

05194166

20 CT 14295

366

ARREST / NOTICE TO APPEAR

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

1 JUVENILE

Agency ORI Number: 0500400 Agency Name: Delray Beach Police Department Agency Report Number (N.T.A.'s only): 4, 0 | 20-014490

Charge Type: 1. Felony 2. Traffic Felony 3. Misdemeanor 4. Traffic Misdemeanor 5. Ordinance 6. Other

Location of Arrest (Including Name of Business): 342 N SWINTON AVE DELRAY BEACH, FL Location of Office (Business Name, Address): 199 NW 1ST AVE/NW 2ND ST. DELRAY BEACH, FL 33444

Date of Arrest: 11/05/2020 Time of Arrest: 18:35 Booking Date: 11/05/2020 Booking Time: 18:45 Jail Date: 11/05/2020 Jail Time: 20:55 Location of Vehicle: 199 NW 1ST AVE/NW 2ND ST

Name (Last, First, Middle): AMANN, ROBERT DENNIS Alias: (None) (Name, DOB, Soc. Sec. #, Etc.)

Sex: M Date of Birth: 09/02/1986 Height: 5'09 Weight: 190 Eye Color: BLUE Hair Color: BLOND OR Complexion: FAIR Build: MEDIUM

Local Address (Street, Apt. Number): 6656 OHARA AVE, BOYNTON BEACH, FL 33437 Phone: (561) 289-9203

Permanent Address (Street, Apt. Number): 6656 OHARA AVE, BOYNTON BEACH, FL 33437 Phone: (561) 289-9203

Business Address (Name, Street): (None) Phone: (None)

DL Number, State: A550764863220 / FL Soc. Sec. Number: [Redacted] IIN Number: [Redacted] Place of Birth (City, State): BOYNTON BEACH, US Citizenship: US

Co-Defendant Name (Last, First, Middle): (None) Race: (None) Sex: (None) Date of Birth: (None)

Co-Defendant Name (Last, First, Middle): (None) Race: (None) Sex: (None) Date of Birth: (None)

Parent / Other: (None) Name (Last, First, Middle): (None) Residence Phone: (None)

Legal Custodian: (None) Address (Street, Apt. Number): (None) (City) (State) (Zip) Business Phone: (None)

Notified by: (None) Date: (None) Time: (None) JUVENILE DISPOSITION: 1. Handled/Processed within Department and Released 2. TOT/JAC 3. Incarcerated

Released To: (None) Relationship: (None) Date: (None) Time: (None)

The above address was provided by [ ] defendant and/or [ ] 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.

Property Crime? [X] Yes [ ] No Description of Property: VEHICLES Value of Property: \$5,000

Drug Activity: N, W, P, S, Sell, B, Buy, T, Traffic, E, Use, K, Distribute, M, Manufacture/ Produce/ Cultivate, Z, Other

Drug Type: N, W, A, A, Amphetamine, B, Barbiturate, C, Cocaine, E, Heroin, H, Hallucinogen, M, Marijuana, O, Opium/Opium Deriv., P, Paraphernalia/ Equipment, S, Synthetic, U, Unknown, Z, Other

Charge Description: DUI-DAMAGE TO PERSON/PROPERTY Statute Violation Number: 316.193(3)(C)(I) Violation of ORD #: (None)

Drug Activity: N Drug Type: (None) Amount / Unit: (None) Offense #: (None) Counts: 1 Domestic Violence: [X] Y [ ] N Warrant / Copies Number: (None) Bond: (None)

Charge Description: CRASH- LEAVING THE SCENE WITHOUT GIVING INFORMATION Statute Violation Number: 316.061(I) Violation of ORD #: (None)

Drug Activity: N Drug Type: (None) Amount / Unit: (None) Offense #: (None) Counts: 1 Domestic Violence: [X] Y [ ] N Warrant / Copies Number: (None) Bond: (None)

Health / Apparent Physical Condition of Defendant: (None) Any knowledge of the following: [ ] Mental [ ] Escape Risk [ ] Medication [ ] Dehydration [ ] Injuries Explain: (None)

Check which applies: [ ] Released O.R. [ ] Released to Parent/Guardian [X] T.O.T. County Jail [ ] Posted Bond [ ] South County Mental Health

PROPERTY - Received By: (None) Released By: (None) Released To: (None)

Transported By: (None) Date Transported: (None) Time Transported: (None) Other: (None)

INSTRUCTION NO. 1 - Mandatory appearance in court 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: 12/03/2020 08:30:00

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): (None) Date Signed: (None)

