

0517384 50-2020-MM-005518-AXXX-93 892

ARREST / NOTICE TO APPEAR
Juvenile Referral Report

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

OBTS Number	Agency ORI Number FLO 500000		Agency Name PALM BEACH COUNTY SHERIFF'S OFFICE		Agency Report Number (N.T.A.'s only) 06-20085924	
Charge Type: Check as many as apply.	<input type="checkbox"/> 1. Felony	<input checked="" type="checkbox"/> 2. Traffic Felony	<input checked="" type="checkbox"/> 3. Misdemeanor	<input type="checkbox"/> 4. Traffic Misdemeanor	<input type="checkbox"/> 5. Ordinance	<input type="checkbox"/> 6. Other
Location of Arrest (Including Name of Business) 7800 GLADES ROAD, BOCA RATON, FL. 33433 (SUNTRUST BANK)			Location of Offense (Business Name, Address) 7800 GLADES ROAD, BOCA RATON, FL. 33433 (SUNTRUST BANK)			
Date of Arrest 7/9/2020	Time of Arrest 11:38	Booking Date	Booking Time	Jail Date	Jail Time	Location of Vehicle

Name (Last, First, Middle) MORRIS, EMILY, E						Alias (Name, DOB, Soc. Sec. #, Etc.)		
Race W - White I - American Indian B - Black O - Oriental/Asian	Sex F	Date of Birth 3/17/1982	Height 5'5"	Weight 145	Eye Color BRN	Hair Color BLK	Complexion MED	Build MED
Scars, Marks, Tattoos, Unique Physical Features (Location, Type, Description)				Marital Status MARRIED	Religion NONE	Indication of: Alcohol Influence <input checked="" type="checkbox"/> Y <input type="checkbox"/> N Drug Influence <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> Unk		
Local Address (Street, Apt. Number) 13622 CALLINGTON DRIVE WELLINGTON FL. 33414			City	State	Zip	Phone	Residence Type: 1. City 3. Florida 2. County 4. Out of State 2	
Permanent Address (Street, Apt. Number) SAME AS LOCAL			City	State	Zip	Phone	Address Source FL DRIVER LICENSE	
Business Address (Name, Street)			City	State	Zip	Phone	Occupation	
DL Number, State M620205825970		Soc. Sec. Number		INS Number		Place of Birth (City, State) TEXAS FLA		Citizenship U.S.

Co-Defendant Name (Last, First, Middle) NONE			Race	Sex	Date of Birth	<input type="checkbox"/> 1. Arrested <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"/> 3. Felony	<input type="checkbox"/> 4. Misdemeanor	<input type="checkbox"/> 5. Juvenile
<input type="checkbox"/> Parent	Name (Last)		(First)	(Middle)	Residence Phone			
<input type="checkbox"/> Legal Custodian	Address (Street, Apt. Number)		(City)	(State)	(Zip)	Business Phone		
<input type="checkbox"/> Other:								

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
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.			School Attended		Grade
<input type="checkbox"/> Yes, by: (Name) <input type="checkbox"/> No: (Reason)			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 RESISTING AN OFFICER WITHOUT VIOLENCE			Counts 1	Domestic Violence <input type="checkbox"/> Y <input checked="" type="checkbox"/> N	Statute Violation Number 843.02		Violation of ORD #			
Drug Activity N	Drug Type N	Amount / Unit 0	Offense # 20085924		Warrant / Capias Number		Bond			
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 0	Offense # 20085924		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) DELRAY COURT HOUSE, 200 WEST ATLANTIC AVE, DELRAY BCH, FL. 33444					
Court Date and Time Month JULY Day 27 Year 2020 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					
Signature of Defendant (or Juvenile and Parent /Custodian)				Date Signed 7/5/2020	

HOLD for other Agency Name:		Signature of Arresting Officer TODD BAKER		Name Verification (Printed by Arrestee)	
<input type="checkbox"/> Dangerous	<input type="checkbox"/> Restricted Arrest	Name of Arresting Officer (Print) TODD BAKER		(PRINT)	
<input type="checkbox"/> Suicidal	<input type="checkbox"/> Other:	I.D. # 6202		PAGE	
Intake Deputy	I.D. #	Pouch #	Transporting Officer TODD BAKER	ID # 6202	Agency PBSO
Witness here if subject signed with an "X" <input type="checkbox"/>					

