

20CT 7418 ASB

ARREST / NOTICE TO APPEAR

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

1 JUVENILE

AD M I N I S T R A T I O N	OBTS Number		Agency ORI Number <b>0500200</b>		Agency Name <b>Boca Raton Police Department</b>		Agency Report Number (N.T.A.'s only) <b>3, 2   2020-006754</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		If Weapon Seized Enter Type <b>None/not Applicable</b>		Multiple Clearance Indicator		
Location of Arrest (Including Name of Business) <b>999 NW SPANISH RIVER BLVD</b>							Location of Offense (Business Name, Address) <b>999 NW SPANISH RIVER BLVD, BOCA RATON, FL 33431</b>		
Date of Arrest <b>06/12/2020</b>		Time of Arrest <b>02:05</b>		Booking Date <b>06/12/2020</b>		Booking Time <b>02:15</b>		Jail Date <b>06/12/2020</b>	
						Jail Time <b>04:39</b>		Location of Vehicle <b>TOWED</b>	
Name (Last, First, Middle) <b>NICHOLS, ROBERT ANTHONY JR</b>					Alias: <b>NICHOLS, ROBBIE</b>				
Race W - White B - Black		1 - American Indian O - Original/Asian		Sex <b>M</b>		Date of Birth <b>08/02/1988</b>		Height <b>5'10</b>	
						Weight <b>190</b>		Eye Color <b>BROWN</b>	
						Hair Color <b>BROWN</b>		Complexion <b>MEDIUM</b>	
								Build <b>Medium</b>	
Scars, Marks, Tattoos, Unique Physical Features (Location, Type, Description) <b>TATT UL SHOULDER / DEMONS 1/2 SLEEVE; TATT L ARM/</b>		Marital Status <b>S</b>		Religion <b>JEWISH</b>		Indication of Alcohol Influence Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unk. <input type="checkbox"/>		Drug Influence Yes <input type="checkbox"/> No <input type="checkbox"/> Unk. <input type="checkbox"/>	
Local Address (Street, Apt. Number) <b>21732 LITTLE BEAR WAY, BOCA RATON, FL 33428</b>		(City) (State) (Zip)		Phone <b>(561) 479-7697</b>		Residence Type: 1. City 3. Florida 2. County 4. Out of State		Address Source <b>FL DL</b>	
Permanent Address (Street, Apt. Number) <b>21732 LITTLE BEAR WAY, BOCA RATON, FL 33428</b>		(City) (State) (Zip)		Phone <b>(561) 479-7697</b>		Business Address (Name, Street) <b>GRAND LUX CAFE, BOCA RATON</b>		Occupation <b>Server</b>	
						Phone <b>(561) 392-2141</b>			
D/L Number, State <b>N242761882820 / FL</b>		Sec. Sec. Number		INS Number		Place of Birth (City, State) <b>CAMDEN, NJ, United</b>		Citizenship <b>US</b>	
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 <input type="checkbox"/> Other <input type="checkbox"/>		Name (Last, First, Middle)		Address (Street, Apt. Number)		(City) (State) (Zip)		Residence Phone	
Legal Custodian <input type="checkbox"/>		Name (Last, First, Middle)		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		Property Crime? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Description of Property	
Value of Property		Drug Activity		S. Sell N. N/A P. Possess		R. Smuggle D. Deliver T. Traffic E. Use		K. Disperse/ 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 <b>DUI</b>		Statute Violation Number <b>316.193(1)A</b>		Violation of ORD #		Drug Activity		Drug Type	
Charge Description		Statute Violation Number		Violation of ORD #		Drug Activity		Drug Type	
Charge Description		Statute Violation Number		Violation of ORD #		Drug Activity		Drug Type	
Health / Apparent Physical Condition of Defendant <b>INTOXICATED</b>		Any knowledge of the following: <input type="checkbox"/> Mental <input type="checkbox"/> Escape Risk <input type="checkbox"/> Medication <input type="checkbox"/> Deformities <input type="checkbox"/> Injuries		Explain:		PROPERTY - Received By <b>BRPD</b>		Released By <b>BRPD</b>	
Check which applies: <input type="checkbox"/> Released O.R. <input type="checkbox"/> Posted Bond		<input type="checkbox"/> Released to Parent/Guardian <input type="checkbox"/> South County Mental Health		<input checked="" type="checkbox"/> T.O.T. County Jail		Date Transported <b>06/12/2020</b>		Time Transported <b>02:10</b>	
Transported By <b>BRPD</b>		Location (Court, Room) <b>South County 200 W Atlantic Ave Delray Beach, FL 33444</b>		Court Date and Time <b>07/13/2020 08:30:00</b>		Other <b>JUN 12 AM 5:54</b>			
INSTRUCTION NO. 1 - Mandatory appearance in court INSTRUCTION NO. 2 - You need not appear in Court but must comply with instructions on Page 2.		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 COMTEMPT OF COURT AND A WARRANT FOR MY ARREST SHALL BE ISSUED.		Signature of Defendant (or Juvenile and Parent/Custodian)		Date Signed		No Photo Available	
HOLD for Other Agency		Signature of Arresting Officer <i>[Signature]</i>		Name Verification (Printed by Arrestee)		Name of Arresting Officer (Print) <b>WALTER, E. R.</b>		ID.# <b>848</b>	
<input type="checkbox"/> Dangerous <input type="checkbox"/> Resisted Arrest <input type="checkbox"/> Suicidal <input type="checkbox"/> Other		Intake Deputy <i>[Signature]</i>		Pouch #		Transporting Officer <b>ERIC WALTER</b>		ID.# <b>848</b>	
						Agency <b>BRPD</b>		Witness here if subject signed with an "X"	

