

0539004 23 CT5038NB 1192

☐ Marsy's Law CVI FL Const. Art.1 § 18(b)

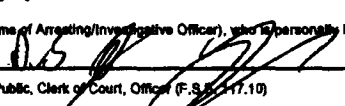
ARREST / NOTICE TO APPEAR
Juvenile Referral Report

☐ Check if Supplement is Attached

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

Juvenile ☐

OBT Number		Agency ORI Number FLO: 5, 0, 0, 0, 0, 0		Agency Name PALM BEACH COUNTY SHERIFF'S OFFICE		Agency Report Number 0 6 23047248																	
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		Multiple Clearance Indicator															
Location of Arrest (Including Name of Business) PARK AVE / 9TH ST				Location of Offense (Business Name, Address) LAKE PARK FL 33403		PARK AVE / 9TH ST LAKE PARK FL 33403																	
Date of Arrest 03/16/23		Time of Arrest 1832		Booking Date		Booking Time		Jail Date		Jail Time		Location of Vehicle											
Name (Last, First, Middle) COCKERHAM DARREN ASHLEY												Alias (Name, DOB, Soc. Sec. #, Etc.)											
Race W - White B - Black O - Oriental/Asian		Sex W M		Date of Birth 07/31/78		Height 6'0		Weight 220		Eye Color BLU		Hair Color BRO		Complexion LIGHT		Build LARGE							
Scars, Marks, Tattoos, Unique Physical Features (Location, Type, Description) US ARMY TATTOO ON RIGHT ARM												Marital Status SINGLE		Religion LUTHERAN		Indication of: Alcohol Influence Drug Influence Y ☐ N ☐ Unk ☐							
Local Address (Street, Apt. Number) 400 29TH ST				(City) WEST PALM BEACH FL 33407				(State) FL				(Zip) 33407		Mobile Phone 561-480-0290		Residence Type: 1. City 2. County 3. Florida 4. Out of State							
Permanent Address (Street, Apt. Number)				(City)				(State)				(Zip)		Phone		Address Source VERBAL							
Business Address (Name, Street) NONE				(City)				(State)				(Zip)		Phone		Occupation SELF EMPLOYED							
D/L Number, State 104810036, SC				Soc. Sec. Number				INS Number				Place of Birth (City, State) TAMPA, FL				Citizenship US							
Co-Defendant (Last, First, Middle)						Race		Sex		Date of Birth		☐ 1. Arrested ☐ 2. At Large		☐ 3. Felony ☐ 4. Misdemeanor ☐ 5. Juvenile									
Co-Defendant (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 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.												School Attended				Grade							
☐ Yes, by: (Name) ☐ No (Reason)						Property Crime? Description of Property						Value of Property											
☐ Yes ☐ No																							
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 D.U.I. - W/ PROPERTY DAMAGE						Counts 1		Domestic Violence ☐ Y ☒ N		Statute Violation Number 316.193(3)(c)(1)						Violation of ORD #							
Drug Activity N		Drug Type N		Amount / Unit		Offense #		Warrant / Capias Number						Bond OR									
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 Government Center/Courthouse - 3188 PGA Blvd. Palm Beach Gardens, FL. 33410												Court Date and Time Month APRIL Day 12TH Year 2023 Time 0900 A.M. ☒ P.M. ☐											
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												03/16/23				Signature of Defendant (or Juvenile and Parent/Custodian)				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 MOBILE-TAMPA						Signature of Arresting Officer X D/S 35619						Name Verification (Printed by Arrestee) MAR 16 PM 3:25											
☐ Dangerous ☐ Suicidal ☐ Resisted Arrest ☐ Other						Name of Arresting Officer (Print) D/S LEHENY 35619						I.D. # 35619											
Initials D/S MARK 35619						Pouch #						Transporting Officer D/S LEHENY 35619						Agency PBSO					
Witness here if subject signed with an "X"												PAGE 1 of 1											

