0530748

22CT5713

ARREST / NOTICE TO APPEAR
Juvenile Referral Report

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

Juvenile: 1 N

ADMINISTRATIVE

OBTS Number:

Agency ORI Number: FLO 5 0 2 6 0 0

Agency Name: PALM BEACH GARDENS POLICE DEPARTMENT

Agency Report Number: 78 - 22001785

Charge Type: Check as many as apply. ☐ 1. Felony ☐ 2. Traffic Felony ☐ 3. Misdemeanor ☒ 4. Traffic Misdemeanor ☐ 5. Ordinance ☐ 6. Other

Weapon Seized / Type: 1. Yes 2. No

Multiple Clearance Indicator:

Location of Arrest (Including Name of Business): ALT A1A/ RCA BLVD, PBG, FL

Location of Offense (Business Name, Address): ALT A1A/ KYOTO GARDENS DR, PBG, FL

Date of Arrest	Time of Arrest	Booking Date	Booking Time	Jail Date	Jail Time	Location of Vehicle
04/07/2022	23:41					4701 EAST AVE, WPB, FL

DEFENDANT

Name (Last, First, Middle): REFICI, SUSAN, A

Alias (Name, DOB, Soc. Sec. #, Etc.):

Race (W - White I - American Indian B - Black 0- Oriental/Asian)	Sex	Date of Birth	Height	Weight	Eye Color	Hair Color	Complexion	Build
W	F	4/24/1979	5'04	129	BLK	BROWN	LIGHT	SMALL

Scars, Marks, Tatoos, Unique Physical Features (Location, Type, Description): TRIBAL TATTO LOWER BACK

Marital Status: SINGLE

Religion: OTHER

Indication of: Alcohol Influence (Y ☑ N ☐ Unk. ☐) Drug Influence (Y ☐ N ☐ Unk. ☑)

Local Address (Street, Apt. Number) (City) (State) (Zip): 3661 QUAIL RIDGE DR NORTH, BOYNTON BEACH, FL 33436

Phone: (561) 322-9194

Residence Type: 1. City 2. County 3. Florida 4. Out of State: 2

Permanent Address (Street, Apt. Number) (City) (State) (Zip): 3661 QUAIL RIDGE DR NORTH, BOYNTON BEACH, FL 33436

Phone: (561) 322-9194

Address Source: SELF

Business Address (Name, Street) (City) (State) (Zip):

Phone:

Occupation: PILATES INSTRUCTOR

D/L Number, State	Soc. Sec. Number	INS Number	Place of Birth (City, State)	Citizenship
R120781796440 FL	[redacted]		KOREA	YES

CO-DEF

Co-Defendant Name (Last, First, Middle)	Race	Sex	Date of Birth	
				☐ 1. Arrested ☐ 2. At Large ☐ 3. Felony ☐ 4. Misdemeanor ☐ 5. Juvenile
				☐ 1. Arrested ☐ 2. At Large ☐ 3. Felony ☐ 4. Misdemeanor ☐ 5. Juvenile

JUVENILE

☐ Parent ☐ Legal Custodian ☐ Other:

Name (Last) (First) (Middle):

Residence Phone:

Address (Street, Apt. Number) (City) (State) (Zip):

Business Phone:

Notified by: (Name) Date Time

Juvenile Disposition: 1. Handled/ processed within Dept. and Released. 2. TOT HRS / DYS 3. Incarcerated

Released To: (Name) Relationship Date Time

The above address provided by ☐ defendant and / or ☐ 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. ☐ Yes, by: (Name) ☐ No: (Reason)

School Attended Grade

Property Crime? ☐ Yes ☐ No

Description of Property

Value of Property

CODE

Drug Activity: N. N/A P. Possess S. Sell B. Buy T. Traffic 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

Charge Description	Counts	Domestic Violence	Statute Violation Number	Violation of ORD #
DUI- NORMAL FACULTIES IMPAIRED	1	☐Y ☒N	316.193(1)(A)	

Drug Activity	Drug Type	Amount / Unit	Offense #	Warrant / Capias Number	Bond
NA					OR

CHARGE

Charge Description	Counts	Domestic Violence	Statute Violation Number	Violation of ORD #
Refused to sign citation	1	☐Y ☒N	318.14(3)	

Drug Activity	Drug Type	Amount / Unit	Offense #	Warrant / Capias Number	Bond
					OR

CHARGE

Charge Description	Counts	Domestic Violence	Statute Violation Number	Violation of ORD #
		☐Y ☐N		

Drug Activity	Drug Type	Amount / Unit	Offense #	Warrant / Capias Number	Bond

CHARGE

Charge Description	Counts	Domestic Violence	Statute Violation Number	Violation of ORD #
		☐Y ☐N		

Drug Activity	Drug Type	Amount / Unit	Offense #	Warrant / Capias Number	Bond

NOTICE TO APPEAR

Location (Court Room Number, Address): NORTH COUNTY COURTHOUSE, 3188 PGA BOULEVARD, PALM BEACH GARDENS, FL 33410 - PH: (561) 662-6700

Court Date and Time: Month May Day 11 Year 2022 Time 10:00 AM ✔ 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)

04/07/2022
Date Signed

NR

ADMIN

HOLD for other Agency Name:

☐ Dangerous ☐ Resisted Arrest ☐ Suicidal ☐ Other:

Intake Deputy ID # Pouch #

Signature of Arresting Officer: X

Name of Arresting Officer (Print): Ofc. E. Hinson I.D. # 546

Transporting Officer: Ofc. J. Lovett ID # 523 Agency PBGPD

Name Verification (Printed by Arrestee) (PRINT)

Witness here if subject signed with an -X"

PAGE 1 OF 1

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

D.U.I. PROBABLE CAUSE AFFIDAVIT

On the 7th day of APRIL 2022 at 2327 ☐ AM ☑ PM

Subject: REFICI, SUSAN, A Case Number: 22001785

Agency: *PALM BEACH GARDENS POLICE DEPARTMENT* Arresting Officer: Ofc. E. Hinson 546

PERSONAL CONTACT

DRIVING PATTERN: (Actual Physical Control; Physical Evidence or Statements Putting Defendant Behind Wheel of Vehicle)

Ofc. Lovett initiated a traffic stop on a black in color Jeep SUV bearing Fl tag HARZ22. Prior to the stop, the vehicle violated the FL move over law, by nearly rear-ending Ofc. Lovett's marked patrol vehicle while he was on an active traffic stop and continued passing him in the center through lane of a 3 lane highway, while the traffic stop was being conducted in the right lane. I arrived on scene as a back up officer to conduct a DUI investigation.

