

50-2020-CT-610955-ASB

D# 3400

OBTS Number		<b>ARREST / NOTICE TO APPEAR Juvenile Referral Report</b>				1. Arrest 2. N.T.A.	3. Request for Warrant 4. Request for Capias	1	Juvenile	N	
ADMINISTRATION	Agency ORI Number <b>FL 0500300</b>		Agency Name <b>BOYNTON BEACH POLICE DEPT.</b>			Agency Report Number <b>34-20-044138</b>					
	Charge Type: Check as many as Apply.		1. Felony <input type="checkbox"/> 2. Traffic Felony		3. Misdemeanor <input type="checkbox"/> 4. Traffic Misdemeanor		5. Ordinance <input type="checkbox"/> 8. Other		Multiple Clearance Indicator		
	Location of Arrest (Including Name of Business) <b>1810 S FEDERAL HWY, BOYNTON BEACH FL 33435</b>					Location of Offense (Business Name, Address) <b>1810 S FEDERAL HWY, BOYNTON BEACH FL 33435</b>					
	Date of Arrest <b>09/05/2020</b>	Time of Arrest <b>0136</b>	Booking Date	Booking Time	Jail Date	Jail Time	Location of Vehicle <b>BECKS TOWING</b>				
Name (Last, First, Middle) <b>BECORENA, SILA, GRACE</b>											
Alias (Name, DOB, Soc. Sec. #, Etc)											
W - White B - Black		I - American Indian O - Oriental / Asian		Race <b>W</b>	Sex <b>F</b>	Date of Birth <b>12/24/1981</b>	Height <b>505</b>	Weight <b>135</b>	Eye Color <b>BROWN</b>	Hair Color <b>BROWN</b>	Complexion <b>FAIR</b>
Scars, Marks, Tattoos, Unique Physical Features (Location, Type, Description) <b>NONE</b>											
Marital Status <b>UNK</b>		Religion <b>UNK</b>		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					
Local Address (Street, Apt. Number) <b>220 SW 56TH TER APT 104 MARGATE FL 33068</b>					City <b>MARGATE</b>		State <b>FL</b>		Zip <b>33068</b>		
Permanent Address (Street, Apt. Number) <b>SAME AS LOCAL</b>					City		State		Zip		
Business Address (Street, Apt. Number)					City		State		Zip		
DL Number, State <b>B265787819640</b>		Soc. Sec. Number		INS Number		Place of Birth <b>Mexico</b>		Citizenship <b>YES</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"/> Parent <input type="checkbox"/> Legal Custodian <input type="checkbox"/> Other		Name (Last)		(First)		(Middle)		Residence Phone			
Address (Street, Apt. Number)					City		State		Zip		
Business Phone					Notified by: (Name)		Date		Time		
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					School Attended		Grade				
Court Clerk's Office (Phone 561-355-2528) informed of any change of address: <input type="checkbox"/> Yes, By: (Name) <input type="checkbox"/> No: (Reason)											
Property Crime? Yes <input type="checkbox"/> No <input type="checkbox"/>		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. Dispense/ Distribute		M. Manufacture Produce/ Cultivate		Z. Other	
Drug Type N. N/A A. Amphetamine		B. Barbituate C. Cocaine E. Heroin		H. Hallucinogen M. Marijuana O. Opium/Deriv.		P. Paraphernalia/ Equipment		S. Synthetic		U. Unknown Z. Other	
Charge Description <b>DUI</b>		Counts <b>1</b>		Domestic Violence <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Statute Violation Number <b>316.193 (1) A</b>		Violation of ORD#			
Drug Activity		Drug Type		Amount/Unit		Offense # <b>20-044138</b>		Warrant/Capias Number		Bond <b>OR</b>	
Charge Description		Counts		Domestic Violence <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Statute Violation Number		Violation of ORD#			
Drug Activity		Drug Type		Amount/Unit		Offense #		Warrant/Capias Number		Bond	
Charge Description		Counts		Domestic Violence <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Statute Violation Number		Violation of ORD#			
Drug Activity		Drug Type		Amount/Unit		Offense #		Warrant/Capias Number		Bond	
Charge Description		Counts		Domestic Violence <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Statute Violation Number		Violation of ORD#			
Drug Activity		Drug Type		Amount/Unit		Offense #		Warrant/Capias Number		Bond	
Instruction No. 1 Mandatory Appearance in Court		Instruction No. 2 You need not appear in Court but must Comply with instruction on reverse side.		Location (Court, Room Number, Address) <b>South County Courthouse, 200 West Atlantic Ave, Delray Beach, FL 33444</b>							
				Court Date and Time Month <b>10</b> Day <b>05</b> Year <b>2020</b> Time <b>0830</b>							
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) <i>[Signature]</i>					Date Signed						
HOLD for other Agency Name:		Signature of Arresting Officer <i>[Signature]</i>		Name Verification (Printed by Arrestee) (PRINT)		I.D. # <b>878</b>		BU# <b>SEP 5 AM 5:2</b>		Page <b>1 OF 1</b>	
<input type="checkbox"/> Dangerous <input type="checkbox"/> Suicidal		<input type="checkbox"/> Resisted Arrest <input type="checkbox"/> Other:		Name of Arresting Officer (Print) <b>OFC RINI</b>		I.D. # <b>878</b>		Agency <b>BBPD</b>		Witness here is subject Signed with an "X".	
Intake Deputy <b>OS COLLINS 1622</b>		Pouch #		Transporting Officer <b>OFC RINI</b>		I.D. #		Agency <b>BBPD</b>			