PROBABLE CAUSE AFFIDAVIT

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

1

Juvenile

N

OBTS Number

Agency ORI Number
FLO 500000

Agency Name
PALM BEACH COUNTY SHERIFF'S OFFICE

Agency Report Number
06- 20085924

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

Special Notes:

ADMIN
DEF
CHARGES
VICTIM

Name (Last, First, Middle) **MORRIS, EMILY, E** Alias

Race W Sex F Date of Birth 3/17/1982

Charge Description **RESISTING AN OFFICER WITHOUT VIOLENCE 843.02**

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

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. 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 9 day of JULY 2020 at 11:00 A.M. P.M. (Specifically include facts constituting cause for arrest.)

I WAS DISPATCHED TO 7800 GLADES ROAD, IN UNINCORPORATED BOCA RATON, PALM BEACH COUNTY, TO ASSIST WITH A TRAFFIC CRASH INVESTIGATION (20085907). UPON MY ARRIVAL, I MADE CONTACT WITH EMILY MORRIS, WHO WAS IDENTIFIED BY HER FLORIDA DRIVERS LICENSE. EMILY AND ANOTHER VEHICLE WERE INVOLVED IN A CRASH ON GLADES ROAD IN FRONT OF THE ADDRESS AND BOTHE VEHICLES WERE PARKED ON THE ACCESS ROAD TO THE PLAZA WHEN I ARRIVED. WHILE SPEAKING WITH EMILY I SMELLED A STRONG ODOR OF AN UNKNOWN ALCOHOLIC BEVERAGE EMINATING FROM THE VEHICLE AND HEARD THAT HER SPEECH WAS SLURRED. I INFORMED EMILY AT THAT TIME THAT COMMUNITY SERVICE AID A. SOMMERS WOULD BE COMPLETING THE CRASH INVESTIGATION AND I WAS NOW INVESTIGATING WHETHER SHE WAS OPERATINGT THE VEHICLE WHILE IMPAIRED. UPON COMPLETION OF THE ROADSIDE TASKS I DETERMINED THAT PROBABLE CAUSE EXISTED FOR THE ARREST OF EMILY FOR DRIVING UNDER THE INFLUENCE AND HANDCUFFED HER. WHILE EMILY WAS SITTING ON THE CURB, SHE REMOVED THE HANDCUFFS FROM HER HANDS AND RESISTED MY EFFORTS TO REAPPLY THE HANDCUFFS BEHIND HER BACK, WITHOUT DOING VIOLENCE TO MYSELF. BASED ON THE ABOVE OBSERVATIONS PROBABLE CAUSE EXISTED FOR THE CHARGE OF RESISTING AN OFFICER WITHOUT VIOLENCE.

PROBABLE CAUSE STATEMENT

STATE OF FLORIDA
COUNTY OF PALM BEACH
TODD BAKER
(Signature of Arresting/Investigative Officer)

The foregoing instrument was sworn to or affirmed and subscribed before me this 9 day of JULY 2020 by TODD BAKER

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

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

PAGE
OF

D.U.I. PROBABLE CAUSE AFFIDAVIT

ON THE 9 DAY OF JULY 2020, AT 11:00 AM PM

SUBJECT: MORRIS, EMILY, E CASE NUMBER: 20085924

AGENCY: PALM BEACH COUNTY SHERIFF'S OFFICE ARRESTING OFFICER: TODD BAKER

PERSONAL CONTACT

DRIVING PATTERN: ACTUAL PHYSICAL CONTROL (PHYSICAL EVIDENCE OR STATEMENTS PUTTING DEF. BEHIND WHEEL OF VEHICLE)
NONE- SHE WAS INVOLVED IN A CRASH WITH MINOR INJURIES (20085907). SHE WAS STILL IN CONTROL OF THE VEHICLE WHEN I ARRIVED ON SCENE.

