

0576816

20CT 7263ASB

1097

CBTS Number		ARREST / NOTICE TO APPEAR		1 Arrest 2 NTA 3 Request for Warrant 4 Request for Capias 5 Juvenile Referral		1		JUVENILE													
Agency ORI Number 0500200		Agency Name Boca Raton Police Department		Agency Report Number (N.T.A.'s only) 3 2 2020-006525																	
Charge Type Check as many as apply <input type="checkbox"/> 1 Felony <input type="checkbox"/> 2 Traffic Felony <input checked="" type="checkbox"/> 3 Misdemeanor <input checked="" type="checkbox"/> 4 Traffic Misdemeanor <input type="checkbox"/> 5 Ordinance <input type="checkbox"/> 6 Other		If Weapon Seized Enter Type None/not Applicable		Multiple Clearance Indicator																	
Location of Arrest (Including Name of Business) 4100 N FEDERAL HWY				Location of Offense (Business Name, Address) 4100 N FEDERAL HWY, BOCA RATON, FL 33431																	
Date of Arrest 06/05/2020		Time of Arrest 22:38		Booking Date		Booking Time		Jail Date		Jail Time		Location of Vehicle									
Name (Last, First, Middle) HACK, NANCY ROBIN										Alias (Name, DOB, Soc. Sec. #, Etc.)											
Race W - White B - Black O - Oriental/Asian		Sex W F		Date of Birth 11/27/1963		Height 5'04		Weight 120		Eye Color BLUE		Hair Color BROWN		Complexion MEDIUM		Build Small					
Scars, Marks, Tattoos, Unique Physical Features (Location, Type, Description)										Marital Status S		Religion		Indication of Alcohol/Drug Influence Yes <input type="checkbox"/> No <input type="checkbox"/> Unk <input type="checkbox"/>							
Local Address (Street, Apt. Number) 445 NE 3RD ST, BOCA RATON, FL 33432				(City)		(State)		(Zip)		Phone (561) 312-3373											
Permanent Address (Street, Apt. Number) 445 NE 3RD ST, BOCA RATON, FL 33432				(City)		(State)		(Zip)		Phone (561) 312-3373											
Business Address (Name, Street) SELFEMPLOYED,				(City)		(State)		(Zip)		Phone (561) 312-3373											
Occupation Real Estate				DL Number, State H200636639270 / FL		Sec. Sec. Number		DNS Number		Place of Birth (City, State) LITTLE NICK, NY,		Citizenship									
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											
<input type="checkbox"/> Parent <input type="checkbox"/> Legal Custodian		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 Department and Released 2 TOT JAC 3 Incarcerated													
Released To (Name)				Relationship		Date		Time													
The above address was 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's Office (Phone 355-2526) informed of any change of address.										School Attended		Grade									
<input type="checkbox"/> Yes, by		<input type="checkbox"/> No		Property Crime?		Description of Property		Value of Property													
Drug Activity N N/A P Phasine		S Sell B Buy T Traffic		R Smuggle D Deliver E Use		K Dispenses/ 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 Synthetic		U Unknown Z Other	
Charge Description DUI				Statute Violation Number 316.193(1)		Violation of ORD #															
Drug Activity		Drug Type N		Amount / Unit		Offense #		Counts 1		Domestic Violence <input type="checkbox"/> Y <input checked="" type="checkbox"/> N		Warrant / Capias Number		Bond							
Charge Description				Statute Violation Number		Violation of ORD #															
Drug Activity		Drug Type		Amount / Unit		Offense #		Counts		Domestic Violence <input type="checkbox"/> Y <input type="checkbox"/> N		Warrant / Capias Number		Bond							
Charge Description				Statute Violation Number		Violation of ORD #															
Drug Activity		Drug Type		Amount / Unit		Offense #		Counts		Domestic Violence <input type="checkbox"/> Y <input type="checkbox"/> N		Warrant / Capias Number		Bond							
Health / Apparent Physical Condition of Defendant										Any knowledge of the following Explain: <input type="checkbox"/> Mental <input type="checkbox"/> Escape Risk <input type="checkbox"/> Medication <input type="checkbox"/> Deformities <input type="checkbox"/> Injuries											
Check which applies <input type="checkbox"/> Released O.R. <input type="checkbox"/> Posted Bond				<input type="checkbox"/> Released to Parent/Guardian		<input type="checkbox"/> TOT County Jail		PROPERTY - Received By		Released By		Released To									
Transported By				Date Transported		Time Transported		Other													
<input type="checkbox"/> INSTRUCTION NO. 1 - Mandatory appearance in court				<input checked="" type="checkbox"/> INSTRUCTION NO. 2 - You need not appear in Court but must comply with instructions on Page 2.		Location (Court, Room) South County 200 W Atlantic Ave Delray Beach, FL 33444		Court Date and Time 7/13/2020 0830		No Photo Available											
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											
HOLD for Other Agency				Signature of Arresting Officer Walter 848				Name Verification (Printed by Arrestee)													
<input type="checkbox"/> Dangerous <input type="checkbox"/> Suscndal		<input type="checkbox"/> Restricted Arrest <input type="checkbox"/> Other		Name of Arresting Officer (Print) WALTER, E. R.		ID # 848		(PRINT)													
Intake Deputy Spann 8101		Pouch #		Transporting Officer Walter		ID # 848		Agency													
Witness here if subject signed with an 'X'										PAGE 1 OF 1											

