

2020CT007890ASB

Check if Supplement is Attached

ARREST / NOTICE TO APPEAR
Juvenile Referral Report

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

OBTS Number	Agency ORI Number FLO, 5, 0, 0, 0, 0, 0		Agency Name PALM BEACH COUNTY SHERIFF'S OFFICE	Agency Report Number (N.T.A.'s only) 0081261010711031111
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"/>
Location of Arrest (Including Name of Business) 1 E Glades Rd, Boca Raton, #1, 33432			Location of Offense (Business Name, Address) 1 E Glades Road, Boca Raton, #1	

Date of Arrest 062520	Time of Arrest 2:14P	Booking Date 6-25-20	Booking Time	Jail Date 6-25-20	Jail Time	Location of Vehicle Emerald Towing
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Name (Last, First, Middle) Sw: ft Eric Thomas	Alias (Name, DOB, Soc. Sec. #, Etc.)	
Race W - White B - Black	American Indian O - Oriental/Asian	Sex M
Date of Birth 011262	Height 5-11	Weight 220
Eye Color Blue	Hair Color Brown	Complexion LGT
Build Large	Scars, Marks, Tattoos, Unique Physical Features (Location, Type, Description)	

Local Address (Street, Apt. Number) 742 SE 19th Ave, Deerfield Beach, FL, 33441	(City) Deerfield Beach	(State) FL	(Zip) 33441	Phone (954) 695-7996
Permanent Address (Street, Apt. Number) 742 SE 19th Ave, Deerfield Beach, #1, 33441	(City) Deerfield Beach	(State) FL	(Zip) 33441	Phone ()
Business Address (Name, Street) ()	(City) ()	(State) ()	(Zip) ()	Phone ()

D/L Number, State S130-218-62-0D-C	Soc. Sec. Number ()	INS Number ()	Place of Birth (City, State) Rochester, NY	Citizenship U.S.
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Co-Defendant (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 (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"/> Legal Custodian <input type="checkbox"/> Other	Name (Last) ()	(First) ()	(Middle) ()	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 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 (561) 355-6511) 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 R. 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. Synthetic	U. Unknown Z. Other
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Charge Description DUE W / Property Damage	Counts	Domestic Violence <input type="checkbox"/> Y <input checked="" type="checkbox"/> N	Statute Violation Number 3161193111341	Violation of ORD #
Drug Activity	Drug Type	Amount / Unit	Offense #	Warrant / Capias Number
				Bond OR

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) 200 West Atlantic Avenue, Delray Beach, FL, 33444
Court Date and Time Month July Day 27 Year 2020 Time 0830 AM 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 6-25-20

HOLD for other agency	Signature of Arresting Officer X [Signature] 747	Name Verification (Printed by Arrestee) JUN 26 AM 2:13
<input type="checkbox"/> Dangerous <input type="checkbox"/> Suicidal	<input type="checkbox"/> Resisted Arrest <input type="checkbox"/> Other	(PRINT) _____
Intake Deputy [Signature]	D. # Pouch # [Signature]	Transporting Officer [Signature] I.D. # 747
Agency BRP		Witness here if subject signed with an "X" _____ OF _____

0517156

1699

SCANNED

D.U.I. PROBABLE CAUSE AFFIDAVIT

ON THE 25th DAY OF June 2020 AT _____ AM PM _____

SUBJECT: Swift, Eric CASE NUMBER: 2020-7103

AGENCY: Boca Raton Police Dept ARRESTING OFFICER: Van Camp
PERSONAL CONTACT

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

- Rear Ended another Vehicle twice
- Two wheel witnesses
- Witnesses advised he was swerving prior to the crash

OBSERVATION OF DRIVER:

- Slurred Speech
- Disoriented
- Confused
- Inconsistent
- lost
- Pin-Point Pupils
- Lack of Balance
- Shaking

DRIVER'S STATEMENTS:

- Admitted to Driving and Rear ending Another Vehicle
- Said he didn't see the other car stopped.
- Inconsistent on when and where he was going and coming from.

