

0481509

20CT2369

ARREST / NOTICE TO APPEAR
Juvenile Referral Report

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

ADMINISTRATIVE	OBTS Number		Agency ORI Number FLO 500000		Agency Name PALM BEACH COUNTY SHERIFF'S OFFICE		Agency Report Number (N.T.A.'s only) 06- 20-035702		
	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"/>		5. Ordinance <input type="checkbox"/> 6. Other <input type="checkbox"/>		
	Location of Arrest (Including Name of Business)		NORTH MILITARY TRAIL/CHESTER LAKE DRIVE, WEST PALM BEACH, FL		Location of Offense (Business Name, Address)		NORTH MILITARY TRAIL / CHESTER LAKE DRIVE, WPB, FL		
	Date of Arrest 2/8/2020	Time of Arrest 1318	Booking Date	Booking Time	Jail Date	Jail Time	Location of Vehicle		
DEFENDANT	Name (Last, First, Middle) WEBER, MATTHEW				Alias (Name, DOB, Soc. Sec. #, Etc.)				
	Race W - White I - American Indian B - Black O - Oriental/Asian	Sex M	Date of Birth 4/29/1994	Height 6'1"	Weight 180	Eye Color BLUE	Hair Color BROWN	Complexion MED	Build TALL
	Scars, Marks, Tattoos, Unique Physical Features (Location, Type, Description) R ARM GRAVEYARD MURIAL				Marital Status SINGLE	Religion CHRISTIAN	Indication of: Alcohol Influence <input type="checkbox"/> N <input type="checkbox"/> Y <input type="checkbox"/> Z <input type="checkbox"/> Drug Influence <input checked="" type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/>		
	Local Address (Street, Apt. Number) (City) (State) (Zip) 4601 CENTRAL GARDENS WAY #201, WPB, FL 33418				Phone (203) 820-6359		Residence Type: 1. City <input type="checkbox"/> 2. County <input type="checkbox"/> 3. Florida <input type="checkbox"/> 4. Out of State <input checked="" type="checkbox"/> I		
	Permanent Address (Street, Apt. Number) (City) (State) (Zip) 4601 CENTRAL GARDENS WAY #201, WPB, FL 33418				Phone ()		Address Source DRIVER LICENSE		
	Business Address (Name, Street) (City) (State) (Zip) ()				Phone ()		Occupation UNEMPLOYED		
	D/L Number, State W160-553-94-149-0		Soc. Sec. Number ()		INS Number		Place of Birth (City, State) DANBURY, CT		Citizenship USA
	Co-Defendant Name (Last, First, Middle)				Race	Sex	Date of Birth	<input type="checkbox"/> 1. Arrested <input type="checkbox"/> 3. Felony <input type="checkbox"/> 2. At Large <input type="checkbox"/> 4. Misdemeanor <input type="checkbox"/> 5. Juvenile	
	Co-Defendant Name (Last, First, Middle)				Race	Sex	Date of Birth	<input type="checkbox"/> 1. Arrested <input type="checkbox"/> 3. Felony <input type="checkbox"/> 2. At Large <input type="checkbox"/> 4. Misdemeanor <input type="checkbox"/> 5. Juvenile	
	JUVENILE	Parent Legal Custodian <input type="checkbox"/> Other <input type="checkbox"/>		Name (Last) (First) (Middle)		Residence Phone ()		Business 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		School Attended Grade			
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)			
Property Crime? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Description of Property		Value of Property		Drug Activity			
S. Sell N. N/A P. Possess		R. Smuggle D. Deliver E. Use		K. Dispense/ Distribute		M. Manufacture/ Produce/ Cultivate			
CHARGE	Charge Description DUI		Counts 01	Domestic Violence <input type="checkbox"/> Y <input checked="" type="checkbox"/> N	Statute Violation Number 316.193(1A)		Violation of ORD #		
	Drug Activity U	Drug Type U	Amount / Unit	Offense # 20-035702	Warrant / Capias Number		Bond		
	Charge Description		Counts	Domestic Violence <input type="checkbox"/> Y <input 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 type="checkbox"/> N	Statute Violation Number		Violation of ORD #		
Drug Activity	Drug Type	Amount / Unit	Offense #	Warrant / Capias Number		Bond			
NOTICE TO APPEAR	Location (Court, Room Number, Address) CRIMINAL JUSTICE COMPLEX; 3228 GUN CLUB ROAD, ROOM #2, WPB, FL 33406								
	Court Date and Time Month MARCH Day 12th Year 2020 Time 08:30 AM <input checked="" type="checkbox"/> PM <input type="checkbox"/>								
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) <i>(Signature)</i>				Date Signed					
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"/> Resisted Arrest <input type="checkbox"/> Suicidal <input type="checkbox"/> Other		Name of Arresting Officer (Print) D/S K. HARRIS		(PRINT)				
	Intake Deputy I.D. # 3158		Transporting Officer ID # 7347 Agency PBSO		PAGE 1 OF 1				

