

24CF327SAM3

ARREST / NOTICE TO APPEAR		1 Arrest (No Warrant) 3 Request for Warrant 6 Arrest (Warrant) 4 Request for Capias 2 N.T.A. 5 Juvenile Referral		1	JUVENILE
OBTS Number		Agency ORI Number 0500200		Agency Name Boca Raton Police Department	
Charge Type Check as many as apply: ☒ 1 Felony ☐ 2 Traffic Felony		☐ 1 Misdemeanor ☒ 2 Traffic Misdemeanor ☐ 5 Ordinance ☐ 6 Other		Agency Report Number (N.T.A. only) 3 2 2024-004494	
Location of Arrest (Including Name of Business) 1921 N FEDERAL HWY, BOCA RATON, FL 33432		Location of Offense (Business Name, Address) 1921 N FEDERAL HWY, BOCA RATON, FL 33432		Multiple Clearance Enter Type: UNARMED	
Date of Arrest 04/17/2024	Time of Arrest 01:58	Booking Date 04/17/2024	Booking Time 02:08	Jail Date 04/17/2024	Jail Time 03:18
Name (Last, First, Middle) CARR, DINA		Alias (Name, DOB, Soc. Sec. # Etc.)		Location of Vehicle TOWED TO EMERALD	
Race W - White B - Black O - Oriental/Asian W	Sex F	Date of Birth 08/02/1974	Height 5'04	Weight 100	Eye Color BROWN
Scars, Marks, Tattoos, Unique Physical Features (Location, Type, Description) TATT BACK BACK / BIRD		Marital Status S	Religion UNKNOWN	Complexion LIGHT	Build Small
Local Address (Street, Apt. Number) 1847 SE 4TH ST, POMPANO BEACH, FL 33060		(City) (FL)	(State) (FL)	(Zip) 33060	Phone (954) 940-2677
Permanent Address (Street, Apt. Number) 1847 SE 4TH ST, POMPANO BEACH, FL 33060		(City) (FL)	(State) (FL)	(Zip) 33060	Phone (954) 940-2677
Business Address (Name, Street) MR SALS,		(City) (FL)	(State) (FL)	(Zip) 33060	Address Source FL DL
D/L Number State C600160747820 / FL		Soc. Sec. Number [REDACTED]	INS Number	Place of Birth (City, State) Thailand	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 ☐ Other		Name (Last, First, Middle)			Residence Phone
☐ Legal Custodian		Address (Street, Apt. Number)			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.		School Attended		Grade	
☐ Yes, by: ☐ No		Properties Crime?		Description of Property	
Drug Activity S Sell N N/A P Possess		R Snuggle B Bus 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/Deer	P Paraphernalia/ Equipment S Synthetic	U Unknown Z Other
Charge Description BATTERY - OFFICER, FIREFIGHTER, MEDICAL CARE PROVIDER		Statute Violation Number 784.07(2B)		Violation of ORD #	
Drug Activity N		Drug Type	Amount / Unit	Offense #	Bond
Charge Description DRIVE UNDER INFLUENCE ALC		Statute Violation Number 316.193(1A)		Violation of ORD #	
Drug Activity N		Drug Type	Amount / Unit	Offense #	Bond
Charge Description		Statute Violation Number		Violation of ORD #	
Drug Activity		Drug Type	Amount / Unit	Offense #	Bond
Health / Apparent Physical Condition of Defendant FAIR		Any knowledge of the following: Explain: NONE ☐ Mental ☐ Escape Risk ☐ Medication ☐ Deformities ☐ Injuries			
Check which applies: ☐ Released O.R. ☐ Posted Bond		☐ Released to Parent/Guardian ☐ South County Mental Health		☒ TOT County Jail	
Transferred By		PROPERTY - Received By DELGADO		Released By DELGADO	
Date Transferred 04/17/2024		Time Transferred 03:20		Released To PBCJ	
☒ 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) South County 200 W Atlantic Ave Delray Beach, FL 33444		Court Date and Time 05/13/2024 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 CONTEMPT OF COURT AND A WARRANT FOR MY ARREST SHALL BE ISSUED.		Signature of Defendant (or Juvenile and Parent/Custodian)		Date Signed FILED PBC - GUN CLUB 24 APR 18 AM 5:54	
HOLD for Other Agency		Signature of Arresting Officer DELGADO, B.		Name Verification (Printed by Arresting Officer) APR 17 AM 5:11	
☐ Dangerous ☐ Suicidal		☐ Resisted Arrest ☐ Other		(PRINT)	
I.D. #		Pouch #		Witness here if subject signed with an "X"	

