

50-2021-CT-012708-AMB

ARREST / NOTICE TO APPEAR		Juvenile Referral Report		1. Arrest 2. N.T.A.		3. Request for Warrant 4. Request for Capias		1	Juvenile	N	
OBTS Number		Agency ORI Number FLO 500000		Agency Name PALM BEACH COUNTY SHERIFF'S OFFICE		Agency Report Number (N.T.A.'s only) 06-21-091704					
Charge Type: Check as many as apply.		<input type="checkbox"/> 1. Felony <input type="checkbox"/> 2. Traffic Felony		<input checked="" 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. 1. Yes 2. No		Multiple Clearance Indicator 1	
Location of Arrest (Including Name of Business) LANTANA ROAD AND CONGRESS AVE, LAKE WORTH, FL 33463						Location of Offense (Business Name, Address) LANTANA RD AND CONGRESS AVE, LAKE WORTH FL 33463					
Date of Arrest 08/02/2021		Time of Arrest 0021		Booking Date		Booking Time		Jail Date		Jail Time	
Name (Last, First, Middle) HELLER, SHAWN, JEFFREY						Location of Vehicle TOT CRISTY HELLER					
Race W - White I - American Indian B - Black O - Oriental/Asian W M											
Sex M											
Date of Birth 12/30/1992											
Height 6-02											
Weight 180											
Eye Color BLUE											
Hair Color BLONDE											
Complexion MD											
Build MD											
Scars, Marks, Tattoos, Unique Physical Features (Location, Type, Description) NONE											
Marital Status Married											
Religion CATHOLIC											
Indication of Alcohol Influence Y N Unk											
Local Address (Street, Apt. Number) (City) (State) (Zip) 5052 ANGOLA CIR, LAKE WORTH, FL 33463											
Phone (561) 713-3963											
Residence Type: 1. City 2. County 3. Florida 4. Out of State 1											
Permanent Address (Street, Apt. Number) (City) (State) (Zip) 											
Address Source FL DL											
Business Address (Name, Street) (City) (State) (Zip) 											
Phone 											
Occupation SELF EMPLOYEE											
D/L Number, State H460790924700,											
Soc. Sec. Number											
INS Number											
Place of Birth (City, State) WEST PALM, FL											
Citizenship USA											
Co-Defendant Name (Last, First, Middle)											
Race Sex Date of Birth											
<input type="checkbox"/> 1. Arrested <input type="checkbox"/> 3. Felony <input type="checkbox"/> 2. At Large <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"/> 3. Felony <input type="checkbox"/> 2. At Large <input type="checkbox"/> 4. Misdemeanor <input type="checkbox"/> 5. Juvenile											
Parent Name (Last) (First) (Middle)											
Legal Custodian											
Other:											
Address (Street, Apt. Number) (City) (State) (Zip)											
Residence Phone											
Business Phone											
Notified by: (Name)											
Date Time											
Juvenile Disposition 1. Handed/processed within Dept. and Released. 2. TOT HRS / DYS 3. Incarcerated											
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 355-2526) informed of any change of address.											
<input type="checkbox"/> Yes, by: (Name) <input type="checkbox"/> No: (Reason)											
School Attended Grade											
Property Crime? <input type="checkbox"/> Yes <input type="checkbox"/> No Description of Property Value of Property											
CODE Drug Activity S. Sell R. Smuggle K. Dispense/ M. Manufacture/ Z. Other Drug Type B. Barbiturate H. Hallucinogen P. Paraphernalia/ U. Unknown N. N/A N. Possess B. Buy D. Deliver A. Amphetamine C. Cocaine M. Marijuana O. Opium/Deriv. S. Synthetics T. Traffic E. Use											
Charge Description Counts Domestic Violence Statute Violation Number Violation of ORD # DUI 1 <input type="checkbox"/> Y <input type="checkbox"/> N 316.193(1)A											
Drug Activity Drug Type Amount / Unit Offense # Warrant / Capias Number Bond N N N/A 21-091704											
Charge Description Counts Domestic Violence Statute Violation Number Violation of ORD # 											
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Charge Description Counts Domestic Violence Statute Violation Number Violation of ORD # 											
Drug Activity Drug Type Amount / Unit Offense # Warrant / Capias Number Bond											
Location (Court, Room Number, Address) 3228 GUN CLUB RD WEST PALM BEACH FL 33406											
Court Date and Time Month AUGUST Day 26 Year 2021 Time 0830 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 08/02/2021											
HOLD for other Agency Name: Signature of Arresting Officer 37537 Name Verification (Printed by Arresting Officer)											
<input type="checkbox"/> Dangerous <input type="checkbox"/> Resisted Arrest <input type="checkbox"/> Suicidal <input type="checkbox"/> Other: Name of Arresting Officer (Print) I.D. # (PRINT)											
Intake Deputy I.D. # Pouch # D/S J. Ramirez 37537 Agency PBSO											
Witness here if subject signed with an "X"											

