

0514501

20CT 1992 MB 373

ARREST / NOTICE TO APPEAR  
Juvenile Referral Report

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

OBTS Number	Agency ORI Number <b>FLO 500000</b>	Agency Name <b>PALM BEACH COUNTY SHERIFF'S OFFICE</b>	Agency Report Number (N.T.A.'s only) <b>06-20033484</b>
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	Weapon Seized / Type 2 1. Yes 2. No N/A	Multiple Clearance Indicator 01	
Location of Arrest (Including Name of Business) <b>JOG RD/ LANTANA RD WEST PALM, FL, 33467</b>		Location of Offense (Business Name, Address) <b>JOG RD/ LANTANA RD , WEST PALM, FL, 33467</b>	
Date of Arrest <b>02/03/2020</b>	Time of Arrest <b>00:10</b>	Booking Date	Booking Time
Name (Last, First, Middle) <b>Wehder, Klaus, Alexander</b>		Alias (Name, DOB, Soc. Sec. #, Etc.)	

Race W - White I - American Indian B - Black O - Oriental/Asian <b>W M</b>	Sex <b>M</b>	Date of Birth <b>2/19/1988</b>	Height <b>5'06</b>	Weight <b>170</b>	Eye Color <b>BRN</b>	Hair Color <b>BLK</b>	Complexion <b>MED</b>	Build <b>MED</b>
Scars, Marks, Tattoos, Unique Physical Features (Location, Type, Description)				Marital Status <b>Single</b>	Religion	Indication of Alcohol Influence Drug Influence Y N Unk. <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		
Local Address (Street, Apt. Number) <b>419 Nw 9th Ave, Fort Lauderdale, FL 33311</b>				Phone <b>( ) UNK</b>	Residence Type: 1. City 2. County 3. Florida 4. Out of State <b>3</b>			
Permanent Address (Street, Apt. Number)				Phone <b>( )</b>	Address Source <b>FL DL</b>			
Business Address (Name, Street)				Phone <b>( )</b>	Occupation			
D/L Number, State <b>W360501880590, FL</b>		Social Security Number		INS Number		Place of Birth (City, State) <b>HAITI</b>		Citizenship <b>YS</b>

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
Parent <input type="checkbox"/> Legal Custodian <input type="checkbox"/> Other:	Name (Last)	(First)	(Middle)	Residence Phone	
Address (Street, Apt. Number)			(City)	(State)	(Zip)
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 355-2528) informed of any change of address.			School Attended
<input type="checkbox"/> Yes, by: (Name) <input type="checkbox"/> No: (Reason)			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 <b>DUI</b>						Counts <b>1</b>	Domestic Violence <input type="checkbox"/> Y <input checked="" type="checkbox"/> N	Statute Violation Number <b>316.193(1A)</b>	Violation of ORD #	
Drug Activity <b>N</b>	Drug Type <b>N</b>	Amount / Unit	Offense # <b>20033484</b>		Warrant / Capias Number	Bond <b>OR</b>				
Charge Description <b>REFUSAL TO ACCEPT SUMMONS</b>						Counts <b>1</b>	Domestic Violence <input type="checkbox"/> Y <input checked="" type="checkbox"/> N	Statute Violation Number <b>318.14(3)</b>	Violation of ORD #	
Drug Activity <b>N</b>	Drug Type <b>N</b>	Amount / Unit	Offense # <b>20033484</b>		Warrant / Capias Number	Bond <b>OR</b>				
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) <b>3228 GUN CLUB RD WEST PALM BEACH FL 33406</b>			
Court Date and Time Month <b>2</b> Day <b>27</b> Year <b>2020</b> Time <b>0830</b>			
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) <b>REFUSED</b>			Date <b>02/03/2020</b>

HOLD for other Agency Name:	Signature of Arresting Officer <b>X</b>	Name Verification (Required by Arresting Officer) <b>INV G. LYNCH 8568</b>	ID # <b>8568</b>
<input type="checkbox"/> Dangerous <input type="checkbox"/> Suicidal	<input type="checkbox"/> Resisted Arrest <input type="checkbox"/> Other:	Name of Arresting Officer (Print) <b>INV G. LYNCH 8568</b>	ID # <b>8568</b>
State Deputy <b>35</b>	Pouch #	Transporting Officer <b>INV G. LYNCH 8568</b>	Agency <b>PBSO</b>
Witness here if subject signed with an "X"			PAGE <b>1 OF 1</b>

SCANNED

FEB 03 2020

FILED  
FEB 03 2020  
(CRIM)

# D.U.I. PROBABLE CAUSE AFFIDAVIT

ON THE 2 DAY OF FEB 2020, AT 23:10 AM  PM

SUBJECT: Wehder, Klaus, Alexander CASE NUMBER: 20033484

AGENCY: PALM BEACH COUNTY SHERIFF'S OFFICE ARRESTING OFFICER: INV G. LYNCH 8568

## PERSONAL CONTACT

DRIVING PATTERN: Actual physical control (physical evidence or statements putting def. behind wheel of vehicle)

On 2/2/20 I responded to Jog Rd/ Lantana Rd, in Palm Beach County, in reference to a suspicious vehicle, stopped in the intersection. Prior to my arrival the complainant advised that there was a white male, later identified as Klaus Wehder, in the driver seat unconscious but breathing.

