

J-0518165

20 UT - 10279

P-3743

ARREST / NOTICE TO APPEAR

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

1 JUVENILE

OBTS Number				Agency Report Number (N.T.A.'s only)	5, 4   20-002884													
Agency ORI Number	0501700			Agency Name	Jupiter Police Department													
Charge Type:	<input type="checkbox"/> 1. Felony <input type="checkbox"/> 2. Traffic Felony <input type="checkbox"/> 3. Misdemeanor <input checked="" type="checkbox"/> 4. Traffic Misdemeanor <input type="checkbox"/> 5. Ordinance <input type="checkbox"/> 6. Other			If Weapon Seized	Enter Type NONE													
Location of Arrest (Including Name of Business)	399 MILITARY TR/L HIGHWOOD CIR, JUPITER, FL 33458																	
Date of Arrest	08/22/2020	Time of Arrest	22:21	Booking Date	08/22/2020	Booking Time	22:31											
Name (Last, First, Middle)	HARKINS, CYNTHIA ANN			Alias:														
Race	W - White	I - American Indian	W	F	Date of Birth	07/18/1970	Height	5'04	Weight	135	Eye Color	GREEN	Hair Color	BROWN	Complexion	LIGHT	Build	Medium
Scars, Marks, Tattoos, Unique Physical Features (Location, Type, Description)				Marital Status	D		Religion			Indication of:	Alcohol Influence Yes <input type="checkbox"/> No <input type="checkbox"/> Unk <input type="checkbox"/>		Drug Influence Yes <input type="checkbox"/> No <input type="checkbox"/> Unk <input type="checkbox"/>		Residence Type:		1. City 3. Florida 2. County 4. Out of State   1	
Local Address (Street, Apt. Number)	203 E THATCH PALM CIR, JUPITER, FL 33458			Phone			Address Source	VERBAL		Occupation								
DL Number, State	H625101707580 / FL			INS Number			Place of Birth (City, State)	NEW ORLEANS, LA,		Citizenship		US						
Co-Defendant Name (Last, First, Middle)				Race			Sex			Date of Birth			<input type="checkbox"/> 1. Arrested <input type="checkbox"/> 3. Felony <input type="checkbox"/> 5. Juvenile <input type="checkbox"/> 2. At Large <input type="checkbox"/> 4. Misdemeanor					
Co-Defendant Name (Last, First, Middle)				Race			Sex			Date of Birth			<input type="checkbox"/> 1. Arrested <input type="checkbox"/> 3. Felony <input type="checkbox"/> 5. Juvenile <input type="checkbox"/> 2. At Large <input type="checkbox"/> 4. Misdemeanor					
Parent <input type="checkbox"/> Other <input type="checkbox"/>	Name (Last, First, Middle)					Residence Phone												
Legal Custodian <input type="checkbox"/>	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 IAC		3. Incarcerated		
Relationship				Date			Time			School Attended				Grade				
The above address was 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's Office (Phone 355-2526) informed of any change of address.										Property Crime?		Description of Property		Value of Property				
<input type="checkbox"/> Yes by: <input type="checkbox"/> No										<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No								
Drug Activity	S. Sell	R. Smuggle	K. Dispense/Distribute	M. Manufacture/Produce/Cultivate	Z. Other	Drug Type		B. Barbiturate		H. Hallucinogen		P. Paraphernalia/Equipment		U. Unknown		Z. Other		
N. N/A	B. Buy	D. Deliver	E. Use			N. N/A		C. Cocaine		M. Marijuana		O. Opium/Deriv.		S. Synthetic				
P. Possess						A. Amphetamine		B. Heroin										
Charge Description	DUI - DRIVING UNDER THE INFLUENCE/NORMAL FACULTIES IMPAIRED						State Violation Number	316.193(1)(A)		Violation of ORD #								
Drug Activity	Drug Type	Amount / Unit	Offense #	Counts	Domestic Violence	Warrant / Capias Number			Bond		OR							
N				I	<input type="checkbox"/> Y <input checked="" type="checkbox"/> N													
Charge Description							State Violation Number			Violation of ORD #								
Drug Activity	Drug Type	Amount / Unit	Offense #	Counts	Domestic Violence	Warrant / Capias Number			Bond									
					<input type="checkbox"/> Y <input checked="" type="checkbox"/> N													
Health / Apparent Physical Condition of Defendant							Any knowledge of the following:		<input type="checkbox"/> Mental <input type="checkbox"/> Escape Risk <input type="checkbox"/> Medication <input type="checkbox"/> Deformities <input type="checkbox"/> Injuries		Explain:							
Check which applies:	<input type="checkbox"/> Released O.R. <input type="checkbox"/> Released to Parent/Guardian <input checked="" type="checkbox"/> T.O.T. County Jail			PROPERTY - Received By		Released By		Released To										
Transported By				Date Transported	Time Transported		Other											
<input checked="" type="checkbox"/> INSTRUCTION NO. 1 - Mandatory appearance in court							Location (Court, Room)		North County PALM BEACH GARD									
<input type="checkbox"/> INSTRUCTION NO. 2 - You need not appear in Court but must comply with instructions on Page 2.							Court Date and Time		09/23/2020 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				
HOLD for Other Agency				Signature of Arresting Officer		Name Verification (Printed by Arrestee)												
<input type="checkbox"/> Dangerous <input type="checkbox"/> Resisted Arrest <input type="checkbox"/> Suicidal <input type="checkbox"/> Other				Name of Arresting Officer (Print)		ID. #		MCGILLICUDDY, STEVEN		1216								
Instake Deputy	DSCOLLINS 7622			Pouch #	Transporting Officer		ID. #		S. MCGILLICUDDY		388		JUPITE		Agency		Witness here if subject signed with an "X".	

