23CT323MB JH 0538309 PH 1083

☐ Marsy's Law CVI FL. Const. Art.1 § 16(b)

☐ Check if Supplement is Attached

ARREST / NOTICE TO APPEAR
Juvenile Referral Report

OBTS Number

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

Juvenile: N

ADMINISTRATIVE

Agency ORI Number	Agency Name	Agency Report Number
FLO 5 0 0 0 0 0	PALM BEACH COUNTY SHERIFF'S OFFICE	0 6 - 23-037093

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 N/A

Multiple Clearance Indicator: 01

Location of Arrest (including Name of Business)	Location of Offense (Business Name, Address)
S Haverhill Rd / Military Trail Boynton Beach, FL, 33436	S Haverhill Rd / Military Trail Boynton Beach, FL, 33436

Date of Arrest	Time of Arrest	Booking Date	Booking Time	Jail Date	Jail Time	Location of Vehicle
02/18/23	0241					S Haverhill Rd / Military Trail

DEFENDANT

Name (Last, First, Middle): Kammer James Edward

Alias (Name, DOB, Soc. Sec. #, Etc.)

Race (W - White, B - Black, I - American Indian, O - Oriental/Asian)	Sex	Date of Birth	Height	Weight	Eye Color	Hair Color	Complexion	Build
W	M	02/01/1988	6'00	205	brown	brown	light	medium

Scars, Marks, Tattoos, Unique Physical Features (Location, Type, Description)

Marital Status: Single | Religion: None | Indication of: Alcohol Influence [Y] [N] [Unk] Drug Influence [Y] [N] [Unk]

Local Address (Street, Apt. Number)	(City)	(State)	(Zip)	Mobile Phone	Residence Type
6534 Garde Rd	Boynton Beach, FL 33472			636-390-3792	1. City 2. County 3. Florida 4. Out of State: 2

Permanent Address (Street, Apt. Number)	(City)	(State)	(Zip)	Phone	Address Source
					VERBAL

Business Address (Name, Street)	(City)	(State)	(Zip)	Phone	Occupation
					CDL Driver

D/L Number, State	Soc. Sec. Number	INS Number	Place of Birth (City, State)	Citizenship
K560445880410, FL	[redacted]		St Louis, MO	US

CO-DEF

Co-Defendant (Last, First, Middle)	Race	Sex	Date of Birth	1. Arrested 2. At Large	3. Felony 4. Misdemeanor 5. Juvenile
[redacted]				☐ 1. ☐ 2.	☐ 3. ☐ 4. ☐ 5.
Co-Defendant (Last, First, Middle)	Race	Sex	Date of Birth	1. Arrested 2. At Large	3. Felony 4. Misdemeanor 5. Juvenile
				☐ 1. ☐ 2.	☐ 3. ☐ 4. ☐ 5.

JUVENILE

☐ Parent ☐ Legal Custodian ☐ Other:

Name (Last): (1) OR (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.
☐ Yes, by: (Name) ☐ No (Reason)

School Attended | Grade

Property Crime? ☐ Yes ☐ No | Description of Property | Value of Property

CODE

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

Charge Description	Counts	Domestic Violence	Statute Violation Number	Violation of ORD #
Driving Under The Influence (DUI)	1	☐ Y ☒ N	316.193 (1)(A)	

Drug Activity	Drug Type	Amount / Unit	Offense #	Warrant / Capias Number	Bond
N	N		23-037093		

CHARGE

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

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

CHARGE

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

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

CHARGE

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

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

NOTICE TO APPEAR

Location (Court, Room Number, Address): Criminal Justice Complex - 3228 Gun Club Road, West Palm Beach FL. 33406

Court Date and Time: Month March Day 23 Year 2023 Time 08:30 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

Signature of Defendant (or Juvenile and Parent/Custodian) — Date Signed: 02/18/23

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

ADMIN

HOLD for other agency

☐ Dangerous ☐ Resisted Arrest ☐ Suicidal ☐ Other:

Intake Deputy: [illegible] I.D. # 7205 Pouch #

Signature of Arresting Officer: X

Name of Arresting Officer (Print): D/S U. Razi I.D. # 40962

Transporting Officer: D/S U Razi I.D. # 40962 Agency: PBSO

Name Verification (Printed by Arrestee) (PRINT)