D.U.I. PROBABLE CAUSE AFFIDAVIT

ON THE 8th DAY OF FEBRUARY 20 2020, AT 1348 AM PM
SUBJECT: WEBER, MATTHEW CASE NUMBER: 20-035702

AGENCY: PALM BEACH COUNTY SHERIFF'S OFFICE ARRESTING OFFICER: D/S K. HARRIS

PERSONAL CONTACT

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

DEFENDANT REAR-ENDED ANOTHER VEHICLE DURING A SUNNY, CLEAR DAY DURING DAYLIGHT HOURS ON A DRY ROADWAY WITH VERY LITTLE TRAFFIC AND NO VISUAL OBSTRUCTIONS. DEFENDANT ADMITTED POST-MIRANDA TO DRIVING THE VEHICLE. WHILE OPERATING THE VEHICLE, HE APPROACHED THE REAR OF ANOTHER CAR AND HAD TO APPLY HARD BRAKING.

OBSERVATION OF DRIVER:

VERY CALM/RELAXED, REPEATITIVE/SLUGGISH/SLURRED SPEECH, GLASSY/RESTRICTED PUPIL EYES. DOZED OFF DURING MY INTERVIEW AND EXAMINATION. EXPLAINED HE WAS SAD DUE TO HAVING BEEN STABBED IN THE LUNG DURING AN ALTERCATION LAST YEAR AND THE UPCOMING SUBSEQUENT TRIAL ON IT THIS WEEK. HE SLEPT IN THE REAR OF MY PATROL CAR AFTER ARREST THE ENTIRE TIME WHILE BEING TRANSPORTED AND ALSO AFTER ARRIVED AT THE BREATH ALCOHOL TESTING (BAT) CENTER.

DRIVER'S STATEMENTS:

POST MIRANDA, ADMITTED TO BEING PRESCRIBED ALPROZOLAM (TOLD ME IT WAS ALSO CALLED XANAX) FOR PTSD, MEDICAL MARIJUANA WHICH HE SMOKES AT NIGHT, AND SEROQUEL FOR INSOMNIA. APOLOGIZED TO ME AND SAID HE JUST WANTED TO GO HOME. CLAIMED HE "MESSED UP" SINCE HE IS STILL ON PROBATION AND HAS ONLY A MONTH LEFT TO BE DONE.

ODORS:

NONE

GENERAL OBSERVATIONS

SPEECH: REPEATITIVE/SLUGGISH/SLURRED

ATTITUDE: COOPERATIVE. VERY CALM/RELAXED. APOLOGETIC.

CLOTHING: WHITE TEE SHIRT, BLACK SHORTS, GRAY SNEAKERS

MEDICAL/OTHER: WAS CHECKED OUT BY EMS FROM THE CRASH; HE REFUSED TREATMENT.

STATE OF FLORIDA
COUNTY OF PALM BEACH

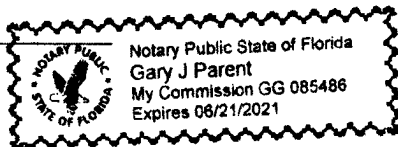
D/S K. HARRIS

(Signature of Arresting/Investigative Officer)

The foregoing instrument was sworn to or affirmed and subscribed before me this 8th day of FEBRUARY 20 2020 by D/S K. GALLART #7347

(Print name of Arresting/Investigative Officer) who is personally known to me and/or produced identification. Type of identification produced PALM BEACH CNTY SHERIFF'S ID #7347

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



SCANNED
FEB 09 2020

SUBJECT: WEBER, MATTHEW

CASE NUMBER 20-035702

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:

GLASSEY/RESTRICTED PUPIL EYES. BEGAN TO DOZE OFF ASLEEP IN THE MIDDLE. LIDS DROOPED CLOSED AND BEGAN TO LEAN TO THE SIDE LOSING HIS BALANCE SEVERAL TIMES.