ODORS: None

GENERAL OBSERVATIONS

SPEECH: Slurred / slow / Delayed

ATTITUDE: Cooperative / Confused / Disoriented

CLOTHING: Normal

MEDICAL/OTHER: Back Injury

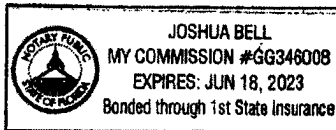
STATE OF FLORIDA
COUNTY OF PALM BEACH

(Signature of Arresting/Investigative Officer)

The foregoing instrument was sworn to or affirmed and subscribed before me this 25 day of June 2020 by OFC. Van Camp

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

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



SUBJECT: Swift, Eric

CASE NUMBER: 2020-7103

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:

WALK & TURN: 30 second Estimation - Estimated 30 seconds in 1 minute and twenty eight seconds

ONE LEG STAND: Number Sequence (30-60) - No issues.

FINGER TO NOSE: Missed the tip of his nose several times
Shaky
off Balance - held Finger to Nose
opened Eyes
Raised waing arm / Fingers

ROMBERG/ALPHABET: No issues

BREATH TEST RESULTS: .000 / .000

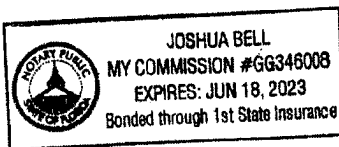
STATE OF FLORIDA
COUNTY OF PALM BEACH


(Signature of Arresting/Investigative Officer)

The foregoing instrument was notarized or sworn before me this 25 day of June, 2020 by OFC. Van Camp

who is personally known to me and/or produced identification. Type of identification produced Known


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



SUBJECT: Swift, Eric T CASE NUMBER: _____

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? Yes

WHERE WERE YOU GOING? Home

WHAT STREET OR HIGHWAY WERE YOU ON? Dixie - Not Sure

DIRECTION OF TRAVEL? East WHERE DID YOU START? Friends House

WHAT TIME DID YOU START? 8:00 AM WHAT TIME IS IT NOW? 10:00 PM

WHAT IS TODAY'S DATE? 32nd - April / May WHAT DAY OF THE WEEK IS IT? Thursday

WHAT COUNTY AND CITY ARE YOU IN NOW? Broward

WHEN DID YOU LAST EAT? 12:30 PM WHAT DID YOU EAT? Orange / Protein Drink

WHAT HAVE YOU BEEN DOING FOR THE LAST THREE HOURS? Bank with friend / Home / Cleaned Apt

HOW MUCH DO YOU WEIGH? 220 HAVE YOU BEEN DRINKING? No 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? No

HAVE YOU CONSUMED ANY ALCOHOL SINCE THE ACCIDENT? / HOW MUCH? /

WHAT? / WHERE? / WHEN? /

WHAT LINE OF WORK ARE YOU IN? Disability WHEN DID YOU LAST WORK? 6 weeks

DO YOU HAVE ANY PHYSICAL DEFECTS OR INJURIES? Yes WHAT? Back Surgeries / Rotator Cuff - Back

ARE YOU SICK OR INJURED? Yes WHAT'S WRONG? Physical Pain

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

WERE YOU IN AN ACCIDENT TODAY? Yes

HAVE YOU TAKEN ANY DRUGS OR SMOKED ANY MARIJUANA TODAY? Yes - Two Times WHEN? /

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

ARE YOU TAKING ANY PRESCRIPTION MEDICINES? Celebrex / Vicodin 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>Yes - control it</u>

DO YOU HAVE ANY PROBLEMS WITH YOUR EYES THAT ARE NOT CORRECTED BY GLASSES? No

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

HAVE YOU EVER HAD A DRIVER'S LICENSE IN ANY OTHER STATE? Yes WHERE? FL

INTERVIEWER: Off. Van Camp # 747

SUBJECT: Swift, Eric T

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) _____

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



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

PBSO CASE # 20-081742 PBSO ZONE 7-11

AGENCY CASE # 2020-7301 CRASH CASE # _____

TIME OF STOP/CRASH 2040 DATE 06/25/20 DAY THURSDAY

SUBJECT'S NAME SWIFT, ERIC T RACE W SEX M

HGT 5'10 WGT 220 DOB 01/12/1962

LOCATION 1 E. GLADES ROAD

ARRESTING OFFICER'S NAME & ID VAN CAMP #747 AGENCY BRPD

DIVISION: _____

NOTIFIED BY COMMO YES

ARRIVAL AT FACILITY 2225

BREATH RESULTS:

