

J# 0393084

50-2021-CT-001627-ANB

D# 1940

OBTS Number		ARREST / NOTICE TO APPEAR			1. Arrest	3. Request for Warrant	1	Juvenile
Agency ORI Number FLO 5 0 2 6 0 0		Agency Name PALM BEACH GARDENS POLICE DEPT.			Agency Report Number (N.T.A.'s only) 7 8 1-1-20-0491			
Charge Type: Check as many as apply		1. Felony 2. Traffic Felony		3. Misdemeanor 4. Traffic Misdemeanor		5. Ordinance 6. Other		If Weapon Seized Enter Type
Location of Arrest (Including Name of Business) DUNCAN Middle School, 117th Ct N, PBL, FL		Location of Offense (Business Name, Address) SAME						
Date of arrest 0.2.0.2.2.1	Time of Arrest 1.0.1.7	Booking Date	Booking Time	Jail Date	Jail Time	Location of Vehicle 5750 117th Ct. N, PBL, FL		
Name (Last, First, Middle) DURAND, Rhonda Marie		Alias (Name, DOB, Soc. Sec. #, Etc.)						
Race W - White B - Black	American Indian O - Oriental	Sex M	Date of Birth 0.3.3.0.5.6	Height 5'05	Weight 130	Eye Color GEN	Hair Color BRN	Complexion FAIR
Scars, Marks, Tattoos, Unique Physical Features (Location, Type, Description) NONE		Marital Status M	Religion NONE	Indication of Alcohol Influence Drug Influence Y <input checked="" type="checkbox"/> N <input type="checkbox"/> Unk <input type="checkbox"/>				
Local Address (Street, Apt. Number) 1347 ST. LAWRENCE DR		(City) PBL	(State) FL	(Zip) 33410	Phone (601) 352 3142	Residence Type: 1. City 2. County 3. Florida 4. Out of State		
Permanent Address (Street, Apt. Number)		(City)	(State)	(Zip)	Phone	Address Source FL DL		
Business Address (Name, Street)		(City)	(State)	(Zip)	Phone	Occupation		
DL Number, State 063733566100	Soc. Sec. Number	INS Number		Place of Birth (City, State) Chicago, IL		Citizenship us		
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			
Parent Legal Custodian Name (Last) Other:		(First)	(Middle)	Residence Phone ()			Business Phone ()	
Address (Street, Apt. Number)		(City)	(State)	(Zip)	Notified by: (Name) Date			
Released To: (Name)		Relationship		Date		Time		Juvenile Disposition 1. Handled/Processed within Dept. and Released 2. TOT DCF 3. Incarcerated
The above address was provided by <input type="checkbox"/> defendant and / or <input type="checkbox"/> defendant's parent. The child and / or parent was told to keep the Juvenile Court Clerk's Office (Phone 355-2526) informed of any change of address. <input type="checkbox"/> Yes, by: (Name) <input type="checkbox"/> No: (Reason)				School Attended		Grade		
Property Crime? <input type="checkbox"/> Yes <input type="checkbox"/> No		Description of Property			Value of Property			
Drug Activity N. N/A R. Possess	S. Sell B. Buy T. Traffic	R. Smuggle D. Deliver E. Use	K. Dispense/ Distribute	M. Manufacture/ Produce/ Cultivate	Z. Other	Drug Type N. N/A A. Amphetamine	B. Barbiturate C. Cocaine F. Heroin	H. Hallucinogen M. Marijuana O. Opium/Deriv.
Charge Description DUI		Counts 1	Domestic Violence <input type="checkbox"/> Y <input checked="" type="checkbox"/> N	Statute Violation Number 31.61.1.9.3(1)		Violation of ORD #		
Drug Activity N	Drug Type N	Amount / Unit	Offense #	Warrant / Capias Number		Bond		
Charge Description Refuse to sign citation		Counts 1	Domestic Violence <input type="checkbox"/> Y <input checked="" type="checkbox"/> N	Statute Violation Number 31.81.1.4(3)		Violation of ORD #		
Drug Activity	Drug Type	Amount / Unit	Offense #	Warrant / Capias Number		Bond		
Charge Description		Counts	Domestic Violence <input type="checkbox"/> Y <input checked="" type="checkbox"/> N	Statute Violation Number		Violation of ORD #		
Drug Activity	Drug Type	Amount / Unit	Offense #	Warrant / Capias Number		Bond		
Charge Description		Counts	Domestic Violence <input type="checkbox"/> Y <input checked="" type="checkbox"/> N	Statute Violation Number		Violation of ORD #		
Drug Activity	Drug Type	Amount / Unit	Offense #	Warrant / Capias Number		Bond		
Instruction No. 1 Mandatory Appearance in Court		Location (Court, Room Number, Address) NORTH COUNTY COURTHOUSE 3188 PEA BLVD, PBL 33410						
Instruction No. 2 You need not appear in Court but must comply with instructions on Reverse Side.		Court Date and Time Month MARCH Day 10th Year 2021 Time 9:00 AM		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 FULLY 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			Name Verification (Printed by Arrestee)			
HOLD for other Agency Name:		Signature of Arresting Officer X [Signature]		Name of Arresting Officer (Print) [Signature]		PAGE		
<input type="checkbox"/> Dangerous <input type="checkbox"/> Suicidal		<input type="checkbox"/> Resisted Arrest <input type="checkbox"/> Other:		Name of Arresting Officer (Print) [Signature]		PAGE		
Intake Facility		I.D. #	Pouch #	Transferring Officer [Signature]		Witness here if subject signed with an "X"		