FEB 18 AM 5:35

Witness here if subject signed with an "X"

PAGE 1 OF 1

PBSO #0148 REV. 01/23 DISTRIBUTION: COURT COPY STATE ATTORNEY AGENCY AGENCY DEFENDANT (N.T.A.'s ONLY)

NOT A CERTIFIED COPY

PROBABLE CAUSE AFFIDAVIT

OBTS Number:

1 Arrest, 2 NTA, 3 Request for Warrant, 4 Request for Copies: 1

Juvenile: N

ADMIN

Agency ORI Number	Agency Name	Agency Report Number
FLO 5 0 0 0 0 0	PALM BEACH COUNTY SHERIFF'S OFFICE	23-037903

Charge Type (Check as many as apply): ☐ 1 Felony ☐ 2 Traffic Felony ☐ 3 Misdemeanor ☒ 4 Traffic Misdemeanor ☐ 5 Ordinance ☐ 6 Other

Special Notes:

DEF

Name (Last, First, Middle)	Alias	Race	Sex	Date of Birth
Kammer, James, Edward		W	M	2/1/1988

CHARGES

Charge Description	Charge Description
Driving Under The Influence (DUI) 316.193 (1)(A)	
Charge Description	Charge Description

VICTIM

Victim s Name (Last, First, Middle)	Race	Sex	Date of Birth
STATE OF FLORIDA, ,			

Local Address (Street, Apt Number) (City) (State) (Zip)	Phone	Address Source
,	( )	
Business Address (Name, Street) (City) (State) (Zip)	**Phone**	**Occupation**
	( )	

PROBABLE CAUSE STATEMENT

The undersigned certifies and swears that I have just and reasonable grounds to believe, and do believe that the above named Defendant committed the listed violation(s) 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 18th day of March 20 23 at 2:19 ☒ A.M ☐ P.M (Specifically include facts constituting cause for arrest.)

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

On 02/18/2023 at approx. 0219hrs I observed a 2017 Black GMC SUV bearing FL Tag KRSN51 stopped in the left turn lane near S Haverhill Rd / Military Trail. I observed the driver sleeping in the driver seat of the vehicle with the vehicle running.

I made contact with the driver and sole occupant who identified himself by his FL DL as James Edward Kammer. In speaking with the driver I observed his eyes to be red and glassy. His speech was slow and slurred. There was an obvious odor of an unknown alcoholic beverage coming from his breath. This odor intensified as he spoke. He would not explain where he was coming from, if he drank anything tonight, or where he was going.

I requested a PBSO DUI Unit to respond but they were unavailable. I began conducting my DUI investigation.

NOT A CERTIFIED COPY

ADMINISTRATIVE

STATE OF FLORIDA
COUNTY OF PALM BEACH

D/S U. RAZI # 40962
(Signature of Arresting /Investigative Officer)

The foregoing instrument was sworn to or affirmed and subscribed before me this 18th day of March 20 23 by D/S U. Razi

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

Joshua Bell (#8656)
Notary Public, Clerk of Court, Officer (F.S.S) (1 of 0)

JOSHUA BELL
MY COMMISSION #GG346008
EXPIRES: JUN 18, 2023
Bonded through 1st State Insurance

PAGE 1 OF 1

DISTRIBUTION WHITE – Court Copy GREEN – State Attorney YELLOW – Agency PINK – Agency

PBSO 80004 REV. 04/22

D.U.I. PROBABLE CAUSE AFFIDAVIT

ON THE 18th DAY OF March 20 23, AT 2:19 ✓AM PM

SUBJECT: Kammer, James, Edward CASE NUMBER: 23-037903

AGENCY: PALM BEACH COUNTY SHERIFF'S OFFICE ARRESTING OFFICER: D/S U. RAZI # 40962

PERSONAL CONTACT

DRIVING PATTERN: Actual physical control (physical evidence or statements putting def. behind wheel of vehicle)

On 02/18/2023 at approx. 0219hrs I observed a 2017 Black GMC SUV bearing FL Tag KRSN51 stopped in the left turn lane near S Haverhill Rd / Military Trail. I observed the driver sleeping in the driver seat of the vehicle with the vehicle running.