J# 0429194

PH 1916

D.U.I. PROBABLE CAUSE AFFIDAVIT

ON THE 2 DAY OF AUGUST 20 21 AT 0008 ✓ AM PM

SUBJECT: HELLER, SHAWN, JEFFREY CASE NUMBER: 21-091704

AGENCY: PALM BEACH COUNTY SHERIFF'S OFFICE ARRESTING OFFICER: D/S J. Ramirez

PERSONAL CONTACT

DRIVING PATTERN: Actual physical control (physical evidence or statements putting def. behind wheel of vehicle)

SEE PC AFFIDAVIT

OBSERVATION OF DRIVER:

SEE PC AFFIDAVIT

DRIVER'S STATEMENTS:

I drank two beers at a friend's house

ODORS:

STRONG ODOR OF AN UNKNOWN ALCOHOLIC BEVERAGE EMANATING FROM SUBJECT'S BREATH

GENERAL OBSERVATIONS

SPEECH: Slow

ATTITUDE: uncooperative

CLOTHING: loose and un-tucked shirt

MEDICAL/OTHER: no medical issues

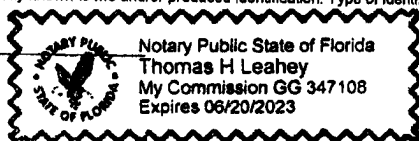
STATE OF FLORIDA
COUNTY OF PALM BEACH

D/S J. Ramirez D/S 37537
(Signature of Arresting/Investigative Officer)

The foregoing instrument was sworn to or affirmed and subscribed before me this 2 day of AUGUST 20 21 by D/S J. Ramirez

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

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



SUBJECT: HELLER, SHAWN, JEFFREY

CASE NUMBER 21-091704

ROADSIDE TASKS

HORIZONTAL GAZE NYSTAGMUS:

- | | |
|--|--|
| <input type="checkbox"/> LT EYE-LACK OF SMOOTH PURSUIT | <input type="checkbox"/> RT EYE-LACK OF SMOOTH PURSUIT |
| <input type="checkbox"/> LT EYE-DISTINCT & SUSTAINED NYSTAGMUS AT MAX. DEVIATION | <input type="checkbox"/> RT EYE-DISTINCT & SUSTAINED NYSTAGMUS AT MAX. DEVIATION |
| <input type="checkbox"/> LT- EYE-ONSET OF NYSTAGMUS PRIOR TO 45 DEGREES | <input type="checkbox"/> RT- EYE-ONSET OF NYSTAGMUS PRIOR TO 45 DEGREES |

Other Observations:

REFUSE ALL TASKS.

WALK & TURN:

N/A

ONE LEG STAND:

N/A

FINGER TO NOSE:

N/A

ROMBERG ALPHABET:

N/A

BREATH TEST RESULTS:

1) REFUSE

2) REFUSE

3)

4)

STATE OF FLORIDA
COUNTY OF PALM BEACH

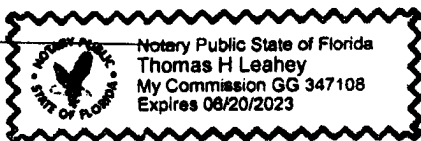
D/S J. Ramirez

(Signature of Arresting/Investigative Officer)

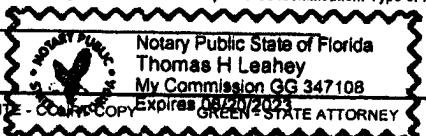
The foregoing instrument was sworn to or affirmed and subscribed before me this 2 day of AUGUST, 2021 by D/S J. Ramirez