J# 0518370

D# 3400

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

ON THE 5 DAY OF September 2020 AT 0101  A.M.  P.M.

CASE #: 20-044138

DEFENDANT: BECORENA, SILA, GRACE

**PERSONAL CONTACT/DRIVING PATTERN/OBSERVATION OF DRIVER:**

While working a DUI Saturation Patrol Grant, I responded to the area of Gulfstream Blvd and S Federal Hwy in reference to a BOLO from Delray Beach PD advising a Gray 4 door Sedan occupied one time, was driving northbound in the southbound lanes of travel northbound on S SR 5. Ofc B Jones and Ofc D Roberts arrived in the area of 3000 S SR 5 and observed a 4 door Honda Civic bearing Fl tag JHKK54 stopped in the right lane on S SR 5 in the northbound lanes of travel. As Ofc Jones approached the vehicle with her emergency lights activated, the vehicle proceeded to drive northbound on S SR 5. Ofc Jones advised as she continued to follow the vehicle in an attempt to conduct a traffic stop, the vehicle proceeded northbound swerving from the left lane to the right lane several times as it continued northbound. At the 1900 block of S SR 5, I observed the vehicle pass my location with the two Boynton Beach Police officers behind the vehicle with their lights and sirens activated. The vehicle was occupied by a white female. The vehicle proceeded to enter 1810 S SR 5 (McDonalds) through the exit only entrance. The vehicle made a left turn and parked in a parking space on a slant. I approached the vehicle and made contact with the sole occupant, W/F Becorena, Sila, Grace DOB 12/24/81. I advised Becorena the reason for the stop and asked her for her license, registration and insurance card. Becorena provided me her Florida Drivers License, registration, but not insurance card. I asked Becorena where she was coming from and she advised she was at a bar in Boca Raton Fl and was on her way home to Margate Fl. Becorena advised she had two beers while at the bar. While speaking with Becorena, I could smell the odor of an alcoholic beverage emitting from within the vehicle/ Becorena's person which intensified as she spoke. While speaking with Becorena, her eyes were glassy/blood shot and she had a thick slurred speech. Let it be noted that this occurred within the City of Boynton Beach, Palm Beach County Florida.

