

20 CF 10009
ARREST / NOTICE TO APPEAR
 Juvenile Referral Report

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

ADMINISTRATIVE	OBT Number: _____		Agency ORI Number: FLO 502600		Agency Name: PALM BEACH GARDENS POLICE DEPARTMENT		Agency Report Number (N.T.A.'s only): 78-20005559	
	Charge Type: <input type="checkbox"/> 1. Felony <input type="checkbox"/> 2. Traffic Felony <input type="checkbox"/> 3. Misdemeanor <input checked="" type="checkbox"/> 4. Traffic Misdemeanor <input type="checkbox"/> 5. Ordinance <input type="checkbox"/> 6. Other		Weapon Seized / Type: 2 <input type="checkbox"/> 1. Yes <input type="checkbox"/> 2. No		Multiple Clearance Indicator: _____			
	Location of Arrest (Including Name of Business): Alton Rd/Donald Ross Rd				Location of Offense (Business Name, Address): Alton Rd/Donald Ross Rd			
	Date of Arrest: 12/11/2020		Time of Arrest: 18:08		Booking Date: _____		Booking Time: _____	
	Jail Date: _____		Jail Time: _____		Location of Vehicle: KAUFF'S TOWING & RECOVERY 4301 East Avenue, West Palm Beach, FL 33405			
	Name (Last, First, Middle): Wolfe, Sean, Patrick							
	Alias (Name, DOB, Soc. Sec. #, Etc.): _____							
	Race: W - White I - American Indian		Sex: M		Date of Birth: 11/18/1977		Height: 510	
	Weight: 220		Eye Color: Brown		Hair Color: Brown		Complexion: Light	
	Build: Medium		Scars, Marks, Tattoos, Unique Physical Features (Location, Type, Description): _____		Marital Status: _____		Religion: _____	
	Indication of Alcohol Influence: <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> Unk.		Indication of Drug Influence: <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> Unk.					
DEFENDANT	Local Address (Street, Apt. Number): 3855 TUCKS RD		(City): BOYNTON BEACH		(State): FL		(Zip): 33436	
	Phone: (561) 401-1836		Residence Type: <input type="checkbox"/> 1. City <input type="checkbox"/> 2. County <input type="checkbox"/> 3. Florida <input checked="" type="checkbox"/> 4. Out of State					
	Permanent Address (Street, Apt. Number): 3855 TUCKS RD		(City): BOYNTON BEACH		(State): FL		(Zip): 33436	
	Address Source: FL DL		Business Address (Name, Street): _____		(City): _____		(State): _____	
	(Zip): _____		Phone: _____		Occupation: Business Owner			
	DL Number, State: W410795774180 FL		Soc. Sec. Number: _____		INS Number: _____		Place of Birth (City, State): St Louis, Missouri	
	Citizenship: US							
CO-DEF	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"/> 2. At Large <input type="checkbox"/> 3. Felony <input type="checkbox"/> 4. Misdemeanor <input type="checkbox"/> 5. Juvenile							
	Name (Last, First, Middle): _____		(First): _____		(Middle): _____		Residence Phone: _____	
	Address (Street, Apt. Number): _____		(City): _____		(State): _____		(Zip): _____	
	Business Phone: _____							
JUVENILE	Notified by: (Name) _____		Date: _____		Time: _____		Juvenile Disposition: DEC 1 10:00 AM 2020 <input type="checkbox"/> 1. Handled/processed with Dept. and Released.	
	Released To: (Name) _____		Relationship: _____		Date: _____		Time: _____	
	The above address provided by <input type="checkbox"/> defendant and / or <input type="checkbox"/> defendant's parents. The child and / or parent was told to keep the Juvenile Court Clerk (Phone 355-2528) informed of any change of address.		<input type="checkbox"/> Yes, by: (Name) _____		<input type="checkbox"/> No: (Reason) _____		School Attended: _____	
	Grade: _____		Property Crime? <input type="checkbox"/> Yes <input type="checkbox"/> No		Description of Property: _____		Value of Property: _____	
CODE	Drug Activity: S. Sell R. Smuggle K. Dispense/Distribute M. Manufacture/Produce/Cultivate Z. Other		Drug Type: N. N/A A. Amphetamine B. Barbiturate C. Cocaine E. Heroin H. Hallucinogen M. Marijuana O. Opium/Deriv.		P. Paraphernalia/Equipment S. Synthetic U. Unknown Z. Other			
CHARGE	Charge Description: DRIVING UNDER THE INFLUENCE		Counts: 1		Domestic Violence: <input type="checkbox"/> Y <input checked="" type="checkbox"/> N		Statute Violation Number: 316.193(1)(A)	
	Warrant / Copies Number: _____		Bond: _____					
	Charge Description: DUI WITH MINOR IN THE CAR		Counts: 1		Domestic Violence: <input type="checkbox"/> Y <input checked="" type="checkbox"/> N		Statute Violation Number: 316.193(4)	
	Warrant / Copies Number: _____		Bond: _____					
	Charge Description: CHILD NEGLECT		Counts: 1		Domestic Violence: <input type="checkbox"/> Y <input checked="" type="checkbox"/> N		Statute Violation Number: 827.03(3)(C)	
	Warrant / Copies Number: _____		Bond: _____					
	Charge Description: PRIOR REFUSAL TO SUBMIT BREATH TEST		Counts: 1		Domestic Violence: <input type="checkbox"/> Y <input checked="" type="checkbox"/> N		Statute Violation Number: 316.1939(1)	
	Warrant / Copies Number: _____		Bond: _____					
NOTICE TO APPEAR	Location (Court, Room Number, Address): NORTH COUNTY COURTHOUSE, 3188 PGA BOULEVARD, PALM BEACH GARDENS, FL 33410 - PH: (561) 662-6700							
	Court Date and Time: Month JANUARY Day 13 Year 2021 Time 10:00 AM X PM							
	I AGREE TO APPEAR AT THE TIME AND PLACE DESIGNATED TO ANSWER THE OFFENSE CHARGED OR TO PAY THE FINE SUBSCRIBED. I UNDERSTAND THAT SHOULD I WILLFULLY FAIL TO APPEAR BEFORE THE COURT AS REQUIRED BY THIS NOTICE TO APPEAR, THAT I MAY BE HELD IN CONTEMPT OF COURT AND A WARRANT FOR MY ARREST SHALL BE ISSUED.							
	Signature of Defendant (or Juvenile and Parent / Custodian): _____		Date Signed: 12/11/2020					
	HOLD for other Agency Name: _____		Signature of Arresting Officer: Wolfe		Name Verification (Printed by Arrestee): _____			
	<input type="checkbox"/> Dangerous <input type="checkbox"/> Suicidal <input type="checkbox"/> Intake Denial		Name of Arresting Officer (Print): Ofc. William Butzbach		I.D. #: 507		(PRINT) _____	
	Intake Denial: _____		Transporting Officer: William Butzbach		ID #: 507		Agency: PBGPD	
	Witness here if subject signed with an "X"		<input type="checkbox"/> _____		<input type="checkbox"/> _____		PAGE: 1 OF 1	

