

0521985

50.2021-CT-004002 - AMB

3225

ARREST / NOTICE TO APPEAR  
Juvenile Referral Report

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

Juvenile  N

ADMINISTRATIVE	OBTS Number		Agency ORI Number <b>FLO 500000</b>		Agency Name <b>PALM BEACH COUNTY SHERIFF'S OFFICE</b>		Agency Report Number (N.T.A.'s only) <b>06-21-044505</b>				
	Charge Type: Check as many as apply. <input type="checkbox"/> 1. Felony <input type="checkbox"/> 2. Traffic Felony		<input 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 <input type="checkbox"/> 1. Yes <input type="checkbox"/> 2. No				
	Location of Arrest (Including Name of Business) <b>15000 block of S Military Trail, Delray Beach FL</b>				Location of Offense (Business Name, Address) <b>15000 block of S Military Trail, Delray Beach FL</b>						
DEFENDANT	Date of Arrest	Time of Arrest	Booking Date	Booking Time	Jail Date	Jail Time	Location of Vehicle <b>Sisters Tow</b>				
	Name (Last, First, Middle) <b>Loftis, Marissa, Kay</b>		Alias (Name, DOB, Soc. Sec. #, Etc.)								
	Race W - White I - American Indian B - Black O - Oriental/Asian	Sex W F	Date of Birth <b>8/8/1986</b>	Height <b>5'11</b>	Weight <b>150</b>	Eye Color <b>GR</b>	Hair Color <b>BL</b>	Complexion <b>Lgt</b>	Build <b>Med</b>		
Scars, Marks, Tattoos, Unique Physical Features (Location, Type, Description) <b>right arm, left and right wrist</b>				Marital Status <b>Married</b>	Religion <b>NONE</b>	Indication of Alcohol Influence Drug Influence Y <input type="checkbox"/> N <input type="checkbox"/> Unk. <input type="checkbox"/>					
Local Address (Street, Apt. Number) <b>10211 Isle Wynd Ct, Boca Raton, FL 33498</b>		(City)	(State)	(Zip)	Phone <b>(561) 701 6070</b>	Residence Type: 1. City 2. County 3. Florida 4. Out of State <input checked="" type="checkbox"/> 2					
Permanent Address (Street, Apt. Number)		(City)	(State)	(Zip)	Phone	Address Source <b>DEFENDANT</b>					
Business Address (Name, Street)		(City)	(State)	(Zip)	Phone	Occupation <b>Hair Stylist</b>					
DL Number, State <b>L132551867880, FL</b>		Soc. Sec. Number		INS Number		Place of Birth (City, State) <b>Charleston WV</b>		Citizenship <b>US</b>			
CO-DEF	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				
JUVENILE	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						
CHARGE	Released To: (Name)		Relationship		Date	Time					
	The above address provided by <input type="checkbox"/> defendant and / or <input type="checkbox"/> defendant's parents The child and / or parent was told to keep the Juvenile Court Clerk (Phone 355-2526) informed of any change of address. <input type="checkbox"/> Yes, by: (Name) <input type="checkbox"/> No: (Reason)				School Attended		Grade				
	Property Crime? <input type="checkbox"/> Yes <input type="checkbox"/> No		Description of Property		Value of Property						
CHARGE	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/Dark	P. Paraphernalia/ Equipment S. Synthetics	U. Unknown Z. Other
	Charge Description <b>Driving Under the Influence-Crash</b>		Counts <b>1</b>	Domestic Violence <input type="checkbox"/> Y <input checked="" type="checkbox"/> N	Statute Violation Number <b>316.193(3)c(1)</b>		Violation of ORD #				
	Drug Activity <b>N</b>	Drug Type <b>N</b>	Amount / Unit	Offense # <b>21-044505</b>	Warrant / Capias Number		Bond				
	Charge Description		Counts	Domestic Violence <input type="checkbox"/> Y <input checked="" type="checkbox"/> N	Statute Violation Number		Violation of ORD #				
	Drug Activity	Drug Type	Amount / Unit	Offense #	Warrant / Capias Number		Bond				
Charge Description		Counts	Domestic Violence <input type="checkbox"/> Y <input checked="" type="checkbox"/> N	Statute Violation Number		Violation of ORD #					
Drug Activity	Drug Type	Amount / Unit	Offense #	Warrant / Capias Number		Bond					
Charge Description		Counts	Domestic Violence <input type="checkbox"/> Y <input checked="" type="checkbox"/> N	Statute Violation Number		Violation of ORD #					
Drug Activity	Drug Type	Amount / Unit	Offense #	Warrant / Capias Number		Bond					
Location (Court, Room Number, Address) <b>Criminal Justice Complex, 3228 Gun Club Road, West Palm Beach, FL 33406 - Ph: (561) 688-4600</b>											
Court Date and Time Month <b>4</b> Day <b>8</b> Year <b>21</b> Time <b>8:30</b> 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 (br Juvenile and Parent /Custodian) <i>[Signature]</i>										Date Signed <b>03/13/2021</b>	
ADMIN	HOLD for other Agency Name:		Signature of Arresting Officer <i>[Signature]</i>		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) <b>Cpl. A. Soloway 8586</b>		I.D. # <b>8586</b>		(PRINT)		
	Initial Deputy <i>[Signature]</i>		I.D. #	Pouch #	Transporting Officer <b>A. SOLOWAY 8586</b>		ID #		Agency <b>PBSO</b>		
DISTRIBUTION: WHITE - COURT COPY GREEN - STATE ATTORNEY YELLOW - AGENCY PINK - AGENCY GOLD - DEFENDANT (N.T.A.'s ONLY)										PAGE <b>1 of 1</b>	

