

0394588

PH 15370

ARREST / NOTICE TO APPEAR
Juvenile Referral Report

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

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) 06-21-105843		
	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) 2080 Greenview Shores Blvd Wellington FL 33414		Location of Offense (Business Name, Address) 2080 Greenview Shores Blvd, Wellington FL 33414		Weapon Seized / Type 1. Yes <input type="checkbox"/> 2. No <input checked="" type="checkbox"/>		Multiple Clearance Indicator 01		
	Date of Arrest 09/12/2021	Time of Arrest 1305	Booking Date	Booking Time	Jail Date	Jail Time	Location of Vehicle		
Name (Last, First, Middle) Gutierrez, David, Steven				Alias (Name, DOB, Soc. Sec. #, Etc.)					
Race W - White I - American Indian B - Black O - Oriental/Asian		Sex M	Date of Birth 5/23/1973	Height 6'0	Weight 195	Eye Color Brn	Hair Color Blk	Complexion Med	Build Med
Scars, Marks, Tattoos, Unique Physical Features (Location, Type, Description) Dog Tags Left Rib Cage				Marital Status Single	Religion NONE	Indication of Alcohol Influence Drug Influence Y <input type="checkbox"/> N <input type="checkbox"/> Unk. <input type="checkbox"/>			
Local Address (Street, Apt. Number) 354 Piper Ridge, Royal Palm Beach FL 33411				City Royal Palm Beach	State FL	Zip 33411	Phone (561) 310-9240	Residence Type: 1. City <input type="checkbox"/> 2. County <input type="checkbox"/> 3. Florida <input type="checkbox"/> 4. Out of State <input checked="" type="checkbox"/>	
Permanent Address (Street, Apt. Number)				City	State	Zip	Phone	Address Source FL DL	
Business Address (Name, Street)				City	State	Zip	Phone	Occupation	
D/L Number, State G362177731830, FL		Soc. Sec. Number		INS Number		Place of Birth (City, State) Anaheim, CA		Citizenship US	
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	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"/>	
Parent Name (Last, First, Middle)		Other:		Residence Phone					
Address (Street, Apt. Number)				City	State	Zip	Business Phone		
Notified by: (Name)		Date	Time	Juvenile Disposition 1. Handled/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		Grade			
Property Crime? <input type="checkbox"/> Yes <input type="checkbox"/> No		Description of Property		Value of Property					
Drug Activity N. N/A P. Possess		S. Sell B. Buy T. Traffic	R. Smuggle D. Deliver E. Use	K. Dispense/ Distribute	M. Manufacture/ Produce/ Cultivate	Z. Other	Drug Type N. N/A A. Amphetamine		
B. Barbiturate C. Cocaine E. Heroin		H. Hallucinogen M. Marijuana O. Opium/Deriv.		P. Paraphernalia/ Equipment S. Synthetics		U. Unknown Z. Other			
Charge Description DRIVING UNDER THE INFLUENCE		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	Offense # 21-105843	Warrant / Capias Number		Bond			
Charge Description		Counts	Domestic Violence <input type="checkbox"/> Y <input checked="" type="checkbox"/> N	Statute Violation Number		Violation of ORD #			
Drug Activity	Drug Type	Amount / Unit	Offense #	Warrant / Capias Number		Bond			
Charge Description		Counts	Domestic Violence <input type="checkbox"/> Y <input checked="" type="checkbox"/> N	Statute Violation Number		Violation of ORD #			
Drug Activity	Drug Type	Amount / Unit	Offense #	Warrant / Capias Number		Bond			
Charge Description		Counts	Domestic Violence <input type="checkbox"/> Y <input checked="" type="checkbox"/> N	Statute Violation Number		Violation of ORD #			
Drug Activity	Drug Type	Amount / Unit	Offense #	Warrant / Capias Number		Bond			
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 October Day 7th Year 2021 Time 08:30 AM X									
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 (Juvenile and Parent /Custodian)						Date Signed 09/12/2021			
HOLD for other Agency Name:		Signature of Arresting Officer D/S H. Paulson			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) D/S H. Paulson			I.D. # 7713		(PRINT)		
Arresting Deputy I.D. #		Pouch #	Transporting Officer I.D. # D/S H. Paulson		Agency PBSC		PAGE 1 OF 1		
Witness here if subject signed with an "X"									

