

20CT15374ANB

ARREST / NOTICE TO APPEAR  
Juvenile Referral Report

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

1 Juvenile N

ADMINISTRATIVE	OBTS Number		Agency ORI Number <b>FLO 502600</b>		Agency Name <b>PALM BEACH GARDENS POLICE DEPARTMENT</b>		Agency Report Number (N.T.A.'s only) <b>78-20005328</b>		
	Charge Type: Check as many as apply: <input type="checkbox"/> 1. Felony <input type="checkbox"/> 2. Traffic Felony <input type="checkbox"/> 3. Misdemeanor <input checked="" type="checkbox"/> 4. Traffic Misdemeanor <input type="checkbox"/> 5. Ordinance <input type="checkbox"/> 6. Other		Weapon Seized / Type 1. Yes 2. No <b>FIREARM</b>		Multiple Clearance Indicator				
	Location of Arrest (Including Name of Business) <b>9429-BLK SILVERTHORNE DR, PALM BEACH GARDENS, FL 33410</b>				Location of Offense (Business Name, Address) <b>NORTHLAKE Blvd / Interstat 95, Pkg 7 33410</b>				
DEFENDANT	Date of Arrest <b>11/29/2020</b>	Time of Arrest <b>03:59</b>	Booking Date	Booking Time	Jail Date	Jail Time	Location of Vehicle <b>KAUFF'S TOWING &amp; RECOVERY 4301 East Avenue, West Palm Beach, FL 33405</b>		
	Name (Last, First, Middle) <b>TRUJILLO, NOSLEN, MONTESINO</b>						Alias (Name, DOB, Soc. Sec. #, Etc.)		
	Race W - White I - American Indian B - Black O - Oriental/Asian	Sex W M	Date of Birth <b>07/28/1978</b>	Height <b>505</b>	Weight <b>200</b>	Eye Color <b>GRAY</b>	Hair Color <b>BALD</b>	Complexion <b>LGT</b>	Build <b>LARGE</b>
	Scars, Marks, Tattoos, Unique Physical Features (Location, Type, Description) <b>NONE</b>				Marital Status <b>SINGLE</b>	Religion <b>NONE</b>	Indication of: Alcohol Influence <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> Unk. <input type="checkbox"/> Drug Influence <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> Unk. <input type="checkbox"/>		
	Local Address (Street, Apt. Number) (City) (State) (Zip) <b>9305 SILVERTHORNE DRIVE, PALM BEACH GARDENS, FL 33410</b>				Phone <b>(561) 308-9444</b>		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"/> 2		
	Permanent Address (Street, Apt. Number) (City) (State) (Zip)				Phone		Address Source <b>SELF</b>		
	Business Address (Name, Street) (City) (State) (Zip) <b>INTERSTATE RECYCLING, STUART</b>				Phone		Occupation <b>DRIVER</b>		
	D/L Number, State <b>T624620782680 FL</b>		Soc. Sec. Number		INS Number		Place of Birth (City, State) <b>CUBA</b>		Citizenship <b>USA</b>
	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:		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 355-2528) informed of any change of address. <input type="checkbox"/> Yes, by: (Name) <input type="checkbox"/> No. (Reason)				School Attended		Grade		
CHARGE	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 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 <b>DUI - NORMAL FACULTIES IMPAIRED</b>		Counts <b>1</b>	Domestic Violence <input type="checkbox"/> Y <input checked="" type="checkbox"/> N	Statute Violation Number <b>316.193(1)(A)</b>		Violation of ORD #		
	Drug Activity <b>N</b>	Drug Type <b>N</b>	Amount / Unit <b>N/A</b>	Offense #	Warrant / Capias Number		Bond		
CHARGE	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	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		
NOTICE TO APPEAR	Location (Court Room Number, Address) <b>NORTH COUNTY COURTHOUSE, 3188 PGA BOULEVARD, PALM BEACH GARDENS, FL 33410 - PH: (561) 662-6700</b>								
	Court Date and Time Month <b>DECEMBER</b> Day <b>16</b> Year <b>2020</b> Time <b>10:00</b> AM <input checked="" type="checkbox"/> PM		I AGREE TO APPEAR AT THE TIME AND PLACE DESIGNATED TO ANSWER THE OFFENSE CHARGED OR TO PAY THE FINE SUBSCRIBED. I UNDERSTAND THAT SHOULD I WILLFULLY FAIL TO APPEAR BEFORE THE COURT AS REQUIRED BY THIS NOTICE TO APPEAR, THAT I MAY BE HELD IN CONTEMPT OF COURT AND A WARRANT FOR MY ARREST SHALL BE ISSUED						
Signature of Defendant (or Juvenile and Parent /Custodian)		Signature of Arresting Officer		Name Verification (Printed by Arrestee) <b>NOV 30 2020</b>					
HOLD for other Agency Name:		Name of Arresting Officer (Print) <b>Off. Cameron Carver #471</b>		I.D. # <b>#471</b>		Agency <b>PBGPD</b>			
<input type="checkbox"/> Dangerous <input type="checkbox"/> Resisted Arrest <input type="checkbox"/> Suicidal <input type="checkbox"/> Other:		Intake Deputy <b>Diana Lopez</b> I.D. #		Pouch #		Witness here if subject signed with an -X" <b>1</b> of <b>1</b>			