		<b>PROBABLE CAUSE AFFIDAVIT</b>		1. Arrest 2. N.T.A.	3. Request for Warrant 4. Request for Capias	1	Juvenile
ADMIN	OBTS Number	Agency ORI Number <b>FLO 500000</b>		Agency Name <b>PALM BEACH COUNTY SHERIFF'S OFFICE</b>		Agency Report Number <b>06-21-044505</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 type="checkbox"/> 4. Traffic Misdemeanor	<input type="checkbox"/> 5. Ordinance	<input type="checkbox"/> 6. Other
DEF	Name (Last, First, Middle) <b>Loftis, Marissa, Kay</b>		Alias	Race W	Sex F	Date of Birth 08/08/1986	
	Charge Description D.U.I. 316.193 (3)(c)1.		Charge Description				
CHARGES	Charge Description		Charge Description				
	Charge Description		Charge Description				
VICTIM	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		
<p>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</p> <p><input type="checkbox"/> committed the below acts in my presence. <input type="checkbox"/> was observed by _____ who told _____ that he/she saw the arrested person commit the below acts.</p> <p><input type="checkbox"/> confessed to _____ admitting to the below facts. <input checked="" type="checkbox"/> was found to have committed the below acts, resulting from my (described) investigation.</p> <p>On the <u>12th</u> day of <u>March</u> 20<u>21</u> at <u>11:38</u> <input type="checkbox"/> A. M. <input checked="" type="checkbox"/> P. M. (Specifically include facts constituting cause for arrest.)</p>							
<p><b>While I was in the area of Monroe Road and Cleveland Road (in the Country Club Acres neighborhood) conducting a suspicious person investigation, I heard the sound of a car crash that occurred in the 15000 block on S Military Trail involving a PBSO marked patrol vehicle.</b></p> <p><b>I then observed a white Ford SUV flipped over on S. Military Trail. I ran to the vehicle and began yelling for the occupants inside to see if they were injured and to render aid. I opened the vehicle's rear driver's side door and observed a white female inside of the vehicle. The female was later identified through her Florida driver's license as Marissa Loftis. Loftis was conscious and alert. Loftis was able to crawl out of the vehicle through the open rear driver's side door. I asked Loftis if anyone else was inside of the vehicle, and she said no. Loftis was removed from the vehicle and escorted to the sidewalk along S Military Trail. I asked Loftis for her name and date of birth which she provided to me.</b></p> <p><b>Once the scene was secured and the roadway was blocked, I walked over to Loftis. I asked Loftis what happened. Loftis' response was, "I drank too much." I asked Loftis where she was coming from, and she said she had just attended a wedding and was driving home. At that time, I did not question Loftis any further regarding the crash investigation.</b></p> <p><b>PBSO D/S A. Soloway ID # 8586 arrived on scene to conduct a D.U.I. investigation. Upon D/S Soloway's arrival, I conveyed what Loftis had stated to me.</b></p> <p><b>Loftis was subsequently placed under arrest by D/S Soloway.</b></p> <p><b>This concludes my involvement.</b></p>							
ADMINISTRATIVE	STATE OF FLORIDA COUNTY OF PALM BEACH		D/S James Coppola				
	(Signature of Arresting/Investigative Officer)		The foregoing instrument was sworn to or affirmed and subscribed before me this <u>13th</u> day of <u>March</u> 20 <u>21</u> by <u>D/S James Coppola</u>				
	(Print name of Arresting/Investigative Officer; who is personally known to me and/or produced identification. Type of identification produced)		LEO				
Notary Public, Clerk of Court, Officer (F.S.S. 117.16)		PAGE <u>1</u> OF <u>1</u>					

