

J# 0525051 21CT13095NB Y# 44

OBTS Number		ARREST / NOTICE TO APPEAR Juvenile Referral Report		1. Arrest 2. N.T.A.		3. Request for Warrant 4. Request for Capias		1		Juvenile		N	
Agency ORI Number FLO 5 0 2 6 0 0		Agency Name PALM BEACH GARDENS POLICE DEPARTMENT				Agency Report Number 78 - 21003396							
Charge Type: Check as many as apply.		1. Felony <input type="checkbox"/>		3. Misdemeanor <input type="checkbox"/>		5. Ordinance <input type="checkbox"/>		Weapon Seized / Type 1. Yes 2. No		Multiple Clearance Indicator			
2. Traffic Felony <input checked="" type="checkbox"/>		4. Traffic Misdemeanor <input checked="" type="checkbox"/>		6. Other <input type="checkbox"/>									
Location of Arrest (Including Name of Business) CENTRAL BLVD/PGA BLVD, PALM BEACH GARDENS, FL 33410						Location of Offense (Business Name, Address) PGA BLVD/SHADY LAKES DR, PALM BEACH GARDENS, FL 33410							
Date of Arrest 08/05/2021		Time of Arrest 21:11		Booking Date		Booking Time		Jail Date		Jail Time		Location of Vehicle KAUFF'S TOWING AND RECOVERY 4701 EAST AVENUE, WPB, FL 33407	
Name (Last, First, Middle) DEDARIO, MARY, ANN												Alias (Name, DOB, Soc. Sec. #, Etc.)	
Race W - White I - American Indian B - Black O - Oriental/Asian		Sex F		Date of Birth 08/05/1946		Height 411		Weight 120		Eye Color HAZ		Hair Color BLN	
Complexion LGT		Build SMALL											
Scars, Marks, Tattoos, Unique Physical Features (Location, Type, Description) NONE						Marital Status Single		Religion CATHOLIC		Indication of Alcohol Influence 1. City 2. County 3. Florida 4. Out of State			
Local Address (Street, Apt. Number) (City) (State) (Zip) 802 MUIRFIELD CT, APT D, JUPITER, FL, 33458						Phone (716) 870-7118		Residence Type 1. City 2. County 3. Florida 4. Out of State					
Permanent Address (Street, Apt. Number) (City) (State) (Zip) 802 MUIRFIELD CT, APT D, JUPITER, FL, 33458						Phone		Address Source FL DRIVER'S LICENSE					
Business Address (Name, Street) (City) (State) (Zip) ETHAN ALLEN'S (LEGACY PLACE, PBG, FL)						Phone		Occupation CLERICAL/RETIRED					
DL Number, State D360581467850 FL		Soc. Sec. Number		INS Number		Place of Birth (City, State) NIAGRA FALLS, NY		Citizenship USA					
Co-Defendant Name (Last, First, Middle)				Race		Sex		Date of Birth		1. Arrested 2. At Large		3. Felony 4. Misdemeanor 5. Juvenile	
Co-Defendant Name (Last, First, Middle)				Race		Sex		Date of Birth		1. Arrested 2. At Large		3. Felony 4. Misdemeanor 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 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					
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 DUI - NORMAL FACULTIES IMPAIRED				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 N/A		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			
AUG 6 AM 12:25 NORTH COUNTY COURTHOUSE, 3188 PGA BOULEVARD, PALM BEACH GARDENS, FL 33410 - PH: (561) 662-6700													
Court Date and Time Month SEPTEMBER Day 8 Year 2021 Time 10:00 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 08/05/2021	
HOLD for other Agency Name:				Signature of Arresting Officer X				Name Verification (Printed by Arresting Officer)					
<input type="checkbox"/> Dangerous <input type="checkbox"/> Suicidal <input type="checkbox"/> Resisted Arrest <input type="checkbox"/> Other:				Name of Arresting Officer (Print) OFC. CAMERON CARVER				I.D. # 471		(PRINT)			
Intake Deputy SPANN BLO				I.D. #		Pouch #		Transporting Officer OFC. C. CARVER		ID # 471		Agency PBGPD	
Witness here if subject signed without X												PAGE OF 1	

DISTRIBUTION: WHITE - COURT COPY

GREEN - STATE ATTORNEY

YELLOW - AGENCY

PINK - AGENCY

GOLD - DEFENDANT (N.T.A. ONLY)

