

ARREST / NOTICE TO APPEAR
Juvenile Referral Report

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

| | | | | | | | | |
|---|--|---|--|---|---|---|-------------|--|
| OBTs Number | Agency ORI Number FLO 500000 | | Agency Name PALM BEACH COUNTY SHERIFF'S OFFICE | | Agency Report Number (N.T.A.'s only) 06-20-095120 | | 20CT9537AMB | |
| 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"/> | | Weapon Seized / Type 1. Yes <input type="checkbox"/> 2. No <input type="checkbox"/> |
| Location of Arrest (including Name of Business) Wellington Trace/Forest Hill Blvd | | | | Location of Offense (Business Name, Address) Forest Hill Blvd/State Road 7, Wellington FL | | | | |
| Date of Arrest 08/08/2020 | Time of Arrest 0046 | Booking Date | Booking Time | Jail Date | Jail Time | Location of Vehicle Priority | | |

| | | | | | | | | |
|--|-----------------|----------------------------------|-----------------------|--------------------------------------|--|--|---------------------------|--------------------------|
| Name (Last, First, Middle) Wyman, Molly, Dee | | | | Alias (Name, DOB, Soc. Sec. #, Etc.) | | | | |
| Race W - White 1 - American Indian B - Black 0 - Oriental/Asian | Sex W | Date of Birth 6/4/1994 | Height 5'03 | Weight 150 | Eye Color Blonde | Hair Color Blue | Complexion Fair | Build Med |
| Scars, Marks, Tattoos, Unique Physical Features (Location, Type, Description) <i>Bo. 6 Leg. Scar</i> | | | | Marital Status Divorced | Religion NONE | Indication of: Alcohol Influence <input type="checkbox"/> Drug Influence <input type="checkbox"/> | | |
| Local Address (Street, Apt. Number) (City) (State) (Zip) 13358 Georgian Ct, Wellington, FL 33414 | | | | Phone (561) | Residence Type: 1. City 2. County 3. Florida 4. Out of State 1 | | | |
| Permanent Address (Street, Apt. Number) (City) (State) (Zip) | | | | Phone | Address Source DL | | | |
| Business Address (Name, Street) (City) (State) (Zip) | | | | Phone | Occupation Unk | | | |
| D/L Number, State W550544947040, FL | | Soc. Sec. Number | | INS Number | | Place of Birth (City, State) FL W. Palm | | Citizenship US |

| | | | | | |
|--|------|-----------------|---------------|--|--|
| Co-Defendant Name (Last, First, Middle) | Race | Sex | Date of Birth | <input type="checkbox"/> 1. Arrested <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"/> 3. Felony | <input type="checkbox"/> 4. Misdemeanor <input type="checkbox"/> 5. Juvenile |
| Parent 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. | | | School Attended |
| 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/ Product/ Cultivate | Z. Other | Drug Type N. N/A A. Amphetamine | B. Barbiturate C. Cocaine E. Heroin | H. Hallucinogen M. Marijuana O. Opium/Derv. | P. Paraphernalia/ Equipment S. Synthetics | U. Unknown Z. Other |
| Charge Description Driving Under the Influence | | 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 | Drug Type | Amount / Unit | Offense # 20-095120 | Warrant / Capias Number | | Bond | | | | |

| | |
|---|----------------------------------|
| Location (Court, Room Number, Address) South County Courthouse, Courtroom 8, 300 W. Atlantic Ave., Delray Beach, FL 33444 - Tel: (561) 355-2996 | |
| Court Date and Time Month 9 Day 3 Year 20 Time 8:30 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 08/08/2020 |

| | | |
|---|--|---|
| HOLD for other Agency Name: | Signature of Arresting Officer X | Name Verification (Printed by Arrestee) AUG 8 AM 3:07 |
| <input type="checkbox"/> Dangerous <input type="checkbox"/> Resisted Arrest <input type="checkbox"/> Suicidal <input type="checkbox"/> Other: | Name of Arresting Officer (Print) A. Soloway | (PRINT) |
| Intake/Deputy [Signature] | Transporting Officer A. Soloway | Agency PBSO |
| I.D. # | ID # 8586 | PAGE 1 OF 1 |

