50-2025-CT-016572 ASB

04426610

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

☐ Check if Supplement is Attached

3411

ARREST / NOTICE TO APPEAR

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

1

Juvenile ☐

ADMINISTRATIVE

OBTS Number	Agency ORI Number	Agency Name	Agency Report Number (N.T.A.'s only)
	0500200	Boca Raton Police Department	32 2025-011229

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)	Location of Offense (Business Name, Address)
99 NW SPANISH RIVER BLVD, BOCA RATON, FL 33431	99 NW SPANISH RIVER BLVD, BOCA RATON, FL 33431

Date of Arrest	Time of Arrest	Booking Date	Booking Time	Jail Date	Jail Time	Location of Vehicle
10/17/2025	12:02	10/17/2025	12:12	10/17/2025	14:03	GUARDIAN

DEFENDANT

Name (Last, First, Middle): HEVERT, ROBERT DAVID

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

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	09/29/1986	5'11	215	BLUE	BLONDE	LIGHT	Medium

Scars, Marks, Tatoos, Unique Physical Features (Location, Type, Description): SCAR L CALF / BURN FROM MOTORCYCLE

Marital Status: S

Religion: CHRISTIAN

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

Local Address (Street, Apt. Number) (City) (State) (Zip): 801 MARBLE WAY 925, BOCA RATON, FL 33432

Mobile Phone: (561) 302-4645

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

Permanent Address (Street, Apt. Number) (City) (State) (Zip): 801 MARBLE WAY 925, BOCA RATON, FL 33432

Phone: (561) 302-4645

Address Source: FL DL

Business Address (Name, Street) (City) (State) (Zip): GLADES MEDICAL GROUP,

Phone:

Occupation: It Admin

D/L Number, State	Soc. Sec. Number	INS Number	Place of Birth (City, State)	Citizenship
H163764863490 / FL	[redacted]		WEST PALM BEACH, FL,	US

CO-DEF

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

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

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. ☐ Yes, by: (Name) ☐ No: (Reason)

School Attended | Grade

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

CODE

Drug Activity ☐ NO: 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

Charge Description	Counts	Domestic Violence	Statute Violation Number	Violation of ORD #
REFUSE TO SUBMIT DUI TEST AFTER LIC SUSP	1	☐ Y ☒ N	316.1939(1E)	

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

CHARGE

Charge Description	Counts	Domestic Violence	Statute Violation Number	Violation of ORD #
DUI- PROPERTY DAMAGE	1	☐ Y ☒ N	316.193(3C1)	

Drug Activity	Drug Type	Amount / Unit	Offense #	Warrant / Capias Number	Bond
	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
					OCT 17 FH 4:06

NOTICE TO APPEAR

Location (Court, Room Number, Address): South County Courthouse DELRAY BEACH FL

Court Date and Time: Month November Day 17 Year 2025 Time 8:30 (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 COMTEMPT OF COURT AND A WARRANT FOR MY ARREST SHALL BE ISSUED.

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

[redacted] 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

FILED PBC - GUN CLUB
'25 OCT 18 PM 5:52

ADMIN

HOLD for Other Agency

☐ Dangerous ☐ Resisted Arrest ☐ Suicidal ☐ Other

Signature of Arresting Officer

Name of Arresting Officer (Print) I.D. #: WILLIAMS, D. 868

Name Verification (Printed by Arrestee) (PRINT)

Intake Deputy I.D. # Pouch #

Transporting Officer I.D. # Agency: ~~WILLIAMS~~ CROWE ~~868~~ 807 BOCA

Witness here if subject signed with an "X".