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

0388733 3992

PROBABLE CAUSE AFFIDAVIT

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

1

JUVENILE

Agency ORI Number FL 0502600		Agency Name PALM BEACH GARDENS POLICE		Agency Report Number 7 8 20-005559	
Charge Type: Check as many as apply. <input checked="" type="checkbox"/> 1. Felony <input type="checkbox"/> 2. Traffic Felony		<input checked="" type="checkbox"/> 3. Misdemeanor <input type="checkbox"/> 4. Traffic Misdemeanor		<input type="checkbox"/> 5. Ordinance <input type="checkbox"/> 6. Other	
Name (Last, First, Middle) WOLFE, SEAN PATRICK				Race W	Sex M
Date of Birth 11/18/1977				Special Notes:	
Charge Description 316.193(4) DUI - BAC/BRAC OVER .15 -OR- MINOR IN VEHICLE		Charge Description 316.193(1) DUI - REFUSAL TO SUBMIT WITH A PRIOR R			
Charge Description 827.03(3)(C) - CHILD NEGLECT		Charge Description 316.193(1)(A) - DUI NORMAL FACILITIES			
Voter's Name (Last, First, Middle) State Of Florida				Race	Sex
Date of Birth				Address Source	
Local Address (Street, Apt. Number) (City) (State) (Zip)		Phone		Occupation	
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 11 day of December, 2020 at 17:27 (Specifically include facts constituting cause for arrest.)

