

50-2025-CT-00262ASIS

OBTS Number		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
Agency ORI Number 0500200		Agency Name Boca Raton Police Department		Agency Report Number (N.T.A.'s only) 3 2 2025-001818			
Charge Type: Check as many as apply: ☐ 1. Felony ☐ 2. Traffic Felony ☒ 3. Misdemeanor ☒ 4. Traffic Misdemeanor ☐ 5. Ordinance ☐ 6. Other		If Weapon Seized Enter Type UNARMED		Multiple Clearance Indicator			
Location of Arrest (Including Name of Business) 1200 W PALMETTO PARK RD, BOCA RATON, FL 33486				Location of Offense (Business Name, Address) 1200 W PALMETTO PARK RD, BOCA RATON, FL 33486			
Date of Arrest 02/14/2025	Time of Arrest 03:42	Booking Date 02/14/2025	Booking Time 03:42	Jail Date 02/14/2025	Jail Time 04:26	Location of Vehicle TOWED	
Name (Last, First, Middle) MACCALLUM, ELLIE FLYNN				Alias (Name, DOB, Soc. Sec. #, Etc.)			
Race W - White B - Black O - Oriental/Asian W		Sex F	Date of Birth 02/03/2004	Height 5'03	Weight 130	Eye Color BLUE	Hair Color BLONDE
Complexion LIGHT		Build Small		Scars, Marks, Tattoos, Unique Physical Features (Location, Type, Description) TATT L HIP / MERMAID		Marital Status S	
Local Address (Street, Apt. Number) 135 NW 20TH ST F16B, BOCA RATON, FL 33431		(City) (City)		(State) (State)		(Zip) (Zip)	
Permanent Address (Street, Apt. Number) 135 NW 20TH ST F16B, BOCA RATON, FL 33431		(City) (City)		(State) (State)		(Zip) (Zip)	
Business Address (Name, Street) FAU,		(City) (City)		(State) (State)		(Zip) (Zip)	
D/L Number, State SA3120282 / MA		INS Number [REDACTED]		Place of Birth (City, State) BOSTON, MA, United		Citizenship US	
Co-Defendant Name (Last, First, Middle)		Race		Sex		Date of Birth	
Co-Defendant Name (Last, First, Middle)		Race		Sex		Date of Birth	
☐ Parent ☐ Legal Custodian		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 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:				Property Crime? ☐ Yes ☒ No		Description of Property	
Drug Activity N. N/A P. Possess				S. Sell B. Buy T. Traffic		R. Smuggle D. Deliver E. Use	
K. Disperse/ 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 DRIVE UNDER INFLUENCE ALC				Statute Violation Number 316.193(1A)		Violation of ORD #	
Drug Activity N				Drug Type N		Amount / Unit /	
Offense #				Counts 1		Domestic Violence ☐ Y ☒ N	
Warrant / Capias Number				Bond			
Charge Description				Statute Violation Number		Violation of ORD #	
Drug Activity				Drug Type		Amount / Unit	
Offense #				Counts		Domestic Violence	
Warrant / Capias Number				Bond			
Charge Description				Statute Violation Number		Violation of ORD #	
Drug Activity				Drug Type		Amount / Unit	
Offense #				Counts		Domestic Violence	
Warrant / Capias Number				Bond			
Health - Apparent Physical Condition of Defendant GOOD				Any knowledge of the following: ☐ Mental ☐ Escape Risk ☐ Medication ☐ Deformities ☐ Injuries Explain:			
Check which applies: ☐ Released O.R. ☐ Posted Bond				☐ Released to Parent/Guardian ☒ T.O.T. County Jail		PROPERTY - Received By MADOTTA	
Transported By				Date Transported 02/14/2025		Time Transported 04:27	
☒ 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			
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.				Court Date and Time 03/25/2025 08:30:22			
Signature of Defendant (or Juvenile and Parent/Custodian)				Date Signed			
HOLD For Other Agency				Signature of Arresting Officer [Signature]		Name Verification (Printed by Arrestee)	
☐ Dangerous ☐ Suicidal				☐ Resisted Arrest ☐ Other		(PRINT) FEB 14 AM 6:23	
Inmate Deputy Beckie 18342				Name of Arresting Officer (Print) MADOTTA, L. A.		ID.# 842	
Pouch #				Transferring Officer Mcertain 605		Agency BOCA	
				Witness here if subject signed with an "X"			

