

26 CT-372AMB

PH 826

JACKET# 0564651

☐ Marsy's Law CVI FL Const. Art. I § 16(b)☐ Check if Supplement is Attached1. Arrest 3. Request for Warrant  
2. N.T.A. 4. Request for Capias

1

Juvenile

OBS Number		ARREST / NOTICE TO APPEAR Juvenile Referral Report		1. Arrest 3. Request for Warrant 2. N.T.A. 4. Request for Capias		1		Juvenile	
Agency ORI Number FLO: 5 0 0 0 0 0 0		Agency Name PALM BEACH COUNTY SHERIFF'S OFFICE		Agency Report Number 0 6 1- 26-024112					
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		Multiple Clearance Indicator	
Location of Arrest (Including Name of Business) 6285 Country Fair Cir		Boynton Beach, FL 33437		Location of Offense (Business Name, Address) 6285 Country Fair Cir		Boynton Beach, FL 33437			
Date of Arrest 01/11/26		Time of Arrest 20:33		Booking Date		Booking Time		Jail Date	
Jail Time		Location of Vehicle							
Name (Last, First, Middle) DE JURA		ADAM		Alias (Name, DOB, Soc. Sec. #, Etc.)					
Race W - White B - Black		Sex W M		Date of Birth 09/12/1983		Height 5'10		Weight 200	
Eye Color BROWN		Hair Color Bald		Complexion MEDIUM		Build MEDIUM			
Scars, Marks, Tattoos, Unique Physical Features (Location, Type, Description)		Marital Status Married		Religion None		Indication of: Alcohol Influence Drug Influence		Y N Unk <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
Local Address (Street, Apt. Number) 9914 62ND TERRACE S # A		(City) BOYNTON BEACH FL 33437		(State) FL		(Zip) 33437		Mobile Phone	
Permanent Address (Street, Apt. Number) 9914 62ND TERRACE S # A		(City) BOYNTON BEACH FL 33437		(State) FL		(Zip) 33437		Phone	
Business Address (Name, Street)		(City)		(State)		(Zip)		Phone	
D/L Number, State D260014833320 FL		Soc. Sec. Number		INS Number		Place of Birth (City, State) WPB FL		Citizenship US	
Co-Defendant (Last, First, Middle)		Race		Sex		Date of Birth		<input type="checkbox"/> 1. Arrested <input type="checkbox"/> 2. At Large	
Co-Defendant (Last, First, Middle)		Race		Sex		Date of Birth		<input type="checkbox"/> 1. Arrested <input type="checkbox"/> 2. At Large	
<input type="checkbox"/> Parent <input type="checkbox"/> Legal Custodian <input type="checkbox"/> Other		Name (Last)		(First)		(Middle)		Residence Phone	
Address (Street, Apt. Number)		(City)		(State)		(Zip)		Business Phone	
Notified by: (Name)		Date		Time		Juvenile Disposition 1. Handled/Processed within Dept. and Released.		2. TOT HRS/DYS 3. Incarcerated	
Released To: (Name)		Relationship		Date		Time			
The above address 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 (561) 355-6511) informed of any change of address. <input type="checkbox"/> Yes, by: (Name) <input type="checkbox"/> No (Reason)		School Attended		Grade					
Property Crime? <input type="checkbox"/> Yes <input type="checkbox"/> No		Description of Property		Value of Property					
S. Sell N. N/A P. Possess		R. Smuggle D. Deliver T. Traffic		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 D.U.I.		Counts 1		Domestic Violence <input type="checkbox"/> Y <input checked="" type="checkbox"/> N		Statute Violation Number 316.193(1)A		Violation of ORD #	
Drug Activity N		Drug Type N		Amount / Unit		Offense #		Warrant / Capias Number	
Bond								1,000	
Charge Description Refusal to submit to BAI test		Counts 1		Domestic Violence <input type="checkbox"/> Y <input checked="" type="checkbox"/> N		Statute Violation Number 316.1939(1)D		Violation of ORD #	
Drug Activity N		Drug Type N		Amount / Unit		Offense #		Warrant / Capias Number	
Bond								250	
Charge Description		Counts		Domestic Violence <input type="checkbox"/> Y <input checked="" type="checkbox"/> N		Statute Violation Number		Violation of ORD #	
Drug Activity		Drug Type		Amount / Unit		Offense #		Warrant / Capias Number	
Bond									
Charge Description		Counts		Domestic Violence <input type="checkbox"/> Y <input checked="" type="checkbox"/> N		Statute Violation Number		Violation of ORD #	
Drug Activity		Drug Type		Amount / Unit		Offense #		Warrant / Capias Number	
Bond									
Location (Court, Room Number, Address) 3226 Gun Club RD, West Palm Beach FL 33404									
Court Date and Time Month 02 Day 11 Year 2026 Time 08:30 A.M. <input checked="" type="checkbox"/> P.M. <input type="checkbox"/>									
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/Guardian)									
Date Signed									
I consent to receive text reminders of court date(s) and times for this case by automated technology to the mobile number identified above. I understand that standard text message rates may apply, and that I may revoke this consent via the text message system if I choose.									
Signature									
HOLD for other agency		Signature of Arresting Officer X		Name Verification (Printed by Arrestee)					
<input type="checkbox"/> Dangerous <input type="checkbox"/> Suicidal		<input type="checkbox"/> Resisted Arrest <input type="checkbox"/> Other		Name of Arresting Officer (Print) D/S Wicks		I.D. # 38672		(PRINT)	
Transporting Officer D/S Wicks		I.D. # 38672		Agency PBSO				PAGE 1 OF 1	
Witness here if subject signed with an "X"									