0519911

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DISTRIBUTION: WHITE - COURT COPY GREEN - STATE ATTORNEY YELLOW - AGENCY PINK - AGENCY GOLD - DEFENDANT (N.T.A.'s ONLY)

# D.U.I. PROBABLE CAUSE AFFIDAVIT

ON THE 29 DAY OF November 20 20, AT 03:13  AM  PM  
SUBJECT: TRUJILLO, NOSLEN, MONTESINO CASE NUMBER: 20005328

AGENCY: PALM BEACH GARDENS POLICE DEPT. ARRESTING OFFICER: Ofc. Cameron Carver #471

## PERSONAL CONTACT

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

Officer Kristin Garito #500 was patrolling the area of Northlake Blvd and Interstate 95; while sitting at a red light to go eastbound on Northlake Blvd, she observed a black Mercedes bearing Florida tag: PGRY48 proceed through the solid red light in the far-left straight lane. The vehicle stopped at a red light underneath the I95 bridge on Northlake Blvd. When the light turned green, the Mercedes continued eastbound. A black pickup truck was traveling eastbound in front of the Mercedes, the black pickup truck went to change lanes to the right when the black Mercedes began to swerve into the middle lane and speed up. The Mercedes was driving in excessive speeds and could not maintain a lane. At Northlake Blvd and Roan Lane, while driving in the left lane going eastbound, Ofc. Garito initiated a traffic stop. The vehicle failed to yield and continued eastbound until it turned northbound on Silverthorne Dr. The Mercedes failed to yield to oncoming vehicles, almost causing a collision with another vehicle. The Mercedes continued and pulled into 9449 Silverthorne Dr. The Mercedes then reversed out of the driveway where Officer Garito and Faris stopped and made contact with the driver and occupant. The driver of the vehicle was identified by his Florida Drivers License as Noslen Trujillo. The passenger of the vehicle was identified by his Florida Driver's license as Ricardo Caballero.

### OBSERVATION OF DRIVER:

Bloodshot, glassy eyes; strong odor of unknown alcoholic beverage coming from breath; unable to maintain balance; rambling; did not know where he came from.

### DRIVER'S STATEMENTS:

Stated he came from Richard, later determined to be Rachel's in West Palm Beach. Claims hes not impaired, always drives safe because he has CDL. Stated he was not aware police was behind him. Stated he had 2-3 beers and 2-3 margaritas. Refused breath, read and explained IC and CDL IC, refused again.

### ODORS:

Odor of unknown alcoholic beverage.

## GENERAL OBSERVATIONS

SPEECH: Slurred

ATTITUDE: Annoyed; Argumentative; Carefree; Talkative

CLOTHING: blue button-down shirt (too small to keep closed); blue jeans; white sneakers

MEDICAL/OTHER: None

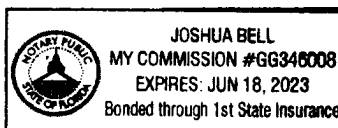
STATE OF FLORIDA  
COUNTY OF PALM BEACH

(Signature of Arresting/Investigative Officer)

The foregoing instrument was sworn to or affirmed and subscribed before me this 29 day of November 20 20 by Ofc. Cameron Carver

