATION OF DRIVER:

The defendant had an obvious odor of an unknown alcoholic beverage on their breath. This odor intensified when the defendant spoke. The defendant's eyes were red and glassy. Upon my arrival he was laying on the ground on the center median. He had to hold onto the rear bumper of his vehicle to stand up. He was very unsteady on his feet and was swaying dramatically as he walked to the front of my vehicle. He was unable to stand without leaning on my vehicle.

DRIVER'S STATEMENTS:

I advised the defendant the crash investigation had concluded and I was now conducting a criminal investigation. I read him the Miranda Warnings which he stated he understood. The defendant stated he was coming from a friend's house and was heading home. I asked him what road he was on, he paused, looked up at the street signs, he then said "Um Congress". I asked him what direction he was traveling and he said "down the road here". He had difficulty remembering his street address where he lives. I asked him again and he said "must be south". He denied having any significant medical conditions or physical abnormalities. I asked how much alcohol he drank today and he replied "nothing". I asked him again and he said he had one beer at "maybe noon". I asked what time he had the one beer and he replied 1-2 pm.

ODORS:

The defendant had an obvious odor of an unknown alcoholic beverage on their breath. This odor intensified when the defendant spoke.

GENERAL OBSERVATIONS

SPEECH: slurred

ATTITUDE: compliant

CLOTHING: short sleeve shirt, jeans, shoes

MEDICAL/OTHER: stated PTSD

STATE OF FLORIDA
COUNTY OF PALM BEACH

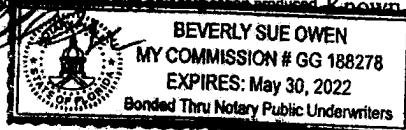
A. Soloway #8586
signature of Arresting/Investigative Officer)

I, the foregoing instrument was sworn to or affirmed and subscribed before me this 26 day of January 20 22 by A. Soloway #8586

Print name of Arresting/Investigative Officer, who is personally known to me and for purposes of this affidavit is produced Known IEO

Sue Owen (#3184)

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



SCANNED
JAN 27 2022

SUBJECT: Shultis, Charles, Everett

CASE NUMBER 22-029513

ROADSIDE TASKS

HORIZONTAL GAZE NYSTAGMUS:

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

Other Observations:

REFUSED

WALK & TURN:

REFUSED

I requested the defendant submit to SFSTs and he refused. I advised him:

If you fail to submit to the roadside tasks I am requesting, it can be used against you in court. If you fail to submit to the roadside tasks I am requesting, I will be forced to conclude my investigation and base my decision as to your impairment solely on the facts at hand. He again refused to submit to SFSTs.

At the BAT the defendant refused to submit to a breath test. I read him the implied consent and he again refused.

ONE LEG STAND:

REFUSED

FINGER TO NOSE:

REFUSED

ROMBERG ALPHABET:

REFUSED

BREATH TEST RESULTS:

1) REFUSAL

2) REFUSAL

3)

4)

STATE OF FLORIDA
COUNTY OF PALM BEACH

A. Soloway #8586

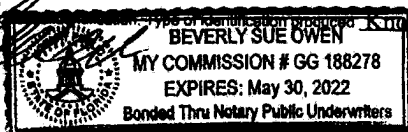
Signature of Arresting/Investigative Officer

I, the foregoing instrument was sworn to or affirmed and subscribed before me this 26 day of January, 20 22 by A. Soloway #8586

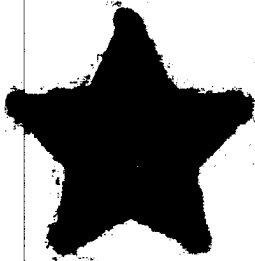
Print name of Arresting/Investigative Officer, who is personally known to me and is a peace officer

Sue Owen (#3184)

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



SCANNED
JAN 27 2022



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

PBSO CASE # 22-029513 PBSO ZONE 3-21

AGENCY CASE # _____ CRASH CASE # 22-029501

TIME OF STOP/CRASH 2012 DATE 01/26/2022 DAY Wednesday

SUBJECT'S NAME Shultis, Charles, Everett RACE W SEX M

HGT 5'08 WGT 145 DOB 11/27/1947

LOCATION Congress Ave/Kennel Club, W Palm Beach FL

ARRESTING OFFICER'S NAME & ID A. Soloway #8586 (8586) AGENCY Palm Beach County Sheriff's Office

DIVISION: CID/DUI

NOTIFIED BY COMMO YES

ARRIVAL AT FACILITY 2130

ARREST TIME 2115

BREATH RESULTS
REFUSED

2)

3)

4)

TESTING OFFICER'S ID 3184

PBSO VIDEOTAPE # N/A

WITNESS LIST

CASE NUMBER: 22-029513

ARRESTING OFFICER: A. Soloway #8586

ADDRESS: PBSO

PHONE NUMBERS (HOME): _____ (WORK) 561 688 3400

CAN TESTIFY TO: DUI INVESTIGATION

NAME: DS Mendez

ADDRESS: PBSO

PHONE NUMBERS (HOME) _____ (WORK) _____

CAN TESTIFY TO: crash investigation

NAME: _____

ADDRESS _____

PHONE NUMBERS (HOME) _____ (WORK) _____

CAN TESTIFY TO: _____

NAME: _____

ADDRESS _____

PHONE NUMBERS (HOME) _____ (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 _____

