

0502031

23CT 15 252 NB

3089

**Marcy's Law CVI** FL. Const. Art. 1 § 16(b)

**ARREST / NOTICE TO APPEAR**  
Juvenile Referral Report

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

**OBTS Number**

**Agency ORI Number** FLO 5 0 2 6 0 0 **Agency Name** PALM BEACH GARDENS POLICE DEPARTMENT **Agency Report Number** 78 - 78-23004324

**Charge Type:**  1. Felony  3. Misdemeanor  5. Ordinance  2. Traffic Felony  4. Traffic Misdemeanor  6. Other **2** **Weapon Seized / Type** 1. Yes 2. No **Multiple Clearance Indicator**

**Location of Arrest (Including Name of Business)** 4109 Northlake Boulevard, PALM BEACH GARDENS, FL, 33410 **Location of Offense (Business Name, Address)** 4109 Northlake Boulevard, PALM BEACH GARDENS, FL, 33410

**Date of Arrest** 08/27/2023 **Time of Arrest** 04:39 **Booking Date** **Booking Time** **Jail Date** **Jail Time** **Location of Vehicle** KAUFF'S TOWING AND RECOVERY 4701 EAST AVENUE, WPB, FL 33407

**Name (Last, First, Middle)** Pomeroy, Christopher, William **Alias (Name, DOB, Soc. Sec. #, Etc.)**

**Race** W - White 1 - American Indian B - Black 0 - Oriental/Asian **Sex** M **Date of Birth** 04/09/1986 **Height** 511 **Weight** 175 **Eye Color** Bro **Hair Color** Bro **Complexion** Light **Build** Small

**Scars, Marks, Tattoos, Unique Physical Features (Location, Type, Description)** **Marital Status** Single **Religion** OTHER **Indication of: Alcohol Influence**  Y  N  Unk. **Drug Influence**

**Local Address (Street, Apt. Number)** 4586 Hunting Trail, Lake Worth, Florida 33467 **(City)** **(State)** **(Zip)** **Phone** (954) 675-3780 **Residence Type:** 1. City 2. County 3. Florida 4. Out of State **2**

**Permanent Address (Street, Apt. Number)** Same as **(City)** **(State)** **(Zip)** **Phone** **Address Source** FDL

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

**D/L Number, State** P560119861290 FL **Soc. Sec. Number** **INS Number** **Place of Birth (City, State)** Ft. Lauderdale, FL **Citizenship** US

**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

Parent  Legal Custodian  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 provided by  defendant and / or  defendant's parents The child and / or parent was told to keep the Juvenile Court Clerk (Phone 355-2526) informed of any change of address.  
 Yes, by: (Name)  No: (Reason)

**Property Crime?**  Yes  No **Description of Property** **Value of Property**

**Drug Activity** S. Sell R. Smuggle K. Dispense/ Distribute M. Manufacture/ Produce/ Cultivate Z. Other **Drug Type** N. N/A B. Barbiturate C. Cocaine E. Heroin **H. Hallucinogen M. Marijuana O. Opium/Deriv. P. Parapharmacia/ Equipment S. Synthetics U. Unknown Z. Other**

**Charge Description** DUI - Normal Faculties Impaired **Counts** 1 **Domestic Violence**  Y  N **Statute Violation Number** 316.193(1)(A) **Violation of ORD #**

**Drug Activity** N **Drug Type** N **Amount / Unit** N **Offense #** **Warrant / Capias Number** **Bond** O R

**Charge Description** **Counts** **Domestic Violence**  Y  N **Statute Violation Number** **Violation of ORD #**

**Drug Activity** **Drug Type** **Amount / Unit** **Offense #** **Warrant / Capias Number** **Bond**

**Charge Description** **Counts** **Domestic Violence**  Y  N **Statute Violation Number** **Violation of ORD #**

**Drug Activity** **Drug Type** **Amount / Unit** **Offense #** **Warrant / Capias Number** **Bond**

**Charge Description** **Counts** **Domestic Violence**  Y  N **Statute Violation Number** **Violation of ORD #**

**Drug Activity** **Drug Type** **Amount / Unit** **Offense #** **Warrant / Capias Number** **Bond**

**Location (Court Room Number, Address)** NORTH COUNTY COURTHOUSE, 3188 PGA BOULEVARD, PALM BEACH GARDENS, FL 33410 - PH: (561) 662-6700

