50-2023-CF-005064 AMB

0279799

1895

☐ 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
FL0 5 0 0 0 0 0	PALM BEACH COUNTY SHERIFF'S OFFICE	0 6 - 23077796

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: 02

Location of Arrest (including Name of Business)	Location of Offense (Business Name, Address)
Ultra Lounge 312 S Congress Ave West Palm Beach, FL 33406	Ultra lounge 312 S Congress Ave West Palm Beach, FL 33406

Date of Arrest	Time of Arrest	Booking Date	Booking Time	Jail Date	Jail Time	Location of Vehicle
06/12/23	0932					

DEFENDANT

Name (Last, First, Middle): Hodges Robert Allen — 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	09/14/1984	6'02"	180	BLUE	BLONDE	MEDIUM	large

Scars, Marks, Tattoos, Unique Physical Features (Location, Type, Description): tattoo left forearm

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): 4075 Palm Bay Circle Unit B West Palm Beach, FL 33406

Mobile Phone: 561-827-9806

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

Permanent Address (Street, Apt. Number) (City) (State) (Zip): Same

Phone:

Address Source: FL DL

Business Address (Name, Street) (City) (State) (Zip): Jack Walsh Carpets and Rugs 501 Ardmore Rd West Palm Beach, FL 3401

Phone: 561 659 4846

Occupation: Carpenter

D/L Number, State	Soc. Sec. Number	INS Number	Place of Birth (City, State)	Citizenship
H322761843340	[redacted]	None	West Palm Beach, FL	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. ☐ 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) (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.

School Attended — Grade

☐ Yes, by: (Name) ☐ No (Reason)

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)1	

Drug Activity	Drug Type	Amount / Unit	Offense #	Warrant / Capias Number	Bond
u	u	N/A	23077796		

Charge Description	Counts	Domestic Violence	Statute Violation Number	Violation of ORD #
Possession of Schedule IV Alprazolam	1	☐ Y ☒ N	893.13(6)(a)	

Drug Activity	Drug Type	Amount / Unit	Offense #	Warrant / Capias Number	Bond
P	Z	2 alprazolam	23077796		

Charge Description	Counts	Domestic Violence	Statute Violation Number	Violation of ORD #
Possession of Paraphernalia	1	☐ Y ☒ N	893.147(1)	

Drug Activity	Drug Type	Amount / Unit	Offense #	Warrant / Capias Number	Bond
P	P	straw and baggie with residue	23077796		

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): To Be Set

Court Date and Time: Month Day Year Time A.M. ☒ P.M. ☐

FILED PER FLORIDA LAW
2023 JUN 13 AM 7:21

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

06/12/23

Signature of Defendant (or Juvenile and Parent/Custodian) — Date Signed

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: Received NO Detainer

☐ Dangerous ☐ Resisted Arrest ☐ Suicidal ☐ Other:

Signature of Arresting Officer: X

Name of Arresting Officer (Print): J. Derby I.D. #: 16611

Name Verification (Printed by Arrestee) (PRINT)

Intake Deputy: I.D. # Pouch #

Transporting Officer: J. Derby I.D. # 16611 Agency: PBSO

Witness here if subject signed with an "X"

PAGE 1 OF 1

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PROBABLE CAUSE AFFIDAVIT

ADMIN

OBTS Number		1. Arrest 2. N.T.A. 3. Request for Warrant 4. Request for Capias	1	Juvenile	n
Agency ORI Number: FLO 500000	Agency Name: PALM BEACH COUNTY SHERIFF'S OFFICE	Agency Report Number: 06- 23077796			

ChargeType: Check as many as apply. [x] 1. Felony [ ] 2. Traffic Felony [ ] 3. Misdemeanor [x] 4. Traffic Misdemeanor [ ] 5. Ordinance [ ] 6. Other

Special Notes:

DEF

Name (Last, First, Middle)	Alias	Race	Sex	Date of Birth
Hodges Robert Allen		W	M	09/14/1984

CHARGES

D.U.I.	316.193(1)	Possession of Schedule IV Alprazolam	893.13(6)(a)
Possession of Paraphernalia	893.147(1)		

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 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.
- [ ] confessed to _____ admitting to the below facts.
- [ ] was observed by _____ who told _____ that he/she saw the arrested person commit the below acts.
- [x] was found to have commited the below acts, resulting from my (described) investigation.

On the 12th day of June 2023 at 0754 [x] A. M. [ ] P.M. (Specifically include facts constituting cause for arrest.)