HOLD for Other Agency: (None) Signature of Arresting Officer: (None) Name Verification (Printed by Arrestee): Nov 6 am 12:40

Dangerous: [ ] Restricted Arrest: [ ] Suicidal: [ ] Other: [ ] Name of Arresting Officer (Print): WINDSOR, NICHOLAS ID #: 1029 (PRINT)

Intake Deputy: SPAN 8101 ID #: (None) Pouch #: (None) Transporting Officer: WINDSOR ID #: 1029 Agency: DBPD

Witness here if subject signed with an "X": (None) PAGE: 1 OF 1

NOV 06 2020

# D.U.I. PROBABLE CAUSE AFFIDAVIT

ON THE 5TH DAY OF NOVEMBER 20 20 AT 1742  AM  PM  
SUBJECT: AMANN, ROBERT DENNIS CASE NUMBER: DBPD #20-14490  
AGENCY: DELRAY BEACH PD ARRESTING OFFICER: WINDSOR #1029

## PERSONAL CONTACT

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

The following occurred in the City of Delray Beach, County of Palm Beach, FL.

On 11/05/20 at 1742hrs a motor vehicle crash occurred in the intersection of NW 1st Ave. and NW 2nd St. A tan 2007 Hyundai Sonata (FL Tag #R73TU) was travelling north on NW 1st Ave. A white 2018 Dodge Journey (FL Tag #EZY14) was traveling west on NW 2nd St. While the Dodge continued west, the Hyundai failed to stop at a posted stop sign and struck the Dodge. The front end of the Hyundai struck the left side of the Dodge. After the crash occurred, the Hyundai did not stop and continued north on NW 1st Ave. The victim/driver of the Dodge followed the Hyundai attempting to stop the vehicle. The Hyundai turned right (east) onto NW 3rd St. and then left (north) onto N. Swinton Ave. While on N. Swinton Ave., the Hyundai stopped in traffic and the victim approached the Hyundai on foot. The victim told the white male driver to stop because of the crash. The victim stated the white male driver appeared to be "not functioning" and unable to put the Hyundai into the park gear. The victim reached over the white male driver and put the Hyundai into park and turned off the engine while removing the vehicle key from the ignition. The victim stated there was nobody else in the Hyundai besides the white male driver. The victim stated she never lost sight of the Hyundai from the crash scene to the 300 block of N. Swinton Ave. The white male driver was identified by his FL DL as Robert Dennis Amann. The victim identified Amann as the driver of the Hyundai involved in the crash. The victim provided a sworn statement that was captured on my body worn camera.

## OBSERVATION OF DRIVER:

When I arrived on scene, Amann was standing outside the Hyundai. I smelled an odor of an unknown alcoholic beverage coming from Amann. Amann's eyes were red and had a glass like appearance. Amann's speech was slurred while speaking. Amann had a slow response while answering questions. Amann stumbled a few times while walking during this incident.

## DRIVER'S STATEMENTS:

Amann denied being involved in a motor vehicle crash prior to the police arriving. Amann stated he started driving around 1800hrs from the Lion Eagle Pub (2401 N. Federal Hwy, Boca Raton, FL. 33431). Amann stated he was travelling to Boynton Beach, FL. and he pulled over in a parking lot located at 342 N. Swinton Ave. Amann stated he consumed two beers between 1600hrs and 1800hrs prior to driving. When shown the fresh front end damage on the Hyundai, Amann stated he did not know where this damage came from. Amann refused to perform roadside tasks and I advised him of Taylor Warning. Amann acknowledged he understood the Taylor Warning. I asked Amann again to perform roadside tasks and he requested to call another Delray Beach Police Officer. I informed Amann this officer was involved in this DUI investigation or crash investigation. I requested again Amann perform roadside tasks and he refused.

## ODORS:

Amann

## GENERAL OBSERVATIONS

SPEECH: Slurred

ATTITUDE: Polite and Cooperative

CLOTHING: White Shirt and Blue Pants with Brown Shoes

MEDICAL/OTHER: None Stated

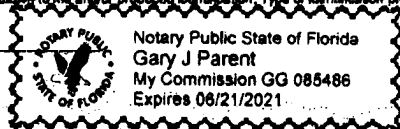
STATE OF FLORIDA  
COUNTY OF PALM BEACH

(Signature of Arresting/Investigative Officer)

The foregoing instrument was sworn to or affirmed and subscribed before me this 5th day of November 20 20 by Ofc. Windsor #1029

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

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



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NOV 06 2020

SUBJECT: AMANN, ROBERT DENNIS CASE NUMBER DBPD #20-14490

**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:**

Amann refused to perform roadsides.