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

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



**ROADSIDE TASKS**

**HORIZONTAL GAZE NYSTAGMUS:**

- |   |   |
|---|---|
| <input checked="" type="checkbox"/> LT EYE-LACK OF SMOOTH PURSUIT                           | <input checked="" type="checkbox"/> RT EYE-LACK OF SMOOTH PURSUIT                           |
| <input checked="" type="checkbox"/> LT EYE-DISTINCT & SUSTAINED NYSTAGMUS AT MAX. DEVIATION | <input checked="" type="checkbox"/> RT EYE-DISTINCT & SUSTAINED NYSTAGMUS AT MAX. DEVIATION |
| <input checked="" type="checkbox"/> LT- EYE-ONSET OF NYSTAGMUS PRIOR TO 45 DEGREES          | <input checked="" type="checkbox"/> RT- EYE-ONSET OF NYSTAGMUS PRIOR TO 45 DEGREES          |

**Other Observations:**

Condition of Eyes: **Glassy, bloodshot**  
Observations: **Unable to keep from moving head/body; had to brace head to keep from moving; VGN present;**

**WALK & TURN:**

- \*Lost Balance
- \*Started Before Instructed
- \*Missed Heel to Toe
- \*Stepped Off Line
- \*Used Arms for Balance
- \*Stopped While Performing Task
- \*Improper Turn

**ONE LEG STAND:**

- \*Put Foot Down
- \*Used Arms for Balance
- \*Swayed
- \*Hopped

**ROMBERG ALPHABET:**

- \*\*Conducted in Spanish\*\*
- \*Improperly recited
- \*Stopped in middle of alphabet

**FINGER TO NOSE:**

- L- Pad to tip
- R- Side to under nose
- L- Side to under nose
- R- side to under nose
- R- side to top of nose
- L- side to top of nose

**BREATH TEST RESULTS: REF**

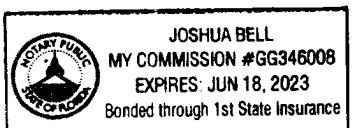
STATE OF FLORIDA  
COUNTY OF PALM BEACH

(Signature of Arresting/Investigative Officer)

The foregoing instrument was sworn to or affirmed and subscribed before me this 29 day of November 2020 by Ofc. Cameron Carver

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

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



**DUI WITNESS LIST**

**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 Officer(s):** Ofc. Kristin Garito #500 / Ofc. John Faris #476

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

Can Testify To: Facts of Case & Scene Safety

**Breathalyzer Technician:** Bell ID# 8656 Agency: PBSO

**DRE:** \_\_\_\_\_ Agency Case #: \_\_\_\_\_

Agency Address: \_\_\_\_\_ Phone: \_\_\_\_\_ Email: \_\_\_\_\_

**Name:** Cabrera-Caballero, Ricardo Involvement: Friend / Passenger

Address: 11853 57<sup>th</sup> RD N PPG, FL 33411 Phone: 561-319-8977

Can Testify To: Driving  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

**Name:** \_\_\_\_\_ Involvement: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Can Testify To: \_\_\_\_\_  Wheel Witness