PALM BEACH GARDENS POLICE DEPARTMENT

10500 N. MILITARY TRAIL
PALM BEACH GARDENS, FL 33410

WITNESS STATEMENT:

Fla. statute 837.012 provides that whoever knowingly makes a false statement under oath shall be guilty of a misdemeanor of the first degree punishable by imprisonment up to 1 year.

CASE #: _____
DATE: 02/02/2021
TIME: _____

NAME: JASON BERGMAN DOB: 09/10/1972
ADDRESS: 5150 117th CT. CITY: PBG STATE: FL ZIP: 33418
HOME# 863-610-0635 WORK # _____ CELL # _____ EMAIL: _____

I, JASON BERGMAN, voluntarily furnish this information to _____ who has been identified to me as a Police Officer.

ON 2 FEB 2021, AT 0948Hr, I WAS NOTIFIED OF THE
WATSON B DUNCAN MIDDLE SCHOOL NURSE WAS ACTING
IMPAIRED AND CONFUSED BY THE PRINCIPAL. I FOLLOWED
THE NURSE, AS SHE EXITED SCHOOL, I MADE SEVERAL ATTEMPTS
TO STOP AND TALK TO HER AND SHE IGNORED ME. I THEN IDENTIFIED
MYSELF AS, SGT BERGMAN, WITH THE SCHOOL POLICE, SHE
THEN WENT TO A WHITE, 4 DOOR, TOYOTA, CARRY BEAR FL TAG
IE 7 ENT, SHE THEN ENTERED, THE VEHICLE AND
ATTEMPTED TO BACK UP AND I TAPPED ON WINDOW AND
SHE STOPPED THE VEHICLE AND ROLLED THE WINDOW. I SMELL
A STRONG ODDOR OF ALCOHOL EMITTING FROM HER AS SHE SPoke TO
ME. I ASKED HER FOR IDENTIFICATION AND SHE PRODUCED
HER SCHOOL DISTRICT I.D. Rhonda Duncan, I THEN
NOTIFIED SCHOOL POLICE DISPATCH WHO THEN NOTIFIED PALM
BEACH GARDENS POLICE. MYSELF AND OFFICE DELGADO STOOD
BY UPON THE ARRIVAL OF PBG PD, I BRIEFED THE OFFICER AND
TOT, HER TO HIM.