# D.U.I. PROBABLE CAUSE AFFIDAVIT

ON THE 12 DAY OF March 20 21, AT 2338 AM  PM

SUBJECT: Loftis, Marissa, Kay CASE NUMBER: 21-044505

AGENCY: PALM BEACH COUNTY SHERIFF'S OFFICE ARRESTING OFFICER: Cpl. A. Soloway 8586

## PERSONAL CONTACT

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

I responded assist with a vehicle crash involving a possible impaired driver. Upon arrival DS Coppola #36858 advised:

On 03-13-2021 at approximately 11:38 PM, while myself and D/S A. Loumis ID # 35650 were in the area of Monroe Road and Cleveland Road (in the Country Club Acres neighborhood) conducting a suspicious person investigation, I heard the sound of a car crash that occurred in the 15000 block of S Military Trail. I then observed a white Ford SUV (FL tag # LMAC72) flipped over on S. Military Trail. (The vehicle had hit the driver's side of D/S Loumis' marked PBSO vehicle (Asset # 68578). I ran to the vehicle and began yelling for the occupants inside to see if they were injured and to render aid. I opened the vehicle's rear driver's side door and observed a white female inside of the vehicle. The female was later identified through her Florida driver's license as Marissa Loftis.

Loftis was conscious and alert. Loftis was able to crawl out of the vehicle through the open rear driver's side door. I asked Loftis if anyone else was inside of the vehicle, and she said no. Loftis was removed from the vehicle and escorted to the sidewalk along S Military Trail.

Once the scene was secured and the roadway was blocked, I walked over to Loftis. I asked Loftis what happened. Loftis' response was, "I drank too much." I asked Loftis if she was referring to alcohol, and she nodded her head in an up and down motion to say yes. I asked Loftis where she was coming from, and she said she had just attended a wedding and was driving home. I asked Loftis for her name and date of birth which she provided to me. At that time, I did not question Loftis any further regarding the crash investigation.

## OBSERVATION OF DRIVER:

Upon my arrival the defendant was sitting on the east side curb. Obvious odor of an unknown alcoholic beverage on the defendant's breath. Her eyes were red and glassy. Her speech was slurred. She was visibly upset and emotional. She was apologetic for causing the crash.

## DRIVER'S STATEMENTS:

The defendant stated she was coming from a wedding. I asked her how the crash occurred and she said "drank too much to be honest". She denied having any medical conditions or physical abnormalities. She stated she drank 3 glasses of Chardonnay wine. She said she injured her hand, foot and shoulder in the crash but refused to seek medical attention at a hospital. She stated she was the driver and sole occupant of the vehicle at the time of the crash.

## ODORS:

Obvious odor of an unknown alcoholic beverage on the defendant's breath.

