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553

ARREST / NOTICE TO APPEAR

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

1

JUVENILE

AD M I N I S T R A T I O N	OBTN Number		Agency ORI Number 0502300		Agency Name North Palm Beach Police Department		Agency Report Number (N.T.A.'s only) 7, 0 23-000288	
D E F E N D A N T	Charge Type: Check as many as apply		☐ 1. Felony ☐ 2. Traffic Felony		☒ 3. Misdemeanor ☐ 4. Traffic Misdemeanor		☐ 5. Ordinance ☐ 6. Other	
	Location of Arrest (Including Name of Business)		Location of Offense (Business Name, Address) 101 CASTLEWOOD DR NPB, FL 33408, 101 CASTLEWOOD DR, 101 CASTLEWOOD DR, NORTH PALM BEACH, FL 33408					
	Date of Arrest 04/14/2023		Time of Arrest 20:47		Booking Date		Booking Time	
	Jail Date		Jail Time		Location of Vehicle		Enter Type UNARMED	
C O D E S	Name (Last, First, Middle) LYONS, DINA-ANNE		Alias:		Alias (Name, DOB, Soc. Sec. #, Etc.)			
	Race W - White B - Black O - Oriental/Asian		Sex M - Male F - Female		Date of Birth 07/16/1970		Height 5'04	
	Weight 130		Eye Color Blue		Hair Color Brown		Complexion Med	
	Build Med		Marital Status		Religion		Indication of: Alcohol Influence Drug Influence	
	Local Address (Street, Apt. Number) 907 LAKE SHORE DR 210, LAKE PARK, FL 33403		(City) LAKE PARK		(State) FL		(Zip) 33403	
	Permanent Address (Street, Apt. Number) 907 LAKE SHORE DR 210, LAKE PARK, FL 33403		(City) LAKE PARK		(State) FL		(Zip) 33403	
	Business Address (Name, Street) 907 LAKE SHORE DR 210, LAKE PARK, FL 33403		(City) LAKE PARK		(State) FL		(Zip) 33403	
	Phone		Phone		Phone		Occupation	
	DL Number, State LS20160707560 / FL		Soc. Sec. Number		INN Number		Place of Birth (City, State) Flushing, NY	
	Co-Defendant Name (Last, First, Middle)		Race		Sex		Date of Birth	
J U V E N I L E	Co-Defendant Name (Last, First, Middle)		Race		Sex		Date of Birth	
	☐ Parent ☐ Other		Name (Last, First, Middle)		Residence Phone		Business Phone	
	Address (Street, Apt. Number)		(City)		(State)		(Zip)	
	Notified by: (Name)		Date		Time		JUVENILE DISPOSITION 1. Handled/Processed within Department and Released 2. TOT IAC 3. Incorporated	
	Released To: (Name)		Relationship		Date		Time	
	The above address was provided by ☐ defendant and/or ☐ defendant's parents. The child and/or parent was told to keep the Juvenile Court Clerk's Office (Phone 355-2526) informed of any change of address.		School Attended		Grade		Value of Property	
	☐ Yes, by: ☐ No:		Property Crime? ☐ Yes ☒ No		Description of Property		Value of Property	
	Drug Activity N. N/A P. Possession		S. Sell B. Buy T. Traffic		K. Smuggle D. Deliver E. Use		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		Statute Violation Number 316.193(1)(A)		Violation of ORD #	
C H A R G E S	Charge Description DUI - NORMAL FACULTIES IMPAIRED		Amount / Unit		Offense #		Counts	
	Drug Activity		Drug Type		Amount / Unit		Offense #	
	Charge Description RESIST/OBSTRUCT OFFICER W/O VIOLENCE		Amount / Unit		Offense #		Counts	
	Drug Activity		Drug Type		Amount / Unit		Offense #	
	Charge Description		Amount / Unit		Offense #		Counts	
	Drug Activity		Drug Type		Amount / Unit		Offense #	
	Health / Apparent Physical Condition of Defendant		Any knowledge of the following: Explain:		☐ Mental ☐ Escape Risk ☐ Medication ☐ Deformities ☐ Injuries		Bonds	
	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	
	N O T I C E T O A P P E A R	☐ 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 Government Center		Court Date and Time 5/17/23 @ 13:30 p.m.		No Photo Available
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) APR 15 2023		Date Signed		No Photo Available		
HOLD for Other Agency		Signature of Arresting Officer Ballatori, M.		Name Verification (Printed by Arrestee)		PAGE 1 OF 1		
☐ Dangerous ☐ Suicidal ☐ Resisted Arrest ☐ Other		Name of Arresting Officer (Print) BALLATORI, M.		ID # 9917		Witness here if subject signed with an "X"		

