

0516086/2184

20 CT 5660 ASB

ARREST / NOTICE TO APPEAR

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

1 JUVENILE

OBTS Number	Agency Number 0500400		Agency Name Delray Beach Police Department		Agency Report Number (N.T.A.'s only) 4, 0 20-006064	
Charge Type: Check as many as apply M 888.0	<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
Location of Arrest (including Name of Business) W LINTON BLVD/SW 4TH AVE				Location of Offense (Business Name, Address) 399 W LINTON BLVD/SW 4TH AVE, DELRAY BEACH, FL 33444		
Date of Arrest 04/22/2020	Time of Arrest 00:08	Booking Date 4/22/2020	Booking Time 0300	Jail Date 4/22/2020	Jail Time 0232	Location of Vehicle
Name (Last, First, Middle) KENNEY, WILLIAM JAMES			Alias (Name, DOB, Soc. Sec. #, Etc.)			
Race W - White	Sex M	Date of Birth 04/07/1959	Height 6'02	Weight 200	Eye Color HAZEL	Hair Color GRAY OR
Scars, Marks, Tattoos, Unique Physical Features (Location, Type, Description)			Marital Status S	Religion NOT INDICA	Complexion FAIR	
Local Address (Street, Apt. Number) 500 S OCEAN BLVD UNIT 801, BOCA RATON, FL 33432			City BOCA RATON, FL	State FL	Zip 33432	Phone (914) 329-1944
Permanent Address (Street, Apt. Number) 500 S OCEAN BLVD UNIT 801, BOCA RATON, FL 33432			City BOCA RATON, FL	State FL	Zip 33432	Phone (914) 329-1944
Business Address (Street, Street)			City	State	Zip	Phone
D/L Number, State K500930591270 / FL	Soc. Sec. Number	INS Number	Place of Birth (City, State) MT KISCO, NY, United		Citizenship US	
Co-Defendant Name (Last, First, Middle)	Race	Sex	Date of Birth	<input type="checkbox"/> 1. Arrested	<input type="checkbox"/> 3. Felony	<input type="checkbox"/> 5. Juvenile
Co-Defendant Name (Last, First, Middle)	Race	Sex	Date of Birth	<input type="checkbox"/> 2. At Large	<input type="checkbox"/> 4. Misdemeanor	<input type="checkbox"/> 5. Juvenile
Name (Last, First, Middle)						Residence Phone
Address (Street, Apt. Number)						Business Phone
Notified by: (Name)			Date	Time	JUVENILE DISPOSITION 1. Handled/Processed within Department and Released 2. TOT JAC 3. Incarcerated	
Released To: (Name)			Relationship	Date	Time	
The above address was provided by <input type="checkbox"/> defendant and/or <input type="checkbox"/> defendant's parents. The child and/or parent was told to keep the Juvenile Court Clerk's Office (Phone 355-2526) informed of any change of address.			School Attended		Grade	
Property Crime? <input type="checkbox"/> Yes <input checked="" 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. Disperse/ Distribute	M. Manufacture/ Produce/ Cultivate	Z. Other	Drug Type N. N/A A. Amphetamine
Charge Description DUI-DAMAGE TO PERSON/PROPERTY			Statute Violation Number 316.193(3)(C)(1)	Violation of ORD #		
Drug Activity	Drug Type	Amount / Unit	Offense #	Counts	Domestic Violence	Warrant / Capias Number
Charge Description			Statute Violation Number	Violation of ORD #		
Drug Activity	Drug Type	Amount / Unit	Offense #	Counts	Domestic Violence	Warrant / Capias Number
Charge Description			Statute Violation Number	Violation of ORD #		
Drug Activity	Drug Type	Amount / Unit	Offense #	Counts	Domestic Violence	Warrant / Capias Number
Health / Apparent Physical Condition of Defendant			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			
Check which applies: <input type="checkbox"/> Released O.R. <input type="checkbox"/> Released to Parent/Guardian <input type="checkbox"/> T.O.T. County Jail			PROPERTY - Received By		Released By	Released To
Transported By			Date Transported	Time Transported	Other	
<input checked="" type="checkbox"/> INSTRUCTION NO. 1 - Mandatory appearance in court			Location (Court, Room) South County 200 W Atlantic Ave Delray Beach, FL33444		No Photo Available	
<input type="checkbox"/> INSTRUCTION NO. 2 - You need not appear in Court but must comply with instructions on Page 2.			Court Date and Time 07/02/2020 08:30:00			
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						
HOLD for Other Agency			Signature of Arresting Officer		Name Verification (Printed by Arrestee)	
<input type="checkbox"/> Dangerous <input type="checkbox"/> Resisted Arrest <input type="checkbox"/> Suscidual <input type="checkbox"/> Other			Name of Arresting Officer (Print) HERNANDEZ, EDWIN		(PRINT)	
Intake Deputy SMAN 8101			Transporting Officer HERNANDEZ		I.D. # 1194	
Pouch #			Agency		PAGE 1 OF 1	