J:0349789

SCANNED P:3631  
JUN 12 2020

PROBABLE CAUSE AFFIDAVIT

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

1

JUVENILE

OBTS Number	Agency ORI Number <b>FL 0500200</b>		Agency Name <b>BOCA RATON POLICE DEPARTMENT</b>		Agency Report Number <b>3   2   2020-006754</b>	
Charge Type: Check as many as apply.			Special Notes:			
<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) <b>NICHOLS, ROBERT ANTHONY JR</b>				Alias <b>NICHOLS, ROBBIE</b>	Race <b>W</b>	Sex <b>M</b>
Date of Birth <b>08/02/1988</b>						
Charge Description <b>316.193(1) DUI</b>		Charge Description				
Charge Description		Charge Description				
Victim's Name (Last, First, Middle) <i>State of Florida</i>				Race	Sex	Date of Birth
Local Address (Street, Apt. Number) <i>100 NW 2nd Ave, Boca Raton FL 33432</i>		(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 12 day of June, 2020 at 02:05 (Specifically include facts constituting cause for arrest)

On 06-12-2020 at approximately 0115 hours, I responded to the area of 999 NW Spanish River Blvd in reference to a traffic stop.

Upon arrival I met and spoke with Ofc. Payne. He advised that he had stopped W/M Robert Anthony Nichols Jr for running a red light but had also observed him speeding and failing to maintain a single lane.

I then spoke with Robert. While speaking with him I noticed that his eyes were glassy, he was slurring his words, having a hard time understanding what I was asking and he was swaying while he stood. Robert advised that he had been driving home from McDonalds and apologized for making a right turn on red. It is important to note that Robert drove straight through a red light and did not turn. Robert advised that he had stopped at a brewery before going to McDonalds but only had one drink. I asked Robert if he would be willing to preform Standardized Field Sobriety Exercises and he advised that he would be willing to.

The first exercise that Robert performed was the Horizontal Gaze Nystagmus. During the exercise Robert struggled to maintain his balance and swayed from side to side.