		PROBABLE CAUSE AFFIDAVIT		1. Arrest 2. N.T.A.		3. Request for Warrant 4. Request for Capias		1		Juvenile	
ADMIN	Agency ORI Number	FLO 500000		Agency Name		PALM BEACH COUNTY SHERIFF'S OFFICE		Agency Report Number		06- 23-047248	
	Charge Type: Check as many as apply.	1. Felony 2. Traffic Felony		3. Misdemeanor 4. Traffic Misdemeanor		5. Ordinance 6. Other		Special Notes:			
CHARGES	Name (Last, First, Middle)	COCKERHAM		Darren		A		Race		W	
DEF	Charge	D.U.I.		316.193(1)				Sex		M	
	Date of Birth							Date of Birth		07/31/1978	
VICTIM	Victim's Name (Last, First, Middle)							Race		Sex	
	Local Address (Street, Apt. Number)	(City)		(State)		(zip)		Phone		Address Source	
	Business Address (Name, Street)	(City)		(State)		(zip)		Phone		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 16 day of MARCH 2023 at 1759 ☐ A. M. ☐ P. M. (Specifically include facts constituting cause for arrest.) ☐ Marry's Law CVI FL Const. Art.1 § 18(b) On Thursday, March 16, 2023 at approximately 1759 hours, I responded to the 900 block of Park Ave, in the Town of Lake Park, Palm Beach County FL, in reference to a disturbance and an accident. Upon arrival, I observed a red Nissan Xterra bearing SC tag 8186LE wrecked on the median facing south bound. I observed a white male wearing a red shirt in the driver seat of the vehicle. I made contact with the driver and sole occupant of the vehicle who was identified through South Carolina DL as Darren Cockerham. I completed the vehicle accident report and turned over the investigation to D/S J. Leheny #35619. This is a supplement to the main offense report and a description of my involvement in this case.											
STATE OF FLORIDA COUNTY OF PALM BEACH U. CALDERON  (ID #) 38428 (Signature of Arresting/Investigative Officer) The foregoing instrument was sworn to or affirmed and subscribed before me this 16 day of MARCH 2023 by U. CALDERON 38428 (Print name of Arresting/Investigative Officer), who is personally known to me and/or produced identification. Type of identification produced KNOWN  Notary Public, Clerk of Court, Office (F.S. § 11.10)											

D.U.I. PROBABLE CAUSE AFFIDAVIT

ON THE 16TH DAY OF MARCH 20 23 , AT 1759

☐ AM ☒ PM

SUBJECT: COCKERHAM DARREN ASHLEY CASE NUMBER: 23047248

AGENCY: PALM BEACH COUNTY SHERIFF'S OFFICE ARRESTING OFFICER: D/S LEHENY 35619

PERSONAL CONTACT

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

I responded to the area of Park Ave and 9th St in reference to a crash. Upon arrival, I met with D/S Calderon #38428 who stated that he arrived in the 900 block of Park Ave, Lake Park FL 33403 in reference to a crash. Upon his arrival, he observed a red Nissan Xterra, bearing South Carolina Tag 8186LE, wrecked on the center median of Park Ave. D/S Calderon observed a white male in the front driver seat and sole occupant, which was later identified as Darren Cockerham. I spoke to Cockerham about the crash which he advised an unknown subject cut him off while he was traveling northbound on 9th St and was stopped at the stop sign of intersecting Park Ave. Cockerham had an altercation with the individual then attempted to flee the area in his vehicle. Cockerham turned left before losing control of the vehicle causing him to drive over the median.

OBSERVATION OF DRIVER:

Upon making contact with the Cockerham, I immediately detected an obvious and strong odor of an unknown alcoholic beverage emitting from his person and face area. The odor intensified as I spoke to him. Cockerham had an unsteady gate while walking and standing losing balance several times. I also noticed his eyes were red and glassy and he had slurred speech. I walked Cockerham to my patrol vehicle and noticed he was unsteady on his feet stumbling when he walked.

DRIVER'S STATEMENTS:

I advised Cockerham of his Miranda Warnings which he stated he understood. Cockerham stated he had a cocktail at approximately 1700 hours before driving to the post office. Cockerham stated he has PTSD that he takes medication for. Cockerham advised that he is not diabetic.

ODORS:

Odor of unknown alcoholic beverage.

GENERAL OBSERVATIONS

SPEECH: Slurred, Thick, Rambling, Repetitive

ATTITUDE: Confused, Emotional after arrest.

