


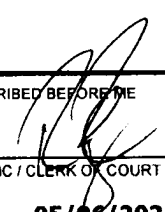

21CT7480ANB

| | | | | | | | | | | | | |
|--|--|--------------------------------|---|-------------------------------|--|--|---|---|---|--|---|-----------------------|
| A D M I N I S T R A T I O N | OBTS Number | | ARREST / NOTICE TO APPEAR | | | | 1. Arrest 2. N.T.A. | | 3. Request for Warrant 4. Request for Capias | | 1 | JUVENILE |
| | Agency ORI Number 0501700 | | Agency Name Jupiter Police Department | | Agency Report Number (N.T.A.'s only) 5, 4 21-001580 | | | | | | | |
| D E F E N D A N T | Charge Type: Check as many as apply <input type="checkbox"/> 1. Felony <input type="checkbox"/> 2. Traffic Felony | | <input type="checkbox"/> 3. Misdemeanor <input checked="" type="checkbox"/> 4. Traffic Misdemeanor | | <input type="checkbox"/> 5. Ordinance <input type="checkbox"/> 6. Other | | If Weapon Seized Enter Type: UNARMED | | Multiple Clearance Indicator | | | |
| | Location of Arrest (Including Name of Business) HEIGHTS BLVD/DONALD ROSS RD | | | | | Location of Offense (Business Name, Address) 1800 HEIGHTS BLVD/DONALD ROSS RD, JUPITER, FL 33458 | | | | | | |
| C O D E F | Date of Arrest 05/06/2021 | Time of Arrest 01:36 | Booking Date 05/06/2021 | Booking Time 01:46 | Jail Date | Jail Time | Location of Vehicle | | | | | |
| | Name (Last, First, Middle) AUGUSTIN, YELENA A | | | | | | | | | | | |
| J U V E N I L E | Alias (Name, DOB, Soc. Sec. #, Etc.) Alias: AUGUSTIN, YELENA A | | | | | | | | | | | |
| | Race W - White B - Black I - American Indian O - Oriental/Asian | Sex F | Date of Birth 06/22/1981 | Height 5'07 | Weight 130 | Eye Color BLUE | Hair Color BLONDE / | Complexion LIGHT | Build Medium | | | |
| C H A R G E | Scars, Marks, Tattoos, Unique Physical Features (Location, Type, Description) | | | | | Marital Status M | Religion | Indication of Alcohol Influence Drug Influence Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unk. <input type="checkbox"/> | | | | |
| | Local Address (Street, Apt. Number) (City) (State) (Zip) 12125 AVILES CIR, PALM BEACH GARDENS, FL 33418 | | | | | Phone (561) 255-6432 | | Residence Type: 1. City 3. Florida 2. County 4. Out of State | | 2 | | |
| N O T I C E T O A P P E A R | Permanent Address (Street, Apt. Number) (City) (State) (Zip) 12125 AVILES CIR, PALM BEACH GARDENS, FL 33418 | | | | | Phone (561) 255-6432 | | Address Source VERBAL | | | | |
| | Business Address (Name, Street) (City) (State) (Zip) SELF EMPLOYED, | | | | | Phone | | Occupation Therapist | | | | |
| I N T A K E | D/L Number, State A223961817220 / FL | | Soc. Sec. Number | | INS Number | | Place of Birth (City, State) FF, Russia | | 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 <input type="checkbox"/> 2. At Large <input type="checkbox"/> 4. Misdemeanor | | |
| N O T I C E | 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 <input type="checkbox"/> 2. At Large <input type="checkbox"/> 4. Misdemeanor | | |
| | Name (Last, First, Middle) | | | | | Residence Phone | | | | | | |
| N O T I C E | <input type="checkbox"/> Parent <input type="checkbox"/> Other: _____ | | | | | Business Phone | | | | | | |
| | Address (Street, Apt. Number) (City) (State) (Zip) LOC (City) 3, CR (State) (Zip) | | | | | | | | | | | |