On Friday, December 11th, 2020, at approximately 5:27p.m. I responded to the area of Donald Ross Road and Alton Road, Palm Beach Gardens, Florida, in reference to a concerned citizen who observed a reckless vehicle (white Ford F-250 bearing FL tag LHPP85) traveling Eastbound on Donald Ross Road. The caller advised the vehicle almost crashed into other vehicles and or fixed objects. The caller observed the vehicle pulled into a parking space Infront of the store Xfinity, 5300 Donald Ross Road (Alton Town Center).

Officer Stairs (499) arrived on scene and made contact with the vehicle. The driver identified himself via Florida driver's license as Sean Wolfe 11/18/97. Officer Stairs observed Wolfe's _____ (08/29/2013) in the rear passenger seat. Officer Stairs observed Wolfe's eyes to be red and watery, his speech was slurred, his movements were slow and deliberate, and there was an unknown odor of an alcoholic beverage emanating off of Wolfe's person. I responded to the scene to conduct a DUI investigation. My Department issued body-worn camera was used for the entire investigation. See Officer Stairs supplement for further information regarding initial interaction with Wolfe.

Upon arrival, I observed Wolfe out of his vehicle and sitting on the tailgate of the truck with _____. I had Wolfe move out of sight of _____ and talk to me. Wolfe had a hard time maintaining his balance and was stumbling, his eyes were red and watery, his speech was slurred, there was the odor of an unknown alcoholic beverage emanating off of his breath at a conversational distance, and he had a hard time comprehending simple questions and task. I asked Wolfe to perform a few Standardized Field Sobriety Task (SFST) in order to make sure he was able to safely drive and dispel my fear that he had been driving under the influence. Wolfe kept repeating "you're not doing this to me" and would not listen to me or my instructions. I informed Wolfe of his Taylor Warnings, Wolfe still would not listen and was given multiple opportunities to

SWORN AND SUBSCRIBED BEFORE ME

Notary Public State of Florida
Gary J Parent
My Commission GG 085486
Expires 06/21/2021

SIGNATURE OF ARRESTING / INVESTIGATING OFFICER

BUTZBACH, WILLIAM (507)

NAME OF OFFICER (PLEASE PRINT)

12/11/2020

DATE

12/11/2020

DATE

PAGE

1 of 3

ORIS Number

PROBABLE CAUSE AFFIDAVIT SUPPLEMENT

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

1

JUVENILE

Agency ORI Number

Agency Name

Agency Report Number

FL 0502600

PALM BEACH GARDENS POLICE

7, 8 20-005559

Charge Type: Check as many as apply.

- 1. Felony 2. Traffic Felony 3. Misdemeanor 4. Traffic Misdemeanor 5. Ordinance 6. Other

Special Notes:

Name (Last, First, Middle)

Alias

Race

Sex

Date of Birth

WOLFE, SEAN PATRICK

W

M

11/18/1977

perform the SFST'S. After several minutes of Wolfe not listening and not complying with my request, his actions were taken as a refusal to conduct SFST's and was subsequently placed under arrest for DUI.

Officer Eriksson (496) made contact with the caller Valeria Iglesias who gave a statement on BWC stating the following; She was on Interstate 95 traveling Northbound. She observed the white truck traveling North in front of her and was all over the roadway, unable to maintain its lane of travel. She called 911 and followed the vehicle. She observed the vehicle turn Eastbound onto Donald Ross Road and eventually park in Alton Town Center. She advised the truck almost crashed approximately 15 different times into other vehicles and or fixed objects and several other vehicles had to move out of Wolfe's way to avoid getting into an accident.