FILED PRC - GUN CLUB
28 APR 15 AM 8:35

OBT Number		PROBABLE CAUSE AFFIDAVIT		1. Arrest 2. N.T.A.		3. Request for Warrant 4. Request for Capias		1	JUVENILE
Agency ORI Number FL FL0502300		Agency Name NORTH PALM BEACH POLICE		Agency Report Number 7 0 23-000288					
Charge Type: Check as many as apply.		☐ 1. Felony ☐ 2. Traffic Felony ☒ 3. Misdemeanor ☐ 4. Traffic Misdemeanor ☐ 5. Ordinance ☐ 6. Other		Special Notes:					
Name (Last, First, Middle) LYONS, DINA-ANNE		Alias		Race W	Sex F	Date of Birth 07/16/1970			
Charge Description 316.193(1)(A) DUI - NORMAL FACULTIES IMPAIRED		Charge Description 843.02 RESIST/OBSTRUCT OFFICER W/O VIOLENCE							
Victim's Name (Last, First, Middle)		Race		Sex	Date of Birth				
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 14 day of April, 2023 at 20:47 (Specifically include facts constituting cause for arrest.)									
On 04/14/2023 at approximately 2039 hours I was dispatched to 101 Castlewood Dr. North Palm Beach, FL 33408 in reference to an intoxicated W/F, shouting at a group of people outside of the Islamic Center. Upon arrival contact was made with the W/F who was identified by her FLDL as Dina Lyons (DOB 07/16/1970, wearing a Pink blazer, pink pants and tan shoes). Upon contact with Lyons, her vehicle (2017 Grey, Jaguar bearing FL Tag # PCBW77) was in drive with the vehicle on and the keys in the ignition. Lyons was in the driver's seat with her seatbelt on and was shouting out the passenger side window at members of the Islamic Center. Lyon's vehicle was on top of the curb with the passenger front tire touching the sidewalk. Myself and assisting officers approached the driver's side window and gave Lyons multiple verbal commands to turn her vehicle off and step out. Lyons had red glassy, watery eyes and slurred speech. Lyons proceeded to ignore all of our commands and roll her driver's side window up. Lyons also spontaneously uttered to one officer that she had just come from Carmine's Restaurant. Due to Lyons showing signs of being impaired myself and assisting officers opened Lyons driver's side door and gave more commands for her to turn the vehicle off and step out of. Lyons closed the door once again, refusing to obey any of our commands at which time Officer's opened her driver's side door and escorted Lyons out of her vehicle. While escorting Lyons out of her vehicle she was bracing, tensing up and pulling away from officers while we were trying to detain her. Lyons also held onto the steering wheel with both hands refusing to get out. Lyons eventually was placed under arrest, secured in handcuffs (double locked), and searched. Once in custody, Lyons feigned unconsciousness and went limp in the roadway. As a precaution, Fire Rescue was requested to conduct a medical evaluation. Contact was made with the caller Robert Munroe (B/M, DOB 07/21/1959) who advised he is a security officer for the Islamic center and witnessed the entire incident. Munroe advised Lyons drove by the Islamic Center and was shouting at the kids outside of the									
SWORN AND SUBSCRIBED BEFORE ME NOTARY PUBLIC / CLERK OF COURT / OFFICER (F.S. 112.06) 04/14/23 DATE SIGNATURE OF ARRESTING / INVESTIGATING OFFICER <i>[Signature]</i> Notary Public State of Florida Renee Regin My Commission 00388418 Expires 03/06/2024 BALLATORI, MARC (9917) NAME OF OFFICER (PLEASE PRINT) 04/15/2023 DATE									
ADMINISTRATIVE		PAGE 1 OF 2							