OBSERVATION OF DRIVER:

Ofc. Lovett advised when he made contact with the driver and sole occupant of the vehicle he observed Refici's eyes to be bloodshot and glassey, as well as having slurred speech. Upon my initial contact with Refici, I also observed her to have bloodshot and glassey eyes, as well as having slurred speech. Refici also appeared to have lethargic movements.

DRIVER STATEMENTS:

Upon speaking with Refici, I asked her where she was coming from and where she was heading. Refici advised she was coming from a friends house in Admirals Cove and heading to another friends house in PGA National. Based on the direction she was coming from and the direction she was heading, it was inconsistant with the direction to PGA National in which she advised she was heading to. During questioning Refici, I asked her if she had any drinks tonight in which she advised she had a drink. I asked her what kind of drink and she stated it was a glass of red wine.

ODORS: Ofc. Lovett advised he detected an odor of an alcholic beverage. Upon my contact I also detected an odor of an alcholic beverage.

GENERAL OBSERVATIONS

SPEECH: SLURRED

ATTITUDE: COMPLIANT

CLOTHING: CASUAL

MEDICAL/OTHER: NONE

STATE OF FLORIDA
COUNTY OF PALM BEACH

546
SIGNATURE OF ATTESTING OFFICER

The forgoing instrument was sworn to or affirmed and subscribed before me this 8TH day of APRIL 20 22 by Ofc. E. Hinson 546 who is ☐ personally known to me or ☐ produced _____.

Notary Public, Clerk of Court, Officer (FSS 117.10)

Notary Public State of Florida
Thomas H Leahey
My Commission GG 347108
Expires 06/20/2023

STAMP

D.U.I. PROBABLE CAUSE AFFIDAVIT Cont.

Subject: **REFICI, SUSAN, A** Case Number: **22001785**

ROADSIDE TASKS

HORIZONTAL GAZE NYSTAGMUS:

LEFT EYE	*RIGHT EYE*
☑ Lack of Smooth Pursuit	☑ Lack of Smooth Pursuit
☑ Distinct & Sust. Nystag. at Max. Deviation	☑ Distinct & Sust. Nystag. at Max. Deviation
☑ Onset of Nystagmus Prior to 45 Degrees	☑ Onset of Nystagmus Prior to 45 Degrees

Other Observations:

Refici stated she understood all instructions. I observed an orbital sway during HGN test.

Walk and Turn ☒

Refici stated she understood all instructions. During her first sequence of steps, Refici stepped off line twice during her first step. She also stepped off line on step 9. Refici missed heel to toe on steps 5 through 9. Refici did not perform the turn around as instructed. Refici stepped off line while preparing for the second sequence of steps. Refici missed heel to toe on every step of the second sequence.

One Leg Stand ☒

Refici stated she understood all instructions. During the exercise, I observed Refici to be swaying. During the exercise, Refici did not raise her foot approximately six inches off the ground as instructed. She was instructed to count to 30, but Refici stopped at one thousand nine, and had to be told to continue counting. Refici continued counting but once again stopped and asked what she needed to count to.

Refused to sign criminal citation after being told by officer it was unlawful.

BREATH RESULTS: 1) Refused @ _____ **2)** Refused @ _____ **3)** _____ @ _____ **4)** _____ @ _____

STATE OF FLORIDA
COUNTY OF PALM BEACH

546
SIGNATURE OF ATTESTING OFFICER

The forgoing instrument was sworn to or affirmed and subscribed before me this 8TH day of APRIL 20 22 by Ofc. E. Hinson 546 who is ☑ personally known to me or ☐ produced _____.

Notary Public, Clerk of Court, Officer (FSS 117.10)

Notary Public State of Florida
Thomas H Leahey
My Commission GG 347108
Expires 06/20/2023

STAMP

22001785

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

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

am a member of PALM BEACH GARDENS POLICE DEPARTMENT, and I do swear
(Name of law enforcement agency)

or affirm that on or about the 7th day of April, 20 22, at 23:41 ☑ P.M ☐ A.M.

DRIVER SUSAN A REFICI,
(Type or Print) FIRST NAME MIDDLE OR MAIDEN NAME LAST NAME

DL# R120781796440, state of FL, was placed under lawful arrest for

the offense of DUI- NORMAL FACULTIES IMPAIRED by Ofc. E. Hinson and
(Name of Arresting Officer)

issued Citation # AECRRKE.

That on or about the 8TH day of APRIL, 20 22, at 0044 ☐ P.M ☑ A.M.

in PALM BEACH County,

I requested that the driver submit to a X **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.

546
Signature of Law Enforcement Officer or Correctional Officer

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

Notary Public State of Florida
Thomas H Leahey
My Commission GG 347108
Expires 06/20/2023
(AFFIX SEAL)

The foregoing instrument was sworn and subscribed before me this 8TH day of APRIL, 20 22, by Ofc. E. Hinson, who is personally known to me or who has produced Driver License as identification.