I made contact with the driver and sole occupant who identified himself by his FL DL as James Edward Kammer. In speaking with the driver I observed his eyes to be red and glassy. His speech was slow and slurred. There was an obvious odor of an unknown alcoholic beverage coming from his breath. This odor intensified as he spoke. He would not explain where he was coming from, if he drank anything tonight, or where he was going.

OBSERVATION OF DRIVER:

I observed that James was wearing grey shirt and blue pants. While questioning James I observed that he seemed to be confused by my questions and would ramble on about how he appreciates law enforcement. James had difficulty performing tasks such as locating his drivers license. James removed multiple cards from his wallet and dropped two cards on the floor before retrieving his driver's license. Outside of the driver side door was an alcoholic beverage on the floor that was cold to the touch. I observed James' eyes which appeared to be red and glassy. I observed that he was slurring his words. James was asked to exit the vehicle to perform field sobriety tasks which he refused While exiting the vehicle, James appeared to be shaky on his feet. James had difficulty walking to the rear of his vehicle without placing his arm out on his vehicle for balance.

DRIVER'S STATEMENTS:

I asked James if he had been drinking or used any drugs. He refused to answer. I asked the driver what medical problems and/or previous injuries they had. He stated he did not have any. I asked what medications they take. He advised he does not take any.

ODORS:

Obvious odor of an unknown alcoholic beverage

GENERAL OBSERVATIONS

SPEECH: **slurred, thick, slow, unclear**

ATTITUDE: **calm, compliant, upset, angry, crying, aggressive**

CLOTHING: **wearing grey shirt and blue pants**

MEDICAL/OTHER: **NONE**

NOT A CERTIFIED COPY

STATE OF FLORIDA
COUNTY OF PALM BEACH

D/S U. RAZI # 40962
(Signature of Arresting/Investigative Officer)

The foregoing instrument was sworn to or affirmed and subscribed before me this 18th day of March 2023 by D/S U. RAZI # 40962

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

Joshua Bell (#8656)
Notary Public, Clerk of Court, Officer (F.S.S 117.10)

JOSHUA BELL
MY COMMISSION #GG346008
EXPIRES: JUN 18, 2023
Bonded through 1st State Insurance

SUBJECT: **Kammer, James, Edward** CASE NUMBER 23-037903

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:

Once positioned in the front of my vehicle, I continued my investigation. I instructed DRIVER to keep his/her hands by their side, stand with his/her feet together, and follow a red light stimulus with his/her eyes not turning his/her head. I asked him/her if he/she understood my instructions. DRIVER verbally stated he/she understood my instructions. DRIVER (LOOK FOR SWAYING) however swayed while standing stationary. I observed both eyes to be red, bloodshot, and glassy. His/Her left and right eye displayed equal pupil size, equal tracking, and a lack of smooth pursuit. I observed distinct and sustained nystagmus was present in both his/her left and right eye at maximum deviation during two separate four second evaluations. The onset of nystagmus was prior to a 45 degree angle in both his/her left and right eye during two separate four second evaluations. Vertical nystagmus was not present in both the left and right eye during two separate four second evaluations.(IF NOT VERTICAL Nystagmus delete statement). While conducting the task I had to remind him/her to keep hands by his/her side, not turn his/her head and follow the stimulus multiple times.

WALK & TURN:
James refused all tasks

ONE LEG STAND:
James refused all tasks

FINGER TO NOSE:
James refused all tasks

ROMBERG ALPHABET:
James refused all tasks

BREATH TEST RESULTS:

STATE OF FLORIDA
COUNTY OF PALM BEACH

D/S U. RAZI # 40962
(Signature of Arresting/Investigative Officer)

The foregoing instrument was sworn to or affirmed and subscribed before me this 18th day of March 20 23 by D/S U. RAZI # 40962

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

Joshua Bell (#8656)
Notary Public, Clerk of Court, Officer (F.S.S 117.10)

JOSHUA BELL
MY COMMISSION #GG346008
EXPIRES: JUN 18, 2023
Bonded through 1st State Insurance