I spoke with the complainant, Ronald Anderson, who advised that Palm Beach County Fire Rescue arrived on scene and began medical care, in the back of the ambulance. While treating Klaus he became very combative, attempting to kick paramedics and spitting.

Paramedics had to secure Klaus to the gurney and place a spit mask on him. Anderson positively identified Klaus as the driver. Based on Klaus's condition and behavior paramedics deemed it needed to transport Klaus to the hospital. Palm Beach County Fire Rescue then transported Klaus to Bethesda West Hospital for treatment, and I followed.

I spoke with paramedics who advised that when they arrived on scene Klaus was unresponsive but breathing. In order to treat Klaus they had to remove him from the vehicle and placed him in the ambulance. Once in the ambulance Klaus became very combative and attempted to kick them and spit. They restrained Klaus and placed a spit mask on him so they could continue treatment.

## OBSERVATION OF DRIVER:

Upon arrival at the hospital Klaus continued to be combative and pulled out of the restraint, attempting to fight with the paramedics. I assisted the paramedics with re-restraining Klaus to the gurney. I could then smell the odor of an unknown alcoholic beverage coming from Klaus's breath, which got stronger when he spoke, and his speech was slurred. Klaus's eyes were glassy and bloodshot. Klaus's movements were slow and uncoordinated. Klaus continued to be combative yelling at the nursing staff and tensing up attempting to pull out of the restraints.

I spoke with Klaus's attending doctor who stated that Klaus would be released shortly. Approximately 20-30 minutes later Klaus was released from the hospital. Due to his combative behavior performing standard field sobriety tasks was not practical. Based on my investigation I found probable cause to arrest Klaus for DUI pursuant to Florida State Statute 316.193 (1). While escorting Klaus to my patrol car he was extremely unstable and had to assist while walking, to keep from falling.

## DRIVER'S STATEMENTS:

## ODORS:

**STRONG ODOR OF AN UNKNOWN ALCOHOLIC BEVERAGE COMING FROM SUBJECT'S BREATH.**

## GENERAL OBSERVATIONS

SPEECH: Slurred

ATTITUDE: Mood swings from hostile to calm

CLOTHING: \_\_\_\_\_

MEDICAL/OTHER: NONE

STATE OF FLORIDA  
COUNTY OF PALM BEACH

INV G. LYNCH 8568

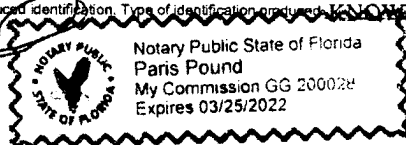
(Signature of Arresting/Investigative Officer)

The foregoing instrument was sworn to or affirmed and subscribed before me this 3 day of FEB 2020 by INV G. LYNCH 8568

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

Paris Pound (#24639)

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



FEB 03 2020

SUBJECT: Wehder, Klaus, Alexander

CASE NUMBER 20033484

**ROADSIDE TASKS**

**HORIZONTAL GAZE NYSTAGMUS:**

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

**Other Observations:**

**NOT PERFORMED DUE TO SUBJECT BEING COMBATIVE**

**WALK & TURN:**

**NOT PERFORMED DUE TO SUBJECT BEING COMBATIVE**

**ONE LEG STAND:**

**NOT PERFORMED DUE TO SUBJECT BEING COMBATIVE**

**FINGER TO NOSE:**

**NOT PERFORMED DUE TO SUBJECT BEING COMBATIVE**

**ROMBERG ALPHABET:**

**NOT PERFORMED DUE TO SUBJECT BEING COMBATIVE**

**BREATH TEST RESULTS:**

STATE OF FLORIDA  
COUNTY OF PALM BEACH

INV G. LYNCH 8568

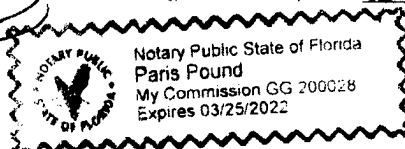
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(Print name of Arresting/Investigative Officer), who is personally known to me and/or produced identification. Type of identification produced KNOWN

**Paris Pound (#24639)**

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



SCANNED  
FEB 03 2020

# TESTING FACILITY TASK REPORT

AGENCY: PRSO

SUBJECT: WEHDER, KLAUS A CASE NUMBER: 20-033484

DATE: 02/03/20 VIDEOTAPE NUMBER: N/A

BEGINNING TIME: 01:13 ENDING TIME: 01:22

BREATH TESTS RESULTS: 1) R TIME 01:21 (A.M./P.M.) 2) N/A TIME --- A.M./P.M.  
3) N/A TIME --- A.M./P.M. 4) N/A TIME --- A.M./P.M.