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

Hodges was advised he was under arrest for DUI based on my investigation. In the vehicle center console area of his vehicle was a small cut straw (identified from training and experience to be paraphernalia for snorting substances). In the door pocket was an empty baggie containing a white powdery residue. In the driver's seat area was a small grey cannister containing two alprazolam tablets(identified via markings on the pills) and one white capsule containing white powder (suspected fentanyl not field tested). Hodges was read miranda from prepared text, and admitted during a taped interview he suffers from addiction and drug relapse and he snorts fentanyl/heroin. Hodges cried and said he wanted to be clean to lead a productive life, and said he goes daily for prescribed methodone doses. Hodges said the methodone has warning labels about driving. Hodges first denied the cannister was his, but then admitted it was his and it contained "bars" (known as alprazolam/Xanax). Hodges said he did not know there was a capsule (possible fentanyl) left in the cannister.
Based on these additional facts, probable cause exists to charge Robert Hodges with with Possession of Schedule IV substance pursuant to FSS 893.13(6)(a) and with Possession of Drug Paraphernalia pursuant to FSS 893.147(1).

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ADMINISTRATIVE

STATE OF FLORIDA
COUNTY OF PALM BEACH

J. Derby (ID #) 16611
(Signature of Arresting/Investigative Officer)

The foregoing instrument was sworn to or affirmed and subscribed before me this 12th day of June 20 23 by J. Derby 16611
(Print name of Arresting/Investigative Officer), who is personally known to me or who has produced (Type of Identification Produced) KNOWN

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

SHARI L. O'NEAL
Notary Public - State of Florida
Commission # GG 977080
My Comm. Expires Jun 05, 2024
Bonded Through National Notary Assn.

PAGE 1 OF 1

PBSO #0004 REV. 01/23 DISTRIBUTION: WHITE - COURT COPY GREEN - STATE ATTORNEY YELLOW - AGENCY PINK - AGENCY

D.U.I. PROBABLE CAUSE AFFIDAVIT

ON THE 12th DAY OF June 20 23 , AT 0754 ☒ AM ☐ PM

SUBJECT: Hodges Robert Allen CASE NUMBER: 23077796

AGENCY: PALM BEACH COUNTY SHERIFF'S OFFICE ARRESTING OFFICER: J. Derby 16611

PERSONAL CONTACT

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

Robert Conley gave a sworn statement to being involved in a crash (reference PBSO case 2307778). Conley reported a Grey Ford Explorer bearing Florida tag IE29NK rear ended his vehicle in the 300 Block of S S Congress Ave. Conley observed driver, Robert Hodges, as the driver of the Explorer at the time of the crash. Conley reported she spoke to Hodges who seemed to be impaired.

OBSERVATION OF DRIVER:

Upon making contact with Hodges, I observed him to be on the nod, with his eyes closed, in a standing hunched over position standing outside of his driver's door, and leaning inside of the vehicle for several minutes. After my presence was made known, Hodges became aware and slightly bumped his head on the door while coming over to speak with me. Hodges seemed lethargic and confused, and had slow, deliberate speech. Hodges swayed while standing, and some of what he was saying was incoherent and/or repetitive.

DRIVER'S STATEMENTS:

Hodges was read miranda warnings from prepared text, and I told him I was changing hats from a crash investigator to a DUI investigator. Hodges said he understood his rights, and he admitted to driving at the time of the crash. During a post miranda Q and A interview, Hodges admitted to struggling with heroin/fentanyl addiction. Hodges admitted to possessing Xanax/Alprazolam bars which are unprescribed, and admitted to taking 100+ MG methodone dose before driving and crashing.

ODORS:

None

GENERAL OBSERVATIONS

SPEECH: **Slurred, slow, deliberate, repetitive**

ATTITUDE: **cooperative, calm, carefree, groggy, lethargic**

CLOTHING: **work clothing, shirt, pants, boots**

MEDICAL/OTHER: **Methodone dose daily, self reported enxiety/bipolar and using flonaise**

STATE OF FLORIDA
COUNTY OF PALM BEACH

J. Derby 16611
(Signature of Arresting/Investigative Officer)

The foregoing instrument was sworn to or affirmed and subscribed before me this 12th day of June 20 23 by J. Derby 16611

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

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

SHARI L. O'NEAL
Notary Public - State of Florida
Commission # GG 972080
My Comm. Expires Jun 25, 2024
Bonded through National Notary Assn.