PAGE 1 OF 1

PBSO #0148 REV. 10/22

CROWE 807

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PROBABLE CAUSE AFFIDAVIT

OPTS Number:

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

1 JUVENILE

ADMIN

Agency ORI Number	Agency Name	Agency Report Number
FL FL0500200	BOCA RATON POLICE DEPARTMENT	3 | 2 | 2025-011229

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

Special Notes:

DEF

Name (Last, First, Middle)	Alias	Race	Sex	Date of Birth
HEVERT, ROBERT DAVID		W	M	09/29/1986

CHARGES

Charge Description	Charge Description
316.193(3C1) DUI CRASH	316.1939(1E) REFUSE TO SUBMIT
Charge Description	Charge Description

VICTIM

Victim's Name (Last, First, Middle)	Race	Sex	Date of Birth
COLON DIAZ, SHARIMAR	W	F	05/20/1998

Local Address (Street, Apt. Number) (City) (State) (Zip)	Phone	Address Source
1001 W LAS OLAS BLVD 4, FORT LAUDERDALE, FL 33312	(561) 592-4485	
Business Address (Name, Street) (City) (State) (Zip)	Phone	Occupation

PROBABLE CAUSE STATEMENT

The undersigned certifies and swears that he/she has just and resonable 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 committ the below acts.

☒ was found to have committed the below acts, resulting from my (described) investigation.

On the 17 day of October, 2025 at 12:02 (Specifically include facts constituting cause for arrest.)

Victim 1 State of Florida

On 10/17/2025, at 1114 hours, I was dispatched to 99 NW 40th St in reference to a crash. CSO Boylston was the primary investigator of a rear-end style crash, and during his investigation, he observed behavior that appeared strange. Due to Boylston`s concern, I was dispatched to determine if a crime had occurred. Upon arrival, I briefly spoke with CSO Boylston, who explained the circumstances surrounding the crash. The other driver involved in the crash, Sharimar Diaz, expressed her own concerns, stating that she thought he was "Off" and wasn`t sure what the issue was. I then walked over to the subject in question, who was identified by his FL DL as Robert Hevert.

Hevert was sitting on the back bumper of his jeep. I introduced myself and asked Hevert what happened with the crash. As soon as Hevert looked up, I immediately noticed he had pinpoint pupils, and this was despite him sitting in the shade and facing away from the sun. While standing downwind from Hevert, I was able to smell the odor of alcohol emanating from his person. Hevert fumbled to explain how the crash occurred, simply stating "I was looking down at my, at my music. I thought she had stopped. She was slowing, then she stopped, and then I went into her back".

CSO Boylston finished his crash investigation and walked back over to Hevert and I.. Boylston explained to Hevert his findings, then I informed him that we had concluded our crash investigation and would now begin an investigation into DUI. Hevert advised that he understood. Hevert explained he slept last night, had breakfast, and got to work around 0800 hours. Hevert stated that, besides bipolar disorder, he was healthy and suffered from no medical conditions, but did indicate he had seizures when he was 7 Y.O. Hevert explained that he had consumed 4 medications this morning. Hevert identified these prescribed medications as Zoloft, Crestor, Zetia, and Finasteride. Based upon the

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ADMINISTRATIVE

SWORN AND SUBSCRIBED BEFORE ME

STEPP, JEFFREY A
NOTARY PUBLIC / CLERK OF COURT / OFFICER (F.S.S. 117.10)

10/17/2025
DATE

SIGNATURE OF ARRESTING / INVESTIGATING OFFICER

WILLIAMS, DAVID (868)
NAME OF OFFICER (PLEASE PRINT)

10/17/2025
DATE

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

ADMIN

ORTS Number:

PROBABLE CAUSE AFFIDAVIT
SUPPLEMENT

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

1

JUVENILE

Agency ORI Number	Agency Name	Agency Report Number
FL FL0500200	BOCA RATON POLICE DEPARTMENT	3 | 2 | 2025-011229

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

Special Notes:

DEF

Name (Last, First, Middle)	Alias	Race	Sex	Date of Birth
HEVERT, ROBERT DAVID		W	M	09/29/1986

PROBABLE CAUSE STATEMENT

combination of the crash circumstances along with my interactions with Hevert, I requested him to participate in field sobriety exercises (FSEs) to which he initially declined. I explained to Hevert his Taylor warnings, at which point he changed his mind and participated.

The FSEs were conducted as follows.