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

PBSO CASE # 20-131514 PBSO ZONE 3-13

AGENCY CASE # 20005328 CRASH CASE # \_\_\_\_\_

TIME OF STOP/CRASH 0313 DATE 11/29/2020 DAY SUNDAY

SUBJECT'S NAME TRUJILLO MONTESINO, NOSLEN RACE W SEX M

HGT 5'5 WGT 200 DOB 07/28/1978

LOCATION 9429-BLK SILVETHORNE DR, PALM BEACH GARDENS, FL 33410

ARRESTING OFFICER'S NAME & ID OFC. CAMERON CARVER #471 AGENCY PBGPD

DIVISION: TRAFFIC UNIT

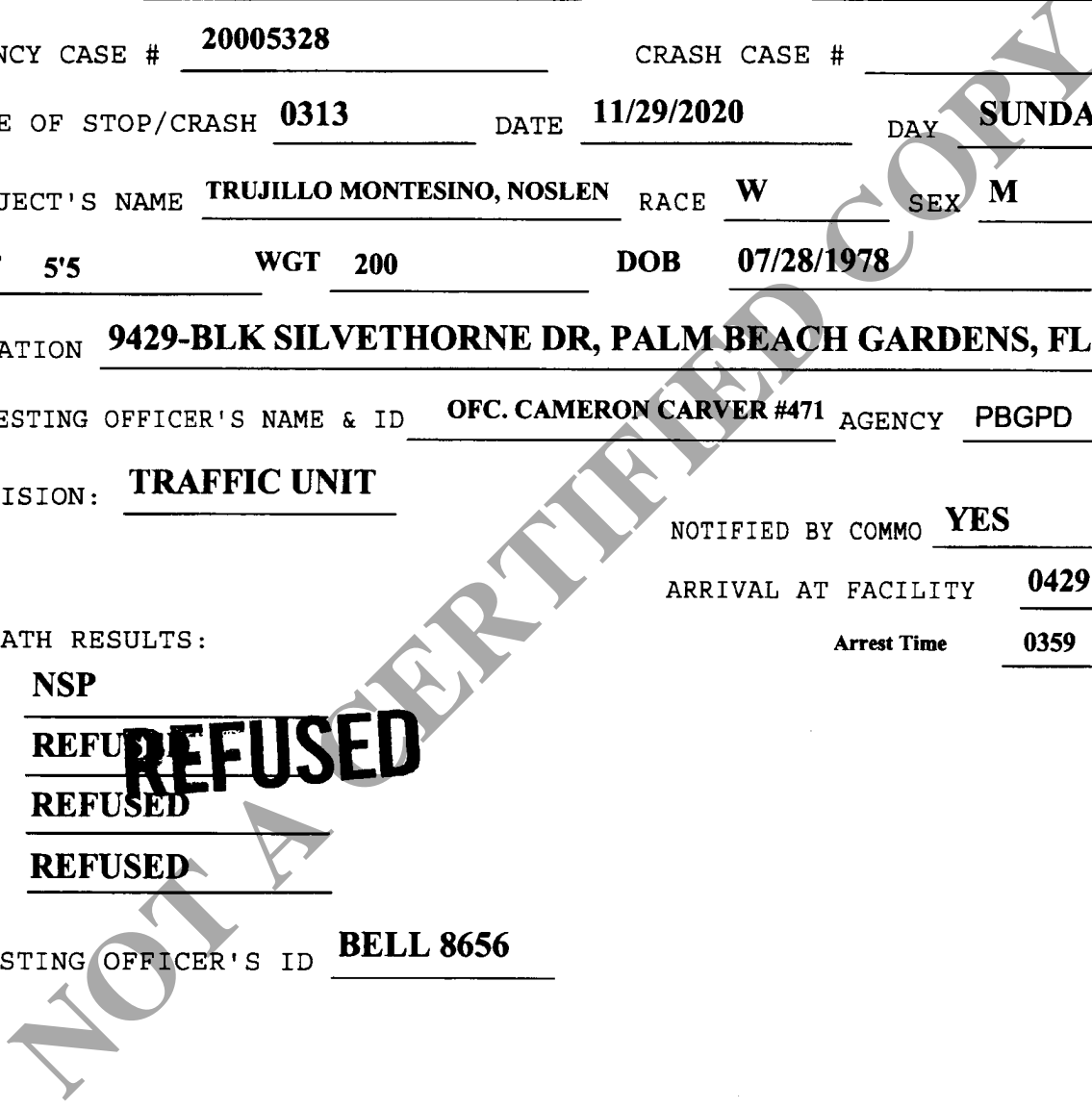
NOTIFIED BY COMMO YES

ARRIVAL AT FACILITY 0429

BREATH RESULTS: Arrest Time 0359

- 1. NSP
- 2. REFUSED
- 3. REFUSED
- 4. REFUSED

TESTING OFFICER'S ID BELL 8656



# TESTING FACILITY TASK REPORT

AGENCY: PBG

SUBJECT: TRUJILLO MONTESINO, NOSLEN

CASE NUMBER: 20-131514

DATE: Nov 29, 2020

VIDEO DVD NUMBER: N/A

BEGINNING TIME: 0505

ENDING TIME: 0516

BREATH TESTS RESULTS: 1) NSP TIME 0513 A.M.  P.M.  2) R TIME 0515 A.M.  P.M.

**REFUSED**

3) N/A TIME XX A.M.  P.M.  4) N/A TIME XX A.M.  P.M.