DISTRIBUTION: WHITE - COURT COPY GREEN - STATE ATTORNEY YELLOW - AGENCY PINK - AGENCY GOLD - DEFENDANT (N.T.A.'s ONLY)

A. Delplato #8371
2021CT015336 MB

PROBABLE CAUSE AFFIDAVIT

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

Juvenile

N

OBTS Number	Agency ORI Number FLO 500000		Agency Name PALM BEACH COUNTY SHERIFF'S OFFICE	Agency Report Number 06- 21-105843
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 type="checkbox"/>	5. Ordinance <input type="checkbox"/>	6. Other <input type="checkbox"/>

Name (Last, First, Middle) **Guterrez, David, Steven** Alias _____ Race **W** Sex **M** Date of Birth **5/23/1973**

Charge Description DRIVING UNDER THE INFLUENCE	316.193(1)	Charge Description
Charge Description		Charge Description

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 GOVERNMENT		

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

committed the below acts in my presence. was observed by _____ who told _____ that he/she saw the arrested person commit the below acts.
 confessed to _____ admitting to the below facts. was found to have committed the below acts, resulting from my (described) investigation.

On the **12th** day of **September** 20 **12** at **1235** A. M. P. M. (Specifically include facts constituting cause for arrest.)

On the above date and time, I was called to the scene of a traffic stop near/at the intersection of 2080 Greenview Shores Blvd Wellington FL 33414. I arrived at the scene at approximately 1244hrs. I started investigating the vehicle accident and interviewing both parties. During my interview, I noticed that the defendant had articulable indicators of impairments. I immediately detected an obvious and strong odor of an unknown alcoholic beverage emitting from Guterrez's person and face area. This odor intensified as I spoke to Guterrez. Guterrez had glassy, glazed, and blood shot eyes. Guterrez's speech was slurred, slow, and thick, and at times difficult to understand.

I explained that I had completed the crash investigation, and was now conducting a criminal DUI investigation. I then conducted the SFSTs with the following results: Walk and Turn not performed correctly. One Leg Stand not performed correctly. Finger to Nose being performed correctly. Romberg Alphabet not being performed correctly.

Based on my investigation, David Guterrez was arrested. David Guterrez is being charged with Driving Under the Influence per Florida State Statue 316.193(1). David Guterrez was placed into the back seat of my marked PBSO patrol vehicle and transported to the Main Detention Center.

STATE OF FLORIDA
COUNTY OF PALM BEACH

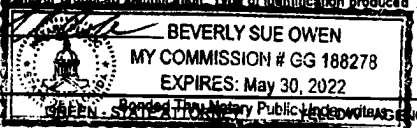
[Signature]
D/S H. Paulson 7713

(Signature of Arresting/Investigative Officer)

The foregoing instrument was sworn to or affirmed and subscribed before me this 12 day of September 20 21 by D/S H. Paulson

(Print name of Arresting/Investigative Officer), who is personally known to me and/or produced identification. Type of identification produced
Sue Owen (#3184)