COURT

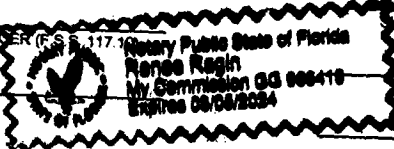
STATE ATTORNEY

CENTRAL RECORDS

JAIL

CRIME ANALYSIS

P. I. O.

OBS Number		PROBABLE CAUSE AFFIDAVIT SUPPLEMENT		1. Arrest 2. N.T.A.	3. Request for Warrant 4. Request for Capias	1	JUVENILE
Agency ORI Number FL FLO502300	Agency Name NORTH PALM BEACH POLICE	Agency Report Number 7 0 23-000288					
Charge Type: Check as many as apply:		☐ 1. Felony ☐ 2. Traffic Felony		☒ 3. Misdemeanor ☐ 4. Traffic Misdemeanor		☐ 5. Ordinance ☐ 6. Other	
Name (Last, First, Middle) LYONS, DINA-ANNE		Alias		Race W	Sex F	Date of Birth 07/16/1970	
facility. Munroe further advised that Lyons proceeded to park her vehicle outside of the Islamic Center, get out of her vehicle and continue to shout at the kids. Munroe stated Lyons was stumbling when she got out of her vehicle and almost fell over. Munroe stated Lyons was slurring her words and appeared very intoxicated. Joseph Kennney (B/M 04/10/1974) is a member of the Islamic Center and also witnessed the incident take place. Kennney advised that he observed Lyons almost fall over when she got out of her vehicle and further stated she was refusing to move her vehicle from the sidewalk at which time she began cursing at the security guard. Kennney stated Lyons appeared intoxicated. Rescue 68 (Run # PBC 23045435) arrived on scene and transported Lyons to Gardens Medical Center for medical clearance. While being checked out at Gardens Medical center Lyons advised to the doctor that she had "2 drinks this evening". While at the hospital, I requested a sample of Lyons blood to determine the presence of alcohol or drugs. She refused. She was read implied consent and requested to provide a sample of blood to which she again refused. Lyons was transported to The County Jail for further processing.							
NOT A CERTIFIED COPY							
SWORN AND SUBSCRIBED BEFORE ME _____ NOTARY PUBLIC / CLERK OF COURT / OFFICER (P.S. § 117.1) <i>04/14/23</i> DATE _____ SIGNATURE OF ARRESTING / INVESTIGATING OFFICER BALLATORI, MARC (9917) NAME OF OFFICER (PLEASE PRINT) 04/15/2023 DATE							
				PAGE 2 OF 2			

COURT

STATE ATTORNEY

CENTRAL RECORDS

JAIL

CRIME ANALYSIS

P.I.O.

D.U.I. PROBABLE CAUSE AFFIDAVIT

ON THE 14 DAY OF APRIL 20 23, AT 20:47 AM ☒ PM

SUBJECT: Dina Lyons CASE NUMBER: 23-000288

AGENCY: North Palm Beach ARRESTING OFFICER: M. Ballatori

PERSONAL CONTACT

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

In driver's seat with keys in ignition and vehicle running.

OBSERVATION OF DRIVER:

Glassy, red, watery eyes. Slurred speech.

DRIVER'S STATEMENTS:

I had two drinks.