State of Florida
County of Palm Beach
Sworn to (or affirmed) and subscribed before me
this 2 day of FEB, 2021

I want to prosecute
 I do not want to prosecute

[Signature]
NOTARY PUBLIC/POLICE OFFICER

SIGNED: [Signature]

D.U.I. PROBABLE CAUSE AFFIDAVIT

ON THE 2nd DAY OF February 20 21, AT 10:17 AM PM
SUBJECT: DURAND, RHONDA, MARIE CASE NUMBER: 21-000491
AGENCY: PALM BEACH GARDENS POLICE DEPT. ARRESTING OFFICER: DOWLING #308

PERSONAL CONTACT

DRIVING PATTERN: ACTUAL PHYSICAL CONTROL (PHYSICAL EVIDENCE OR STATEMENTS PUTTING DEF. BEHIND WHEEL OF VEHICLE)
SUBJECT WAS SEATED IN DRIVERS SEAT OF HER VEHICLE IN THE PARKING LOT OF DUNCAN MIDDLE SCHOOL AND WAS OBSERVED BY SCHOOL BOARD POLICE OFFICERS BACKING OUT OF PARKING PLACE DRIVING THE VEHICLE.

OBSERVATION OF DRIVER:

DRIVER WAS COMBATIVE AND REFUSED TO OBEY LAWFUL COMMANDS TO EXIT HER VEHICLE AND REFUSED TO ANSWER ANY QUESTIONS, SPEECH WAS SLURRED

DRIVER'S STATEMENTS:

ODORS:

ODOR OF UNKNOWN ALCOHOLIC BEVERAGE

GENERAL OBSERVATIONS

SPEECH: SLURRED

ATTITUDE: COMBATIVE AND UNCOOPERATIVE

CLOTHING: GREEN NURSE SCRUBS

MEDICAL/OTHER: DEPRESSION, BLOOD PRESSURE

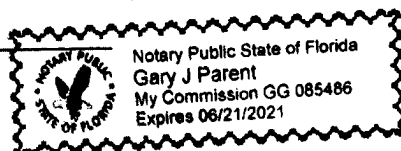
STATE OF FLORIDA
COUNTY OF PALM BEACH

D. Dowling #308
(Signature of Arresting/Investigative Officer)

The foregoing instrument was sworn to or affirmed and subscribed before me this 02 day of FEBRUARY 20 21 by OFF. P. DOWLING

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

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



SUBJECT: DURAND, RHONDA, MARIE

CASE NUMBER: 21-000491

ROADSIDE TASKS

HORIZONTAL GAZE NYSTAGMUS:

LT EYE-LACK OF SMOOTH PURSUIT

RT EYE-LACK OF SMOOTH PURSUIT

LT EYE-DISTINCT & SUSTAINED NYSTAGMUS AT MAX DEVIATION

RT EYE-DISTINCT & SUSTAINED NYSTAGMUS AT MAX DEVIATION

LT EYE-ONSET OF NYSTAGMUS PRIOR TO 45 DEGREES

RT EYE- ONSET OF NYSTAGMUS PRIOR TO 45 DEGREES

Other Observations:

REFUSED

WALK & TURN:

REFUSED

ONE LEG STAND:

REFUSED

FINGER TO NOSE:

REFUSED

ROMBERG/ALPHABET:

BREATH TEST RESULTS:

STATE OF FLORIDA
COUNTY OF PALM BEACH

Douglas 308

(Signature of Arresting/Investigative Officer)

The foregoing instrument was notarized or sworn before me this 02 day of February, 2021 by Officer D. Dowling

who is personally known to me and/or produced identification. Type of identification produced known

Notary Public, Clerk of Court, Officer (F.S.S. 17.10)



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: 80-006476 Software: 8100.27
Date of Test: 02/02/2021

Date of Last Agency Inspection: 01/15/2021

Observation Period Began: 11:07

Subject's Name: RHONDA M DURAND

DOB: 03/30/1956 Sex: F

The subject was observed for at least twenty-minutes prior to the administration of the breath test to ensure that the subject did not take anything orally and did not regurgitate.

