

22CT 9825 SB
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

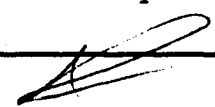
1 JUVENILE

OBTS Number	Agency ORI Number 0500200		Agency Name Boca Raton Police Department		Agency Report Number (N.T.A.'s only) 3 2 2022-008029	
Charge Type: Check as many ☐ 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) 1000 S DIXIE HWY, 1000 S DIXIE HWY, BOCA RATON, FL 33432			Location of Offense (Business Name, Address) 1000 S DIXIE HWY, BOCA RATON, FL 33432			
Date of Arrest 06/22/2022	Time of Arrest 02:46	Booking Date 06/22/2022	Booking Time 02:56	Jail Date 06/22/2022	Jail Time 04:52	Location of Vehicle RELEASED
Name (Last, First, Middle) SCHAFFNER, REYNARD JAMES III			Alias (Name, DOB, Soc. Sec. #, Etc.)			
Race W - White I - American Indian B - Black O - Oriental/Asian W M			Date of Birth 05/04/1997	Height 5'05	Weight 195	Eye Color BLUE
Sex M			Build Medium	Hair Color BROWN	Complexion MEDIUM	Build Thin
Scars, Marks, Tattoos, Unique Physical Features (Location, Type, Description) None			Marital Status S	Religion CATHOLIC	Indication of Alcohol Influence Yes ☐ No ☐ Unk. ☐	
Local Address (Street, Apt. Number) 840 SW 9TH AVE, BOCA RATON, FL 33486			(City)	(State)	(Zip)	Phone (561) -
Permanent Address (Street, Apt. Number) 840 SW 9TH AVE, BOCA RATON, FL 33486			(City)	(State)	(Zip)	Phone (561) -
Business Address (Name, Street) SELF EMPLOYED,			(City)	(State)	(Zip)	Phone (561) -
Occupation Deisel Tec			Citizenship US			
DVI Number, State SI56730971640 / FL			Place of Birth (City, State) BOCA RATON, FL			
Co-Defendant Name (Last, First, Middle)			Race	Sex	Date of Birth	☐ 1. Arrested ☐ 3. Felony ☐ 5. Juvenile
Co-Defendant Name (Last, First, Middle)			Race	Sex	Date of Birth	☐ 2. At Large ☐ 4. Misdemeanor ☐ 5. Juvenile
☐ Parent ☐ Other: _____ Name (Last, First, Middle)			Residence Phone			
☐ Legal Custodian			Business Phone			
Address (Street, Apt. Number)			(City)	(State)	(Zip)	
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.			School Attended		Grade	
☐ Yes, by: ☐ No			Property Crime? ☐ Yes ☒ No		Description of Property	
Drug Activity N. N/A P. Possess			S. Sell B. Buy T. Traffic	R. 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 DRIVE UNDER INFLUENCE ALC			Statute Violation Number 316.193(1A)		Violation of ORD #	
Drug Activity	Drug Type N	Amount / Unit	Offense #	Counts	Domestic Violence ☐ Y ☒ N	Warrant / Capias Number
Charge Description			Statute Violation Number		Violation of ORD #	
Drug Activity	Drug Type	Amount / Unit	Offense #	Counts	Domestic Violence ☐ Y ☐ N	Warrant / Capias Number
Charge Description			Statute Violation Number		Violation of ORD #	
Drug Activity	Drug Type	Amount / Unit	Offense #	Counts	Domestic Violence ☐ Y ☐ N	Warrant / Capias Number
Health / Apparent Physical Condition of Defendant GOOD			Any knowledge of the following: ☐ Mental ☐ Escape Risk ☐ Medication ☐ Deformities ☐ Injuries			
Check which applies: ☐ Released O.R. ☐ Released to Parent/Guardian ☒ T.O.T. County Jail			Explain:			
Transported By 868			PROPERTY - Received By 868		Released By 868	
Date Transported 06/22/2022			Time Transported 04:52		Released To PBCJ	
☒ INSTRUCTION NO. 1 - Mandatory appearance in court			Location (Court, Room) South County 200 W Atlantic Ave Delray Beach, FL 33444			
☐ INSTRUCTION NO. 2 - You need not appear in Court but must comply with instructions on Page 2.			Court Date and Time 07/25/2022 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.			No Photo Available			
Signature of Defendant (or Juvenile and Parent/Custodian)			Date Signed			
HOLD for Other Agency			Signature of Arresting Officer		Name Verification (Printed by Arrestee)	
☐ Dangerous ☐ Resisted Arrest			Name of Arresting Officer (Print) WILLIAMS, D.		(PRINT)	
☐ Suicidal ☐ Other			ID. # 868			
Inmate Deputy	ID. #	Pouch #	Transporting Officer WILLIAMS, DAVID	ID. # 868	Agency BOCA	Witness here if subject signed with an "X"