FILED PBC - GUN CLUB--  
JAN 12 2026 8:38

# D.U.I. PROBABLE CAUSE AFFIDAVIT



ON THE 11th DAY OF Januray 20 26 , AT 18:39 AM PM

SUBJECT: DE JURA ADAM CASE NUMBER: 26-024112

AGENCY: PALM BEACH COUNTY SHERIFF'S OFFICE ARRESTING OFFICER: D/S Wicks 38672

## PERSONAL CONTACT

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

On Sunday, January 11, 2026, at approximately 1936 hours, I was dispatched to 6285 Country Fair Circle, Boynton Beach, FL 33437, located in unincorporated Palm Beach County, in reference to a motor vehicle collision.

Upon my arrival on scene, I made contact with CSA Sanacore (ID #28995), who advised that four vehicles were involved in the crash. CSA Sanacore further informed me that the driver of a black HYUN bearing Florida tag "60AYXW" was observed stumbling on his feet and that a strong odor of an unknown alcoholic beverage was emanating from his person.

I then spoke with a witness, later identified as Francine Marciano Cruz, who stated she observed the entire incident. Francine stated the following (not verbatim): she observed the black HYUN vehicle travelling through the neighborhood at a high rate of speed while swerving. She then saw the truck rear-end a parked vehicle. She further stated she observed the driver, later identified as Adam, exit the vehicle and stumble, nearly falling to the ground. Francine approached Adam to ask if he was okay, to which he replied that he was. She stated she detected the odor of an unknown alcoholic beverage on his breath. Francine remained with Adam until law enforcement arrived on scene. She noted that during that time, Adam did not consume any food or drink. She also stated that there was no animal in the roadway and that Adam appeared to simply be swerving.

## OBSERVATION OF DRIVER:

Upon making contact with the driver of the black HYUN who verbally identified himself as Adam De Jura. Adam did not possess his Florida driver's license at the time of contact. When I asked him what happened, he stated that a cat had run across the roadway, and he swerved to avoid it. As Adam spoke to me a strong odor of an unknown alcoholic beverage was able to be smelt and got stronger as he talked to me. Adam was also observed swaying back and forth as he talked to me. Also when I asked for a picture of his Driver's License he was unable to open the gallery and proceed to open other task on his phone and not able to follow simple instructions. Adam also became irate and was going from calm to mad and appeared to be having mood swings.