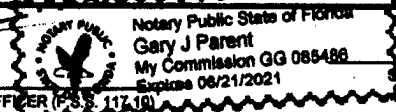
stated to Officer Eriksson that she felt a little scared of driving and he was swerving all over the roadway. 07/21/76 arrived to the scene to take custody of her. advised Wolfe was supposed to meet her at Bass Pro Shops in Port St. Lucie earlier in the night for her to gain custody of. Wolfe kept ignoring her and saying he would be there in 10 minutes. At approximately 5:00p.m. she said she recieved a phone call from Wolfe, when she answered the phone it was on the line. She told is scaring her with his driving and sounded upset on the phone. was visibly upset with the whole situation. was given to and they left the scene safely.

Based on Wolfes's Refusal of Field Sobriety Tasks and the totality of the circumstances, I determined Wolfe was impaired and could not operate a motor vehicle safely on the state's roadways. I placed Wolfe under arrest for driving a motor vehicle under the influence of alcohol. Wolfe was transported to the Palm Beach County Breath Alcohol Testing Center (BAT) without incident, where he was observed for 20 minutes and did not ingest anything or vomit. I brought Wolfe on camera and asked him to submit to a breath test. Wolfe provided two breath samples for the purpose of determining the alcohol content. Wolfe refused to submit to a breath test at 7:21p.m. on 12/11/2020.

Wolfe was read his Miranda Warnings, which I read from a pre-printed document. Wolfe stated he would not answer the questions from the Palm Beach County Sheriff's Office Question and Answer sheet and requested his lawyer. Wolfe was not asked any further questions from that point on.

Based on the totality of circumstances and my investigation, I find Sean Wolfe to be in actual physical control of and operate a vehicle in and on the streets of Palm Beach Gardens while under the influence of an alcoholic beverage with in the car and in violation of F.S.S.316.193(1) (A) - DUI driving under the influence, Violation of F.S.S. 316.193(4) - DUI with a minor in the vehicle, Violation of F.S.S. 316.1939(1) - Refusal to submit to breath test with prior refusal, and

SWORN AND SUBSCRIBED BEFORE ME.



SIGNATURE OF ARRESTING / INVESTIGATING OFFICER

NOTARY PUBLIC / CLERK OF COURT / OFFICER (F.S.S. 117.10)

BUTZBACH, WILLIAM (507)

NAME OF OFFICER (PLEASE PRINT)

12/11/2020

DATE

12/11/2020

DATE

PAGE

2 of 3

CBTS Number

PROBABLE CAUSE AFFIDAVIT
SUPPLEMENT

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

1

JUVENILE

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Agency ORI Number

Agency Name

Agency Report Number

FL 0502600

PALM BEACH GARDENS POLICE

7 8 20-005559

Charge Type:
Check as many
as apply.

- 1. Felony
- 2. Traffic Felony
- 3. Misdemeanor
- 4. Traffic Misdemeanor
- 5. Ordinance
- 6. Other

Special Note:

Name (Last, First, Middle)

Alias

Race

Sex

Date of Birth

WOLFE, SEAN PATRICK

W

M

11/18/1977

Violation of F.S.S. 827.03(3) (C) - Child Neglect without cause of great harm.

I issued Wolfe a citation for Driving Under the Influence, having a minor in the vehicle, and prior refusal to submit to breath, urine, of blood test. Wolfe was booked into Palm Beach County Jail without incident.

It should be noted there was a Yeti style metal cup in the cup holder next to Wolfe. The cup was full of a light brown liquid and ice. Officer Stairs and I confirmed the liquid had the odor of an unknown alcoholic beverage emanating from it. The beverage was dumped in the bushes and the cup was placed back into the car. No further information at this time.

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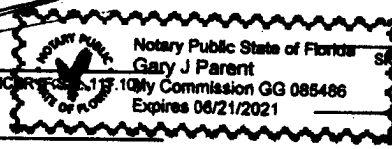
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SWORN AND SUBSCRIBED BEFORE ME

NOTARY PUBLIC / CLERK OF COURT / OFFICER
12/11/2020
DATE



[Signature]
SIGNATURE OF ARRESTING / INVESTIGATING OFFICER
BUTZBACH, WILLIAM (507)
NAME OF OFFICER (PLEASE PRINT)

12/11/2020
DATE

PAGE
3 OF 3

TESTING FACILITY TASK REPORT

AGENCY:
SUBJECT: CASE NUMBER:
DATE: VIDEO DVD NUMBER:
BEGINNING TIME: 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 TECHNICIAN:

TESTING OFFICER'S OBSERVATIONS

SPEECH:

ATTITUDE:

CLOTHING:

MEDICAL CONDITIONS:

MEDICATIONS:

OTHER:

Eyes glassy and bloodshot.

