

J-0516484

2020 OCT 06 4 13 AM B

P-2357

OBTS Number		ARREST / NOTICE TO APPEAR Juvenile Referral Report		1. Arrest 2. N.T.A.		3. Request for Warrant 4. Request for Capias		1		Juvenile											
Agency ORI Number FLO 500000		Agency Name PALM BEACH COUNTY SHERIFF'S OFFICE				Agency Report Number (N.T.A.'s only) 06-20069087															
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		Weapon Seized / Type <input type="checkbox"/> 1. Yes <input checked="" type="checkbox"/> 2. No		Multiple Clearance Indicator 01													
Location of Arrest (Including Name of Business) 245 S MILITARY TRAIL WPB, FL 33406						Location of Offense (Business Name, Address) 245 S MILITARY TRAIL WPB, FL 33406															
Date of Arrest 05/16/2020		Time of Arrest 19:28		Booking Date		Booking Time		Jail Date		Jail Time											
Name (Last, First, Middle) SHAMULZAI SOPHIA FARIBA						Alias (Name, DOB, Soc. Sec. #, Etc.)															
Race W - White I - American Indian B - Black O - Oriental/Asian W		Sex F		Date of Birth 01/05/1989		Height 5'3		Weight 180		Eye Color BROWN		Hair Color BLACK		Complexion DARK		Build MED					
Scars, Marks, Tattoos, Unique Physical Features (Location, Type, Description) SCARS BACK, LEG						Marital Status Widowed		Religion MUSLIM		Indication of Alcohol Influence Drug Influence Y <input type="checkbox"/> N <input type="checkbox"/> Unk. <input type="checkbox"/> 1. City 2. County 3. Florida 4. Out of State 1											
Local Address (Street, Apt. Number) 5805 ELDER DR		(City) WPB		(State) FL		(Zip) 33415		Phone (561) 614-1498		Residence Type: 1. City 2. County 3. Florida 4. Out of State 1											
Permanent Address (Street, Apt. Number)		(City)		(State)		(Zip)		Phone		Address Source D.A.V.I.D											
Business Address (Name, Street)		(City)		(State)		(Zip)		Phone		Occupation											
DL Number, State S542-786-89-505-0		Soc. Sec. Number		INS Number		Place of Birth (City, State) QUEENS NEW YORK		Citizenship US													
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									
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									
<input type="checkbox"/> Parent <input type="checkbox"/> Legal Custodian <input type="checkbox"/> Other:		Address (Street, Apt. Number)						(City)		(State)		(Zip)		Residence Phone ()							
Notified by: (Name)		Date		Time		Juvenile Disposition 1. Handled/processed within Dept. and Released. 2. TOT HRS / DYS 3. Incarcerated		Date		Time											
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													
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. Barbiturate C. Cocaine E. Heroin		H. Hallucinogen M. Marijuana O. Opium/Deriv.		P. Paraphernalia/ Equipment S. Synthetics		U. Unknown Z. Other	
Charge Description D.U.I.		Counts 1		Domestic Violence <input type="checkbox"/> Y <input checked="" type="checkbox"/> N		Statute Violation Number 316.193 (3)(c)(1)		Violation of ORD #													
Drug Activity		Drug Type		Amount / Unit		Offense # 20069087		Warrant / Capias Number		Bond											
Charge Description		Counts		Domestic Violence <input type="checkbox"/> Y <input checked="" type="checkbox"/> N		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"/> Y <input checked="" type="checkbox"/> N		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"/> Y <input checked="" type="checkbox"/> N		Statute Violation Number		Violation of ORD #													
Drug Activity		Drug Type		Amount / Unit		Offense #		Warrant / Capias Number		Bond											
Location (Court Room Number, Address) PALM BEACH COUNTY CRIMINAL JUSTICE COMPLEX - 3228 GUN CLUB RD WEST PALM BEACH FL, 33406																					
Court Date and Time Month JULY Day 16 Year 2020 Time 08:30 AM <input checked="" type="checkbox"/> 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) <i>[Signature]</i>										Date Signed 05/16/2020											
HOLD for other Agency Name:				Signature of Arresting Officer <i>[Signature]</i>				Name Verification (Printed by Arrestee)													
<input type="checkbox"/> Dangerous <input checked="" type="checkbox"/> Suicidal				<input type="checkbox"/> Resisted Arrest <input type="checkbox"/> Other:				(PRINT) Corporal R Soriano #9418													
Intake Deputy <i>[Signature]</i>		I.D. #		Pouch #		Transporting Officer CPL SORIANO		ID # 9418		Agency PBSO		PAGE 1 OF 1									

DISTRIBUTION: WHITE - COURT COPY


GREEN - STATE ATTORNEY

YELLOW - AGENCY

PINK - AGENCY

GOLD - DEFENDANT (N.T.A.'s ONLY)