Arrest Time 2147

1. .000

2. .000

3. URINE REFUSAL

4. N/A

TESTING OFFICER'S ID BELL 8656

NOT A CERTIFIED COPY

TESTING FACILITY TASK REPORT

AGENCY: BRPD
SUBJECT: SWIFT, ERIC T
CASE NUMBER: 20-081742
DATE: Jun 25, 2020
VIDEO DVD NUMBER: N/A
BEGINNING TIME: 2253
ENDING TIME: 2313

BREATH TESTS RESULTS: 1) .000 TIME 2257 A.M. P.M. 2) .000 TIME 2300 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: SLOW
ATTITUDE: QUIET, COOPERATIVE
CLOTHING: ORANGE TEE SHIRT, WHITE SHORTS, BLACK FLIP FLOPS
MEDICAL CONDITIONS: TORN ROTATOR CUFFS, HIGH BLOOD PRESSURE, HURNIATED DISK
MEDICATIONS: NAPROXEN, CELEBREX

OTHER:

EYES: GLASSY, CONSTRICTED PUPILS

SUBJECT STATED HE SMOKED 2 TOKES OF MARIJUANA IN THE MORNING (Q AND A)

COMMENTS:

ARRIVED AT DUI TESTING FACILITY AND BEGAN THE 20 MINUTE OBSERVATION AT 2225 HOURS

SUBJECT STATED HE WOULD TAKE BREATH TEST

TECH READ BREATH TEST RESULTS

SUBJECT STATED HE UNDERSTOOD BREATH TEST RESULTS

A/O REQUESTED A URINE SAMPLE

SUBJECT STATED HE WOULD PROVIDE A URINE SAMPLE

A/O READ I.C AND EXPLAINED

SUBJECT STATED HE UNDERSTOOD I.C

A/O READ RIGHTS

SUBJECT STATED HE UNDERSTOOD HIS RIGHTS

A/O CONDUCTED Q AND A

SUBJECT ANSWERED QUESTIONS

SUBJECT WAS UNABLE TO PROVIDE A URINE SAMPLE

A/O CALLED A REFUSAL AT 2328PM

REFUSED

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

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

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

or affirm that on or about the 25th day of June, 2020, at 9:47 P.M. A.M.

DRIVER Eric Thomas Swift
(Type or Print) FIRST NAME MIDDLE OR MAIDEN NAME LAST NAME

DL# S130-218-62-012-0, state of Florida, was placed under lawful arrest for

the offense of DUI by Ofc. VanCamp and
(Name of Arresting Officer)

issued Citation # ABLQAVE

That on or about the 25 day of June, 2020, at 11:28 P.M. A.M.

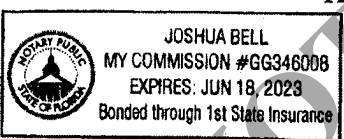
in Palm Beach County,

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:



(AFFIX SEAL)

The foregoing instrument was sworn and subscribed before
me this 25 day of June, 2020,
by Ofc. VanCamp,

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

Notary Public [Signature]

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.

FLORIDA DEPARTMENT OF LAW ENFORCEMENT
ALCOHOL TESTING PROGRAM
BREATH ALCOHOL TEST AFFIDAVIT

Instrument Type: Intoxilyzer 8000
Instrument Registered To: PALM BEACH CO SO
Instrument Serial Number: 80-006240 Software: 8100.27
Date of Test: 06/25/2020

Date of Last Agency Inspection: 05/15/2020
Observation Period Began: 22:25
Subject's Name: ERIC T SWIFT

DOB: 01/12/1962 Sex: M

The subject was observed for at least twenty-minutes prior to the administration of the breath test to ensure that the subject did not take anything orally and did not regurgitate.

