0532304 22CT9495 SB PR#3037

ARREST / NOTICE TO APPEAR

1. Arrest (No Warrant) 3. Request for Warrant
6. Arrest (Warrant) 4. Request for Capias
2. N.T.A. 5. Juvenile Referral

1 JUVENILE

ADMINISTRATION

OBTS Number

Agency ORI Number	Agency Name	Agency Report Number (N.T.A.'s only)
0500200	Boca Raton Police Department	3 | 2 | 2022-007719

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

If Weapon Seized: Enter Type: UNARMED

Multiple Clearance Indicator

Location of Arrest (Including Name of Business)	Location of Offense (Business Name, Address)
5540 N MILITARY TRL BOCA RATON FL 33487	5540 N MILITARY TRL, BOCA RATON, FL 33487

Date of Arrest	Time of Arrest	Booking Date	Booking Time	Jail Date	Jail Time	Location of Vehicle
06/14/2022	1102	06/14/2022	19:30			RELEASED TO HUSBAND

DEFENDANT

Name (Last, First, Middle): HENNICK, LAUREN MICHELE — Alias:

Race (W - White, B - Black, I - American Indian, O - Oriental/Asian)	Sex	Date of Birth	Height	Weight	Eye Color	Hair Color	Complexion	Build
W	F	05/08/1975	5'03	280	HAZEL	BLONDE	LIGHT	Large

Scars, Marks, Tatoos, Unique Physical Features (Location, Type, Description)	Marital Status	Religion	Indication of: Alcohol Influence	Drug Influence
TATT L WRIST / 06/03/13	M	JEWISH	Yes	No / Unk.

Local Address (Street, Apt. Number)	(City)	(State)	(Zip)	Phone	Residence Type: 1. City 2. County 3. Florida 4. Out of State
5400 NW 25TH TER 1, BOCA RATON, FL 33433				(561) 302-6454	1

Permanent Address (Street, Apt. Number)	(City)	(State)	(Zip)	Phone	Address Source
5400 NW 25TH TER 1, BOCA RATON, FL 33433				(561) 302-6454	DEF

Business Address (Name, Street)	(City)	(State)	(Zip)	Phone	Occupation
					Self Employed

D/L Number, State	Soc. Sec. Number	INS Number	Place of Birth (City, State)	Citizenship
H520533756080 / FL	[redacted]		WESTCHESTER, NY,	US

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 / Other: _____ / Legal Custodian — 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 Department and Released 2. TOT JAC 3. Incarcerated

Released To (Name) — Relationship — Date — Time

The above address was provided by ☐ defendant and/or ☐ 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.
☐ Yes, by: ☐ No

School Attended — Grade

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

CHARGE

Drug Activity: N. N/A, P. Possess, S. Sell, B. Buy, T. Traffic, S. Smuggle, D. Deliver, E. Use, K. Dispense/Distribute, M. Manufacture/Produce/Cultivate, Z. Other

Drug Type: N. N/A, A. Amphetamine, B. Barbiturate, C. Cocaine, E. Heroin, H. Hallucinogen, M. Marijuana, O. Opium/Deriv., P. Paraphernalia/Equipment, S. Synthetic, U. Unknown, Z. Other

Charge Description	Statute Violation Number	Violation of ORD #	Drug Activity	Drug Type	Amount / Unit	Offense #	Counts	Domestic Violence	Warrant / Capias Number	Bond
DUI - PROPERTY DAMAGE	316.193(3)(C)1			N	/		1	☐ Y ☒ N		
REFUSE TO SUBMIT TO BAL TEST	316.1939			N	/		1	☐ Y ☒ N		
					/			☐ Y ☐ N		

INTAKE

Health / Apparent Physical Condition of Defendant: GOOD

Any knowledge of the following: ☐ Mental ☐ Escape Risk ☐ Medication ☐ Deformities ☐ Injuries
Explain:

Check which applies: ☐ Released O.R. ☐ Released to Parent/Guardian ☒ T.O.T. County Jail ☐ Posted Bond ☐ South County Mental Health

PROPERTY - Received By | Released By | Released To

Transported By | Date Transported | Time Transported | Other

NOTICE TO APPEAR

☒ INSTRUCTION NO. 1 - Mandatory appearance in court
☐ INSTRUCTION NO. 2 - You need not appear in Court but must comply with instructions on Page 2.