Horizontal Gaze Nystagmus (HGN)

The defendant identified the stimulus as red. The defendant had equal pupil size and equal tracking in both eyes. The defendant`s eyes continued to jump as he 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, and the onset of Nystagmus prior to 45 degrees. While participating, Hevert informed me he suffers from Nystagmus as a result of his seizures; however, this was not stated until after the indicators were observed.

Lack of Convergence.

In conducting the exercises, a lack of convergence was observed on both passes.

Walk and Turn

The surface was flat and hard. The defendant attempted to do the exercise with shoes. The line used was a natural line created dividing the driveway and sidewalk. The area was flat and level. I made sure the defendant knew the line he would be on. I began the exercise by instructing and 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 began before being instructed to, raised his arms above six inches ,stepped off the line, and walked an improper number of steps.

One Leg Stand

The surface was flat and hard. The defendant attempted to do the exercise with shoes. The defendant raised his right leg. During the exercise, the defendant placed his foot down, utilized his arms for balance, and completely lost balance.

Finger to nose

The surface was flat and hard. The defendant conducted the exercise with shoes. The defendant failed to touch the tip of his finger to the tip of his nose every time.

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STEPP, JEFFREY A
NOTARY PUBLIC / CLERK OF COURT / OFFICER (F.S.S. 117.10)

10/17/2025
DATE

SIGNATURE OF ARRESTING/INVESTIGATING OFFICER

WILLIAMS, DAVID (868)
NAME OF OFFICER (PLEASE PRINT)

10/17/2025
DATE

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

ADMIN

OBTS Number:

PROBABLE CAUSE AFFIDAVIT
SUPPLEMENT

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

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JUVENILE

Agency ORI Number	Agency Name	Agency Report Number
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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
HEVERT, ROBERT DAVID		W	M	09/29/1986

PROBABLE CAUSE STATEMENT

Modified Romberg Balance

The surface was flat and hard. The defendant conducted the exercise with shoes. The defendant notified me of the completion of the exercise after 35 seconds.

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 was too impaired to operate a motor vehicle safely. The defendant was placed under arrest at 1202 hours for driving under the influence. Hevert was placed in handcuffs that were checked for tightness and double locked.

The vehicle was towed by Guardian Towing. The tow log was completed and submitted by myself.

Hevert was transported to the BRPD DUI room. Officer Bachar conducted the 20-minute observation. I operated the Intoxilyzer. Hevert indicated he did not wish to provide a breath sample. Hevert was informed of his Implied Consent Warnings at 0103 hours. Hevert advised that he understood and was unwilling to provide. Reference Intoxilyzer 8000 S#80-006622 results were (Refused)

Hevert was transported to Boca Regional Hospital for medical clearance, then to Palm Beach County Jail.

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ADMINISTRATIVE

SWORN AND SUBSCRIBED BEFORE ME

STEPP, JEFFREY A
NOTARY PUBLIC / CLERK OF COURT / OFFICER (F.S.S. 117.10)

10/17/2025
DATE

SIGNATURE OF ARRESTING / INVESTIGATING OFFICER

WILLIAMS, DAVID (868)
NAME OF OFFICER (PLEASE PRINT)

10/17/2025
DATE

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

06 1217
2025-11229
XIS 12:02

DUI INFLUENCE REPORT

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

Revised: July 9, 2018

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: 10/17/2025

Date of Last Agency Inspection: 09/23/2025
Observation Period Began: 12:17
Subject's Name: ROBERT D HEVERT DOB: 09/29/1986 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	13:05
Air Blank	0.000	13:06
Control Test	0.079	13:06
Air Blank	0.000	13:07
Subject Sample #1	REF*	13:07
Air Blank	0.000	13:07
Control Test	0.079	13:08
Air Blank	0.000	13:08
Diagnostics Check	OK	13:08

*Subject Test Refused

Cylinder Lot: 01524080A2
Exp: 03/05/2026

State of Florida, County of Palm Beach

Personally appeared before me the undersigned authority, who (X) is personally known to me or (__) produced _____ as identification, and who after being placed under oath, states:

I DAVID R WILLIAMS, hold a valid Breath Test Operator permit issued by the Florida Department of Law Enforcement, I administered the above breath test to the subject named above in accordance with Chapter 11D-8, Florida Administrative Code, and this form is a true and accurate report of that breath test.