D.U.I. PROBABLE CAUSE AFFIDAVIT

ON THE 22 DAY OF APRIL, 2020 AT 23:41 HRS,

IN THE CITY OF Delray Beach, COUNTY OF PALM BEACH, STATE OF FLORIDA,

SUBJECT: WILLIAM JAMES KENNEY CASE NUMBER: 20-006064

AGENCY: Delray Beach Police ARRESTING OFFICER: Edwin Hernandez

PERSONAL CONTACT

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

On 4/21/2020 I responded to the area of 240 W Linton Blvd in reference to a report of a reckless driver. Upon arrival, I observed a white male approximately 60 years of age, leaving the drive through of Taco Bell in a black Lexus Sedan bearing Florida tag HUDD64. The vehicle had it's windshield wipers on despite the clear weather and failed to observe the stop sign while exiting the parking lot as he turned east bound. The vehicle made a wide u-turn at the intersection of Old Dixie Highway and jumped the curb with its right tires, nearly striking the railroad crossing structure. I activated my emergency lights to conduct a traffic stop and the vehicle jumped the median with its left tires as it came to a stop in the left turn lane at SW 4th Ave.

OBSERVATION OF DRIVER:

Upon making contact with the driver, William Kenney, I observed that his eyes were glassy and speech was slow and slurred. I instructed him to turn off the vehicle and exit, to which he complied. Prior to exiting the vehicle, Kenney had difficulty with the coordination of putting on his sandals. When Kenney exited the vehicle he swayed constantly and had difficulty maintaining his balance.

DRIVERS STATEMENTS:

Kenney advised that he left his son's house in a nearby neighborhood to get some food. Kenney stated that he did not have anything to drink. Kenney also advised that he was not under the influence of any medications that would impair his driving. When asked about his driving, Kenney advised he was unaware that he drove on the curbs. Kenney advised that my emergency lights startled him and that could be the reason for his driving.

ODORS:

During my interaction with Kenney, I detected a strong odor of an unknown alcoholic beverage coming from his mouth.

GENERAL OBSERVATIONS

SPEECH: Slow and Slurred

ATTITUDE: Polite

CLOTHING: T-shirt, shorts and flip flops

MEDICAL/OTHER: Reportedly Blind in left eye

STATE OF FLORIDA
COUNTY OF PALM BEACH

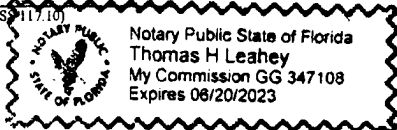
[Signature] 1194
(SIGNATURE OF ARRESTING OFFICER)

THE FORGOING INSTRUMENT WAS SWORN TO OR AFFIRMED AND SUBSCRIBED BEFORE ME THIS 22 DAY OF APRIL, 2020 BY Edwin Hernandez

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

[Signature]

NOTARY PUBLIC, CLERK OF COURT, OFFICER (FS 117.10)



SUBJECT: WILLIAM JAMES KENNEY

CASE #: 20-006064

ROADSIDE TASKS

HORIZONTAL GAZE NYSTAGMUS: 4 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:

The subjects eyes were checked for equal tracking, pupil size and resting nystagmus; no abnormalities observed. Kenney swayed constantly during this task and had to be reminded multiple times to keep his head still.

WALK & TURN: 7 OF 8

Subject was unable to maintain balance during the instructional phase and broke his stance. Kenney stopped walking during this task after the turn and before returning to the starting point. Kenney missed heel to toe on most steps and stepped off line several times. Kenney did not turn as instructed, lifting both feet during the turn. Kenney, did not take the full 9 steps after the turn, despite counting to 9.