REFUSED

COMMENTS:

Arrived at Center A/O began the 20 minute observation at 1850 hrs..

Subject agreed to take test.

Tech. gave instructions subject stated he didn't understand so instructions were given a second time then subject would not come up to the intoxilyzer.

A/O read I/C.

Subject stated he understood I/C and refused test.

A/O read rights.

Subject stated he understood rights.

A/O attempted Q&A.

Subject invoked right to counsel.

REFUSED

TESTING FACILITY TASK REPORT

AGENCY:
SUBJECT: CASE NUMBER:
DATE: VIDEO DVD NUMBER:
BEGINNING TIME: ENDING TIME:

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

MAINTENANCE TECHNICIAN:

TESTING OFFICER'S OBSERVATIONS

SPEECH:

ATTITUDE:

CLOTHING:

MEDICAL CONDITIONS:

MEDICATIONS:

OTHER:

Eyes glassy and bloodshot.

REFUSED

COMMENTS:

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Subject stated he understood rights.

A/O attempted Q&A.

Subject invoked right to counsel.

REFUSED



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

PBSO CASE # 20-135823 PBSO ZONE 3-13

AGENCY CASE # 20005559 CRASH CASE # _____

TIME OF STOP/CRASH 1729 DATE 12/11/2020 DAY Friday

SUBJECT'S NAME Wolfe Sean Patrick RACE W SEX M
LAST FIRST MID

HGT 510 WGT 220 DOB 11/18/1977

LOCATION Alton Rd/Donald Ross Rd

ARRESTING OFFICER'S NAME & ID Ofc. William Butzbach 507 AGENCY PRGPD

DIVISION: Road Patrol

NOTIFIED BY COMMO YES

ARRIVAL AT FACILITY 1850

ARREST TIME 17:09

BREATH RESULTS:

- 1)
- 2)
- 3) -
- 4) -

REFUSED

BREATH TEST OPERATOR: 7909



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

PBSO CASE # 20-135823 PBSO ZONE 3-13

AGENCY CASE # 20005559 CRASH CASE # _____

TIME OF STOP/CRASH 1729 DATE 12/11/2020 DAY Friday

SUBJECT'S NAME Wolfe Sean Patrick RACE W SEX M
LAST FIRST MID

HGT 510 WGT 220 DOB 11/18/1977

LOCATION Alton Rd/Donald Ross Rd

ARRESTING OFFICER'S NAME & ID Ofc. William Butzbach 507 AGENCY PBSPD

DIVISION: Road Patrol

NOTIFIED BY COMMO YES

ARRIVAL AT FACILITY 1850

ARREST TIME 17:09

BREATH RESULTS:

- 1)
- 2)
- 3) -
- 4) -

REFUSED

BREATH TEST OPERATOR: 7909

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: 12/11/2020

Date of Last Agency Inspection: 12/11/2020

Observation Period Began: 18:50

Subject's Name: SEAN P WOLFE

DOB: 11/18/1977 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		19:18
Air Blank	0.000	19:18
Control Test	0.081	19:19
Air Blank	0.000	19:19
Subject Sample #1 REF*		19:22
Air Blank	0.000	19:22
Control Test	0.080	19:22
Air Blank	0.000	19:23
Diagnostics Check OK		19:23

*Subject Test Refused

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

State of Florida, County of Palm Beach

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

I 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: 12/11/20
Signature

Sworn to (or affirmed) before me this 11 day of December, 2020

W. Butz
Signature of Notary Public-State of Florida Printed Name of Notary Public-State of Florida
OF. W. BUTZ

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.