D.U.I. PROBABLE CAUSE AFFIDAVIT

On the 5 day of August 2021 at 20:33 ☐ AM ☒ PM

Subject: DEDARIO, MARY, ANN Case Number: 21003396

Agency: PALM BEACH GARDENS POLICE DEPARTMENT Arresting Officer: OFC. CAMERON CARVER 471

PERSONAL CONTACT

DRIVING PATTERN: (Actual Physical Control; Physical Evidence or Statements Putting Defendant Behind Wheel of Vehicle)

Officer Witherspoon #520 was westbound on PGA Boulevard when he noticed a white Honda bearing FL 77AJAA traveling westbound in the eastbound lanes. The Honda corrected its course of direction at the intersection of PGA Blvd/Shady Lakes Dr. A caller reported the same vehicle traveling westbound in the eastbound lanes on PGA Boulevard from Military Trail. Officer Witherspoon initiated the traffic stop at PGA Boulevard and Spice Drive, with the vehicle continuing at a slow pace coming to final rest just north of PGA Boulevard on Central Boulevard. Officer Witherspoon identified the driver and sole occupant via her FL DL as Mary Ann Dedario.

OBSERVATION OF DRIVER:

Upon my arrival, I made contact with Dedario who was still seated in the driver's seat and vehicle turned on. Dedario had the odor of an unknown alcoholic beverage coming from her breath. She had bloodshot and glassy eyes. Speech was slurred and mumbled. Dedario was twitching/shaking. Was unable to perform majority of the exercises due to inability to follow instruction or fear for injury. During modified romberg, Dedario fell back onto the grass/shrubs. Dedario was uninjured.

DRIVER STATEMENTS:

Dedario stated she was coming from Limoncello Ristorante (2000 PGA Boulevard Ste 3110, Palm Beach Gardens, FL 33408) and headed home to Jupiter. Stated she had two glasses of chardoney wine and one limoncello shot with her seafood dinner. Started dinner around 6:30pm and had just left. Dedario stated she knew how to get home, but had difficulty recalling her present location. Stated she is only medicated for high blood pressure and has no issues walking or maintaining balance.

ODORS: Unknown odor of alcoholic beverage

GENERAL OBSERVATIONS

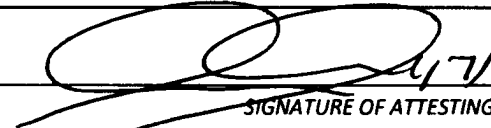
SPEECH: Slurred and mumbled.

ATTITUDE: Cooperative, Calm, Respectful

CLOTHING: Blue Dress, blue heeled shoes

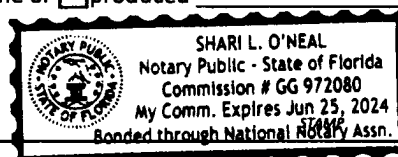
MEDICAL/OTHER: High blood pressure medication, taken in the morning.

STATE OF FLORIDA
COUNTY OF PALM BEACH


SIGNATURE OF ATTESTING OFFICER

The forgoing instrument was sworn to or affirmed and subscribed before me this 5 day of August 2021 by OFC. CAMERON CARVER 471 who is ☒ personally known to me or ☐ produced


Notary Public, Clerk of Court, Officer (FSS 117.10)



D.U.I. PROBABLE CAUSE AFFIDAVIT Cont.

Subject: DEDARIO, MARY, ANN

Case Number: 21003396

ROADSIDE TASKS

HORIZONTAL GAZE NYSTAGMUS:

LEFT EYE

- ☒ Lack of Smooth Pursuit
☒ Distinct & Sust. Nystag. at Max. Deviation
☐ Onset of Nystagmus Prior to 45 Degrees

RIGHT EYE

- ☒ Lack of Smooth Pursuit
☒ Distinct & Sust. Nystag. at Max. Deviation
☐ Onset of Nystagmus Prior to 45 Degrees

Other Observations:

Unable to get nystagmus at 45 degrees and vertical due to Dedario moving her eyes body.

Walk and Turn

-Lost Balance
-Called task for her safety due to her inability to maintain balance during the instructional phase.

One Leg Stand

-Put Foot Down
-Swayed
-Called task for her safety due to her inability to maintain balance during the performance phase.

