

0524727

21CT119+6ASB

1545

ADDITIONAL INFORMATION		ARREST / NOTICE TO APPEAR		1. Arrest 2. N.T.A. 3. Request for Warrant 4. Request for Capias		1 JUVENILE	
Agency ORI Number 0500400		Agency Name Delray Beach Police Department		Agency Report Number (N.T.A.'s only) 4, 0 21-008678			
Charge Type: Check as many as apply: <input type="checkbox"/> 1. Felony <input type="checkbox"/> 2. Traffic Felony <input type="checkbox"/> 3. Misdemeanor <input type="checkbox"/> 4. Traffic Misdemeanor <input type="checkbox"/> 5. Ordinance <input type="checkbox"/> 6. Other		If Weapon Seized Enter Type: Handgun		Multiple Classroom Indicator: 1			
Location of Arrest (Including Name of Business) 3900 W ATLANTIC AVE				Location of Offense (Business Name, Address) 3900 W ATLANTIC AVE, DELRAY BEACH, FL 33445			
Date of Arrest 07/19/2021		Time of Arrest 04:49		Booking Date 07/19/2021		Booking Time 07:07	
Jail Date 07/19/2021		Jail Time 07:07		Location of Vehicle WESTWAY TOWING			
Name (Last, First, Middle) COLPITTS, STEVEN HAMILTON				Alias (Name, DOB, Sex, etc.) Alias: COLPITTS, STEVEN HAMILTON			
Race W - White		Sex M		Date of Birth 08/01/1969		Height 6'00	
Weight 205		Eye Color HAZEL		Hair Color GRAY OR		Complexion FAIR	
Build LARGE		Marital Status S		Religion NOT INDICA		Indication of Alcohol Influence Yes <input type="checkbox"/> No <input type="checkbox"/> Unk. <input type="checkbox"/>	
Local Address (Street, Apt. Number) 105 TROPIC ISLE DR 22D, DELRAY BEACH, FL 33483		(City) DELRAY BEACH		(State) FL		(Zip) 33483	
Permanent Address (Street, Apt. Number) 105 TROPIC ISLE DR 22D, DELRAY BEACH, FL 33483		(City) DELRAY BEACH		(State) FL		(Zip) 33483	
Business Address (Name, Street) CCA TECHNOLOGIES, BOCA RATON		(City) BOCA RATON		(State) FL		(Zip) 33431	
Df. Number, State C413788692810 / FL		Sec. Sec. Number [REDACTED]		INS Number [REDACTED]		Place of Birth (City, State) ARLINGTON, MA, US	
Co-Defendant Name (Last, First, Middle) [REDACTED]		Race [REDACTED]		Sex [REDACTED]		Date of Birth [REDACTED]	
Co-Defendant Name (Last, First, Middle) [REDACTED]		Race [REDACTED]		Sex [REDACTED]		Date of Birth [REDACTED]	
<input type="checkbox"/> Parent <input type="checkbox"/> Other: [REDACTED]		Name (Last, First, Middle) [REDACTED]		Residence Phone [REDACTED]		Business Phone [REDACTED]	
Address (Street, Apt. Number) [REDACTED]		(City) [REDACTED]		(State) [REDACTED]		(Zip) [REDACTED]	
Notified by: (Name) [REDACTED]		Date [REDACTED]		Time [REDACTED]		JUVENILE DISPOSITION 1. Held/Processed within Department and Released 2. TOT JAC 3. Incarcerated	
Released To: (Name) [REDACTED]		Relationship [REDACTED]		Date [REDACTED]		Time [REDACTED]	
The above address was provided by <input type="checkbox"/> defendant and/or <input type="checkbox"/> defendant's parents. The child and/or parent was told to keep the Juvenile Court Clerk's Office (Phone 355-2526) informed of any change of address.				School Attended [REDACTED]		Grade [REDACTED]	
<input type="checkbox"/> Yes, by: [REDACTED]		<input type="checkbox"/> No: [REDACTED]		Property Crime? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		Description of Property LANDSCAPE/SIGNAGE/IRRIGATION	
Drug Activity N. N/A		R. Smuggle [REDACTED]		K. Disperse/ Distribute [REDACTED]		M. Manufacture/ Produce/ Cultivate [REDACTED]	
N. N/A		R. Smuggle		K. Disperse/ Distribute		M. Manufacture/ Produce/ Cultivate	
Drug Type N. N/A		B. Barbiturate [REDACTED]		H. Hallucinogen [REDACTED]		P. Psychotropic/ Equipoise [REDACTED]	
A. Amphetamine [REDACTED]		L. Cocaine [REDACTED]		M. Marijuana [REDACTED]		O. Other [REDACTED]	
Charge Description DUI-DAMAGE TO PERSON/PROPERTY		Statute Violation Number 316.193(3)(C)(I)		Violation of ORD # [REDACTED]		Bond [REDACTED]	
Drug Activity N		Amount / Unit [REDACTED]		Offense # 21-008678		Counts 1	
Domestic Violence <input type="checkbox"/> Y <input checked="" type="checkbox"/> N		Warrant / Capias Number [REDACTED]		Violation of ORD # [REDACTED]		Bond [REDACTED]	
Charge Description [REDACTED]		Statute Violation Number [REDACTED]		Violation of ORD # [REDACTED]		Bond [REDACTED]	
Drug Activity [REDACTED]		Amount / Unit [REDACTED]		Offense # [REDACTED]		Counts [REDACTED]	
Domestic Violence <input type="checkbox"/> Y <input checked="" type="checkbox"/> N		Warrant / Capias Number [REDACTED]		Violation of ORD # [REDACTED]		Bond [REDACTED]	
Health / Apparent Physical Condition of Defendant [REDACTED]		Any knowledge of the following: <input type="checkbox"/> Mental <input type="checkbox"/> Escape Risk <input type="checkbox"/> Medication <input type="checkbox"/> Deformities <input type="checkbox"/> Injuries Explain: [REDACTED]		PROPERTY - Received By [REDACTED]		Released By [REDACTED]	
Check which applies: <input type="checkbox"/> Released O.R. <input type="checkbox"/> Released to Parent/Guardian <input type="checkbox"/> Posted Bond <input type="checkbox"/> South County Mental Health		<input checked="" type="checkbox"/> T.O.T. County Jail		Released To [REDACTED]		Transported By [REDACTED]	
Date Transported [REDACTED]		Time Transported [REDACTED]		Other [REDACTED]		INSTRUCTION NO. 1 - Mandatory appearance in court INSTRUCTION NO. 2 - You need not appear in Court but must comply with instructions on Page 2.	
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.		Location (Court, Room) South County 200 W Atlantic Ave Delray Beach, FL 33444		Court Date and Time 08/16/2021 08:30:00		No Photo Available	
Signature of Defendant (or Juvenile and Parent/Guardian) [REDACTED]		Date Signed [REDACTED]		Name Verification (Printed by Arrestee) [REDACTED]		Witness here if subject signed with an [REDACTED]	
HOLD for Other Agency [REDACTED]		Name of Arresting Officer (Print) HERNANDEZ, EDWIN		ID # 1194		Agency DBPD	
Transporting Officer E. HERNANDEZ		ID # 1194		Witness here if subject signed with an [REDACTED]		1 OF 1	