SCANNED
JUN 06 2020

PROBABLE CAUSE AFFIDAVIT

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

1 JUVENILE

A D M I N I S T R A T I V E	OBTS Number		Agency ORI Number FL 0500200		Agency Name BOCA RATON POLICE DEPARTMENT		Agency Report Number 3 2 2020-006525		
	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		Special Notes:						
D E F E N D A N T	Name (Last, First, Middle) HACK, NANCY ROBIN						Race W	Sex F	Date of Birth 11/27/1963
	Charge Description 316.193(1) DUI		Charge Description						
C H A R G E S	Charge Description		Charge Description						
	Charge Description		Charge Description						
V I C T I M	Victim's Name (Last, First, Middle) STATE OF FLORIDA,						Race	Sex	Date of Birth
	Local Address (Street, Apt. Number) 100 NW 2ND AVE, BOCA RATON, FL 33432		(City)	(State)	(Zip)	Phone (561) -		Address Source	
M I S D E M E A N O R	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.</p> <p>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 6 day of June, 2020 at 00:30 (Specifically include facts constituting cause for arrest.)</p> <p>On 06-05-2020 at approximately 2140 hours while on routine patrol, I observed a black Hyundai Sonata stopped South bound on N. Federal Hwy about ten feet North of the intersection at Spanish River Blvd. Directly behind that vehicle was a Gray Honda Fit. The two vehicles appeared to have been in a crash so I stopped behind them to assist. As I walked up to the Honda Fit, I saw a white female later identified by Florida driver's license as Nancy Hack, sitting in the driver's seat with the door closed.</p> <p>As I was speaking with Hack I noticed that she appeared to be disorientated and confused. Hack provided me with her driver's license and gave me her series of events. Hack exited her car but struggled to maintain her balance as she was stepping out and appeared unsteady on her feet when she stood. I spoke with Hack for another moment and noticed that she had a slight slur to her speech and that her eyes appeared glassy. Ofc. Keener stood by with Hack as I completed the crash forms. Hack advised Ofc. Keener that she had not spoken with an Officer yet. Hack restated how the crash occurred and provided a second drivers license to Ofc. Keener. Ofc. Keener advised that she smelled the scent of an alcoholic beverage on Hack's breath when she was speaking with her.</p> <p>The driver of the black Hyundai Sonata advised that he was sitting at the red light at Spanish River Blvd to go South on N. Federal Hwy when the Gray Honda Fit crashed into the rear of his vehicle. Based off the positioning of the cars and their proximity to the intersection it appeared reasonable to believe that this series of event were accurate.</p> <p>I completed my crash investigation and provided Hack with her driver's license and vehicle crash report. At that time I conducted a "changing of the hats" and advised Hack that I was now conducting a criminal investigation. I read her constitutional rights to her from an agency preprinted card. Hack advised that she understood her rights and that she did not wish to answer any of my questions but did not request to speak with an</p>								
S W O R N	SWORN AND SUBSCRIBED BEFORE ME		JOSHUA BELL MY COMMISSION #GG346008 EXPIRES: JUN 18, 2023		SIGNATURE OF ARRESTING / INVESTIGATING OFFICER <i>Walter Eric Rocco</i>				
	NOTARY PUBLIC / CLERK OF COURT / OFFICE OF STATE CLERK <i>6/6/20</i> DATE		118100 Notarized through 1st State Insurance		WALTER, ERIC ROCCO (848) NAME OF OFFICER (PLEASE PRINT) 06/06/2020 DATE				
PAGE		1 OF 2							

COURT STATE ATTORNEY CENTRAL RECORDS JAIL CRIME ANALYSIS P. I. O.