NOT A CERTIFIED COPY

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

PBSO CASE # **23-037903** PBSO ZONE **6-31**

AGENCY CASE # _____ CRASH CASE # _____

TIME OF STOP/CRASH **2:19** DATE **02/18/2023** DAY **Saturday**

SUBJECT'S NAME **Kammer, James, Edward** RACE **W** SEX **M**

HGT **6'00** WGT **205** DOB **2/1/1988**

LOCATION **S Haverhill Rd / Military Trail, Boynton Beach, FL, 33436**

ARRESTING OFFICER'S NAME & ID **D/S U. RAZI # 40962 (31774)** AGENCY **Palm Beach County Sheriff's Office**

DIVISION: **6**

NOTIFIED BY COMMO **YES**

ARRIVAL AT FACILITY **3:05**

ARREST TIME **02:41**

BREATH RESULTS:

REFUSED

NOT A CERTIFIED COPY

TESTING OFFICER'S ID **8656** PBSO VIDEOTAPE # **N/A**

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)_____

NOT A CERTIFIED COPY

SUBJECT: _____ CASE NUMBER: _____

QUESTIONS AND ANSWERS

I AM NOW GOING TO ASK YOU SOME QUESTIONS. WITH THESE RIGHTS IN MIND, YOU MAY ANSWER SOME OF, ALL OF, OR NONE OF THE FOLLOWING QUESTIONS AS YOU LIKE.

WERE YOU OPERATING A MOTOR VEHICLE AT THE TIME OF THE STOP/ACCIDENT? _____

WHERE WERE YOU GOING? _____

WHAT STREET OR HIGHWAY WERE YOU ON? _____

DIRECTION OF TRAVEL? _____ WHERE DID YOU START? _____

WHAT TIME DID YOU START? _____ WHAT TIME IS IT NOW? _____

WHAT IS TODAY'S DATE? _____ WHAT DAY OF THE WEEK IS IT? _____

WHAT COUNTY AND CITY ARE YOU IN NOW? _____

WHEN DID YOU LAST EAT? _____ WHAT DID YOU EAT? _____

WHAT HAVE YOU BEEN DOING FOR THE LAST THREE HOURS? _____

HOW MUCH DO YOU WEIGH? _____ HAVE YOU BEEN DRINKING? _____ WHAT? _____

HOW MUCH? _____ WHERE? _____ WITH WHOM? _____

WHEN DID YOU HAVE YOUR FIRST DRINK? _____ AND YOUR LAST DRINK? _____

HOW DID YOU CONSUME YOUR LAST TWO DRINKS? _____

CAN YOU FEEL THE EFFECTS OF THE ALCOHOL? _____ ARE YOU UNDER THE INFLUENCE? _____

HAVE YOU CONSUMED ANY ALCOHOL SINCE THE ACCIDENT? _____ HOW MUCH? _____

WHAT? _____ WHERE? _____ WHEN? _____

WHAT LINE OF WORK ARE YOU IN? _____ WHEN DID YOU LAST WORK? _____

DO YOU HAVE ANY PHYSICAL DEFECTS OR INJURIES? _____ WHAT? _____

ARE YOU SICK OR INJURED? _____ WHAT'S WRONG? _____

DO YOU LIMP? _____ DID YOU RECEIVE A BUMP ON THE HEAD RECENTLY? _____

WERE YOU IN AN ACCIDENT TODAY? _____

HAVE YOU TAKEN ANY DRUGS OR SMOKED ANY MARIJUANA TODAY? _____ WHEN? _____

HAVE YOU SEEN A DOCTOR OR DENTIST TODAY? _____ WHO? _____ WHY? _____

ARE YOU TAKING ANY PRESCRIPTION MEDICINES? _____ WHAT? _____ WHEN? _____

DO YOU HAVE:
- EPILEPSY? _____
- GLASS EYE? _____
- FALSE TEETH? _____
- EAR INFECTION? _____
- INNER EAR TROUBLE? _____
- DIABETES? _____

DO YOU HAVE ANY PROBLEMS WITH YOUR EYES THAT ARE NOT CORRECTED BY GLASSES? _____

DO YOU TAKE INSULIN? _____ IF SO, WHEN WAS YOUR LAST INJECTION? _____

HAVE YOU EVER HAD A DRIVER'S LICENSE IN ANY OTHER STATE? _____ WHERE? _____

INTERVIEWER: _____

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STATE OF FLORIDA **23-037903**
DEPARTMENT OF HIGHWAY SAFETY & MOTOR VEHICLES
AFFIDAVIT OF REFUSAL TO SUBMIT TO
BREATH AND/OR URINE TEST

I, **D/S U. RAZI # 40962**, 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 **18** day of **February**, 20 **23**, at **02:41** ☐ P.M. ☐ A.M.