**Court Date and Time** Month September Day 27th Year 2023 Time 10:00 AM X PM

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 / Custodian)** **Date Signed** 08/27/2023

**HOLD for other Agency Name:** **Signature of Arresting Officer** #545 **Name Verification (Printed by Arrestee)** FILED PBC - GUN CLUB... '23 AUG 28 AM 7:07

Dangerous  Resisted Arrest  Suicidal  Other: **Name of Arresting Officer (Print)** OFC. JUSTIN KAHN **I.D. #** 545 **(PRINT)**

**Transporting Officer** OFC. J. KAHN **ID #** 545 **Agency** PBGPD **Witness here if subject signed with an -X"** **PAGE** 1 OF 1

# D.U.I. PROBABLE CAUSE AFFIDAVIT

On the 27th day of August 2023 at 03:58  AM  PM

Subject: Pomeroy, Christopher, William Case Number: 78-23004324

Agency: PALM BEACH GARDENS POLICE DEPARTMENT Arresting Officer: OFC. JUSTIN KAHN 545

## PERSONAL CONTACT

**DRIVING PATTERN:** (Actual Physical Control; Physical Evidence or Statements Putting Defendant Behind Wheel of Vehicle)

Actual Physical Control of the vehicle.  
Pomeroy was asleep behind the wheel of his vehicle with the gear shifter between gears. The key was in the ignition and the vehicle was running with head and tail lights illuminated.

## OBSERVATION OF DRIVER:

Pomeroy was initially asleep and it took several minutes of banging on the vehicle and shaking it to wake him. Upon waking Pomeroy turned the vehicle off and removed the keys from the ignition.

Pomeroy opened the door and stumbled out of the vehicle. Pomeroy exhibited an inability to maintain his balance and leaned back against his car. Away from the vehicle Pomeroy continued to exhibit poor balance and expressed the need to sit, going so far as to lean on my patrol car.

## DRIVER STATEMENTS:

Pomeroy advised he was coming from Lake County and had a lot to drink. He did not state exactly how much or what he had to drink. He did not advise if he knew his location to my questioning. He continually expressed the need to sit.

**ODORS:** Strong odor of an unknown alcoholic beverage emanating from breath

## GENERAL OBSERVATIONS

**SPEECH:** Slurred, slow

**ATTITUDE:** Initially sleepy, confused and dazed. Beligent and combative with me, compliant and respectful with Ofc's. Trudeau and Warren

**CLOTHING:** \_\_\_\_\_

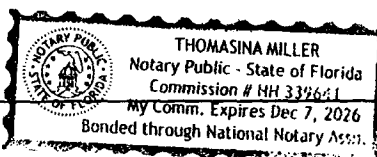
**MEDICAL/OTHER:** None

STATE OF FLORIDA  
COUNTY OF PALM BEACH

J Kahn #545  
SIGNATURE OF ATTESTING OFFICER

The forgoing instrument was sworn to or affirmed and subscribed before me this 27th day of August 2023 by  
OFC. JUSTIN KAHN 545 who is  personally known to me or  produced \_\_\_\_\_

Thomasina Miller  
Notary Public, Clerk of Court, Officer (FSS 117.10)



STAMP

D.U.I. PROBABLE CAUSE AFFIDAVIT Cont.