SCANNED JUN 06 2020

PROBABLE CAUSE AFFIDAVIT
SUPPLEMENT

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

1 JUVENILE

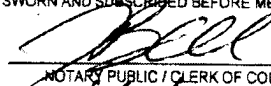


OSTS Number	Agency ORI Number FL 0500200		Agency Name BOCA RATON POLICE DEPARTMENT	Agency Report Number 3 2 2020-006525
Charge Type: Check as many as apply. <input type="checkbox"/> 1. Felony <input type="checkbox"/> 2. Traffic Felony <input type="checkbox"/> 3. Misdemeanor <input checked="" type="checkbox"/> 4. Traffic Misdemeanor <input type="checkbox"/> 5. Ordinance <input type="checkbox"/> 6. Other				

Name (Last, First, Middle) HACK, NANCY ROBIN	Race W	Sex F	Date of Birth 11/27/1963
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attorney.

I then requested that Hack perform a series of standardized field sobriety exercises to determine her level of impairment. Hack asked what would happen if she did not perform the exercises. I advised her that if she were to refuse to consent to the exercises that I would be forced to make my decision as to whether she was intoxicated off what I had already observed. Hack continued to ask questions and stated that she did not understand why she had to perform the exercises when the other car cut her off. While speaking Hack initially advised that she had been coming from a client's house. Later, Hack advised that she had just left Crazy Uncle Mike's which is a local bar. Hack advised that she had been drinking but could not remember how many drinks she had. Hack advised several times that she did not understand why she had to do the exercises and that she didn't understand her rights. I reminded Hack that I had read her rights to her and she stated that she understood. Hack advised that she had not been made aware of her rights and that she did not know what she should do. While speaking with Hack her emotions seemed to alter at random movements. Hack would be confused, then would be laughing for no reason, then she would be angry for no reason. The entire time while speaking with Hack she appeared unstable on her feet and spoke with a slight slur, with a noticeable odor of alcohol being emitted from her breath.

I explained Hack her Taylor warning to her and once again requested she perform field sobriety tasks to determine her level of impairment, which she refused. I then advised Hack that she was being placed under arrest for Driving Under the Influence (F.S.S. 316.193(1)). Hack was transported to Boca Raton Regional Hospital where she received medical clearance. I then transported Hack to Palm Beach County Jail. Hack refused to provide a sample of her breath when requested. She was then read Implied Consent and was requested to provide a sample of her breath which she again refused to do. She was issued Florida Uniform Traffic Citation A6LQANE for Driving Under the Influence, with a mandatory court date of A6LQANE at the South County Courthouse in Delray Beach. She was also issued a civil citation for ADR2A1E. Her vehicle was towed from the scene by Emerald Towing.

SWORN AND SUBSCRIBED BEFORE ME  NOTARY PUBLIC / CLERK OF COURT / OFFICER 6/6/20 DATE	 JOSHUA BELL MY COMMISSION #GG346008 EXPIRES: JUN 18, 2023 Covered through 1st State Insurance	 SIGNATURE OF ARRESTING / INVESTIGATING OFFICER WALTER, ERIC ROCCO (848) NAME OF OFFICER (PLEASE PRINT) 06/06/2020 DATE	PAGE 2 OF 2
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COURT STATE ATTORNEY CENTRAL RECORDS JAIL CRIME ANALYSIS P. I. O.

SCANNED
JUN 06 2020

SUBJECT: Nancy Hack

CASE NUMBER: 2020-006525

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 Ofc. Walter of the Boca Raton Police Department

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.

SCANNED

JUN 06 2020

SUSPECT'S SIGNATURE: (X) _____

SUBJECT: Nancy Hack CASE NUMBER: 2020-006525

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? _____

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JUN 06 2020

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: _____

TESTING FACILITY TASK REPORT

AGENCY: BRPD OFC. WALTER #848

SUBJECT: HACK, NANCY R.

DATE: 06-06-2020

BEGINNING TIME: 0040 HRS

ENDING TIME: 0054 HRS

CASE NUMBER: 20-075363

VIDEO DVD NUMBER: N/A

BREATH TESTS RESULTS: 1) R TIME 0053 A.M. P.M. 2) TIME A.M. P.M.

