

2020MM004892 ANB
ARREST / NOTICE TO APPEAR

A D M I N I S T R A T I O N	OBTS Number		Agency ORI Number 0501700		Agency Name Jupiter Police Department		Agency Report Number (N.T.A.'s only) 5, 4 20-002057		1. Arrest <input type="checkbox"/> 2. N.T.A. <input type="checkbox"/> 3. Request for Warrant <input type="checkbox"/> 4. Request for Capias <input type="checkbox"/> 1		JUVENILE <input type="checkbox"/>												
	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		If Weapon Seized Enter Type NONE		Multiple Clearance Indicator																		
Location of Arrest (Including Name of Business) 1203 TOWN CENTER DRIVE						Location of Offense (Business Name, Address) 1203 TOWN CENTER DR, JUPITER, FL 33458																	
Date of Arrest 06/13/2020		Time of Arrest 03:34		Booking Date 06/13/2020		Booking Time 03:44		Jail Date		Jail Time		Location of Vehicle											
Name (Last, First, Middle) DEL VALLE, ELADIO JOSEPH												Alias (Name, DOB, Soc. Sec. #, Etc.)											
Race W - White B - Black O - Oriental/Asian W		Sex M		Date of Birth 11/05/1979		Height 5'07		Weight 170		Eye Color BROWN		Hair Color BROWN		Complexion LIGHT		Build Medium							
Scars, Marks, Tattoos, Unique Physical Features (Location, Type, Description)						Marital Status U		Religion		Indication of: Alcohol Influence Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Drug Influence Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Unk. <input type="checkbox"/>													
Local Address (Street, Apt. Number) 729 N ST, WEST PALM BEACH, FL 33401						(City)		(State)		(Zip)		Phone		Residence Type: 1. City 2. County 3. Florida 4. Out of State 2									
Permanent Address (Street, Apt. Number) 729 N ST, WEST PALM BEACH, FL 33401						(City)		(State)		(Zip)		Phone		Address Source DAVID									
Business Address (Name, Street) GEOGROUP,						(City)		(State)		(Zip)		Phone		Occupation Manager									
D/L Number, State D414210794050 / FL				Soc. Sec. Number		INS Number		Place of Birth (City, State) WEST PALM BEACH, FL				Citizenship US											
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-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															
<input type="checkbox"/> Parent <input type="checkbox"/> Other: _____ Name (Last, First, Middle)												Residence Phone											
<input type="checkbox"/> Legal Custodian												Business Phone											
Address (Street, Apt. Number)						(City)		(State)		(Zip)													
Notified by: (Name)						Date		Time		JUVENILE DISPOSITION 1. Handled/Processed within Department and Released 2. TOT JAC 3. Incarcerated													
Released To: (Name)						Relationship		Date		Time													
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.												School Attended		Grade									
<input type="checkbox"/> Yes, by: _____ <input type="checkbox"/> No:												Property Crime? <input type="checkbox"/> Yes <input checked="" 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. Disperse/ 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. Synthetic		U. Unknown Z. Other			
Charge Description DUI - DRIVING UNDER THE INFLUENCE/NORMAL FACULTIES IMPAIRED						Statute Violation Number 316.193(1)(A)				Violation of ORD #													
Drug Activity		Drug Type		Amount / Unit		Offense #		Counts		Domestic Violence <input type="checkbox"/> Y <input checked="" type="checkbox"/> N		Warrant / Capias Number		Bond									
Charge Description RESIST/OBSTRUCT OFFICER W/O VIOLENCE						Statute Violation Number 843.02				Violation of ORD #													
Drug Activity		Drug Type		Amount / Unit		Offense #		Counts		Domestic Violence <input type="checkbox"/> Y <input checked="" type="checkbox"/> N		Warrant / Capias Number		Bond									
Charge Description						Statute Violation Number				Violation of ORD #													
Drug Activity		Drug Type		Amount / Unit		Offense #		Counts		Domestic Violence <input type="checkbox"/> Y <input checked="" type="checkbox"/> N		Warrant / Capias Number		Bond									
Health / Apparent Physical Condition of Defendant												Any knowledge of the following: Explain: <input type="checkbox"/> Mental <input type="checkbox"/> Escape Risk <input type="checkbox"/> Medication <input type="checkbox"/> Deformities <input type="checkbox"/> Injuries											
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 <input type="checkbox"/> Posted Bond <input type="checkbox"/> South County Mental Health						PROPERTY - Received By		Released By		Released To JUN 13 AM 6:52													
Transported By						Date Transported // : : :		Time Transported		Other JUN 13 AM 6:52													
<input checked="" type="checkbox"/> INSTRUCTION NO. 1 - Mandatory appearance in court <input type="checkbox"/> INSTRUCTION NO. 2 - You need not appear in Court but must comply with instructions on Page 2.						Location (Court, Room) North County PALM BEACH GARD		Court Date and Time 07/15/2020 08:30:00				No Photo Available											
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									
HOLD for Other Agency						Signature of Arresting Officer 388				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) MCGILLICUDDY, STEVEN				I.D. # 1216		(PRINT)													
Intake Deputy Shawn 8101		I.D. #		Pocket #		Transporting Officer S. MCGILLICUDDY		I.D. # 388		Agency JUPITER		PAGE 1 OF 1											
Witness here if subject signed with an "X".																							