Results:

Test	g/210L	Time
Diagnostics Check	OK	11:33
Air Blank	0.000	11:34
Control Test	0.080	11:34
Air Blank	0.000	11:35
Subject Sample #1	VNM*	11:38
Air Blank	0.000	11:39
Air Blank	0.000	11:40
Subject Sample #2	VNM**	11:44
Air Blank	0.000	11:44
Control Test	0.075	11:45
Air Blank	0.000	11:45
Diagnostics Check	OK	11:45

*Volume Not Met (0.182 - Breath Sample Not Reliable to Determine Breath Alcohol Level)
**Volume Not Met (0.185 - Breath Sample Not Reliable to Determine Breath Alcohol Level)

Cylinder Lot: 22620080A2
Exp: 10/05/2022

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 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: 02/02/21
Signature

Sworn to (or affirmed) before me this 02 day of FEBRUARY, 2021

DDowling 318 Signature of Notary Public-State of Florida
OFC. DO DOWLING 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.

TESTING FACILITY TASK REPORT

AGENCY: PBG

SUBJECT: Durand, Rhonda M.

CASE NUMBER: 21-031477

DATE: 02/02/2021

VIDEO DVD NUMBER: N/A

BEGINNING TIME: 1130

ENDING TIME: 1153

BREATH TESTS RESULTS: 1) .182 VN TIME 1138 A.M. P.M. 2) .185 VN TIME 1144 A.M. P.M.
3) Refuse TIME 1144 A.M. P.M. 4) N/A TIME — A.M. P.M.

BREATH OPERATOR: G. Parent #7909

MAINTENANCE TECHNICAN: J. Karlecke #6467

TESTING OFFICER'S OBSERVATIONS

SPEECH: Thick

ATTITUDE: Upset, talkative, repetitive, mood swings.

CLOTHING: Lt. blue pants, lt. blue s/s/shirt, gray sneakers.

MEDICAL CONDITIONS: None / High blood pressure, depression.

MEDICATIONS: Losartan, duloxitane, seroquel.

OTHER:

Eyes glassy and bloodshot, odor of an unknown alcoholic beverage on breath.

Admitted to drinking 2 or 3 sips of vodka.

REFUSED

COMMENTS:

Arrived at Center A/O began the 20 minute observation at 1107 hrs..

Subject agreed to take test, subject would not blow correctly after several attempts.

A/O read I/C.

Subject acknowledged she understood I/C and test was continued, subject again would not follow instructions. A/O called a refusal.

A/O read rights.

Subject acknowledged she understood rights.

A/O conducted Q&A.

Subject answered questions.

REFUSED

SUBJECT: Reese, Rimon M. 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) Reese, Rimon M.

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) Reese, Rimon M.

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? NO

WHERE WERE YOU GOING? to Home

WHAT STREET OR HIGHWAY WERE YOU ON? on the street

DIRECTION OF TRAVEL? left WHERE DID YOU START? in the parking lot

WHAT TIME DID YOU START? 1:00 10 WHAT TIME IS IT NOW? 1:15 10

WHAT IS TODAY'S DATE? Feb 2 WHAT DAY OF THE WEEK IS IT? Tuesday

WHAT COUNTY AND CITY ARE YOU IN NOW? Alameda County, Berkeley

WHEN DID YOU LAST EAT? 1:00 10 WHAT DID YOU EAT? nothing

WHAT HAVE YOU BEEN DOING FOR THE LAST THREE HOURS? nothing

HOW MUCH DO YOU WEIGH? 150 HAVE YOU BEEN DRINKING? NO WHAT? Veggie

HOW MUCH? 2 cups WHERE? at home WITH WHOM? myself

WHEN DID YOU HAVE YOUR FIRST DRINK? 1:00 10 AND YOUR LAST DRINK? 1:00 10

HOW DID YOU CONSUME YOUR LAST TWO DRINKS? at home

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? no WHEN DID YOU LAST WORK? no

DO YOU HAVE ANY PHYSICAL DEFECTS OR INJURIES? no WHAT? no

ARE YOU SICK OR INJURED? NO WHAT'S WRONG? no

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? YES WHAT? no WHEN? no

DO YOU HAVE:

- EPILEPSY? no
- GLASS EYE? no
- FALSE TEETH? no
- EAR INFECTION? no
- INNER EAR TROUBLE? no
- DIABETES? no

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? NO WHERE? no

INTERVIEWER: JJ

DOWLING
(308)

21000491

COMPLAINT

CASE NO. _____ DOCKET NO. _____ PAGE NO. _____

FLORIDA DUI UNIFORM TRAFFIC CITATION **A56HGNE**

COUNTY OF **PALM BEACH 06** F.M.P. P.D. S.O. OTHER
 CITY/TOWNSHIP **PALM BEACH GARDENS** AGENCY NAME **Palm Beach Gardens Police**
 AGENCY # **78**

IF THE COURT DETERMINES THAT THE VIOLATOR HAS BEEN HELD IN ADEQUATE CUSTODY, THE VIOLATOR MAY BE RELEASED TO CUSTODY OF A FRIEND OR RELATIVE WHO ASSURES THE COURT THAT THE VIOLATOR WILL APPEAR FOR COURT.

DATE OF VIOLATION: **TUESDAY 02 02 2021 12:09** A.M. P.M.
 NAME (PRINT) **RHONDA MARIE DURAND**
 STREET **1347 ST LAWRENCE DR**
 CITY **PALM BEACH GARDENS** STATE **FL** ZIP CODE **33410**
 LICENSE NUMBER **D653733566100** EXPIRES **03 30 1956** W **F** 505
 MAKE **2014 TOYT** MODEL **4D** COLOR **WHI** YEAR **2022**
 VIN **TE76NT** FLORIDA REGISTRATION # **FL 2022**
 ADDRESS **5150 117TH CT N, PALM BEACH GARDENS**

IF UNLAWFULLY COMBUST THE OFFENSE OF DRIVING UNDER THE INFLUENCE OF ALCOHOLIC BEVERAGES, CHEMICAL OR CONTROLLED SUBSTANCES; DID DRIVE OR WAS IN ACTUAL PHYSICAL CONTROL OF A VEHICLE, WHILE UNDER THE INFLUENCE OF AN ALCOHOLIC BEVERAGE, CHEMICAL, SUBSTANCE OR CONTROLLED SUBSTANCE TO THE EXTENT NORMAL FACULTIES WERE IMPAIRED, OR WITH A BLOOD OR BREATH ALCOHOL LEVEL OF .08 OR ABOVE OF _____.

DUI - DRIVING UNDER THE INFLUENCE/NORMAL YES NO

AGGRESSIVE DRIVER STATE STATUTE **316.193 (1)(A)**

THIS IS A CRIMINAL VIOLATION, COURT APPEARANCE REQUIRED, AS INDICATED BELOW.

03/10/2021 10:00 AM **A56HGNE**
NORTH COUNTY GOVERNMENT CENTER
3188 PGA Boulevard PBG, FL 33410

AGENT DELIVERED TO _____ DATE _____
 LICENSE AND FEE TO COMPLETE AND RETURN TO THE CHIEF AND INSTRUCTIONS SPECIFIED IN THIS CITATION WILLFUL REFUSAL TO ACCEPT AND SIGN THIS CITATION MAY BE HELD AS A REFUSAL TO SUBMIT TO AN ALCOHOLIC OR DRUG TEST. IF YOU WERE RESPONSIBLE FOR ANY ACCIDENTS OR DAMAGE TO OTHER PROPERTY, CONTACT THE POLICE OFFICE OF THE COUNTY.