Royes, Joseph 869

JUN 24 2022

OBS Number		PROBABLE CAUSE AFFIDAVIT		1. Arrest 2. N.T.A.		3. Request for Warrant 4. Request for Copies		1	JUVENILE
ADMINISTRATIVE	Agency ORI Number FL FL0500200		Agency Name BOCA RATON POLICE DEPARTMENT		Agency Report Number 3 2 2022-008029				
	Charge Type: Check as many as apply. ☐ 1. Felony ☐ 2. Traffic Felony		☐ 3. Misdemeanor ☒ 4. Traffic Misdemeanor		☐ 5. Ordinance ☐ 6. Other		Special Notes:		
DEFENDANT	Name (Last, First, Middle) SCHAFFNER, REYNARD JAMES III				Race W		Sex M		Date of Birth 05/04/1997
	Charge Description 316.193(1A) DUI				Charge Description				
VICTIM	Victim's Name (Last, First, Middle) STATE OF FLORIDA,				Race U		Sex U		Date of Birth
	Local Address (Street, Apt. Number) (City) (State) (Zip) 100 NW 2ND AVE, BOCA RATON, FL 33432				Phone (561) 338-1234		Address Source		
CHARGES	Business Address (Name, Street) (City) (State) (Zip)				Phone (561) -		Occupation		
	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. ☐ was observed by _____ who told _____ that he/she saw the arrested person commit the below acts. ☐ confessed to _____ admitting to the below facts. ☒ was found to have committed the below acts, resulting from my (described) investigation. On the <u>22</u> day of <u>June</u>, <u>2022</u> at <u>02:46</u> (Specifically include facts constituting cause for arrest.)								
CASE	MVR Available. On 6/22/2022, at 0221 hours, I was traveling southbound on S Dixie Hwy approaching SE 7th St. I observed a red in color Golf Cart traveling ahead of me on Dixie Hwy in violation of F.S.S. 316.212. The Golf Cart was traveling in the right outside lane weaving within its lane. I observed the Golf Cart cross over the solid white outside line separating the travel lane and the bicycle lane multiple times. I activated my emergency equipment and conducted a traffic stop on the Golf Cart where it came to a complete stop at approximately 1000 S Dixie Hwy.								
	While approaching the vehicle I was immediately presented with the strong odor of alcohol emanating from the driver. The driver was identified by his FL DL S156730971640 as Reynard James Schaffner 3. Once I was face to face with Schaffner the odor of alcohol became even stronger, and I was able to observe him to have extremely bloodshot/watery eyes. When asked where Schaffner was coming from he replied "O'Brian's". I observed Schaffner's speech pattern to be slow and slurred. Based upon the combination of pre-and post-stop clues I requested Schaffner participate in Field Sobriety Exercises (FSEs) to which he complied. The FSEs were conducted as follows. Horizontal Gaze Nystagmus (HGN) The defendant identified the stimulus as red. The defendant had equal pupil size and equal tracking in both eyes. The defendant's eyes continued to jump as he attempted to follow the stimulus. In conducting the exercise, I was able to observe a Lack of Smooth Pursuit, Distinct and Sustained Nystagmus at Maximum Deviation, the onset of Nystagmus prior to 45 degrees, and Vertical Nystagmus. While giving the instructions the defendant								
NOTARIZATION	SWORN AND SUBSCRIBED BEFORE ME				SIGNATURE OF ARRESTING / INVESTIGATING OFFICER				
	RADFORD, STEPHEN THOMAS NOTARY PUBLIC / CLERK OF COURT / OFFICER (F.S.S. 117.10) <u>06/22/2022</u> DATE				WILLIAMS, DAVID (868) NAME OF OFFICER (PLEASE PRINT) <u>06/22/2022</u> DATE				