Romberg

-Swayed while performing task.
-Sang Alphabet Song.

Modified Romberg

-Stopped at 20.53 seconds due to falling back onto the grass and shrubs.
Uninjured.

Finger to Nose

-Did not keep eyes closed; Swayed;
L- Hit eye then bridge, held finger.
R- Hit eye then used pad, held finger.
L- Hit side of nose, held finger.
R- Tip to bottom of nose, held finger.
R- Used wrong finger, Side of finger to tip of nose, held.
L- Used under first knuckle, held finger.

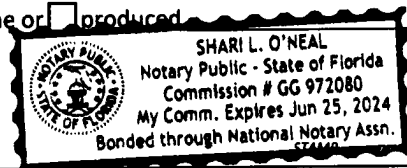
BREATH RESULTS: 1) .169 @ 22:11 2) .133 VNM @ 22:17 3) .142 VNM @ 22:22 4) .135 VNM @ 22:30

STATE OF FLORIDA
COUNTY OF PALM BEACH

SIGNATURE OF ATTESTING OFFICER

The forgoing instrument was sworn to or affirmed and subscribed before me this 5 day of August 20 21 by
OFC. CAMERON CARVER 471 who is ☒ personally known to me or ☐ produced

S. O'Neal
Notary Public, Clerk of Court, Officer (FSS 117.10)



DUI WITNESS LIST

21003396

Arresting Officer: OFC. CAMERON CARVER 471 Email: ccarver@pbgfl.com

Agency Address: 10500 N Military Trail, Palm Beach Gardens, FL 33410 Phone: (561) 799-4445

Can Testify To: Facts of Case

Backup Officers: Ofc. Chad Witherspoon #520 / Ofc. Dean Morea #517 / Ofc. Kristin Garito #500

Agency Address: 10500 N Military Trail, Palm Beach Gardens, FL 33410 Phone: (561) 799-4445

Can Testify To: Traffic Stop / Scene Safety / Search

Crash Investigator: _____ Email: _____

Agency Address: _____ Phone: _____

Breathalyzer Technician: O'Neal ID: 6212 Agency: PBSO

DRE: _____ ID# _____ Agency Case #: _____

Agency Address: _____ Phone: _____ Email: _____

Name: _____ **Involvement:** _____

Address: _____ **Phone:** _____

Can Testify To: _____ ☐ Wheel Witness

Name: _____ **Involvement:** _____

Address: _____ **Phone:** _____

Can Testify To: _____ ☐ Wheel Witness

Name: _____ **Involvement:** _____

Address: _____ **Phone:** _____

Can Testify To: _____ ☐ Wheel Witness

Name: _____ **Involvement:** _____

Address: _____ **Phone:** _____

Can Testify To: _____ ☐ Wheel Witness

Name: _____ **Involvement:** _____

Address: _____ **Phone:** _____

Can Testify To: _____ ☐ Wheel Witness

Name: _____ **Involvement:** _____

Address: _____ **Phone:** _____

Can Testify To: _____ ☐ Wheel Witness



**PALM BEACH GARDENS POLICE DEPARTMENT
DUI TESTING FACILITY INFORMATION SHEET**



PBSO Case #: 21-093089

PBSO Zone: 3-13

Agency Case #: 21003396

Crash Case #: _____

Incident Information:

Time of Stop/Crash: 20:33 Date of Incident: 08/05/2021 Day: THURSDAY

Location of Incident: PGA BLVD/SHADY LAKES DR, PALM BEACH GARDENS, FL 33410

Arrest Information:

Time of Arrest: 21:11 Date of Arrest: 08/05/2021 Day: THURSDAY

Location of Arrest: CENTRAL BLVD/PGA BLVD, PALM BEACH GARDENS, FL 33410

Subject's Name: (L) DEDARIO, (F) MARY, (M) ANN

DOB: 08/05/1946 Race: W Sex: F Height: 411 Weight: 120 Hair BLN Eye HAZ

Address: 802 MUIRFIELD CT, APT D, JUPITER, FL, 33458 Phone: (716) 870-7118

Arresting Officer's Name: OFC. CAMERON CARVER ID#: 471

Agency: PBGPD Division: TRAFFIC - DUI

Breath Results

- 1) .169 at 22:11 hrs.
 - 2) .133 VNM at 22:17 hrs.
 - 3) .142 VNM at 22:22 hrs.
 - 4) .135 VNM at 22:30 hrs.
- .138 VNM @ 22:36 hrs.