| N O T I C E | Notified by: (Name) 2, CR | | | | | Date | Time | JUVENILE DISPOSITION 1. Handled/Processed within Department and Released | | 2. TOT IAC 3. Incarcerated | | |
| | Released To: (Name) Relationship | | | | | Date | Time | | | | | |
| N O T I C E | 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 | | | | |
| | <input type="checkbox"/> Yes, by: _____ <input type="checkbox"/> No | | | | | Property Crime? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | Description of Property | | Value of Property | | |
| N O T I C E | Drug Activity N N/A P Possess | | | | | S Sell B Buy T Traffic | R Smuggle D Deliver E Use | K Dispenses/ 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/Operv | P Paraphernalia/ Equipment S Synthetic | U Unknown Z Other | | | |
| N O T I C E | Charge Description DUI - NORMAL FACULTIES IMPAIRED | | | | | Statute Violation Number 316.193(1)(A) | | Violation of ORD # | | | | |
| | Drug Activity | Drug Type N | Amount / Unit / | Offense # 21-001580 | Counts 1 | Domestic Violence <input type="checkbox"/> Y <input checked="" type="checkbox"/> N | Warrant / Capias Number | | Bond | | | |
| N O T I C E | Charge Description CITATION - REFUSE TO SIGN/ACCEPT CITATION | | | | | Statute Violation Number 318.14(3) | | Violation of ORD # | | | | |
| | Drug Activity | Drug Type N | Amount / Unit / | Offense # 21-001580 | Counts 1 | Domestic Violence <input type="checkbox"/> Y <input checked="" type="checkbox"/> N | Warrant / Capias Number | | Bond | | | |
| N O T I C E | Charge Description FTY - FAIL TO OBEY OR COMPLY WITH LE OR FD OFFICIAL | | | | | Statute Violation Number 316.072(3) | | Violation of ORD # | | | | |
| | Drug Activity | Drug Type N | Amount / Unit / | Offense # 21-001580 | Counts 1 | Domestic Violence <input type="checkbox"/> Y <input checked="" type="checkbox"/> N | Warrant / Capias Number | | Bond | | | |
| N O T I C E | 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 checked="" type="checkbox"/> T.O.T. County Jail | | | | | PROPERTY - Received By | | Released By | | Released To | | |
| N O T I C E | Transported By | | | | | Date Transported | Time Transported | Other | | | | |
| | INSTRUCTION NO. 1 - Mandatory appearance in court <input type="checkbox"/> INSTRUCTION NO. 2 - You need not appear in Court but must comply with instructions on Page 2. | | | | | Location (Court, Room) North County PALM BEACH GARD | | Court Date and Time 06/09/2021 08:30:00 | | No Photo Available | | |
| 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 | | | | | | | | | | | | |
| N O T I C E | Signature of Defendant (or Juvenile and Parent/Custodian) | | | | | Date Signed | | | | | | |
| | HOLD for Other Agency | | | | | Signature of Arresting Officer [Signature] | | Name Verification (Printed by Arrestee) | | | | |
| N O T I C E | <input type="checkbox"/> Dangerous <input type="checkbox"/> Restored Arrest <input type="checkbox"/> Suicidal <input type="checkbox"/> Other | | | | | Name of Arresting Officer (Print) MCGILLICUDDY, STEVEN | | I.D. # 1216 | | | | |
| | Intake Deputy [Signature] | | | | | Transporting Officer S. MCGILLICUDDY | | I.D. # 388 | | Agency JUPITE | | PAGE 1 OF 1 |
| Witness here if subject signed with an "X" | | | | | | | | | | | | |