57:9:15

OBTS Number		PROBABLE CAUSE AFFIDAVIT		1. Arrest	3. Request for Warrant	Juvenile	<input type="checkbox"/>	<input type="checkbox"/>	
2. N.T.A.				4. Request for Capias				<input type="checkbox"/>	
ADMIN	Agency OR# Number	Agency Name	Agency Report Number						
	FLO 500000	PALM BEACH COUNTY SHERIFF'S OFFICE	06-20069086						
CHARGES	Charge Type:	1. Felony		3. Misdemeanor		5. Ordinance		Special Notes:	
	Check as many as apply	2. Traffic Felony		4. Traffic Misdemeanor		6. Other			
DEF	Name (Last, First, Middle)			Alias	Race	Sex	Date of Birth		
	Shamulzai, Sophia, Fariba				W	F	01/05/1989		
CHARGES	Charge Description			Charge Description					
	DUI								
CHARGES	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		
						()			
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>The Person taken into custody</p> <p><input checked="" type="checkbox"/> committed the below acts in my presence. <input type="checkbox"/> was observed by _____ who told _____</p> <p><input type="checkbox"/> confessed to _____ that he/she saw the arrested person commit the below acts.</p> <p><input type="checkbox"/> 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>16</u> day of <u>May</u> 20<u>20</u> at <u>548 pm</u> <input type="checkbox"/> A.M. <input checked="" type="checkbox"/> P.M. (Specifically include facts constituting cause for arrest.)</p> <p>On May, 16, 2020 I Deputy Edgar Guarin #36182 observed two vehicles blocking the road way after a car crash. A white female later identified by DAVID as Sophia Shamulzai got into a silver Volkswagen bearing FL tag "INLW78". Shamulzai was a single occupant behind the steering wheel in full physical control. She then parked the vehicle into the CVS parking lot from the intersection. Upon speaking to Shamulzai she appeared unsteady on her feet and spoke with slurred speech. Her eyes appeared glazed over and she was inattentive. "It was my fault, I know I wasn't supposed to but I was on the phone, it was really important. By the time I saw him my car couldn't stop fast enough." A suspected odor of what appeared to be burnt marijuana was projecting from her body and vehicle. I then contact the DUI unit for futher investigation.</p>									
NOT A CERTIFIED COPY									
ADMINISTRATIVE	STATE OF FLORIDA COUNTY OF PALM BEACH								
	 # 36182 (Signature of Arresting Investigative Officer)								
	The foregoing instrument was sworn to, affirmed and subscribed before me this <u>16</u> day of <u>May</u> 20 <u>20</u> by <u>D/S E. Guarin</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)								PAGE OF	

D.U.I. PROBABLE CAUSE AFFIDAVIT

ON THE 16TH DAY OF MAY 20 20 AT 17:48 AM PM
SUBJECT: SHAMULZAI SOPHIA FARIBA CASE NUMBER: 20069087

AGENCY: PALM BEACH COUNTY SHERIFF'S OFFICE ARRESTING OFFICER: Corporal R Soriano

PERSONAL CONTACT

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

On Saturday, May 16, 2020 at approximately 18:10 hours, I responded to a traffic crash at the intersection of South Military Trail and Gun Club road in unincorporated Palm Beach County. Upon my arrival, I observed a marked patrol car with its emergency lights activated in the CVS parking lot, located at 245 S. Military Trail. Upon my arrival, I observed a blue sedan and a tan Volkswagen Jetta bearing Florida tag# "INLW78" parked in two different parking spaces on the south side of the business. I exited my patrol car and met with Deputy Guarin #36182 who told me the following. "I observed two vehicles blocking the roadway after a car crash. A white female later identified by the driver and vehicle information database (D.A.V.I.D) as Sophia Shamulzai got into a Volkswagen bearing Florida tag INLW78. Shamulzai was a single occupant behind the steering wheel in full physical control. She then parked the vehicle into the CVS parking lot north west from the intersection. Upon speaking to Shamulzai she appeared unsteady on her feet and spoke with slurred speech. Her eyes appeared glazed over and she was inattentive. She stated "It was my fault, I know I wasn't supposed to but I was on the phone, it was really important. By the time I saw him my car couldn't stop fast enough. "A suspected odor of what appeared to be burnt marijuana which was projecting from her body and vehicle. I then contacted a DUI unit for further investigation." (Refer to supplemental P.C.) I then made contact with Community Service Aid Levey #24717 who told me she met with Patrick Santoro and Kellie Zelazek who were the occupants of the blue BMW. Both provided a sworn written statement, stating they were crashed into by the above mentioned Volkswagen. Both occupants identified Shamulzai as the driver of the Volkswagen. (Refer to sworn written statements).