---BAT Use---

BAT Notified: YES
Arrival Time at BAT: 21:43
Subject Arrest Time: 21:11

REFUSED

Breath Test Operator: O'Neal 6212

PBSO

TESTING FACILITY TASK REPORT

AGENCY: PBG OFC. CARVER #471

SUBJECT: DEDARIO, MARY A.

CASE NUMBER: 21-093089

DATE: 08-05-21

VIDEO DVD NUMBER: N/A

BEGINNING TIME: 22:05 HRS

ENDING TIME: 22:39 HRS

BREATH TESTS RESULTS: 1) .169 TIME 22:11 A.M. ☐ P.M. ☒ 2) *.133 V TIME 22:17 A.M. ☐ P.M. ☒
3) **.142 V TIME 22:22 A.M. ☐ P.M. ☒ 4) *.135 V TIME 22:30 A.M. ☐ P.M. ☒

BREATH OPERATOR: S. O'NEAL #6212

MAINTENANCE TECHNICIAN: CPL. J. KARLECKE #6467

TESTING OFFICER'S OBSERVATIONS

SPEECH: SLUR

ATTITUDE: CALM, COOPERATIVE, POLITE

CLOTHING: DRESS- NAVY BLUE

MEDICAL CONDITIONS: NONE

MEDICATIONS: NONE

OTHER:

EYES: RED, GLASSY

ODOR OF UNKNOWN ALCOHOLIC BEVERAGE.

COMMENTS:

20 MIN. OBSERVATION DONE BY A/O CARVER #471

A/O REQUESTED THE BREATH TEST.

D SUBMITTED TO THE BREATH REQUEST.

D WAS NOT BLOWING CORRECTLY, KEPT EXPLAINING HOW TO BLOW TO HER. PHYSICALLY SHOWED HER HOW TO BLOW.

A/O READ THE IMPLIED CONSENT ON CAMERA.

D WAS STILL NOT BLOWING CORRECTLY.

GAVE D ANOTHER CHANCE TO BLOW.

D STILL WOULD NOT BLOW CORRECTLY TO COMPLETE THE TEST CORRECTLY.

A/O TOOK IT AS A REFUSAL.

C/W READ ON CAMERA.

D TOOK IT AS A REFUSAL.

TESTING FACILITY TASK REPORT

AGENCY: PBG OFC. CARVER #471

SUBJECT: DEDARIO, MARY A.

CASE NUMBER: 21-093089

DATE: 08-05-21

VIDEO DVD NUMBER: N/A

BEGINNING TIME: 22:05 HRS

ENDING TIME: 22:39 HRS

BREATH TESTS RESULTS: 1) **.138 TIME 22:36 A.M. ☐ P.M. ☒ 2) R TIME 22:37 A.M. ☐ P.M. ☒

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

BREATH OPERATOR: S. O'NEAL #6212

MAINTENANCE TECHNICIAN: CPL. J. KARLECKE #6467

TESTING OFFICER'S OBSERVATIONS

SPEECH: SLUR

ATTITUDE: CALM, COOPERATIVE, POLITE

CLOTHING: DRESS- NAVY BLUE

MEDICAL CONDITIONS: NONE

MEDICATIONS: NONE

OTHER:

EYES: RED, GLASSY

ODOR OF UNKNOWN ALCOHOLIC BEVERAGE.

COMMENTS:

20 MIN. OBSERVATION DONE BY A/O CARVER #471

A/O REQUESTED THE BREATH TEST.

D SUBMITTED TO THE BREATH REQUEST.

D WAS NOT BLOWING CORRECTLY, KEPT EXPLAINING HOW TO BLOW TO HER. PHYSICALLY SHOWED HER HOW TO BLOW.

A/O READ THE IMPLIED CONSENT ON CAMERA.

D WAS STILL NOT BLOWING CORRECTLY.

GAVE D ANOTHER CHANCE TO BLOW.

D STILL WOULD NOT BLOW CORRECTLY TO COMPLETE THE TEST CORRECTLY.

A/O TOOK IT AS A REFUSAL.

C/W READ ON CAMERA.

D TOOK IT AS A REFUSAL.