0502341

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PROBABLE CAUSE AFFIDAVIT

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

| | | | | | | | |
|---|--|---|---------------------------------------|------------------------|--------------------------|----------|--------------------------|
| OBTS Number | PROBABLE CAUSE AFFIDAVIT | | 1. Arrest | 3. Request for Warrant | <input type="checkbox"/> | Juvenile | <input type="checkbox"/> |
| Agency ORI Number FLO 500000 | Agency Name PALM BEACH COUNTY SHERIFF'S OFFICE | Agency Report Number 06- 2069512 | 2. N.T.A. | 4. Request for Copies | <input type="checkbox"/> | | |
| Charge Type: Check as many as apply. | <input type="checkbox"/> 1. Felony | <input type="checkbox"/> 3. Misdemeanor | <input type="checkbox"/> 5. Ordinance | Special Notes: | | | |
| | <input type="checkbox"/> 2. Traffic Felony | <input type="checkbox"/> 4. Traffic Misdemeanor | <input type="checkbox"/> 6. Other | | | | |

| | | | | | |
|-------------|--|--------------------|------------------|-----------------|------------------------------------|
| CHARGES DEF | Name (Last, First, Middle) Wyman, Molly, Dee | Alias | Race W | Sex F | Date of Birth 06/04/1994 |
| | 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 | | |

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
 committed the below acts in my presence. was observed by _____ who told _____ that he/she saw the arrested person commit the below acts.
 confessed to _____ admitting to the below facts. was found to have committed the below acts, resulting from my (described) investigation.
 On the **7TH** day of **AUGUST** 20**20** at **2349** A. M. P.M. (Specifically include facts constituting cause for arrest.)

I responded to a report of a possible impaired driver traveling west bound on Forest Hill Blvd west of State Road 7. According to the Dispatch Notes the caller was in a two tone Ford F-250 and was following a Dark Colored, possibly blue two door sedan bearing Florida Tag "LYFQ04". I observed first, the two tone Ford in traffic and accelerated to overtake that vehicle. While approaching the Ford I observed a blue Mercedes in the number 3 outside median lane with its passenger tires to the right of the solid white line occupying the area just adjacent to the curb. The vehicle then over corrected and swerved left until the center of the Mercedes was left of the dashed line between the number 2 and number 3 lanes. The vehicle continued to swerve between lanes and its speed varied from approximately 25 miles per hour to 45 miles per hour as it continued to swerve lane to lane. The vehicle then failed to stop for a steady red light west bound on Forest Hill Blvd at Wellington Trace. I activated my emergency lights to initiate a traffic stop. The driver then continued to vary in speed from 25 to 45 miles per hour still swerving lane to lane while I was behind her with all emergency lights and siren activated for a distance of approximately 1.4 miles until the driver stopped in the turn lane in the 12700 block of Forest Hill Blvd. Upon having the driver identified by Florida Driver License as Molly Wyman (06/04/1994) I detected the odor of an unknown alcoholic beverage coming from on or about her person that intensified when she spoke. Wyman was unsteady on her feet and had difficulty standing without swaying in a circular motion and making small adjustments with her feet. Wyman's speech was slurred, mush mouthed, and labored. I asked Wyman if she was diabetic or had any medical conditions I needed to be aware of. She stated "No." Based on the above described actions I suspected Wyman to be possibly impaired and requested an Investigator from the PBSO DUI unit respond for an evaluation. See Invest. A. Soloway report for further fact finding information.

STATE OF FLORIDA
 COUNTY OF PALM BEACH
D/S W. Amadon #9440 **D/S W. AMADON**
 (Signature of Arresting/Investigative Officer)

The foregoing instrument was sworn to or affirmed and subscribed before me this **8TH** day of **AUGUST** 20**20** by **D/S W. AMADON #9440**
 (Print name of Arresting/Investigative Officer) who is personally known to me and/or produced identification. Type of identification produced **KNOWN TO ME**

Notary Public, Clerk of Court, Officer (F.S.S. 117.10)
[Signature]
 PAGE **1** OF **1**