OBSERVATION OF DRIVER:

I then approached the Volkswagen which was facing south in a parking. I observed a female who was standing near the driver side door and who had dark hair and was wearing blue medical scrubs. Deputy Guarin identified her as Shamulzai. I made contact with Shamulzai and asked her to walk towards my vehicle. Once at the front of my vehicle, I introduced myself to Shamulzai and made her aware that I was not investigating the crash and had been summoned to the scene to conduct a separate investigation for DUI. I asked Shamulzai a few medical evaluation questions which she answered. I asked her if she had been drinking and she answered "no." I then asked if she smoked any marijuana and she stated she smoked marijuana earlier today around the morning. I asked Shamulzai if she had any injuries or defects and she stated she had [REDACTED] Shamulzai stated her [REDACTED] did not limit her ability to provide light physical exercises. I asked Shamulzai if she wore any glasses and or contacts to correct her vision and she answered "no." Finally I asked Shamulzai if she takes any medication and she answered "no." While speaking with Shamulzai, I asked her if she knew what took place. Shamulzai answered yes and stated she was involved in a crash. I read Shamulzai her constitutional rights and after she understood her rights, she agreed to explain to me what took place. Shamulzai stated she was involved in a crash and answered several questions. (refer to in car video). I observed Shamulzai's eyes appeared red and glossy. I observed Shamulzai would sway from side to side and when asked if she would be willing to conduct standardized field sobriety tasks, she answered "yes."

DRIVER'S STATEMENTS:

I asked Shamulzai a few medical evaluation questions which she answered. I asked her if she had been drinking and she answered "no." I then asked if she smoked any marijuana and she stated she smoked marijuana earlier today around the morning. I asked Shamulzai if she had any injuries or defects and she stated she had [REDACTED] Shamulzai stated her [REDACTED] did not limit her ability to provide light physical exercises. I asked Shamulzai if she wore any glasses and or contacts to correct her vision and she answered "no." Finally I asked Shamulzai if she takes any medication and she answered "no."

ODORS:

Obvious odor of an unknown alcoholic beverage

GENERAL OBSERVATIONS

SPEECH: slurred, thick, slow, unclear

ATTITUDE: calm, compliant, upset, angry, crying, aggressive

CLOTHING: wearing blue pants and blue shirt scrubs

MEDICAL/OTHER: NONE

STATE OF FLORIDA
COUNTY OF PALM BEACH

Corporal R Soriano

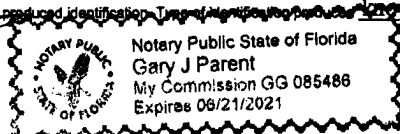
(Signature of Arresting/Investigative Officer)

The foregoing instrument was sworn to or affirmed and subscribed before me this 16th day of May 2020 by Corporal R Soriano

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

Gary Parent (#7909)

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



ROADSIDE TASKS

HORIZONTAL GAZE NYSTAGMUS:

- LT EYE-LACK OF SMOOTH PURSUIT
- RT EYE-LACK OF SMOOTH PURSUIT
- LT EYE-DISTINCT & SUSTAINED NYSTAGMUS AT MAX. DEVIATION
- RT EYE-DISTINCT & SUSTAINED NYSTAGMUS AT MAX. DEVIATION
- LT- EYE-ONSET OF NYSTAGMUS PRIOR TO 45 DEGREES
- RT- EYE-ONSET OF NYSTAGMUS PRIOR TO 45 DEGREES

Other Observations:

BGN-Onn positioned in the front of my vehicle, I continued my investigation. I instructed Shamulzai to keep her hands by her side, stand with her feet together, and follow a blue light stimulus with her eyes not turning her head. I asked her if she understood my instructions. Once Shamulzai verbally stated she understood my instructions, Shamulzai swayed while standing stationary. I observed both eyes to be red, bloodshot, and glossy. Her left and right eye displayed constricted pupil size, equal tracking, and a lack of smooth pursuit. I observed distinct and sustained nystagmus was present in both her left and right eye at maximum deviation during two separate four second evaluations. The onset of nystagmus was prior to a 45 degree angle in both her left and right eye during two separate four second evaluations. Vertical nystagmus was also present in both the left and right eye during two separate four second evaluations. While conducting the task, I had to remind her to keep hands by her side, not turn her head and follow the stimulus multiple times.

WALK & TURN:

I positioned Shamulzai on a painted white line, which was on a smooth and level surface, free of any debris. I instructed Shamulzai to place her left foot on the line and her right foot in front of the left touching heel to toe. I instructed her that she was to keep her hands at her side and stay in this position until I instructed her to do otherwise. Once placed into the instructed position, I observed Shamulzai was having a difficult time maintaining this position. I explained and demonstrated the rest of the task. Shamulzai was placed into back into the instructed position and after she stated she understood my instructions was asked to complete task. During the task, I observed Shamulzai swayed while balancing, stopped walking to steady self, did not touch heel to toe, stepped off the line several times. Used arms to maintain balance (+6"), did not turn properly. Shamulzai took an incorrect number of steps and attempted task several times.

