0540559 23 CT 8930 ANB 500

ARREST / NOTICE TO APPEAR

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

1 JUVENILE

ADMINISTRATION

OBTS Number

Agency ORI Number: 0501700

Agency Name: Jupiter Police Department

Agency Report Number (N.T.A.'s only): 5 4 23-002031

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): 626 W INDIANTOWN RD JUPITER FL 33458

Location of Offense (Business Name, Address): 626 W INDIANTOWN RD, JUPITER, FL 33458

Date of Arrest	Time of Arrest	Booking Date	Booking Time	Jail Date	Jail Time	Location of Vehicle
05/18/2023	00:31	05/18/2023	00:41	/ / : :		

DEFENDANT

Name (Last, First, Middle): FLOCKHART, ANDREW WILLIAM

Alias (Name, DOB, Soc. Sec. #, Etc.): 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	M	01/13/1967	6'01	260	BROWN	BROWN	LIGHT	Large

Scars, Marks, Tatoos, Unique Physical Features (Location, Type, Description):

Marital Status:

Religion: UNKNOWN

Indication of: Alcohol Influence ☒ Yes ☐ No ☐ Unk. Drug Influence

Local Address (Street, Apt. Number) (City) (State) (Zip): 14082 LEEWARD WAY, WEST PALM BEACH, FL 33410

Phone:

Residence Type: 1. City 2. County 3. Florida 4. Out of State: 3

Permanent Address (Street, Apt. Number) (City) (State) (Zip): 14082 LEEWARD WAY, WEST PALM BEACH, FL 33410

Phone:

Address Source:

Business Address (Name, Street) (City) (State) (Zip):

Phone:

Occupation:

D/L Number, State	Soc. Sec. Number	INS Number	Place of Birth (City, State)	Citizenship
F426019670130 / FL	[redacted]		JERSEY CITY, NJ,	US

CO-DEFENDANT

Co-Defendant Name (Last, First, Middle)	Race	Sex	Date of Birth	
				☐ 1. Arrested ☐ 2. At Large ☐ 3. Felony ☐ 4. Misdemeanor ☐ 5. Juvenile
				☐ 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:

CODE

Drug Activity: N. N/A P. Possess S. Sell B. Buy T. Traffic R. Smuggle D. Deliver E. Use K. Disperses/ 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

Charge Description	Statute Violation Number	Violation of ORD #
DUI - BAC/BRAC OVER .15 -OR- MINOR IN VEHICLE	316.193(4)	

Drug Activity	Drug Type	Amount / Unit	Offense #	Counts	Domestic Violence	Warrant / Capias Number	Bond
	N	/		1	☐ Y ☒ N		

CHARGE

Charge Description	Statute Violation Number	Violation of ORD #

Drug Activity	Drug Type	Amount / Unit	Offense #	Counts	Domestic Violence	Warrant / Capias Number	Bond
		/			☐ Y ☐ N		

CHARGE

Charge Description	Statute Violation Number	Violation of ORD #

Drug Activity	Drug Type	Amount / Unit	Offense #	Counts	Domestic Violence	Warrant / Capias Number	Bond
		/			☐ Y ☐ N		

INTAKE

Health / Apparent Physical Condition of Defendant:

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): North County PALM BEACH GARD

Court Date and Time: 06/21/2023 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 COMTEMPT OF COURT AND A WARRANT FOR MY ARREST SHALL BE ISSUED.

No Photo Available

Signature of Defendant (or Juvenile and Parent/Custodian) Date Signed

FILED PBC - GUN CLUB '23 MAY 19 AM 7:48

ADMIN

HOLD for Other Agency

☐ Dangerous ☐ Resisted Arrest ☐ Suicidal ☐ Other

Signature of Arresting Officer

Name of Arresting Officer (Print): PICARD, RONNIE I.D. #: 1240

Name Verification (Printed by Arrestee) (PRINT)

Intake Deputy I.D. # Pouch #

Transporting Officer: PICARD I.D. #: 1240 Agency: JUPITE

Witness here if subject signs with an "X".