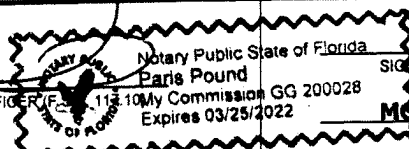

RECEIVED AUG 24 2020

PROBABLE CAUSE AFFIDAVIT

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

1

JUVENILE

A D M I N	OBTS Number		Agency ORI Number <b>FL 0501700</b>		Agency Name <b>JUPITER POLICE DEPARTMENT</b>		Agency Report Number <b>5   4   20-002884</b>		
	Charge Type: Check all many as apply. <input type="checkbox"/> 1. Felony <input type="checkbox"/> 2. Traffic Felony		<input type="checkbox"/> 3. Misdemeanor <input checked="" type="checkbox"/> 4. Traffic Misdemeanor		<input type="checkbox"/> 5. Ordinance <input type="checkbox"/> 6. Other		Special Notes:		
D E F	Name (Last, First, Middle) <b>HARKINS, CYNTHIA ANN</b>				Alias	Race <b>W</b>	Sex <b>F</b>	Date of Birth <b>07/18/1970</b>	
	Charge Description <b>316.193(1)(A) DUI - DRIVING UNDER THE INFLUENCE/NORMAL</b>				Charge Description				
C H A R G E S	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		
V I C T I M	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"/> confessed to _____ admitting to the below facts.				_____ was observed by _____ who told _____ that he/she saw the arrested person commit the below acts. <input checked="" type="checkbox"/> was found to have committed the below acts, resulting from my (described) investigation.				
On the <u>22</u> day of <u>August</u> , <u>2020</u> at <u>22:11</u> (Specifically include facts constituting cause for arrest.)									
P R O B A B L E	On 8/22/2020 at approximately 2211 hrs I was on patrol east bound on W Indiantown Road, approximately one mile west of Military Trail. I observed a black Audi A4 (VEHCILE-1) bearing FL tag JBT-G19 traveling in front of me. I observed the vehicle over a substantial period of time display a highly concerning driving pattern. The vehicle was substantially weaving within its own lane, and crossed the fog line at least twice. In addition to the obvious weaving, the vehicle varied its speed and eventually traveled approximately 15-20 MPH below the speed limit, while the rest of traffic was passing on the left. The drifting/swerving was prolonged and substantial enough that I was highly concerned that the operator was sick, tired or impaired. As we approached the light at Military Trail, VEHICLE-1 was originally in the right through lane and at the last minute, changed lanes without warning to the south bound turn lane, within 100 feet of the intersection and cut me off. The vehicle then traveled south bound on Military Trail. I conducted a traffic stop on the vehicle, which came to a final rest at Highwood Circle and Military Trail. I then made contact with the driver and sole occupant, Cynthia Harkins (DEFENDANT).								