ONE LEG STAND: 3 OF 4

Kenney was unable to maintain his foot lifted for more than one or two seconds at a time. Kenney put his foot down several times and raised his arms for balance. When he was able to raise his foot, Kenney swayed to the extent of nearly falling over and stumbled to stay standing.

FINGER TO NOSE: 3 OF 4

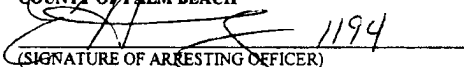
Kenney failed to return his arms to his side after each touch. Kenney missed touching the tip of his finger to the tip of his nose several times. Kenney attempted to use his the wrong hand on the second sequential "right" instruction.

ROMBERG ALPHABET: 2 OF 4

Kenney swayed throughout this exercise. Despite singing the alphabet, Kenney failed to correctly recite the alphabet.

BREATH TEST RESULTS: 1) VNM 2) Refusal 3) 4)

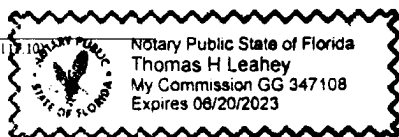
STATE OF FLORIDA
COUNTY OF PALM BEACH

 1194
(SIGNATURE OF ARRESTING OFFICER)

THE FORGOING INSTRUMENT WAS SWORN TO OR AFFIRMED AND SUBSCRIBED BEFORE ME THIS 22 DAY OF APRIL, 2020 BY Edwin Hernandez

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


NOTARY PUBLIC, CLERK OF COURT, OFFICER (FSS 117)



D.U.I. WITNESS LIST

CASE #: 20-006064

ARRESTING OFFICER: Edwin Hernandez

ADDRESS: 300 W Atlantic Ave, Delray Beach, FL 33444

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

CAN TESTIFY TO: Information in report

NAME: Ofc. William Morales

ADDRESS: 300 W Atlantic Ave, Delray Beach, FL 33444

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

CAN TESTIFY TO: Actual Physical Control

NAME: [REDACTED]

ADDRESS: 333 NW 6th Ave, Delray Beach, FL33444

PHONE NUMBERS (HOME): [REDACTED] (WORK): _____

CAN TESTIFY TO: Actual Physical Control and Property Damage

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: _____

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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: _____

NOT A CERTIFIED COPY

SUBJECT: Kearney, William T CASE NUMBER: 20-006064

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 Ofc E Hernandez of the DBPD

If you fail to submit to the test I have requested of you, your privilege to operate a motor vehicle will be suspended for a period of one (1) year for a first refusal, or eighteen (18) months if your privilege has been previously suspended as a result of a refusal to submit to a lawful test of your breath, urine or blood. Additionally, if you refuse to submit to the test I have requested of you and if your driving privilege has been previously suspended for a prior refusal to submit to a lawful test of your breath, urine or blood, you will be committing a misdemeanor. Refusal to submit to the test I have requested of you is admissible into evidence in any criminal proceeding.

SUBJECT'S SIGNATURE: (X) read on camera

CONSTITUTIONAL WARNINGS

I AM REQUIRED TO WARN YOU BEFORE YOU MAKE ANY STATEMENTS THAT YOU HAVE THE FOLLOWING RIGHTS:

1. You have the right to remain silent and not answer any questions.
2. Any statement must be freely and voluntarily given.
3. You have the right to the presence of a lawyer of your choice before you make any statement and during any questioning.
4. If you cannot afford a lawyer, you are entitled to the presence of a court appointed lawyer before you make any statements and during any questioning.
5. If at any time during the interview you do not wish to answer any questions, you are privileged to remain silent.
6. I can make no threats or promises to induce you to make a statement. This must be of your own free will.
7. Any statement can and will be used against you in a court of law.

SUSPECT'S SIGNATURE: (X) read on camera

TESTING FACILITY TASK REPORT

AGENCY: DBPD

SUBJECT: Kenney, William James

CASE NUMBER: 20-060741

DATE: Apr 22, 2020

VIDEO DVD NUMBER: n/a

BEGINNING TIME: 0055

ENDING TIME: 0114

BREATH TESTS RESULTS: 1) VNM TIME 0109 A.M. P.M. 2) R TIME 0113 A.M. P.M.
3) n/a TIME 0 A.M. P.M. 4) n/a TIME 0 A.M. P.M.