Based on the above facts, and Becorena's driving pattern, I requested Becorena to exit the vehicle. Becorena exited the vehicle and proceeded use the vehicle door for balance. I then requested for her to walk to the passenger side of her vehicle. I again spoke with Becorena about where she was and where she had been tonight. Becorena advised she drank two beers at a German bar in Boca Raton with a friend. I requested Becorena to submit to a series of Field Sobriety

Tasks as I had a suspicious Becorena was operating a motor vehicle while under the influence of an alcoholic beverage.



**HORIZONTAL GAZE NYSTAGMUS:**

- |   |  |
|---|--|
| <input checked="" type="checkbox"/> Left eye does not follow smoothly                 | <input checked="" type="checkbox"/> Right eye does not follow smoothly                 |
| <input checked="" type="checkbox"/> Left eye prior to 45 degrees                      | <input checked="" type="checkbox"/> Right eye prior to 45 degrees                      |
| <input checked="" type="checkbox"/> Distinct jerking in left eye at maximum deviation | <input checked="" type="checkbox"/> Distinct jerking in right eye at maximum deviation |
| <input type="checkbox"/> Vertical Nystagmus in left eye                               | <input type="checkbox"/> Vertical Nystagmus in right eye                               |

**WALK AND TURN:**

This exercise was explained and demonstrated to Becorena. Becorena advised she understood. Becorena could not keep her balance during the instructional phase and proceeded to start too soon. Becorena continued to step off the line and could not complete the task.

**ONE LEG STAND:**

This exercise was explained and demonstrated to Becorena. Becorena advised she understood. During the instructional phase, Becorena began to sway from side to side. Once Becorena began, she began to use her arms for balance, put her foot down several times during the 30 second time frame. Becorena did not look at her feet during the task and she did not count out loud.

**FINGER TO NOSE:**

This exercise as explained and demonstrated to Becorena. Becorena advised she understood. During this task, Becorena did not keep her head tilted back, she did not keep her eyes closed and she did not bring any fingers up to her nose. Becorena failed to keep her hands to her side.

**ROMBERG/ALPHABET:**

This exercise was explained and demonstrated to Becorena. Becorena advised she knew the alphabet. Becorena began to recite the alphabet, A and then began to mumble several more letters. Becorena again attempted to recite the alphabet and could not recite the alphabet. Becorena did not keep her eyes closed during this task. She began to sway from side to side and at the end did not complete the task.

Based on the above facts I've established probable cause for the arrest of Sila Becorena, with charges of Driving Under the Influence pursuant with F.S.S. 316.193 (1)A. Becorena was placed into cuffs and transported to PBSO for further processing. While at the PBSO Booking area (Bat), Becorena refused to provided two breath samples. Becorena would not listen to the instructions and blow into the instrument at a steady pace. Implied consent was read and Becorena refused a second time to blow into the instrument at a steady pace. Becorena would put her mouth over the instrument and not blow. At 0252 hours, the refusal was called. Becorena was TOT to PBCJ.

NOT A CERTIFIED COPY

The following instrument was sworn to before me this 5 day of September 2020

By: \_\_\_\_\_

TLU  
Notary/Police Officer (F.S.S. 117.10)

WFE  
Signature of Arresting Officer

# TESTING FACILITY TASK REPORT

AGENCY: BBPD

SUBJECT: BECORENA, SILA G

CASE NUMBER: 20-104112

DATE: Sep 5, 2020

VIDEO DVD NUMBER: N/A

BEGINNING TIME: 02:27

ENDING TIME: 03:00

BREATH TESTS RESULTS: 1) VNM.14 TIME 02:34 A.M.  P.M.  2) VNM.14 TIME 02:40 A.M.  P.M.   
3) VNM.16 TIME 02:48 A.M.  P.M.  4) R TIME 02:52 A.M.  P.M.

