

0521406 ACT2381 SB 3312  
ARREST / NOTICE TO APPEAR

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

OBTS Number	Agency ORI Number <b>0500400</b>		Agency Name <b>Delray Beach Police Department</b>		Agency Report Number (N.T.A.'s only) <b>4 0   21-001984</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 <b>1</b>		
Location of Arrest (Including Name of Business) <b>64 S OCEAN BLVD</b>			Location of Offense (Business Name, Address) <b>64 S OCEAN BLVD, DELRAY BEACH, FL 33483</b>				
Date of Arrest <b>02/13/2021</b>	Time of Arrest <b>21:59</b>	Booking Date <b>02/13/2021</b>	Booking Time <b>22:09</b>	Jail Date <b>02/14/2021</b>	Jail Time <b>00:10</b>	Location of Vehicle <b>64 S OCEAN BLVD DELRAY</b>	
Name (Last, First, Middle) <b>JAIRAM, ROMMEL</b>		Alias:		Alias (Name, DOB, Soc. Sec. #, Etc.)			
Race W - White B - Black O - Oriental/Asian <b>W</b>	Sex <b>M</b>	Date of Birth <b>12/07/1987</b>	Height <b>5'08</b>	Weight <b>180</b>	Eye Color <b>BROW</b>	Hair Color <b>BLACK</b>	
Complexion <b>MEDIUM</b>			Build <b>MEDIUM</b>		Marital Status <b>M</b>		
Scars, Marks, Tattoos, Unique Physical Features (Location, Type, Description)			Religion <b>NOT INDICA</b>		Indication of: Alcohol Influence Yes <input 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>13535 118TH ST, SOUTH OZONE PARK, NY 11420</b>			(City) (State) (Zip)		Phone <b>(718) 772-5473</b>		
Permanent Address (Street, Apt. Number) <b>13535 118TH ST, SOUTH OZONE PARK, NY 11420</b>			(City) (State) (Zip)		Phone <b>(718) 772-5473</b>		
Business Address (Name, Street) <b>US TREASURY DEPT.</b>			(City) (State) (Zip)		Phone		
DL Number, State <b>619655020 / NY</b>		Soc. Sec. Number		INS Number		Place of Birth (City, State) <b>NEW YORK, NY, United</b>	
Citizenship <b>US</b>		Co-Defendant Name (Last, First, Middle)		Race	Sex	Date of Birth	
Co-Defendant Name (Last, First, Middle)		Race	Sex	Date of Birth	<input type="checkbox"/> 1. Arrested <input type="checkbox"/> 3. Felony <input type="checkbox"/> 5. Juvenile <input type="checkbox"/> 2. At Large <input type="checkbox"/> 4. Misdemeanor <input type="checkbox"/> 6. Other		
<input type="checkbox"/> Parent <input type="checkbox"/> Other: _____ <input type="checkbox"/> Legal Custodian		Name (Last, First, Middle)				Residence Phone	
Address (Street, Apt. Number)		(City)	(State)	(Zip)	Business Phone		
Notified by: (Name)		Date	Time	JUVENILE DISPOSITION 1. Handled/Processed within Department and Released 2. TOT JAC 3. Incarcerated			
Released To: (Name)		Relationship	Date	Time			
The above address was provided by <input type="checkbox"/> defendant and/or <input type="checkbox"/> defendant's parents. The child and/or parent was told to keep the Juvenile Court Clerk's Office (Phone 355-2526) informed of any change of address.				School Attended		Grade	
Property Crime? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Description of Property			Value of Property		
Drug Activity N. N/A P. Possess		S. Sell B. Buy T. Traffic	R. Smuggle D. Deliver 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>DRIVING WHILE UNDER INFLUENCE</b>				Statute Violation Number <b>316.193(1)A</b>		Violation of ORD #	
Drug Activity	Drug Type <b>N</b>	Amount / Unit	Offense #	Counts	Domestic Violence <input type="checkbox"/> Y <input checked="" type="checkbox"/> N	Warrant / Capias Number	
Charge Description				Statute Violation Number		Violation of ORD #	
Drug Activity	Drug Type	Amount / Unit	Offense #	Counts	Domestic Violence <input type="checkbox"/> Y <input type="checkbox"/> N	Warrant / Capias Number	
Charge Description				Statute Violation Number		Violation of ORD #	
Drug Activity	Drug Type	Amount / Unit	Offense #	Counts	Domestic Violence <input type="checkbox"/> Y <input type="checkbox"/> N	Warrant / Capias Number	
Health / Apparent Physical Condition of Defendant				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			
Check which applies <input type="checkbox"/> Released O.R. <input type="checkbox"/> Released to Parent/Guardian <input type="checkbox"/> Posted Bond <input type="checkbox"/> South County Mental Health				PROPERTY - Received By		Released By	
Transported By				Date Transported	Time Transported	Other	
<input checked="" type="checkbox"/> INSTRUCTION NO. 1 - Mandatory appearance in court <input type="checkbox"/> INSTRUCTION NO. 2 - You need not appear in Court but must comply with instructions on Page 2.				Location (Court, Room) <b>South County 200 W Atlantic Ave Delray Beach, FL 33444</b>		No Photo Available	
I AGREE TO APPEAR AT THE TIME AND PLACE DESIGNATED TO ANSWER THE OFFENSE CHARGED OR TO PAY THE FINE SUBSCRIBED. I UNDERSTAND THAT SHOULD I WILLFULLY FAIL TO APPEAR BEFORE THE COURT AS REQUIRED BY THIS NOTICE TO APPEAR, THAT I MAY BE HELD IN CONTEMPT OF COURT AND A WARRANT FOR MY ARREST SHALL BE ISSUED.				Court Date and Time <b>03/11/2021 08:30:00</b>			
Signature of Defendant (or Juvenile and Parent/Custodian)				Date Signed <b>FEB 16 2021</b>		Name Verification (Printed by Arrestee)	
Holds for Other Agency		Signature of Arresting Officer		Name of Arresting Officer (Print) <b>HERNANDEZ, EDWIN</b>		ID # <b>1194</b>	
<input type="checkbox"/> Dangerous <input type="checkbox"/> Suicidal		<input type="checkbox"/> Resisted Arrest <input type="checkbox"/> Other		Transposing Officer <b>E HERNANDEZ</b>		ID # <b>1194</b>	
Intake Deputy <b>Dunn</b>		Pouch #		Agency <b>DBPD</b>		Witness here if subject signed with an	