The second exercise that was performed was the Walk and Turn. Robert was unable to maintain his balance while I explained the directions to him. I read Robert the instructions and demonstrated the exercise for him. Robert advised that he understood the exercise and would be able to perform the exercise. Robert raised his arms in the air to maintain his balance while he was taking his steps. He took long steps, not heel to toe. On the way forward Robert failed to count. Robert stopped after walking 12 steps forward and looked at me. I had to reexplain that he had to take nine steps back to his starting point. On Roberts sixth step back, he lost his balance and fell to the floor. Robert began counting after falling and counted until his ninth step but continued

SWORN AND SUBSCRIBED BEFORE ME	<i>Walter Eric Rocco</i>	SIGNATURE OF ARRESTING / INVESTIGATING OFFICER
<i>T. Leahy</i>	Notary Public State of Florida Thomas H. Leahy Commission GG 347108 Expires 06/20/2023	<b>WALTER. ERIC ROCCO (848)</b> NAME OF OFFICER (PLEASE PRINT)
<u>06/12/2020</u>	DATE	<u>06/12/2020</u> DATE
		PAGE 1 OF 2

A D M I N	Agency ORI Number <b>FL 0500200</b>	Agency Name <b>BOCA RATON POLICE DEPARTMENT</b>	Agency Report Number <b>3   2   2020-006754</b>
	Charge Type: Check as many as apply. <input type="checkbox"/> 1. Felony <input type="checkbox"/> 3. Misdemeanor <input type="checkbox"/> 5. Ordinance <input type="checkbox"/> 2. Traffic Felony <input checked="" type="checkbox"/> 4. Traffic Misdemeanor <input type="checkbox"/> 6. Other		

D E F	Name (Last, First, Middle) <b>NICHOLS, ROBERT ANTHONY JR</b>	Alias <b>NICHOLS, ROBBIE</b>	Race <b>W</b>	Sex <b>M</b>	Date of Birth <b>08/02/1988</b>
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walking for two additional steps. During this exercise he was unable to stay on the line.

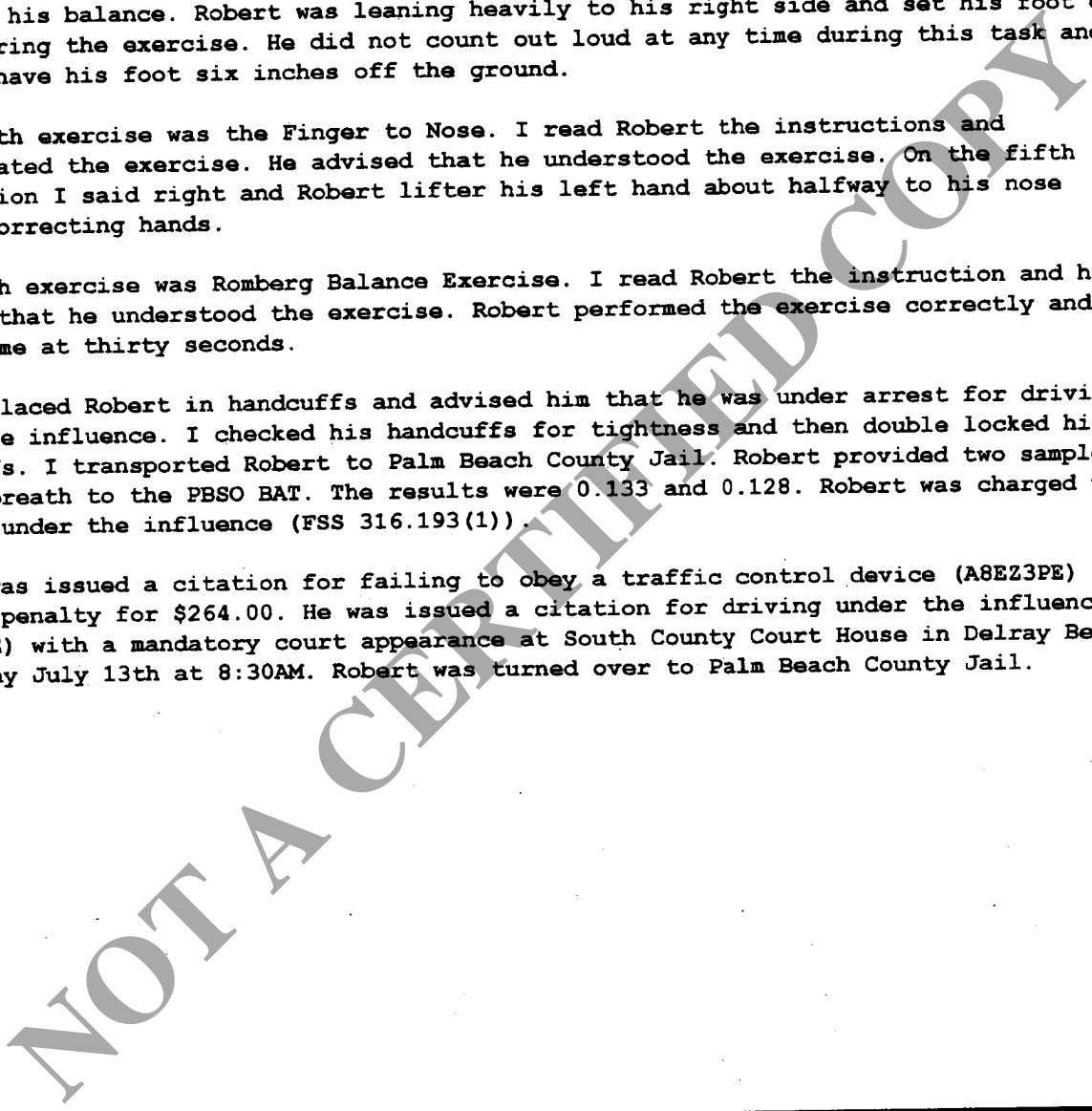
The third exercise was the One Leg Stand. I read Robert the instructions and demonstrated the exercise. He advised that he understood the exercise and would be able to perform the exercise. Robert lifted his arms several times during the exercise to maintain his balance. Robert was leaning heavily to his right side and set his foot down twice during the exercise. He did not count out loud at any time during this task and did not have his foot six inches off the ground.