ONE LEG STAND:

I placed Shamulzai with her feet together and arms at her side. Once Shamulzai was placed into the instructed position, I explained and demonstrated the rest of the task. Once Shamulzai stated she understood, the task was performed. During the task, I observed, Shamulzai swayed while standing stationary. While raising her foot, she put foot down twice within 30 seconds and used her arms for balance.

FINGER TO NOSE:

I instructed Shamulzai to stand with her feet together, make each hand into a fist keeping, extended her index fingers and to place her palms facing up. She was instructed to lower her arms by her side. I instructed and demonstrated the proper hand and arm position and for her to remain in this position while I demonstrated the rest of the task. I instructed and demonstrated her to tilt her head back approximately 45 degrees and close her eyes while waiting for a verbal command of left or right. On the command of "left" or "right", she would raise the requested hand, touch the tip of her finger to the tip of her nose, then bring her hand immediately back down to her side. During the instruction and demonstration of the task she swayed heavily while standing in the instructional position. I asked her if she understood the instructions I provided and she verbally stated she understood. I instructed her to start the task as explained. During the task, I observed Shamulzai did not keep eyes closed, failed to return arms to side, correct finger did not touch tip of nose on every command as she would touch her lip or underneath her nose and then adjust her finger. Shamulzai used wrong hand.

ROMBERG ALPHABET:

I verbally inquired if Shamulzai could recite the entire English alphabet. She stated she was able to recite the English alphabet and I instructed her to place her feet together with her arms at her side and stay in this position until told to do otherwise. I instructed her that upon starting she was to tilt her head back approximately 45 degrees and close her eyes. She would begin to state the alphabet in a slow and methodical manner without singing or rhyming it. I asked her if she understood the instructions and she verbally replied she understood. During the instructions she continued to sway while standing stationary. I instructed Shamulzai to start the task as explained. During the task, I observed Shamulzai did not keep eyes closed, swayed more than (+2") from side to side, and did however recite alphabet as instructed.

BREATH TEST RESULTS: (1) .000 (2) .000 (3) urine refusal (4)

STATE OF FLORIDA
COUNTY OF PALM BEACH

Corporal R Soriano

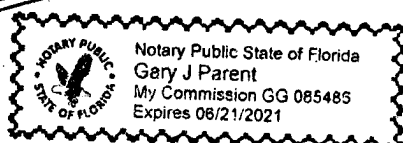
(Signature of Arresting/Investigative Officer)

The foregoing instrument was sworn to or affirmed and subscribed before me this 16th day of May 2020 by Corporal R Soriano

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

Gary Parent (#7909)

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



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 watery.

COMMENTS:

Arrived at Center A/O began the 20 minute observation period at 1958 hrs
Subject agreed to take test.
Tech. read breath test results, subject asked what they meant Tech. advised there was no alcohol detected.
A/O requested a urine sample subject stated she didn't want to provide urine.
A/O read I/C .
Subject acknowledged he understood I/C and refused to provide a urine sample at 2102 hrs..
A/O stated rights were read on scene, subject stated she didn't remember.
A/O did not read rights again or attempt Q/A.
Present in testing room was D/S M Ciorciari #27106

REFUSED

SUBJECT: _____ CASE NUMBER: _____

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) _____

WHITE - STATE ATTY. YELLOW - DHSMV PINK - CENTRAL RECORDS GOLD - JAIL

SUBJECT: _____ CASE NUMBER: _____

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: _____

WHITE - STATE ATTY. YELLOW - DHSMV PINK - CENTRAL RECORDS GOLD - JAIL

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: 05/16/2020

Date of Last Agency Inspection: 05/15/2020

Observation Period Began: 19:58

Subject's Name: SOPHIA F SHAMULZAI

DOB: 01/05/1989 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	20:52
	Air Blank	0.000	20:53
	Control Test	0.081	20:53
	Air Blank	0.000	20:54
	Subject Sample #1	0.000	20:54
	Air Blank	0.000	20:55
	Air Blank	0.000	20:57
	Subject Sample #2	0.000	20:57
	Air Blank	0.000	20:58
	Control Test	0.081	20:58
	Air Blank	0.000	20:58
	Diagnostics Check	OK	20:58

Cylinder Lot: 28719080A1
Exp: 12/05/2021

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: 05/16/20
Signature

Sworn to (or affirmed) before me this 16 day of May, 2020

Signature of Notary Public-State of Florida [Signature] Printed Name of Notary Public-State of Florida INV. R. SOZZANO

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, Corporal R Soriano, a duly certified Law Enforcement Officer or Correctional Officer,
(Name of Officer reading Implied Consent Warning)

am a member of Palm Beach County Sheriff's Office, and I do swear
(Name of law enforcement agency)

or affirm that on or about the 16TH day of MAY, 20 20, at 19:28 P.M. A.M.