	C A U S E	Upon making contact with Harkins I detected a strong odor of unknown alcoholic beverages emitting from the interior of the vehicle, which intensified as she spoke. Harkins had red, glassy bloodshot eyes and spoke with slurred speech. I advised Harkins of the reason for the stop and my concerns about her driving pattern. I asked Harkins if she had anything to drink and she denied drinking anything. I then advised Harkins that I could detect the odor coming off of her and asked her to be honest. She advised that she was coming from dinner and had one drink (glass of wine). I asked Harkins on a scale of intoxication from 1-10 with 1 being sober and 10 being the most impaired where she would place herself. She advised that she was a 1. Once my backup arrived I asked Harkins to exit the vehicle. I advised her that I was concerned about the possible signs of impairment that she was displaying and asked her to participate in field sobriety exercises. She consented to participate.							
S T A T E M E N T		SWORN AND SUBSCRIBED BEFORE ME							
					 SIGNATURE OF ARRESTING / INVESTIGATING OFFICER <b>McGILICUDDY, STEVEN (1216)</b> NAME OF OFFICER (PLEASE PRINT)				
A D M I N I S T R A T I V E	08/23/2020 DATE				08/23/2020 DATE				
					PAGE 1 OF 3				

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

SCANNED  
AUG 24 2020

PROBABLE CAUSE AFFIDAVIT  
SUPPLEMENT

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

1 JUVENILE

OBTS Number  
Agency ORI Number: **FL 0501700** Agency Name: **JUPITER POLICE DEPARTMENT** Agency Report Number: **5 4 20-002884**

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

Special Notes:

Name (Last, First, Middle): **HARKINS, CYNTHIA ANN** Race: **W** Sex: **F** Date of Birth: **07/18/1970**

**HORIZONTAL GAZE NYSTAGMUS (HGN)**  
 -Equal pupil size and tracking in both eyes  
 -Lack of smooth pursuit in both eyes  
 -Distinct and sustained nystagmus at maximum deviation in both eyes  
 -Onset of nystagmus prior to 45 degrees in both eyes  
 -No vertical nystagmus  
 -6 of 6 clues observed  
 -Harkins swayed during the exercise  
 -Harkins moved her head multiple times and had to be told not to do so

**WALK AND TURN**  
 -Lost balance in starting position  
 -Missed heel to toe  
 -Stepped off line  
 -Used arms for balance  
 -Improper turn  
 -Improper number of steps  
 -Stopped while walking  
 -7 of 8 clues observed

-Prior to starting the exercise, Harkins asked me if stopping her was my "biggest fight" and appeared to be confrontational about having been pulled over. Upon being asked to get in the starting position she advised me that the exercise was setup for failure. On the first pass, Harkins stopped after reaching the end of the line and then became confrontational about doing the turn and appeared to not remember the instructions that were just given to her, that she had verbally confirmed that she understood. Harkins then started the exercise over and displayed all 7 of the above clues except for losing balance in starting position, which was displayed on her first attempt at the exercise.