PAGE 1 OF 1

[redacted]

MAY 18 2023

NOT A CERTIFIED COPY

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	Agency Name	Agency Report Number
FL 0501700	JUPITER POLICE DEPARTMENT	5 | 4 | 23-002031

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
FLOCKHART, ANDREW WILLIAM		W	M	01/13/1967

CHARGES

Charge Description	Charge Description
316.193(4) DUI - BAC/BRAC OVER .15 -OR- MINOR IN VEHICLE	
Charge Description	Charge Description

VICTIM

Victim's Name (Last, First, Middle)	Race	Sex	Date of Birth
State Of Florida			

Local Address (Street, Apt. Number)	(City)	(State)	(Zip)	Phone	Address Source

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

PROBABLE CAUSE STATEMENT

The undersigned certifies and swears that he/she has just and resonable 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 MYSELF admitting to the below facts.

☒ was observed by SGT PANCZAK who told MYSELF that he/she saw the arrested person committ the below acts.

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

On the 18 day of May, 2023 at 01:52 (Specifically include facts constituting cause for arrest.)

At approximately 00:01 hours on 05/18/2023, I responded to a traffic stop at 626 W Indiantown Rd (Wendy`s) in the Town of Jupiter, Palm Beach County, FL.

Upon arrival, I met with Sergeant Panczak who informed me as to why he conducted a traffic stop on a gray Ford bearing FL tag AG70FJ. Sergeant Panczak advised he observed the aforementioned vehicle traveling northbound in the southbound lanes of Military Trl., abruptly changing lanes with the opposite directional turn signal on, and making an improper U-turn almost causing a traffic crash. (See supplement report from Sergeant Panczak.)

I then approached and spoke to the driver of the gray Ford, who was later found to be the offender, Andrew William Flockhart; W/M; 01/13/1967. Flockhart was out of his vehicle when I arrived on scene, I noticed he had bloodshot glossy eyes. Flockhart advised he had two beers at "Kirby`s" tonight and as he spoke I could smell the odor of an unknown alcoholic beverage coming from his breath.

Based on my observations I asked Flockhart if he would perform Standardized Field Sobriety Tasks so I know he would be safe to drive home. Flockhart consented to perform the tasks.
Flockhart advised he is blind in his right eye but has no driving restrictions. During Horizontal Gaze Nystagmus, Flockhart did not have resting nystagmus, his pupils were of equal size, and he had equal tracking. Lack of smooth pursuit, distinct & sustained nystagmus at maximum deviation, and the onset of nystagmus prior to 45 degrees were not present in both of Flockhart`s eyes.

During the walk and turn, Flockhart advised he could see the line. During the instruction stage, Flockhart had extreme difficulty standing in the starting position without swaying, using his arms for balance, and stumbling over. After many attempts to

ADMINISTRATIVE

SWORN AND SUBSCRIBED BEFORE ME

NOTARY PUBLIC / CLERK OF COURT / OFFICER (F.S. 117.10)

5/18/23
DATE

JOSHUA BELL
MY COMMISSION #GG346006
EXPIRES: JUN 18, 2023
Bonded through 1st State Insurance

SIGNATURE OF ARRESTING / INVESTIGATING OFFICER

PICARD, RONNIE (1240)
NAME OF OFFICER (PLEASE PRINT)

05/18/2023
DATE

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

SCANNED
MAY 18 2023

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OBTS Number	PROBABLE CAUSE AFFIDAVIT SUPPLEMENT	1. Arrest 2. N.T.A. 3. Request for Warrant 4. Request for Capias	1	JUVENILE

ADMIN

Agency ORI Number	Agency Name	Agency Report Number
FL 0501700	JUPITER POLICE DEPARTMENT	5 | 4 | 23-002031

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
FLOCKHART, ANDREW WILLIAM		W	M	01/13/1967

PROBABLE CAUSE STATEMENT

get into the starting position, Flockhart stated he could not do this task because of his blind eye. I asked Flockhart if he could see the line and his feet, and he stated he could. When I tried to continue with the task Flockhart was adamant he could not do it because of his eye.

Due to Flockhart`s blind eye, the next task I asked him to do was the Romberg Alphabet. During the task, Flockhart swayed and had eyelid tremors. Flockhart recited the Alphabet correctly.

As a result of the above investigation, I placed Flockhart under arrest for DUI. I placed handcuffs on him, double-locked them, and placed him in the back right seat of my patrol vehicle.

I transported Flockhart to the Palm Beach County Breath Alcohol Testing Facility where I conducted a 20-minute observation period to ensure Flockhart did not ingest or regurgitate anything. At the conclusion of the observation period, I requested Flockhart provide a lawful sample of his breath for the purpose of determining the alcohol content. Flockhart consented and provided two, adequate breath samples of .159 and .159, both over the legal limit of .08. The results of the breath were stated to Flockhart, and he said he understood the test results.