Notary Public T Leahey

The foregoing instrument was sworn and subscribed before me:

Signature of Attesting Officer

Title

Date

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

HSMV-BAR1001 (REV. 10/2016)

TESTING FACILITY TASK REPORT

AGENCY: PBG

SUBJECT: Refici, Susan A

CASE NUMBER: 22-054679

DATE: Apr 8, 2022

VIDEO DVD NUMBER: n/a

BEGINNING TIME: 0039

ENDING TIME: 0045

BREATH TESTS RESULTS: 1) R TIME 0044 A.M.☒ P.M.☐ 2) n/a TIME 0 A.M.☐ P.M.☐

3) 0 TIME n/a A.M.☐ P.M.☐ 4) n/a TIME 0 A.M.☐ P.M.☐

BREATH OPERATOR: Thomas H Leahey #19183

MAINTENANCE TECHNICAN: Jason Karlecke #6467

TESTING OFFICER'S OBSERVATIONS

SPEECH: thick, slurred

ATTITUDE: talkative, cooperative

CLOTHING: gray sweat pants, gray l/s shirt, brown sandals

MEDICAL CONDITIONS: none

MEDICATIONS: none

OTHER:

eyes are glassy & bloodshot
odor of unknown alcoholic beverage on breath

REFUSED

COMMENTS:

arrived at center A/O conducted 20 minute observation period 0017 hrs

subject refused to perform breath test - I want a lawyer present

A/O read I/C 2X & tech explained I/C & subject understood I/C

subject refused to perform breath test - I want a lawyer

REFUSED

A/O called refusal @ 0044

A/O did not read rights

subject invoked right to counsel

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

PBSO #01298 REV. 06/11

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: _____

DUI WITNESS LIST

22001785

Arresting Officer: Ofc. E. Hinson 546 Email: ehinson@pbgfl.com
Agency Address: 10500 N. Military Trl, PBG, FL 33410 Phone: (561) 799-4445
Can Testify To: Investigation

Backup Officers: Ofc. J. Lovett 523
Agency Address: 10500 N. Military Trl, PBG, FL 33410 Phone: (561) 799-4445
Can Testify To: Traffic stop

Crash Investigator: _____ Email: _____
Agency Address: _____ Phone: _____

Breathalyzer Technician: _____ ID: _____ Agency: _____

DRE: _____ ID# _____ Agency Case #: _____
Agency Address: _____ Phone: _____ Email: _____

Name: Ofc. A. Flink 514 Involvement: SFST's
Address: 10500 N. Military Trl. PBG, FL 33410 Phone: (561) 799-4445
Can Testify To: SFST's ☐ Wheel Witness

Name: _____ Involvement: _____
Address: _____ Phone: _____
Can Testify To: _____ ☐ Wheel Witness

Name: _____ Involvement: _____
Address: _____ Phone: _____
Can Testify To: _____ ☐ Wheel Witness

Name: _____ Involvement: _____
Address: _____ Phone: _____
Can Testify To: _____ ☐ Wheel Witness

Name: _____ Involvement: _____
Address: _____ Phone: _____
Can Testify To: _____ ☐ Wheel Witness

Name: _____ Involvement: _____
Address: _____ Phone: _____
Can Testify To: _____ ☐ Wheel Witness

HINSON
(546)

22001785

FLORIDA DUI UNIFORM TRAFFIC CITATION AECRRKE

COMPLAINT

COUNTY OF	☐ (1) F.H.P. ☒ (2) P.D. ☐ (3) S.O. ☐ (4) OTHER
PALM BEACH	AGENCY NAME Palm Beach Gardens Police
CITY (IF APPLICABLE)	AGENCY # 78
PALM BEACH GARDENS	COMPLAINT (RETAINED BY COURT)

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

DAY OF WEEK	MONTH	DAY	YEAR	
FRIDAY	04	08	2022	01:48 ☒ A.M. ☐ P.M.

NAME (PRINT): FIRST SUSAN | MIDDLE A | LAST REFICI

IF DIFFERENT THAN ONE ON DRIVER LICENSE "X" HERE ▶

STREET: 3667 QUAIL RIDGE DR - N

CITY: BOYNTON BEACH | STATE: FL | ZIP CODE: 33436

TELEPHONE NUMBER	DATE OF BIRTH MO	DAY	YR	RACE	SEX	HGT
(561)322-9194	04	24	1979	A	F	504

DRIVER LICENSE NUMBER: R 1 2 0 7 8 1 7 9 6 4 4 0

STATE	CLASS	CDL LICENSE	YR LICENSE EXP.	COMMERCIAL VEHICLE
FL	E	☐ Y ☒ N	2024	☐ YES ☒ NO

YR. VEHICLE	MAKE	STYLE	COLOR	PLACARDED HAZARDOUS MATERIAL
2018	JEEP	UT	BLK	☐ YES ☒ NO

VEHICLE LICENSE NO.	TRAILER TAG NO.	STATE	YEAR TAG EXPIRES	≥ 15 PASSENGERS
HARZ22		FL	2023	☐ YES ☒ NO

UPON A PUBLIC STREET OR HIGHWAY, OR OTHER LOCATION, NAMELY: ALT A1A/KYOTO GARDENS DR, PALM BEACH GARDENS

MOTORCYCLE ☐ YES ☒ NO

COMMERCIAL CITATION ☐ YES ☒ NO

FT. ____ INCHES ____ WT. ____ EYES ____ HAIR ____ OF MODE ____

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 FACULTIES WERE IMPAIRED, OR WITH A BLOOD OR BREATH ALCOHOL LEVEL OF .08 OR ABOVE OF ____.