Location (Court, Room): South County 200 W Atlantic Ave Delray Beach, FL 33444
Court Date and Time: 07/18/2022 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.

X [signature] Signature of Defendant (or Juvenile and Parent/Custodian) — Date Signed: 6/14/22

No Photo Available

ADMIN

HOLD for Other Agency

☐ Dangerous ☐ Resisted Arrest ☐ Suicidal ☐ Other

Booked By: [signature] I.D. # 1085 Pouch #

Signature of Arresting Officer: [signature]
Name of Arresting Officer (Print): RAFALKO, T. I.D. # 779
Transporting Officer: HENDERSON I.D. # 865 Agency: BRPD

Name Verification (Printed by Arrestee) (PRINT)

JUN 14 PM 9:20

Witness here if subject signed with an "X"

1 of 1

☐ Court ☐ State Attorney ☐ Agency ☐ Defendant ☐ Other

SCANNED
JUN 15 2022 KT

PROBABLE CAUSE AFFIDAVIT

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

ADMIN

OBTS Number:

Agency ORI Number: FL FL0500200 | Agency Name: BOCA RATON POLICE DEPARTMENT | Agency Report Number: 3 | 2 | 2022-007719

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

Special Notes:

DEF

Name (Last, First, Middle)	Alias	Race	Sex	Date of Birth
HENNICK, LAUREN MICHELE		W	F	05/08/1975

CHARGES

Charge Description	Charge Description
316.193(3A) DUI - PROPERTY DAMAGE	316.1939 REFUSE TO SUBMIT TO BAL TEST
Charge Description	Charge Description

VICTIM

Victim's Name (Last, First, Middle)	Race	Sex	Date of Birth
STATE OF FLORIDA,	U	U	

Local Address (Street, Apt. Number) (City) (State) (Zip)	Phone	Address Source
100 NW 2ND AVE, BOCA RATON, FL 33432	(561) 338-1234	
Business Address (Name, Street) (City) (State) (Zip)	**Phone**	**Occupation**
	(561) -	

PROBABLE CAUSE STATEMENT

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.

The Person taken into custody . . .

☐ committed the below acts in my presence.

☐ confessed to _____ admitting to the below facts.

☐ was observed by _____ who told _____ that he/she saw the arrested person commit the below acts.

☒ was found to have committed the below acts, resulting from my (described) investigation.

On the 14 day of June, 2022 at 15:42 (Specifically include facts constituting cause for arrest.)

On 6/14/22 at 1600 hours I responded to 5560 N. Military Trail in reference to a crash. Upon my arrival I spoke with CSO Crowley who advised that a 2021 grey Mercedes 4 door bearing FL tag L1CDF struck a white 2015 Hyundai 4 door bearing FL tag BQC6Q in the parking lot.

CSO Crowley advised that the driver of the Mercedes, Lauren Hennick, appeared under the influence of an unknown substance as she could not provide her license, registration, or insurance. CSO Crowley stated her speech was slurred, she had blood shot eyes, and had trouble balancing. I spoke with the driver of the Hyundai, Jason Pochebyt, who advised Hennick was the driver and sole occupant of the vehicle. Pochebyt stated that he believed Hennick was under the influence of an unknown substance because she was out of it.

I observed that Hennick`s speech was slurred, she had blood shot eyes, and had trouble balancing. I asked Hennick for her license, registration, and insurance and she was unable to provide them. When I was speaking with Hennick she mumbled several incoherent statements. Hennick attempted to hand me 3 empty plastic cups. I notified Hennick that CSO Crowley concluded the crash investigation and read Hennick her Constitutional Rights from a preprinted card which she advised that she understood and agreed to speak with me. Hennick stated that she did not know where she was and then later stated that she was in Boca Raton, but she did not know what street she was on. Hennick stated that she took her prescribed medication, Gabapentin and Lexapro, at 0800 and then later advised at 0900. Hennick stated that it was currently 0700 hours, when it was approximately 1630 hours. Hennick stated that she did not have alcohol and then later stated that she had 6 Grey Goose vodka shots at 1600 hours.