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



PAGE _____ OF _____



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

PBSO CASE # 21-105843 PBSO ZONE 8-12

AGENCY CASE # 21-105843 CRASH CASE # 21-105838

TIME OF STOP/CRASH 1235 DATE 09/12/2021 DAY Sunday

SUBJECT'S NAME Gutierrez, David, Steven RACE W SEX M

HGT 6'0 WGT 195 DOB 5/23/1973

LOCATION 2080 Greenview Shores Blvd Wellington FL 33414

ARRESTING OFFICER'S NAME & ID D/S H. Paulson 7713 (7713) AGENCY PBSO

DIVISION: DIST 8

NOTIFIED BY COMMO YES

ARRIVAL AT FACILITY 1335

ARREST TIME 1305

BREATH TEST RESULT:
REFUSED

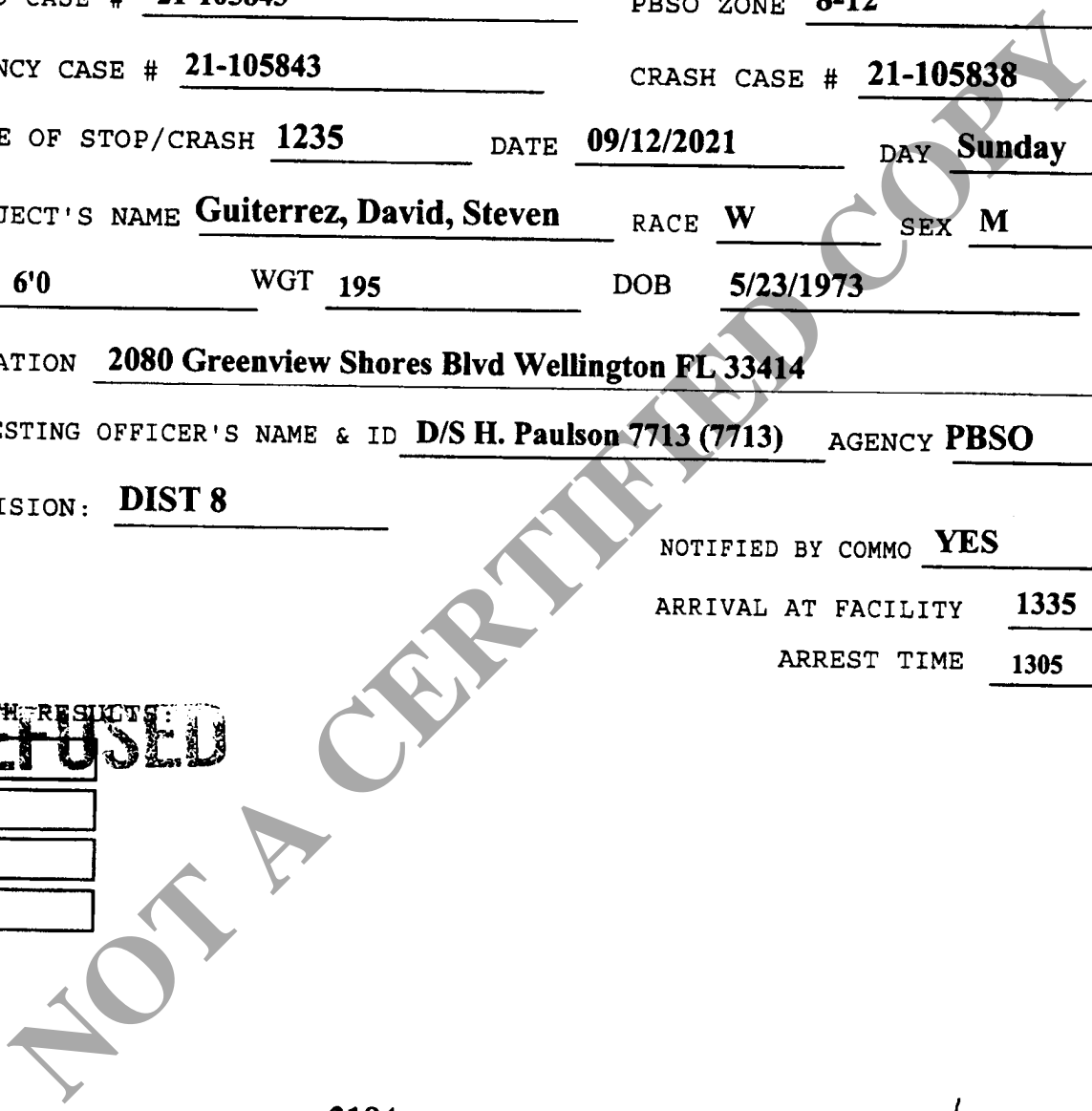
2)

