24CT 213 14AMIS

JACKET#

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

1.777

☐ 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 ☐

ADMINISTRATIVE

Agency ORI Number	Agency Name	Agency Report Number
FLO 5 0 0 0 0 0 0	PALM BEACH COUNTY SHERIFF'S OFFICE	0 6 - 24114918

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

If Weapon Seized — Enter Type

Multiple Clearance Indicator

Location of Arrest (including Name of Business)	Location of Offense (Business Name, Address)
15 NORTH M STREET LAKE WORTH BEACH, FL 33460	15 NORTH M STREET LAKE WORTH BEACH, FL 33460

Date of Arrest	Time of Arrest	Booking Date	Booking Time	Jail Date	Jail Time	Location of Vehicle
11/08/24	0259					

DEFENDANT

Name (Last, First, Middle): WAGONER NEVADA — 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	F	2/4/1989	5'07	170	Brown	Blonde	DARK BROWN	Med

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

Marital Status: S — Religion: NONE

Indication of: Alcohol Influence ☒ Y ☐ N ☐ Unk; Drug Influence ☐ Y ☐ N ☒ Unk

Local Address (Street, Apt. Number) (City) (State) (Zip): 415 31ST ST APT 2 LAKE WORTH BEACH, FL 33460 — Mobile Phone

Residence Type: 1. City 2. County 3. Florida 4. Out of State: 1

Permanent Address (Street, Apt. Number) (City) (State) (Zip) — Phone — Address Source: FL DL

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

D/L Number, State	Soc. Sec. Number	INS Number	Place of Birth (City, State)	Citizenship
W256636895440, FL	[redacted]		ARIZONA, Show Low	USA

CO-DEF

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

JUVENILE

☐ Parent ☐ Legal Custodian ☐ Other: — Name (Last) (First) (Middle): (1) 1,000 — 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 #
D.U.I.	1	☐ Y ☒ N	316.193(1)(A)	

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

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): 3228 GUN CLUB ROAD, WEST PALM BEACH, FLORIDA 33406

Court Date and Time: Month DECEMBER Day 2 Year 2024 Time 1300 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: 11/08/24

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:

Signature of Arresting Officer: X [signature]

Name of Arresting Officer (Print): K. MELLERS — I.D. #: 32423

Name Verification (Printed by Arrestee) (PRINT)

Intake Deputy: [illegible] I.D. #: 7206 — Pouch #

Transporting Officer: K. MELLERS — I.D. #: 32423 — Agency: PBSO

Witness here if subject signed with an "X"

PAGE 1 OF 1

PBSO 10148 REV. 01/23 DISTRIBUTION: COURT COPY STATE ATTORNEY AGENCY AGENCY DEFENDANT (N.T.A.'s ONLY)

NOT A CERTIFIED COPY

D.U.I. PROBABLE CAUSE AFFIDAVIT

ON THE 8TH DAY OF NOVEMBER 20 24 . AT 0242 ☒ AM ☐ PM

SUBJECT: WAGONER NEVADA CASE NUMBER: 24114918

AGENCY: PALM BEACH COUNTY SHERIFF'S OFFICE ARRESTING OFFICER: K. MELLERS 32423

PERSONAL CONTACT

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

I OBSERVED A GRAY KIA SEDAN BEARING TAG #JUPK15 PARKED ILLEGALLY IN THE PARKING SPACES ADJACENT TO THE LIBRARY, OCCUPYING TWO PARKING SPACES. ONCE I APPROACHED THE KIA SEDAN, I OBSERVED A WHITE FEMALE LATER IDENTIFIED AS NEVADA WAGONER SEATED IN THE DRIVER SEAT OF THE VEHCILE.

OBSERVATION OF DRIVER:

UPON MAKING CONTACT WITH NEVADA WHO WAS SEATED IN THE DRIVER SEAT, SHE APPEARED LETHARGIC AS IF SHE HAD AWOKEN FROM A NAP, AND CONFUSED WHEN ASKED BASIC QUESTIONS. NEVADA'S EYES APPEARED GLOSSY, BLOODSHOT RED.

DRIVER'S STATEMENTS:

WHEN ASKED WHERE SHE CAME FROM, NEVADA INITIALLY STATED WEST PALM BEACH, WHERE SHE RESIDES. WHEN ASKED WHERE SHE INTENDED TO TRAVEL THAT EVENING, NEVADA STATED SHE WAS RETURNING HOME, TO WEST PALM BEACH.

ODORS:

I DETECTED THE DISTINCT ODOR OF AN UNKNOWN ALCOHOLIC BEVERAGE EMANATING FROM HER FACIAL AREA, AND INTENSIFIED AS SHE SPOKE TO ME.

GENERAL OBSERVATIONS

SPEECH: SLURRED.

ATTITUDE: CONFUSED, LETHARGIC.

CLOTHING: BLUE SHIRT, BLACK PANTS, BLACK SHOES.

MEDICAL/OTHER: NONE.