The fourth exercise was the Finger to Nose. I read Robert the instructions and demonstrated the exercise. He advised that he understood the exercise. On the fifth instruction I said right and Robert lifter his left hand about halfway to his nose before correcting hands.

The fifth exercise was Romberg Balance Exercise. I read Robert the instruction and he advised that he understood the exercise. Robert performed the exercise correctly and stopped me at thirty seconds.

I then placed Robert in handcuffs and advised him that he was under arrest for driving under the influence. I checked his handcuffs for tightness and then double locked his handcuffs. I transported Robert to Palm Beach County Jail. Robert provided two samples of his breath to the PBSO BAT. The results were 0.133 and 0.128. Robert was charged with driving under the influence (FSS 316.193(1)).

Robert was issued a citation for failing to obey a traffic control device (A8E23PE) with a civil penalty for \$264.00. He was issued a citation for driving under the influence (A6LQAQE) with a mandatory court appearance at South County Court House in Delray Beach on Monday July 13th at 8:30AM. Robert was turned over to Palm Beach County Jail.



A D M I N I S T R A T I V E	SWORN AND SUBSCRIBED BEFORE ME		<i>[Signature]</i>	SIGNATURE OF ARRESTING / INVESTIGATING OFFICER
	<i>[Signature]</i>		<b>WALTER, ERIC ROCCO (848)</b>	NAME OF OFFICER (PLEASE PRINT)
	06/12/2020		06/12/2020	DATE

# TESTING FACILITY TASK REPORT

AGENCY: BRPD  
SUBJECT: Nichols Jr, Robert A  
CASE NUMBER: 20-077191  
DATE: 06/12/2020  
VIDEO DVD NUMBER: n/a  
BEGINNING TIME: 0311  
ENDING TIME: 0325

BREATH TESTS RESULTS: 1) .133 TIME 0316 A.M.  P.M.  2) .128 TIME 0320 A.M.  P.M.   
3) n/a TIME 0 A.M.  P.M.  4) n/a TIME 0 A.M.  P.M.