Breath Test Operator: _____ Date: 10/17/25
Signature

Sworn to (or affirmed) before me this 17 day of October, 2025

_____ Jeffrey Steff
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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103

STATE OF FLORIDA
AFFIDAVIT OF REFUSAL TO SUBMIT TO
BREATH TEST

I, David Williams, a duly certified Law Enforcement or Correctional Officer, am a
(Name of Officer reading Implied Consent Warning)
member of Boca Raton Police, and I do swear
(Name of Law Enforcement Agency)
or affirm that on or about the 17 day of October, 2025, at 1202 ☒P.M. ☐A.M.
DRIVER Robert David Hevert,
FIRST NAME MIDDLE OR MAIDEN NAME LAST NAME
DL # H163764863490, state of Florida, was placed under lawful arrest for
the offense of DUI by David Williams and
(Name of Arresting Officer)
issued citation # AJVKOIE.

That on or about the 17 day of October, 2025, at 0103 ☒P.M. ☐A.M.
in Palm Beach County,

I requested that the driver submit to a **BREATH** test for the purpose of determining its alcohol content. I informed the driver that the refusal to submit to such test would result in the suspension of his or her driving privilege for a period of one (1) year for a first refusal, and that he or she commits a misdemeanor of the second degree by so refusing. Additionally, I informed the driver that the refusal to submit to such test would result in the suspension of his or her driving privilege 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, and that he or she commits a misdemeanor of the first degree by so refusing. Nonetheless, the driver refused to submit to the test requested.

Signature of Law Enforcement Officer or Correctional Officer

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

The foregoing instrument was sworn and subscribed before me:

Signature of Attesting Officer 678

Title Police

Date

(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 _____

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.

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EFFECTIVE OCTOBER 1, 2025

BOCA RATON POLICE SERVICES DEPARTMENT

DUI INFLUENCE REPORT – PART I

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

Subject: _____ Case Number: _____

PERSONAL CONTACT

Driving Pattern: _____

Observation of Driver: _____

Driver's Statement: _____

Odors: _____

GENERAL OBSERVATIONS

Speech: _____

Attitude: _____

Clothing: _____

Medical Problems: _____

Medications: _____

Other: _____

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Horizontal Gaze Nystagmus:

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

Can not do, Why? _____

Walk and turn: _____

CCC

Can not do, Why? _____

One leg stand: _____

CCC

Can not do, Why? _____

Finger to nose: _____

CCC

Can not do, Why? _____

Alphabet (speech pattern): _____

CCC

Can not do, Why? _____

Breath/Blood test results: _____

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

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

_____ _____
Signature of Arresting Officer Name of Officer (print)

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ARRESTING OFFICER: O. Williams 868

Name: _____ Phone # _____ Work # _____

Address: _____

Can testify to: _____

Name: _____ Phone # _____ Work # _____

Address: _____

Can testify to: _____

Name: _____ Phone # _____ Work # _____

Address: _____

Can testify to: _____

Name: _____ Phone # _____ Work # _____

Address: _____

Can testify to: _____

Name: _____ Phone # _____ Work # _____

Address: _____

Can testify to: _____

Name: _____ Phone # _____ Work # _____

Address: _____

Can testify to: _____

Name: _____ Phone # _____ Work # _____

Address: _____

Can testify to: _____

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-END OF PART ONE-

BOCA RATON POLICE SERVICES DEPARTMENT

DUI INFLUENCE REPORT – PART II

To be filled out at testing facility

Agency Case # 2025-011229

I. INTRODUCTION (Instrument Operator faces video camera)

A. The day is Friday (day), October (month), 17 (date), 2025 (year).

B. The time is now approximately 0102 AM/PM.

C. The following is in reference to case number 25-11229.

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

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

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

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

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

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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 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. Additionally, if you refuse to take the test I have requested of you, you will be committing a misdemeanor of the SECOND DEGREE if this is your first refusal, in addition to any other penalties which can be imposed by law. 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, your driving privilege will be suspended for a period of eighteen (18) months. Additionally, you will be committing a misdemeanor of the FIRST DEGREE, 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