Subject: Pomeroy, Christopher, William

Case Number: 78-23004324

ROADSIDE TASKS

HORIZONTAL GAZE NYSTAGMUS:

LEFT EYE

- Lack of Smooth Pursuit
- Distinct & Sust. Nystag. at Max. Deviation
- Onset of Nystagmus Prior to 45 Degrees

RIGHT EYE

- Lack of Smooth Pursuit
- Distinct & Sust. Nystag. at Max. Deviation
- Onset of Nystagmus Prior to 45 Degrees

Other Observations:

No resting nystagmus, equal pupil, equal tracking. No VGN. Swaying orbitally, moved head. Lead the stimulus.

Walk and Turn

- Unable to maintain balance during instruction phase.
  - Started prior to being told.
  - Stopped during task.
  - Missed heel-to-toe.
  - Stepped off the line.
  - Used arms for balance.
  - Improper turn.
  - Incorrect number of steps, 16 instead of 9.
  - Did not complete the task.
- Refer to Probable Cause Affidavit for further details.

One Leg Stand

Advised understood instructions, rather than conducting the exercise as instructed Pomeroy raised his middle finger and asked if I understood what it meant. As I had already informed Pomeroy of his Taylor warnings on several occasions I asked if he would like to continue participation to which he responded no. The exercise was thus ended.

Rhomberg

Not observed

Finger to Nose

Not observed

BREATH RESULTS: 1) Refusal @ 05:40 2) \_\_\_\_\_ @ \_\_\_\_\_ 3) \_\_\_\_\_ @ \_\_\_\_\_ 4) \_\_\_\_\_ @ \_\_\_\_\_

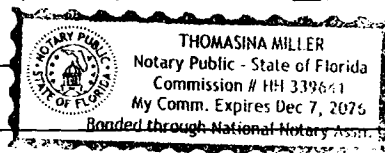
STATE OF FLORIDA  
COUNTY OF PALM BEACH

*J Kahn #545*

SIGNATURE OF ATTESTING OFFICER

The forgoing instrument was sworn to or affirmed and subscribed before me this 27th day of August 2023 by OFC. JUSTIN KAHN 545 who is  personally known to me or  produced \_\_\_\_\_.

*Thomasina Miller*  
Notary Public, Clerk of Court, Officer (FSS 117.10)



STAMP

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) \_\_\_\_\_

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: \_\_\_\_\_

DUI WITNESS LIST

78-23004324

Arresting Officer: OFC. JUSTIN KAHN 545 Email: @pbgfl.com

Agency Address: 10500 N Military Trail, Palm Beach Gardens, FL 33410 Phone: (561) 799-4445

Can Testify To: Facts of Case

Backup Officers: Ofc's Trudeau and Warren

Agency Address: 10500 N Military Trail, Palm Beach Gardens, FL 33410 Phone: (561) 799-4445

Can Testify To: Scene Safety

Crash Investigator: \_\_\_\_\_ Email: \_\_\_\_\_

Agency Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Breathalyzer Technician: \_\_\_\_\_ ID: \_\_\_\_\_ Agency: PBSO

DRE: \_\_\_\_\_ ID# \_\_\_\_\_ Agency Case #: \_\_\_\_\_

Agency Address: \_\_\_\_\_ Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Name: \_\_\_\_\_ Involvement: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Can Testify To: \_\_\_\_\_  Wheel Witness

Name: \_\_\_\_\_ Involvement: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Can Testify To: \_\_\_\_\_  Wheel Witness

Name: \_\_\_\_\_ Involvement: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Can Testify To: \_\_\_\_\_  Wheel Witness

Name: \_\_\_\_\_ Involvement: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Can Testify To: \_\_\_\_\_  Wheel Witness