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

SCANNED
#138
APR 18 2024

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		PROBABLE CAUSE AFFIDAVIT		1 Arrest 2 N.T.A.		3 Request for Warrant 4 Request for Capias		1		JUVENILE	
A D M I N I S T R A T I V E	OBTS Number		Agency ORI Number FL FLO500200		Agency Name BOCA RATON POLICE DEPARTMENT		Agency Report Number 3 2 2024-004494				
	Charge Type Check as many as apply ☒ 1 Felony ☐ 2 Traffic Felony ☐ 3 Misdemeanor ☒ 4 Traffic Misdemeanor ☐ 5 Ordinance ☐ 6 Other		Special Notes								
D E F	Name (Last, First, Middle) CARR, DINA					Alias		Race W	Sex F	Date of Birth 08/02/1974	
	Charge Description 316.193(1A) DUI					Charge Description 784.07(2B) BATTERY - OFFICER, FIREFIGHTER, MEDICAL					
C H A R G E S	Victim's Name (Last, First, Middle) State Of Florida					Race		Sex	Date of Birth		
	Local Address (Street, Apt. Number) (City) (State) (Zip)					Phone		Address Source			
V I C T I M	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 <u>17</u> day of <u>April</u>, <u>2024</u> at <u>04:01 PM</u> (Specifically include facts constituting cause for arrest.)										
P R O B A B L E	Victim 2 is Officer Rebecca Coon. On 04/17/2024 at 0150 hours, I was driving southbound on 2900 N Federal Hwy Boca Raton, Florida. I observed a vehicle (Black BMW bearing FL tag FFL 773) on NE 29th St facing westbound. I then made a U-turn, proceeded northbound on Federal Hwy. I then observed the vehicle make a U-turn and proceed southbound on Federal Hwy. The vehicle had its running lights on but was driving with no light emitting from the taillamps. I activated my emergency lights to conduct a traffic stop at approximately 2300 N Federal Hwy. The driver did not press the brake until approximately 2000 N Federal Hwy. The vehicle continued forward, I had to use my siren to get the driver's attention. The driver came to a stop in the parking lot of 1921 N Federal Hwy. I approached the vehicle from the passenger side and made contact with the driver, Dina Carr who was in actual physical control of the vehicle. I then requested the driver, Dina Carr to roll the front passenger window down. The window was rolled down and I was immediately met with the odor of an alcoholic beverage. The driver began to state she was on her way home from work, and she is a bartender. The driver's speech was slow and slurred. I then ordered the driver to turn the vehicle off which she seemingly struggled to do so by missing the push to start/stop button. I then walked to the driver side of the vehicle. While Carr was speaking to me, I was able to smell an odor of an alcoholic beverage emitting from her breath. Her eyes were also red and glossy. I asked Carr to exit the vehicle, upon exiting the vehicle Carr stumbled and momentarily lost her balance.										
	SWORN AND SUBSCRIBED BEFORE ME <u>IMMLER, AMANDA</u> NOTARY PUBLIC / CLERK OF COURT / OFFICER (F.S.S. 117.10) <u>04/17/2024</u> DATE										
	<u>[Signature]</u> SIGNATURE OF ARRESTING / INVESTIGATING OFFICER <u>DELGADO, BRIAN (885)</u> NAME OF OFFICER (PLEASE PRINT) <u>04/17/2024</u> DATE										
	PAGE 1 OF 2										