BREATH OPERATOR: P. POUND # 24639

MAINTENANCE TECHNICIAN: J. KARLCKE # 6467

## TESTING OFFICER'S OBSERVATIONS

SPEECH: SLURRED

ATTITUDE: SLEEPY QUIET, CALM

CLOTHING: BLUE JEANS SHORTS, NO SHIRT, WHITE SLIPPERS

MEDICAL CONDITIONS: NONE

MEDICATIONS: NONE

OTHER: EYES GLASSY + BLOODSHOT

COMMENTS: ARRIVED AT CENTER A/O BEGAN THE 20  
MINUTE OBSERVATION PERIOD AT 00:50 HRS.

Δ. AGREED TO TAKE TEST.

Δ. CAME UP TO INSTRUMENT AND REFUSED  
TO FOLLOW INSTRUCTIONS. A/O WALKED Δ. BACK TO  
SEAT.

A/O READ I/c

Δ. REFUSED TO ANSWER IF HE UNDERSTOOD  
I/c

A/O READ RIGHTS

Δ. STATED HE UNDERSTOOD RIGHTS

SCANNED G+A CONDUCTED.

FEB 03 2020

**REFUSED**

SUBJECT: WEHDER, KLAUS A CASE NUMBER: 20-033484

## 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.

SCANNED

FEB 03 2020

SUSPECT'S SIGNATURE: (X) READ ON CAMERA

SUBJECT: WEHDER, KLAUS A

CASE NUMBER: 20-033484

### 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? \_\_\_\_\_

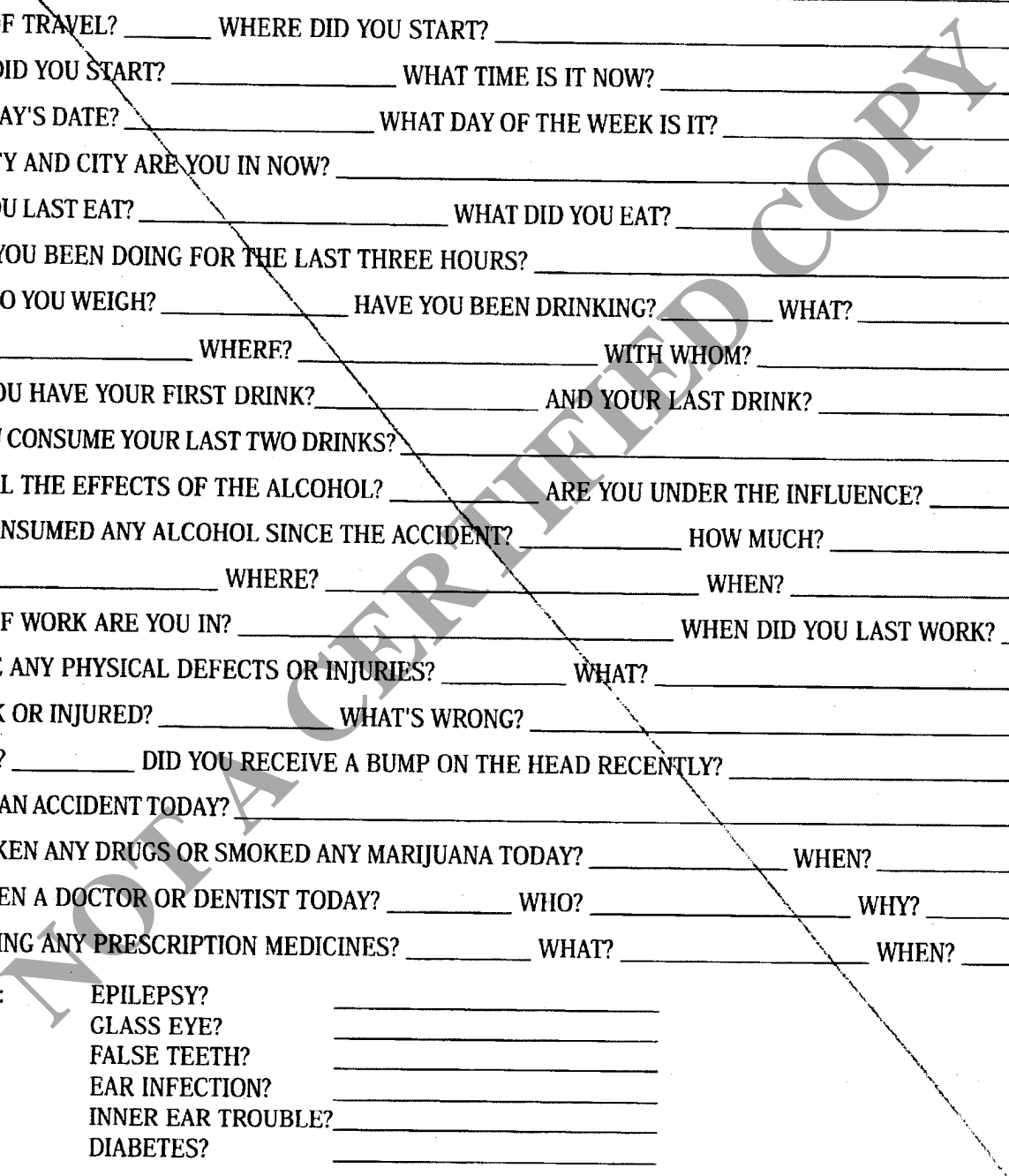
DO YOU HAVE ANY PROBLEMS WITH YOUR EYES THAT ARE NOT CORRECTED BY GLASSES? \_\_\_\_\_