While on scene, Adam was argumentative and uncooperative. When I requested that he submit to Standardized Field Sobriety Tasks (SFSTs), Adam had to lean against a truck to maintain balance. At one point, he sat on the ground and demanded to speak to a lawyer. Adam then attempted to make a phone call and was instructed to hang up the phone, which he refused to do.

At that time, I informed Adam that he was under arrest. He refused to stand up and had to be physically lifted off the ground to be taken into custody.

## DRIVER'S STATEMENTS:

He was not driving the vehicle. Adam refused for a consent of his breathe and could not follow instructions. He was given multiple opportunities to in which he refused and kept repeating himself. I read his him Miranda Warnings and he invoked his right to counsel. Q&A not conducted.

## ODORS:

Strong odor of an unknown alcoholic beverage and intensified as he spoke to me.

## GENERAL OBSERVATIONS

SPEECH: Slow and slurred

ATTITUDE: Irate, belligerent, mood swings, argumentative, repetitive

CLOTHING: Shirt and shorts with shoes

MEDICAL/OTHER: Listed multiple

STATE OF FLORIDA  
COUNTY OF PALM BEACH

D/S Wicks

*DWS*

38672

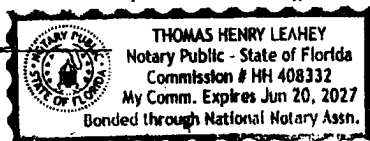
(Signature of Arresting/Investigative Officer)

The foregoing instrument was sworn to or affirmed and subscribed before me this 11th day of January 20 26 by D/S Wicks 38672

(Print name of Arresting/Investigative Officer), who is personally known to me and/or produced identification. Type of identification produced

KNOWN LEO

Notary Public, Clerk of Court, Officer (F.S.S 117.10)



SUBJECT: DE JURA ADAM CASE NUMBER 26-024112

ROADSIDE TASKS

HORIZONTAL GAZE NYSTAGMUS / LIGHTED PEN STIMULUS TASK: SFST

- |   |   |
|---|---|
| <input checked="" type="checkbox"/> LT EYE-LACK OF SMOOTH PURSUIT                           | <input checked="" type="checkbox"/> RT EYE-LACK OF SMOOTH PURSUIT                           |
| <input checked="" type="checkbox"/> LT EYE-DISTINCT & SUSTAINED NYSTAGMUS AT MAX. DEVIATION | <input checked="" type="checkbox"/> RT EYE-DISTINCT & SUSTAINED NYSTAGMUS AT MAX. DEVIATION |
| <input checked="" type="checkbox"/> LT- EYE-ONSET OF NYSTAGMUS PRIOR TO 45 DEGREES          | <input checked="" type="checkbox"/> RT- EYE-ONSET OF NYSTAGMUS PRIOR TO 45 DEGREES          |

**Other Observations:**

Red and watery eyes.

WALK & TURN: REFUSED

Refused or Could not complete due to safety, medical or injury related reasons

ONE LEG STAND: REFUSED

Refused or Could not complete due to safety, medical or injury related reasons

ROMBERG ALPHABET: REFUSED

Refused or Could not complete due to safety, medical or injury related reasons

HAND COORDINATION: REFUSED

Refused or Could not complete due to safety, medical or injury related reasons

BREATH TEST RESULTS: (1)  (2)  (3)  (4)

STATE OF FLORIDA  
COUNTY OF PALM BEACH

D/S Wicks *[Signature]* 38672

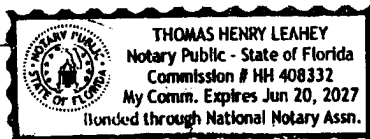
(Signature of Arresting/Investigative Officer)

The foregoing instrument was sworn to or affirmed and subscribed before me this 11th day of January, 2026 by D/S Wicks 38672

(Print name of Arresting/Investigative Officer), who is personally known to me and/or produced identification. Type of identification produced