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

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



PROBABLE CAUSE AFFIDAVIT		1. Arrest 2. N.T.A.		3. Request for Warrant 4. Request for Capias		Jvenile N	
ADMIN	OBTS Number		Agency ORI Number FLO 500000		Agency Name PALM BEACH COUNTY SHERIFF'S OFFICE		Agency Report Number 06- 21-091704
	Charge Type: Check as many as apply.		<input type="checkbox"/> 1. Felony <input type="checkbox"/> 2. Traffic Felony <input checked="" type="checkbox"/> 3. Misdemeanor <input checked="" type="checkbox"/> 4. Traffic Misdemeanor <input type="checkbox"/> 5. Ordinance <input type="checkbox"/> 6. Other		Special Notes:		
CHARGES	Name (Last, First, Middle) HELLER, SHAWN, JEFFREY		Alias		Race W	Sex M	Date of Birth 12/30/1992
	Charge Description DUI		316.193(1)A		Charge Description		
VICTIM	Victim's Name (Last, First, Middle)				Race	Sex	Date of Birth
	Local Address (Street, Apt. Number)		(City)	(State)	(zip)	Phone	Address Source
	Business Address (Name, Street)		(City)	(State)	(zip)	Phone	Occupation
<p>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.</p> <p><input checked="" type="checkbox"/> committed the below acts in my presence. <input type="checkbox"/> was observed by _____ who told _____ that he/she saw the arrested person commit the below acts.</p> <p><input type="checkbox"/> confessed to _____ admitting to the below facts. <input type="checkbox"/> was found to have committed the below acts, resulting from my (described) investigation.</p> <p>On the <u>2</u> day of <u>AUGUST</u> 20 <u>21</u> at <u>0008</u> <input checked="" type="checkbox"/> A.M. <input type="checkbox"/> P.M. (Specifically include facts constituting cause for arrest.)</p> <p>On August 2, 2021, at approximately 0008 hours, while patrolling the area of Congress Avenue (Ave). Approaching the intersection of Lantana Road (Rd), in unincorporated Palm Beach County, FL, I stopped a white utility van for running a solid red light. I was in the right turn lane Congress Ave. preparing to make a right turn onto Lantana Rd. North and south bound traffic lights cycle green. The traffic lights for east and Westbound had turned red. From my position, I had a clear and unobstructed view of the white utility vehicle traveling against the solid red light. I immediately turned on Lantana Rd. got behind the white utility van in an effort to conduct the traffic stop for the previously mention traffic violation. I activated my red and blue emergency light to signal the van to stop. The utility van decreased its speed and made a right turn into the Mobil gas station on the corner of Military Trl and Lantana Rd.</p> <p>I approached the vehicle from the driver's side and made contact with a white male subject who was the sole occupant inside the vehicle. He was later identified as Shawn J. Heller by his FL driver's license. I identified myself as a deputy with Palm Beach County Sheriff's Office and explain the reason for the traffic stop. I asked Heller for a driver's license, registration, and proof of insurance. Heller had the driver's license in hand, however, he fumble getting the registration and insurance card. A status check of his driver's license revealed he has a driver's license for business purposes only with an effective date until 08/24/2022. It also revealed he has a prior refusal to submit to testing. I could smell a strong odor of an unknown alcoholic beverage emanating from the inside of his vehicle. I also noticed his eyes were red, watery, and glossy. His cheeks were flushed and his mouth dry. I was able to see dried spit colleting at the corner of his mouth. Heller was wearing a black t-shirt, brown shorts, and black shoes. I told the driver I had a suspicion that he/she had been drinking an unspecified amount of alcoholic beverages. Heller stated that he had two beers at his friend's house. He also told me that he did not know where his friend lives. I asked him to exit his vehicle. After he exited I noticed he labored in keeping his balance. He stood with his feet more than shoulder-width apart and he was unsteady while standing.</p> <p>Based on my suspicion I asked if he would consent to perform Standardized Field Sobriety Evaluations (SFSTs) to determine if he was impaired while operating a motor vehicle.</p>							
ADMINISTRATIVE	STATE OF FLORIDA COUNTY OF PALM BEACH <u>21/8/2021</u> <u>37537</u> D/S J. Ramirez (Signature of Arresting/Investigative Officer)						
	The foregoing instrument was sworn to or affirmed and subscribed before me this <u>2</u> day of <u>AUGUST</u> 20 <u>21</u> by <u>D/S J. Ramirez</u> (Print name of Arresting/Investigative Officer), who is personally known to me and/or produced identification. Type of identification produced <u>KNOWN</u>						
	Notary Public, Clerk of Court, Officer S.S. 117.10)						
	Notary Public State of Florida Thomas H Leahey My Commission GG 347108 Expires 06/20/2023 GREEN - STATE ATTORNEY						
PAGE <u>1</u> OF <u>2</u>							