Mcertain 605

FILED PRC - GUN CLUB
25 FEB 15 AM 6:59

OBT Number		PROBABLE CAUSE AFFIDAVIT		1. Arrest 2. N.T.A.		3. Request for Warrant 4. Request for Capias		1	JUVENILE	
ADMINISTRATIVE	Agency ORI Number FL FL0500200		Agency Name BOCA RATON POLICE DEPARTMENT		Agency Report Number 3 2 2025-001818					
	Charge Type: Check as many as apply. ☐ 1. Felony ☐ 3. Misdemeanor ☐ 5. Ordinance ☐ 2. Traffic Felony ☒ 4. Traffic Misdemeanor ☐ 6. Other					Special Notes:				
DEFENDANT	Name (Last, First, Middle) MACCALLUM, ELLIE FLYNN					Race W	Sex F	Date of Birth 02/03/2004		
	Alias									
CHARGES	Charge Description 316.193(1A) DUI					Charge Description				
	Charge Description					Charge Description				
VICTIM	Victim's Name (Last, First, Middle) STATE OF FLORIDA,					Race	Sex	Date of Birth		
	Local Address (Street, Apt. Number) (City) (State) (Zip) 100 NW 2ND AVE, BOCA RATON, FL 33432					Phone (561) 338-1234		Address Source		
	Business Address (Name, Street) (City) (State) (Zip)					Phone (561) 338-1234		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>14</u> day of <u>February</u>, <u>2025</u> at <u>03:42</u> (Specifically include facts constituting cause for arrest.) On 02/14/2025, at 0323 hours, I observed a blue Mazda bearing New Jersey Tag K40UGS driving with no lights facing eastbound on W Palmetto Park Rd. at the 1200 block. I initiated a traffic stop on the above vehicle. After approaching the driver side door W/F Ellie Maccallum identified herself with a Massachusetts DL. Upon initial contact, I immediately observed the overwhelming odor of alcohol emanating from her person. Maccallum had bloodshot and watery eyes. Maccallum indicated she believed the lights were automatic. I explained to Maccallum that clues listed above and I requested Maccallum participate in Field Sobriety Exercises (FSEs) to which she complied. The FSEs were conducted as follows. Horizontal Gaze Nystagmus (HGN) The defendant identified the stimulus as green. The defendant was explained the instructions and she stated that she understood them. The defendant had equal pupil size and equal tracking in both eyes. The defendant's eyes continued to jump as she attempted to follow the stimulus. In conducting the exercise, I was able to observe a Lack of Smooth Pursuit, Distinct and Sustained Nystagmus at Maximum Deviation, the onset of Nystagmus prior to 45 degrees. While giving the instructions the defendant continued to sway. Walk and Turn The surface was flat and hard. The defendant attempted to do the exercise with no shoes. The line used was a painted white line. I made sure the defendant both knew the line he would be using and the color of that line. I began the exercise by instructing and										
ADMINISTRATIVE	SWORN AND SUBSCRIBED BEFORE ME					SIGNATURE OF ARRESTING / INVESTIGATING OFFICER				
	<u>CODLING, TODD</u> NOTARY PUBLIC / CLERK OF COURT / OFFICER (F.S.S. 117.10)					<u>MADOTTA, LIONEL ALFREDO (842)</u> NAME OF OFFICER (PLEASE PRINT)				
	<u>02/14/2025</u> DATE					<u>02/14/2025</u> DATE				
						PAGE 1 OF 2				

COURT

STATE ATTORNEY

CENTRAL RECORDS

JAIL

CRIME ANALYSIS

P.I.O.

OBTS 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 2025-001818				
	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) MACCALLUM, ELLIE FLYNN				Race W		Sex F		Date of Birth 02/03/2004
	Aliases								
P R O B A B L E	demonstrating to the defendant how to complete the exercise. While giving instructions the defendant lost balance several times and failed to stay in the starting position. In conducting the exercise, the defendant walked an improper number of steps, made an improper turn. One Leg Stand The surface was flat and hard. The defendant attempted to do the exercise with no shoes. During the exercise, the defendant continued to sway and did not count properly. Due to the totality of the circumstances and my training/experience, I felt the defendant was unable to perform simple tasks during the exercises due to being impaired. I felt the defendant is too impaired to operate a motor vehicle safely per F.S.S. 316.193(1A). The defendant was placed under arrest at 0342 hours, for driving under the influence. Maccallum was placed in handcuffs that were checked for tightness and double-locked. The vehicle was towed by Priority towing. The tow log was completed and submitted by Officer Delgado.								
	Maccallum was transported to the BRPD DUI room. Officer Bagwell conducted the 20-minute observation and operated the Intoxilyzer. Reference Intoxilyzer 8000 S#80-006622 results were that the defendant refused to provide a breath sample.								
S T A T E M E N T									
A D M I N I S T R A T I V E	SWORN AND SUBSCRIBED BEFORE ME <i>2760</i> CODLING, TODD NOTARY PUBLIC / CLERK OF COURT / OFFICER (F.S.S. 117.10) 02/14/2025 DATE								
	 SIGNATURE OF ARRESTING / INVESTIGATING OFFICER MADOTTA, LIONEL ALFREDO (842) NAME OF OFFICER (PLEASE PRINT) 02/14/2025 DATE								
	PAGE 2 OF 2								