D.U.I. PROBABLE CAUSE AFFIDAVIT

ON THE 8 DAY OF August 2020, AT 0005 AM PM

SUBJECT: Wyman, Molly, Dee CASE NUMBER: 20-095120

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

PERSONAL CONTACT

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

I responded to assist D/S W. Amadon #9440 with a possible impaired driver. Upon my arrival he advised me of the following:
I responded to a report of a possible impaired driver traveling west bound on Forest Hill Blvd west of State Road 7. According to the Dispatch Notes the caller was in a two tone Ford F-250 and was following a Dark Colored, possibly blue two door sedan bearing Florida Tag "LYFQ04". I observed first, the two tone Ford in traffic and accelerated to overtake that vehicle. While approaching the Ford I observed a blue Mercedes in the number 3 outside median lane with its passenger tires to the right of the solid white line occupying the area just adjacent to the curb. The vehicle then over corrected and swerved left until the center of the Mercedes was left of the dashed line between the number 2 and number 3 lanes. The vehicle continued to swerve between lanes and its speed varied from approximately 25 miles per hour to 45 miles per hour as it continued to swerve lane to lane. The vehicle then failed to stop for a steady red light west bound on Forest Hill Blvd at Wellington Trace. I activated my emergency lights to initiate a traffic stop. The driver then continued to vary in speed from 25 to 45 miles per hour still swerving lane to lane while I was behind her with all emergency lights and siren activated for a distance of approximately 1.4 miles until the driver stopped in the turn lane in the 12700 block of Forest Hill Blvd. Upon having the driver identified by Florida Driver License as Molly Wyman (06/04/1994) I detected the odor of an unknown alcoholic beverage coming from on or about her person that intensified when she spoke. Wyman was unsteady on her feet and had difficulty standing without swaying in a circular motion and making small adjustments with her feet. Wyman's speech was slurred, mush mouthed, and labored. I asked Wyman if she was diabetic or had any medical conditions I needed to be aware of. She stated "No."

OBSERVATION OF DRIVER:

Upon my arrival the defendant was sitting on the curb. When she stood up she was unsteady on her feet. She displayed a significant sway while standing and speaking with me. Her speech was slurred and she had difficulty completing a sentence at times. Her eyes were red and glassy. Her lips had dry white saliva on them. There was an odor of an unknown alcoholic beverage on her breath.

DRIVER'S STATEMENTS:

The defendant denied having any medical conditions or physical abnormalities. When asked how much she drank tonight, she replied "not going to tell you anything".

ODORS:

There was an odor of an unknown alcoholic beverage on her breath.

GENERAL OBSERVATIONS

SPEECH: slurred

ATTITUDE: crying, mood swings

CLOTHING: dress, slides

MEDICAL/OTHER: stated none

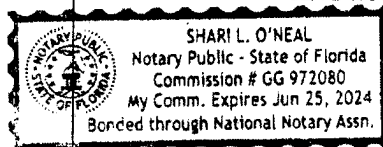
STATE OF FLORIDA
COUNTY OF PALM BEACH

A Soloway
Signature of Arresting/Investigative Officer

The foregoing instrument was sworn to or affirmed and subscribed before me this 8 day of August 2020 by A Soloway

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

Shari O'Neal (#6212)
Notary Public, Clerk of Court, Officer (F.S.S. 117.10)



SUBJECT: Wyman, Molly, Dee

CASE NUMBER 20-095120

ROADSIDE TASKS

HORIZONTAL GAZE NYSTAGMUS:

- LT EYE-LACK OF SMOOTH PURSUIT
- LT EYE-DISTINCT & SUSTAINED NYSTAGMUS AT MAX. DEVIATION
- LT- EYE-ONSET OF NYSTAGMUS PRIOR TO 45 DEGREES

- RT EYE-LACK OF SMOOTH PURSUIT
- RT EYE-DISTINCT & SUSTAINED NYSTAGMUS AT MAX. DEVIATION
- RT- EYE-ONSET OF NYSTAGMUS PRIOR TO 45 DEGREES

Other Observations:

REFUSED

WALK & TURN:

REFUSED

ONE LEG STAND:

REFUSED

ROMBERG ALPHABET:

REFUSED

ROMBERG ALPHABET:

REFUSED

BREATH TEST RESULTS:

| | | | |
|------------|------------|----|----|
| 1) Refusal | 2) Refusal | 3) | 4) |
|------------|------------|----|----|

STATE OF FLORIDA
COUNTY OF PALM BEACH

A Soloway

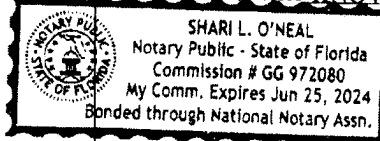
Signature of Arresting/Investigative Officer)

The foregoing instrument was sworn to or affirmed and subscribed before me this 8 day of August 2020 by A Soloway

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

Shari O'Neal (#6212)

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



NOT A CERTIFIED COPY

WITNESS LIST

CASE NUMBER: 20-095120

ARRESTING OFFICER: A Soloway

ADDRESS: PBSO

PHONE NUMBERS (HOME): _____ (WORK) 561 688 3000

CAN TESTIFY TO: DUI INVESTIGATION

NAME: DS W AMADON #9440

ADDRESS: PBSO

PHONE NUMBERS (HOME) _____ (WORK) _____

CAN TESTIFY TO: STOPPING DS

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 _____

PHONE NUMBERS (HOME) _____ (WORK) _____

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CAN TESTIFY TO: _____

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CAN TESTIFY TO: _____

NAME: _____

ADDRESS _____

PHONE NUMBERS (HOME) _____ (WORK) _____

CAN TESTIFY TO: _____

NAME: _____

ADDRESS _____

PHONE NUMBERS (HOME) _____ (WORK) _____

CAN TESTIFY TO: _____

NOT A CERTIFIED COPY

TESTING FACILITY TASK REPORT

AGENCY:

SUBJECT:

CASE NUMBER:

DATE:

VIDEO DVD NUMBER:

BEGINNING TIME:

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 TECHNICIAN:

TESTING OFFICER'S OBSERVATIONS

SPEECH:

ATTITUDE:

CLOTHING:

MEDICAL CONDITIONS:

MEDICATIONS:

OTHER:

EYES: RED, WATERY FROM CRYING

COMMENTS:

20 MIN. OBSERVATION DONE BY A/O SOLOWAY #8586
A/O REQUESTED THE BREATH REQUEST.
D REFUSED THE REQUEST.
A/O READ THE IMPLIED CONSENT ON CAMERA.
D UNDERSTOOD THE I/C AS READ.
D STILL REFUSED THE BREATH REQUEST AFTER THE I/C WAS READ TO HER ON CAMERA.
C/W READ ON CAMERA, Q&A REFUSED.

SUBJECT: _____

CASE NUMBER: _____

IMPLIED CONSENT FOR DUI IN A MOTOR VEHICLE

NOTE: READ ONLY THE PARAGRAPH APPLICABLE TO THE TYPE OF TEST YOU ARE REQUESTING.

I am now requesting that you submit to a lawful test of your BREATH for the purpose of determining its alcohol content.

-OR-

I am now requesting that you submit to a lawful test of your URINE for the purpose of detecting the presence of chemical or controlled substances.

-OR-

I am now requesting that you submit to a lawful test of your BLOOD for the purpose of detecting its alcohol content and the presence of chemical or controlled substances.

NOTE: READ ONLY IF THE SUBJECT DOES NOT COMPLY WITH YOUR REQUEST.

I am _____ of the _____.

If you fail to submit to the test I have requested of you, your privilege to operate a motor vehicle will be suspended for a period of one (1) year for a first refusal, or eighteen (18) months if your privilege has been previously suspended as a result of a refusal to submit to a lawful test of your breath, urine or blood. Additionally, if you refuse to submit to the test I have requested of you and if your driving privilege has been previously suspended for a prior refusal to submit to a lawful test of your breath, urine or blood, you will be committing a misdemeanor. Refusal to submit to the test I have requested of you is admissible into evidence in any criminal proceeding.

SUBJECT'S SIGNATURE: (X) _____

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) _____

WHITE - STATE ATTY.

YELLOW - DHSMV

PINK - CENTRAL RECORDS

GOLD - JAIL

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? _____

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: _____



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

PBSO CASE # 20-095120

PBSO ZONE 8-61

AGENCY CASE # _____

CRASH CASE # _____

TIME OF STOP/CRASH 0005

DATE 08/08/2020

DAY Saturday

SUBJECT'S NAME Wyman, Molly, Dee

RACE W

SEX F

HGT 5'03

WGT 150

DOB 6/4/1994

LOCATION Wellington Trace/Forest Hill Blvd

ARRESTING OFFICER'S NAME & ID A Soloway 0

AGENCY Palm Beach County Sheriff's Office

DIVISION: VCD

NOTIFIED BY COMMO Yes

ARRIVAL AT FACILITY 0104

ARREST TIME 0046

BREATH RESULTS:

| | |
|----|--|
| 1) | |
| 2) | |
| 3) | |
| 4) | |

TESTING OFFICER'S ID 6212

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

20-095120

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

am a member of Palm Beach County Sheriff's Office, and I do swear
(Name of law enforcement agency)

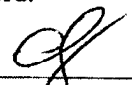
or affirm that on or about the 8 day of August, 20 20, at 0046 P.M. A.M.

DRIVER Molly Dee Wyman
(Type or Print) FIRST NAME MIDDLE OR MAIDEN NAME LAST NAME

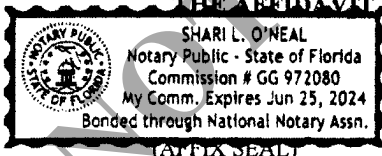
DL# W550544947040, state of Florida, was placed under lawful arrest for
the offense of Driving Under the Influence by A Soloway and
issued Citation # A2GCPZP
(Name of Arresting Officer)

That on or about the 8 day of August, 20 20, at 0127 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:

The foregoing instrument was sworn and subscribed before
me this 8 day of August, 20 20,
by A Soloway,

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

Notary Public Shari O'Neal (#6212) 

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: 2020018821 | Date: 8/8/2020 |
| | Specialist Name/ID: Gammage/5660 |