J: 0516939

P: 37

PROBABLE CAUSE AFFIDAVIT

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

1 JUVENILE

Agency ORI Number: FL 0501700 Agency Name: JUPITER POLICE DEPARTMENT Agency Report Number: 5 | 4 | 20-002057

Charge Type: 1. Felony 2. Traffic Felony 3. Misdemeanor 4. Traffic Misdemeanor 5. Ordinance 6. Other

Name (Last, First, Middle): DEL VALLE, ELADIO JOSEPH Race: W Sex: M Date of Birth: 11/05/1979

Charge Description: 316.193(1)(A) DUI - DRIVING UNDER THE INFLUENCE/NORMAL 843.02 RESIST/OBSTRUCT OFFICER W/O VIOLENCE

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... committed the below acts in my presence. On the 13 day of June 2020 at 03:24

On 6/13/2020 at approximately 0324 hrs, I responded to a traffic stop being conducted by Ofc. Pantaloukas (see sup) at 1203 Town Center Drive. Upon my arrival, PFC Flesch advised me that he and Ofc. Pantaloukas had stopped a BMW (VEHICLE-1) bearing FL tag WR63C for multiple traffic violations. They advised that they approached the vehicle, being driven by Eladio Del Valle (DEFENDANT) and they observed possible signs of impairment. PFC Flesch advised me that Del Valle was not being cooperative with the traffic stop. Ofc Pantaloukas later advised me that Del Valle failed to yield for the stop signs at Town Center Drive/Edna Hilba, Town Center Drive/Crescent Drive and at Crescent Drive/University Drive. I took over the investigation at this point and approached the vehicle, at which time I made contact with Del Valle, who was still seated in the driver's seat, with the engine on. I asked Del Valle what he was up to tonight and he did not say anything. During this initial encounter at the window I detected a strong odor of unknown alcoholic beverage emitting from the interior of the vehicle. Del Valle's eyes were glassy and bloodshot. Del Valle (when he did speak) spoke with heavily slurred speech to the point where some words were almost unintelligible. I asked Del Valle his name and he again did not say anything, but was making eye contact with me at the same time. He then said "what do I need to provide you" (heavily slurred). I advised him that I was asking for his name at which time he shook his head at me in the negative. I advised him that he was on a traffic stop and required to provide his name. He shook his head again in the negative. I asked if he was refusing to provide his name at which time he affirmatively moved his head up and down. He asked me what the problem was and I advised him that he was being stopped for traffic infractions. I asked him to step out of the car and he shook his head at me in the negative. I advised him to exit the vehicle or he would be removed. I attempted to open his car door, but it was locked. I instructed him to unlock the car door and he again asked what I wanted provided. I gave him multiple instructions to open the car door and he blatantly refused, obstructing my

SWORN AND SUBSCRIBED BEFORE ME: JOSHUA BELL, MY COMMISSION #GG346008, EXPIRES: JUN 18, 2023. SIGNATURE OF ARRESTING / INVESTIGATING OFFICER: MCGILICUDDY, STEVEN (1216). DATE: 06/13/2020. PAGE 1 OF 2