SCANNED

JUL 20 2021

D.U.I. PROBABLE CAUSE AFFIDAVIT

ON THE 19th DAY OF July, 2021 AT 0409 HRS,
IN THE CITY OF Delray Beach, COUNTY OF PALM BEACH, STATE OF FLORIDA,
SUBJECT: STEVEN HAMILTON COLPITTS CASE NUMBER: 21-008678
AGENCY: DELRAY BEACH POLICE ARRESTING OFFICER: E. HERNANDEZ

PERSONAL CONTACT

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

Officer T. Green observed a white Infiniti SUV bearing Florida tag DBGK81, occupied and running in the median of W Atlantic Ave in the 3900 block at approximately 0409 hours. Ofc. Green advised that the vehicle was occupied by a white male seated in the drivers seat, later identified as Steven Colpitts by his Florida license. While speaking with officers, Colpitts advised that he drove from his home on Tropic Isle to Denny's on Hypoluxo and was driving back home when the accident occurred.

OBSERVATION OF DRIVER:

Upon my arrival, I observed Colpitts standing outside of his vehicle speaking with officers. Colpitts' clothing was dirty and he had droopy, bloodshot, glassy eyes. Colpitts had slurred speech, which got worse as time passed. Colpitts was somewhat confused about what caused the accident.

DRIVERS STATEMENTS:

Colpitts stated that he was driving to his house on Tropic Isle Blvd from Denny's on Hypoluxo. Colpitts stated that he could not explain how his vehicle left the roadway. Colpitts stated that he did not have any drinks and in fact does not drink. In addition to being found in the driver's seat, Colpitts stated that he was driving his vehicle at the time of the accident. Colpitts advised that he takes medication for diabetes, high blood pressure, cholesterol and sleeping medications at the BAT. Colpitts stated that he had no injuries or vision problems not corrected by glasses.