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: 12/11/2020

Date of Last Agency Inspection: 12/11/2020
Observation Period Began: 18:50
Subject's Name: SEAN P WOLFE

DOB: 11/18/1977 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	19:18
	Air Blank	0.000	19:18
	Control Test	0.081	19:19
	Air Blank	0.000	19:19
	Subject Sample #1	REF*	19:22
	Air Blank	0.000	19:22
	Control Test	0.080	19:22
	Air Blank	0.000	19:23
	Diagnostics Check	OK	19:23

*Subject Test Refused

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

State of Florida, County of Palm Beach

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

I 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: 12/11/20
Signature

Sworn to (or affirmed) before me this 11 day of December, 2020

Signature of Notary Public-State of Florida [Signature] Printed Name of Notary Public-State of Florida Off. W. Butzbach

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.

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

I, Ofc. William Butzbach, a duly certified Law Enforcement Officer or Correctional Officer,
(Name of Officer reading Implied Consent Warning)

am a member of Palm Beach Gardens Police Department, and I do swear
(Name of law enforcement agency)

or affirm that on or about the 11th day of December, 2020, at 18:08 P.M.

DRIVER Sean Patrick Wolfe
(Type or Print) FIRST NAME MIDDLE OR MAIDEN NAME LAST NAME

DL# W410795774180, state of FL, was placed under lawful arrest for
the offense of DRIVING UNDER THE INFLUENCE by Ofc. William Butzbach and
issued Citation # A56HFEE
(Name of Arresting Officer)

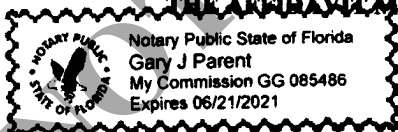
That on or about the 11th day of December, 2020, at 1921 P.M.

in PALM BEACH County.

I requested that the driver submit to a Xbreath 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]
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 11 day of December, 2020,

by Ofc. William Butzbach,

who is personally known to me or who has produced

Personally Known as identification

Notary Public

The foregoing instrument was sworn and subscribed before me:

Signature of Attesting Officer

Title Officer

Date 12/11/2020

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.

SUBJECT: Wolke, Sean P.

CASE NUMBER: _____

QUESTIONS AND ANSWERS

AM I NOW GOING TO ASK YOU SOME QUESTIONS WITH THESE TICKETS BEHIND ME. ANSWER EACH OF THE FOLLOWING QUESTIONS AS YOU GO.

WERE YOU OPERATING A MOTOR VEHICLE AT THE TIME OF THE STOP/ACCIDENT? YES

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? _____

WHERE DID YOU LAST EAT? _____ WHAT DID YOU EAT? _____

WHAT HAVE YOU BEEN DOING FOR THE LAST SEVERAL HOURS? _____

HOW MUCH DO YOU DRINK? _____ HAVE YOU BEEN DRINKING? _____ WHAT? _____

HOW MUCH? _____ WHEN? _____ WITH WHOM? _____

WHEN DID YOU HAVE YOUR FIRST DRINK? _____ AND YOUR LAST DRINK? _____

HOW DID YOU FEEL 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? _____ WHEN? _____

HOW LONG AT WORK AND HOW DID YOU FEEL? _____ WHEN DID YOU LAST WORK? _____

DO YOU HAVE ANY PHYSICAL PROBLEMS OR INJURIES? _____ WHAT? _____

ARE YOU SICK OR INJURED? _____ WHEN DID YOU GET SICK? _____

DO YOU LIMP? _____ DID YOU RECEIVE A BUMP ON THE HEAD RECENTLY? _____

WHERE WERE YOU IN AN ACCIDENT TODAY? _____

HAVE YOU TAKEN ANY DRUGS OR SMOKE MARIJUANA TODAY? _____ WHEN? _____

HAVE YOU SEEN A DOCTOR OR DENTIST RECENTLY? _____ WHO? _____ WHEN? _____

ARE YOU TAKING ANY PRESCRIPTION DRUGS? _____ 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 HEAD INJURY? _____

INTERVIEWER: _____



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"/>			
	<input type="checkbox"/>			
	<input type="checkbox"/>			
Other	<input type="checkbox"/>		Other:	
	<input type="checkbox"/>		Other:	

REVIEW COMPLETED BY

Booking Number: 2020028996	Date: 12/12/2020
	Specialist Name/ID: AM/31562