WALK & TURN

REFUSED

ONE LEG STAND:

REFUSED

FINGER TO NOSE:

REFUSED

ROMBERG ALPHABET:

REFUSED

BREATH TEST RESULTS: .000 / .000

STATE OF FLORIDA
COUNTY OF PALM BEACH

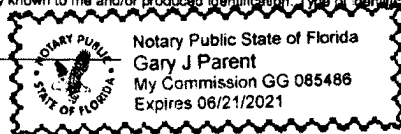
D/S K. HARRIS

(Signature of Arresting/Investigative Officer)

The foregoing instrument was sworn to or affirmed and subscribed before me this 8th day of FEBRUARY 2020 by D/S K.GALLART #7347

(Print name of Arresting/Investigative Officer), who is personally known to me and/or produced identification. Type of identification produced PALM BEACH CNTY SHERIFF'S ID #7347

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



SCANNED
FEB 09 2020

WITNESS LIST

CASE NUMBER: 20-035702

ARRESTING OFFICER: D/S K. HARRIS

ADDRESS: 3228 GUN CLUB ROAD, WEST PALM BEACH, FL 33406

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

CAN TESTIFY TO: DUI ARREST

NAME: D/S M. WOOD #8132

ADDRESS: 3228 GUN CLUB ROAD, WEST PALM BEACH, FL 33406

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

CAN TESTIFY TO: CRASH INVESTIGATION (CASE #20-035699)

NAME:

ADDRESS

PHONE NUMBERS (HOME) (WORK)

CAN TESTIFY TO:

NAME:

ADDRESS

PHONE NUMBERS (HOME) (WORK)

CAN TESTIFY TO:

NAME:

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PHONE NUMBERS (HOME) (WORK)

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CAN TESTIFY TO:

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PHONE NUMBERS (HOME) (WORK)

CAN TESTIFY TO:

NAME:

ADDRESS

PHONE NUMBERS (HOME) (WORK)

CAN TESTIFY TO:

SCANNED FEB 09 2020

TESTING FACILITY TASK REPORT

AGENCY: 1800

SUBJECT: Wade Matthew J CASE NUMBER: 2005-202

DATE: 2/1/02 VIDEO TAPE NUMBER: 117

BEGINNING TIME: 1441 ENDING TIME: 1505

BREATH TESTS RESULTS: 1) .000 TIME 1446 A.M./P.M. (P.M.) 2) .000 TIME 1449 A.M./P.M. (P.M.)
3) nil TIME — A.M./P.M. 4) nil TIME — A.M./P.M.

BREATH OPERATOR: C. [unclear]

MAINTENANCE TECHNICIAN: [unclear]

TESTING OFFICER'S OBSERVATIONS

SPEECH: [unclear]

ATTITUDE: [unclear]

CLOTHING: [unclear]

MEDICAL CONDITIONS: [unclear]

MEDICATIONS: [unclear]

OTHER: [unclear]

COMMENTS: [unclear]

A AGREE TO TAKE TEST

TEST READ .000 - TEST RESULTS A .000

WILL NOT BE RE-TESTED

A/O REQUESTED A URINE SAMPLE

A STATED LAST TIME HE HAD TAKEN URINE TEST HE GOT 0.00

A/O RAN 2/K

A STATED HE WOULD SIGN THE STATEMENT IF HE COULD GET THE

IF ONLY BECAUSE BECAUSE HE HAS PROBLEM TO GET SAMPLE

A/O RAN RE-TEST A/O STATED THE TEST WILL BE DONE

A STATED HE WOULD SIGN THE STATEMENT

A/O [unclear]

A [unclear]

REFUSED

SCANNED
FEB 09 2002

SUBJECT: Wynn, Matthew M. CASE NUMBER: 20-005702

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) Matthew M. Wynn

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) Matthew M. Wynn **SCANNED**

FEB 09 2020

SUBJECT: Wesley, Michael J. CASE NUMBER: 20-000702

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? BACK HOME - 156

WHAT STREET OR HIGHWAY WERE YOU ON? MILITARY

DIRECTION OF TRAVEL? NORTH WHERE DID YOU START? CLUNING CT.

WHAT TIME DID YOU START? NOON WHAT TIME IS IT NOW? UNK

WHAT IS TODAY'S DATE? 2/10/20 WHAT DAY OF THE WEEK IS IT? MT.