ODORS:

GENERAL OBSERVATIONS

SPEECH: slurred

ATTITUDE: Hostile, agitated, aggressive

CLOTHING: Pink blazer, pink pants, tan shoes

MEDICAL/OTHER: None

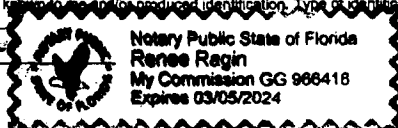
STATE OF FLORIDA
COUNTY OF PALM BEACH

M. Ballatori
(Signature of Arresting/Investigative Officer)

The foregoing instrument was sworn to or affirmed and subscribed before me this 14th day of April 20 23 by _____

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

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



SUBJECT: Dina Lyons

CASE NUMBER 23-000288

ROADSIDE TASKS

HORIZONTAL GAZE NYSTAGMUS:

☐

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:

WALK & TURN:
Refusal

ONE LEG STAND:
Refusal

FINGER TO NOSE:
Refusal

ROMBERG ALPHABET:

BREATH TEST RESULTS:

1) REFUSAL

2)

3)

4)

STATE OF FLORIDA
COUNTY OF PALM BEACH

M. Ballatori

(Signature of Arresting/Investigative Officer)

The foregoing instrument was sworn to or affirmed and subscribed before me this 14th day of April, 2023, by _____

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

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





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

PBSO CASE # _____ AGENCY CASE# 23-000288

AGENCY ZONE _____ CRASH CASE # _____

TIME OF STOP/CRASH 20:47 DATE 04/14/2023 DAY Friday

SUBJECT'S NAME Dina Lyons RACE W SEX F

HGT 5'4 WGT 130 DOB 07/16/1970

LOCATION 101 Castlewood Dr. NPB, FL 33408

ARRESTING OFFICER'S NAME & ID M. Ballatori AGENCY North Palm Beach

DIVISION: Patrol

NOTIFIED BY COMMO YES

ARRIVAL AT FACILITY _____

BREATH RESULTS:

1. REFUSAL

2. _____

3. _____

4. _____

ARREST TIME 20:47

TESTING OFFICER'S ID _____ PBSO VIDEOTAPE # _____

WITNESS LIST

CASE NUMBER: **23-000288**

ARRESTING OFFICER: **M. Ballatori**

ADDRESS: **560 US Highway 1, North Palm Beach FL 33408**

PHONE NUMBERS (HOME): _____ (WORK) _____

CAN TESTIFY TO: _____

NAME: **Robert Munroe**

ADDRESS: **9527 Cypress Creek Pkw, Boynton Beach, FL 33407**

PHONE NUMBERS (HOME) **954-1600-1686** (WORK) _____

CAN TESTIFY TO: _____

NAME: **Joseph Kenney**

ADDRESS **33407643 41st St, WPB, FL**

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: _____

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ADDRESS _____

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NAME: _____

ADDRESS _____

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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

RIC L. BRADSHAW, SHERIFF

LABORATORY ANALYSIS REQUEST

**This Form Must Be Included With the Property Receipt and Accompany the Evidence Submitted for Toxicology Analysis
PRINT LEGIBLY OR TYPE**

Agency: North Palm Beach Case #: 23-000288
Officer: M. Ballatori ID#: 9917 District: _____ Division: Patrol Phone #: _____
Email: _____

Specimen Collected By: _____ Date: _____ Time: _____
Specimen Collected From: Dina Lyons Age: _____ Sex: F Hgt: 5'4 Wgt: 130

Specimen Type: ☐ Blood ☐ Urine ☐ Beverage ☐ Other-Describe _____

Type of Case: ☐ Traffic Accident ☐ Fatality ☐ DWI/DUI ☐ Other Date: _____ Time: _____

Was any medication administered by medical personnel prior to sample being drawn: ☐ Yes ☒ No

If yes, name of Medication(s): _____

Subject Arrested: ☒ Yes ☐ No

Breath Test Performed? ☐ Yes ☒ No Reading: _____

Tests requested: ☐ Blood Alcohol ☐ Blood Drug Screen ☐ Urine Drug Screen

NOTE: Blood Alcohol analysis is performed on all blood specimens. Requested Blood Drug Screen may not be performed based on the laboratory protocol. If you have any questions, please contact the Chemistry/Toxicology Manager at 561-688-4203.

DRE exam performed: ☐ Yes ☐ No DRE Officer: _____ Agency: _____

DRE Opinion: _____

Drug History and Signs of Impairment (Please list any drugs, medications, or prescriptions the subject may have taken or were in his/her possession.)