SCANNED

J# 0523122 MAY 06 2021

P# 2819

| OBTS Number | | PROBABLE CAUSE AFFIDAVIT | | 1. Arrest 2. N.T.A. | | 3. Request for Warrant 4. Request for Capias | | 1 | JUVENILE |
|--|--|--------------------------|--|------------------------|--|---|------------------------------------|----------------|----------|
| A D M I N I S T R A T I V E | Agency ORI Number FL 0501700 | | Agency Name JUPITER POLICE DEPARTMENT | | Agency Report Number 5 4 21-001580 | | | | |
| | Charge Type: Check as many as apply. <input type="checkbox"/> 1. Felony <input type="checkbox"/> 2. Traffic Felony | | <input type="checkbox"/> 3. Misdemeanor <input checked="" type="checkbox"/> 4. Traffic Misdemeanor <input type="checkbox"/> 5. Ordinance <input type="checkbox"/> 6. Other | | Special Notes: | | | | |
| D E F E N D A N T | Name (Last, First, Middle) AUGUSTIN, YELENA A | | Alias AUGUSTIN, YELENA A | | Race W | Sex F | Date of Birth 06/22/1981 | | |
| | Charge Description 316.193(1)(A) DUI - NORMAL FACULTIES IMPAIRED | | Charge Description 318.14(3) CITATION - REFUSE TO SIGN/ACCEPT CITATIO | | | | | | |
| C H A R G E S | Charge Description 316.072(3) FTY - FAIL TO OBEY OR COMPLY WITH LE OR | | Charge Description | | | | | | |
| | Victim's Name (Last, First, Middle) State Of Florida | | | | Race | Sex | Date of Birth | | |
| V I C T I M | Local Address (Street, Apt. Number) | | (City) | (State) | (Zip) | Phone | | Address Source | |
| | Business Address (Name, Street) | | (City) | (State) | (Zip) | Phone | | Occupation | |
| <p>The undersigned certifies and swears that he/she has just and reasonable grounds to believe, and does believe that the above named Defendant committed the following violation of law</p> <p>The Person taken into custody</p> <p><input type="checkbox"/> committed the below acts in my presence. <input type="checkbox"/> was observed by _____ who told _____ that he/she saw the arrested person commit the below acts.</p> <p><input type="checkbox"/> confessed to _____ admitting to the below facts. <input checked="" type="checkbox"/> was found to have committed the below acts, resulting from my (described) investigation.</p> <p>On the 6 day of May, 2021 at 01:07 (Specifically include facts constituting cause for arrest.)</p> <p>On 5/6/2021 at approximately 0107 hrs, dispatch received a call from a concerned citizen about a careless driver in the Heights Neighborhood. The caller, Sergio, advised that he was following a dark grey BMW (NDC-J75/FL) that was swerving and driving slowly. Units responded to the area and Ofc. Zesut located the vehicle on Heights Boulevard, traveling southbound, north of Frederick Small Road. Ofc. Zesut observed the vehicle run the south facing stop sign at Heights Boulevard and continue southbound. Ofc. Zesut (SEE SUPP PFC) and PFC Flesch attempted a traffic stop on the vehicle shortly thereafter. The vehicle failed to yield to blue/red lights and sirens. In the area of Height Boulevard and Donald Ross Road, the officers conducted a boxing in technique to arrest the vehicle's movement. Once the vehicle was stopped they made contact with the driver, now identified as Yelena Augustin (DEFENDANT). I was asked to respond to the scene shortly thereafter.</p> <p>Upon my arrival Ofc. Zesut briefed me on the above facts. He stated that Augustin had a strong odor of unknown alcoholic beverage emitting from her person and was in a general state of disarray. I observed Augustin standing next to her car crying and swaying. I briefly made contact with the caller who advised that the vehicle was swerving all over the roadway and he followed because it seemed like the driver was possibly impaired.</p> <p>I made contact with Augustin, who had a strong odor of unknown alcoholic beverage emitting from her person, which intensified as she spoke. She spoke with a Russian accent and heavily slurred speech. I observed that Augustin had glassy, bloodshot eyes. Augustin kept rambling about her friend that was pregnant that she needed to help. I asked Augustin if she knew where she was. She stated she was in Jupiter but could not tell me specifically the location. When I asked her if she knew the intersection she was at she asked me if I knew the same thing. She became generally uncooperative at this point.</p> | | | | | | | | | |
| A D M I N I S T R A T I V E | SWORN AND SUBSCRIBED BEFORE ME | |  | | | | | | |
| |  NOTARY PUBLIC / CLERK OF COURT / OFFICER (F.S. 111.07) 05/06/2021 DATE | |  Notary Public State of Florida Renee Ragin My Commission Expires 03/05/2024 MCGINLEY, STEVEN (1216) NAME OF OFFICER (PLEASE PRINT) 05/06/2021 DATE | | | | | | |
| PAGE 1 OF 2 | | | | | | | | | |