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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 27 2022

TESTING FACILITY TASK REPORT

AGENCY: PBSO

SUBJECT: SHULTIS, CHARLES EVERETT

CASE NUMBER: 22029513

DATE: 01/26/2022

VIDEO DVD NUMBER: N/A

BEGINNING TIME: 2155

ENDING TIME: 2158

BREATH TESTS RESULTS: 1) Refused TIME 2157 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. Owen #3184

MAINTENANCE TECHNICIAN: J. Karlecke #6467

TESTING OFFICER'S OBSERVATIONS

SPEECH:

ATTITUDE: CO-OPERATIVE, PLEASANT

CLOTHING: BLUE TENNIS SHOES, JEANS, BLUE SHIRT, MASK

MEDICAL CONDITIONS: SHORT OF BREATH, PERSISTENT COUGH

MEDICATIONS: MEDS FOR SINUSUS

OTHER:

COMMENTS:

INV SOLLOWAY #8586 AND DEFENDANT ARRIVED AT 2130 HOURS. A/O OBSERVED 20 MINUTES
A/O REQUESTED BREATH TEST, DEFENDANT REFUSED. A/O READ I/C, DEFENDANT UNDERSTOOD
STILL REFUSED. Q & A READ ON SCENE.

SCANNED
JAN 27 2022

SUBJECT: Shultis, Charles Everett CASE NUMBER: 22029513

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 Inv. Soloway of the PRSD

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
JAN 27 2022

SUBJECT: Shultis, Charles Everett CASE NUMBER: 22029513

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: _____

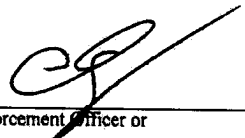
SCANNED
JAN 27 2022

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

I, **Investigator LE** ALAN SOLOWAY, a duly certified Law Enforcement Officer or Correctional Officer,
(Person reading Implied Consent Warning)
am a member of Palm Beach County Sheriffs Office, and I do swear
(Name of enforcement agency)
or affirm that on or about the TWENTY-SIXTH day of January, 2022, at 9:15 PM
DRIVER CHARLES EVERETT SHULTIS
(Type or Print) FIRST MIDDLE OR MAIDEN LAST
DL # S432145474270, state of FL, was placed under lawful arrest for
the offense of DUI by **Investigator LE** ALAN SOLOWAY and
(Name of Arresting Officer)
issued Citation # AEA818E.

That on or about the TWENTY-SIXTH day of January, 2022, at 9:57 PM
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 (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:

(AFFIX SEAL)

The foregoing instrument was sworn and subscribed before
me this 26th day of January, 2022
by Inv. Soloway
who is personally known to me or who has produced

Signature of Attesting Officer

Title _____

Date _____

Notary Public 



HSMV-BAR1001 (REV. 10/2016)

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.

SCANNED
JAN 27 2022



**PALM BEACH COUNTY
SHERIFF'S OFFICE**
Florida State Statute Exemption Sheet

Palm Beach County Sheriff's Office – Arrests Only

	X	Florida State Statute	Description	Page Number(s)
L/E Exemptions	<input type="checkbox"/>	119.071(2)(d)	Surveillance techniques, procedures and personnel; inventory of law enforcement resources, policies or plans pertaining to mobilization deployment or tactical operations.	
	<input type="checkbox"/>	943.053, 943.0525	NCIC/FCIC/FBI and in-state FDLE/DOC.	
	<input type="checkbox"/>	119.071(4)(c)	Undercover personnel.	
	<input type="checkbox"/>	119.071(2)(f)	Confidential informants (CIs).	
	<input type="checkbox"/>	119.071(2)(e)	Confession.	
Public Info. Exemptions	<input type="checkbox"/>	985.04(1)	Juvenile offender records.	
	<input type="checkbox"/>	119.071(h)(i)	Assets of a crime victim.	
	<input type="checkbox"/>	395.3025(7)(a), 456.057(7)(a)	Medical information.	
	<input type="checkbox"/>	394.4615(7)	Mental health information.	
	<input type="checkbox"/>	119.071(4)(d)(2)(a)	Home address, telephone, Social Security number, date of birth, or photos of active/former LE personnel, spouses, and children.	
Florida Rules of Judicial Administration 2.420 (Rule of 23)	<input checked="" type="checkbox"/>	(iii) 119.0714(1)(i)-(j), (2)(a)-(e)	Social Security, bank account, charge, debit, and credit card numbers.	2
	<input type="checkbox"/>	(viii) 394.4615(7)	Clinical records under the Baker Act.	
	<input type="checkbox"/>	(xii) 741.30(3)(b)	The victim's address in a domestic violence action on petitioner's request.	
	<input type="checkbox"/>	(xiii) 119.071(2)(h), 119.0714(1)(h)	Protected information regarding victims of child abuse or sexual offenses.	
	<input type="checkbox"/>			
	<input type="checkbox"/>			
	<input type="checkbox"/>			
	<input type="checkbox"/>			
Other	<input type="checkbox"/>		Other:	
	<input type="checkbox"/>		Other:	

REVIEW COMPLETED BY

Booking Number: 2022002441

Date: 1/27/2022

Specialist Name/ID: Chantel Daniels/30347

SCANNED
JAN 27 2022