BREATH OPERATOR: JOSHUA J BELL #8656

MAINTENANCE TECHNICAN: J. KARLECKE #6467

## TESTING OFFICER'S OBSERVATIONS

SPEECH: SPANISH SPEAKING, SLURRED

ATTITUDE: TALKATIVE, ARGUMENTATIVE, UNCOOPERATIVE, AGITATED

CLOTHING: LIGHT BLUE LONG SLEEVE BUTTON UP SHIRT, BLUE JEANS, WHITE SNEAKERS

MEDICAL CONDITIONS: NONE

MEDICATIONS: NONE

## OTHER:

EYES: BLOODSHOT, GLASSY  
ODOR OF UNKNOWN ALCOHOLIC BEVERAGE COMING FROM BREATH

## COMMENTS:

ARRIVED AT DUI TESTING FACILITY AND BEGAN THE 20 MINUTE OBSERVATION AT 0444 HOURS

SUBJECT STATED HE WOULD TAKE BREATH TEST  
WHEN ASKED TO PROVIDE BREATH SAMPLE SUBJECT REFUSED

A/O READ I.C, CDL I.C AND EXPLAINED  
SUBJECT READ I.C FROM SPANISH CARD  
SUBJECT TALKED OVER A/O WHILE READING I.C  
SUBJECT BECAME AGITATED AND STARTED TO ARGUE  
SUBJECT STATED HE UNDERSTOOD I.C AND REFUSED TO TAKE BREATH TEST

A/O READ RIGHTS  
SUBJECT STATED HE UNDERSTOOD HIS RIGHTS

Q AND A NOT CONDUCTED

**REFUSED**

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 29 day of November, 2020, at 03:59 P.M. A.M.

DRIVER NOSLEN MONTESINO TRUJILLO
(Type or Print) FIRST NAME MIDDLE OR MAIDEN NAME LAST NAME

DL# T624620782680, state of FL, was placed under lawful arrest for
the offense of DUI - NORMAL FACULTIES IMPAIRED by Ofc. Cameron Carver and
issued Citation # A56HF2E
(Name of Arresting Officer)

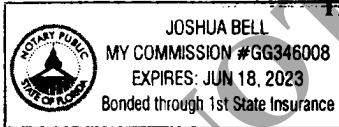
That on or about the 29 day of November, 2020, at 05:15 P.M. A.M.

in PALM BEACH County,

I requested that the driver submit to a X 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

(AFFIX SEAL)

The foregoing instrument was sworn and subscribed before
me this 29 day of November, 2020,
by Ofc. Cameron Carver,

Title

Date

who is personally known to me or who has produced
Personally 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.

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: 80-006029 Software: 8100.27  
Date of Test: 11/29/2020

Date of Last Agency Inspection: 11/13/2020  
Observation Period Began: 04:44  
Subject's Name: NOSLEN TRUJILLO MONTESINO DOB: 07/28/1978 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	05:08
	Air Blank	0.000	05:09
	Control Test	0.080	05:09
	Air Blank	0.000	05:09
	Subject Sample #1	NSP*	05:13
	Air Blank	0.000	05:13
	Air Blank	0.000	05:15
	Subject Sample #2	REF**	05:15
	Air Blank	0.000	05:16
	Control Test	0.079	05:16
	Air Blank	0.000	05:17
	Diagnostics Check	OK	05:17

\*No Sample Provided  
\*\*Subject Test Refused

Cylinder Lot: 14020080A1  
Exp: 07/05/2022

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 JOSHUA J BELL, 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: 11/29/20  
Signature

Sworn to (or affirmed) before me this 29 day of November, 2020

[Signature] Signature of Notary Public-State of Florida  
OFC. C. Carver #471 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.

SUBJECT: Trujillo Montesino, Nesten

CASE NUMBER: 20-005328

## IMPLIED CONSENT FOR DUI IN A MOTOR VEHICLE

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

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

-OR-

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

-OR-

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

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

I am \_\_\_\_\_ of the \_\_\_\_\_.

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

SUBJECT'S SIGNATURE: (X) \_\_\_\_\_

Read on camera

## CONSTITUTIONAL WARNINGS

I AM REQUIRED TO WARN YOU BEFORE YOU MAKE ANY STATEMENTS THAT YOU HAVE THE FOLLOWING RIGHTS:

1. You have the right to remain silent and not answer any questions.
2. Any statement must be freely and voluntarily given.
3. You have the right to the presence of a lawyer of your choice before you make any statement and during any questioning.
4. If you cannot afford a lawyer, you are entitled to the presence of a court appointed lawyer before you make any statements and during any questioning.
5. If at any time during the interview you do not wish to answer any questions, you are privileged to remain silent.
6. I can make no threats or promises to induce you to make a statement. This must be of your own free will.
7. Any statement can and will be used against you in a court of law.

SUSPECT'S SIGNATURE: (X) \_\_\_\_\_

Read on camera



**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: 2020027923	Date: 11/30/2020
	Specialist Name/ID: T Howard/7185