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: \_\_\_\_\_

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



SCANNED  
FEB 03 2005

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: 80-006478 Software: 8100.27  
Date of Test: 02/03/2020

Date of Last Agency Inspection: 01/17/2020  
Observation Period Began: 00:50  
Subject's Name: KLAUS A WEHDER DOB: 02/19/1988 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	01:16
	Air Blank	0.000	01:17
	Control Test	0.081	01:17
	Air Blank	0.000	01:19
	Subject Sample #1 REF*		01:21
	Air Blank	0.000	01:21
	Control Test	0.081	01:22
	Air Blank	0.000	01:22
	Diagnostics Check	OK	01:22

\*Subject Test Refused

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 PARIS D. POUND, 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: 02/03/20  
Signature

Sworn to (or affirmed) before me this 3rd day of FEBRUARY, 2020

Signature of Notary Public-State of Florida [Signature] Printed Name of Notary Public-State of Florida IND. G. LYNCH

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(3), 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(3), F.S., and in administrative proceedings pursuant to 322.2615, F.S.

SCANNED

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

I, INV. G. LYNCH 8568, a duly certified Law Enforcement Officer or Correctional Officer,  
(Name of Officer reading Implied Consent Warning)

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

or affirm that on or about the 3 day of FEB, 20 20, at 00:10  P.M.  A.M.

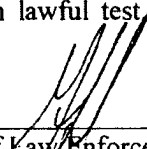
DRIVER KLAUS ALEXANDER WEHDER  
(Type or Print) FIRST NAME MIDDLE OR MAIDEN NAME LAST NAME

DL# W360501880590, state of FL, was placed under lawful arrest for  
the offense of DUI by INV. G. LYNCH 8568 and  
(Name of Arresting Officer)  
issued Citation # A2GD17P

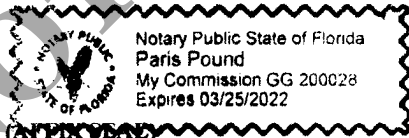
That on or about the 3 day of FEB, 20 20, at 01:21  P.M.  A.M.

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

The foregoing instrument was sworn and subscribed before

me this 3 day of FEB, 20 20,

by INV. G. LYNCH 8568,

who is personally known to me or who has produced

KNOWN as identification

Notary Public 

Title \_\_\_\_\_

Date \_\_\_\_\_

Note: Mail or hand deliver to the designated Bureau of Administrative Reviews office, Department of Highway Safety and Motor Vehicles, with the driver's license, the appropriate copy of the UTC, and the probable cause affidavit.

SCANNED HSMY-HART007 (REV. 10/2016)

FEB 03 2020

# WITNESS LIST

CASE NUMBER: 20033484

ARRESTING OFFICER: INV G. LYNCH 8568

ADDRESS: HQ

PHONE NUMBERS (HOME): \_\_\_\_\_ (WORK) 561 688 3000

CAN TESTIFY TO: FACTS OF CASE

NAME: RONALD ANDERSON

ADDRESS: 1112 FILER RD, LAKE WORTH, FL, 33461

PHONE NUMBERS (HOME) 561 660 5218 (WORK) 0

CAN TESTIFY TO: INITIAL CONTACT

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: \_\_\_\_\_

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

ADDRESS \_\_\_\_\_

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

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

ADDRESS \_\_\_\_\_

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ADDRESS \_\_\_\_\_

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

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

ADDRESS \_\_\_\_\_

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

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

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

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

ADDRESS \_\_\_\_\_

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

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

SCANNED  
FEB 03 2020



# 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: 2020003754	Date: 02/03/2020
	Specialist Name/ID: T Howard/7185

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