COURT  STATE ATTORNEY  AGENCY  CENTRAL RECORDS  JAIL  CRIME ANALYSIS  I.A.T.O.  DEFENDANT

**D.U.I. PROBABLE CAUSE AFFIDAVIT**

ON THE 13 DAY OF FEBRUARY, 2021 AT 2000 HRS,

IN THE CITY OF Delray Beach, COUNTY OF PALM BEACH, STATE OF FLORIDA,

SUBJECT: JAIRAM, ROMMEL CASE NUMBER: 21-001984

AGENCY: Delray Beach Police ARRESTING OFFICER: Edwin Hernandez

**PERSONAL CONTACT**

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

On 2/13/21 I responded to 64 S Ocean Blvd to assist officers with a DUI investigation. Upon arrival, I was advised that Rommel Jairam was involved in a dispute at the Sand Bar of the same address. Officer Bonet, who witnessed the event, advised that he observed a silver Mercedes passenger car pull up to the scene and Jairam, the sole occupant exited from the driver's seat. Officers settled the disturbance and then requested my assistance for the DUI investigation.

**OBSERVATION OF DRIVER:**

Jairam was leaned against the vehicle when I arrived. Upon first contact, Jairam had droopy eyes and slow slurred speech. Jairam was slightly unsteady on his feet, swaying from side to side while answering questions.

**DRIVERS STATEMENTS:**

Jairam advised that he drove the vehicle from its parallel parking space on S Ocean Blvd to the location across from 64 S Ocean Blvd. Jairam stated that he had no medical conditions. While being transported to the PBCJ BAT, Jairam requested to just receive a warning instead of going to jail. Post Miranda at the BAT, Jairam advised that he was at Sandbar from 1700-2000 hours and had only 1 bottle of Heineken beer.

**ODORS:**

The odor of an unknown alcoholic beverage was coming from Jairam's breath as he spoke.

**GENERAL OBSERVATIONS**

SPEECH: Slow and slurred.