I then asked Hennick to preform the Standard Field Sobriety Tasks (SFST`s) to dispel my alarm that she was driving impaired. Hennick initially refused to preform the tasks and

ADMINISTRATIVE

SWORN AND SUBSCRIBED BEFORE ME

CARUSO, MARK RICHARD
NOTARY PUBLIC / CLERK OF COURT / OFFICER (F.S.S. 117.10)

06/14/2022
DATE

SIGNATURE OF ARRESTING / INVESTIGATING OFFICER

RAFALKO, TRAVIS (7[illegible])
NAME OF OFFICER (PLEASE PRINT)

06/14/2022
DATE

SCANNED JUN 15 2022

COURT STATE ATTORNEY CENTRAL RECORDS JAIL CRIME ANALYSIS P. I. O.

ADMIN

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	Agency Name	Agency Report Number
FL FL0500200	BOCA RATON POLICE DEPARTMENT	3 | 2 | 2022-007719

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

Special Notes:

DEF

Name (Last, First, Middle)	Alias	Race	Sex	Date of Birth
HENNICK, LAUREN MICHELE		W	F	05/08/1975

PROBABLE CAUSE STATEMENT

I then read Hennick her Taylor Warnings which she advised that she understood and agreed to perform the tasks. Hennick did not have any injuries. I read Hennick the tasks from a preprinted card.

The first task was the walk and turn. Hennick could not balance during instructions, started too soon, stopped while walking, missed heel to toe, stepped off the line multiple times, used her arms to balance, and she failed to turn around and step an additional 9 steps.

The second task was the one leg stand. Hennick failed to maintain the starting position, swayed, used her arms to balance, and never picked up her foot from the ground.

The third task was the Horizontal Gaze Nystagmus. Hennick failed to maintain the starting position, swayed, and used her arms to balance. I observed a lack of smooth pursuit in both of her eyes, I observed distinct and sustained nystagmus, I observed the onset of nystagmus prior to 45 degrees, and I observed vertical nystagmus.

I then placed Hennick under arrest for DUI in violation of F.S.S. 316.193(1). I checked her handcuffs for proper fit and double locked them. Officer Baker searched Hennick. I then transported Hennick to BRPD where Officer De La Rua operated the Intoxilyzer 8000. I conducted the 20-minute observation period. Hennick refused to provide a breath sample. I read Hennick her Implied Consent warnings which she understood and refused to provide a breath sample. It should be noted that Hennick has two prior DUI arrests and a prior refusal to submit to a test on 8/12/2014 (citation #0202XCI). I additionally charged Hennick with Refusing to submit to a lawful test of her breath with a prior refusal in violation of F.S.S. 316.1939.

ADMINISTRATIVE

SWORN AND SUBSCRIBED BEFORE ME

CARUSO, MARK RICHARD
NOTARY PUBLIC / CLERK OF COURT / OFFICER (F.S.S. 117.10)

06/14/2022
DATE

SIGNATURE OF ARRESTING / INVESTIGATING OFFICER

RAFALKO, TRAVIS (779)
NAME OF OFFICER (PLEASE PRINT)

JUN 15 2022

06/14/2022
DATE

COURT STATE ATTORNEY CENTRAL RECORDS JAIL CRIME ANALYSIS P. I. O.