OBSERVATION OF DRIVER:

SHE WAS UNABLE TO STAND ON HER OWN WITHOUT LEANING/SUPPORTING HER WEIGHT AGAINST HER CAR. SHE HAD DIFFICULTY COMPLETING SIMPLE TASKS, SUCH AS GETTING HER PROOF OF INSURANCE FROM HER PHONE, WHEN SHE HAD A COPY OF HER INSURANCE IN HER GLOVE BOX. SHE HAD SEVERAL MEDICATION BOTTLES IN HER PURSE.

DRIVER'S STATEMENTS:

THAT SHE WENT ON A DATE LAST NIGHT AND WAS ON HER WAY HOME, HOWEVER, SHE WAS TRAVELING EAST ON GLADES ROAD IN BOCA RATON AND HER RESIDENCE IS IN WELLINGTON (NORTH & WEST).

ODORS:

A STRONG ODOR OF AN UNKNOWN ALCOHOLIC BEVERAGE EMANATING FROM THE INTERIOR OF THE VEHICLE PASSENGER COMPARTMENT.

GENERAL OBSERVATIONS

SPEECH: SLURRED, SLOW AND PRONOUNCED.

ATTITUDE: ANNOYED, IRRATED AND ANGRY.

CLOTHING: DARK LEGGINGS AND GRAY SHIRT

MEDICAL/OTHER: SHE SAID THAT SHE TAKES MULTIPLE MEDICATIONS AND HAS NO INJURIES THAT WOULD AFFECT HER BALANCE.

STATE OF FLORIDA
COUNTY OF PALM BEACH
TODD BAKER

(Signature of Arresting/Investigative Officer)

The foregoing instrument was sworn to or affirmed and subscribed before me this 9 day of JULY 202020 by _____

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

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

SUBJECT: MORRIS, EMILY, E

CASE NUMBER 20085924

ROADSIDE TASKS

HORIZONTAL GAZE NYSTAGMUS:

LT EYE-LACK OF SMOOTH PURSUIT

RT EYE-LACK OF SMOOTH PURSUIT

LT EYE-DISTINCT & SUSTAINED NYSTAGMUS AT MAX. DEVIATION

RT EYE-DISTINCT & SUSTAINED NYSTAGMUS AT MAX. DEVIATION

LT- EYE-ONSET OF NYSTAGMUS PRIOR TO 45 DEGREES

RT- EYE-ONSET OF NYSTAGMUS PRIOR TO 45 DEGREES

Other Observations:

HORIZONTAL GAZE NYSTAGMUS NOT PERFORMED

WALK & TURN:

SHE LOST HER BALANCE AND RAISED HER HANDS WHILE WALKING AND COMPLETING THE TURN. HER STEPS WERE NOT HEEL TO TOE AND SPACED APART.

ONE LEG STAND:

ON THE FIRST TWO ATTEMPTS SHE LOST HER BALANCE AFTER COUNTING TO NINE AND TEN. SHE RAISED HER ARMS TO REGAIN HER BALANCE. ON HER THIRD ATTEMPT SHE LOST HER BALANCE AFTER COUNTING TO THREE AND LIFTED HER ARMS UP TO REGAIN HER BALANCE.

FINGER TO NOSE:

SHE DID NOT KEEP HER EYES CLOSED AND DID NOT KEEP HER HEAD TILTED BACK. SHE WAS NOT ABLE TO TOUCH THE TIP OF HER NOSE ON THE FIRST TRY. SHE LOST HER BALANCE AND HAD TO LIFT HER ARMS TO REGAIN HER BALANCE.

ROMBERG ALPHABET:

NOT PERFORMED

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

STATE OF FLORIDA
COUNTY OF PALM BEACH

TODD BAKER 

(Signature of Arresting/Investigative Officer)

The foregoing instrument was sworn to or affirmed and subscribed before me this 9 day of JULY, 2020 by _____

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

TESTING FACILITY TASK REPORT

AGENCY: PBSO
SUBJECT: MORRIS, EMILY E
CASE NUMBER: 20-085924
DATE: Jul 9, 2020
VIDEO DVD NUMBER: N/A
BEGINNING TIME: N/A
ENDING TIME: N/A

BREATH TESTS RESULTS: 1) R TIME 1300 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.