ATTITUDE: Cooperative

CLOTHING: \_\_\_\_\_

MEDICAL/OTHER: \_\_\_\_\_

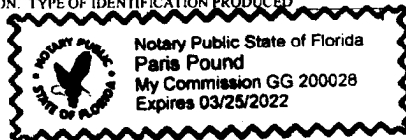
STATE OF FLORIDA  
COUNTY OF PALM BEACH

(SIGNATURE OF ARRESTING OFFICER) [Signature] 1194

THE FORGOING INSTRUMENT WAS SWORN TO OR AFFIRMED AND SUBSCRIBED BEFORE ME THIS 13 DAY OF FEBRUARY, 2021. BY Edwin Hernandez

WHO IS PERSONALLY KNOWN TO ME AND/OR PRODUCED IDENTIFICATION. TYPE OF IDENTIFICATION PRODUCED \_\_\_\_\_

NOTARY PUBLIC, CLERK OF COURT, OFFICER (FSS 117.10)



SCANNED  
FEB 16 2021

**ROADSIDE TASKS**

**HORIZONTAL GAZE NYSTAGMUS: 4 OF 6**

- 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:**

Jairam's eyes were checked for equal tracking, pupil size and resting nystagmus; no abnormalities observed. Jairam advised that he does wear contacts. Vertical nystagmus was not observed.

**WALK & TURN: 5 OF 8**

Jairam stated that he understood the instructions to remain in the instruction position. Jairam was unable to maintain his balance during the instructions phase. Jairam advised that he understood all instructions prior to beginning. Jairam took the incorrect number of steps, taking ten before the turn and fifteen after. Jairam turned improperly. Jairam missed heel to to on steps 2 and 9 before the turn and step 4 after the turn. Jairam stepped off line on step 2 after the turn.

**ONE LEG STAND: 3 OF 4**

Jairam advised that he understood all the instructions for this task. Jairam raised his right foot for this task. Jairam began swaying at the count of 11 before placing his foot down on the ground at the count of 12. Jairam kept his hands raised approximately 6 inches off the side of his pants during this whole task and at times raised them higher to maintain his balance.

**FINGER TO NOSE: 2 OF 4**

Jairam advised that he understood all the instructions for this task. Jairam used the wrong hand on the 5th attempt (second left in a row) and then corrected it. Jairam missed the tip of his finger to the tip of his nose on attempts 2-6.

**ROMBERG ALPHABET: 3 OF 4**

Jairam advised the he understood all the instructions for this task. Jairam had to be stopped because he began singing the alphabet as opposed to how he was instructed. Jairam sang the phrase "LMNOP" and then opened his eyes, to silently think and regain his place in the sequence. Jairam then finished the alphabet with the sequence "TUVZWXYZ & Z".

**BREATH TEST RESULTS:** 1) REFUSE 2) REFUSE 3) 4)

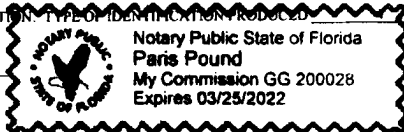
STATE OF FLORIDA  
COUNTY OF PALM BEACH

*[Signature]* 1194  
(SIGNATURE OF ARRESTING OFFICER)

THE FORGOING INSTRUMENT WAS SWORN TO OR AFFIRMED AND SUBSCRIBED BEFORE ME THIS 13 DAY OF FEBRUARY, 2021 BY Edwin Hernandez

WHO IS PERSONALLY KNOWN TO ME AND/OR PRODUCED IDENTIFICATION. TYPE OF IDENTIFICATION PRODUCED \_\_\_\_\_

*[Signature]*  
NOTARY PUBLIC, CLERK OF COURT, OFFICER (FSS 117.10)



SCANNED  
FEB 16 2021

SUBJECT: JAIRAM, Rommel CASE NUMBER: 21-001984

**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) \_\_\_\_\_

**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 CAROL

SCANNED  
FEB 16 2021

# TESTING FACILITY TASK REPORT

AGENCY:

SUBJECT:

DATE:

BEGINNING TIME:

CASE NUMBER:

VIDEO DVD NUMBER:

ENDING TIME:

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

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

BREATH OPERATOR:

MAINTENANCE TECHNICAN:

## TESTING OFFICER'S OBSERVATIONS

SPEECH:

ATTITUDE:

CLOTHING:

MEDICAL CONDITIONS:

MEDICATIONS:

**REFUSED**

### OTHER:

EYES: GLASSY AND BLOODSHOT

### COMMENTS:

ARRIVED AT CENTER A/O BEGAN THE 20 MINUTE OBSERVATION PERIOD AT 22:31 HRS.