2022-007719
W/F Lauren Hemick
DOB: 05/08/1975
Arrest Time: 1702
Observation: 1730

DUI INFLUENCE REPORT

BOCA RATON POLICE SERVICES DEPARTMENT
100 NW 2nd Avenue
Boca Raton, FL 33432

BOCA RATON POLICE SERVICES DEPARTMENT

DUI INFLUENCE REPORT – PART I

On the 14 day of June, at 1702 AM/PM

Subject: Lauren Hearick Case Number: 22-7719

PERSONAL CONTACT

Driving Pattern:

Observation of Driver: See P/C

Driver's Statement:

Odors:

GENERAL OBSERVATIONS

Speech:

Attitude:

Clothing:

Medical Problems:

Medications:

Other:

Horizontal Gaze Nystagmus:

☐ Left eye does not follow smoothly
☐ Left eye jerks at 45 degrees angle or less
☐ Distinct jerking left eye maximum deviation
☐ Right eye does not follow smoothly
☐ Right eye jerks at 45 degrees angle or less
☐ Distinct jerking right eye maximum deviation

Can not do, Why? _____

Walk and turn: _____

Can not do, Why? See P/C

One leg stand: _____

Can not do, Why? _____

Finger to nose: _____

Can not do, Why? _____

Alphabet (speech pattern): _____

Can not do, Why? _____

Breath/Blood test results: Refused

State of Florida, County of Palm Beach,
Sworn and subscribed before me this 6/14/22 (date) by Dc Ls Rac.

Notary/Clerk of Court/ Officer (FSS 117.10)

6/14/22
Date

Signature of Arresting Officer

+ R. Falk
Name of Officer (print)

ARRESTING OFFICER: T. Rafalko

Name: John Crowley Phone # 561-738-1234 Work # _____

Address: 166 NW 2nd Ave, Boca Raton, FL

Can testify to: Crash Report

Name: Jason Pachecki Phone # 347-346-3478 Work # _____

Address: 6503 N Hillers Trail Apt 806, Boca Raton FL

Can testify to: Crash

Name: B. De La Rue Phone # 561-338-1271 Work # _____

Address: 166 NW 2nd Ave, Boca Raton FL

Can testify to: Breath Tech Operator

Name: _____ Phone # _____ Work # _____

Address: _____

Can testify to: _____

Name: _____ Phone # _____ Work # _____

Address: _____

Can testify to: _____

Name: _____ Phone # _____ Work # _____

Address: _____

Can testify to: _____

Name: _____ Phone # _____ Work # _____

Address: _____

Can testify to: _____

-END OF PART ONE-

BOCA RATON POLICE SERVICES DEPARTMENT
DUI INFLUENCE REPORT – PART II

To be filled out at testing facility

Agency Case # 2022-007719

I. INTRODUCTION (Instrument Operator faces video camera)

A. The day is Tuesday (day), June (month), 14 (date), 2022 (year).

B. The time is now approximately 555 AM/PM.

C. The following is in reference to case number 22-7719.

D. Present at this time is Ofc. McFalls of the Boca Raton Police Department. (Officer's Name)

E. Officer McFalls, have you arrested Laura Henrich (Defendant's name) in violation of Florida State Statute 316.193?

F. Did this violation occur within the City of Boca Raton, Palm Beach County, Florida? Yes

G. Mr./Mrs./Ms. Henrich, I am required to inform you these proceedings are being video recorded.

Operator Note: *Video record breath request, breath sample, and interview.*

II. AT THIS TIME THE ARRESTING OFFICER WILL REQUEST A BREATH SAMPLE.

Note: Read only the paragraph applicable to the type of test you are requesting.

A. I am now requesting that you submit to a lawful test of your **BREATH** for the purpose of determining its alcohol content.

B. I am now requesting that you submit to a lawful test of your **URINE** for the purpose of determining the presence of chemical or controlled substances.

C. I am now requesting that you submit to a lawful test of your **BLOOD** for the purpose of determining its alcohol content and the presence of chemical or controlled substances.

IMPLIED CONSENT WARNINGS

Note: Read only if the subject does not comply with your request.

I am Rafal Ku of the BRPD.

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 Signature: UA Uibeo

Note: Also read for CDL holders:

IN ADDITION, your refusal to submit will result in the loss of your commercial privileges for one year from today. If this is your SECOND REFUSAL, you will be permanently disqualified from operating a commercial motor vehicle.

Note: After reading the implied consent warning, the arresting officer must request a breath sample again.

(IF REFUSAL THEN)

At this time Mr./Mrs./Ms. Hennick has refused to submit to a breath test.