COURT

STATE ATTORNEY

CENTRAL RECORDS

JAIL

CRIME ANALYSIS

P. I. O.

| | | | | | | | |
|---|---|--|--|---|---|--|----------|
| OBTS Number | | PROBABLE CAUSE AFFIDAVIT SUPPLEMENT | | 1. Arrest 2. N.T.A. | 3. Request for Warrant 4. Request for Capias | 1 | JUVENILE |
| Agency ORI Number FL 0501700 | Agency Name JUPITER POLICE DEPARTMENT | Agency Report Number 5 4 21-001580 | | | | | |
| Charge Type: Check as many as apply: | | <input type="checkbox"/> 1. Felony <input type="checkbox"/> 2. Traffic Felony | | <input type="checkbox"/> 3. Misdemeanor <input checked="" type="checkbox"/> 4. Traffic Misdemeanor | | <input type="checkbox"/> 5. Ordinance <input type="checkbox"/> 6. Other | |
| Name (Last, First, Middle) AUGUSTIN, YELENA A | | Alias AUGUSTIN, YELENA A | | Race W | Sex F | Date of Birth 06/22/1981 | |
| <p>I asked for Augustin to submit to field sobriety exercises and she ultimately refused. I read her her Taylor warning and again asked her multiple times if she would participate in field sobriety exercises. She again, ultimately refused to do so. Based on my observations, the observations of the other officers and the witness, and the totality of the circumstances, I had probable cause at that time to believe that Augustin had been in actual physical control of a vehicle while under the influence of an alcoholic beverage, chemical or controlled substance to the point that her normal faculties were impaired, contrary to F.S.S. 316.193. I also had probable cause to believe that she refused to obey a lawful traffic command, to wit, stopping her vehicle for lights/sirens when ordered, contrary to F.S.S. 316.072(3). I placed her under arrest at 0136 hrs.</p> <p>I then transported Augustin to the Palm Beach County Breath Alcohol Testing (BAT) center, arriving at 0220 hrs. I placed her under a 20 minute observation period, during which I did not observe her consume nor regurgitate anything. We then went on video with BAT Technician Pound (ID #24639) and I requested that Augustin submit to a breath test. She refused. I read her implied consent and he stated that she did not understand. I then read it again. Augustin attempted to deflect and would not give me a yes or no answer about taking the breath test. I explained to Augustin that she had been read the required language and that I needed an answer about whether she would submit to a breath test. She refused to do so and I called a refusal at 0244 hrs. I read her her Miranda rights from a prepared card. Augustin refused to speak to me at this time. I placed her in a holding cell while I finished her paperwork. Augustin refused to sign her criminal DUI citation and was additionally charged under F.S.S. 318.14(3). I then booked Augustin into the county jail. She was issued citations for DUI, running the stop sign, failure to obey a traffic command and for failure to sign a citation. VEHICLE-1 was towed from the scene by East Coast Towing. EWC.</p> | | | | | | | |
| NOT A CERTIFICATE | | | | | | | |
| SWORN AND SUBSCRIBED BEFORE ME <div style="display: flex; justify-content: space-between; align-items: flex-end; margin-top: 20px;"> <div style="width: 30%;"> NOTARY PUBLIC / CLERK OF COURT / OFFICER (F.S.S. 17.40) 05/06/2021 DATE </div> <div style="width: 30%; text-align: center;"> </div> <div style="width: 35%;"> SIGNATURE OF ARRESTING / INVESTIGATING OFFICER McGILlicuddy, STEVEN (1216) NAME OF OFFICER (PLEASE PRINT) 05/06/2021 DATE </div> </div> | | | | | | | |