3)

4)

TESTING OFFICER'S ID 3184 PBSO VIDEOTAPE # N/A

FL
G362177731830



D.U.I. PROBABLE CAUSE AFFIDAVIT

ON THE 12th DAY OF September 20 12, AT 1235 AM PM
SUBJECT: Guterrez, David, Steven CASE NUMBER: 21-105843

AGENCY: PALM BEACH COUNTY SHERIFF'S OFFICE ARRESTING OFFICER: D/S H. Paulson 7713

PERSONAL CONTACT

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

I arrived at the scene at approximately 1244hrs. After my independent crash investigation, based on physical evidence, and witness statements, I determined that, at approximately 1244hrs, the defendant, David Guterrez, did indeed rear end V2 which was properly parked. (See PBSO crash case #21-105838)

Witness Cassandra Hathaway, identified the defendant, to me, as the driver/sole occupant, of the VEHICLE at the time of the crash. Cassandra Hathaway and three other individuals completed written sworn statements as to the events which transpired surrounding the crash.

OBSERVATION OF DRIVER:

Upon making contact with the driver who was identified by HIS Florida driver license as David Guterrez, I immediately detected an obvious and strong odor of an unknown alcoholic beverage emitting from HIS person and face area. This odor intensified as I spoke to David Guterrez. David Guterrez had glassy, glazed, David Guterrez was wearing a button down dress shirt, slacks, and dress shoes. All the clothing appeared clean.

DRIVER'S STATEMENTS:

Pre-Miranda:

David Guterrez REFUSED after Implied Consent, which HE/SHE stated HE/SHE understood. REFUSED Q&A.

ODORS:

A strong and obvious odor of an unknown alcoholic beverage was emitting from HIS/HER person and face area which intensified as I spoke to David Guterrez.

GENERAL OBSERVATIONS

SPEECH: David Guterrez 's speech was slurred at times difficult to understand.

ATTITUDE: jealous, vindictive, indifferent, stony, polite, friendly, cooperative, flirtatious, emotional, annoyed, pleading, argumentative, belligerent, combative, resistant, threatening, insulting, reserved, calm, obnoxious, inappropriate, overly friendly, hostile

CLOTHING: _____

MEDICAL/OTHER: _____

STATE OF FLORIDA
COUNTY OF PALM BEACH

D/S H. Paulson 7713

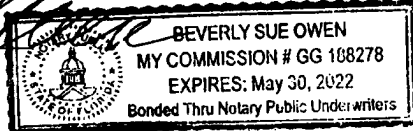
(Signature of Arresting/Investigative Officer)

The foregoing instrument was sworn to or affirmed and subscribed before me this 12 day of September 20 21 by D/S H. Paulson 7713

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

Sue Owen (#3184)

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



SUBJECT: Gutierrez, David, Steven

CASE NUMBER 21-105843

ROADSIDE TASKS

HORIZONTAL GAZE NYSTAGMUS:

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

Other Observations:

WALK & TURN:

I explained and demonstrated the instructions for the "Walk & Turn" to David Gutierrez who stated the HE understood. During the task, David Gutierrez stepped out of the instructional stance during the demonstration to catch HIS balance. David Gutierrez would stop walking to steady HIMSELF, David Gutierrez with pauses to regain balance. David Gutierrez missed heel-to-toe steps and stepped off the line. David Gutierrez used HIS/HER arms for balance by raising them more than six inches. David Gutierrez performed an improper turn . Additionally, David Gutierrez performed the incorrect number of steps. David Gutierrez could not perform the task.

ONE LEG STAND:

I explained and demonstrated the instructions for the "One Leg Stand" to David Gutierrez who stated that HE understood. David Gutierrez put HIS foot down to regain balance numerous times before the 30 seconds had elapsed. David Gutierrez put HIS/HER foot down after 8 seconds, thusly not being able to complete the task.