As a result of the above investigation, Flockhart was charged with driving under the influence pursuant to Florida State Statute 316.193(4).

Flockhart was booked into the Palm Beach County Jail without incident.

The above incident was captured on my department-issued Axon BWC.

NOT A CERTIFIED COPY

ADMINISTRATIVE

SWORN AND SUBSCRIBED BEFORE ME

NOTARY PUBLIC / CLERK OF COURT / OFFICER (F.S. 117.10)

5/18/23
DATE

JOSHUA BELL
MY COMMISSION #GG346008
EXPIRES: JUN 18, 2023
Bonded through 1st State Insurance

SIGNATURE OF ARRESTING / INVESTIGATING OFFICER

PICARD, RONNIE (1240)
NAME OF OFFICER (PLEASE PRINT)

05/18/2023
DATE

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

SCANNED
MAY 18 2023

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

PBSO CASE # 23-069267 PBSO ZONE 3-14

AGENCY CASE # 23-002031 CRASH CASE # _____

TIME OF STOP/CRASH 00:01 DATE 05/18/2023 DAY Thursday

SUBJECT'S NAME Flockhart (LAST) Andrew (FIRST) William (MID) RACE W SEX M

HGT 6'01 WGT 260 DOB 01/13/1967

LOCATION 626 W Indiantown Rd

ARRESTING OFFICER'S NAME & ID R. Picard 1240 AGENCY Jupiter

DIVISION: _____

NOTIFIED BY COMMO Yes

ARRIVAL AT FACILITY 01:04

ARREST TIME 00:31

BREATH RESULTS:

1) .159
2) .159
3) N/A
4) N/A

TESTING OFFICER'S ID 41017 PBSO VIDEOTAPE # N/A

NOT A CERTIFIED COPY

SCANNED
MAY 18 2023

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

Instrument Type: Intoxilyzer 8000
Instrument Registered To: PALM BEACH CO SO
Instrument Serial Number: 80-006238 Software: 8100.27
Date of Test: 05/18/2023

Date of Last Agency Inspection: 04/14/2023
Observation Period Began: 01:04
Subject's Name: ANDREW W FLOCKHART DOB: 01/13/1967 Sex: M

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

Results:

Test	g/210L	Time
Diagnostics Check	OK	01:30
Air Blank	0.000	01:30
Control Test	0.081	01:31
Air Blank	0.000	01:31
Subject Sample #1	0.159	01:32
Air Blank	0.000	01:32
Air Blank	0.000	01:34
Subject Sample #2	0.159	01:35
Air Blank	0.000	01:35
Control Test	0.080	01:36
Air Blank	0.000	01:36
Diagnostics Check	OK	01:36

Cylinder Lot: 29122080A1
Exp: 12/05/2024

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 THOMASINA E MILLER, 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: Thomasina Miller Date: 05/18/23
Signature

Sworn to (or affirmed) before me this 18 day of May, 2023

Signature of Notary Public-State of Florida

Ofc. R. Picard
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

NOT A CERTIFIED COPY

SCANNED
MAY 18 2023

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

Instrument Type: Intoxilyzer 8000
Instrument Registered To: PALM BEACH CO SO
Instrument Serial Number: 80-006238 Software: 8100.27
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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.

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Test	g/210L	Time
Diagnostics Check	OK	01:30
Air Blank	0.000	01:30
Control Test	0.081	01:31
Air Blank	0.000	01:31
Subject Sample #1	0.159	01:32
Air Blank	0.000	01:32
Air Blank	0.000	01:34
Subject Sample #2	0.159	01:35
Air Blank	0.000	01:35
Control Test	0.080	01:36
Air Blank	0.000	01:36
Diagnostics Check	OK	01:36

Cylinder Lot: 29122080A1
Exp: 12/05/2024

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 THOMASINA E MILLER, 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: Thomasina Miller Date: 05/18/23
Signature

Sworn to (or affirmed) before me this 18 day of May, 2023

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Ofc. R. Picard
Printed Name of Notary Public-State of Florida

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SCANNED
MAY 18 2023

TESTING FACILITY TASK REPORT

AGENCY: JPD

SUBJECT: FLOCKHART, ANDREW .W.