CONDITIONS PERTAINING TO OFFENSE (OR AS OTHERWISE NOTED): DUI - NORMAL FACULTIES IMPAIRED

RELEASE ☐ YES ☒ NO

☐ AGGRESSIVE DRIVER | PASSENGER < 18 YEARS ☐ YES ☒ NO | STATE STATUTE | SECTION 316.193 | SUBSECTION (1)(A)

CRASH	DAMAGE TO OTHER PROPERTY	INJURY TO ANOTHER	SERIOUS BODILY INJURY TO ANOTHER	FATAL
☐ YES ☒ NO	☐ YES $ ____ ☒ NO	☐ YES ☒ NO	☐ YES ☒ NO	☐ YES ☒ NO

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

COURT DATE [redacted]/2022 AECRRKE

COURT LOCATION [redacted] NORTH COUNTY COURTHOUSE ANNEX CENTER

[redacted] PGA BOULEVARD, PBG, FL [redacted]

ARREST DELAYED TO ____ DATE ____

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 MY SIGNATURE IS NOT AN ADMISSION OF GUILT OR WAIVER OF RIGHTS. IF YOU NEED REASONABLE HEARING ACCOMMODATIONS TO COMPLY WITH THIS CITATION, CONTACT THE CLERK OF THE COURT.

Refused to [redacted]

X SIGNATURE OF VIOLATOR

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 REFUSAL

ELIGIBLE FOR PERMIT? ☒ YES ☐ NO REASON VALID DL

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 LAUDERDALE LAKES 33311-1151 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 REVERSE SIDE.

RANK - SIGNATURE OF OFFICER	BADGE NO.	ID NO.	TROOP/UNIT
	546		RP

HSMV 73984 (Rev. 10/14)

CASE NO. ____ DOCKET NO. ____ PAGE NO. ____

DATE	COURT ACTION AND OTHER ORDERS
	BAIL FIXED AT $ ____ OR CASH DEPOSIT OF $ ____ SIGNATURE OF PERSON GIVING BAIL SIGNATURE OF PERSON TAKING BAIL
	FINE IN THE AMOUNT OF $ ____ RECEIVED AS REQUIRED BY COURT SCHEDULE. SIGNATURE OF CLERK
	CONTINUANCE TO ____ REASON ____
	CONTINUANCE TO ____ REASON ____
	BOND ESTREATED ____
	WARRANT ISSUED ____
	VIOLATOR FAILED TO APPEAR-DRIVER LICENSE SUSPENDED
	VIOLATOR ARRAIGNED ON ____ (DATE) PLEA: ____ FINDING: ____ ADJUDICATION: ____ SENTENCE: FINE ____ COST ____ JAILED ____ DAYS DRIVER IMPROVEMENT SCHOOL ____ OTHER ____ DRIVER LICENSE SUSPENDED OR REVOKED FOR ____ DAYS RECOMMEND DRIVER LICENSE SUSPENSION FOR ____ DAYS RECOMMEND RE-TEST ____ SIGNATURE OF JUDGE
	TESTIMONY - JUDGE'S NOTES (OR OTHER COURT ORDERS):
	APPEAL BOND OF $ ____
	VIOLATOR'S FINGERPRINT WHEN APPLICABLE ⟶

HINSON (546) 22001785 $ 163.00

FLORIDA UNIFORM TRAFFIC CITATION AECRRNE

COUNTY OF: PALM BEACH
CITY (IF APPLICABLE): PALM BEACH GARDENS
☐ (1) F.H.P. ☒ (2) P.D. ☐ (3) S.O. ☐ (4) OTHER
AGENCY NAME: Palm Beach Gardens
AGENCY #: 78

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

COMPLAINT (RETAINED BY COURT)

DAY OF WEEK	MONTH	DAY	YEAR	TIME
FRIDAY	04	08	2022	01:48 ☒ A.M. ☐ P.M.

NAME (FIRST) SUSAN | MIDDLE A | LAST REFICI

STREET: 3667 QUAIL RIDGE DR - N (IF DIFFERENT THAN ONE ON DRIVER LICENSE "A" HERE)

CITY: BOYNTON BEACH | STATE: FL | ZIP CODE: 33436

TELEPHONE NUMBER: (561)322-9194 | DATE OF BIRTH: MO 04 DAY 24 YR 1979 | RACE: A | SEX: F | HGT: 504

DRIVER LICENSE NUMBER: R120781796440
STATE: FL | CLASS: E | CDL LICENSE: ☐ YES ☒ NO | YR LICENSE EXP.: 2024 | COMMERCIAL VEHICLE: ☐ YES ☒ NO

YR VEHICLE: 2018 | MAKE: JEEP | STYLE: UT | COLOR: BLK | PLACARDED HAZ. MATERIAL: ☐ YES ☒ NO

VEHICLE LICENSE NO.: HARZ22 | TRAILER TAG NO.: | STATE: FL | YEAR TAG EXPIRES: 2023 | ≥ 10 PASSENGERS: ☐ YES ☒ NO

UPON A PUBLIC STREET OR HIGHWAY, OR OTHER LOCATION, NAMELY: ALT A1A/KYOTO GARDENS DR, PALM BEACH GARDENS | MOTORCYCLE: ☐ YES ☒ NO | COMMERCIAL CITATION NUMBER(S): ☐ YES ☒ NO

FT. ____ WGT. ____ ☐ B ☐ S ☐ E ☐ M OF HOSE ____

DID UNLAWFULLY COMMIT THE FOLLOWING OFFENSE. CHECK ONLY ONE OFFENSE EACH CITATION.