Name: \_\_\_\_\_ Involvement: \_\_\_\_\_

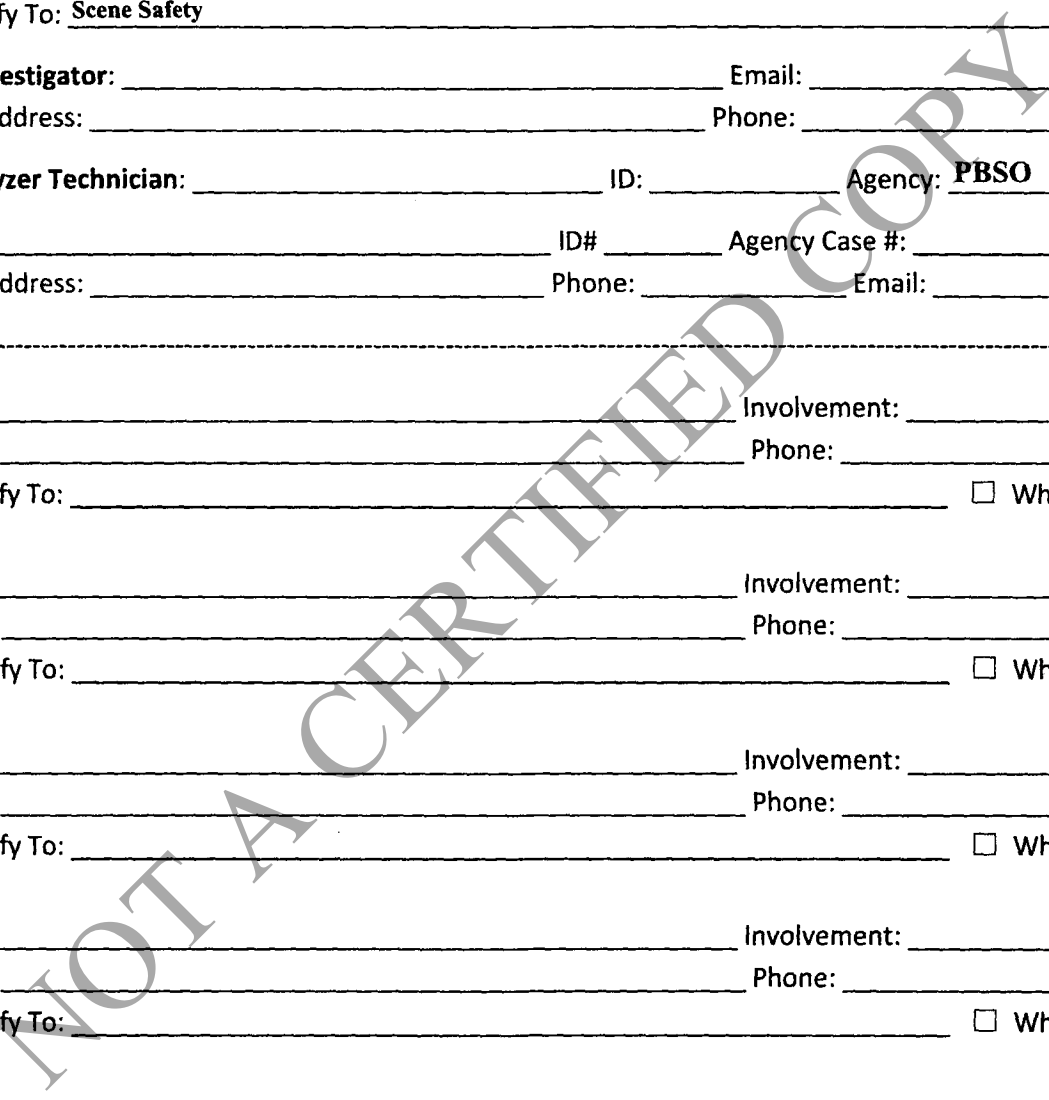
Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Can Testify To: \_\_\_\_\_  Wheel Witness

Name: \_\_\_\_\_ Involvement: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Can Testify To: \_\_\_\_\_  Wheel Witness