CASE NUMBER: 23-069267

DATE: May 18, 2023

VIDEO DVD NUMBER: N/A

BEGINNING TIME: 01:27

ENDING TIME: 01:40

BREATH TESTS RESULTS: 1) .159 TIME 01:32 A.M. ☒ P.M. ☐ 2) .159 TIME 01:35 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: T. MILLER #41017

MAINTENANCE TECHNICAN: J. KARLECKE# 6467

TESTING OFFICER'S OBSERVATIONS

SPEECH: SLURRED

ATTITUDE: TALKATIVE, LOUD

CLOTHING: WHITE SHIRT, GREY SHORTS, BLACK LOAFERS

MEDICAL CONDITIONS: NONE

MEDICATIONS: NONE

OTHER:

EYES: RED AND GLASSY

COMMENTS:

ARRIVED AT CENTER A/O BEGAN THE 20 MINUTE OBSERVATION PERIOD AT 01:04 HRS.

SUBJECT: AGREED TO TAKE TEST.

A/O: READ RIGHTS.
SUBJECT: STATED HE UNDERSTOOD RIGHTS.

TECH: READ TEST RESULTS.
SUBJECT: STATED HE UNDERSTOOD TEST RESULTS.

A/O: CONDUCTED Q & A.
SUBJECT: ANSWERED QUESTIONS.

NOT A CERTIFIED COPY

SCANNED
MAY 18 2023

TESTING FACILITY TASK REPORT

AGENCY: JPD

SUBJECT: FLOCKHART, ANDREW .W.

CASE NUMBER: 23-069267

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3) N/A TIME N/A A.M.☐ P.M.☐ 4) N/A TIME N/A A.M.☐ P.M.☐

BREATH OPERATOR: T. MILLER #41017

MAINTENANCE TECHNICAN: J. KARLECKE# 6467

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SUBJECT: ANSWERED QUESTIONS.

NOT A CERTIFIED COPY

SCANNED
MAY 18 2023

WITNESS LIST

CASE NUMBER: **23-002031**

ARRESTING OFFICER: **R. Picard**
ADDRESS: **196 Military Trl. Jupiter, FL 33458**
PHONE NUMBERS (HOME): (WORK) **(561) 746-6201**
CAN TESTIFY TO: **PC**

NAME: **B. Panczak**
ADDRESS: **196 Military Trl. Jupiter, FL 33458**
PHONE NUMBERS (HOME) (WORK) **(561) 746-6201**
CAN TESTIFY TO: **PC**

NAME:
ADDRESS
PHONE NUMBERS (HOME) (WORK)
CAN TESTIFY TO:

NAME:
ADDRESS
PHONE NUMBERS (HOME) (WORK)
CAN TESTIFY TO:

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CAN TESTIFY TO:

NAME:
ADDRESS
PHONE NUMBERS (HOME) (WORK)
CAN TESTIFY TO:

NOT A CERTIFIED COPY

SCANNED
MAY 18 2023

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: _____

NOT A CERTIFIED COPY

SCANNED
MAY 18 2023

SUBJECT:_____ CASE NUMBER:_____

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 determining 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 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, or eighteen (18) months if your driving privilege has been PREVIOUSLY SUSPENDED, or if you have been PREVIOUSLY FINED under s. 327.35215, for refusing to submit to a lawful test of your breath, urine, or blood. Additionally, 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, you will be committing a misdemeanor, 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 <or> NO Do you still refuse to submit to this test? YES <or> NO

NOTE: IF THE SUBJECT POSSESSES A COMMERCIAL DRIVER'S LICENSE (CDL), READ THE FOLLOWING,

If you are a Commercial Driver License (CDL) holder or were driving a Commercial Motor Vehicle (CMV), your refusal to submit to testing will result in the loss of your commercial driving privilege for a period of one year from today. If this is your SECOND REFUSAL, you will be permanently disqualified from holding a CDL or operating a CMV.

Do you understand what I have just read to you? YES <or> NO Do you still refuse to submit to this test? YES <or> NO

SUBJECTS SIGNATURE: (X)_____

CONSTITUTIONAL WARNINGS

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

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

SUSPECT'S SIGNATURE: (X)_____

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SCANNED
MAY 18 2023

WHITE: STATE ATTY. YELLOW: DHSMV PINK: CENTRAL RECORDS GOLD: JAIL

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:	

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REVIEW COMPLETED BY

Booking Number: 2023012993	**Date:** 5/18/2023
	Specialist Name/ID: M. Tooks #8557

SCANNED
MAY 18 2023