☐ UNLAWFUL SPEED ____ MPH SPEED APPLICABLE ____ MPH
(☐ INTERSTATE ☐ SCHOOL ZONE ☐ CONSTRUCTION WORKERS PRESENT)
SPEED MEASUREMENT DEVICE:

- ☐ CARELESS DRIVING
- ☐ VIOLATION OF TRAFFIC CONTROL DEVICE
- ☐ FAILURE TO STOP AT A TRAFFIC SIGNAL
- ☐ IMPROPER LANE CHANGE OR COURSE
- ☐ NO PROOF OF INSURANCE
- ☐ VIOLATION OF RIGHT-OF-WAY
- ☐ CHILD RESTRAINT
- ☐ SAFETY BELT VIOLATION
- ☐ IMPROPER OR UNSAFE EQUIPMENT
- ☐ EXPIRED TAG SIX (6) MONTHS OR LESS
- ☐ EXPIRED TAG MORE THAN SIX (6) MONTHS
- ☐ IMPROPER PASSING
- ☐ EXPIRED DRIVER LICENSE SIX (6) MONTHS OR LESS
- ☐ EXPIRED DRIVER LICENSE MORE THAN SIX (6) MONTHS
- ☐ NO VALID DRIVER LICENSE
- ☐ DRIVING WHILE LICENSE SUSPENDED OR REVOKED
- ☐ DRIVING UNDER THE INFLUENCE
  - ☐ Passenger Under 18 Yrs
  - BAL ____

OTHER VIOLATIONS OR COMMENTS PERTAINING TO OFFENSE: CITATION - REFUSE TO SIGN/ACCEPT CITATION
RE-EXAM: ☐ YES ☒ NO | CDL SERVED: ☐ YES ☒ NO

☐ AGGRESSIVE DRIVING | IN VIOLATION OF STATE STATUTE | SECTION: 318.14 | SUB-SECTION: (3)

CRASH	PROPERTY DAMAGE	INJURY TO ANOTHER	SERIOUS BODILY INJURY TO ANOTHER	FATAL
☐ YES ☒ NO	☐ YES $ ____ ☒ NO	☐ YES ☒ NO	☐ YES ☒ NO	☐ YES ☒ NO

☒ CRIMINAL VIOLATION. COURT APPEARANCE REQUIRED. AS INDICATED BELOW.
☐ INFRACTION. COURT APPEARANCE REQUIRED. AS INDICATED BELOW.
☐ INFRACTION WHICH DOES NOT REQUIRE APPEARANCE IN COURT.

AECRRNE

CIVIL PENALTY IS $ 163.00
COURT INFORMATION: DATE 05/11/2022 TIME 10:00 AM
COURT: NORTH COUNTY GOVERNMENT CENTER
LOCATION: 3188 PGA Boulevard PBG, FL 33410

ADDITIONAL COMMENTS:

ARREST DELIVERED TO ____ DATE ____

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 MY SIGNATURE IS NOT AN ADMISSION OF GUILT OR WAIVER OF RIGHTS. IF YOU NEED REASONABLE FACILITY ACCOMMODATIONS TO COMPLY WITH THIS CITATION, CONTACT THE CLERK OF COURT.

X SIGNATURE OF VIOLATOR (SIGNATURE IS REQUIRED IF INFRACTION REQUIRES APPEARANCE IN COURT)

RANK - NAME OF OFFICER	BADGE NO.	ID. NO.	TROOP UNIT
	546		RP

☒ I CERTIFY THIS CITATION WAS DELIVERED TO THE PERSON CITED ABOVE AND CERTIFY THE CHARGE ABOVE

ADDITIONAL OFFICER:

RANK - NAME OF OFFICER	BADGE NO.	ID. NO.	TROOP UNIT
LOVETT, J.	523		

HSMV 75981 (Rev. 06/19)

COMPLAINT

WHEN PRESENTED TO VIOLATOR, THE FOLLOWING AMOUNT WAS ENTERED.
PAY A CIVIL PENALTY IN THE AMOUNT OF $ ____

CASE NO. ____ DOCKET NO. ____ PAGE NO. ____

DATE	COURT ACTION AND OTHER ORDERS
	BAIL FIXED AT $ ____ OR CASH DEPOSIT OF $ ____ SIGNATURE OF PERSON GIVING BAIL SIGNATURE OF PERSON TAKING BAIL
	FINE IN THE AMOUNT OF $ ____ RECEIVED AS REQUIRED BY COURT SCHEDULE ____ SIGNATURE OF CLERK
	CONTINUANCE TO ____ REASON ____
	CONTINUANCE TO ____ REASON ____
	BOND ESTREATED ____
	WARRANT ISSUED ____
	VIOLATOR FAILED TO APPEAR-DRIVER LICENSE SUSPENDED
	VIOLATOR ARRAIGNED ON ____ (DATE) PLEA: ____ FINDING: ____ ADJUDICATION: ____ SENTENCE: FINE ____ COST ____ JAILED ____ DAYS DRIVER IMPROVEMENT SCHOOL ____ OTHER ____ DRIVER LICENSE SUSPENDED OR REVOKED FOR ____ DAYS RECOMMEND DRIVER LICENSE SUSPENSION FOR ____ DAYS RECOMMEND RE-TEST ____ SIGNATURE OF JUDGE
	TESTIMONY - JUDGE'S NOTES (OR OTHER COURT ORDERS):
	APPEAL BOND OF $ ____
	VIOLATOR'S FINGERPRINT WHEN APPLICABLE →

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	☐	119.071(2)(d)	Surveillance techniques, procedures and personnel; inventory of law enforcement resources, policies or plans pertaining to mobilization deployment or tactical operations.	
	☐	943.053, 943.0525	NCIC/FCIC/FBI and in-state FDLE/DOC.	
	☐	119.071(4)(c)	Undercover personnel.	
	☐	119.071(2)(f)	Confidential informants (CIs).	
	☐	119.071(2)(e)	Confession.	
Public Info. Exemptions	☐	985.04(1)	Juvenile offender records.	
	☐	119.071(h)(i)	Assets of a crime victim.	
	☐	395.3025(7)(a), 456.057(7)(a)	Medical information.	
	☐	394.4615(7)	Mental health information.	
	☐	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)	☒	(iii) 119.0714(1)(i)-(j), (2)(a)-(e)	Social Security, bank account, charge, debit, and credit card numbers.	2
	☐	(viii) 394.4615(7)	Clinical records under the Baker Act.	
	☐	(xii) 741.30(3)(b)	The victim's address in a domestic violence action on petitioner's request.	
	☐	(xiii) 119.071(2)(h), 119.0714(1)(h)	Protected information regarding victims of child abuse or sexual offenses.	
	☐			
	☐			
	☐			
	☐			
	☐			
Other	☐		Other:	
	☐		Other:	