WITNESS LIST

CASE NUMBER: 21-001580

ARRESTING OFFICER: MCGILLICUDDY

ADDRESS: 196 Military Trl. Jupiter, FL 33458

PHONE NUMBERS (HOME): _____ (WORK) (561) 746-6201

CAN TESTIFY TO: PC FOR ARREST

NAME: OFC ZESUT

ADDRESS: 196 Military Trl. Jupiter, FL 33458

PHONE NUMBERS (HOME) _____ (WORK) _____

CAN TESTIFY TO: PC FOR TRAFFIC STOP

NAME: PFC FLESCH

ADDRESS 196 Military Trl. Jupiter, FL 33458

PHONE NUMBERS (HOME) _____ (WORK) _____

CAN TESTIFY TO: BACKUP ON STOP

NAME: OFC RALEIGH

ADDRESS 196 Military Trl. Jupiter, FL 33458

PHONE NUMBERS (HOME) _____ (WORK) _____

CAN TESTIFY TO: BACKUP ON STOP/FEMALE SEARCH

NAME: _____

ADDRESS _____

PHONE NUMBERS (HOME) _____ (WORK) _____

CAN TESTIFY TO: _____

NAME: _____

ADDRESS _____

PHONE NUMBERS (HOME) _____ (WORK) _____

CAN TESTIFY TO: _____

NAME: _____

ADDRESS _____

PHONE NUMBERS (HOME) _____ (WORK) _____

CAN TESTIFY TO: _____

NAME: _____

ADDRESS _____

PHONE NUMBERS (HOME) _____ (WORK) _____

CAN TESTIFY TO: _____

NAME: _____

ADDRESS _____

PHONE NUMBERS (HOME) _____ (WORK) _____

CAN TESTIFY TO: _____

NAME: _____

ADDRESS _____

PHONE NUMBERS (HOME) _____ (WORK) _____

CAN TESTIFY TO: _____

NAME: _____

ADDRESS _____

PHONE NUMBERS (HOME) _____ (WORK) _____

CAN TESTIFY TO: _____



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

PBSO CASE # 21-062567 PBSO ZONE 3-13
AGENCY CASE # 21-001580 CRASH CASE # _____
TIME OF STOP/CRASH 0114 DATE 05/06/2021 DAY THURSDAY
SUBJECT'S NAME AUGUSTIN YELENA A RACE W SEX F
LAST FIRST MID
HGT 5'7 WGT 130 DOB 6/22/81
LOCATION HEIGHTS BLVD/DONALD ROSS RD
ARRESTING OFFICER'S NAME & ID MCGILLICUDDY 388 AGENCY JUPITER PD
DIVISION: RP - TRF
NOTIFIED BY COMMO Yes
ARRIVAL AT FACILITY 0220
ARREST TIME 0136

BREATH RESULTS:

| | |
|----|--|
| 1) | |
| 2) | |
| 3) | |
| 4) | |

TESTING OFFICER'S ID 24639 PBSO VIDEOTAPE # N/A

TESTING FACILITY TASK REPORT

AGENCY: JPD

SUBJECT: AUGUSTIN, YELENA A CASE NUMBER: 21-062567

DATE: May 6, 2021 VIDEO DVD NUMBER: N/A

BEGINNING TIME: 02:44 ENDING TIME: 02:49

BREATH TESTS RESULTS: 1) R TIME 02:48 A.M. ☒ P.M. ☐ 2) N/A TIME N/A A.M. ☐ P.M. ☐
3) N/A TIME N/A A.M. ☐ P.M. ☐ 4) N/A TIME N/A A.M. ☐ P.M. ☐