BREATH OPERATOR: Thomas H Leahey #19183

MAINTENANCE TECHNICIAN: Jason Karlecke #6467

TESTING OFFICER'S OBSERVATIONS

SPEECH: slurred, thick

ATTITUDE: talkative, repetitive

CLOTHING: tan shorts, white shirt, tan flip flops

MEDICAL CONDITIONS: none

MEDICATIONS: none

OTHER:

eyes are glassy & bloodshot
odor of unknown alcoholic beverage on breath
VNM .145

REFUSED

COMMENTS:

arrived at center A/O conducted 20 minute observation period at 0033 hrs
subject wanted to know what would happen if he refused
A/O read I/C 3 times & subject stated he understood I/C
Subject agreed to provide breath sample - was unable to follow instructions
A/O read rights & subject stated he understood rights
A/O attempted Q&A
subject invoked right to counsel

REFUSED

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: 04/22/2020

Date of Last Agency Inspection: 04/17/2020
Observation Period Began: 00:30
Subject's Name: WILLIAM J KENNEY DOB: 04/07/1959 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	01:04
	Air Blank	0.000	01:05
	Control Test	0.081	01:05
	Air Blank	0.000	01:06
	Subject Sample #1	VNM*	01:09
	Air Blank	0.000	01:10
	Air Blank	0.000	01:11
	Subject Sample #2	REF**	01:13
	Air Blank	0.000	01:13
	Control Test	0.079	01:14
	Air Blank	0.000	01:14
	Diagnostics Check	OK	01:14

*Volume Not Met (0.145 - Breath Sample Not Reliable to Determine Breath Alcohol Level)
**Subject Test Refused

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 THOMAS H LEAHEY, 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: T. Lehey Date: 04/22/2020
Signature

Sworn to (or affirmed) before me this 22nd day of April, 2020

[Signature] Signature of Notary Public-State of Florida
Dfc E Hernandez #1194 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.



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

PBSO CASE # 20-060741 PBSO ZONE 4-22

AGENCY CASE # 20-006064 CRASH CASE # _____

TIME OF CRASH/STOP 23:41 DATE 4/21/2020 DAY Tuesday

SUBJECT'S NAME WILLIAM JAMES KENNEY RACE W SEX M

HGT 602 WGT 200 DOB 4/7/1959

LOCATION W LINTON BLVD / SW 4TH AVE

ARRESTING OFCR NAME & ID Edwin Hernandez 1194 AGENCY Delray Beach Police

DIVISION Patrol

NOTIFIED BY COMMO yes

ARRIVAL AT FACILITY 0033

TIME OF ARREST 0008

BREATH RESULTS:

1. VNM

2.

3.

4.

REFUSED

TESTING OFFICER'S ID 19183 PBSO VIDEOTAPE # N/A

SUBJECT: Kennedy, W. Liam T CASE NUMBER: 20-0076064

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: _____

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

I, Edwin 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 22 day of APRIL, 20 20, at 0008 P.M. A.M.
(Circle One)

NAME: WILLIAM JAMES KENNEY
(Type or Print) FIRST MIDDLE OR MAIDEN LAST

DL # K500-930-59-127-0, state of Florida, was placed under lawful arrest for

the offense of DUI by Edwin Hernandez and
(Name of Arresting Officer)

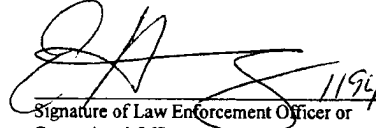
issued Citation # A1UR56E

That on or about the 22 day of April, 20 20, at 0113 P.M. (Circle One)

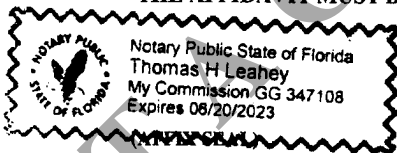
In Palm Beach County, [PLEASE CHECK THE BOX OR BOXES THAT APPLY] I did request said

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



The foregoing instrument was sworn and subscribed before
me this 22 day of April, 20 20,
by Edwin Hernandez,

who is personally known to me or who has produced
personally known 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.



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: 2020011022	Date: 04/22/2020
	Specialist Name/ID: T Howard/7185