DRIVER SOPHIA FARIBA SHAMULZAI
(Type or Print) FIRST NAME MIDDLE OR MAIDEN NAME LAST NAME

DL# S542-786-89-505-0, state of FLORIDA, was placed under lawful arrest for

the offense of D.U.I. by Corporal R Soriano and
(Name of Arresting Officer)

issued Citation # A2GD9JP

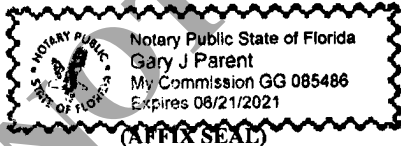
That on or about the 16TH day of MAY, 20 20, at 21:02 P.M. A.M.

in PALM BEACH County,

I requested that the driver submit to a Xbreath and/or Xurine test to determine his or her blood alcohol level and/or the presence of chemical or controlled substances. I informed the driver that the refusal to submit to such test(s) would result in the suspension of his or her driving privilege for a period of one (1) year for a first refusal, or for a period of eighteen (18) months if his or her driving privilege had been previously suspended for refusing to submit to a breath, urine or blood test. I also informed the driver that he or she commits a misdemeanor by refusing to submit to a lawful test as requested above if his or her driving privilege has been previously suspended for refusal to submit to a lawful test of his or her breath, urine, or blood. Additionally, I informed the driver that if he or she holds a CDL, or was operating a CMV, refusal will result in the disqualification of the Commercial Driver's License/driving privilege for a period of one (1) year in the case of a first refusal or permanently if he or she has previously been disqualified as a result of a refusal to submit to any such lawful test. Nonetheless, the driver refused to submit to the test(s) requested.

Signature of Law Enforcement Officer or Correctional Officer

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



The foregoing instrument was sworn and subscribed before me:

The foregoing instrument was sworn and subscribed before me this 16th day of May, 20 20,

Signature of Attesting Officer

Title

Date

by Corporal R Soriano,

who is personally known to me or who has produced

known as identification

Notary Public Gary Parent (#7909)

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: 20069087

ARRESTING OFFICER: Corporal R Soriano

ADDRESS: 3228 GUN CLUB RD WEST PALM BEACH, FL 33406

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

CAN TESTIFY TO: FACTS OF CASE AND INVESTIGATING SUCH CASE

NAME: D/S GUARIN #36182

ADDRESS: 3228 GUN CLUB RD WEST PALM BEACH, FL 33406

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

CAN TESTIFY TO: FACTS OF CASE

NAME: CSA LEVEY #24717

ADDRESS 3228 GUN CLUB RD WPB, FL 33406

PHONE NUMBERS (HOME) _____ (WORK) _____

CAN TESTIFY TO: _____

NAME: KELLIE ZELAZEK

ADDRESS 7432 GREENVILLE CIRCLE LAKE WORTH, FL 33467

PHONE NUMBERS (HOME) 5619685504 (WORK) 5616032637

CAN TESTIFY TO: WITNESS

NAME: PATRICK SANTORO

ADDRESS 614 PILOT RD WPB, FL 33408

PHONE NUMBERS (HOME) _____ (WORK) _____

CAN TESTIFY TO: WITNESS

NAME: _____

ADDRESS _____

PHONE NUMBERS (HOME) _____ (WORK) _____

CAN TESTIFY TO: _____

NAME: _____

ADDRESS _____

PHONE NUMBERS (HOME) _____ (WORK) _____

CAN TESTIFY TO: _____

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CAN TESTIFY TO: _____

NAME: _____

ADDRESS _____

PHONE NUMBERS (HOME) _____ (WORK) _____

CAN TESTIFY TO: _____

NAME: _____

ADDRESS _____

PHONE NUMBERS (HOME) _____ (WORK) _____

CAN TESTIFY TO: _____

NOT A CERTIFIED COPY

PALM BEACH COUNTY SHERIFF'S OFFICE - **SWORN STATEMENT**

Per FL statute 837.012, whoever knowingly makes a false statement under oath shall be guilty of a misdemeanor of the first degree punishable by imprisonment up to 1 year.



WITNESS VICTIM OTHER

CASE #: 20-069087	ZONE: 1-111	SUSPECT: Sophia Erika Shamata	DATE & TIME OF ORIGINAL EVENT/OFFENSE: 5-16-20 18:30
EVENT TYPE: DUF		DEPUTY: Soriano	ID#: 7418

COMPLETE EVERYTHING BELOW - PRINT LEGIBLY

LAST NAME: Zelazek	FIRST NAME: Kellie	MIDDLE INITIAL: L	RACE: White	SEX: F
DATE OF BIRTH: (MM/DD/YYYY) 8/7/99	YOUR HEIGHT: 5'2"	YOUR WEIGHT: 150	YOUR HAIR COLOR: Blonde	YOUR EYE COLOR: Green
YOUR HOME ADDRESS: 7432 Greenville circle	<input type="checkbox"/> CHECK IF HOMELESS	CITY: Lake Worth	STATE: FL	ZIP: 33467
YOUR WORK NAME & ADDRESS: 	<input type="checkbox"/> CHECK IF UNEMPLOYED OR RETIRED	CITY: 	STATE: 	ZIP:
WORK PHONE: <input type="checkbox"/> CHECK IF NONE 561 1968 5504	CELL PHONE: <input type="checkbox"/> CHECK IF NONE 888 1267 561 6632457	HOME PHONE: <input type="checkbox"/> CHECK IF NONE 	EMAIL: Kellielaura99@gmail.com	<input type="checkbox"/> CHECK IF NONE