**WALK & TURN:**

Amann refused to perform roadsides.

**ONE LEG STAND:**

Amann refused to perform roadsides.

**FINGER TO NOSE:**

Amann refused to perform roadsides.

**ROMBERG ALPHABET:**

Amann refused to perform roadsides.

**BREATH TEST RESULTS:**

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

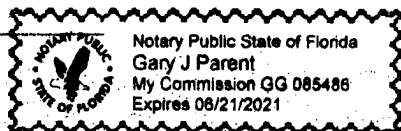
STATE OF FLORIDA  
COUNTY OF PALM BEACH

(Signature of Arresting/Investigative Officer)

The foregoing instrument was sworn to or affirmed and subscribed before me this 5th day of November, 2020 by Ofc. Windsor #1029

(Print name of Arresting/Investigative Officer, who is personally known to me and/or produced identification. Type of identification produced None)

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



SCANNED  
NOV 06 2020

SUBJECT: Amari Rose D. CASE NUMBER: DJPD # 30-14410

## 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 NICHOLAS LINDOR of the ALBANY POLICE DEPT.

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) NICHOLAS LINDOR

## 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) BEAR O. CANON

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NOV 06 2020

SUBJECT: Amos, Ryan D. CASE NUMBER: 21310 = 20-14470

### 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? NOV 06 2020

INTERVIEWER: SAIC SANDRA 1029 LPD

# WITNESS LIST

CASE NUMBER: DBPD #20-14490

ARRESTING OFFICER: OFC. WINDSOR #1029 DELRAY BEACH POLICE DEPARTMENT

ADDRESS: 300 W. ATLANTIC AVE. DELRAY BEACH, FL 33444

PHONE NUMBERS (HOME): \_\_\_\_\_ (WORK) 561-243-7800

CAN TESTIFY TO: DUI PC

NAME: CSO. D. RACKAUSKAS #1133 DELRAY BEACH POLICE DEPARTMENT

ADDRESS: 300 W. ATLANTIC AVE. DELRAY BEACH, FL 33444

PHONE NUMBERS (HOME) \_\_\_\_\_ (WORK) 561-243-7800

CAN TESTIFY TO: CRASH INVESTIGATION

NAME: BRENDA ANN ALEXIS

ADDRESS 138 SW 12TH AVE. DELRAY BEACH, FL 33444

PHONE NUMBERS (HOME) 561-634-6622 (WORK) \_\_\_\_\_

CAN TESTIFY TO: CRASH VICTIM / DRIVER IDENTIFICATION

NAME: Ja-Sia Everett (JUVENILE)

ADDRESS 138 SW 12TH AVE. DELRAY BEACH, FL 33444

PHONE NUMBERS (HOME) 561-634-6622 (WORK) \_\_\_\_\_

CAN TESTIFY TO: Passenger in Victim Vehicle

NAME: Elizabeth White (JUVENILE)

ADDRESS 138 SW 12TH AVE. DELRAY BEACH, FL 33444

PHONE NUMBERS (HOME) 561-634-6622 (WORK) \_\_\_\_\_

CAN TESTIFY TO: Passenger in Victim Vehicle

NAME: Denzel Hayes (JUVENILE)