WHAT COUNTY AND CITY ARE YOU IN NOW? CLATSOP COUNTY - TONGUE POINT

WHEN DID YOU LAST EAT? 1:00 PM WHAT DID YOU EAT? CHICKEN + POTATOES

WHAT HAVE YOU BEEN DOING FOR THE LAST THREE HOURS? HANDLING TRAFFIC

HOW MUCH DO YOU WEIGH? 170 HAVE YOU BEEN DRINKING? NO WHAT? WINE / BEER

HOW MUCH? 2016-2017 WHERE? AT HOME WITH WHOM? ALONE

WHEN DID YOU HAVE YOUR FIRST DRINK? 17/01/95 AND YOUR LAST DRINK? 2/10/20 - 4645

HOW DID YOU CONSUME YOUR LAST TWO DRINKS? BY MYSELF

CAN YOU FEEL THE EFFECTS OF THE ALCOHOL? NO ARE YOU UNDER THE INFLUENCE? NO

HAVE YOU CONSUMED ANY ALCOHOL SINCE THE ACCIDENT? NO HOW MUCH? NO

WHAT? NO WHERE? NO WHEN? NO

WHAT LINE OF WORK ARE YOU IN? EMPLOYEE WHEN DID YOU LAST WORK? 2/10/20

DO YOU HAVE ANY PHYSICAL DEFECTS OR INJURIES? YES WHAT? WOUND ON LEG

ARE YOU SICK OR INJURED? NO WHAT'S WRONG? WOUND ON LEG

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

WERE YOU IN AN ACCIDENT TODAY? NO

HAVE YOU TAKEN ANY DRUGS OR SMOKED ANY MARIJUANA TODAY? NO WHEN? NO

HAVE YOU SEEN A DOCTOR OR DENTIST TODAY? NO WHO? NO WHY? NO

ARE YOU TAKING ANY PRESCRIPTION MEDICINES? NO WHAT? NO WHEN? NO

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>NO</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? NO

HAVE YOU EVER HAD A DRIVER'S LICENSE IN ANY OTHER STATE? YES WHERE? CA

INTERVIEWER: [Signature]

SCANNED

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: 02/08/2020

Date of Last Agency Inspection: 01/17/2020

Observation Period Began: 13:40

Subject's Name: MATTHEW M WEBER

DOB: 04/29/1994 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	14:44
	Air Blank	0.000	14:44
	Control Test	0.082	14:44
	Air Blank	0.000	14:45
	Subject Sample #1	0.000	14:46
	Air Blank	0.000	14:46
	Air Blank	0.000	14:48
	Subject Sample #2	0.000	14:49
	Air Blank	0.000	14:49
	Control Test	0.081	14:49
	Air Blank	0.000	14:50
	Diagnostics Check	OK	14:50

Cylinder Lot: 17919080A1
Exp: 08/05/2021

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 GARY J PARENT, 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: _____ Date: 02/08/20
Signature

Sworn to (or affirmed) before me this 08 day of FEBRUARY, 2020

Signature of Notary Public-State of Florida [Signature] Printed Name of Notary Public-State of Florida D/S K. HARRIS

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, D/S K HARRIS, a duly certified Law Enforcement Officer or Correctional Officer,
(Name of Officer reading Implied Consent Warning)

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

or affirm that on or about the 8 day of FEB, 2020, at 1248 P.M. A.M.

DRIVER MATTHEW M. WEBER,
(Type or Print) FIRST NAME MIDDLE OR MAIDEN NAME LAST NAME

DL# W160-553-94-149-0, state of FLORIDA, was placed under lawful arrest for
the offense of DUI by D/S K. HARRIS and
(Name of Arresting Officer)
issued Citation # A26D56P.

That on or about the 8 day of FEB, 2020, at 1434 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:

Signature of Attesting Officer

Title _____

Date _____

The foregoing instrument was sworn and subscribed before
me this 08 day of FEBRUARY, 2020,

by D/S K. HARRIS,

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

Notary Public _____

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



**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 checked="" type="checkbox"/>	395.3025(7)(a), 456.057(7)(a)	Medical information.	9
	<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"/>			
	<input type="checkbox"/>			
Other	<input type="checkbox"/>		Other:	
	<input type="checkbox"/>		Other:	

REVIEW COMPLETED BY

Booking Number: 2020004383	Date: 2/9/2020
	Specialist Name/ID: LaToya Rouse #6673

SCANNED
FEB 09 2020