Subject Signature: _____

Note: Also read for CDL holders:

In addition, if you hold a Commercial Driver's License (CDL), or were driving a Commercial Motor Vehicle (CMV), your refusal to submit to testing will result in the loss of your commercial driving privileges for one year from today. If this is your second refusal, you will be permanently disqualified from operating a Commercial Motor Vehicle (CMV).

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

(IF REFUSAL THEN)

At this time Mr./Mrs./Ms. _____ has refused to submit to a breath test.

The date is _____ (month), _____ (day), _____ (year), and the time is _____AM/PM.

A refusal form will be completed by the arresting officer.

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BOCA RATON POLICE SERVICES DEPARTMENT

JUVENILE CONSTITUTIONAL WARNINGS

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

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

(1) You have the right to remain silent and not answer any questions. *Tell me in your own words what you think this means.*
(You do not have to talk to me or answer any questions about this offense. You can be quiet if you want.)

(2) Any statement you make must be freely and voluntarily given. *Tell me in your own words what you think this means.*
(If you do talk to me it has to be because you want to and not because anyone is forcing you to speak.)

(3) You have a right to the presence and representation of a lawyer of your choice before you make any statement and during any questioning. *Tell me in your own words what you think this means.*
(You can talk to a lawyer before we ask you any questions and you can have him/her with you now, during our questioning.)

(4) If you cannot afford a lawyer, you are entitled to the presence and representation of a court appointed lawyer before you make any statement and during any questioning. *Tell me in your own words what you think this means*
(If you do not have money for a lawyer and you want one, a lawyer will be given to you for free.)

(5) If at any time during the interview you do not wish to answer any questions, you are privileged to remain silent. *Tell me in your own words what you think this means.*
(If you decide to talk to me then change your mind, you can stop answering my questions at any time.)

(6) I can make no threats or promises to induce you to make a statement. This must be of your own free will. *Tell me in your own words what you think this means*
(I am not allowed to threaten you or make you any promises to get you to talk to me. If you decide to talk, it must be because you want to.)

(7) Any statement can be and will be used against you in a court of law. *Tell me in your own words what you think this means*
(Anything you say to me can and will be told to the judge or a jury in court. A judge is a person who decides if you have done something wrong. Sometimes a group of people called a jury decide this, but the Judge is the person who decides what punishment you get.)

(8) Do you understand these rights as I have read them to you, and do you wish to speak to me?

Signed: _____ Date: _____ Time: _____

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BOCA RATON POLICE SERVICES DEPARTMENT

TESTING FACILITY TASK REPORT

SUBJECT: Robert Hevert

CASE #: 25-11229 DATE: 10/17/25

BREATH TEST RESULTS

1) TIME _____ AM/PM 2) TIME _____ AM/PM

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

BREATH OPERATOR: O. Williams 868

MAINTENANCE TECHNICIAN: Crawford

TESTING OFFICER'S OBSERVATIONS

SPEECH: _____

ATTITUDE: _____

CLOTHING: _____

MEDICAL CONDITION: _____

OTHER: _____

_____

COMMENTS: _____

_____

_____

_____

_____

_____

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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: _____ Date: _____ Time: _____

QUESTIONS AND ANSWERS

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

Where were you going? _____

What street or highway were you on? _____

Direction of travel? _____

Where did you start driving from? _____

What city (county) were you stopped in? _____

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

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

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

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

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

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

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

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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 _____, _____, _____.
(month) (day) (year)

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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 110 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	☐			
	☐			
	☐			
	☐			

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REVIEW COMPLETED BY

Booking Number: 2025027851	**Date:** 10/18/2025
	Specialist Name/ID#: Joseph Kovach/44820