I

**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: 80-006239 Software: 8100.27
Date of Test: 08/05/2021

Date of Last Agency Inspection: 07/16/2021

Observation Period Began: 21:43

Subject's Name: MARY A DEDARIO

DOB: 08/05/1946 Sex: F

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	22:09
Air Blank	0.000	22:10
Control Test	0.080	22:10
Air Blank	0.000	22:10
Subject Sample #1	0.169	22:11
Air Blank	0.000	22:12
Air Blank	0.000	22:13
Subject Sample #2	VNM*	22:17
Air Blank	0.000	22:17
Air Blank	0.000	22:19
Subject Sample #3	VNM**	22:22
Air Blank	0.000	22:23
Control Test	0.079	22:23
Air Blank	0.000	22:24
Diagnostics Check	OK	22:24

*Volume Not Met (0.133 - Breath Sample Not Reliable to Determine Breath Alcohol Level)

**Volume Not Met (0.142 - Breath Sample Not Reliable to Determine Breath Alcohol Level)

Cylinder Lot: 02021080A1

Exp: 03/05/2023

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 SHARI L O'NEAL, 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: 08-05-21

Sworn to (or affirmed) before me this 05 day of August, 2021

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.

II

**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: 80-006239 Software: 8100.27
Date of Test: 08/05/2021

Date of Last Agency Inspection: 07/16/2021

Observation Period Began: 21:43

Subject's Name: MARY A DEDARIO

DOB: 05/05/1946 Sex: F

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	22:26
	Air Blank	0.000	22:26
	Control Test	0.078	22:27
	Air Blank	0.000	22:27
	Subject Sample #1	VNM*	22:30
	Air Blank	0.000	22:31
	Air Blank	0.000	22:33
	Subject Sample #2	VNM**	22:36
	Air Blank	0.000	22:37
	Control Test	0.077	22:37
	Air Blank	0.000	22:38
	Diagnostics Check	OK	22:38

*Volume Not Met (0.135 - Breath Sample Not Reliable to Determine Breath Alcohol Level)

**Volume Not Met (0.138 - Breath Sample Not Reliable to Determine Breath Alcohol Level)

Cylinder Lot: 02021080A1

Exp: 03/05/2023

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 SHARI L O'NEAL, 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: 08-05-21

Sworn to (or affirmed) before me this 05 day of August, 2021

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.

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

I, **OFC. CAMERON CARVER**, a duly certified Law Enforcement Officer or Correctional Officer,
 (Name of Officer reading Implied Consent Warning)

am a member of **PALM BEACH GARDENS POLICE DEPARTMENT**, and I do swear
 (Name of law enforcement agency)

or affirm that on or about the **5** day of **August**, 20 **21**, at **21:11** ☒ P.M. ☐ A.M.

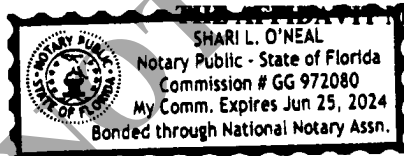
DRIVER **MARY** **ANN** **DEDARIO**,
 (Type or Print) FIRST NAME MIDDLE OR MAIDEN NAME LAST NAME

DL# **D360581467850**, state of **FL**, was placed under lawful arrest for
 the offense of **DUI - NORMAL FACULTIES IMPAIRED** by **OFC. CAMERON CARVER** and
 issued Citation # **A56HLOE**
 (Name of Arresting Officer)

That on or about the **5** day of **August**, 20 **21**, at **22:37** ☒ 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.

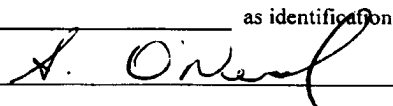

 Signature of Law Enforcement Officer or
 Correctional Officer



(AFFIX SEAL)

The foregoing instrument was sworn and subscribed before
 me this **5** day of **August**, 20 **21**,
 by **OFC. CAMERON CARVER**,

who is personally known to me or who has produced

as identification
 Notary Public 

HSMV-BAR1001 (REV. 10/2016)

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

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

SUBJECT: Dedorio, Mary Ann CASE NUMBER: PBG PD 21003396

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 dc Cameron Caver 471 of the Palm Beach Gardens PD.

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**
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: 2021019442

Date: 8/06/21

Specialist Name/ID: J. Beck/9007