WRITE WHAT HAPPENED IN YOUR WORDS IN FULL DETAIL - PRINT LEGIBLY

YOUR NAME: Kellie Zelazek	DO HEREBY VOLUNTARILY MAKE THE FOLLOWING STATEMENT WITHOUT THREAT, COERCION, OFFER OF BENEFIT, OR FAVOR BY ANY PERSONS WHOMSOEVER...
<p>We were on gunclub & military heading South. I was a passenger in the car with my boyfriend, he honked the horn, as he saw her coming. I didn't see this she a felt a huge jolt forward and then ^{we} we had been hit. We drove to the side of the road and the woman looked like she might drive away. I then called 9-1-1 and she followed us into the CVS parking lot. I did not get out to talk to her, I stayed in the car till ^{the police came} the vehicle. There were no injuries but I have been experiencing some neck pain.</p>	
PAGE <u>1</u> OF <u>1</u>	

READ AND SIGN

I SWEAR AND AFFIRM THIS AND/OR THE ATTACHED STATEMENTS ARE CORRECT AND TRUE: YOUR SIGNATURE: x Kellie Zelazek	<input checked="" type="checkbox"/> DEPUTY SHERIFF <input type="checkbox"/> NOTARY PUBLIC FSS: 117.10 SWORN TO AND SUBSCRIBED BEFORE ME TODAY: DATE: 5/16/2020 TIME: 1830 SIGNATURE: [Signature] ID: 36182
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IF YOU DO NOT WISH TO PROSECUTE, COMPLETE THE ABOVE STATEMENT, READ THIS DISCLAIMER AND INITIAL BELOW. I AM OF LEGAL AGE AND I AM THE REPORTED VICTIM OF A CRIME UNDER FLORIDA LAW. I HEREBY STATE THAT I WILL NOT COOPERATE ANY FURTHER WITH THE INVESTIGATION OF THE ALLEGED CRIME. I FURTHER RELEASE THE PALM BEACH COUNTY SHERIFF'S OFFICE OF ANY PRESENT OR FUTURE RESPONSIBILITY AS TO MY CASE. I ACKNOWLEDGE THAT I UNDERSTAND MY RIGHTS AS A CRIME VICTIM, PARTICULARLY REGARDING VICTIM COMPENSATION ELIGIBILITY, WHICH INCLUDES SUCH BENEFITS AS REIMBURSEMENT FOR: DISABILITY; LOST WAGES; LOSS OF SUPPORT; MEDICAL, DENTAL, MENTAL HEALTH COUNSELING AND FUNERAL EXPENSES. I AM AWARE I MAY BE GIVING UP THESE RIGHTS FOR MY FAMILY AND MYSELF BY INITIALING BELOW. I AM TAKING THIS POSITION OF MY OWN FREE WILL KNOWING THAT THE CASE CAN ONLY BE FURTHER INVESTIGATED AND PROSECUTED WITH MY COOPERATION. DO NOT WISH TO PROSECUTE (INITIAL _____)

(PROSECUTION WAIVER NOT TO BE USED FOR CASES INVOLVING DOMESTIC OR DATING VIOLENCE PER G.O. 508.00)

WHITE - RECORDS COPY CANARY - STATE ATTORNEY COPY PINK - OFFICER'S COPY GOLD - WITNESS / VICTIM COPY

PALM BEACH COUNTY SHERIFF'S OFFICE – **SWORN STATEMENT**

Per FL statute 837.012, whoever knowingly makes a false statement under oath shall be guilty of a misdemeanor of the first degree punishable by imprisonment up to 1 year.



WITNESS VICTIM OTHER

CASE #: 20-069087	ZONE: 1-11	SUSPECT: Sophia Eriba Shamutz	DATE & TIME OF ORIGINAL EVENT/OFFENSE: 5-16-20 18:30
EVENT TYPE: DUI		DEPUTY: Soriano	ID#: 9418