The date is June (month), 14 (day), 2022 (year), and the time is 604 AM/PM.

A refusal form will be completed by the arresting officer.

BOCA RATON POLICE SERVICES DEPARTMENT

JUVENILE CONSTITUTIONAL WARNINGS

Rights of suspects prior to custodial questioning.
Identify yourself and state:

I am required to warn you before you make any statement that you have the following Constitutional rights:

(1) You have the right to remain silent and not answer any questions. *Tell me in your own words what you think this means.*
(You do not have to talk to me or answer any questions about this offense. You can be quiet if you want.)

(2) Any statement you make must be freely and voluntarily given. *Tell me in your own words what you think this means.*
(If you do talk to me it has to be because you want to and not because anyone is forcing you to speak.)

(3) You have a right to the presence and representation of a lawyer of your choice before you make any statement and during any questioning. *Tell me in your own words what you think this means.*
(You can talk to a lawyer before we ask you any questions and you can have him/her with you now, during our questioning.)

(4) If you cannot afford a lawyer, you are entitled to the presence and representation of a court appointed lawyer before you make any statement and during any questioning. *Tell me in your own words what you think this means*
(If you do not have money for a lawyer and you want one, a lawyer will be given to you for free.)

(5) If at any time during the interview you do not wish to answer any questions, you are privileged to remain silent. *Tell me in your own words what you think this means.*
(If you decide to talk to me then change your mind, you can stop answering my questions at any time.)

(6) I can make no threats or promises to induce you to make a statement. This must be of your own free will. *Tell me in your own words what you think this means*
(I am not allowed to threaten you or make you any promises to get you to talk to me. If you decide to talk, it must be because you want to.)

(7) Any statement can be and will be used against you in a court of law. *Tell me in your own words what you think this means*
(Anything you say to me can and will be told to the judge or a jury in court. A judge is a person who decides if you have done something wrong. Sometimes a group of people called a jury decide this, but the Judge is the person who decides what punishment you get.)

(8) Do you understand these rights as I have read them to you, and do you wish to speak to me?

Signed: _____ Date: _____ Time: _____

BOCA RATON POLICE SERVICES DEPARTMENT

TESTING FACILITY TASK REPORT

SUBJECT: Lauren Hronick

CASE #: 22- 7719 DATE: 6/14/22

BREATH TEST RESULTS

1) TIME Refused AM/PM 2) TIME — AM/PM

3) TIME — AM/PM 4) TIME — AM/PM

BREATH OPERATOR: B. De La Rua

MAINTENANCE TECHNICIAN: J. VanCamp

TESTING OFFICER'S OBSERVATIONS

SPEECH: Slurred

ATTITUDE: Emotional

CLOTHING: Black shirt, Black pants, Sandals

MEDICAL CONDITION: None

OTHER: Bloodshot eyes, Swaying

COMMENTS:

Identify yourself and state:

I am required to warn you before you make any statement that you have the following Constitutional rights:

(1) You have the right to remain silent and not answer any questions.
(2) Any statement you make must be freely and voluntarily given.
(3) You have a right to the presence and representation 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 and representation of a court appointed lawyer before you make any statement 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 be and will be used against you in a court of law.
(8) Do you understand these rights as I have read them to you, and do you wish to speak to me?

Signed: _____ Date: _____ Time: _____

QUESTIONS AND ANSWERS

Were you operating a motor vehicle at the time of the accident/stop? _____

Where were you going? _____

What street or highway were you on? _____

Direction of travel? _____

Where did you start driving from? _____

What city (county) were you stopped in? _____

What time did you start? _____ AM/PM What time is it now? _____

What is today's date? _____ What day of the week is it? _____

When did you last eat? _____ What did you eat? _____

What have you been doing the past three hours prior to this stop/accident? _____

How much do you weigh? _____ Have you been drinking? _____ What were you drinking? _____
_____

How much? _____ Where? _____ With whom were you drinking? _____

When did you have your first drink? _____ AM/PM When did you stop drinking? _____ AM/PM