ODORS:

I did not detect an odor of an alcoholic beverage coming from Colpitt.

GENERAL OBSERVATIONS

SPEECH: Slurred
ATTITUDE: Calm and cooperative then loud, upset and profane
CLOTHING: Dirty blue shirt, two toned pants, and black sandals
MEDICAL/OTHER: Several medications

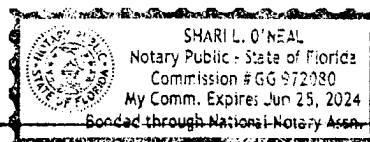
STATE OF FLORIDA
COUNTY OF PALM BEACH

(SIGNATURE OF ARRESTING OFFICER)

THE FORGOING INSTRUMENT WAS SWORN TO OR AFFIRMED AND SUBSCRIBED BEFORE ME THIS 19th DAY OF July, 2021 BY E. HERNANDEZ

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

NOTARY PUBLIC, CLERK OF COURT, OFFICER (FSS 17.10)



SUBJECT: STEVEN HAMILTON COLPITTSCASE #: 21-008678**ROADSIDE TASKS****HORIZONTAL GAZE NYSTAGMUS: 6 OF 6**☒ LT EYE - LACK OF SMOOTH PURSUIT☒ RT EYE - LACK OF SMOOTH PURSUIT☐ LT EYE - DISTINCT & SUSTAINED NYSTAGMUS AT MAX DEVIATION☐ RT EYE - DISTINCT & SUSTAINED NYSTAGMUS AT MAX DEVIATION☐ LT EYE - ONSET OF NYSTAGMUS PRIOR TO 45 DEGREES☐ RT EYE - ONSET OF NYSTAGMUS PRIOR TO 45 DEGREES**OTHER OBSERVATIONS:**

Colpitts' eyes were checked for pupil size and equal tracking; no abnormalities were noted. Colpitts had difficulty keeping his head still and maintaining his focus on the stimulus during this task. This task was ended prematurely due to Colpitts inability to follow directions and keep his gaze on the stimulus. Though sustained nystagmus could not be observed due to this issue, a distinct nystagmus at maximum deviation was observed in both eyes.

WALK & TURN: 6 OF 8

Colpitts was given all instruction and advised that he understood before starting this task. Colpitts was unable to balance during the instruction phase and moved out of the position multiple times. Colpitts stopped walking before the turn to ask how to proceed. Colpitts missed heel-to-toe steps several times during this task. Colpitts stepped off line multiple times and had to raise his arms for balance. Colpitts turned improperly during this task.

ONE LEG STAND: 4 OF 4

Colpitts was given all instruction and advised that he understood before starting this task. Colpitts hopped to keep from falling and then had to put his foot down. Colpitts used his arms for balance during this task and swayed.

FINGER TO NOSE: 4 OF 4

Colpitts was given all instruction and advised that he understood before starting this task. Colpitts did not return his arms to the side until given the next prompt. Colpitts had to be reminded to keep his eyes closed during this task and missed touching finger to nose multiple times. Colpitts did not use the wrong hand, but but asked for the prompt to be repeated one time during this task.

ROMBERG ALPHABET: 3 OF 4

Colpitts was given all instruction and advised that he understood before starting this task. Colpitts lost his balance and needed to take steps to keep from falling when getting into the position for this task. Colpitts swayed while standing during this task and began having errors in his alphabet before singing "LMNOP". Colpitts stated the following "...H, I, ..., H, I, J, K, Y, ("no"), LMNOP". After restarting, Colpitts excluded the letter "K" from the alphabet.