KNOWN LEO

*[Signature]*  
Notary Public, Clerk of Court, Officer (F.S.S. 117.10)



## WITNESS LIST

CASE NUMBER: 26-024112

ARRESTING OFFICER: D/S Wicks

ADDRESS: 3228 gun club rd west palm beach fl 33406

PHONE NUMBERS (HOME): 561-688-3000 (WORK) 561-688-3000

CAN TESTIFY TO: DUI Investigation

NAME: FRANCINE, MARCANO CRUZ

ADDRESS: 6277 COUNTRY FAIR CIR BOYNTON BEACH FL 33437

PHONE NUMBERS (HOME) 407-454-3499 (WORK) 407-454-3499

CAN TESTIFY TO: Wheel witness / STAYED with him until law enforcement arrived on scene

NAME: CSA Sanacore

ADDRESS 3228 gun club rd west palm beach fl 33406

PHONE NUMBERS (HOME) 561-688-3000 (WORK) \_\_\_\_\_

CAN TESTIFY TO: Initial contact with driver and observations

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: \_\_\_\_\_

NAME: \_\_\_\_\_

ADDRESS \_\_\_\_\_

PHONE NUMBERS (HOME) \_\_\_\_\_ (WORK) \_\_\_\_\_

CAN TESTIFY TO: \_\_\_\_\_



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

PBSO CASE # 26-024112 PBSO ZONE 6-41

AGENCY CASE # \_\_\_\_\_ CRASH CASE # N/A

TIME OF STOP/CRASH 18:39 DATE 01/11/2026 DAY Sunday

SUBJECT'S NAME DE JURA ADAM  
LAST FIRST MID

DOB 09/12/1983 HGT 5'10 WGT 200 RACE W SEX M

LOCATION 6285 Country Fair Cir Boynton Beach, FL 33437

ARRESTING OFFICER'S NAME & ID D/S Wicks 38672 Palm Beach County Sheriff's Office  
AGENCY

DIVISION: Road Patrol

NOTIFIED BY COMMO yes

BREATH RESULTS:

ARRIVAL AT FACILITY 21:10

ARREST TIME 20:33

(1) **REFUSED**  
(2) **REFUSED**  
(3) **REFUSED**  
(4) **REFUSED**

T. Leakey 19183  
BAT TECH. OFFICER NAME & ID

N/A  
PBSO VIDEOTAPE #

# TESTING FACILITY TASK REPORT

AGENCY: PBSO

SUBJECT: De Jura, Adam N

CASE NUMBER: 26-0241112

DATE: Jan 11, 2026

VIDEO DVD NUMBER: N/A

BEGINNING TIME: 2139

ENDING TIME: 2151

BREATH TESTS RESULTS: 1) R TIME 2149 A.M. ☐ P.M. ☒ 2) n/a TIME 0 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 TECHNICAN: Jason Karlecke #6467