CLOTHING: Disheveled clothing. Ripped clothing due to altercation.

MEDICAL/OTHER: Valium and Cymbalta

STATE OF FLORIDA
COUNTY OF PALM BEACH

D/S 35619 D/S LEHENY 35619
(Signature of Arresting/Investigative Officer)

The foregoing instrument was sworn to or affirmed and subscribed before me this 16TH day of MARCH 20 23 by D/S LEHENY 35619

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

KNOWN

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



SUBJECT: COCKERHAM DARREN

CASE NUMBER 23047248

ROADSIDE TASKS

HORIZONTAL GAZE NYSTAGMUS / LIGHTED PEN STIMULUS TASK: SFST

☐ LT EYE-LACK OF SMOOTH PURSUIT

☐ RT EYE-LACK OF SMOOTH PURSUIT

☐ LT EYE-DISTINCT & SUSTAINED NYSTAGMUS AT MAX. DEVIATION

☐ RT EYE-DISTINCT & SUSTAINED NYSTAGMUS AT MAX. DEVIATION

☐ LT- EYE-ONSET OF NYSTAGMUS PRIOR TO 45 DEGREES

☐ RT- EYE-ONSET OF NYSTAGMUS PRIOR TO 45 DEGREES

Other Observations:

REFUSED

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

FINGER TO NOSE: 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

BREATH TEST RESULTS:

1) **REFUSED**

2)

3)

4)

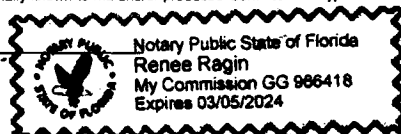
STATE OF FLORIDA
COUNTY OF PALM BEACH

D/S [Signature] 35619
(Signature of Arresting/Investigative Officer) **D/S LEHENY 35619**

The foregoing instrument was sworn to, affirmed and subscribed before me this 16TH day of MARCH, 2023 by D/S LEHENY 35619

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

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



WITNESS LIST

CASE NUMBER: 23047248

ARRESTING OFFICER: D/S J. LEHENY

ADDRESS: 3228 GUN CLUB RD, WEST PALM BEACH FL 33407

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

CAN TESTIFY TO: DUI INVESTIGATION AND TRANSPORT

NAME: D/S CALDERON #38428

ADDRESS: 3228 GUN CLUB RD, WEST PALM BEACH FL 33407

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

CAN TESTIFY TO: CRASH AND INTIAL CONTACT

NAME: _____

ADDRESS _____

PHONE NUMBERS (HOME) _____ (WORK) _____

CAN TESTIFY TO: _____

NAME: _____

ADDRESS _____

PHONE NUMBERS (HOME) _____ (WORK) 0

CAN TESTIFY TO: _____

NAME: _____

ADDRESS _____

PHONE NUMBERS (HOME) _____ (WORK) _____

CAN TESTIFY TO: _____

NAME: _____

ADDRESS _____

PHONE NUMBERS (HOME) _____ (WORK) _____

CAN TESTIFY TO: _____

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PHONE NUMBERS (HOME) _____ (WORK) _____

CAN TESTIFY TO: _____

NAME: _____

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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: _____

TESTING FACILITY TASK REPORT

AGENCY: PBSO

SUBJECT: Cockerham, Darren A. CASE NUMBER: 23-047248

DATE: Mar 16, 2023 VIDEO DVD NUMBER: N/A

BEGINNING TIME: 20:17 ENDING TIME: 20:19

BREATH TESTS RESULTS: 1) Refused TIME 20:19 A.M. ☐ P.M. ☒ 2) N/A TIME A.M. ☐ P.M. ☐

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

BREATH OPERATOR: R. Ragin #16877

MAINTENANCE TECHNICIAN: Jason Karlecke #6467

TESTING OFFICER'S OBSERVATIONS

SPEECH: Slurred

ATTITUDE: Talkative, fidgety, agitated, mood-wings, crying

CLOTHING: Blue shorts, red disheveled shirt, NO shoes

MEDICAL CONDITIONS: PSD

MEDICATIONS: YES

OTHER:

Eyes are red

COMMENTS:

Arrived at center A/O started 20 minute observation period at 19:54 hrs.