		PROBABLE CAUSE AFFIDAVIT		1. Arrest 2. N.T.A.		3. Request for Warrant 4. Request for Capias		1		Juvenile		N		
ADMIN	OBTS Number													
	Agency ORI Number FLO 500000	Agency Name PALM BEACH COUNTY SHERIFF'S OFFICE					Agency Report Number 06- 21-091704							
DEF	Charge Type: Check as many as apply.	<input 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		
	Special Notes:													
CHARGES	Name (Last, First, Middle)	HELLER, SHAWN, JEFFREY					Alias		Race W		Sex M		Date of Birth 12/30/1992	
	Charge Description DUI	316.193(1)A					Charge Description							
VICTIM	Charge Description	Charge Description												
	Charge Description	Charge Description												
VICTIM	Victim's Name (Last, First, Middle)								Race		Sex		Date of Birth	
	Local Address (Street, Apt. Number)	(City)			(State)		(zip)		Phone ()		Address Source			
VICTIM	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 <input checked="" type="checkbox"/> committed the below acts in my presence. <input type="checkbox"/> confessed to _____ admitting to the below facts. <input type="checkbox"/> was observed by _____ who told that he/she saw the arrested person commit the below acts. <input type="checkbox"/> was found to have committed the below acts, resulting from my (described) investigation. On the <u>2</u> day of <u>AUGUST</u> 20 <u>21</u> at <u>0008</u> <input checked="" type="checkbox"/> A. M. <input type="checkbox"/> P. M. (Specifically include facts constituting cause for arrest.)													
<p>He refused. Investigator Edward White who was also on the scene explained Taylor Warnings informing the defendant that the SFSTS were voluntary and he did not have to perform them, however in the absence of his performance we would be only left with the physical evidence of impairment before us which could be a strong basis for him being placed under arrest for DUI. We also explained his refusal would be used against him in a court of law. He acknowledged the warnings but refused to perform the tasks. Thus based on my observation of the defendant's vehicle committing the infraction of running a red light, coupled with my observation of personal indicators of impairment he was exhibiting, probable cause was established for DUI. I told the defendant he was being placed under lawful arrest for DUI. He was searched and handcuffed (double locked and checked for tightness) before being seated in the rear of my patrol car. His wife was on the scene and took custody of his personal effects and the vehicle. Meanwhile, I began transport to the main jail breath analysis facility for further processing. Upon our arrival, I escorted the defendant into the facility and began a 20 minute observation period. During this time the defendant did not ingest anything into his body orally or otherwise. Neither did he regurgitate. I escorted him into the testing room and asked him to provide breath samples to determine his alcohol content. He refused. I read implied consent in which he acknowledged. I asked if he would reconsider and provide the samples and he refused again. At this time he was deemed a "refusal". I advised him of his Constitutional Rights in which he understood. I asked if he would consent to an interview and he obliged. After the interview, the defendant was booked into the main jail for the previously mentioned charges.</p>														
ADMINISTRATIVE	STATE OF FLORIDA COUNTY OF PALM BEACH <u>37577</u> D/S J. Ramirez (Signature of Arresting/Investigative Officer)													
	The foregoing instrument was sworn to or affirmed and subscribed before me this <u>2</u> day of <u>AUGUST</u> 20 <u>21</u> by <u>D/S J. Ramirez</u> (Print name of Arresting/Investigative Officer), who is personally known to me and/or produced identification. Type of identification produced <u>KNOWN</u>													
Notary Public, Clerk of Court, Officer (F.S.S. 117.10)  Notary Public State of Florida Thomas H. Leahey My Commission GG 347108 Expires 08/20/2021														
PAGE <u>2</u> OF <u>2</u>														