REVIEW COMPLETED BY

Booking Number: 2022009120	**Date:** 4/8/2022
	Specialist Name/ID: Chantel Daniels/30347

0530748

22CT5713 Mx

ARREST / NOTICE TO APPEAR
Juvenile Referral Report

OBTS Number

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

ADMINISTRATIVE

Agency ORI Number	Agency Name	Agency Report Number
FLO 5 0 2 6 0 0	PALM BEACH GARDENS POLICE DEPARTMENT	78 - 22001785

NR

Charge Type: Check as many as apply. ☐ 1. Felony ☐ 2. Traffic Felony ☐ 3. Misdemeanor ☒ 4. Traffic Misdemeanor ☐ 5. Ordinance ☐ 6. Other

Weapon Seized / Type: 1. Yes 2. No

Multiple Clearance Indicator

Location of Arrest (Including Name of Business)	Location of Offense (Business Name, Address)
ALT A1A/ RCA BLVD, PBG, FL	ALT A1A/ KYOTO GARDENS DR, PBG, FL

Date of Arrest	Time of Arrest	Booking Date	Booking Time	Jail Date	Jail Time	Location of Vehicle
04/07/2022	23:41					4701 EAST AVE, WPB, FL

DEFENDANT

Name (Last, First, Middle): REFICI, SUSAN, A

Alias (Name, DOB, Soc. Sec. #, Etc.)

Race (W - White I - American Indian B - Black 0- Oriental/Asian)	Sex	Date of Birth	Height	Weight	Eye Color	Hair Color	Complexion	Build
W	F	4/24/1979	5'04	129	BLK	BROWN	LIGHT	SMALL

Scars, Marks, Tatoos, Unique Physical Features (Location, Type, Description): TRIBAL TATTO LOWER BACK

Marital Status: SINGLE | Religion: OTHER

Indication of: Alcohol Influence Y ☑ N ☐ Unk. ☐; Drug Influence Y ☐ N ☐ Unk. ☑

Local Address (Street, Apt. Number) (City) (State) (Zip): 3661 QUAIL RIDGE DR NORTH, BOYNTON BEACH, FL 33436

Phone: (561) 322-9194

Residence Type: 1. City 2. County 3. Florida 4. Out of State | 2

Permanent Address (Street, Apt. Number) (City) (State) (Zip): 3661 QUAIL RIDGE DR NORTH, BOYNTON BEACH, FL 33436

Phone: (561) 322-9194

Address Source: SELF

Business Address (Name, Street) (City) (State) (Zip):

Phone:

Occupation: PILATES INSTRUCTOR

D/L Number, State	Soc. Sec. Number	INS Number	Place of Birth (City, State)	Citizenship
R120781796440 FL	[redacted]		KOREA	YES

CO-DEF

Co-Defendant Name (Last, First, Middle)	Race	Sex	Date of Birth	
				☐ 1. Arrested ☐ 2. At Large ☐ 3. Felony ☐ 4. Misdemeanor ☐ 5. Juvenile
Co-Defendant Name (Last, First, Middle)	Race	Sex	Date of Birth	
				☐ 1. Arrested ☐ 2. At Large ☐ 3. Felony ☐ 4. Misdemeanor ☐ 5. Juvenile

JUVENILE

☐ Parent ☐ Legal Custodian ☐ Other: Name (Last) (First) (Middle) — Residence Phone

Address (Street, Apt. Number) (City) (State) (Zip) — Business Phone

Notified by: (Name)	Date	Time	Juvenile Disposition
			1. Handled/ processed within Dept. and Released. 2. TOT HRS / DYS 3. Incarcerated

Released To: (Name)	Relationship	Date	Time

The above address provided by ☐ defendant and / or ☐ 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. ☐ Yes, by: (Name) ☐ No: (Reason)

School Attended — Grade

Property Crime? ☐ Yes ☐ No — Description of Property — Value of Property

CODE

Drug Activity: N. N/A P. Possess S. Sell B. Buy T. Traffic 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

Charge Description	Counts	Domestic Violence	Statute Violation Number	Violation of ORD #
DUI- NORMAL FACULTIES IMPAIRED	1	☐Y ☒N	316.193(1)(A)	

Drug Activity	Drug Type	Amount / Unit	Offense #	Warrant / Capias Number	Bond
NA					OR

CHARGE

Charge Description	Counts	Domestic Violence	Statute Violation Number	Violation of ORD #
Refused to sign citation	1	☐Y ☒N	318.14(3)	

Drug Activity	Drug Type	Amount / Unit	Offense #	Warrant / Capias Number	Bond
					OR

CHARGE

Charge Description	Counts	Domestic Violence	Statute Violation Number	Violation of ORD #
		☐Y ☐N		

Drug Activity	Drug Type	Amount / Unit	Offense #	Warrant / Capias Number	Bond

CHARGE

Charge Description	Counts	Domestic Violence	Statute Violation Number	Violation of ORD #
		☐Y ☐N		

Drug Activity	Drug Type	Amount / Unit	Offense #	Warrant / Capias Number	Bond

NOTICE TO APPEAR

Location (Court Room Number, Address): NORTH COUNTY COURTHOUSE, 3188 PGA BOULEVARD, PALM BEACH GARDENS, FL 33410 - PH: (561) 662-6700