FINGER TO NOSE:

I explained and demonstrated the instructions for the "Finger to Nose" task to David Gutierrez who stated that HE understood. David Gutierrez was able to complete the task

ROMBERG ALPHABET:

I explained and demonstrated the instructions for the "Rhombert Alphabet" task to David Gutierrez who stated that HE/SHE understood. During the task, I observed David Gutierrez incorrectly recited the alphabet six times with not being able to get passed the letter "D". David Gutierrez was unable to perform the task.

BREATH TEST RESULTS: 1) 2) 3) 4)

STATE OF FLORIDA
COUNTY OF PALM BEACH

D/S H. Paulson 7713

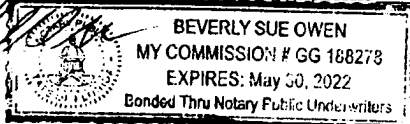
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(Print name of Arresting/Investigative Officer), who is personally known to me and produced identification. Type of identification produced

Sue Owen (#3184)

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



WITNESS LIST

CASE NUMBER: 21-105843

ARRESTING OFFICER: D/S H. Paulson 7713

ADDRESS: 3228 GUN CLUB ROAD WEST PALM BEACH, FL 33406

PHONE NUMBERS (HOME): _____ (WORK) (561) 688-5447

CAN TESTIFY TO: SEE DUI PROBABLE CAUSE AFFIDAVIT, OFFENSE REPORT, & IN-CAR VIDEO/AUDIO

NAME: _____

ADDRESS: 3228 GUN CLUB ROAD WEST PALM BEACH, FL 33406

PHONE NUMBERS (HOME) _____ (WORK) (561) 688-3000

CAN TESTIFY TO: SEE SUPPLEMENTAL PROBABLE CAUSE AFFIDAVIT

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: _____

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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: _____

NOT A CERTIFIED COPY

TESTING FACILITY TASK REPORT

AGENCY: JPBSO

SUBJECT: GUITERREZ, DAVID STEVEN

CASE NUMBER: 21105843

DATE: 09/12/2021

VIDEO DVD NUMBER: N/A

BEGINNING TIME: 1410

ENDING TIME: 1421

BREATH TESTS RESULTS: 1) Refused TIME 1414 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

CLOTHING: BLACK SHOES, BLACK PANTS, GREY DRESS SHIRT

MEDICAL CONDITIONS: ASTHMA

MEDICATIONS: HEARTBURN MEDICINE

OTHER:

D/L NOT CARRIED #G 362177731830

COMMENTS:

A/O AND DEFENDANT ARRIVED AT 1335 HOURS (CALL IN). A/O OBSERVED 20 MINUTES.

A/O REQUESTED BREATH TEST, DEFENDANT REFUSED. A/O READ I/C, DEFENDANT ASK A/O

TO REPEAT, A/O REREAD I/C, DEFENDANT UNDERSTOOD AND STILL REFUSED. A/O READ

C/W, DEFENDANT UNDERSTOOD RIGHTS. ANSWERED Q & A.

SUBJECT: Gu Terrez, David Steven CASE NUMBER: 21-105843

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 Paulson 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