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

BREATH OPERATOR: S.O'NEAL #6212

MAINTENANCE TECHNICIAN: J. KARLECKE #6467

TESTING OFFICER'S OBSERVATIONS

SPEECH: SLUR, SOFT SPOKEN

ATTITUDE: CALM, COOPERATIVE, HESITANT, INDECISIVE, REPETITIVE

CLOTHING: SHIRT- BLUE/MULTI. PRINT SHORTS- KHAKI

MEDICAL CONDITIONS: NONE

MEDICATIONS: NONE

OTHER:
EYES: VERY RED & GLASSY

COMMENTS:

20 MIN. OBSERVATION DONE BY A/O WALTER #848
A/O REQUESTED THE BREATH TEST.
D HAD QUESTIONS ABOUT SUBMITTING, ASK WHAT HAPPENS IF SHE SUBMITTED OR DID NOT SUBMIT.
A/O READ THE IMPLIED CONSENT ON CAMERA MORE THEN ONCE TO THE D. IMPLIED CONSENT BROKEN
DOWN TO THE D. D WENT BACK AND FORTH ABOUT TAKING THE TEST.
D KEPT ASKING THE SAME QUESTIONS OVER AND OVER.
D EVENTUALLY REFUSED TO SUBMIT TO THE BREATH TEST.
C/W READ ON CAMERA, D ASKED FOR HER ATTORNEY.

SCANNED
JUN 06 2020



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

PBSO CASE # 20-075363 PBSO ZONE 7-22

AGENCY CASE # 2020006525 CRASH CASE # 2020006525

TIME OF STOP/CRASH 2137 DATE 06/05/2020 DAY Friday

SUBJECT'S NAME Hack, Nancy RACE W SEX F

HGT 504 WGT 100 DOB 11/27/1963

LOCATION 4100 N Federal Highway Boca Raton

ARRESTING OFFICER'S NAME & ID Eric Walter AGENCY Boca Raton

DIVISION: Field Services

NOTIFIED BY COMMO ✓

ARRIVAL AT FACILITY 0018 hrs

BREATH RESULTS:

Arrest Time _____

- 1. _____
- 2. _____
- 3. _____
- 4. _____

TESTING OFFICER'S ID 6212

NOT A CERTIFIED COPY

SCANNED
JUN 06 2020

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

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

am a member of Boca Raton Police Department, and I do swear
(Name of law enforcement agency)

or affirm that on or about the 5th day of JUNE, 20 20, at 1038 P.M. A.M.

DRIVER Nancy Robin Hack
(Type or Print) FIRST NAME MIDDLE OR MAIDEN NAME LAST NAME

DL# H200-636-63-927-0, state of Florida, was placed under lawful arrest for
the offense of Driving under the influence by Eric Walter and
issued Citation # ABLQANE
(Name of Arresting Officer)

That on or about the 6th day of JUNE, 20 20, at 0053 P.M. A.M.
in Palm Beach County,

I requested that the driver submit to a breath and/or urine test to determine his or her blood alcohol level and/or the presence of chemical or controlled substances. I informed the driver that the refusal to submit to such test(s) would result in the suspension of his or her driving privilege for a period of one (1) year for a first refusal, or for a period of eighteen (18) months if his or her driving privilege had been previously suspended for refusing to submit to a breath, urine or blood test. I also informed the driver that he or she commits a misdemeanor by refusing to submit to a lawful test as requested above if his or her driving privilege has been previously suspended for refusal to submit to a lawful test of his or her breath, urine, or blood. Additionally, I informed the driver that if he or she holds a CDL, or was operating a CMV, refusal will result in the disqualification of the Commercial Driver's License/driving privilege for a period of one (1) year in the case of a first refusal or permanently if he or she has previously been disqualified as a result of a refusal to submit to any such lawful test. Nonetheless, the driver refused to submit to the test(s) requested.

Signature of Law Enforcement Officer or
Correctional Officer

THE AFFIDAVIT MUST BE NOTARIZED OR ATTESTED TO (F.S. 117.10)

The foregoing instrument was sworn and subscribed before me:

Signature of Attesting Officer

Title _____

Date _____

(AFFIX SEAL)

The foregoing instrument was sworn and subscribed before

me this 06 day of June, 20 20,

by _____,

who is personally known to me or who has produced

ID 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)(f)	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: 2020014280	Date: 6/6/2020
	Specialist Name/ID: B Evans / 23649

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JUN 06 2020