Results:	Test	g/210L	Time
	Diagnostics Check	OK	22:55
	Air Blank	0.000	22:55
	Control Test	0.080	22:55
	Air Blank	0.000	22:56
	Subject Sample #1	0.000	22:57
	Air Blank	0.000	22:57
	Air Blank	0.000	22:59
	Subject Sample #2	0.000	23:00
	Air Blank	0.000	23:00
	Control Test	0.081	23:01
	Air Blank	0.000	23:01
	Diagnostics Check	OK	23:01

Cylinder Lot: 13518080A5
Exp: 08/05/2020

State of Florida, County of Palm Beach

Personally appeared before me the undersigned authority, who () is personally known to me or () produced _____ as identification, and who after being placed under oath, states:

I JOSHUA J BELL, hold a valid Breath Test Operator permit issued by the Florida Department of Law Enforcement, I administered the above breath test to the subject named above in accordance with Chapter 11D-8, Florida Administrative Code, and this form is a true and accurate report of that breath test.

Breath Test Operator: _____

Signature

Date: 6/25/20

Sworn to (or affirmed) before me this 25 day of JUNE, 2020

Signature of Notary Public-State of Florida

Printed Name of Notary Public-State of Florida

Note: Pursuant to section 117.10, Florida Statutes, law enforcement officers, correctional officers, traffic accident investigation officers and traffic infraction enforcement officers are notaries public when engaged in the performance of official duties. In accordance with section 316.1934(5), F.S., this completed form is admissible without further authentication and is presumptive proof of the results herein. To be used in accordance with Section 316.1934(5), F.S., and in administrative proceedings pursuant to 322.2615, F.S.



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: 2020015618	Date: 6/26/2020
	Specialist Name/ID: Gammage/5660

VAN CAMP
(747)

202007301



FLORIDA DUI UNIFORM TRAFFIC CITATION

A6LQAVE

COUNTY OF **PALM BEACH** (1) F.M.P. (2) P.D. (3) S.O. (4) OTHER
 CITY IF APPLICABLE **BOCA RATON 06/32** AGENCY NAME **BOCA RATON POLICE**
 AGENCY # **32**

IN THE COURT DESIGNATED BELOW THE UNDERSIGNED CERTIFIES THAT HE/SHE HAS JUST AND REASONABLE GROUNDS TO BELIEVE AND DOES BELIEVE THAT ON

DAY OF WEEK **THURSDAY** MONTH **06** DAY **25** YEAR **2020** 11:48 A.M. P.M.

NAME (PRINT) FIRST **ERIC** MIDDLE **THOMAS** LAST **SWIFT**
 STREET **742 SE 19TH AVE - APT 7** IF DIFFERENT THAN ONE ON DRIVER LICENSE "T" HERE

CITY **DEERFIELD BEACH** STATE **FL** ZIP CODE **33441**

TELEPHONE NUMBER _____ DATE OF BIRTH MO **01** DAY **12** YEAR **1962** RACE **W** SEX **M** HGT **511**

DRIVER LICENSE NUMBER **S 1 3 0 2 1 8 6 2 0 1 2 0** STATE **FL** CLASS **E** COL LICENSE TR LICENSE EXP **2024** COMMERCIAL VEHICLE

TR. VEHICLE **2013** MAKE **HYUN** STYLE **UT** COLOR **WHI** PLACARDED HAZARDOUS MATERIAL

VEHICLE LICENSE NO. **JRAH63** TRAILER TAG NO. _____ STATE **FL** YEAR TAG EXPIRES **2021** 2 OR MORE PASSENGERS

UPON A PUBLIC STREET OR HIGHWAY, OR OTHER LOCATION, NAMELY **1 E GLADES RD, BOCA RATON** MOTORCYCLE

COMpanion CITATION(s) YES NO

FT. _____ MILES OF ROAD

DID UNLAWFULLY COMMIT THE OFFENSE OF DRIVING UNDER THE INFLUENCE OF ALCOHOLIC BEVERAGES, CHEMICAL OR CONTROLLED SUBSTANCES; DID DRIVE, OR WAS IN ACTUAL PHYSICAL CONTROL OF A VEHICLE, WHILE UNDER THE INFLUENCE OF AN ALCOHOLIC BEVERAGE/CHEMICAL SUBSTANCE/CONTROLLED SUBSTANCE TO THE EXTENT NORMAL FACULTIES WERE IMPAIRED, OR WITH A BLOOD OR BREATH ALCOHOL LEVEL OF .08 OR ABOVE OF

CHARGES PERTAINING TO OFFENSE (Only use offense code if any)

DUI - PROPERTY DAMAGE / INJURY TO PROPERTY OR F.A.M. YES NO

AGGRESSIVE DRIVER PASSENGER IN YEARS YES NO STATE STATUTE SECTION **316.193** SUB-SECTION **(3C1)**

CRASH YES NO DAMAGE TO OTHER PROPERTY YES NO RELIANT TO ANOTHER YES NO SEVERE BODILY INJURY TO ANOTHER YES NO

THIS IS A CRIMINAL VIOLATION, COURT APPEARANCE REQUIRED, AS INDICATED BELOW.