Court Date and Time: Month May Day 11 Year 2022 Time 10:00 AM ✔ PM

I AGREE TO APPEAR AT THE TIME AND PLACE DESIGNATED TO ANSWER THE OFFENSE CHARGED OR TO PAY THE FINE SUBSCRIBED. I UNDERSTAND THAT SHOULD I WILLFULLY FAIL TO APPEAR BEFORE THE COURT AS REQUIRED BY THIS NOTICE TO APPEAR, THAT I MAY BE HELD IN CONTEMPT OF COURT AND A WARRANT FOR MY ARREST SHALL BE ISSUED

Signature of Defendant (or Juvenile and Parent /Custodian) — Date Signed: 04/07/2022

NR

ADMIN

HOLD for other Agency Name:

☐ Dangerous ☐ Resisted Arrest ☒ Suicidal ☐ Other:

Intake Deputy [illegible] Pouch #

Signature of Arresting Officer: X

Name of Arresting Officer (Print): Ofc. E. Hinson I.D. #: 546

Transporting Officer: Ofc. J. Lovett ID #: 523 Agency: PBGPD

Name Verification (Printed by Arrestee) (PRINT)

Witness here if subject signed with an -X-

PAGE 1 OF 1

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

D.U.I. PROBABLE CAUSE AFFIDAVIT

On the 7th day of APRIL 2022 at 2327 ☐ AM ☑ PM

Subject: REFICI, SUSAN, A Case Number: 22001785

Agency: PALM BEACH GARDENS POLICE DEPARTMENT Arresting Officer: Ofc. E. Hinson 546

PERSONAL CONTACT

DRIVING PATTERN: (Actual Physical Control; Physical Evidence or Statements Putting Defendant Behind Wheel of Vehicle)

Ofc. Lovett initiated a traffic stop on a black in color Jeep SUV bearing Fl tag HARZ22. Prior to the stop, the vehicle violated the FL move over law, by nearly rear-ending Ofc. Lovett's marked patrol vehicle while he was on an active traffic stop and continued passing him in the center through lane of a 3 lane highway, while the traffic stop was being conducted in the right lane. I arrived on scene as a back up officer to conduct a DUI investigation.

OBSERVATION OF DRIVER:

Ofc. Lovett advised when he made contact with the driver and sole occupant of the vehicle he observed Refici's eyes to be bloodshot and glassey, as well as having slurred speech. Upon my initial contact with Refici, I also observed her to have bloodshot and glassey eyes, as well as having slurred speech. Refici also appeared to have lethargic movements.

DRIVER STATEMENTS:

Upon speaking with Refici, I asked her where she was coming from and where she was heading. Refici advised she was coming from a friends house in Admirals Cove and heading to another friends house in PGA National. Based on the direction she was coming from and the direction she was heading, it was inconsistant with the direction to PGA National in which she advised she was heading to. During questioning Refici, I asked her if she had any drinks tonight in which she advised she had a drink. I asked her what kind of drink and she stated it was a glass of red wine.

ODORS: Ofc. Lovett advised he detected an odor of an alcholic beverage. Upon my contact I also detected an odor of an alcholic beverage.

GENERAL OBSERVATIONS

SPEECH: SLURRED

ATTITUDE: COMPLIANT

CLOTHING: CASUAL

MEDICAL/OTHER: NONE

STATE OF FLORIDA
COUNTY OF PALM BEACH

546
SIGNATURE OF ATTESTING OFFICER

The forgoing instrument was sworn to or affirmed and subscribed before me this 8TH day of APRIL 20 22 by Ofc. E. Hinson 546 who is ☐ personally known to me or ☐ produced _____.

Notary Public, Clerk of Court, Officer (FSS 117.10)

Notary Public State of Florida
Thomas H Leahey
My Commission GG 347108
Expires 06/20/2023

STAMP

D.U.I. PROBABLE CAUSE AFFIDAVIT Cont.

Subject: **REFICI, SUSAN, A** Case Number: **22001785**

ROADSIDE TASKS

HORIZONTAL GAZE NYSTAGMUS:

LEFT EYE	*RIGHT EYE*
☑ Lack of Smooth Pursuit	☑ Lack of Smooth Pursuit
☑ Distinct & Sust. Nystag. at Max. Deviation	☑ Distinct & Sust. Nystag. at Max. Deviation
☑ Onset of Nystagmus Prior to 45 Degrees	☑ Onset of Nystagmus Prior to 45 Degrees

Other Observations:

Refici stated she understood all instructions. I observed an orbital sway during HGN test.

Walk and Turn ☒

Refici stated she understood all instructions. During her first sequence of steps, Refici stepped off line twice during her first step. She also stepped off line on step 9. Refici missed heel to toe on steps 5 through 9. Refici did not perform the turn around as instructed. Refici stepped off line while preparing for the second sequence of steps. Refici missed heel to toe on every step of the second sequence.

One Leg Stand ☒

Refici stated she understood all instructions. During the exercise, I observed Refici to be swaying. During the exercise, Refici did not raise her foot approximately six inches off the ground as instructed. She was instructed to count to 30, but Refici stopped at one thousand nine, and had to be told to continue counting. Refici continued counting but once again stopped and asked what she needed to count to.

Refused to sign criminal citation after being told by officer it was unlawful.

BREATH RESULTS: 1) Refused @ _____ **2)** Refused @ _____ **3)** _____ @ _____ **4)** _____ @ _____

STATE OF FLORIDA
COUNTY OF PALM BEACH

546
SIGNATURE OF ATTESTING OFFICER

The forgoing instrument was sworn to or affirmed and subscribed before me this 8TH day of APRIL 20 22 by Ofc. E. Hinson 546 who is ☑ personally known to me or ☐ produced _____.

Notary Public, Clerk of Court, Officer (FSS 117.10)

Notary Public State of Florida
Thomas H Leahey
My Commission GG 347108
Expires 06/20/2023

STAMP

22001785

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

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

am a member of PALM BEACH GARDENS POLICE DEPARTMENT, and I do swear
(Name of law enforcement agency)

or affirm that on or about the 7th day of April, 20 22, at 23:41 ☑ P.M ☐ A.M.