Refused to sign

SIGNATURE OF VIOLATOR

EFFECTIVE IMMEDIATELY, YOUR DRIVING PRIVILEGE IS SUSPENDED/DISQUALIFIED FOR:

DRIVING WITH AN UNLAWFUL BLOOD OR BREATH ALCOHOL LEVEL. THIS SUSPENSION IS FOR A PERIOD OF SIX MONTHS IF THIS IS THE FIRST VIOLATION OR ONE YEAR IF PREVIOUSLY SUSPENDED FOR DRIVING WITH AN UNLAWFUL BLOOD OR BREATH ALCOHOL LEVEL. IF YOU HOLD A CDL OR YOU ARE OPERATING A CMV, YOUR COMMERCIAL DRIVER LICENSE/PRIVILEGE WILL ALSO BE DISQUALIFIED FOR A PERIOD OF ONE YEAR FOR A FIRST OFFENSE OR PERMANENTLY DISQUALIFIED FOR A SUBSEQUENT OFFENSE.

REFUSAL TO SUBMIT TO LAWFUL BREATH, BLOOD OR URINE TEST SECTION 322.2816, F.S. THIS SUSPENSION IS FOR A PERIOD OF ONE YEAR IF THIS IS A FIRST REFUSAL OR 18 MONTHS IF PREVIOUSLY SUSPENDED FOR THIS OFFENSE. IF YOU HOLD A CDL OR YOU ARE OPERATING A CMV, YOUR COMMERCIAL DRIVER LICENSE/PRIVILEGE WILL ALSO BE DISQUALIFIED FOR A PERIOD OF ONE YEAR FOR A FIRST REFUSAL OR PERMANENTLY DISQUALIFIED FOR A SUBSEQUENT REFUSAL.

LICENSE SURRENDERED? YES NO REASON _____
 ELIGIBLE FOR PERMIT? YES NO REASON _____

UNLESS INELIGIBLE, THIS CITATION SHALL SERVE AS A TEMPORARY DRIVER LICENSE AND WILL EXPIRE AT MIDNIGHT ON THE 10TH DAY FOLLOWING THE DATE OF SUSPENSION.

AT THE **LAUDERDALE LAKES 33311-1151** BUREAU OF ADMINISTRATIVE REVIEWS OFFICE, YOU MAY REQUEST, WITHIN 10 DAYS AFTER THE DATE OF SUSPENSION, A REVIEW OF SUSPENSION BY THE DEPARTMENT OF HIGHWAY SAFETY AND MOTOR VEHICLES OR A REVIEW TO DETERMINE ELIGIBILITY FOR A RESTRICTED LICENSE IF THIS IS YOUR FIRST DUI RELATED OFFENSE. SEE REVERSE SIDE.

Dolan 308 THF

NAME - ISSUING OFFICER **Dolan** ID NO. **308** TRIP ID NO. _____
 HSMV 70004 (Rev. 10/14)

DATE	COURT ACTION AND OTHER ORDERS
	BAIL FIXED AT \$ _____ OR CASH DEPOSIT OF \$ _____ SIGNATURE OF PERSON GIVING BAIL _____ SIGNATURE OF PERSON TAKING BAIL _____
	FINE IN THE AMOUNT OF \$ _____ RECEIVED AS REQUIRED BY COURT SCHEDULE. SIGNATURE OF CLERK _____
	CONTINUANCE TO _____ REASON _____
	CONTINUANCE TO _____ REASON _____
	BOND ESTREATED _____
	WARRANT ISSUED _____
	VIOLATOR FAILED TO APPEAR-DRIVER LICENSE SUSPENDED
	VIOLATOR ARRAIGNED ON _____ (DATE) PLEA: _____ FINDING: _____ ADJUDICATION: _____ SENTENCE: FINE _____ COST _____ JAILED _____ DAYS DRIVER IMPROVEMENT SCHOOL _____ OTHER _____ DRIVER LICENSE SUSPENDED OR REVOKED FOR _____ DAYS RECOMMEND DRIVER LICENSE SUSPENSION FOR _____ DAYS RECOMMEND RE-TEST _____
	SIGNATURE OF JUDGE _____
	TESTIMONY - JUDGE'S NOTES (OR OTHER COURT ORDERS):
	APPEAL BOND OF \$ _____
	VIOLATOR'S FINGERPRINT WHEN APPLICABLE _____



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: 2021002739	Date: 2/3/21
	Specialist Name/ID: A. Pinkney/7796