SUBJECT: STATED "SURE" THEN SAID WHAT IF I SAID NO

A/O: READ I/C TWO TIMES , ALSO EXPLAINED I/C

SUBJECT: UNDERSTOOD I/C AND AGREED TO TAKE TEST

TECH: STARTED TO PUT SUBJECT INFORMATION INTO THE INSTRUMENT SUBJECT STATED HE WOULD REFUSE.

A/O: READ RIGHTS

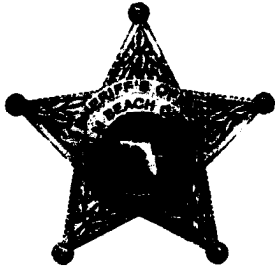
SUBJECT: UNDERSTOOD RIGHTS

A/O: CONDUCTED Q&A

SUBJECT: ANSWER QUESTIONS

**REFUSED**

SCANNED  
FEB 16 2021



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

PBSO CASE # 21-035341 PBSO ZONE 4-11

AGENCY CASE # 21-001984 CRASH CASE # \_\_\_\_\_

TIME OF CRASH/STOP 2000 DATE 2/13/21 DAY SAT

SUBJECT'S NAME JAIRAM, ROMMEL RACE I SEX M

HGT 508 WGT 180 DOB 12/07/1987

LOCATION 64 S OCEAN BLVD, DELRAY BEACH, FL

ARRESTING OFCR NAME & ID Edwin Hernandez 1194 AGENCY Delray Beach Police

DIVISION Patrol

NOTIFIED BY COMMO \_\_\_\_\_

ARRIVAL AT FACILITY 2231 HRS

TIME OF ARREST 2159 HRS

BREATH RESULTS:

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

**REFUSED**

TESTING OFFICER'S ID 24639

PBSO VIDEOTAPE # N/A

SCANNED  
 FEB 16 2021

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: 80-006478 Software: 8100.27  
Date of Test: 02/13/2021

Date of Last Agency Inspection: 02/12/2021

Observation Period Began: 22:31

Subject's Name: ROMMEL JAIRAM

DOB: 12/07/1987 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	23:01
	Air Blank	0.000	23:01
	Control Test	0.081	23:01
	Air Blank	0.000	23:02
	Subject Sample #1	REF*	23:02
	Air Blank	0.000	23:03
	Control Test	0.081	23:03
	Air Blank	0.000	23:04
	Diagnostics Check	OK	23:04

\*Subject Test Refused

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 PARIS D POUND, 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: 02/13/21  
Signature

Sworn to (or affirmed) before me this 13<sup>th</sup> day of FEBRUARY, 2021

1194 Signature of Notary Public-State of Florida OFF. E. HERNANDEZ 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: JAIRAM, ~~THE~~ Rommel CASE NUMBER: 21-001984

## 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? YES

WHERE WERE YOU GOING? To SAND BAR

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? 2/13/21 WHAT DAY OF THE WEEK IS IT? SAT

WHAT COUNTY AND CITY ARE YOU IN NOW? PAUL BEACH

WHEN DID YOU LAST EAT? 1-2 PM WHAT DID YOU EAT? STEAK & EGGS

WHAT HAVE YOU BEEN DOING FOR THE LAST THREE HOURS? SITTING AT SAND BAR

HOW MUCH DO YOU WEIGH? 180 HAVE YOU BEEN DRINKING? NO/YES WHAT? HEINEKEN

HOW MUCH? 1 BOTTLE WHERE? SAND BAR WITH WHOM? WIFE & FRIEND

WHEN DID YOU HAVE YOUR FIRST DRINK? 7PM AND YOUR LAST DRINK? 7PM

HOW DID YOU CONSUME YOUR LAST TWO DRINKS? SIPPED / CHUGGED

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? \_\_\_\_\_

WHAT? \_\_\_\_\_ WHERE? \_\_\_\_\_ WHEN? \_\_\_\_\_

WHAT LINE OF WORK ARE YOU IN? US DEPT TREASURY WHEN DID YOU LAST WORK? 2/3/21

DO YOU HAVE ANY PHYSICAL DEFECTS OR INJURIES? N WHAT? \_\_\_\_\_

ARE YOU SICK OR INJURED? No WHAT'S WRONG? \_\_\_\_\_

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? \_\_\_\_\_

HAVE YOU SEEN A DOCTOR OR DENTIST TODAY? No WHO? \_\_\_\_\_ WHY? \_\_\_\_\_

ARE YOU TAKING ANY PRESCRIPTION MEDICINES? No WHAT? \_\_\_\_\_ WHEN? \_\_\_\_\_

DO YOU HAVE:

EPILEPSY?	<u>No</u>
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? No IF SO, WHEN WAS YOUR LAST INJECTION? \_\_\_\_\_

HAVE YOU EVER HAD A DRIVER'S LICENSE IN ANY OTHER STATE? No WHERE? NY

INTERVIEWER: \_\_\_\_\_  
WHITE - STATE ATTY.    YELLOW - DHSMV    PINK - CENTRAL RECORDS    GOLD - JAIL

SCANNED  
FEB 16 2021

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

I, Edwin Hernandez, a duly certified Law Enforcement Officer or Correctional Officer,  
(Person Reading Implied Consent Warning)

am a member of Delray Beach Police, and I do swear  
(Name of Enforcement Agency)

or affirm that on or about the 13 day of FEBRUARY, 2021, at 2159 HRS P.M. A.M.  
(Circle One)

NAME: JAIRAM, ROMMEL  
(Type or Print) FIRST MIDDLE OR MAIDEN LAST

DL # 619655020, state of New York, was placed under lawful arrest for

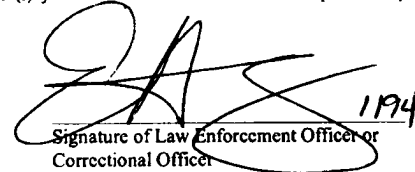
the offense of DUI by Edwin Hernandez and  
(Name of Arresting Officer)

issued Citation # \_\_\_\_\_

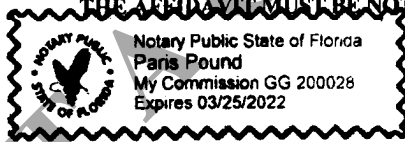
That on or about the 13th day of FEBRUARY, 2021, at 2301 A.M.  
(Circle One)

In Palm Beach County, [PLEASE CHECK THE BOX OR BOXES THAT APPLY] I did request said

person to submit to a breath, urine, or blood test to determine the content of alcohol in his or her blood or breath or the presence of chemical or controlled substances therein I did inform said person that any refusal to submit to such test or tests would result in the suspension of his or her privilege to operate a motor vehicle for a period of one (1) year for a first refusal, or for a period of eighteen (18) months if the driving privilege of such person had been suspended previously for refusing to submit to such test or tests. I did inform said person that he or she commits misdemeanor, if said person refuses to submit to a lawful test as requested above, and his or her driving privilege has been previously suspended for a prior refusal to submit to a lawful test of his or her breath, urine, or blood. If driver holds a CDL or is operating a CMV, I did inform the driver that this refusal will result in the disqualification of the driver's Commercial Driver's License/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 such test.  
Said person did at that time and place refuse to submit to such test or tests.

  
Signature of Law Enforcement Officer or Correctional Officer

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



(AFFIX SEAL)

The foregoing instrument was sworn and subscribed before me this 13th day of FEBRUARY, 2021, by Edwin Hernandez,

who is personally known to me or who has produced \_\_\_\_\_ 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  
FEB 16 2021

# D.U.I. WITNESS LIST

CASE #: 21-001984

ARRESTING OFFICER: Edwin Hernandez

ADDRESS: 300 W Atlantic Ave, Delray Beach, FL 33444

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

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

NAME: Officer Bonet

ADDRESS: 300 W Atlantic Ave, Delray Beach, FL 33444

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

CAN TESTIFY TO: Wheel witness

NAME: Officer Mitchell

ADDRESS: 300 W Atlantic Ave, Delray Beach, FL 33444

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

CAN TESTIFY TO: Observations of impairment

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: \_\_\_\_\_

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

ADDRESS: \_\_\_\_\_

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

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

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

ADDRESS: \_\_\_\_\_

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

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

SCANNED  
FEB 16 2021



**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: 2021003769	Date: 02/14/2021
	Specialist Name/ID: T Howard/7185