BREATH OPERATOR: Thomas H Leahey #19183  
MAINTENANCE TECHNICIAN: Jason Karlecke #6467

### TESTING OFFICER'S OBSERVATIONS

SPEECH: slurred, thick  
ATTITUDE: fidgety, talkative, cooperative  
CLOTHING: blue basketball shorts, black t-shirt, white sneakers  
MEDICAL CONDITIONS: none  
MEDICATIONS: none

### OTHER:

eyes are glassy & bloodshot  
odor of unknown alcoholic beverage on breath

### COMMENTS:

arrived at center A/O conducted 20 minute observation period at 0249 hrs  
subject agreed to perform breath test  
A/O read rights & subject understood rights  
tech read breath test results & subject understood breath test results  
A/O attempted Q&A  
subject declined to answer questions

SCANNED  
JUN 12 2020

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: 80-006240 Software: 8100.27  
Date of Test: 06/12/2020

Date of Last Agency Inspection: 05/15/2020

Observation Period Began: 02:49

Subject's Name: ROBERT A NICHOLS

DOB: 08/02/1988 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	03:13
	Air Blank	0.000	03:13
	Control Test	0.081	03:14
	Air Blank	0.000	03:14
	Subject Sample #1	0.133	03:16
	Air Blank	0.000	03:16
	Air Blank	0.000	03:18
	Subject Sample #2	0.128	03:20
	Air Blank	0.000	03:21
	Control Test	0.080	03:21
	Air Blank	0.000	03:22
	Diagnostics Check	OK	03:22

Cylinder Lot: 28719080A1  
Exp: 12/05/2021

State of Florida, County of Palm Beach

Personally appeared before me the undersigned authority, who () is personally known to me or () produced \_\_\_\_\_ as identification, and who after being placed under oath, states:

I THOMAS H LEAHEY, 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: 06/12/2020

Sworn to (or affirmed) before me this 12th day of June, 2020

Signature of Notary Public-State of Florida

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.



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

PBSO CASE # 20-077191 PBSO ZONE 7-53

AGENCY CASE # 2020-006754 CRASH CASE # \_\_\_\_\_

TIME OF STOP/CRASH 0114 DATE 06/12/2020 DAY Friday

SUBJECT'S NAME Nichols, Robert RACE W SEX M

HGT 5-10 WGT 225 DOB 08/02/1988

LOCATION 999 NW Spanish River Blvd

ARRESTING OFFICER'S NAME & ID Eric Walter #848 AGENCY 848

DIVISION: \_\_\_\_\_

NOTIFIED BY COMMO Yes

ARRIVAL AT FACILITY 0249

Arrest Time 0205

BREATH RESULTS:

1. .133
2. .128
3. N/A
4. N/A

TESTING OFFICER'S ID 19183

SCANNED  
JUN 12 2020

SUBJECT: Nichols Jr, Robert A CASE NUMBER: 20-077191

## 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) Read out loud

## 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 12 2020

SUSPECT'S SIGNATURE: (X) Read on camera

SUBJECT: Nichols, Jr Robert A CASE NUMBER: 20-077191

## 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: \_\_\_\_\_

WHITE - STATE ATTY.

YELLOW - DHSMV

PINK - CENTRAL RECORDS

GOLD - JAIL

SCANNED

JUN 12 2020

**Information Regarding Review Hearing**

**FINAL ORDER**

This will serve as notice of final order of license suspension/disqualification effective on the date it was issued to you. You may request a formal or informal review of the suspension/disqualification.

If you want the department to conduct a review of your suspension/disqualification, you must request such review at the location indicated on the reverse side. Your request must be submitted in writing within in calendar days following the date of suspension/disqualification, and include your complete name, address, date of birth, driver license number, residence and work telephone numbers, date of suspension/disqualification, location number and county where the suspension/disqualification occurred.