BREATH OPERATOR: P.POUND #24639

MAINTENANCE TECHNICIAN: J. KARLECKE# 6467

TESTING OFFICER'S OBSERVATIONS

SPEECH: SLURRED

ATTITUDE: CALM, TALKATIVE

CLOTHING: WHITE / BLACK DRESS , NO SHOES

MEDICAL CONDITIONS: NONE

MEDICATIONS: NONE

OTHER:

COMMENTS:

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

SUBJECT: REFUSED TO TAKE TEST

A/O: READ I/C TWO TIMES

SUBJECT: REFUSED TO ANSWER IF SHE UNDERSTOOD I/C

A/O: CALLED REFUSAL

A/O: READ RIGHTS

SUBJECT: STATED SHE UNDERSTOOD RIGHTS

A/O: ATTEMPTED Q&A

SUBJECT: REFUSED QUESTIONS

REFUSED

REFUSED

TESTING FACILITY TASK REPORT

AGENCY: JPD

SUBJECT: AUGUSTIN, YELENA A

CASE NUMBER: 21-062567

DATE: May 6, 2021

VIDEO DVD NUMBER: N/A

BEGINNING TIME: 02:44

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BREATH TESTS RESULTS: 1) R TIME 02:48 A.M. ☒ P.M. ☐ 2) N/A TIME N/A A.M. ☐ P.M. ☐
3) N/A TIME N/A A.M. ☐ P.M. ☐ 4) N/A TIME N/A A.M. ☐ P.M. ☐

BREATH OPERATOR: P.POUND #24639

MAINTENANCE TECHNICIAN: J. KARLECKE# 6467

TESTING OFFICER'S OBSERVATIONS

SPEECH: SLURRED

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CLOTHING: WHITE / BLACK DRESS , NO SHOES

MEDICAL CONDITIONS: NONE

MEDICATIONS: NONE

OTHER:

COMMENTS:

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

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A/O: READ I/C TWO TIMES

SUBJECT: REFUSED TO ANSWER IF SHE UNDERSTOOD I/C

A/O: CALLED REFUSAL

A/O: READ RIGHTS

SUBJECT: STATED SHE UNDERSTOOD RIGHTS

A/O: ATTEMPTED Q&A

SUBJECT: REFUSED QUESTIONS

REFUSED

REFUSED

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

I, **Officer MCGILLICUDDY**, a duly certified Law Enforcement Officer or Correctional Officer,
 (Name of Officer reading Implied Consent Warning)

am a member of **Jupiter Police Department**, and I do swear
 (Name of law enforcement agency)

or affirm that on or about the **6TH** day of **MAY**, 20 **21**, at **0136** ☐ P.M. ☒ A.M.

DRIVER **YELENA** **A** **AUGUSTIN**
 (Type or Print) FIRST NAME MIDDLE OR MAIDEN NAME LAST NAME

DL# **A223-961-81-722-0**, state of **FLORIDA**, was placed under lawful arrest for


the offense of **DUI** by **Officer MCGILLICUDDY** and
 (Name of Arresting Officer)

issued Citation # **ADB9DAE**

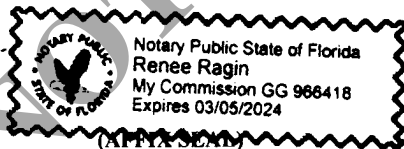
That on or about the **6TH** day of **MAY**, 20 **21**, at **0244** ☐ P.M. ☒ A.M.

in **Palm Beach** County,

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


 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 **6TH** day of **MAY**, 20 **21**,

by **Officer MCGILLICUDDY 388**,

who is personally known to me or who has produced

Personally Known

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

REVIEW COMPLETED BY

| | |
|----------------------------|-------------------------------------|
| Booking Number: 2021010933 | Date: 5/6/2021 |
| | Specialist Name/ID: M. Tookes #8557 |