## TESTING OFFICER'S OBSERVATIONS

SPEECH: thick, loud

ATTITUDE: agitated, argumentative

CLOTHING: blue shorts, black camo shirt, gray shoes

MEDICAL CONDITIONS: Anxiety, Heart issues

MEDICATIONS: Alprazolam, Metropolol, Atorvastatin, Losartin, Zoloft

## OTHER:

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

**REFUSED**

## COMMENTS:

arrived at center A/O conducted 20 minute observation period 2110 hrs

subject refused to perform breath test

A/O read I/C & tech explained & subject would not answer if he understood I/C

subject refused to perform breath test - I want my lawyer

A/O called refusal @ 2149

A/O read rights & subject understood rights

A/O did not attempt Q&A

subject invoked right to counsel

**REFUSED**

PALM BEACH COUNTY

# SHERIFF'S OFFICE

SHERIFF RIC L. BRADSHAW



## DUI Breath Implied Consent

**\*NOT APPLICABLE WITH VOLUNTARY CONSENT\***

DEFENDANT'S NAME: \_\_\_\_\_ CASE NO: \_\_\_\_\_

DATE OF ARREST: \_\_\_\_\_ TIME OF ARREST: \_\_\_\_\_

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

Will you take the test? YES \_\_\_\_\_ NO ☒

**NOTE: READ ONLY IF THE ANSWER TO THE ABOVE IS "NO"**

If you refuse to take the test I have requested of you, your driving privilege will be suspended for a period of one (1) year for a FIRST REFUSAL. Additionally, if you refuse to take the test I have requested of you, you will be committing a misdemeanor of the SECOND DEGREE if this is your first refusal, in addition to any other penalties which can be imposed by law. If you refuse to take the test I have requested of you, and if your driving privilege has been PREVIOUSLY SUSPENDED, or if you have been PREVIOUSLY FINED under s. 327.35215, for a refusal to submit to a lawful test of your breath, urine, or blood, your driving privilege will be suspended for a period of eighteen (18) months. Additionally, you will be committing a misdemeanor of the FIRST DEGREE, in addition to any other penalties which can be imposed by law. Refusal to submit to the test I have requested is admissible into evidence in any criminal proceeding.

Do you understand what I have just read to you? YES \_\_\_\_\_ NO ☒

Do you still refuse to submit to this test? YES \_\_\_\_\_ NO ☒

**NOTE: IF THE SUBJECT POSSESSES A COMMERCIAL DRIVER LICENSE (CDL), READ THE FOLLOWING, REGARDLESS OF WHETHER THE SUBJECT IS OPERATING A COMMERCIAL MOTOR VEHICLE (CMV)**

In addition, if you hold a Commercial Driver's License (CDL), or were driving a Commercial Motor Vehicle (CMV), your refusal to submit to testing will result in the loss of your commercial driving privileges for one year from today. If this is your second refusal, you will be permanently disqualified from operating a Commercial Motor Vehicle (CMV).

Do you understand what I have just read to you? YES \_\_\_\_\_ NO \_\_\_\_\_

Do you still refuse to submit to this test? YES \_\_\_\_\_ NO \_\_\_\_\_

Date read: \_\_\_\_\_ Time read: \_\_\_\_\_ Location read: \_\_\_\_\_

LAW ENFORCEMENT OFFICER NAME (printed): \_\_\_\_\_ ID: \_\_\_\_\_

LAW ENFORCEMENT OFFICER SIGNATURE: \_\_\_\_\_

WHITE: STATE ATTY.

YELLOW: DHSMV

PINK: CENTRAL RECORDS

GOLD: JAIL

SUBJECT: DeJura, Adam N

CASE NUMBER: 26-024112

## IMPLIED CONSENT FOR DUI IN A MOTOR VEHICLE

**NOTE: READ ONLY THE PARAGRAPH APPLICABLE TO THE TYPE OF TEST YOU ARE REQUESTING.**

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

-OR-

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

-OR-

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

**NOTE: READ ONLY IF THE SUBJECT DOES NOT COMPLY WITH YOUR REQUEST**

I am \_\_\_\_\_ of the \_\_\_\_\_

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

SUBJECT'S SIGNATURE: \_\_\_\_\_ , ,

## CONSTITUTIONAL WARNINGS

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

You have the right to remain silent and not answer any questions.

Any statement must be freely and voluntarily given.

You have the right to the presence of a lawyer of your choice before you make any statement and during any questioning.

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.

If at any time during the interview you do not wish to answer any questions, you are privileged to remain silent.

I can make no threats or promises to induce you to make a statement. This must be of your own free will.

Any statement can and will be used against you in a court of law.

SUSPECT'S SIGNATURE: Read on camera , ,



SUBJECT: \_\_\_\_\_ CASE NUMBER: \_\_\_\_\_

## QUESTIONS AND ANSWERS

I AM NOW GOING TO ASK YOU SOME QUESTIONS. WITH THESE RIGHTS IN MIND, YOU MAY ANSWER SOME OF, ALL OF, OR NONE OF THE FOLLOWING QUESTIONS AS YOU LIKE.