COMPLETE EVERYTHING BELOW – PRINT LEGIBLY

LAST NAME: Santoro	FIRST NAME: Patrick	MIDDLE INITIAL: J	RACE: white	SEX: M
DATE OF BIRTH: (MM/DD/YYYY) 12/17/1998	YOUR HEIGHT: 5'10	YOUR WEIGHT: 210	YOUR HAIR COLOR: Brown	YOUR EYE COLOR: Blue
YOUR HOME ADDRESS: 614 Pilot Rd	<input type="checkbox"/> CHECK IF HOMELESS	CITY: North Palm Beach	STATE: FL	ZIP: 33408
YOUR WORK NAME & ADDRESS:	<input type="checkbox"/> CHECK IF UNEMPLOYED OR RETIRED	CITY:	STATE:	ZIP:
WORK PHONE: <input type="checkbox"/> CHECK IF NONE ()	CELL PHONE: <input type="checkbox"/> CHECK IF NONE (561) 670 8552	HOME PHONE: <input type="checkbox"/> CHECK IF NONE ()	EMAIL: the Patrick Santoro@gmail.com	<input type="checkbox"/> CHECK IF NONE

WRITE WHAT HAPPENED IN YOUR WORDS IN FULL DETAIL – PRINT LEGIBLY

YOUR NAME: Patrick Santoro	DO HEREBY VOLUNTARILY MAKE THE FOLLOWING STATEMENT WITHOUT THREAT, COERCION, OFFER OF BENEFIT, OR FAVOR BY ANY PERSONS WHOMSOEVER...
<p>I was stopped at the intersection of Military & Gen club, heading south. I saw a grey Volkswagen approaching my rear with speed. I honked and even tried to move. When that failed I was rear ended, I pulled over and tried to get the plate, where the female driver started to pull away, and I informed her I had called the police & got her plate. She opened the door and I smelt strong marijuana smells, she looks like a late 20s latino, 5"6-5"7, 175lbs. if I had to guess. A police officer approached and directed us to CVS.</p>	
PAGE <u>1</u> OF <u>1</u>	

READ AND SIGN

I SWEAR AND AFFIRM THIS AND/OR THE ATTACHED STATEMENTS ARE CORRECT AND TRUE:	<input checked="" type="checkbox"/> DEPUTY SHERIFF <input type="checkbox"/> NOTARY PUBLIC FSS: 117.10
YOUR SIGNATURE: X [Signature]	SWORN TO AND SUBSCRIBED BEFORE ME TODAY: DATE: 5/16/2020 TIME: 1830 SIGNATURE: [Signature] ID: 36182

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(PROSECUTION WAIVER NOT TO BE USED FOR CASES INVOLVING DOMESTIC OR DATING VIOLENCE PER G.O. 508.00)

WHITE - RECORDS COPY CANARY - STATE ATTORNEY COPY PINK - OFFICER'S COPY GOLD - WITNESS / VICTIM COPY



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 checked="" type="checkbox"/>	395.3025(7)(a), 456.057(7)(a)	Medical information.	4, 7
	<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)-(l), (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"/>	119.071(2)(M)1	Other: Witness to a Murder	
	<input type="checkbox"/>		Other:	

REVIEW COMPLETED BY

Booking Number: 2020012822	Date: 5/17/2020
	Specialist Name/ID: M. Tooks #8557



FLORIDA DUI UNIFORM TRAFFIC CITATION **A2GD9JP**

COUNTY OF Palm Beach	<input type="checkbox"/> (1) F.H.P. <input type="checkbox"/> (2) P.D. <input checked="" type="checkbox"/> (3) S.O. <input type="checkbox"/> (4) OTHER
CITY (IF APPLICABLE)	AGENCY NAME _____
	AGENCY # _____

IN THE COURT DESIGNATED BELOW THE UNDERSIGNED CERTIFIES THAT HE/SHE HAS AUNT AND REASONABLE GROUNDS TO BELIEVE AND DOES BELIEVE THAT ON

COMPLAINT (RETAINED BY COURT)

DAY OF WEEK Saturday	MONTH 5	DAY 16	YEAR 2020	TIME 2102	<input type="checkbox"/> A.M. <input checked="" type="checkbox"/> P.M.
NAME (FIRST) Sophia	NAME (LAST) Fariba	NAME (MIDDLE) Shamulzai	IF DIFFERENT THAN ONE OR DRIVER LICENSE "X" HERE		
STREET 3805 Elder Drive					
CITY West Palm Beach					
STATE FL			ZIP CODE 33415		
TELEPHONE NUMBER	DATE OF BIRTH 01 5	DAY 1989	RACE W	SEX F	HGT 5' 3"
DRIVER LICENSE NUMBER 5542786395050	STATE FL	CLASS E	CDL LICENSE <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	TR. LICENSE EXP. 2023	COMMERCIAL VEHICLE <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
TR. VEHICLE 2015	MAKE VolK	STYLE 9D	COLOR Sil	PLACARDED HAZARDOUS MATERIAL <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
VEHICLE LICENSE NO. INLW78	TRAILER TAG NO.	STATE FL	YEAR TAG EXPIRES 2021	SEATBELT <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
UPON A PUBLIC STREET OR HIGHWAY, OR OTHER LOCATION, NAMELY 245 S. MILITARY TR				MOTORCYCLE <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
				DISPARITY CITATION(S) <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	