SUBJECT: Guiterrez, David Steven CASE NUMBER: 21-105843

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? No

WHERE WERE YOU GOING? REFUSED

WHAT STREET OR HIGHWAY WERE YOU ON? REFUSED

DIRECTION OF TRAVEL? _____ WHERE DID YOU START? REFUSED

WHAT TIME DID YOU START? REFUSED WHAT TIME IS IT NOW? _____

WHAT IS TODAY'S DATE? REFUSED WHAT DAY OF THE WEEK IS IT? _____

WHAT COUNTY AND CITY ARE YOU IN NOW? WELLINGTON

WHEN DID YOU LAST EAT? 10pm WHAT DID YOU EAT? FILET MIGNON MASHED POTATOC

WHAT HAVE YOU BEEN DOING FOR THE LAST THREE HOURS? SLEEPING

HOW MUCH DO YOU WEIGH? 195 HAVE YOU BEEN DRINKING? NOT FOR LAST 6-8 HOURS WHAT? WINE

HOW MUCH? 2 GLASSES WHERE? DOWNTOWN WPB WITH WHOM? No

WHEN DID YOU HAVE YOUR FIRST DRINK? 8pm AND YOUR LAST DRINK? 10pm

HOW DID YOU CONSUME YOUR LAST TWO DRINKS? SIPPING

CAN YOU FEEL THE EFFECTS OF THE ALCOHOL? No ARE YOU UNDER THE INFLUENCE? No

HAVE YOU CONSUMED ANY ALCOHOL SINCE THE ACCIDENT? No HOW MUCH? _____

WHAT? _____ WHERE? _____ WHEN? _____

WHAT LINE OF WORK ARE YOU IN? SOFTWARE ENGINEERING WHEN DID YOU LAST WORK? FRIDAY

DO YOU HAVE ANY PHYSICAL DEFECTS OR INJURIES? No WHAT? _____

ARE YOU SICK OR INJURED? No WHAT'S WRONG? _____

DO YOU LIMP? No DID YOU RECEIVE A BUMP ON THE HEAD RECENTLY? _____

WERE YOU IN AN ACCIDENT TODAY? No

HAVE YOU TAKEN ANY DRUGS OR SMOKED ANY MARIJUANA TODAY? No WHEN? _____

HAVE YOU SEEN A DOCTOR OR DENTIST TODAY? No WHO? _____ WHY? _____

ARE YOU TAKING ANY PRESCRIPTION MEDICINES? No WHAT? _____ WHEN? _____

DO YOU HAVE:

EPILEPSY?	<u>No</u>
GLASS EYE?	<u>No</u>
FALSE TEETH?	<u>No</u>
EAR INFECTION?	<u>No</u>
INNER EAR TROUBLE?	<u>No</u>
DIABETES?	<u>No</u>

49 ONE MOLAR

DO YOU HAVE ANY PROBLEMS WITH YOUR EYES THAT ARE NOT CORRECTED BY GLASSES? CONTACTS IN

DO YOU TAKE INSULIN? No IF SO, WHEN WAS YOUR LAST INJECTION? _____

HAVE YOU EVER HAD A DRIVER'S LICENSE IN ANY OTHER STATE? No WHERE? _____

INTERVIEWER: _____

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

21-105843

I, D/S H. Paulson 7713, a duly certified Law Enforcement Officer or Correctional Officer,
(Name of Officer reading Implied Consent Warning)

am a member of PBSO, and I do swear
(Name of law enforcement agency)

or affirm that on or about the 12 day of September, 20 21, at 1305 P.M. A.M.

DRIVER David Steven Guitierrez
(Type or Print) FIRST NAME MIDDLE OR MAIDEN NAME LAST NAME

DL# G362177731830, state of Florida, was placed under lawful arrest for
the offense of DRIVING UNDER THE INFLUENCE by D/S H. Paulson 7713 and
issued Citation # _____
(Name of Arresting Officer)

That on or about the 12th day of September, 20 21, at 0214 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 of Law Enforcement Officer or
Correctional Officer

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

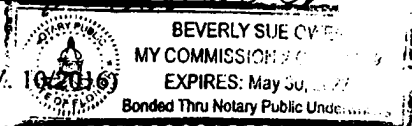
The foregoing instrument was sworn and subscribed before me:

(AFFIX SEAL)

The foregoing instrument was sworn and subscribed before
me this 12th day of September, 20 21,
by D/S H. Paulson 7713,

who is personally known to me or who has produced
_____ as identification

Notary Public Sue Owen (#3184)



HSMV-BAR1001 (REV. 10/2016)

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 – 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: 2021022813 WDC	Date: 9/13/2021
	Specialist Name/ID: M. Tooks #8557