## GENERAL OBSERVATIONS

SPEECH: slurred

ATTITUDE: compliant, crying

CLOTHING: long blush dress

MEDICAL/OTHER: stated none

STATE OF FLORIDA  
COUNTY OF PALM BEACH

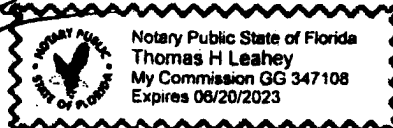
Cpl. A. Soloway 8586  
(Signature of Arresting/Investigative Officer)

is foregoing instrument was sworn to or affirmed and subscribed before me this 13 day of March 20 21 by Cpl. A. Soloway 8586

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

Thomas Leahey (#19183)

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



SUBJECT: Loft, Marissa K CASE NUMBER: 21-044505

**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 on scene

SUBJECT: \_\_\_\_\_ 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? 1

WHERE WERE YOU GOING? Home

WHAT STREET OR HIGHWAY WERE YOU ON? 1

DIRECTION OF TRAVEL? ? WHERE DID YOU START? W. ...

WHAT TIME DID YOU START? ... WHAT TIME IS IT NOW? ...

WHAT IS TODAY'S DATE? 17 WHAT DAY OF THE WEEK IS IT? ...

WHAT COUNTY AND CITY ARE YOU IN NOW? ...

WHEN DID YOU LAST EAT? 7? 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? NO 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? NO 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? NO 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

# WITNESS LIST

CASE NUMBER: 21-044505

ARRESTING OFFICER: Cpl. A. Soloway 8586

ADDRESS: PBSO

PHONE NUMBERS (HOME): \_\_\_\_\_ (WORK) 561 386 9001

CAN TESTIFY TO: DUI INVESTIGATION

NAME: DS Alston #35650

ADDRESS: PBSO

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

CAN TESTIFY TO: Witness to crash, wheel witness

NAME: DS Coppola #36858

ADDRESS PBSO

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

CAN TESTIFY TO: Witness to crash, wheel witness

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

ADDRESS \_\_\_\_\_

PHONE NUMBERS (HOME) \_\_\_\_\_ (WORK) 0

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

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

ADDRESS \_\_\_\_\_

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

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

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

ADDRESS \_\_\_\_\_

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

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

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

ADDRESS \_\_\_\_\_

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ADDRESS \_\_\_\_\_

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

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

ADDRESS \_\_\_\_\_

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

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

NOT A CERTIFIED COPY

# TESTING FACILITY TASK REPORT

AGENCY:

SUBJECT:

DATE:

BEGINNING TIME:

CASE NUMBER:

VIDEO DVD NUMBER:

ENDING TIME:

BREATH TESTS RESULTS: 1)  TIME  A.M.  P.M.  2)  TIME  A.M.  P.M.

3)  TIME  A.M.  P.M.  4)  TIME  A.M.  P.M.

BREATH OPERATOR:

MAINTENANCE TECHNICAN:

## TESTING OFFICER'S OBSERVATIONS

SPEECH:

ATTITUDE:

CLOTHING:

MEDICAL CONDITIONS:

MEDICATIONS:

## OTHER:

eyes are glassy & bloodshot  
odor of unknown alcoholic beverage on breath  
subject stated she drank 3 glasses of chardonnay wine at wedding

## COMMENTS:

arrived at center A/O conducted 20 minute observation period at 0224 hrs

subject refused to perform breath test

A/O read I/C & subject understood I/C

subject refused to perform breath test

A/O read rights on scene & subject stated she understood rights

A/O conducted Q&A

subject answered questions



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

PBSO CASE # 21-044505 PBSO ZONE 4-21

AGENCY CASE # \_\_\_\_\_ CRASH CASE # 21-044499

TIME OF STOP/CRASH 2338 DATE 03/12/2021 DAY Friday

SUBJECT'S NAME Loftis, Marissa, Kay RACE W SEX F

HGT 5'11 WGT 150 DOB 8/8/1986

LOCATION 15000 block of S Military Trail, Delray Beach FL

ARRESTING OFFICER'S NAME & ID Cpl. A. Soloway 8586 (8586) AGENCY Palm Beach County Sheriff's Office