FT. _____ MILES N S E W OF ROAD

DID UNLAWFULLY COMMIT THE OFFENSE OF DRIVING UNDER THE INFLUENCE OF ALCOHOLIC BEVERAGES, CHEMICAL OR CONTROLLED SUBSTANCES; DID DRIVE, OR WAS IN ACTUAL PHYSICAL CONTROL OF A VEHICLE, WHILE UNDER THE INFLUENCE OF AN ALCOHOLIC BEVERAGE/CHEMICAL SUBSTANCE/CONTROLLED SUBSTANCE TO THE EXTENT NORMAL FACILITIES WERE IMPAIRED, OR WITH A BLOOD OR BREATH ALCOHOL LEVEL OF .08 OR ABOVE OF **0.08**

COMMENTS PERTAINING TO OFFENSE: *Only one allows each driver*
acc with property damage

AGGRESSIVE DRIVER PASSENGER < 18 YEARS STATE STATUTE SECTION **316.193(2)(C)**

DAMAGE TO OTHER PROPERTY YES NO **1000** INJURY TO ANOTHER YES NO SERIOUS BODILY INJURY TO ANOTHER YES NO

THIS IS A CRIMINAL VIOLATION, COURT APPEARANCE REQUIRED, AS INDICATED BELOW.

COURT DATE **7/16/2020 0830**

COURT NAME **3228 Gun Club RD**

COURT AND LOCATION **West Palm Beach FL 33406**

ARREST DELIVERED TO **Main PDSO Jail** DATE **5-16-20**

I AGREE AND PROMISE TO COMPLY AND ANSWER TO THE CHARGES AND INSTRUCTIONS SPECIFIED IN THIS CITATION. WILLFUL REFUSAL TO ACCEPT AND SIGN THE CITATION MAY RESULT IN ARREST. I UNDERSTAND BY SIGNATURE IS NOT AN ADMISSION OF GUILT OR WAIVER OF RIGHTS. IF YOU NEED REASONABLE FACILITY ACCOMMODATION TO COMPLY WITH THIS CITATION, CONTACT THE CLERK OF THE COURT.

X SIGNATURE OF VIOLATOR *[Signature]*

EFFECTIVE IMMEDIATELY, YOUR DRIVING PRIVILEGE IS SUSPENDED/DISQUALIFIED FOR:

DRIVING WITH AN UNLAWFUL BLOOD OR BREATH ALCOHOL LEVEL. THIS SUSPENSION IS FOR A PERIOD OF SIX MONTHS IF THIS IS THE FIRST VIOLATION OR ONE YEAR IF PREVIOUSLY SUSPENDED FOR DRIVING WITH AN UNLAWFUL BLOOD OR BREATH ALCOHOL LEVEL. IF YOU HOLD A CDL OR YOU ARE OPERATING A CMV, YOUR COMMERCIAL DRIVER LICENSE/PRIVILEGE WILL ALSO BE DISQUALIFIED FOR ONE YEAR FOR THE FIRST OFFENSE OR PERMANENTLY DISQUALIFIED FOR A SUBSEQUENT OFFENSE.

REFUSAL TO SUBMIT TO LAWFUL BREATH, BLOOD OR URINE TEST SECTION 322.2615, F. S. THIS SUSPENSION IS FOR A PERIOD OF ONE YEAR IF THIS IS A FIRST REFUSAL OR 18 MONTHS IF PREVIOUSLY SUSPENDED FOR THIS OFFENSE. IF YOU HOLD A CDL OR YOU ARE OPERATING A CMV, YOUR COMMERCIAL DRIVER LICENSE/PRIVILEGE WILL ALSO BE DISQUALIFIED FOR A PERIOD OF ONE YEAR FOR A FIRST REFUSAL OR PERMANENTLY DISQUALIFIED FOR A SUBSEQUENT REFUSAL.

LICENSE SURRENDERED? YES NO REASON _____

ELIGIBLE FOR PERMIT? YES NO REASON _____

UNLESS INELIGIBLE, THIS CITATION SHALL SERVE AS A TEMPORARY DRIVER LICENSE AND WILL EXPIRE AT MIDNIGHT ON THE 10TH DAY FOLLOWING THE DATE OF SUSPENSION.

AT THE **Debra's Lakeside Lakes** BUREAU OF ADMINISTRATIVE REVIEWS OFFICE, YOU MAY REQUEST, WITHIN 10 DAYS AFTER THE DATE OF SUSPENSION, A REVIEW OF SUSPENSION BY THE DEPARTMENT OF HIGHWAY SAFETY AND MOTOR VEHICLES OR A REVIEW TO DETERMINE ELIGIBILITY FOR A RESTRICTED LICENSE IF THIS IS YOUR FIRST DUI RELATED OFFENSE. SEE REVISIONS.

RANK - SIGNATURE OF OFFICER *[Signature]* BADGE NO. **9118** ID. NO. **DUF-11** TROOP UNIT

HSMV 75804 (Rev. 7/15)

COPY

NO