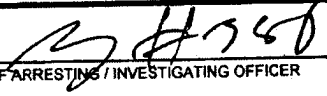
**ONE LEG STAND**  
 -Put foot down  
 -Used arms for balance  
 -Swayed  
 -3 of 4 clues

**FINGER TO NOSE**  
 1L - Pad to tip  
 2R - Pad to tip  
 3L - Pad to tip  
 4R - Pad to tip  
 5R - Pad to tip  
 6L - Pad to tip

SWORN AND SUBSCRIBED BEFORE ME

NOTARY PUBLIC / CLERK OF COURT / OFFICER (F.S. 17.30)  
 08/23/2020  
 DATE

Notary Public State of Florida  
 Paris Pound  
 My Commission GG 200028  
 Expires 03/25/2022

SIGNATURE OF ARRESTING / INVESTIGATING OFFICER  
  
**MCGILICUDDY, STEVEN (1216)**  
 NAME OF OFFICER (PLEASE PRINT)

08/23/2020  
 DATE

PAGE 2 OF 3

PROBABLE CAUSE AFFIDAVIT  
SUPPLEMENT

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1 JUVENILE

A D M I N	OBTs Number		Agency ORI Number <b>FL 0501700</b>		Agency Name <b>JUPITER POLICE DEPARTMENT</b>		Agency Report Number <b>5   4   20-002884</b>	
	Charge Type: Check as many as apply.		Special Notes:					
		<input type="checkbox"/> 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 type="checkbox"/> 6. Other				

D E F	Name (Last, First, Middle) <b>HARKINS, CYNTHIA ANN</b>		Race <b>W</b>	Sex <b>F</b>	Date of Birth <b>07/18/1970</b>
	Alias				

RHOMERG ALPHABET  
No clues

Modified Rhomberg  
-Estimated the passage of 30 seconds in 24 seconds

Based on my observations, investigation and the totality of the circumstances, I had probable cause at this point to believe that Harkins had been in actual physical control of a vehicle while under the influence of an alcoholic beverage, chemical or controlled substance to the point where her normal faculties were impaired. I placed her under arrest at 2221 hrs. I then transported her to the Palm Beach County Breath Alcohol Testing (BAT) center, arriving at 2300 hrs. I placed Harkins 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 Pound (ID #24639). I requested that Harkins provide a breath sample and she refused. I read her implied consent for breath (minus the CDL portion - non applicable). I again asked for breath and Harkins refused, with a marked refusal time of 2327 hrs. I then booked Harkins into the Palm Beach County jail.

She was issued an additional citation for improper lane change/same direction. She was issued a court date of 9/23/2020 at North County Courthouse. BWC.

A D M I N I S T R A T I V E	SWORN AND SUBSCRIBED BEFORE ME		SIGNATURE OF ARRESTING / INVESTIGATING OFFICER <i>[Signature]</i>	
	NOTARY PUBLIC / CLERK OF COURT / OFFICE (F.S. 17.40)		Paris Pound My Commission GG 200028 Expires 03/25/2022	
	08/23/2020 DATE		MCILICUDDY, STEVEN (1216) NAME OF OFFICER (PLEASE PRINT)	
			08/23/2020 DATE	



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

PBSO CASE # 20-099925 PBSO ZONE 3-13

AGENCY CASE # 20-002884 CRASH CASE # \_\_\_\_\_

TIME OF STOP/CRASH 2211 DATE 08/22/2020 DAY SATURDAY

SUBJECT'S NAME HARKINS CYNTHIA A RACE W SEX F  
LAST FIRST MID

HGT 5'4 WGT 135 DOB 7/18/1970

LOCATION HIGHWOOD CIRCLE/MILITARY TRAIL

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

DIVISION: POLICE

NOTIFIED BY COMMO Yes  
 ARRIVAL AT FACILITY 2300  
 ARREST TIME 2221

BREATH RESULTS:

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

TESTING OFFICER'S ID 24639 PBSO VIDEOTAPE # N/A

NOT A CERTIFIED COPY

**SCANNED  
AUG 24 2020**

SUBJECT: HARRINE, CYNTHIA A 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.