COURT DATE **07/27/2020** **0830**

THE **A6LQAVE**
SOUTH COUNTY COURTHOUSE
200 W ATLANTIC AVE, DELRAY BCH, FL 33444

ARREST DELIVERED TO _____ DATE _____

I AGREE AND PROMISE TO COMPLY AND ANSWER TO THE CHARGES AND INSTRUCTIONS SPECIFIED IN THIS CITATION. WILLFUL REFUSAL TO ACCEPT AND SIGN THE CITATION MAY RESULT IN ARREST. UNDERSTAND MY SIGNATURE IS NOT AN ADMISSION OF GUILT OR WAIVER OF RIGHTS. IF YOU NEED REASONABLE FACILITY ACCOMMODATIONS TO COMPLY WITH THIS CITATION, CONTACT THE CLERK OF THE COURT.

X SIGNATURE OF VIOLATOR

EFFECTIVE IMMEDIATELY, YOUR DRIVING PRIVILEGE IS SUSPENDED/DISQUALIFIED FOR:

DRIVING WITH AN UNLAWFUL BLOOD OR BREATH ALCOHOL LEVEL. THIS SUSPENSION IS FOR A PERIOD OF SIX MONTHS IF THIS IS THE FIRST VIOLATION OR ONE YEAR IF PREVIOUSLY SUSPENDED FOR DRIVING WITH AN UNLAWFUL BLOOD OR BREATH ALCOHOL LEVEL. IF YOU HOLD A CDL OR YOU ARE OPERATING A CMV YOUR COMMERCIAL DRIVER LICENSE/PRIVILEGE WILL ALSO BE DISQUALIFIED FOR ONE YEAR FOR THE FIRST OFFENSE OR PERMANENTLY DISQUALIFIED FOR A SUBSEQUENT OFFENSE.

REFUSAL TO SUBMIT TO LAWFUL BREATH, BLOOD OR URINE TEST SECTION 322.2615, F.S. THIS SUSPENSION IS FOR A PERIOD OF ONE YEAR IF THIS IS A FIRST REFUSAL OR 18 MONTHS IF PREVIOUSLY SUSPENDED FOR THIS OFFENSE. IF YOU HOLD A CDL OR YOU ARE OPERATING A CMV, YOUR COMMERCIAL DRIVER LICENSE/PRIVILEGE WILL ALSO BE DISQUALIFIED FOR A PERIOD OF ONE YEAR FOR A FIRST REFUSAL OR PERMANENTLY DISQUALIFIED FOR A SUBSEQUENT REFUSAL.

LICENSE SURRENDERED? YES NO REASON _____

ELIGIBLE FOR PERMIT? YES NO REASON _____

UNLESS INELIGIBLE, THIS CITATION SHALL SERVE AS A TEMPORARY DRIVER LICENSE AND WILL EXPIRE AT MIDNIGHT ON THE 10TH DAY FOLLOWING THE DATE OF SUSPENSION.

AT THE **LANTANA 33462-1516** BUREAU OF ADMINISTRATIVE REVIEWS OFFICE, YOU MAY REQUEST, WITHIN 10 DAYS AFTER THE DATE OF SUSPENSION, A REVIEW OF SUSPENSION BY THE DEPARTMENT OF HIGHWAY SAFETY AND MOTOR VEHICLES OR A REVIEW TO DETERMINE ELIGIBILITY FOR A RESTRICTED LICENSE IF THIS IS YOUR FIRST DUI RELATED OFFENSE. SEE REVERSE SIDE.

PAIK - SIGNATURE OF OFFICER _____ RANCE NO. _____ ID NO. _____ TROOP UNIT _____

HSMV 7884 (Rev. 10/14)

NOT A CERTIFICATE