COURT

STATE ATTORNEY

CENTRAL RECORDS

JAIL

CRIME ANALYSIS

P. I. O.

Ellie Flynn MacCallum
2/3/2004

Arrest time: 0342

Observation start: 0400

DUI INFLUENCE REPORT

MA DL: SA3120282



BOCA RATON POLICE SERVICES DEPARTMENT
100 NW 2nd Avenue
Boca Raton, FL 33432



BOCA RATON POLICE SERVICES DEPARTMENT
DUI INFLUENCE REPORT - PART II

To be filled out at testing facility

Agency Case # 2025-1818

I. INTRODUCTION (Instrument Operator faces video camera)

A. The day is Friday (day), February (month), 14 (date), 2025 (year).

B. The time is now approximately 0429 PM.

C. The following is in reference to case number 2025-1818.

D. Present at this time is Ofc. Madotta of the Boca Raton Police Department.
(Officer's Name)

E. Officer Madotta, have you arrested Ellie MacCallum in violation of
Florida State Statute 316.193? Yes (Defendant's name)

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

G. Mr./Mrs./Ms. MacCallum, 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 of Madotta 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: On Camera

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. MaCCallum, Ellie has refused to submit to a breath test.

The date is Feb, 14, 2025, and the time is 434 AM/PM.
(month) (day) (year)

A refusal form will be completed by the arresting officer.



BOCA RATON POLICE SERVICES DEPARTMENT
JUVENILE CONSTITUTIONAL WARNINGS

N/A

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: Ellie Maccallum

CASE #: 2025-1818 DATE: 2/14/25

BREATH TEST RESULTS

1) TIME Refused AM/PM 2) TIME Refused AM/PM
3) TIME / AM/PM 4) TIME / AM/PM

BREATH OPERATOR: Bagwell

MAINTENANCE TECHNICIAN: Crawford

TESTING OFFICER'S OBSERVATIONS

SPEECH: _____

ATTITUDE: _____

CLOTHING: _____

MEDICAL CONDITION: _____

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: ONCamera Date: 02/14/25 Time: 0435

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 _____ AM/PM.

The date is February, 14, 2025.
(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: 8100.27
Date of Test: 02/14/2025

Date of Last Agency Inspection: 01/22/2025
Observation Period Began: 04:00
Subject's Name: ELLIE F MACCALLUM

DOB: 02/03/2004 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	04:36
	Air Blank	0.000	04:36
	Control Test	0.078	04:37
	Air Blank	0.000	04:37
	Subject Sample #1	REF*	04:37
	Air Blank	0.000	04:38
	Control Test	0.080	04:38
	Air Blank	0.000	04:39
	Diagnostics Check	OK	04:39

*Subject Test Refused

Cylinder Lot: 08223080A3
Exp: 06/05/2025

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 KIRBY L BAGWELL, 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: Kirby Bagwell Date: 2/14/25
Signature

Sworn to (or affirmed) before me this 14 day of February, 2025

L. Madatta
Signature of Notary Public-State of Florida Printed Name of Notary Public-State of Florida

Note: Pursuant to section 117.10, Florida Statutes, law enforcement officers, correctional officers, traffic accident investigation officers and traffic infraction enforcement officers are notaries public when engaged in the performance of official duties. In accordance with section 316.1934(5), F.S., this completed form is admissible without further authentication and is presumptive proof of the results herein. To be used in accordance with Section 316.1934(5), F.S., and in administrative proceedings pursuant to 322.2615, F.S.

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

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

member of Boca Raton Police Department, and I do swear
(Name of Law Enforcement Agency)

or affirm that on or about the 14 day of February, 20 25, at 0440 ☐ P.M. ☒ A.M.

DRIVER Ellie Flynn maccallum
FIRST NAME MIDDLE OR MAIDEN NAME LAST NAME

DL # SA3120282, state of MA, was placed under lawful arrest for

the offense of DUI by Ofc. Madotta and
(Name of Arresting Officer)

issued citation # AJV1F1E

That on or about the 14 day of February, 20 25, at 0434 ☐ 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, 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. Additionally, I informed the driver that if he or she holds a Commercial Driver's License (CDL), or was operating a commercial motor vehicle, refusal will result in the disqualification of the CDL 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 of Law Enforcement Officer or Correctional Officer

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

The foregoing instrument was sworn and subscribed before me:

Signature of Attesting Officer

Signature of Attesting Officer

(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 _____

HSMV-BAR1001 (REV. 09/2021)

Title Ofc Bagwell
Date 2/14/25

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

	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: 2025004121

Date: 2/15/2025

Specialist Name/ID#: ANGELA PINKNEY/7796