COURT

STATE ATTORNEY

CENTRAL RECORDS

JAIL

CRIME ANALYSIS

P. I. O.

OBT Number		PROBABLE CAUSE AFFIDAVIT SUPPLEMENT		1 Arrest 2 N.T.A	3 Request for Warrant 4 Request for Capias	1	JUVENILE
A D M I N I S T R A T I V E	Agency ORI Number FL FL0500200	Agency Name BOCA RATON POLICE DEPARTMENT	Agency Report Number 3 2 2024-004494				
Charge Type: Check as many as apply		☒ 1 Felony ☐ 3 Misdemeanor ☐ 5 Ordinance ☐ 2 Traffic Felony ☒ 4 Traffic Misdemeanor ☐ 6 Other			Special Notes		
Name (Last, First, Middle) CARR, DINA		Alias		Race W	Sex F	Date of Birth 08/02/1974	
I explained my observations and asked Carr if she would attempt the standard field sobriety tasks to dispel my alarm that she was driving impaired. She repeatedly stated she would do whatever I wanted but would not listen to my commands of standing to the rear of her car to perform the tasks. Carr was repeatedly asked if she would like to perform the tasks, but she would not provide an answer. Carr was explained her Taylor Warnings. Based on my observation and Carr's refusal to participate in the Standardized Field Sobriety Exercises, I placed Carr under arrest for DUI pursuant FSS 316.193(1A) at 0158 hours. Carr refused to provide a breath sample and implied consent was read. Carr again refused to provide a breath sample. A refusal was completed. While in the Boca Raton BAT room, Officer Coon was attempting to remove Carr's earrings while she sat on a stool. Officer Coon was facing the right side of Carr's body when Carr swung her right leg connecting with Officer Coon's thighs. It should be noted that Officer Coon was acting in her capacity as a Law Enforcement Officer when Carr battered her. Carr was then charged with 1 count of Battery on a Law Enforcement Officer pursuant to FSS 784.07(2B).							
NOT A CERTIFIED COPY							
SWORN AND SUBSCRIBED BEFORE ME IMMLER, AMANDA <i>[Signature]</i> NOTARY PUBLIC / CLERK OF COURT / OFFICER (F.S.S. 117.10) 04/17/2024 DATE <i>[Signature]</i> 885 SIGNATURE OF ARRESTING / INVESTIGATING OFFICER DELGADO, BRIAN (885) NAME OF OFFICER (PLEASE PRINT) 04/17/2024 DATE							
						PAGE 2 OF 2	

COURT

STATE ATTORNEY

CENTRAL RECORDS

JAIL

CRIME ANALYSIS

P. I. O.

2024004494

CARR, DINA

NTS: 0158

20 MIN: 0217

DUI INFLUENCE REPORT



BOCA RATON POLICE SERVICES DEPARTMENT

100 NW 2nd Avenue

Boca Raton, FL 33432



BOCA RATON POLICE SERVICES DEPARTMENT
DUI INFLUENCE REPORT - PART I

On the _____ day of _____, at _____ AM/PM:

Subject: _____ Case Number: _____

PERSONAL CONTACT

Driving Pattern: _____

Observation of Driver: _____

Driver's Statement: _____

Odors: _____

GENERAL OBSERVATIONS

Speech: _____

Attitude: _____

Clothing: _____

Medical Problems: _____

Medications: _____

Other: _____

Horizontal Gaze Nystagmus:

- ☐ Left eye does not follow smoothly
☐ Left eye jerks at 45 degrees angle or less
☐ Distinct jerking left eye maximum deviation

- ☐ Right eye does not follow smoothly
☐ Right eye jerks at 45 degrees angle or less
☐ Distinct jerking right eye maximum deviation

Can not do, Why? _____

Walk and turn: _____

Can not do, Why? _____

One leg stand: _____

Can not do, Why? _____

Finger to nose: _____

Can not do, Why? _____

Alphabet (speech pattern): _____

Can not do, Why? _____

Breath/Blood test results: _____

State of Florida, County of Palm Beach,
Sworn and subscribed before me this _____ (date) by _____.