WERE YOU OPERATING A MOTOR VEHICLE AT THE TIME OF THE STOP/ACCIDENT? \_\_\_\_\_

WHERE WERE YOU GOING? \_\_\_\_\_

WHAT STREET OR HIGHWAY WERE YOU ON? \_\_\_\_\_

DIRECTION OF TRAVEL? \_\_\_\_\_ WHERE DID YOU START? \_\_\_\_\_

WHAT TIME DID YOU START? \_\_\_\_\_ WHAT TIME IS IT NOW? \_\_\_\_\_

WHAT IS TODAY'S DATE? \_\_\_\_\_ WHAT DAY OF THE WEEK IS IT? \_\_\_\_\_

WHAT COUNTY AND CITY ARE YOU IN NOW? \_\_\_\_\_

WHEN DID YOU LAST EAT? \_\_\_\_\_ WHAT DID YOU EAT? \_\_\_\_\_

WHAT HAVE YOU BEEN DOING FOR THE LAST THREE HOURS? \_\_\_\_\_

HOW MUCH DO YOU WEIGH? \_\_\_\_\_ HAVE YOU BEEN DRINKING? \_\_\_\_\_ WHAT? \_\_\_\_\_

HOW MUCH? \_\_\_\_\_ WHERE? \_\_\_\_\_ WITH WHOM? \_\_\_\_\_

WHEN DID YOU HAVE YOUR FIRST DRINK? \_\_\_\_\_ AND YOUR LAST DRINK? \_\_\_\_\_

HOW DID YOU CONSUME YOUR LAST TWO DRINKS? \_\_\_\_\_

CAN YOU FEEL THE EFFECTS OF THE ALCOHOL? \_\_\_\_\_ ARE YOU UNDER THE INFLUENCE? \_\_\_\_\_

HAVE YOU CONSUMED ANY ALCOHOL SINCE THE ACCIDENT? \_\_\_\_\_ HOW MUCH? \_\_\_\_\_

WHAT? \_\_\_\_\_ WHERE? \_\_\_\_\_ WHEN? \_\_\_\_\_

WHAT LINE OF WORK ARE YOU IN? \_\_\_\_\_ WHEN DID YOU LAST WORK? \_\_\_\_\_

DO YOU HAVE ANY PHYSICAL DEFECTS OR INJURIES? \_\_\_\_\_ WHAT? \_\_\_\_\_

ARE YOU SICK OR INJURED? \_\_\_\_\_ WHAT'S WRONG? \_\_\_\_\_

DO YOU LIMP? \_\_\_\_\_ DID YOU RECEIVE A BUMP ON THE HEAD RECENTLY? \_\_\_\_\_

WERE YOU IN AN ACCIDENT TODAY? \_\_\_\_\_

HAVE YOU TAKEN ANY DRUGS OR SMOKED ANY MARIJUANA TODAY? \_\_\_\_\_ WHEN? \_\_\_\_\_

HAVE YOU SEEN A DOCTOR OR DENTIST TODAY? \_\_\_\_\_ WHO? \_\_\_\_\_ WHY? \_\_\_\_\_

ARE YOU TAKING ANY PRESCRIPTION MEDICINES? \_\_\_\_\_ WHAT? \_\_\_\_\_ WHEN? \_\_\_\_\_

DO YOU HAVE:      EPILEPSY? \_\_\_\_\_  
                            GLASS EYE? \_\_\_\_\_  
                            FALSE TEETH? \_\_\_\_\_  
                            EAR INFECTION? \_\_\_\_\_  
                            INNER EAR TROUBLE? \_\_\_\_\_  
                            DIABETES? \_\_\_\_\_