DRIVER SUSAN A REFICI,
(Type or Print) FIRST NAME MIDDLE OR MAIDEN NAME LAST NAME

DL# R120781796440, state of FL, was placed under lawful arrest for

the offense of DUI- NORMAL FACULTIES IMPAIRED by Ofc. E. Hinson and
(Name of Arresting Officer)

issued Citation # AECRRKE.

That on or about the 8TH day of APRIL, 20 22, at 0044 ☐ P.M ☑ A.M.

in PALM BEACH County,

I requested that the driver submit to a X **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.

546
Signature of Law Enforcement Officer or Correctional Officer

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

Notary Public State of Florida
Thomas H Leahey
My Commission GG 347106
Expires 06/20/2023
(AFFIX SEAL)

The foregoing instrument was sworn and subscribed before me this 8TH day of APRIL, 20 22, by Ofc. E. Hinson, who is personally known to me or who has produced Fla DL as identification.

Notary Public T Leahey

The foregoing instrument was sworn and subscribed before me:

Signature of Attesting Officer

Title

Date

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

HSMV-BAR1001 (REV. 10/2016)

TESTING FACILITY TASK REPORT

AGENCY: PBG

SUBJECT: Refici, Susan A

CASE NUMBER: 22-054679

DATE: Apr 8, 2022

VIDEO DVD NUMBER: n/a

BEGINNING TIME: 0039

ENDING TIME: 0045

BREATH TESTS RESULTS: 1) R TIME 0044 A.M.☒ P.M.☐ 2) n/a TIME 0 A.M.☐ P.M.☐

3) 0 TIME n/a A.M.☐ P.M.☐ 4) n/a TIME 0 A.M.☐ P.M.☐

BREATH OPERATOR: Thomas H Leahey #19183

MAINTENANCE TECHNICAN: Jason Karlecke #6467

TESTING OFFICER'S OBSERVATIONS

SPEECH: thick, slurred

ATTITUDE: talkative, cooperative

CLOTHING: gray sweat pants, gray l/s shirt, brown sandals

MEDICAL CONDITIONS: none

MEDICATIONS: none

OTHER:

eyes are glassy & bloodshot
odor of unknown alcoholic beverage on breath

REFUSED

COMMENTS:

arrived at center A/O conducted 20 minute observation period 0017 hrs

subject refused to perform breath test - I want a lawyer present

A/O read I/C 2X & tech explained I/C & subject understood I/C

subject refused to perform breath test - I want a lawyer

REFUSED

A/O called refusal @ 0044

A/O did not read rights

subject invoked right to counsel

SUBJECT: [illegible] CASE NUMBER: [illegible]

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) [illegible]

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) [illegible]

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

PBSO #01298 REV. 06/11

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: _____

22001785

DUI WITNESS LIST

Arresting Officer: Ofc. E. Hinson 546 Email: ehinson@pbgfl.com
Agency Address: 10500 N. Military Trl, PBG, FL 33410 Phone: (561) 799-4445
Can Testify To: Investigation

Backup Officers: Ofc. J. Lovett 523
Agency Address: 10500 N. Military Trl, PBG, FL 33410 Phone: (561) 799-4445
Can Testify To: Traffic stop

Crash Investigator: _____ Email: _____
Agency Address: _____ Phone: _____

Breathalyzer Technician: _____ ID: _____ Agency: _____

DRE: _____ ID# _____ Agency Case #: _____
Agency Address: _____ Phone: _____ Email: _____

Name: Ofc. A. Flink 514 Involvement: SFST's
Address: 10500 N. Military Trl. PBG, FL 33410 Phone: (561) 799-4445
Can Testify To: SFST's ☐ Wheel Witness

Name: _____ Involvement: _____
Address: _____ Phone: _____
Can Testify To: _____ ☐ Wheel Witness

Name: _____ Involvement: _____
Address: _____ Phone: _____
Can Testify To: _____ ☐ Wheel Witness

Name: _____ Involvement: _____
Address: _____ Phone: _____
Can Testify To: _____ ☐ Wheel Witness

Name: _____ Involvement: _____
Address: _____ Phone: _____
Can Testify To: _____ ☐ Wheel Witness

Name: _____ Involvement: _____
Address: _____ Phone: _____
Can Testify To: _____ ☐ Wheel Witness

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	☐	119.071(2)(d)	Surveillance techniques, procedures and personnel; inventory of law enforcement resources, policies or plans pertaining to mobilization deployment or tactical operations.	
	☐	943.053, 943.0525	NCIC/FCIC/FBI and in-state FDLE/DOC.	
	☐	119.071(4)(c)	Undercover personnel.	
	☐	119.071(2)(f)	Confidential informants (CIs).	
	☐	119.071(2)(e)	Confession.	
Public Info. Exemptions	☐	985.04(1)	Juvenile offender records.	
	☐	119.071(h)(i)	Assets of a crime victim.	
	☐	395.3025(7)(a), 456.057(7)(a)	Medical information.	
	☐	394.4615(7)	Mental health information.	
	☐	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)	☒	(iii) 119.0714(1)(i)-(j), (2)(a)-(e)	Social Security, bank account, charge, debit, and credit card numbers.	2
	☐	(viii) 394.4615(7)	Clinical records under the Baker Act.	
	☐	(xii) 741.30(3)(b)	The victim's address in a domestic violence action on petitioner's request.	
	☐	(xiii) 119.071(2)(h), 119.0714(1)(h)	Protected information regarding victims of child abuse or sexual offenses.	
	☐			
	☐			
	☐			
	☐			
	☐			
Other	☐		Other:	
	☐		Other:	

REVIEW COMPLETED BY

Booking Number: 2022009120	**Date:** 4/8/2022
	Specialist Name/ID: Chantel Daniels/30347