Notary/Clerk of Court/ Officer (FSS 117.10) Date

Signature of Arresting Officer Name of Officer (print)

ARRESTING OFFICER: OFFICER DELGADO

Name: OFF. COON Phone # 561 3686201 Work # _____

Address: 100 NW 2ND AVE, BOCA RATON, FL, 33432

Can testify to: ~~SAFETY~~ SCENE SAFETY

Name: OFF. DELGADO Phone # 561 3686201 Work # _____

Address: 100 NW 2ND AVE, BOCA RATON, FL, 33432

Can testify to: DUI INVESTIGATION & TRAFFIC STOP

Name: _____ Phone # _____ Work # _____

Address: _____

Can testify to: _____

Name: _____ Phone # _____ Work # _____

Address: _____

Can testify to: _____

Name: _____ Phone # _____ Work # _____

Address: _____

Can testify to: _____

Name: _____ Phone # _____ Work # _____

Address: _____

Can testify to: _____

Name: _____ Phone # _____ Work # _____

Address: _____

Can testify to: _____



BOCA RATON POLICE SERVICES DEPARTMENT
DUI INFLUENCE REPORT - PART II

To be filled out at testing facility

Agency Case # 2024004494

I. INTRODUCTION (Instrument Operator faces video camera)

A. The day is WEDNESDAY, APRIL, 17, 2024.
(day) (month) (date) (year)

B. The time is now approximately 0250 PM.

C. The following is in reference to case number 2024004494.

D. Present at this time is OFF. DELGADO & OFF. COON of the Boca Raton Police Department.
(Officer's Name)

E. Officer DELGADO, have you arrested DINA CARR in violation of
Florida State Statute 316.193? (Defendant's name)

F. Did this violation occur within the City of Boca Raton, Palm Beach County, Florida? YES

G. Mr./Mrs./Ms. CARR, I am required to inform you these
proceedings are being video recorded.

Operator Note: Video record breath request, breath sample, and interview.

II. AT THIS TIME THE ARRESTING OFFICER WILL REQUEST A BREATH SAMPLE.

Note: Read only the paragraph applicable to the type of test you are requesting.

- ☒ A. I am now requesting that you submit to a lawful test of your **BREATH** for the purpose of determining its alcohol content.
- B. 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.
- C. I am now requesting that you submit to a lawful test of your **BLOOD** for the purpose of determining its alcohol content and the presence of chemical or controlled substances.

IMPLIED CONSENT WARNINGS

Note: Read only if the subject does not comply with your request.

I am OFC DELGADO of the BOCA RATON PD.

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

Subject Signature: SEE VIDEO

Note: Also read for CDL holders:

IN ADDITION, your refusal to submit will result in the loss of your commercial privileges for one year from today. If this is your SECOND REFUSAL, you will be permanently disqualified from operating a commercial motor vehicle.

Note: After reading the implied consent warning, the arresting officer must request a breath sample again.

(IF REFUSAL THEN)

At this time Mr./Mrs./MS. CARR has refused to submit to a breath test.

The date is APRIL, 17, 2024, and the time is 0255 PM.
(month) (day) (year)

A refusal form will be completed by the arresting officer.



BOCA RATON POLICE SERVICES DEPARTMENT JUVENILE CONSTITUTIONAL WARNINGS

**Rights of suspects prior to custodial questioning.
Identify yourself and state:**

I am required to warn you before you make any statement that you have the following Constitutional rights:

- (1) You have the right to remain silent and not answer any questions. *Tell me in your own words what you think this means.
(You do not have to talk to me or answer any questions about this offense. You can be quiet if you want.)*
- (2) Any statement you make must be freely and voluntarily given. *Tell me in your own words what you think this means.
(If you do talk to me it has to be because you want to and not because anyone is forcing you to speak.)*
- (3) You have a right to the presence and representation of a lawyer of your choice before you make any statement and during any questioning. *Tell me in your own words what you think this means.
(You can talk to a lawyer before we ask you any questions and you can have him/her with you now, during our questioning.)*
- (4) If you cannot afford a lawyer, you are entitled to the presence and representation of a court appointed lawyer before you make any statement and during any questioning. *Tell me in your own words what you think this means
(If you do not have money for a lawyer and you want one, a lawyer will be given to you for free.)*
- (5) If at any time during the interview you do not wish to answer any questions, you are privileged to remain silent. *Tell me in your own words what you think this means.
(If you decide to talk to me then change your mind, you can stop answering my questions at any time.)*
- (6) I can make no threats or promises to induce you to make a statement. This must be of your own free will. *Tell me in your own words what you think this means
(I am not allowed to threaten you or make you any promises to get you to talk to me. If you decide to talk, it must be because you want to.)*
- (7) Any statement can be and will be used against you in a court of law. *Tell me in your own words what you think this means
(Anything you say to me can and will be told to the judge or a jury in court. A judge is a person who decides if you have done something wrong. Sometimes a group of people called a jury decide this, but the Judge is the person who decides what punishment you get.)*
- (8) Do you understand these rights as I have read them to you, and do you wish to speak to me?

Signed: _____ Date: _____ Time: _____



BOCA RATON POLICE SERVICES DEPARTMENT
TESTING FACILITY TASK REPORT

SUBJECT: CARR, DINA

CASE #: 2024004494 DATE: 04/17/24

BREATH TEST RESULTS

1) TIME REFUSED (A) AM/PM 2) TIME REFUSED (A) AM/PM

3) TIME _____ AM/PM 4) TIME _____ AM/PM

BREATH OPERATOR: OFF. CODON

MAINTENANCE TECHNICIAN: OFF. CRAWFORD

TESTING OFFICER'S OBSERVATIONS

SPEECH: SLURRED, REPETITIVE, LOUD

ATTITUDE: ANGRY, AGGRESSIVE, UNCOOPERATIVE

CLOTHING: BLACK TANK TOP, BLACK PANTS

MEDICAL CONDITION: REFUSED TO SAY

OTHER: _____

COMMENTS: _____

Identify yourself and state:

I am required to warn you before you make any statement that you have the following Constitutional rights:

- (1) You have the right to remain silent and not answer any questions.
- (2) Any statement you make must be freely and voluntarily given.
- (3) You have a right to the presence and representation 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 and representation of a court appointed lawyer before you make any statement 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 be and will be used against you in a court of law.
- (8) Do you understand these rights as I have read them to you, and do you wish to speak to me?

Signed: SEE VIDEO Date: 4/17/24 Time: _____

QUESTIONS AND ANSWERS

Were you operating a motor vehicle at the time of the accident/stop? _____

Where were you going? _____

What street or highway were you on? _____

Direction of travel? _____

Where did you start driving from? _____

What city (county) were you stopped in? _____

What time did you start? _____ AM/PM What time is it now? _____

What is today's date? _____ What day of the week is it? _____

When did you last eat? _____ What did you eat? _____

What have you been doing the past three hours prior to this stop/accident? _____

How much do you weigh? _____ Have you been drinking? _____ What were you drinking? _____

How much? _____ Where? _____ With whom were you drinking? _____

When did you have your first drink? _____ AM/PM When did you stop drinking? _____ AM/PM

How did you consume your last two drinks? _____

Are you under the influence of alcohol now? ☐ Yes ☐ No

Can you feel the effects of alcohol? ☐ Yes ☐ No

Have you consumed alcohol since the accident? ☐ Yes ☐ No

Can you feel the effects of alcohol? ☐ Yes ☐ No

Have you consumed alcohol since the accident? ☐ Yes ☐ No How much? _____

What? _____ Where? _____

What line of work are you in? _____

When did you last work? _____

Do you have any physical defects or injuries? ☒ Yes ☐ No If yes, explain: _____

Are you sick or injured? ☐ Yes ☐ No If yes, explain: _____

Do you limp? ☐ Yes ☐ No Did you get a bump on the head? ☐ Yes ☐ No

Were you in an accident today? _____

Have you taken any drugs or smoked marijuana today? _____

What? _____ When? _____

Have you seen a doctor or dentist today? ☐ Yes ☐ No Who? _____

Are you taking any prescription medications? ☐ Yes ☐ No What? _____ When? _____

Do you have: Epilepsy? ☐ Yes ☐ No

Inner ear trouble? ☐ Yes ☐ No

Glass eye? ☐ Yes ☐ No

Ear infection? ☐ Yes ☐ No

False teeth? ☐ Yes ☐ No

Diabetes? ☐ Yes ☐ No

Any problems not correctable by glasses or contact lenses? _____

Do you take insulin? ☐ Yes ☐ No If yes, when was your last injection? _____

Have you ever had a driver's license in any other state? _____

I am now ending this video recording. The time is now approximately 0257 AM PM.