DRIVER **James** **Edward** **Kammer**,
(Type or Print) FIRST NAME MIDDLE OR MAIDEN NAME LAST NAME

DL# **K560445880410**, state of **Florida**, was placed under lawful arrest for
the offense of **Driving Under The Influence (DUI)** by **D/S U. RAZI # 40962** and
(Name of Arresting Officer)
issued Citation # **AGY7L7E**

That on or about the **18th** day of **February**, 20 **23**, at **3:41** ☐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 of Law Enforcement Officer or Correctional Officer

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

JOSHUA BELL
MY COMMISSION #GG346008
EXPIRES: JUN 18, 2023
Bonded through 1st State Insurance

(AFFIX SEAL)

The foregoing instrument was sworn and subscribed before me this **18th** day of **March**, 20 **23**, by **D/S U. RAZI # 40962**, who is personally known to me or who has produced Known LEO as identification.

Notary Public **Joshua Bell (#8656)**

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.

HSMV-BAR1001 (REV. 10/2016)

NOT A CERTIFIED COPY

WITNESS LIST

CASE NUMBER: 23-037903

ARRESTING OFFICER: D/S U. RAZI # 40962

ADDRESS: 7894 S. Jog Road Lake Worth, FL 33467

PHONE NUMBERS (HOME): (561) 688-4860 (WORK) _____

CAN TESTIFY TO: FACTS OF CASE AND INVESTIGATING SUCH CASE

NAME: _____

ADDRESS: _____

PHONE NUMBERS (HOME) _____ (WORK) _____

CAN TESTIFY TO: _____

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: _____

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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: _____

NOT A CERTIFIED COPY

TESTING FACILITY TASK REPORT

AGENCY: PBSO

SUBJECT: KAMMER, JAMES EDWARD

CASE NUMBER: 23-037903

DATE: Feb 18, 2023

VIDEO DVD NUMBER: N/A

BEGINNING TIME: 0335

ENDING TIME: 0342

BREATH TESTS REQUIRED: 1) AIR TIME 0341 A.M. ☒ P.M. ☐ 2) XX TIME XX A.M. ☐ P.M. ☐

REFUSED

3) XX TIME XX A.M. ☐ P.M. ☐ 4) XX TIME XX A.M. ☐ P.M. ☐

BREATH OPERATOR: JOSHUA J BELL #8656

MAINTENANCE TECHNICAN: J. KARLECKE #6467

TESTING OFFICER'S OBSERVATIONS

SPEECH: SLURRED

ATTITUDE: COOPERATIVE, INDECISIVE

CLOTHING: GREY SHIRT, BLUE JEANS, GREY SHOES

MEDICAL CONDITIONS: PREDIABETIC, ADHD

MEDICATIONS: ADDERALL

OTHER:

EYES: BLOODSHOT, GLASSY

COMMENTS:

A/O ARRIVED AT DUI TESTING FACILITY AND BEGAN THE 20 MINUTE OBSERVATION AT 0305 HOURS

SUBJECT STATED HE WOULD NOT TAKE BREATH TEST

A/OP READ I.C WITH CDL I.C
SUBJECT STATED HE UNDERSTOOD I.C AND CDL I.C
SUBJECT AGAIN STATED HE WOULD NOT TAKE BREATH TEST

REFUSAL TIME 0341 HOURS

A/O READ RIGHTS
SUBJECT STATED HE UNDERSTOOD HIS RIGHTS

SUBJECT DECLINED TO ANSWER Q AND A

REFUSED

NOT A CERTIFIED COPY

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:	

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REVIEW COMPLETED BY

Booking Number: 2023004635	**Date:** 2/19/2023
	Specialist Name/ID: Pinkneya/7796