Subject refused to perform breath test.

A/O read I/C and subject stated he understood I/C.

Subject refused to take test.

A/O read rights on scene.

Subject stated he understood rights.

NO Q&A conducted.

REFUSED

REFUSED

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) _____

WHITE: STATE ATTY.

YELLOW: DHSMV

PINK: CENTRAL RECORDS

GOLD: JAIL

SUBJECT: John Doe CASE NUMBER: 1234

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:

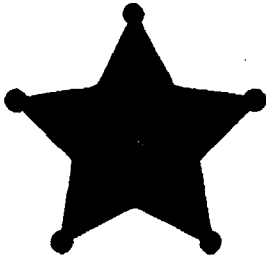
EPILEPSY?	_____
GLASS EYE?	_____
FALSE TEETH?	_____
EAR INFECTION?	_____
INNER EAR TROUBLE?	_____
DIABETES?	_____

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: _____



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

PBSO CASE # 23047248 PBSO ZONE 10-21
AGENCY CASE # N/A CRASH CASE # 23047245
TIME OF STOP/CRASH 1759 DATE 03/16/2023 DAY Thursday
SUBJECT'S NAME COCKERHAM DARREN ASHLEY
LAST FIRST MID
DOB 07/31/78 HGT 6'0 WGT 220 RACE W SEX M
LOCATION PARK AVE / 9TH ST LAKE PARK FL 33403
ARRESTING OFFICER'S NAME & ID D/S LEHENY 35619 Palm Beach County Sheriff's Office
DIVISION: Road Patrol AGENCY
NOTIFIED BY COMMO YES
BREATH RESULTS: ARRIVAL AT FACILITY 1954
1) REFUSED ARREST TIME 1832
2)
3)
4)
R. Ragin #16877 N/A
BAT TECH. OFFICER NAME & ID PBSO VIDEOTAPE #

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

I, D/S LEHENY 35619, a duly certified Law Enforcement Officer or Correctional Officer,
 (Name of Officer reading Implied Consent Warning)
 am a member of Palm Beach County Sheriff's Office, and I do swear
 (Name of law enforcement agency)
 or affirm that on or about the 16TH day of MARCH, 20 23, at 1832 ☒ P.M. ☐ A.M.
 DRIVER DARREN ASHLEY COCKERHAM
 FIRST NAME MIDDLE OR MAIDEN NAME LAST NAME
 DL# 104810036, state of SC, was placed under lawful arrest for
 the offense of D.U.I. - W/ PROPERTY DAMAGE by D/S LEHENY 35619 and
 issued Citation # AGY7NCE (Name of Arresting Officer)
 That on or about the 16TH day of MARCH, 20 23, at 2019 ☒ 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.

D/S [Signature] 35619
 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 this 16TH day of MARCH, 20 23,
 by D/S LEHENY 35619,

who is personally known to me or who has produced
KNOWN as identification

Notary Public [Signature]

HSMV-BAR1001 (REV 10/2016)

The foregoing instrument was sworn and subscribed before me:

Signature of Attesting Officer

Title Deputy Sheriff

Date 3-16-23

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.

PAPNMS01
Mar 16,23

***** PALM BEACH SHERIFF'S OFFICE *****
- PALM SYSTEM PHONETIC QUERY BY NAME -

9:33 PM

NUMBER OF MATCHES FOR QUERY: 0
ACTION NAME RACE SEX DOB PALMS NO

NO RECORDS FOUND FOR: COCKERHAM DARREN W M 07311978
HIT ENTER TO RETURN TO MENU

LAST: COCKERHAM F: DARREN MI: A R: W S: M DOB: 07311978 YOA:

STREET

Direct command...:

Enter-PF1---PF2---PF3---PF4---PF5---PF6---PF7---PF8---PF9---PF10--PF11--PF12--



**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.	
	☐			
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	☐			
	☐			
	☐			
Other	☐		Other:	
	☐		Other:	

REVIEW COMPLETED BY

Booking Number: 2023007168

Date: 3/17/2023

Specialist Name/ID: R.Castro/40259