**PALM BEACH GARDENS POLICE DEPARTMENT  
DUI TESTING FACILITY INFORMATION SHEET**



PBSO Case #: 23-103858 PBSO Zone: 3-13

Agency Case #: 78-23004324 Crash Case #: \_\_\_\_\_

**Incident Information:**

Time of Stop/Crash: 03:58 Date of Incident: 08/27/2023 Day: Sunday

Location of Incident: 4109 Northlake Boulevard, PALM BEACH GARDENS, FL, 33410

**Arrest Information:**

Time of Arrest: 04:39 Date of Arrest: 08/27/2023 Day: Sunday

Location of Arrest: 4109 Northlake Boulevard, PALM BEACH GARDENS, FL, 33410

Subject's Name: (L) Pomeroy, (F) Christopher, (M) William

DOB: 04/09/1986 Race: W Sex: M Height: 511 Weight: 175 Hair Bro Eye Bro

Address: 4586 Hunting Trail, Lake Worth, Florida 33467 Phone: (954) 675-3780

Arresting Officer's Name: OFC. JUSTIN KAHN ID#: 545

Agency: PBGPD Division: ROAD PATROL  Marcy's Law CVI FL Const. Art. 1 § 16(b)

**Breath Results**

- 1) \_\_\_\_\_ at \_\_\_\_\_ hrs.
- 2) \_\_\_\_\_ at \_\_\_\_\_ hrs.
- 3) **REFUSED** at \_\_\_\_\_ hrs.
- 4) \_\_\_\_\_ at \_\_\_\_\_ hrs.

**---BAT Use---**

|                      |              |
|----------------------|--------------|
| BAT Notified:        | <u>YES</u>   |
| Arrival Time at BAT: | <u>05:10</u> |
| Subject Arrest Time: | <u>04:39</u> |

Breath Test Operator: 41017  
PBSO

# TESTING FACILITY TASK REPORT

AGENCY: PBG

SUBJECT: POMEROY, CHRISTOPHER .W.

CASE NUMBER: 23-103858

DATE: Aug 27, 2023

VIDEO DVD NUMBER:

BEGINNING TIME: 05:34

ENDING TIME: 05:42

BREATH TESTS RESULTS: 1) R TIME 05:40 A.M.  P.M.  2) N/A TIME N/A A.M.  P.M.

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

BREATH OPERATOR: T. MILLER #41017

MAINTENANCE TECHNICIAN: J. KARLECKE# 6467

## TESTING OFFICER'S OBSERVATIONS

SPEECH: PRONOUNCED

ATTITUDE: CALM

CLOTHING: PLAID SHIRT, BLACK JEANS, BLACK SNEAKERS

MEDICAL CONDITIONS: NONE

MEDICATIONS: NONE

OTHER:

## COMMENTS:

ARRIVED AT CENTER A/O BEGAN THE 20 MINUTE OBSERVATION PERIOD AT 05:10 HRS.

SUBJECT: REFUSED TO TAKE TEST.

A/O: READ I/C.

SUBJECT: STATED HE UNDERSTOOD I/C AND REFUSED TO TAKE TEST.

A/O: READ RIGHTS.

SUBJECT: STATED HE UNDERSTOOD RIGHTS.

A/O: ATTEMPTED Q & A.

SUBJECT: REFUSED QUESTIONS.

REFUSED

REFUSED

STATE OF FLORIDA  
AFFIDAVIT OF REFUSAL TO SUBMIT TO  
BREATH TEST

I, OFC. JUSTIN KAHN, a duly certified Law Enforcement or Correctional Officer, am a  
(Name of Officer reading Implied Consent Warning)

member of PALM BEACH GARDENS POLICE DEPARTMENT, and I do swear  
(Name of Law Enforcement Agency)

or affirm that on or about the 27th day of August, 2023, at 04:39  P.M.  A.M.

DRIVER Christopher William Pomeroy  
FIRST NAME MIDDLE OR MAIDEN NAME LAST NAME

DL # P560119861290, state of FL, was placed under lawful arrest for  
the offense of DUI - Normal Faculties Impaired by OFC. JUSTIN KAHN and  
issued citation # AHUTUWE  
(Name of Arresting Officer)

That on or about the 27th day of August, 2023, at 05:40  P.M.  A.M.