STATE OF FLORIDA
COUNTY OF PALM BEACH

K. MELLERS 32423
(Signature of Arresting/Investigative Officer)

The foregoing instrument was sworn to or affirmed and subscribed before me this 8TH day of NOVEMBER 20 24 by K. MELLERS 32423

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

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

TIA L. KIGLER
MY COMMISSION # HH 526999
EXPIRES: May 13, 2028

NOT A CERTIFIED COPY

SUBJECT: WAGONER NEVADA CASE NUMBER 24114918

ROADSIDE TASKS

HORIZONTAL GAZE NYSTAGMUS / LIGHTED PEN STIMULUS TASK: SFST

☐ LT EYE-LACK OF SMOOTH PURSUIT

☐ RT EYE-LACK OF SMOOTH PURSUIT

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

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

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

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

Other Observations:

WALK & TURN: REFUSED

REFUSED TO COMPLETE THE TASK.

ONE LEG STAND: REFUSED

REFUSED TO COMPLETE THE TASK.

FINGER TO NOSE: REFUSED

REFUSED TO COMPLETE THE TASK.

ROMBERG ALPHABET: REFUSED

REFUSED TO COMPLETE THE TASK.

NOT A CERTIFIED COPY

BREATH TEST RESULTS: 1) Refused 2) 3) 4)

STATE OF FLORIDA
COUNTY OF PALM BEACH

K. MELLERS 32423
(Signature of Arresting/Investigative Officer)

The foregoing instrument was sworn to or affirmed and subscribed before me this 8TH day of NOVEMBER 20 24 by K. MELLERS 32423

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

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TIA L. KIGLER
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ON THE 8TH DAY OF NOVEMBER 20 24 , AT 0242 ☒ AM ☐ PM

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AGENCY: PALM BEACH COUNTY SHERIFF'S OFFICE ARRESTING OFFICER: K. MELLERS 32423

PERSONAL CONTACT

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

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ODORS:

I DETECTED THE DISTINCT ODOR OF AN UNKNOWN ALCOHOLIC BEVERAGE EMANATING FROM HER FACIAL AREA, AND INTENSIFIED AS SHE SPOKE TO ME.

GENERAL OBSERVATIONS

SPEECH: SLURRED.

ATTITUDE: CONFUSED, LETHARGIC.

CLOTHING: BLUE SHIRT, BLACK PANTS, BLACK SHOES.

MEDICAL/OTHER: NONE.

STATE OF FLORIDA
COUNTY OF PALM BEACH

K. MELLERS 32423
(Signature of Arresting/Investigative Officer)

The foregoing instrument was sworn to or affirmed and subscribed before me this 8TH day of NOVEMBER 20 24 by K. MELLERS 32423

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

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

TIA L. KIGLER
MY COMMISSION # HH 526999
EXPIRES: May 13, 2028

NOT A CERTIFIED COPY

SUBJECT: WAGONER NEVADA CASE NUMBER 24114918

ROADSIDE TASKS

HORIZONTAL GAZE NYSTAGMUS / LIGHTED PEN STIMULUS TASK: SFST

- ☐ LT EYE-LACK OF SMOOTH PURSUIT
- ☐ RT EYE-LACK OF SMOOTH PURSUIT
- ☐ LT EYE-DISTINCT & SUSTAINED NYSTAGMUS AT MAX. DEVIATION
- ☐ RT EYE-DISTINCT & SUSTAINED NYSTAGMUS AT MAX. DEVIATION
- ☐ LT- EYE-ONSET OF NYSTAGMUS PRIOR TO 45 DEGREES
- ☐ RT- EYE-ONSET OF NYSTAGMUS PRIOR TO 45 DEGREES

Other Observations:

WALK & TURN: REFUSED

REFUSED TO COMPLETE THE TASK.

ONE LEG STAND: REFUSED

REFUSED TO COMPLETE THE TASK.

FINGER TO NOSE: REFUSED

REFUSED TO COMPLETE THE TASK.

ROMBERG ALPHABET: REFUSED

REFUSED TO COMPLETE THE TASK.

NOT A CERTIFIED COPY

BREATH TEST RESULTS: 1) Refused 2) 3) 4)

STATE OF FLORIDA
COUNTY OF PALM BEACH

K. MELLERS 32423
(Signature of Arresting/Investigative Officer)

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

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

TIA L. KIGLER
MY COMMISSION # HH 526999
EXPIRES: May 13, 2028

WITNESS LIST

CASE NUMBER: 24114918

ARRESTING OFFICER: K. MELLERS

ADDRESS: 3228 GUN CLUB ROAD, WEST PALM BEACH, FL 33406

PHONE NUMBERS (HOME): 561-603-8671 (WORK) _____

CAN TESTIFY TO: _____

NAME: W. MANNING

ADDRESS: 3228 GUN CLUB ROAD, WEST PALM BEACH, FL 33406

PHONE NUMBERS (HOME) 561-586-1611 (WORK) _____

CAN TESTIFY TO: FACTS OF THE 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) _____