OBTS Number A D M I N D E F P R O B A B L E C A U S E S T A T E M E N T	PROBABLE CAUSE AFFIDAVIT SUPPLEMENT	1. Arrest 2. N.T.A. 3. Request for Warrant 4. Request for Capias 1	JUVENILE
Agency ORI Number: FL 0501700		Agency Name: JUPITER POLICE DEPARTMENT	
Charge Type: Check as many as apply. <input type="checkbox"/> 1. Felony <input checked="" 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		Agency Report Number: 5 4 20-002057	
Name (Last, First, Middle): DEL VALLE, ELADIO JOSEPH		Race: W	Sex: M
		Date of Birth: 11/05/1979	
<p>investigation.</p> <p>I reached in, unlocked the driver door and opened it. I asked Del Valle to step out and he again refused. After numerous clear verbal commands for Del Valle to exit the vehicle, I grabbed his left wrist at which point he realized he would probably be pulled out of the vehicle; he therefore exited at this time. He then turned around and put himself in a handcuffing position after I asked him to step to the rear of his vehicle. I advised him that I wasn't handcuffing him and he said "I love you guys". I asked him his name again and he said "Joey". I asked him where he was coming from. He pointed at the parking lot and said "here". I asked him where here was and he said "where you guys pulled me over". I asked him if he knew what town he was in and he stated yes, that he was in Palm Beach Gardens. I corrected him as to his location and asked what establishment he was at tonight. He said "here". I advised that we were in a parking lot and he said "so what's your question". I asked him how much he had to drink tonight and he said "none". I then explained some of my observations to him about why I was confident he had consumed an alcoholic beverage. I asked him again how much he had to drink and stated that he was refusing to answer my questions. I asked Del Valle if he would participate in field sobriety exercises and he did not speak. I then read him his Taylor warning and again asked if he would participate in field sobriety exercises. He refused to answer.</p> <p>Based on my observations, the driving pattern observations of Officer Pantaloukas, the totality of the circumstances and my observation during my investigation, I have probable cause to believe that Eladio Del Valle was in actual physical control of a motor vehicle while under the influence of an alcoholic beverage, chemical or controlled substance to the point where his normal faculties were impaired, contrary to F.S.S. 316.193(1) (A). In addition I have probable cause to believe that Del Valle did unlawfully oppose or obstruct me during my investigation by refusing to both identify himself during a lawful traffic stop and by refusing to exit the vehicle upon demand of a law enforcement officer, without offering to do violence to my person, contrary to F.S.S. 843.02. I placed him under arrest at 0334 hrs. I then transported Del Valle to the Palm Beach County BAT, arriving at 0407 hrs. We then went on video with BAT Technician Bell (ID #8656) and I requested a breath sample. Del Valle refused to speak. I read him implied consent and he refused to provide a breath sample, with a marked refusal time at 0437 hrs. I then booked him into the Palm Beach County jail with a court date of 7/15/20 at 0830 hrs at the North County Courthouse in Palm Beach Gardens at 0830 hrs. BWC.</p>			
SWORN AND SUBSCRIBED BEFORE ME  NOTARY PUBLIC / CLERK OF COURT / OFFICE		 JOSHUA BELL MY COMMISSION #GG346008 EXPIRES: JUN 18, 2023 <small>Boarded through 1st State Insurance</small>	 SIGNATURE OF ARRESTING / INVESTIGATING OFFICER MCGILICUDDY, STEVEN (1216) NAME OF OFFICER (PLEASE PRINT)
06/13/2020 DATE		06/13/2020 DATE	
		PAGE 2 OF 2	

COURT

STATE ATTORNEY

CENTRAL RECORDS

JAIL

CRIME ANALYSIS

P. I. O.

TESTING FACILITY TASK REPORT

AGENCY: JPD

SUBJECT: DEL VALLE, ELADIO J

CASE NUMBER: 20-077612

DATE: Jun 13, 2020

VIDEO DVD NUMBER: N/A

BEGINNING TIME: 0435

ENDING TIME: 0438

BREATH TESTS RESULTS: 1) R TIME 0437 A.M. P.M. 2) N/A TIME XX A.M. P.M.

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

REFUSED

BREATH OPERATOR: JOSHUA J BELL #8656

MAINTENANCE TECHNICAN: J. KARLECKE #6467

TESTING OFFICER'S OBSERVATIONS

SPEECH: SLURRED

ATTITUDE: QUIET,

CLOTHING: RED SHORT SLEEVE BUTTON UP, BLUE JEANS, GREY BOOTS

MEDICAL CONDITIONS: NONE

MEDICATIONS: NONE

OTHER:

EYES: BLOODSHOT

COMMENTS:

ARRIVED AT DUI TESTING FACILITY AND BEGAN THE 20 MINUTE OBSERVATION AT 0407 HOURS

SUBJECT WOULD NOT ANSWER CAMERA FORMAT

SUBJECT SHOOK HIS HEAD NO WHEN ASKED TO PROVIDE A BREATH SAMPLE

A/O READ I.C

SUBJECT ACKNOWLEDGED HE UNDERSTOOD I.C AND AGAIN SHOOK HIS HEAD NO WHEN ASKED TO PROVIDE A BREATH SAMPLE

A/O ASKED SUBJECT IF HE WAS REFUSING TO PROVIDE A BREATH SAMPLE

SUBJECT SHOOK HIS HEAD YES WHEN ASKED IF HE WAS REFUSING TO PROVIDE A BREATH SAMPLE

A/O READ RIGHTS

SUBJECT ACKNOWLEDGED HE UNDERSTOOD HIS RIGHTS

SUBJECT DECLINED TO ANSWER QUESTIONS

REFUSED



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

PBSO CASE # 20-077612 PBSO ZONE 3-14

AGENCY CASE # 20-002057 CRASH CASE # _____

TIME OF STOP/CRASH 0324 DATE 06/13/2020 DAY SATURDAY

SUBJECT'S NAME DEL VALLE ELADIO J RACE W SEX M
LAST FIRST MID

HGT 507 WGT 170 DOB 11/05/1979

LOCATION 1203 TOWN CENTER DRIVE

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

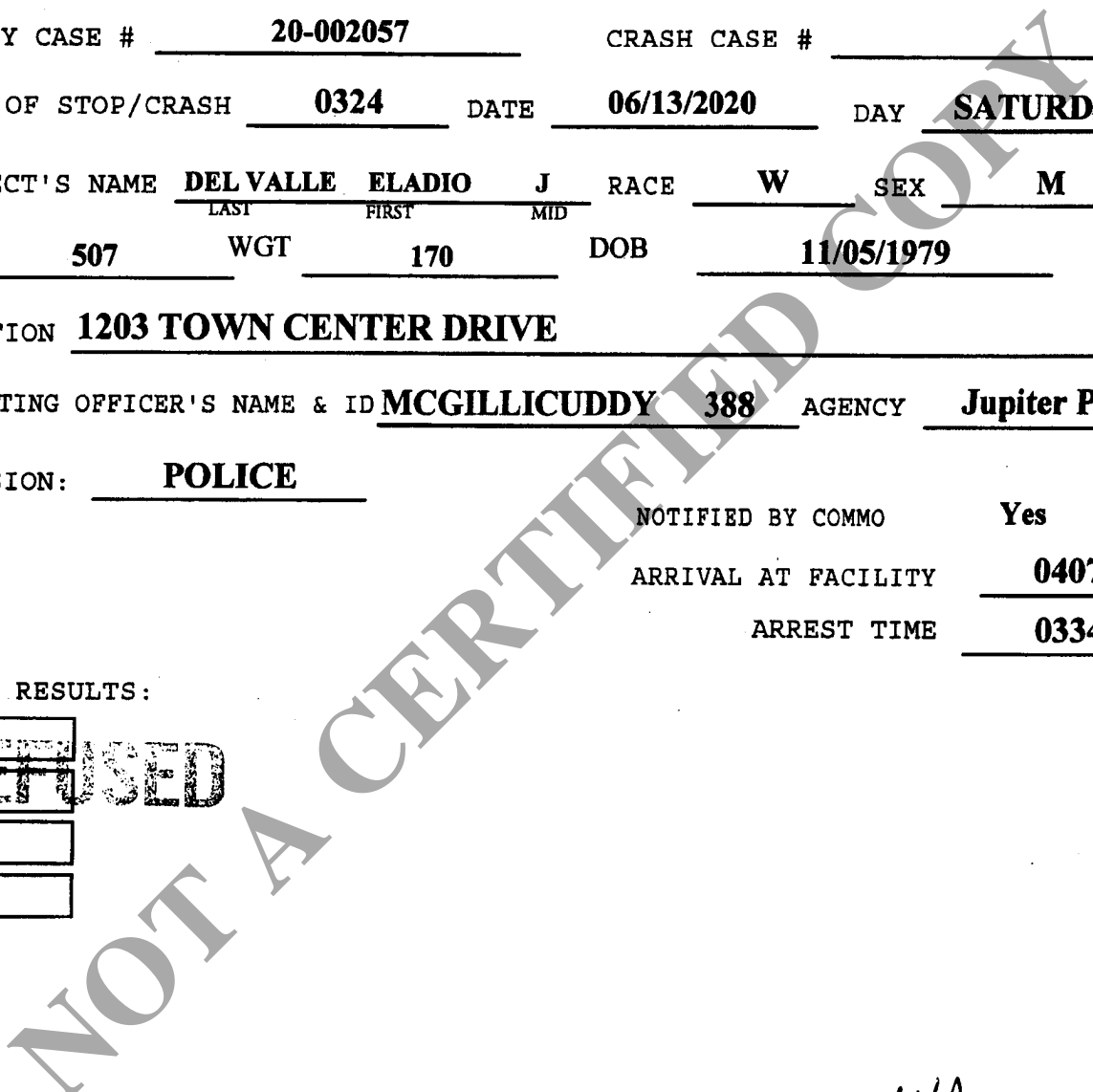
DIVISION: POLICE

NOTIFIED BY COMMO Yes
 ARRIVAL AT FACILITY 0407
 ARREST TIME 0334

BREATH RESULTS:

- 1) **REFUSED**
- 2) **REFUSED**
- 3) _____
- 4) _____

TESTING OFFICER'S ID 8656 PBSO VIDEOTAPE # N/A



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 13TH day of JUNE, 20 20, at 0334 P.M. A.M.

DRIVER ELADIO J DEL VALLE,
(Type or Print) FIRST NAME MIDDLE OR MAIDEN NAME LAST NAME

DL# D414-210-79-405-0, state of FLORIDA, was placed under lawful arrest for
the offense of DUI by Officer MCGILLICUDDY and
(Name of Arresting Officer)
issued Citation # ADB994E.

That on or about the 13TH day of JUNE, 20 20, at 0437 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

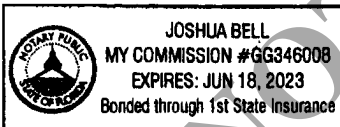
THE AFFIDAVIT MUST BE NOTARIZED OR ATTESTED TO (F.S. 117.10)

The foregoing instrument was sworn and subscribed before me:

Signature of Attesting Officer

Title _____

Date _____



(AFFIX SEAL)

The foregoing instrument was sworn and subscribed before

me this 13TH day of JUNE, 20 20,

by Officer MCGILLICUDDY 388,

who is personally known to me or who has produced

POLICE ID as identification

Notary Public [Signature]

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.

SUBJECT: Del Valle, Eladio J CASE NUMBER: 50-002037

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: Ofc. McGillicuddy # 388

WHITE - STATE ATTY. YELLOW - DHS/MV PINK - CENTRAL RECORDS GOLD - JAIL

SUBJECT: Del Valle, Eladio J CASE NUMBER: 1007

IMPLIED CONSENT FOR DUI IN A MOTOR VEHICLE

NOTE: READ ONLY THE PARAGRAPH APPLICABLE TO THE TYPE OF TEST YOU ARE REQUESTING.

I am now requesting that you submit to a lawful test of your BREATH for the purpose of determining its alcohol content.

-OR-

I am now requesting that you submit to a lawful test of your URINE for the purpose of detecting the presence of chemical or controlled substances.

-OR-

I am now requesting that you submit to a lawful test of your BLOOD for the purpose of detecting its alcohol content and the presence of chemical or controlled substances.

NOTE: READ ONLY IF THE SUBJECT DOES NOT COMPLY WITH YOUR REQUEST.

I am _____ of the _____.

If you fail to submit to the test I have requested of you, your privilege to operate a motor vehicle will be suspended for a period of one (1) year for a first refusal, or eighteen (18) months if your privilege has been previously suspended as a result of a refusal to submit to a lawful test of your breath, urine or blood. Additionally, if you refuse to submit to the test I have requested of you and if your driving privilege has been previously suspended for a prior refusal to submit to a lawful test of your breath, urine or blood, you will be committing a misdemeanor. Refusal to submit to the test I have requested of you is admissible into evidence in any criminal proceeding.

SUBJECT'S SIGNATURE: (X) _____

CONSTITUTIONAL WARNINGS

I AM REQUIRED TO WARN YOU BEFORE YOU MAKE ANY STATEMENTS THAT YOU HAVE THE FOLLOWING RIGHTS:

1. You have the right to remain silent and not answer any questions.
2. Any statement must be freely and voluntarily given.
3. You have the right to the presence of a lawyer of your choice before you make any statement and during any questioning.
4. If you cannot afford a lawyer, you are entitled to the presence of a court appointed lawyer before you make any statements and during any questioning.
5. If at any time during the interview you do not wish to answer any questions, you are privileged to remain silent.
6. I can make no threats or promises to induce you to make a statement. This must be of your own free will.
7. Any statement can and will be used against you in a court of law.

SUSPECT'S SIGNATURE: (X) _____

Read on camera



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: 2020014759	Date: 06/14/2020
	Specialist Name/ID: AM/31562