OBT Number		PROBABLE CAUSE AFFIDAVIT SUPPLEMENT		1. Arrest 2. N.T.A.		3. Request for Warrant 4. Request for Copies		1	JUVENILE
A	Agency ORI Number	Agency Name	Agency Report Number						
D	FL FL0500200	BOCA RATON POLICE DEPARTMENT	3 2 2022-008029						
M	Charge Type: Check as many as apply. ☐ 1. Felony ☐ 3. Misdemeanor ☐ 5. Ordinance ☐ 2. Traffic Felony ☒ 4. Traffic Misdemeanor ☐ 6. Other				Special Notes:				
N	Name (Last, First, Middle)				Race		Sex		Date of Birth
I	SCHAFFNER, REYNARD JAMES III				W		M		05/04/1997
E	continued to sway. Walk and Turn The surface was flat and hard. The defendant attempted to do the exercise without shoes. The line used was a painted white line. I made sure the defendant both knew the line he would be using and the color of that line. I began the exercise by instructing and demonstrating to the defendant how to complete the exercise. While giving instructions the defendant lost balance several times and failed to stay in the starting position. In conducting the exercise, the defendant walked an improper number of steps, made an improper turn, and failed to walk Heal-to-Toe. One Leg Stand The surface was flat and hard. The defendant attempted to do the exercise without shoes. The defendant raised his left leg. During the exercise, the defendant continued to sway and was only able to hold his leg up for a few seconds. The defendant repeatedly utilized his arms to steady himself. Prior to the completion of the exercises, the defendant stated, "I can't do this". Finger to nose The surface was flat and hard. The defendant conducted the exercise without shoes. The defendant failed to touch the tip of his finger to the tip of his nose multiple times. During the exercise, the defendant continued to sway and had to be instructed repeatedly not to leave his finger on his nose. Modified Romberg Balance The surface was flat and hard. The defendant conducted the exercise without shoes. During the exercise, the defendant continued to sway. The defendant never notified me of the completion of the exercise. I had to stop the exercise after the passing of 70 seconds. Due to the totality of the circumstances and my training/experience, I felt the defendant was unable to perform simple tasks during the exercises due to being impaired. I felt the defendant is too impaired to operate a motor vehicle safely. The defendant was placed under arrest at 0246 hours, for driving under the influence. Schaffner was placed in handcuffs that were checked for tightness and double locked. The vehicle was released to his mother per Schaffner's request.								
P	SWORN AND SUBSCRIBED BEFORE ME RADFORD, STEPHEN THOMAS NOTARY PUBLIC / CLERK OF COURT / OFFICER (F.S.S. 117.10) 06/22/2022 DATE				SIGNATURE OF ARRESTING / INVESTIGATING OFFICER  WILLIAMS, DAVID (868) NAME OF OFFICER (PLEASE PRINT) 06/22/2022 DATE				
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OBS Number		PROBABLE CAUSE AFFIDAVIT SUPPLEMENT		1. Arrest 2. N.T.A.		3. Request for Warrant 4. Request for Capias		1	JUVENILE
A D M I N	Agency ORI Number FL FL0500200		Agency Name BOCA RATON POLICE DEPARTMENT		Agency Report Number 3 2 2022-008029				
	Charge Type: Check as many as apply:		☐ 1. Felony ☐ 2. Traffic Felony		☐ 3. Misdemeanor ☒ 4. Traffic Misdemeanor		☐ 5. Ordinance ☐ 6. Other		Special Notes:
D E F	Name (Last, First, Middle) SCHAFFNER, REYNARD JAMES III				Race W		Sex M		Date of Birth 05/04/1997
	Schaffner was transported to the BRPD DUI room. I conducted the 20-minute observation and operated the Intoxilyzer. The observation period began at 0315 hours after letting him use the bathroom in my presence. Schaffner indicated that he will be unable to provide a breath sample and as such was read his implied consent warnings at 0338 hours. Reference Intoxilyzer 8000 S#80-006622 results were (VNM) Schaffner was transported to Palm Beach County Jail.								
PROBABLE CAUSE STATEMENT NOT A CERTIFIED COPY									
A D M I N I S T R A T I V E	SWORN AND SUBSCRIBED BEFORE ME RADFORD, STEPHEN THOMAS NOTARY PUBLIC / CLERK OF COURT / OFFICER (F.S.S. 117.10) 06/22/2022 DATE				 SIGNATURE OF ARRESTING / INVESTIGATING OFFICER WILLIAMS, DAVID (888) NAME OF OFFICER (PLEASE PRINT) 06/22/2022 JUN 24 2022 DATE				
					SCANNED				
					PAGE 3 OF 3				

COURT

STATE ATTORNEY

CENTRAL RECORDS

JAIL

CRIME ANALYSIS

P. I. O.

3:15

Obs ~~3:04~~

22- 8021

X15 02:46

DUI INFLUENCE REPORT



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

SCANNED

JUN 24 2022



BOCA RATON POLICE SERVICES DEPARTMENT
DUI INFLUENCE REPORT - PART I

On the 22 day of June, at 02:46 AM/PM:

Subject: Reynard Schaffner Case Number: 22-8029

PERSONAL CONTACT

Driving Pattern: _____

Observation of Driver: _____

Driver's Statement: _____

Odors: _____

GENERAL OBSERVATIONS

Speech: _____

Attitude: _____

Clothing: _____

Medical Problems: _____

Medications: _____

Other: _____

SCANNED

JUN 24 2022

Horizontal Gaze Nystagmus:

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

Can not do, Why? _____

Walk and turn: _____

Can not do, Why? _____

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: _____

State of Florida, County of Palm Beach, 6/22/22 (date) by SGT Rodford
Sworn and subscribed before me this 22 6/22/22

Notary/Clerk of Court/Officer (SSS 412.10)

Date

Signature of Arresting Officer

Name of Officer (print)

SCANNED

JUN 24 2022

ARRESTING OFFICER: Williams David

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: _____

Name: _____ Phone # _____ Work # _____

Address: _____

Can testify to: _____

Name: _____ Phone # _____ Work # _____

Address: _____

Can testify to: _____

Name: _____ Phone # _____ Work # _____

Address: _____

Can testify to: _____



BOCA RATON POLICE SERVICES DEPARTMENT
DUI INFLUENCE REPORT - PART II

To be filled out at testing facility

Agency Case # 2022-008029

I. INTRODUCTION (Instrument Operator faces video camera)

A. The day is Wednesday, June, 22 2022
(day) (month) (date) (year)

B. The time is now approximately 0336 AM/PM.

C. The following is in reference to case number 22-8029.

D. Present at this time is Off Williams David of the Boca Raton Police Department.
(Officer's Name)

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

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

G. Mr. Reynard, I am required to inform you these
proceedings are being video recorded.

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

SCANNED

JUN 24 2022

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 _____ 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 Signature: _____

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. _____ has refused to submit to a breath test.

The date is _____, _____, _____, and the time is _____ AM/PM.
(month) (day) (year)

A refusal form will be completed by the arresting officer.

SCANNED

JUN 24 2022



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: _____

SCANNED

JUN 24 2022



BOCA RATON POLICE SERVICES DEPARTMENT
TESTING FACILITY TASK REPORT

SUBJECT: Reynard Schaffner

CASE #: 22-8029 DATE: 6/22/2022

BREATH TEST RESULTS

1) TIME VNM AM/PM 2) TIME VNM AM/PM

3) TIME _____ AM/PM 4) TIME _____ AM/PM

BREATH OPERATOR: Williams David 868

MAINTENANCE TECHNICIAN: Crawford

TESTING OFFICER'S OBSERVATIONS

SPEECH: _____

ATTITUDE: _____

CLOTHING: _____

MEDICAL CONDITION: _____

OTHER: _____

COMMENTS: _____

SCANNED

JUN 24 2022

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? _____

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 3:56 AM/PM.

The date is June (month), 22 (day), 2022 (year).

SCANNED

11 IN 24 2022

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

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

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

or affirm that on or about the 22 day of June, 20 22, at 0246 ☐ P.M. ☒ A.M.

DRIVER Reyhane James Schafener 3,
(Type or Print) FIRST NAME MIDDLE OR MAIDEN NAME LAST NAME

DL# S156730971640, state of Florida, was placed under lawful arrest for

the offense of DUI by Ofc David Williams and
(Name of Arresting Officer)

issued Citation # ABLRIZE.

That on or about the 22 day of June, 20 22, at 0338 ☐ 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]
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]
Signature of Attesting Officer

Title Police Officer

Date 6/22/22

(AFFIX SEAL)

The foregoing instrument was sworn and subscribed before

me this _____ day of _____, 20 _____,

by _____,

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.

**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: 06/22/2022

Date of Last Agency Inspection: 06/11/2022

Observation Period Began: 03:15

Subject's Name: REYNARD J SCHAFFNER

DOB: 05/04/1997 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	03:42
	Air Blank	0.000	03:43
	Control Test	0.079	03:43
	Air Blank	0.000	03:44
	Subject Sample #1	NSP*	03:47
	Air Blank	0.000	03:47
	Air Blank	0.000	03:49
	Subject Sample #2	NSP*	03:53
	Air Blank	0.000	03:53
	Control Test	0.081	03:53
	Air Blank	0.000	03:54
	Diagnostics Check	OK	03:54

*No Sample Provided

Cylinder Lot: 15421080A1
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 DAVID P. WILLIAMS, 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] Date: 6/22/22
Signature

Sworn to (or affirmed) before me this 22 day of June, 2022
[Signature] Stephen Redford
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.



**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: 2022015975	Date: 06/23/22
	Specialist Name/ID: T.Howard/7185

SCANNED

JUN 24 2022