BREATH TEST RESULTS: 1) 0.000 2) 0.000 3) 4)STATE OF FLORIDA
COUNTY OF PALM BEACH

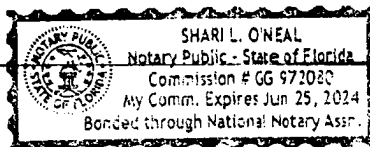
(SIGNATURE OF ARRESTING OFFICER)

1194

THE FORGOING INSTRUMENT WAS SWORN TO OR AFFIRMED AND SUBSCRIBED BEFORE ME THIS 19th DAY OF July, 2021 BY E. HERNANDEZ

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

NOTARY PUBLIC, CLERK OF COURT, OFFICER (PSS 17.10)



D.U.I. WITNESS LIST

CASE #: 21-008678

ARRESTING OFFICER: E. HERNANDEZ

ADDRESS: 300 W Atlantic Ave, Delray Beach, FL

PHONE NUMBERS (HOME): 561243-7800 (WORK): _____

CAN TESTIFY TO: DUI Investigation

NAME: Ofc. T. Green

ADDRESS: 300 W Atlantic Ave, Delray Beach, FL

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

CAN TESTIFY TO: Suspect behind the wheel

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: _____

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CAN TESTIFY TO: _____

NAME: _____

ADDRESS: _____

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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: _____

D.U.I. WITNESS LIST

CASE #: 21-008678

ARRESTING OFFICER: E. HERNANDEZ

ADDRESS: 300 W Atlantic Ave, Delray Beach, FL

PHONE NUMBERS (HOME): 561243-7800 (WORK):

CAN TESTIFY TO: DUI Investigation

NAME: Ofc. T. Green

ADDRESS: 300 W Atlantic Ave, Delray Beach, FL

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

CAN TESTIFY TO: Suspect behind the wheel

NAME:

ADDRESS:

PHONE NUMBERS (HOME): (WORK):

CAN TESTIFY TO:

NAME:

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CAN TESTIFY TO:

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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: DBPD OFC. HERNANDEZ #1194

SUBJECT: COLPITTS, STEVEN H.

CASE NUMBER: 21-087202

DATE: 07-19-21

VIDEO DVD NUMBER: N/A

BEGINNING TIME: 05:44 HRS

ENDING TIME: 06:01 HRS

BREATH TESTS RESULTS: 1) .000 TIME 05:50 A.M. ☒ P.M. ☐ 2) .000 TIME 05:53 A.M. ☒ P.M. ☐
3) TIME A.M. ☐ P.M. ☐ 4) TIME A.M. ☐ P.M. ☐

BREATH OPERATOR: S.O'NEAL #6212

MAINTENANCE TECHNICIAN: J. KARLECKE #6467

TESTING OFFICER'S OBSERVATIONS

SPEECH:

ATTITUDE: CALM, COOPERATIVE, MOODSWINGS, AGITATED, SARCASTIC, PROFANE

CLOTHING: SHIRT- LIGHT BLUE/DIRTY PANTS- NAVY BLUE/ LIGHT BLUE STRIPE

MEDICAL CONDITIONS: DIABETES, HIGH BLOOD PRESSURE, CHOLESTROL, SLEEPING PROBLEMS

MEDICATIONS: SEVERAL MEDS.

OTHER:

EYES: GLASSY, SLEEPY

COMMENTS:

20 MIN. OBSERVATION DONE BY A/O HERNANDEZ #1194
A/O REQUESTED THE BREATH TEST.
D SUBMITTED TO THE BREATH REQUEST.
D COMPLETED THE TEST CORRECTLY.
EXPALINED THE RESULTS TO THE D.
A/O REQUESTED URINE ON CAMERA.
D REFUSED THE URINE REQUEST.
A/O READ THE IMPLIED CONSENT ON CAMERA, D UNDERSTOOD THE I/C AS READ.
D STILL REFUSED THE URINE REQUEST AFTER THE I/C WAS READ. URINE REFUSAL AT 05:56 HRS.
C/W READ ON CAMERA, D STARTED ANSWERING Q&A THE REFUSED TO CONTIUNE.



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

PBSO CASE # 21-087202 PBSO ZONE 4-11

AGENCY CASE # 21-008678 CRASH CASE # _____

TIME OF CRASH/STOP 0409 DATE 7/19/21 DAY MONDAY

SUBJECT'S NAME STEVEN HAMILTON COLPITTS RACE W SEX M

HGT 600 WGT 215 DOB 08/01/69

LOCATION 3900 W ATLANTIC AVE, DELRAY BEACH, FL

ARRESTING OFFICER NAME & ID E. HERNANDEZ AGENCY DELRAY BEACH POLICE

1194

DIVISION PATROL

NOTIFIED BY COMM _____

ARRIVAL AT FACILITY 0522

TIME OF ARREST 0449

BREATH RESULTS:

1. .000
2. .000
3. Urine / Refused
- 4.