**INFORMAL REVIEW**

The informal review shall consist solely of an examination of the materials submitted by you and the law enforcement officer or correctional officer.

**FORMAL REVIEW**

The formal review allows you to be heard and present witnesses in regard to this suspension/disqualification.

**DRIVING WITH AN UNLAWFUL BLOOD OR BREATH ALCOHOL LEVEL (.08 OR ABOVE)**

Whether the arresting law enforcement officer had probable cause to believe that the person was driving or in actual physical control of a motor vehicle in this state while under the influence of alcoholic beverages or controlled substances (DU).

Whether the person had an unlawful blood or breath alcohol level (.08 or above).

**REFUSAL TO SUBMIT TO A BREATH, BLOOD OR URINE TEST**

Same as number 1 above.

Whether the person refused to submit to any such test after being requested to do so by a law enforcement officer or correctional officer.

Whether the person was told that if he or she refused to submit to such test, his or her privilege to operate a motor vehicle would be suspended.

**IN CASE OF A DISQUALIFICATION THE FOLLOWING ISSUES WILL BE CONSIDERED:**

**DRIVING WITH AN UNLAWFUL BLOOD OR BREATH ALCOHOL LEVEL (.08 OR ABOVE)**

Whether the arresting law enforcement officer had probable cause to believe that the person was driving or in actual physical control of a commercial motor vehicle, or any motor vehicle if the driver holds a commercial driver's license, in this state while he or she had any alcohol, chemical substances, or controlled substances in his or her body.

Whether the person had an unlawful blood-alcohol level or breath-alcohol level of 0.08 or higher.

**REFUSAL TO SUBMIT TO A BREATH, BLOOD, OR URINE TEST**

Same as number one above.

Whether the person refused to any such test after being requested to do so by a law enforcement officer or correctional officer.

Whether the person was told that if he or she refused to submit to any such test, his or her privilege to operate a commercial motor vehicle would be disqualified.

**FAILURE TO REQUEST A REVIEW WITHIN THE 10 DAY PERIOD SHALL RESULT IN THE WAIVER OF YOUR RIGHT TO A REVIEW OF THE SUSPENSION/DISQUALIFICATION.**

**Location of Administrative Reviews Hearing Offices**

- |  |  |  |
|--|--|--|
| 1. <b>Clearwater 33762</b><br>4585 140th Avenue North<br>Suite 1002        | 6. <b>Jacksonville 32219-3597</b><br>7439 Wilson Boulevard,<br>Room #9 | 11. <b>Panama City 32401-2230</b><br>The Lincoln Center 237 W. 15th Street |
| 2. <b>Daytona Beach 32114-4663</b><br>995 Orange Avenue                    | 7. <b>Lake Worth 33467</b><br>6801 Lake Worth Road,<br>Suite 230       | 12. <b>Pensacola 32504-6331</b><br>7282 Plantation Road,<br>Suite 406      |
| 3. <b>Fort Myers 33901</b><br>4048 Evans Avenue,<br>Suite 305              | 8. <b>Lauderdale Lakes 33311</b><br>3708 West Oakland Park Boulevard   | 13. <b>Tallahassee 32301-3817</b><br>504-A Capital Circle S.E.             |
| 4. <b>Fort Pierce 34982-8105</b><br>3220 South Federal Highway,<br>Suite 8 | 9. <b>Miami 33135-1422</b><br>2515 West Flagler Street                 | 14. <b>Tampa 33610-4479</b><br>2814 East Hillsborough Avenue               |
| 5. <b>Gainesville 32609-2861</b><br>2815 N.W. 13th Street, Suite 302       | 10. <b>Melbourne 32901-7121</b><br>2325 S. Babcock Street, Suite B     | 15. <b>Orlando 32810-4221</b><br>4101 Clarcona-Ocoee Road,<br>Suite 152    |
|  |  | 16. <b>Winter Springs 32708</b><br>290 East State Road 434                 |

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**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: 2020014661	Date: 06/12/2020
	Specialist Name/ID: T Howard/7185

SCANNED  
 JUN 12 2020