**SCANNED**  
**AUG 24 2020**

SUSPECT'S SIGNATURE: (X) \_\_\_\_\_

SUBJECT: ARRAIZ, CYNTHIA A CASE NUMBER: 1002334

### QUESTIONS AND ANSWERS

I AM NOW GOING TO ASK YOU SOME QUESTIONS. WITH THESE RIGHTS IN MIND, YOU MAY ANSWER SOME OF, ALL OF, OF 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: \_\_\_\_\_

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

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

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

or affirm that on or about the 22ND day of AUGUST, 20 20, at 2221  P.M.  A.M.

DRIVER CYNTHIA A HARKINS  
(Type or Print) FIRST NAME MIDDLE OR MAIDEN NAME LAST NAME

DL# H625101707580, state of FLORIDA, was placed under lawful arrest for

the offense of DUI by Officer MCGILlicuddy and  
(Name of Arresting Officer)

issued Citation # ADB99QE

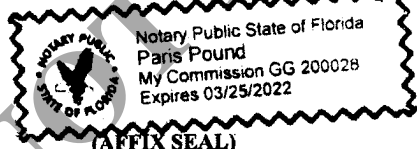
That on or about the 22ND day of AUGUST, 20 20, at 2327  P.M.  A.M.

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 this 22ND day of AUGUST, 20 20,

by Officer MCGILlicuddy 388,

who is personally known to me or who has produced POLICE ID as identification

Notary Public Paris Pound (#24639)

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.

SCANNED  
AUG 24 2020

# WITNESS LIST

CASE NUMBER: 20-002884

ARRESTING OFFICER: MCGILLICUDDY

ADDRESS: 210 Military Trl. Jupiter, FL 33458

PHONE NUMBERS (HOME): \_\_\_\_\_ (WORK) (561) 746-6201

CAN TESTIFY TO: PC

NAME: MPO MARINUCCI

ADDRESS: 210 MILITARY TRL, JUPITER, FL 33458

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

CAN TESTIFY TO: BACKUP ON STOP

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 \_\_\_\_\_

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

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

ADDRESS \_\_\_\_\_

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

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

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

ADDRESS \_\_\_\_\_

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

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

**SCANNED**  
**AUG 24 2020**

# TESTING FACILITY TASK REPORT

AGENCY: JPD

SUBJECT: HARKINS, CYNTHIA A

CASE NUMBER: 20-099925

DATE: Aug 22, 2020

VIDEO DVD NUMBER: N/A

BEGINNING TIME: 23:25

ENDING TIME: 23:28

BREATH TESTS RESULTS: 1) R TIME 23:27 A.M.  P.M.  2) N/A TIME N/A A.M.  P.M.

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

BREATH OPERATOR: P.POUND #24639

MAINTENANCE TECHNICAN: J. KARLECKE# 6467

## TESTING OFFICER'S OBSERVATIONS

SPEECH: LOW

ATTITUDE: CRYING, UPSET

CLOTHING: BLUE DRESS, NO SHOES

MEDICAL CONDITIONS: NONE

MEDICATIONS: NONE

### OTHER:

EYES: GLASSY AND BLOODSHOT

**REFUSED**

## COMMENTS:

ARRIVED AT CENTER A/O BEGAN THE 20 MINUTE OBSERVATION PERIOD AT 23:00 HRS.

SUBJECT: REFUSED TO TAKE TEST

A/O: READ I/C

SUBJECT: STATED SHE UNDERSTOOD I/C AND WOULD REFUSE TEST AGAIN

A/O: READ RIGHTS

SUBJECT: STATED SHE UNDERSTOOD RIGHTS

A/O: ATTEMPTED Q&A

SUBJECT: INVOKED HER RIGHTS TO COUNSEL

**REFUSED**

**SCANNED**  
AUG 24 2020



**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: 2020020031	Date: 8/23/2020
	Specialist Name/ID: B Evans / 23649

**SCANNED**  
**AUG 24 2020**