TESTING OFFICER'S ID 6212 PBSO VIDEOTAPE # /

**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: 80-006239 Software: 8100.27
Date of Test: 07/19/2021

Date of Last Agency Inspection: 07/16/2021

Observation Period Began: 05:22

Subject's Name: STEVEN H COLPITTS

DOB: 08/01/1969 Sex: M

The subject was observed for at least twenty-minutes prior to the administration of the breath test to ensure that the subject did not take anything orally and did not regurgitate.

Results:	Test	g/210L	Time
	Diagnostics Check	OK	05:48
	Air Blank	0.000	05:48
	Control Test	0.077	05:49
	Air Blank	0.000	05:49
	Subject Sample #1	0.000	05:50
	Air Blank	0.000	05:50
	Air Blank	0.000	05:52
	Subject Sample #2	0.000	05:53
	Air Blank	0.000	05:53
	Control Test	0.078	05:54
	Air Blank	0.000	05:54
	Diagnostics Check	OK	05:54

Cylinder Lot: 02021080A1
Exp: 03/05/2023

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 SHARI L O'NEAL, 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: 07-19-21
Signature

Sworn to (or affirmed) before me this 19 day of July, 2021

1194 Ofc. Hernandez #1194
Signature of Notary Public-State of Florida Printed Name of Notary Public-State of Florida

Note: Pursuant to section 117.10, Florida Statutes, law enforcement officers, correctional officers, traffic accident investigation officers and traffic infraction enforcement officers are notaries public when engaged in the performance of official duties. In accordance with section 316.1934(5), F.S., this completed form is admissible without further authentication and is presumptive proof of the results herein. To be used in accordance with Section 316.1934(5), F.S., and in administrative proceedings pursuant to 322.2615, F.S.

SUBJECT: COLPITTS, STEVEN H. CASE NUMBER: 21-00

QUESTIONS AND ANSWERS

I AM NOW GOING TO ASK YOU SOME QUESTIONS. WITH THESE RIGHTS IN MIND, YOU MAY ANSWER SOME OF, ALL OF, OR NONE OF THE FOLLOWING QUESTIONS AS YOU LIKE.

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

WHERE WERE YOU GOING? HOME FROM DENNY'S

WHAT STREET OR HIGHWAY WERE YOU ON? CONGRESS

DIRECTION OF TRAVEL? E WHERE DID YOU START? DENNY'S ON HYDOLUXO + MILITARY

WHAT TIME DID YOU START? 3AM WHAT TIME IS IT NOW? 6-630

WHAT IS TODAY'S DATE? 7/19/21 WHAT DAY OF THE WEEK IS IT? 8 MONDAY

WHAT COUNTY AND CITY ARE YOU IN NOW? PAW BEACH COUNTY / WPB

WHEN DID YOU LAST EAT? 430 PM 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

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

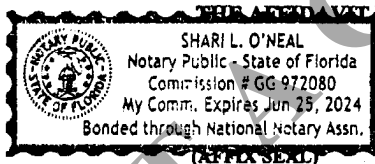
I, E. HERNANDEZ, a duly certified Law Enforcement Officer or Correctional Officer,
(Person Reading Implied Consent Warning)
am a member of DELRAY BEACH POLICE, and I do swear
(Name of Enforcement Agency)
or affirm that on or about the 19th day of July, 20 21, at 0449 P.M.
(Circle One)
NAME: STEVEN HAMILTON COLPITTS
(Type or Print) FIRST MIDDLE OR MAIDEN LAST
DL # C413788692810, state of Florida, was placed under lawful arrest for
the offense of DUI - Property Damage by E. HERNANDEZ and
(Name of Arresting Officer)
issued Citation # AE27K0E

That on or about the 19th day of July, 20 21, at 0556 P.M.
(Circle One)
In Palm Beach County, [PLEASE CHECK THE BOX OR BOXES THAT APPLY] I did request said

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

Said person did at that time and place refuse to submit to such test or tests.


Signature of Law Enforcement Officer or
Correctional Officer



The foregoing instrument was sworn and subscribed before
me this 19th day of July, 20 21,
by E. HERNANDEZ,

who is personally known to me or who has produced
_____ as identification

Notary Public 

The foregoing instrument was sworn and subscribed before me:

Signature of Attesting Officer

Title

Date

Note: Mail or hand deliver to the designated Bureau of Administrative Reviews office, Department of Highway Safety and Motor Vehicles, with the driver's license, the appropriate copy of the UTC, and the probable cause affidavit.



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

REVIEW COMPLETED BY

Booking Number: 2021017868	Date: 7/20/2021
	Specialist Name/ID: T Howard/7185