BREATH OPERATOR: P.POUND #24639

MAINTENANCE TECHNICIAN: J. KARLECKE# 6467

## TESTING OFFICER'S OBSERVATIONS

SPEECH: SLURRED

ATTITUDE: CRYING, UPSET, MAD

CLOTHING: BLUE JEANS, BLACK SHIRT, NO SHOES

MEDICAL CONDITIONS: NONE

MEDICATIONS: NONE

## OTHER:

EYES: GLASSY AND BLOODSHOT

1. VNM .142      2. VNM .140      3. VNM .168

## COMMENTS:

ARRIVED AT CENTER A/O BEGAN THE 20 MINUTE OBSERVATION PERIOD AT 02:02 HRS.

SUBJECT: AGREED TO TAKE TEST

SUBJECT: REFUSED TO FOLLOW TECH INSTRUCTIONS MULTIPLE OF TIMES KEPT TALKING OVER TECH, ALSO REFUSED TO BLOW CORRECTLY SUBJECT PROVIDED THREE VNM'S

A/O: READ I/C TWO TIMES

SUBJECT: STATED SHE DID NOT UNDERSTAND I/C, KEPT TALKING OVER A/O

A/O: CALLED REFUSAL

A/O: READ RIGHTS

SUBJECT: REFUSED TO ANSWER IF SHE UNDERSTOOD RIGHTS

A/O: CONDUCTED Q&A

SUBJECT: ANSWER QUESTIONS

**REFUSED**

**REFUSED**

SUBJECT: BELORENA, SILA G CASE NUMBER: 20-644138

## 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 DE RIM of the Bayonet Creek 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) 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: BECDRENA, SILA G CASE NUMBER: 20-044138

### 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? 9

WHERE WERE YOU GOING? To my home

WHAT STREET OR HIGHWAY WERE YOU ON? I Don't Remember

DIRECTION OF TRAVEL? South WHERE DID YOU START? Bar

WHAT TIME DID YOU START? Not Sure WHAT TIME IS IT NOW? I don't know

WHAT IS TODAY'S DATE? 09/05/20 WHAT DAY OF THE WEEK IS IT? Saturday

WHAT COUNTY AND CITY ARE YOU IN NOW? Bowling

WHEN DID YOU LAST EAT? 7 o'clock WHAT DID YOU EAT? Steak onions

WHAT HAVE YOU BEEN DOING FOR THE LAST THREE HOURS? 9 o'clock off work, went to

HOW MUCH DO YOU WEIGH? 155 HAVE YOU BEEN DRINKING? Yes WHAT? 2 beers bar

HOW MUCH? 2 beers WHERE? Garden Bar WITH WHOM? Friend

WHEN DID YOU HAVE YOUR FIRST DRINK? 9:30 pm AND YOUR LAST DRINK? 10:30 pm

HOW DID YOU CONSUME YOUR LAST TWO DRINKS? Drank

CAN YOU FEEL THE EFFECTS OF THE ALCOHOL? No ARE YOU UNDER THE INFLUENCE? No

HAVE YOU CONSUMED ANY ALCOHOL SINCE THE ACCIDENT? \_\_\_\_\_ HOW MUCH? \_\_\_\_\_

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

WHAT LINE OF WORK ARE YOU IN? Insurance Company WHEN DID YOU LAST WORK? Friday

DO YOU HAVE ANY PHYSICAL DEFECTS OR INJURIES? No WHAT? \_\_\_\_\_

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

DO YOU LIMP? No DID YOU RECEIVE A BUMP ON THE HEAD RECENTLY? Not that I'm aware of.