ADDRESS 138 SW 12TH AVE. DELRAY BEACH, FL 33444

PHONE NUMBERS (HOME) 561-634-6622 (WORK) \_\_\_\_\_

CAN TESTIFY TO: Passenger in Victim Vehicle

NAME: \_\_\_\_\_

ADDRESS \_\_\_\_\_

PHONE NUMBERS (HOME) \_\_\_\_\_ (WORK) \_\_\_\_\_

CAN TESTIFY TO: \_\_\_\_\_

NAME: \_\_\_\_\_

ADDRESS \_\_\_\_\_

PHONE NUMBERS (HOME) \_\_\_\_\_ (WORK) \_\_\_\_\_

CAN TESTIFY TO: \_\_\_\_\_

NAME: \_\_\_\_\_

ADDRESS \_\_\_\_\_

PHONE NUMBERS (HOME) \_\_\_\_\_ (WORK) \_\_\_\_\_

CAN TESTIFY TO: \_\_\_\_\_

NAME: \_\_\_\_\_

ADDRESS \_\_\_\_\_

PHONE NUMBERS (HOME) \_\_\_\_\_ (WORK) \_\_\_\_\_

CAN TESTIFY TO: \_\_\_\_\_

NAME: \_\_\_\_\_

ADDRESS \_\_\_\_\_

PHONE NUMBERS (HOME) \_\_\_\_\_ (WORK) \_\_\_\_\_

CAN TESTIFY TO: \_\_\_\_\_

SCANNED

NOV 06 2020



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

PBSO CASE # 20-124059 PBSO ZONE 4-11

AGENCY CASE # 20-14490 CRASH CASE # 20-14490

TIME OF STOP/CRASH 1742 DATE 11/05/20 DAY THURSDAY

SUBJECT'S NAME AMANN, ROBERT DENNIS RACE W SEX M

HGT 5'09" WGT 190 DOB 09/02/86

LOCATION NW 1ST AVE/NW 2ND ST DELRAY BEACH, FL 33444

ARRESTING OFFICER'S NAME & ID WINDSOR #1029 AGENCY DELRAY BEACH PD

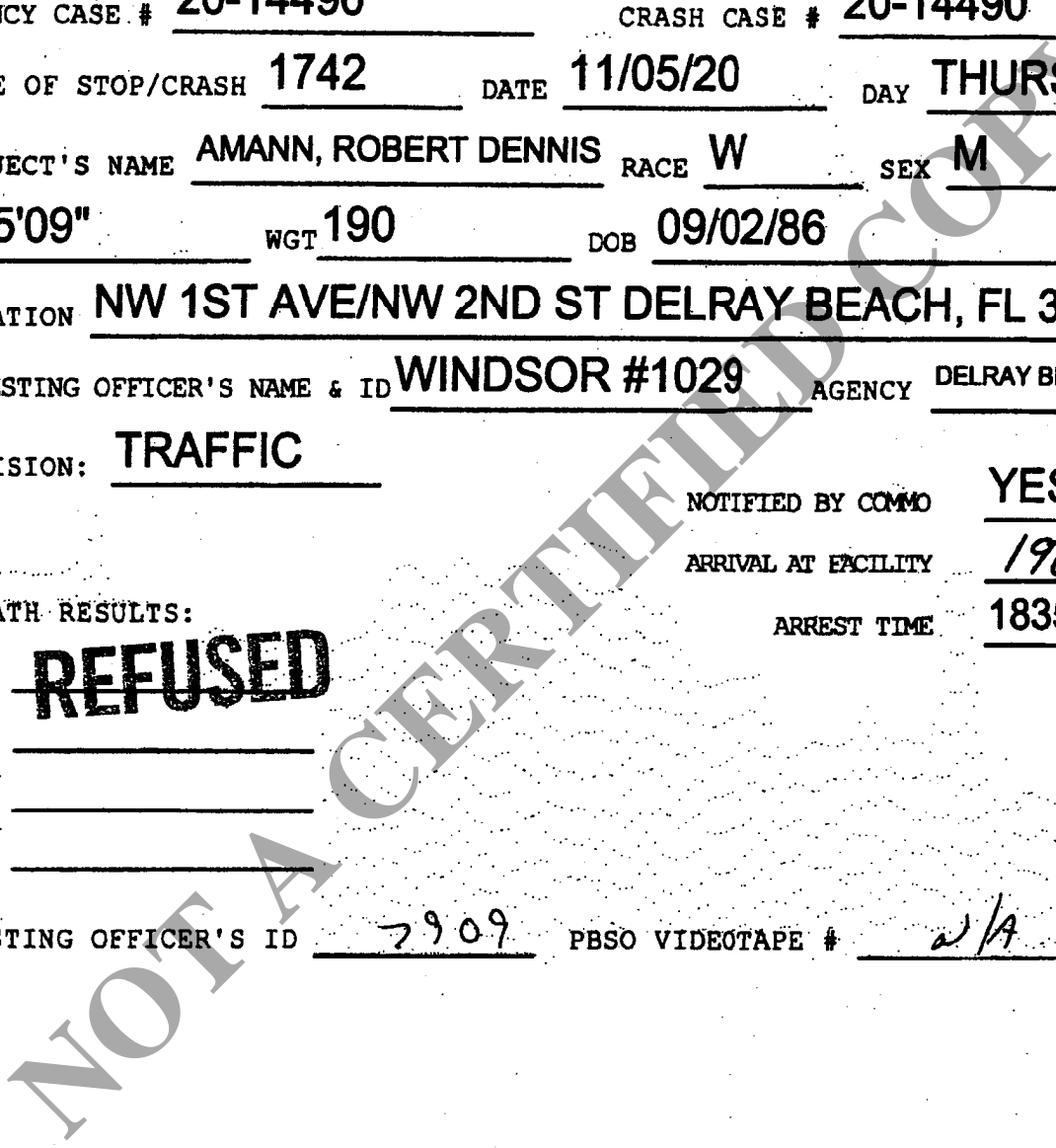
DIVISION: TRAFFIC

NOTIFIED BY COMMO YES  
ARRIVAL AT FACILITY 1908  
ARREST TIME 1835

BREATH RESULTS:

- 1) **REFUSED**
- 2) \_\_\_\_\_
- 3) \_\_\_\_\_
- 4) \_\_\_\_\_

TESTING OFFICER'S ID 7909 PBSO VIDEOTAPE # 2/A



# TESTING FACILITY TASK REPORT

AGENCY: DBPD  
SUBJECT: Amann, Robert D.  
DATE: 11/05/2020  
BEGINNING TIME: 1932  
CASE NUMBER: 20-124059  
VIDEO DVD NUMBER: N/A  
ENDING TIME: 1935

BREATH TESTS RESULTS: 1) Refuse TIME 1934 A.M.  P.M.  2) N/A TIME \_\_\_\_\_ A.M.  P.M.   
3) N/A TIME \_\_\_\_\_ A.M.  P.M.  4) N/A TIME \_\_\_\_\_ A.M.  P.M.

BREATH OPERATOR: G. Parent #7909

MAINTENANCE TECHNICIAN: J. Karlecke #6467

### TESTING OFFICER'S OBSERVATIONS

SPEECH: Slurred at times.

ATTITUDE: Calm, quiet, vague, co operative.

CLOTHING: Blue slacks, white checkered button down shirt, brown loafers.

MEDICAL CONDITIONS: None.

MEDICATIONS: None.

### OTHER:

Eyes glassy and bloodshot.

REFUSED

### COMMENTS:

Arrived at Center A/O began the 20 minute observation period at 1908 hrs.

Subject refused to take test.

A/O read I/C.  
Subject stated he understood I/C and again refused to take test.

A/O read rights.  
Subject stated he understood rights

A/O attempted Q/A.  
Subject refused to answer questions.

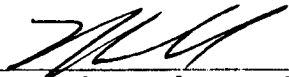
SCANNED

NOV 06 2020

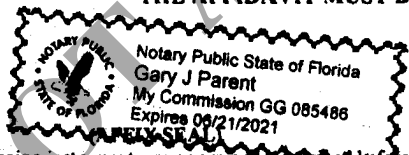
**STATE OF FLORIDA  
DEPARTMENT OF HIGHWAY SAFETY & MOTOR VEHICLES  
AFFIDAVIT OF REFUSAL TO SUBMIT TO  
BREATH AND/OR URINE TEST**

I, Nicholas Windsor, a duly certified Law Enforcement Officer or Correctional Officer,  
(Name of Officer reading Implied Consent Warning)  
am a member of Delray Beach Police Department, and I do swear  
(Name of law enforcement agency)  
or affirm that on or about the 5th day of November, 20 20, at 1835  P.M.  A.M.  
DRIVER Robert Dennis Amann  
(Type or Print) FIRST NAME MIDDLE OR MAIDEN NAME LAST NAME  
DL# A550764863220, state of Florida, was placed under lawful arrest for  
the offense of DUI - Crash FSS 316.193(3)(C)(1) by Ofc. Windsor #1029 and  
(Name of Arresting Officer)  
issued Citation # A1UR7EE  
That on or about the 5th day of Novemeber, 20 20, at 1934  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 this 05 day of NOVEMBER, 20 20,  
by Ofc. N. Windsor,  
who is personally known to me or who has produced  
known as identification  
Notary Public \_\_\_\_\_

The foregoing instrument was sworn and subscribed before me:  
\_\_\_\_\_  
Signature of Attesting Officer  
Title \_\_\_\_\_  
Date \_\_\_\_\_

Note: Mail or hand deliver to the designated Bureau of Administrative Reviews office, Department of Highway Safety and Motor Vehicles, with the driver's license, the appropriate copy of the UTC, and the probable cause affidavit.

SCANNED  
NOV 06 2020



**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),<br>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),<br>(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),<br>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"/>            | F.C. Art. 1, Sect 16                    | Other: Marsy's Law   |                |
|   | <input type="checkbox"/>            | 119.0712 (2)                            | Other: Personal information contained in a motor vehicle record  |                |

**REVIEW COMPLETED BY**

|                            |                                |
|----------------------------|--------------------------------|
| Booking Number: 2020026184 | Date: 11/06/2020               |
|                            | Specialist Name/ID: VARGO/6665 |

SCANNED  
 NOV 06 2020