BREATH OPERATOR: JOSHUA J BELL #8656
MAINTENANCE TECHNICAN: J. KARLECKE #6467

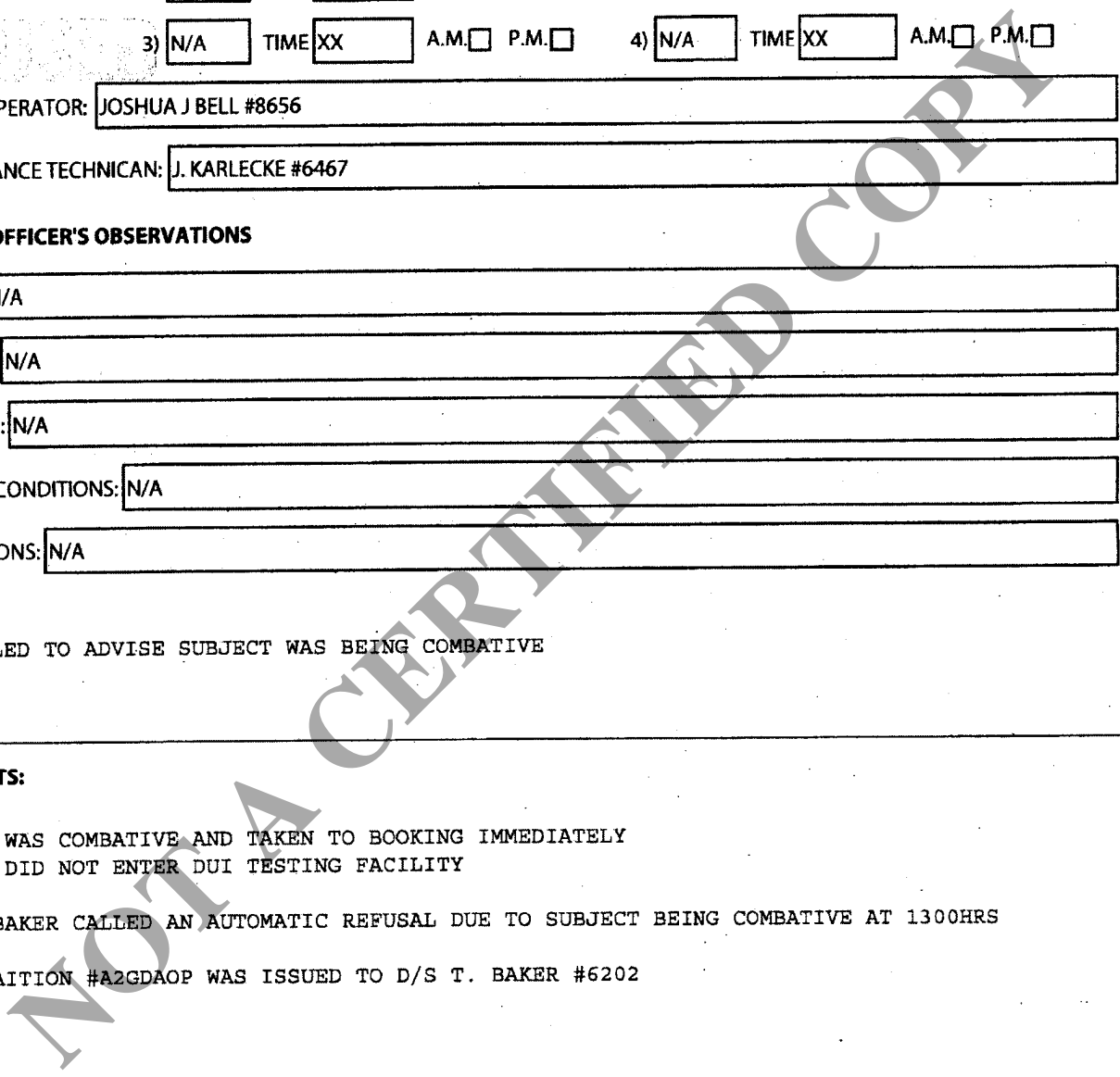
TESTING OFFICER'S OBSERVATIONS

SPEECH: N/A
ATTITUDE: N/A
CLOTHING: N/A
MEDICAL CONDITIONS: N/A
MEDICATIONS: N/A

OTHER:
A/O CALLED TO ADVISE SUBJECT WAS BEING COMBATIVE

COMMENTS:

SUBJECT WAS COMBATIVE AND TAKEN TO BOOKING IMMEDIATELY
SUBJECT DID NOT ENTER DUI TESTING FACILITY
D/S T. BAKER CALLED AN AUTOMATIC REFUSAL DUE TO SUBJECT BEING COMBATIVE AT 1300HRS
DUI CITATION #A2GDAOP WAS ISSUED TO D/S T. BAKER #6202



2020 JUL 10 10:30 AM
PBSO

SUBJECT: Morris, Emily E

CASE NUMBER: 20-085924

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) Not Read Subject was combative

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) Not Read Subject was combative

WHITE - STATE ATTY. YELLOW - DHSMV PINK - CENTRAL RECORDS GOLD - JAIL

SUBJECT: Morris, Emily E CASE NUMBER: 20-085924

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: D/S T. Baker #6202

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

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

am a member of PALM BEACH COUNTY SHERIFF'S OFFICE, and I do swear
(Name of law enforcement agency)

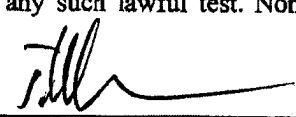
or affirm that on or about the 9 day of JULY, 2020, at 11:38 P.M. A.M.

DRIVER EMILY EDMUNDS MORRIS
(Type or Print) FIRST NAME MIDDLE OR MAIDEN NAME LAST NAME

DL# M620205825970, state of FLORIDA, was placed under lawful arrest for
the offense of DRIVING UNDER THE INFLUENCE by TODD BAKER and
issued Citation # A2GDAOP (Name of Arresting Officer)

That on or about the 9 day of JULY, 202020, at 1:00 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:

Signature of Attesting Officer

Title _____

Date _____

(AFFIX SEAL)
The foregoing instrument was sworn and subscribed before

me this 9 day of JULY, 2020,

by TODD BAKER,

who is personally known to me or who has produced
PERSONALLY KNOWN as identification

Notary Public _____

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.

WITNESS LIST

CASE NUMBER: 20085924

ARRESTING OFFICER: TODD BAKER

ADDRESS: 17901 STATE ROAD 7, BOCA RATON, FL. 33498

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

CAN TESTIFY TO: INVESTIGATION

NAME: KEN UDELL

ADDRESS: 17901 STATE ROAD 7, BOCA RATON, FL. 33498

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

CAN TESTIFY TO: OBSERVING THE ROADSIDE TASKS

NAME: A. SOMMERS

ADDRESS 17901 STATE ROAD 7, BOCA RATON, FL. 33498

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

CAN TESTIFY TO: COMPLETING THE CRASH INVESTIGATION

NAME: _____

ADDRESS _____

PHONE NUMBERS (HOME) _____ (WORK) _____

CAN TESTIFY TO: _____

NAME: _____

ADDRESS _____

PHONE NUMBERS (HOME) _____ (WORK) _____

CAN TESTIFY TO: _____

NAME: _____

ADDRESS _____

PHONE NUMBERS (HOME) _____ (WORK) _____

CAN TESTIFY TO: _____

NAME: _____

ADDRESS _____

PHONE NUMBERS (HOME) _____ (WORK) _____

CAN TESTIFY TO: _____

NAME: _____

ADDRESS _____

PHONE NUMBERS (HOME) _____ (WORK) _____

CAN TESTIFY TO: _____

NAME: _____

ADDRESS _____

PHONE NUMBERS (HOME) _____ (WORK) _____

CAN TESTIFY TO: _____

NAME: _____

ADDRESS _____

PHONE NUMBERS (HOME) _____ (WORK) _____

CAN TESTIFY TO: _____

NAME: _____

ADDRESS _____

PHONE NUMBERS (HOME) _____ (WORK) _____

CAN TESTIFY TO: _____

NOT A CERTIFIED COPY



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: 2020016524	Date: 7/10/2020
	Specialist Name/ID: Gammage/5660