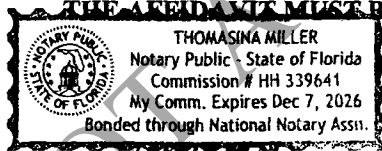
in PALM BEACH County,

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, or 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. 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, or if he or she has been previously fined under s. 327.35215, F.S., for refusal to submit to a lawful test of his or her breath, urine, or blood. Nonetheless, the driver refused to submit to the test requested.

J Kahn #545

Signature of Law Enforcement Officer or Correctional Officer

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



(AFFIX SEAL)

The foregoing instrument was sworn and subscribed before me:

Signature of Attesting Officer

The foregoing instrument was sworn and subscribed before me  
this 27th day of August, 2023,  
by OFC. JUSTIN KAHN, who is  
personally known to me or who has produced  
as identification.  
Notary Public Thomasina Miller

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 – Arrests Only**

|   | X                                   | Florida State Statute                   | Description  | Page Number(s) |
|---|-------------------------------------|---|--|----------------|
| L/E Exemptions  | <input type="checkbox"/>            | 119.071(2)(d)                           | Surveillance techniques, procedures and personnel; inventory of law enforcement resources, policies or plans pertaining to mobilization deployment or tactical operations. |                |
|   | <input type="checkbox"/>            | 943.053, 943.0525                       | NCIC/FCIC/FBI and in-state FDLE/DOC.   |                |
|   | <input type="checkbox"/>            | 119.071(4)(c)                           | Undercover personnel.  |                |
|   | <input type="checkbox"/>            | 119.071(2)(f)                           | Confidential informants (CIs).   |                |
|   | <input type="checkbox"/>            | 119.071(2)(e)                           | Confession.  |                |
| Public Info. Exemptions                                     | <input type="checkbox"/>            | 985.04(1)                               | Juvenile offender records.   |                |
|   | <input type="checkbox"/>            | 119.071(h)(i)                           | Assets of a crime victim.  |                |
|   | <input type="checkbox"/>            | 395.3025(7)(a),<br>456.057(7)(a)        | Medical information.   |                |
|   | <input type="checkbox"/>            | 394.4615(7)                             | Mental health information.   |                |
|   | <input type="checkbox"/>            | 119.071(4)(d)(2)(a)                     | Home address, telephone, Social Security number, date of birth, or photos of active/former LE personnel, spouses, and children.  |                |
| Florida Rules of Judicial Administration 2.420 (Rule of 23) | <input checked="" type="checkbox"/> | (iii) 119.0714(1)(i)-(j),<br>(2)(a)-(e) | Social Security, bank account, charge, debit, and credit card numbers.   | 2              |
|   | <input type="checkbox"/>            | (viii) 394.4615(7)                      | Clinical records under the Baker Act.  |                |
|   | <input type="checkbox"/>            | (xii) 741.30(3)(b)                      | The victim's address in a domestic violence action on petitioner's request.  |                |
|   | <input type="checkbox"/>            | (xiii) 119.071(2)(h),<br>119.0714(1)(h) | Protected information regarding victims of child abuse or sexual offenses.   |                |
|   | <input type="checkbox"/>            |   |  |                |
|   | <input type="checkbox"/>            |   |  |                |
|   | <input type="checkbox"/>            |   |  |                |
|   | <input type="checkbox"/>            |   |  |                |
|   | <input type="checkbox"/>            |   |  |                |
| Other   | <input type="checkbox"/>            | 316.650(b)                              | Other: Driver information contained in a uniform traffic citation.   |                |
|   | <input type="checkbox"/>            |   | Other:   |                |

**REVIEW COMPLETED BY**

|                            |                                    |
|----------------------------|------------------------------------|
| Booking Number: 2023022419 | Date: 8/28/2023                    |
|                            | Specialist Name/ID: R.Castro/40259 |