BB50 #0004 REV. 04/01 DISTRIBUTION: WHITE - CLERK COPY GREEN - STATE ATTORNEY YELLOW - AGENCY PINK - AGENCY

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

I, Deputy Sheriff JUAN RAMIREZ, a duly certified Law Enforcement Officer or Correctional Officer,
(Person reading Implied Consent Warning)
am a member of Palm Beach County Sheriffs Office, and I do swear
(Name of enforcement agency)

or affirm that on or about the SECOND day of August, 2021, at 12:21 AM

DRIVER SHAWN JEFFREY HELLER
(Type or Print) FIRST MIDDLE OR MAIDEN LAST

DL # H460790924700, state of FL, was placed under lawful arrest for

the offense of DUI by Deputy Sheriff LE JUAN RAMIREZ and
(Name of Arresting Officer)

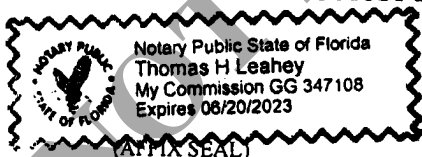
issued Citation # AEA7N0E.

That on or about the SECOND day of August, 2021, at 1:18 AM
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 (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.

D/S J Ramirez #37537
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 02 day of August, 20 21
by D/S J Ramirez #37537
who is personally known to me or who has produced
Kuan as identification.
Notary Public T. Leahey

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.

WITNESS LIST

CASE NUMBER: 21-091704

ARRESTING OFFICER: D/S J. Ramirez

ADDRESS: HQ

PHONE NUMBERS (HOME): _____ (WORK) 561 688 3000

CAN TESTIFY TO: FACTS

NAME: D/S E. K. WHITE

ADDRESS: VCD

PHONE NUMBERS (HOME) _____ (WORK) 561-688-3000

CAN TESTIFY TO: TRAINER

NAME: D/S A. TEJEDA #31814

ADDRESS VCD

PHONE NUMBERS (HOME) _____ (WORK) 561-688-3000

CAN TESTIFY TO: FACTS

NAME: _____

ADDRESS _____

PHONE NUMBERS (HOME) _____ (WORK) 0

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: _____

NAME: _____

ADDRESS _____

PHONE NUMBERS (HOME) _____ (WORK) _____

CAN TESTIFY TO: _____

TESTING FACILITY TASK REPORT

AGENCY: PBSO

SUBJECT: Heller, Shawn J.

CASE NUMBER: 21-091704

DATE: Aug 2, 2021

VIDEO DVD NUMBER: N/A

BEGINNING TIME: 01:15

ENDING TIME: 01:29

BREATH TESTS RESULTS: 1) Refusal TIME 01:18 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: R. Ragin #16877

MAINTENANCE TECHNICIAN: Jason Karlecke #6467

TESTING OFFICER'S OBSERVATIONS

SPEECH: Slurred

ATTITUDE: Talkative, agitated, uncooperative,

CLOTHING: Tan shorts, black t-shirt, black sneakers

MEDICAL CONDITIONS: None

MEDICATIONS: None

OTHER:

Eyes are red

REFUSED

COMMENTS:

Arrived at center A/O started 20 minute observation period at 00:44 hrs.

Subject refused to perform breath test.

A/O read I/C and subject stated he understood I/C.

Subject refused to take test.

A/O read rights.

Subject stated he understood rights.

A/O conducted Q&A

Subject answered Q&A.

REFUSED

SUBJECT:

Heller, Shawn J.

CASE NUMBER:

21-091704

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) _____

Read on Camera

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 Camera

SUBJECT: Heller, Shawn, J. CASE NUMBER: 21-091704

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: D/S J. Lunnice 2



**PALM BEACH COUNTY
SHERIFF'S OFFICE**
Florida State Statute Exemption Sheet

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

REVIEW COMPLETED BY

Booking Number: 2021019089

Date: 8/2/2021

Specialist Name/ID: M. Took #8557