CAN TESTIFY TO: _____

NAME: _____

ADDRESS _____

PHONE NUMBERS (HOME) _____ (WORK) _____

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NAME: _____

ADDRESS _____

PHONE NUMBERS (HOME) _____ (WORK) _____

CAN TESTIFY TO: _____

NAME: _____

ADDRESS _____

PHONE NUMBERS (HOME) _____ (WORK) _____

CAN TESTIFY TO: _____

NAME: _____

ADDRESS _____

PHONE NUMBERS (HOME) _____ (WORK) _____

CAN TESTIFY TO: _____

NOT A CERTIFIED COPY

TESTING FACILITY TASK REPORT

AGENCY: PBSO

SUBJECT: WAGONER, NEVADA RAE

CASE NUMBER: 24-114918

DATE: Nov 8, 2024

VIDEO DVD NUMBER: N/A

BEGINNING TIME: 03:51

ENDING TIME: 03:57

BREATH TESTS RESULTS: 1) R TIME 03:55 A.M. ☒ P.M. ☐ 2) N/A TIME N/A A.M. ☐ P.M. ☐

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

BREATH OPERATOR: T. KIGLER #15177

MAINTENANCE TECHNICAN: J. KARLECKE #6467

TESTING OFFICER'S OBSERVATIONS

SPEECH: NORMAL

ATTITUDE: CALM

CLOTHING: BLACK LEGGINGS, BLUE SHIRT, BLACK/PINK SNEAKER

MEDICAL CONDITIONS: NONE

MEDICATIONS: NONE

OTHER:

NOT A CERTIFIED COPY

COMMENTS:

ARRIVED AT DUI TESTING FACILITY AND A/O BEGAN THE 20 MINUTE OBSERVATION PERIOD AT 03:27 HRS

SUBJECT: REFUSED TO TAKE TEST

A/O: READ I.C TWICE

SUBJECT: STATED SHE DIDN'T UNDERSTAND I.C AND REFUSED TO TAKE TEST

A/O: READ RIGHTS

SUBJECT: STATED SHE UNDERSTOOD RIGHTS

NO Q&A CONDUCTED

PALM BEACH COUNTY
SHERIFF'S OFFICE
SHERIFF RIC L. BRADSHAW

DUI Breath Implied Consent

NOT APPLICABLE WITH VOLUNTARY CONSENT

DEFENDANT'S NAME: _____ CASE NO: _____

DATE OF ARREST: _____ TIME OF ARREST: _____

I am now requesting that you submit to a lawful test of your **BREATH** for the purpose of determining its alcohol content.

Will you take the test? YES_____ NO_____

NOTE: *READ ONLY IF THE ANSWER TO THE ABOVE IS "NO"*

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_____ NO_____

Do you still refuse to submit to this test? YES_____ NO_____

NOTE: *IF THE SUBJECT POSSESSES A COMMERCIAL DRIVER LICENSE (CDL), READ THE FOLLOWING, REGARDLESS OF WHETHER THE SUBJECT IS OPERATING A COMMERCIAL MOTOR VEHICLE (CMV)*

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_____ NO_____

Do you still refuse to submit to this test? YES_____ NO_____

Date read: _____ Time read: _____ Location read: _____

LAW ENFORCEMENT OFFICER NAME (printed): _____ ID: _____

LAW ENFORCEMENT OFFICER SIGNATURE: _____

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: _____

NOT A CERTIFIED COPY

24114918

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

I, **K. MELLERS** **32423** , 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 **EIGHTH** day of **NOVEMBER** , 20 **24** , at **0259** ☐ P.M ☒ A.M.

DRIVER **NEVADA** **WAGONER** ,
FIRST NAME MIDDLE OR MAIDEN NAME LAST NAME

DL# **W256636895440** , state of **FLORIDA** , was placed under lawful arrest for

the offense of **D.U.I.** by **K. MELLERS** **32423** and
(Name of Arresting Officer)

issued Citation # AJIWH7E .

That on or about the **EIGHTH** day of **NOVEMBER** , 20 **24** , at **0355** ☐ 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)

TIA L. KIGLER
MY COMMISSION # HH 526999
EXPIRES: May 13, 2028

(AFFIX SEAL)

The foregoing instrument was sworn and subscribed before me this **8TH** day of **NOVEMBER** , 20 **24** ,
by **K. MELLERS** **32423** ,
who is personally known to me or who has produced **KNOWN** as identification

Notary Public Tia Kigler

The foregoing instrument was sworn and subscribed before me:

Signature of Attesting Officer

Title **Deputy Sheriff**

Date **11/8/24**

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.

HSMV-BAR1001 (REV. 10/2016)

NOT A CERTIFIED COPY

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	7-8
	☐	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	☐			
	☐			
	☐			
	☐			

NOT A CERTIFIED COPY

REVIEW COMPLETED BY

Booking Number: 2024029743	**Date:** 11/8/2024
	Specialist Name/ID#: T. Howard/7185