DO YOU HAVE ANY PROBLEMS WITH YOUR EYES THAT ARE NOT CORRECTED BY GLASSES? \_\_\_\_\_

DO YOU TAKE INSULIN? \_\_\_\_\_ IF SO, WHEN WAS YOUR LAST INJECTION? \_\_\_\_\_

HAVE YOU EVER HAD A DRIVER'S LICENSE IN ANY OTHER STATE? \_\_\_\_\_ WHERE? \_\_\_\_\_

INTERVIEWER: \_\_\_\_\_

**STATE OF FLORIDA  
AFFIDAVIT OF REFUSAL TO SUBMIT TO  
BREATH TEST**

I, **D/S Wicks** **38672**, a duly certified Law Enforcement or Correctional Officer, am a  
(Name of Officer reading Implied Consent Warning)

member of **Palm Beach County Sheriff's Office**, and I do swear  
(Name of Law Enforcement Agency)

or affirm that on or about the **11th** day of **January**, 20 **2026**, at **22:00** ☒ P.M. ☒ A.M.

DRIVER **ADAM** **DE JURA**

FIRST NAME MIDDLE OR MAIDEN NAME LAST NAME

DL # **D260014833320**, state of **FL**, was placed under lawful arrest for

the offense of **D.U.I.** **316.193(1)** by **D/S Wicks** **38672** and  
(Name of Arresting Officer)

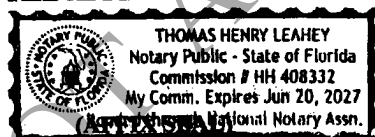
issued citation # **ALA9MVE**

That on or about the **11th** day of **January**, 20 **2026**, at **2200** ☒ P.M. ☐ A.M.  
in **Palm Beach** County,

I requested that the driver submit to a **BREATH** test for the purpose of determining its alcohol content. I informed the driver that the refusal to submit to such test would result in the suspension of his or her driving privilege for a period of one (1) year for a first refusal, and that he or she commits a misdemeanor of the second degree by so refusing. Additionally, I informed the driver that the refusal to submit to such test would result in the suspension of his or her driving privilege for a period of eighteen (18) months if his or her driving privilege had been previously suspended, or if he or she had been previously fined under s. 327.35215, F.S., for refusing to submit to a breath, urine, or blood test, and that he or she commits a misdemeanor of the first degree by so refusing. Nonetheless, the driver refused to submit to the test requested.

  
Signature of Law Enforcement Officer or Correctional Officer

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



The foregoing instrument was sworn and subscribed before me this **11** day of **January**, 20 **26**,

by **D/S P Wicks**  
who is personally known to me or who has produced  
**Kuan Lo** 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**  
Florida State Statute Exemption Sheet

	X	Florida State Statute	Description	Page Number(s)
L/E Exemptions	<input type="checkbox"/>	119.071(4)(c)	Undercover personnel	
	<input type="checkbox"/>	119.071(2)(e)	Confession	
Public Info. Exemptions	<input type="checkbox"/>	FL Const. Art. I, s. 16(b)(5)	Marsy's Law – victim information shall be redacted. The term "victim" also includes the victim's lawful representative, the parent or guardian of a minor, or the next of kin of a homicide victim. The term "victim" does not include the accused (ref. page 110 of the CRTM for additional information)	
	<input type="checkbox"/>	119.071(2)(j)	Home/employment telephone number, home/employment address, or personal assets of a person who has been the victim of sexual battery, aggravated child abuse, aggravated stalking, harassment, aggravated battery or domestic violence	
	<input type="checkbox"/>	119.0712(2)	Personal information contained in a motor vehicle record	
	<input checked="" type="checkbox"/>	316.650(11)	Driver information contained in a uniform traffic citation	12-14
	<input type="checkbox"/>	119.071(4)(d)2.a.	Home addresses, telephone numbers, dates of birth, and photographs of active/former LE personnel, spouses, and children	
Florida Rules of Judicial Administration 2.420	<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"/>	(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"/>			
Other	<input type="checkbox"/>			
	<input type="checkbox"/>			
	<input type="checkbox"/>			
	<input type="checkbox"/>			

REVIEW COMPLETED BY

Booking Number: 2026000983	Date: 1/12/2026
	Specialist Name/ID#: Joseph Kovach/44820