NOT A CERTIFIED COPY

SUBJECT: Hodges Robert **CASE NUMBER** 23077796

ROADSIDE TASKS

HORIZONTAL GAZE NYSTAGMUS / LIGHTED PEN STIMULUS TASK: SFST

- [X] LT EYE-LACK OF SMOOTH PURSUIT
- [X] RT EYE-LACK OF SMOOTH PURSUIT
- [X] LT EYE-DISTINCT & SUSTAINED NYSTAGMUS AT MAX. DEVIATION
- [X] 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:

Closing Eyes during task, reminder to track stimulus, eye fluttering.

WALK & TURN: SFST

Hodges was unable to remain in the instructional stance, stumbling and swaying while standing, and she started too soon . He missed stepping heel to toe, fell and stepped off the line, paused for balance, stopped, did not count, and was stopped during the task for his safety due to falling over and almost falling over many times.

ONE LEG STAND: SFST

Hodges raised his arms for balance,put his foot down at least three times prior to 30 seconds expiring, almost fell over, swayed while standing, forgot the instructions, and needed to be stopped after attempting the task due to his safety.

FINGER TO NOSE:

Hodges missed touching the tip of his finger to the tip of his nose every time. Into the exercise, he left his hand touching his nose, he swayed while standing, and could not complete the task.

ROMBERG ALPHABET:

Hodges swayed while standing, and recited the letter "T" twice during the alphabet..

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BREATH TEST RESULTS: 1) .000 | 2) .000 | 3) | 4)

STATE OF FLORIDA
COUNTY OF PALM BEACH

J. Derby 16611
(Signature of Arresting/Investigative Officer)

The foregoing instrument was sworn to or affirmed and subscribed before me this 12th day of June 20 23 by J. Derby 16611

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

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

SHARI L. O'NEAL
Notary Public - State of Florida
Commission # GG 972080
My Comm. Expires Jun 25, 2024
Bonded through National Notary Assn.

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

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PBSO CASE # 23077796 PBSO ZONE 1-11

AGENCY CASE # _____ CRASH CASE # 23077778

TIME OF STOP/CRASH 0754 DATE 06/12/2023 DAY Monday

SUBJECT'S NAME Hodges (LAST) Robert (FIRST) Allen (MID)

DOB 09/14/1984 HGT 6'02" WGT 180 RACE W SEX M

LOCATION Ultra lounge 312 S Congress Ave West Palm Beach, FL 33406

ARRESTING OFFICER'S NAME & ID J. Derby 16611 Palm Beach County Sheriff's Office (AGENCY)

DIVISION: Road Patrol

NOTIFIED BY COMMO 0936

ARRIVAL AT FACILITY 0955

ARREST TIME 0932

BREATH RESULTS:

1) .000
2) .000
3) Urine
4)

REFUSED

Tech. ONeal 6212
BAT TECH. OFFICER NAME & ID

/
PBSO VIDEOTAPE #

SUBJECT: Hodge, Robert A. CASE NUMBER: 22-377796

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) Refused

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) _____

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WHITE: STATE ATTY. YELLOW: DHSMV PINK: CENTRAL RECORDS GOLD: JAIL

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? 7 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? N WHAT'S WRONG? _____

DO YOU LIMP? N 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? N WHO? _____ WHY? _____

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

DO YOU HAVE:

EPILEPSY? N
GLASS EYE? N
FALSE TEETH? N
EAR INFECTION? N
INNER EAR TROUBLE? N
DIABETES? N

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

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

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

INTERVIEWER: _____

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23077796

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

I, **J. Derby** **16611**, 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 **12th** day of **June**, 20 **23**, at **1028** ☐ P.M ☒ A.M.

DRIVER **Robert** **Allen** **Hodges**,
FIRST NAME MIDDLE OR MAIDEN NAME LAST NAME

DL# **H322761843340**, state of **FL**, was placed under lawful arrest for

the offense of **D.U.I.** by **J. Derby** **16611** and
(Name of Arresting Officer)

issued Citation # AGY7TPE.

That on or about the **12th** day of **June**, 20 **23**, at **1028** ☐ 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

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

SHARI L. O'NEAL
Notary Public - State of Florida
Commission # GG 972080
My Comm. Expires Jun 25, 2024
Bonded through National Notary Assn.

(AFFIX SEAL)

The foregoing instrument was sworn and subscribed before me this **12th** day of **June**, 20 **23**, by **J. Derby** **16611**, who is personally known to me or who has produced **KNOWN** as identification.