The date is APRIL, 17, 2024.
(month) (day) (year)

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

Instrument Type: Intoxilyzer 8000
Instrument Registered To: BOCA RATON PD
Instrument Serial Number: 80-006622 Software: 3100.27
Date of Test: 04/17/2024

Date of Last Agency Inspection: 04/16/2024
Observation Period Began: 02:17
Subject's Name: DINA CARR

DOB: 08/02/1974 Sex: F

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	02:53
	Air Blank	0.000	02:54
	Control Test	0.079	02:54
	Air Blank	0.000	02:55
	Subject Sample #1	REF*	02:55
	Air Blank	0.000	02:55
	Control Test	0.080	02:56
	Air Blank	0.000	02:56
	Diagnostics Check	OK	02:56

*Subject Test Refused

Cylinder Lot: 29122080A2
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, BERNICE L. COON, 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: _____ Date: 04/17/24
Signature #794

Sworn to (or affirmed) before me this 17 day of APRIL, 2024

Signature of Notary Public-State of Florida [Signature] Printed Name of Notary Public-State of Florida OFF. DOMINGADO

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.

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

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

am a member of Boca Raton Police Services Department, and I do swear
(Name of law enforcement agency)

or affirm that on or about the 17 day of APRIL, 20 24, at 0158 ☐ P.M. ☒ A.M.

DRIVER DINA CARR
(Type or Print) FIRST NAME MIDDLE OR MAIDEN NAME LAST NAME

DL# C6001100747820, state of FLORIDA, was placed under lawful arrest for

the offense of DUI by OFFICER DELGADO and
(Name of Arresting Officer)

issued Citation # A645XNE

That on or about the 17 day of APRIL, 20 24, at 0255 ☐ 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.

[Signature] 885
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:

[Signature] #794
Signature of Attesting Officer

Title OFFICER COON

Date 4/17/24

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.

(AFFIX SEAL)

The foregoing instrument was sworn and subscribed before

me this _____ day of _____, 20 _____,

by _____,

who is personally known to me or who has produced

_____ as identification

Notary Public _____



Palm Beach County Sheriff's Office

Florida State Statute Exemption Sheet

	X	Florida State Statute	Description	Page Number(s)
L/E Exemptions	☐	119.071(4)(c)	Undercover personnel	
	☐	119.071(2)(e)	Confession	
Public Info. Exemptions	☐	FL Const. Art. I, s. 16(b)(5)	Marsy's Law – victim information shall be redacted. The term "victim" also includes the victim's lawful representative, the parent or guardian of a minor, or the next of kin of a homicide victim. The term "victim" does not include the accused (ref. page 99 of the CRTM for additional information)	
	☐	119.071(2)(j)	Home/employment telephone number, home/employment address, or personal assets of a person who has been the victim of sexual battery, aggravated child abuse, aggravated stalking, harassment, aggravated battery or domestic violence	
	☐	119.0712(2)	Personal information contained in a motor vehicle record	
	☐	316.650(11)	Driver information contained in a uniform traffic citation	
	☐	119.071(4)(d)2.a.	Home addresses, telephone numbers, dates of birth, and photographs of active/former LE personnel, spouses, and children	
Florida Rules of Judicial Administration 2.420	☒	(iii) 119.0714(1)(i)-(j), (2)(a)-(e)	Social Security, bank account, charge, debit, and credit card numbers	2
	☐	(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	☐			
	☐			
	☐			
	☐			

REVIEW COMPLETED BY

Booking Number: 2024010334	Date: 4/18/2024
	Specialist Name/ID#: MTools #8557