Florida Department of Law Enforcement Alcohol Testing Program

CERTIFICATION OF BLOOD WITHDRAWAL

I certify that as a physician, certified paramedic, registered nurse, licensed practical nurse, or other person authorized by a hospital to draw blood, or as a licensed clinical laboratory director, supervisor, technologist or technician, I am authorized by 316.1932, 316.1933, 322.63, 327.352 and 327.353, Florida Statutes, to withdraw blood at the request of a law enforcement officer. I certify that on 04/14/2023 I
(Date)

withdrew blood from Dina Lyons at the request of
(Driver)

M. Ballatori The blood sample(s) were collected and labeled in accordance
(Officer)

with the provisions of Rule 11D-8.012, Florida Administrative Code. Before collecting the blood sample(s), the skin was cleansed with an antiseptic that did not contain alcohol. The blood sample(s) were collected in glass evacuation tubes that contained a preservative and an anticoagulant. immediately after collection, the tubes were inverted several times. The blood collection tubes were labeled with the name of the person tested, the date and time the sample(s) were collected and the initials of the person who collected the sample(s).

(Printed name of person withdrawing blood)

(Title)

(Signature)

(Date)

May also be used in administrative proceedings pursuant to s. 322.2615, Florida Statutes. To be forwarded to the local Bureau of Driver Improvement Office, Division of Driver Licenses, Department of Highway Safety and Motor Vehicles.

North Palm Beach

BLOOD, URINE, SALIVA CONSENT FORM

Date: _____

Agency Case # 23-000288

I, Dina Lyons freely, knowingly and voluntarily give my consent for Doctor /Nurse / Paramedic / Phlebotomist to obtain a sample (s) of my blood, urine, saliva for DNA, ethanol and/or other analysis or comparison that the North Palm Beach may deem necessary.

I consent to the obtaining of sample(s) of my blood, urine or saliva with the full understanding *that the* results of any such analysis may be used against me in a court of law, and hereby attest that I am not submitting due to coercion, duress, or promises, that I am consenting to the aforementioned of my own free will.

Signature: _____

Witness by:

SUBJECT: Dina Lyons

CASE NUMBER: 23-000288

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 M. Ballatori 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 as admissible into evidence in any criminal proceeding.

SUBJECT'S SIGNATURE: _____ Dina Lyons

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: _____ Dina Lyons

STATE OF FLORIDA
DEPARTMENT OF HIGHWAY SAFETY & MOTOR VEHICLES
AFFIDAVIT OF REFUSAL TO SUBMIT TO
BLOOD TEST

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

am a member of NPB PD, and I do swear
(Name of law enforcement agency)

or affirm that on or about the 14th day of April, 20 23, at 21:47 ☒ P.M. ☐ A.M.

DRIVER Dina Lyons
(Type or Print) FIRST NAME MIDDLE OR MAIDEN NAME LAST NAME

DL# 1520-160-70-756-0, state of FL, appeared for treatment at a hospital,
clinic, or other medical facility pursuant to s. 316.1932(1)(c), Florida Statutes, and a breath or urine test was impossible or impractical.

That on or about the 14th day of April, 20 23, at 21:47 ☒ P.M. ☐ A.M.
in PALM BEACH County,

I requested that the driver submit to a **blood test** to determine his or her blood alcohol level and/or the presence of chemical or controlled substances in his or her blood. I informed the driver that refusal to submit to a blood 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 for refusing to submit to a breath, urine or blood test. I also informed the driver that if he or she holds a CDL, or was operating a CMV, refusal would 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 had been previously disqualified as a result of a refusal to submit to a breath, urine or blood test. The driver nonetheless refused to submit to a blood test.

[Signature]
Signature of Law Enforcement Officer or
Correctional Officer

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



The foregoing instrument was sworn and subscribed before
me this 15 day of April, 20 23,
by Ballatori,
who is personally known to me or who has produced
_____ as identification

Notary Public [Signature]
HSMV-BAR1002 (REV. 10/16)

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

Palm Beach County Sheriff's Office – Arrests Only

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

REVIEW COMPLETED BY

Booking Number: 2023009808	Date: 4/15/2023
	Specialist Name/ID: Chantel Daniels/30347