DIVISION: VCD/DUI

NOTIFIED BY COMMO YES

ARRIVAL AT FACILITY 0224

ARREST TIME 0102

BREATH RESULTS:

1) **REFUSED**  
 2) \_\_\_\_\_  
 3) \_\_\_\_\_  
 4) \_\_\_\_\_

TESTING OFFICER'S ID 19183 PBSO VIDEOTAPE # \_\_\_\_\_

NOT A CERTIFIED COPY

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

I, Investigator LE ALAN SOLOWAY, a duly certified Law Enforcement Officer or Correctional Officer,  
(Person reading Implied Consent Warning)  
am a member of Palm Beach County Sheriffs Office, and I do swear  
(Name of enforcement agency)

or affirm that on or about the THIRTEENTH day of March, 2021, at 2:57 AM

DRIVER MARISSA KAY LOFTIS  
(Type or Print) FIRST MIDDLE OR MAIDEN LAST


DL # L132551867880, state of FL, was placed under lawful arrest for

the offense of DUI by Investigator LE ALAN SOLOWAY and  
(Name of Arresting Officer)

issued Citation # AEA7DEE

That on or about the THIRTEENTH day of March, 2021, at 2:57 AM  
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 (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)**



(AFFIX SEAL)

The foregoing instrument was sworn and subscribed before me:

The foregoing instrument was sworn and subscribed before  
me this 13 day of March, 2021  
by Cpl A Soloway # 8586  
who is personally known to me or who has produced  
known as identification.  
Notary Public T. Leahey

\_\_\_\_\_  
Signature of Attesting Officer  
Title \_\_\_\_\_  
Date \_\_\_\_\_

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



**Palm Beach County Sheriff's Office – Arrests Only**

	X	Florida State Statute	Description	Page Number(s)
L/E Exemptions	<input type="checkbox"/>	119.071(2)(d)	Surveillance techniques, procedures and personnel; inventory of law enforcement resources, policies or plans pertaining to mobilization deployment or tactical operations.	
	<input type="checkbox"/>	943.053, 943.0525	NCIC/FCIC/FBI and in-state FDLE/DOC.	
	<input type="checkbox"/>	119.071(4)(c)	Undercover personnel.	
	<input type="checkbox"/>	119.071(2)(f)	Confidential informants (CIs).	
	<input type="checkbox"/>	119.071(2)(e)	Confession.	
Public Info. Exemptions	<input type="checkbox"/>	985.04(1)	Juvenile offender records.	
	<input type="checkbox"/>	119.071(h)(i)	Assets of a crime victim.	
	<input type="checkbox"/>	395.3025(7)(a), 456.057(7)(a)	Medical information.	
	<input type="checkbox"/>	394.4615(7)	Mental health information.	
	<input type="checkbox"/>	119.071(4)(d)(2)(a)	Home address, telephone, Social Security number, date of birth, or photos of active/former LE personnel, spouses, and children.	
Florida Rules of Judicial Administration 2.420 (Rule of 23)	<input checked="" type="checkbox"/>	(iii) 119.0714(1)(i)-(j), (2)(a)-(e)	Social Security, bank account, charge, debit, and credit card numbers.	2
	<input type="checkbox"/>	(viii) 394.4615(7)	Clinical records under the Baker Act.	
	<input type="checkbox"/>	(xii) 741.30(3)(b)	The victim's address in a domestic violence action on petitioner's request.	
	<input type="checkbox"/>	(xiii) 119.071(2)(h), 119.0714(1)(h)	Protected information regarding victims of child abuse or sexual offenses.	
	<input type="checkbox"/>			
	<input type="checkbox"/>			
	<input type="checkbox"/>			
	<input type="checkbox"/>			
Other	<input type="checkbox"/>		Other:	
	<input type="checkbox"/>		Other:	

**REVIEW COMPLETED BY**

Booking Number: 2021006193	Date: 03/14/2021
	Specialist Name/ID: C. Denzel/8691