How did you consume your last two drinks? _____

Are you under the influence of alcohol now? ☐ Yes ☐ No

Can you feel the effects of alcohol? ☐ Yes ☐ No

Have you consumed alcohol since the accident? ☐ Yes ☐ No

Can you feel the effects of alcohol? ☐ Yes ☐ No

Have you consumed alcohol since the accident? ☐ Yes ☐ No How much? _____

What? _____ Where? _____

What line of work are you in? _____

When did you last work? _____

Do you have any physical defects or injuries? ☐ Yes ☐ No If yes, explain:

_____

Are you sick or injured? ☐ Yes ☐ No If yes, explain:

_____

Do you limp? ☐ Yes ☐ No Did you get a bump on the head? ☐ Yes ☐ No

Were you in an accident today? _____

Have you taken any drugs or smoked marijuana today? _____

What? _____ When? _____

Have you seen a doctor or dentist today? ☐ Yes ☐ No Who? _____

Are you taking any prescription medications? ☐ Yes ☐ No What? _____ When? _____

Do you have: Epilepsy? ☐ Yes ☐ No Inner ear trouble? ☐ Yes ☐ No

Glass eye? ☐ Yes ☐ No Ear infection? ☐ Yes ☐ No

False teeth? ☐ Yes ☐ No Diabetes? ☐ Yes ☐ No

Any problems not correctable by glasses or contact lenses? _____

Do you take insulin? ☐ Yes ☐ No If yes, when was your last injection? _____

Have you ever had a driver's license in any other state? _____

I am now ending this video recording. The time is now approximately _____ AM/PM.

The date is _____ (month), _____ (day), _____ (year).

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

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

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

or affirm that on or about the 14 day of June, 20 22, at 1702 ☑ P.M ☐ A.M.

DRIVER Lauren Hemick,
(Type or Print) FIRST NAME MIDDLE OR MAIDEN NAME LAST NAME

DL# H520-520-15-668-0, state of Florida, was placed under lawful arrest for

the offense of DUI by Ofc. T. Rafalko and
(Name of Arresting Officer)

issued Citation # A6LQI2E.

That on or about the 14 day of June, 20 22, at 1704 ☑ 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:

Signature of Attesting Officer

Title Ofc. Police

Date 6/14/22

(AFFIX SEAL)

The foregoing instrument was sworn and subscribed before me this 14 day of June, 20 22, by Ofc. Police, who is personally known to me or who has produced _____ as identification.

Notary Public _____

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)

FLORIDA DEPARTMENT OF LAW ENFORCEMENT
ALCOHOL TESTING PROGRAM
BREATH ALCOHOL TEST AFFIDAVIT

Instrument Type: Intoxilyzer 8000
Instrument Registered To: BOCA RATON PD
Instrument Serial Number: 80-006622 Software: 8100.27
Date of Test: 06/14/2022

Date of Last Agency Inspection: 06/11/2022
Observation Period Began: 17:30
Subject's Name: LAUREN M HENNICK DOB: 05/08/1975 Sex: F

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

Test	g/210L	Time
Diagnostics Check	OK	18:03
Air Blank	0.000	18:03
Control Test	0.078	18:04
Air Blank	0.000	18:04
Subject Sample #1	REF*	18:04
Air Blank	0.000	18:05
Control Test	0.079	18:05
Air Blank	0.000	18:06
Diagnostics Check	OK	18:06

*Subject Test Refused

Solution Lot: I5421080A1
Exp: 08/05/2023

State of Florida, County of Palm Beach.

Personally appeared before me the undersigned authority, who (✓) is personally known to me or (__) produced _____ as identification, and who after being placed under oath, states:

I [redacted], 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: [signature] 758 Date: 6/14/22
Signature

Sworn to (or affirmed) before me this 14 day of June, 22

[signature] Travis Rafalko
Signature of Notary Public-State of Florida Printed Name of Notary Public-State of Florida

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

FDLE/ATP FORM 38 - MARCH 2004, Ref. 11D-8.007

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: 2022015370	**Date:** 6/15/2022
	Specialist Name/ID: Chantel Daniels/30347