Notary Public S. O'Neal

The foregoing instrument was sworn and subscribed before me:

Signature of Attesting Officer

Title **Deputy Sheriff**

Date **6/3/23**

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)

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

Instrument Type: Intoxilyzer 8000
Instrument Registered To: PALM BEACH CO SO
Instrument Serial Number: 80-006238 Software: 8100.27
Date of Test: 06/12/2023

Date of Last Agency Inspection: 05/19/2023
Observation Period Began: 09:55
Subject's Name: ROBERT A HODGES DOB: 09/14/1984 Sex: M

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	10:21
Air Blank	0.000	10:21
Control Test	0.080	10:21
Air Blank	0.000	10:22
Subject Sample #1	0.000	10:22
Air Blank	0.000	10:23
Air Blank	0.000	10:25
Subject Sample #2	0.000	10:25
Air Blank	0.000	10:26
Control Test	0.080	10:26
Air Blank	0.000	10:27
Diagnostics Check	OK	10:27

Cylinder Lot: 29122080A1
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 SHARI L O'NEAL, 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: S. O'Neal Date: 06-12-23
Signature

Sworn to (or affirmed) before me this 12 day of June, 2023

16611 Cpl. Derby #16611
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.

FDLE/ATP FORM 38 - MARCH 2004, Ref. 11D-8.007

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WITNESS LIST

CASE NUMBER: 23077796

ARRESTING OFFICER: J. Derby

ADDRESS: PBSO

PHONE NUMBERS (HOME): _____ (WORK) 5616883000

CAN TESTIFY TO: report

NAME: D/S T Izzarone

ADDRESS: pbso

PHONE NUMBERS (HOME) _____ (WORK) 5616883000

CAN TESTIFY TO: Crash

NAME: Robert Conley

ADDRESS 1387 BERKSHIRE DR WEST PALM BEACH FL 33406

PHONE NUMBERS (HOME) 561 827-9806 (WORK) _____

CAN TESTIFY TO: wheel witness, being rear ended by Arrestee, observations of impairment

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) _____

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) _____

CAN TESTIFY TO: _____

NAME: _____

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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: _____

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TESTING FACILITY TASK REPORT

AGENCY: PBSO CPL. DERBY #16611

SUBJECT: HODGES, ROBERT A.

CASE NUMBER: 23-077796

DATE: 06-12-23

VIDEO DVD NUMBER: N/A

BEGINNING TIME: 10:18 HRS

ENDING TIME: 10:45 HRS

BREATH TESTS RESULTS: 1) .000 TIME 10:22 A.M. ☒ P.M. ☐ 2) .000 TIME 10:25 A.M. ☒ P.M. ☐

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

BREATH OPERATOR: S. O'NEAL #6212

MAINTENANCE TECHNICAN: J. KARLECKE #6467

TESTING OFFICER'S OBSERVATIONS

SPEECH: SLURRED

ATTITUDE: CALM, COOPERATIVE, EMOTIONAL, CRYING

CLOTHING: SHIRT- WHITE PANTS- KHAKI

MEDICAL CONDITIONS: NONE/LEFT ANKLE ISSUE ON CAMERA.

MEDICATIONS: FLONASE OVER THE COUNTER MED./METHA

OTHER:

EYES: RED, VERY SLEEPY & GLASSY
DEXTERITY: SLOW, SLUGGISH

COMMENTS:

20 MIN. OBSERVATION CONDUCTED BY A/O CPL. DERBY #16611

A/O REQUESTED THE BREATH TEST.
D SUBMITTED TO THE BREATH REQUEST.
D COMPLETED THE TEST CORRECTLY.
EXPLAINED THE BREATH RESULTS TO THE D.
A/O REQUESTED URINE ON CAMERA.
D ASKED WHAT HAPPENED IF HE REFUSED THE REQUEST.
A/O READ THE IMPLIED CONSENT ON CAMERA, D UNDERSTOOD THE I/C AS READ TO HIM.
D STILL REFUSED THE URINE REQUEST AFTER THE I/C WAS READ TO HIM. URINE REFUSAL @10:28 HRS
C/W READ ON CAMERA TO THE D, D ANSWERED Q&A.

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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	☐	FL CONSTITION ARTICLE 1,16(b)	Other: MARSY'S LAW	
	☒	316.650(b)	Other: Driver information contained in a uniform traffic citation	4

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REVIEW COMPLETED BY

Booking Number: 2023015352	**Date:** 6/13/2023
	Specialist Name/ID: Pinkneya/7796