WERE YOU IN AN ACCIDENT TODAY? No

HAVE YOU TAKEN ANY DRUGS OR SMOKED ANY MARIJUANA TODAY? No drugs 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? No
  - GLASS EYE? No
  - FALSE TEETH? No
  - EAR INFECTION? No
  - INNER EAR TROUBLE? No
  - DIABETES? No

DO YOU HAVE ANY PROBLEMS WITH YOUR EYES THAT ARE NOT CORRECTED BY GLASSES? think I do

DO YOU TAKE INSULIN? No IF SO, WHEN WAS YOUR LAST INJECTION? \_\_\_\_\_

HAVE YOU EVER HAD A DRIVER'S LICENSE IN ANY OTHER STATE? Yes WHERE? New Jersey

INTERVIEWER: Off Rini #878 18800

CASE #: 20-044138

DEFENDANT: BECORENA, SILA, GRACE

Arresting Officer: OFC RINI

Address: 100 E. Boynton Beach Boulevard Boynton Beach, Fl. 33435

Phone Numbers: Home: \_\_\_\_\_ Work: (561) 742-6100

Name: OFC D ROBERTS

Address: 2100 High Ridge Rd, Boynton Beach, Fl, 33436

Phone Numbers: Home: \_\_\_\_\_ Work: 561-742-6100

Can testify to: THE INCIDENT

Name: Officer B JONES

Address: 2100 High Ridge Rd, Boynton Beach, Fl, 33436

Phone Numbers: Home: \_\_\_\_\_ Work: 561-742-6100

Can testify to: THE INCIDENT

Name: OFC RINI

Address: 2100 HIGH RIDGE RD, BOYNTON BEACH FL 33436

Phone Numbers: Home: \_\_\_\_\_ Work: 561 742 6853

Can testify to: ARRESTING OFFICER

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: \_\_\_\_\_

**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: 80-006238 Software: 8100.27  
Date of Test: 09/05/2020

Date of Last Agency Inspection: 08/14/2020  
Observation Period Began: 02:03  
Subject's Name: SILA G BECORENA

DOB: 12/24/1981 Sex: F

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	02:30
Air Blank	0.000	02:30
Control Test	0.079	02:31
Air Blank	0.000	02:31
Subject Sample #1	VNM*	02:34
Air Blank	0.000	02:35
Air Blank	0.000	02:37
Subject Sample #2	VNM**	02:40
Air Blank	0.000	02:40
Control Test	0.078	02:41
Air Blank	0.000	02:41
Diagnostics Check	OK	02:41

\*Volume Not Met (0.142 - Breath Sample Not Reliable to Determine Breath Alcohol Level)  
\*\*Volume Not Met (0.140 - Breath Sample Not Reliable to Determine Breath Alcohol Level)

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 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: 09/05/20  
Signature

Sworn to (or affirmed) before me this 5<sup>th</sup> day of September, 2020

Signature of Notary Public-State of Florida: OR [Signature] 878 Printed Name of Notary Public-State of Florida: ORC L. RINI

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 RINI #878, a duly certified Law Enforcement Officer or Correctional Officer,  
(Name of Officer reading Implied Consent Warning)

am a member of BOYNTON BEACH PD, and I do swear  
(Name of law enforcement agency)

or affirm that on or about the 5 day of SEPTEMBER, 20 20, at 0136 HOURS  P.M.  A.M.

DRIVER SILA GRACE BECORENA,  
(Type or Print) FIRST NAME MIDDLE OR MAIDEN NAME LAST NAME

DL# B265787819640, state of FLORIDA, was placed under lawful arrest for  
the offense of DUI by OFC RINI #878 and  
issued Citation # AC861DE  
(Name of Arresting Officer)

That on or about the 5 day of SEPTEMBER, 20 20, at 0252  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.

012 [Signature] 878  
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 5 day of SEPTEMBER, 20 20,  
by OFC RINI #878,

who is personally known to me or who has produced  
FLORIDA DL as identification

Notary Public [Signature]

HSMV-BAR1001 (REV. 10/2016)

The foregoing instrument was sworn and subscribed before me:

Signature of Attesting Officer

Title OFFICER

Date 09/05/2020

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.



**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: Marsy's Law - Protection of the identity of victim	
	<input type="checkbox"/>		Other:	

**REVIEW COMPLETED BY**

Booking Number: 2020021035	Date: 9/5/2020
	Specialist Name/ID: Gammage/5660