50-2024-CT-001106 ASB

0546494

2832

ARREST / NOTICE TO APPEAR

OBTS Number:

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

1 JUVENILE

ADMINISTRATION

Agency ORI Number: 0500400

Agency Name: Delray Beach Police Department

Agency Report Number (N.T.A.'s only): 4 0 24-000862

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: 1

Location of Arrest (Including Name of Business): 166 SE 2ND AVE, DELRAY BEACH, FL 33444

Location of Offense (Business Name, Address): 166 SE 2ND AVE, DELRAY BEACH, FL 33444

Date of Arrest	Time of Arrest	Booking Date	Booking Time	Jail Date	Jail Time	Location of Vehicle
01/20/2024	00:21	01/20/2024	00:31			

DEFENDANT

Name (Last, First, Middle): GROUT, SAMANTHA ANN

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	F	07/11/1975	5'09	175	BLUE	BLOND OR	FAIR	SMALL

Scars, Marks, Tatoos, Unique Physical Features (Location, Type, Description):

Marital Status: Religion: Indication of Alcohol Influence: Yes ☒ No ☐ Unk ☐ Drug Influence

Local Address (Street, Apt. Number): 250 CONGRESS PARK DR, DELRAY BEACH, FL 33445 (City) (State) (Zip) Phone: (561) 506-1108 Residence Type: 1 City 3 Florida 2 County 4 Out of State: 1

Permanent Address (Street, Apt. Number): 250 CONGRESS PARK DR, DELRAY BEACH, FL 33445 (City) (State) (Zip) Phone: (561) 506-1108 Address Source: SELF

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

D/L Number, State	Soc. Sec. Number	INS Number	Place of Birth (City, State)	Citizenship
G630781757510 / FL	[redacted]		BENNINGTON, VT.	US

CO-DEF

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

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

JUVENILE

☐ Parent ☐ Other: ☐ Legal Custodian

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 Department and Released 2 TOT JAC 3 Incarcerated

Released To: (Name): Relationship: Date: Time:

The above address was provided by ☐ defendant and/or ☐ defendant's parents. The child and/or parent was told to keep the Juvenile Court Clerk's Office (Phone 355-2526) informed of any change of address.

☐ Yes, by ☐ No:

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 K Smuggle D Deliver E Use L 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: DUI-DAMAGE TO PERSON/PROPERTY

Statute Violation Number: 316.193(3)(C)(1) Violation of ORD #:

Drug Activity	Drug Type	Amount / Unit	Offense #	Counts	Domestic Violence	Warrant / Capias Number	Bond
	N	/		1	☐ Y ☒ N		

CHARGE

Charge Description: Statute Violation Number: Violation of ORD #:

Drug Activity	Drug Type	Amount / Unit	Offense #	Counts	Domestic Violence	Warrant / Capias Number	Bond
		/			☐ Y ☐ N		

CHARGE

Charge Description: Statute Violation Number: Violation of ORD #:

Drug Activity	Drug Type	Amount / Unit	Offense #	Counts	Domestic Violence	Warrant / Capias Number	Bond
		/			☐ Y ☐ N		

INTAKE

Health / Apparent Physical Condition of Defendant:

Any knowledge of the following ☐ Mental ☐ Escape Risk ☐ Medical ☐ Substance Abuse ☐ Suicide Explain:

FILED PBC - CIR CT - CUB -- 24 JAN 21 AM 8:30

Check which applies: ☐ Released O.R. ☐ Released to Parent/Guardian ☒ T.O.T. County Jail ☐ Posted Bond ☐ South County Mental Health

PROPERTY - Received By: Released By: Released To:

Transported By: Date Transported: / / Time Transported: : Other:

NOTICE TO APPEAR

☒ INSTRUCTION NO. 1 - Mandatory appearance in court

☐ INSTRUCTION NO. 2 - You need not appear in Court but must comply with instructions on Page 2.

Location (Court, Room): South County 200 W Atlantic Ave Delray Beach, FL 33444

Court Date and Time: 02/22/2024 08:30:00

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:

No Photo Available

ADMIN

HOLD for Other Agency: ☐ Dangerous ☐ Resisted Arrest ☐ Suicidal ☐ Other

Signature of Arresting Officer: S Mayor

Name of Arresting Officer: MAYOR SANDOVAL, STEVEN ID #: 1265

Intake Deputy: Dunning 6846 ID #: Postal #:

Transporting Officer: MAYOR ID #: 1265 Agency: DBPD

Name Verification (Printed) by Arrestee: (PRINT)

Witness here if subject signed with an "X":

PAGE 1 OF 1

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

NOT A CERTIFIED COPY

D.U.I. PROBABLE CAUSE AFFIDAVIT

ON THE 19th DAY OF January 20 24, AT 11:49 ☐AM ☑PM

SUBJECT: Grout, Samantha CASE NUMBER: 24-000862

AGENCY: DBPD ARRESTING OFFICER: MAYOR #1265

PERSONAL CONTACT

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

The following occurred in the City of Delray Beach, County of Palm Beach, FL.
On 1/19/24 at 1149 hours I responded to 166 SE 2ND AVE in reference to a motor vehicle crash. Ofc. Musliu who was working a detail a block north heard a car accident and upon responding she observed a black Dodge Challenger (bearing CA tag: 8MXA049) that had crashed into a parked vehicle. The Challenger was at rest against another vehicle. Ofc. Musliu observed Grout behind the wheel. Ofc. Cooper who responded to the scene of the crash, also observed Grout behind the wheel and ordered to exit the vehicle.

OBSERVATION OF DRIVER:

Grout appeared intoxicated with slow dexterity, glossy eyes, slurred speech and was talkative. I smelled an odor of an unknown alcoholic beverage coming from Grout. Grout continued asking if she could take photos of the accident after I advised her, she could not. Prior to starting field sobriety tasks, I advised Grout to take her heels off. While taking her heels off, Grout was stumbling and losing her balance. During the horizontal nystagmus test, Grout moved her head following the pen after being instructed to follow it with her eyes only several times. After completing the first task, Grout refused to continue, and she did not wish to participate any further. Upon being transported to PBCJ, she stated she needed to urinate and started crying.

DRIVER'S STATEMENTS:

On Scene, Grout advised she was at the OG, where she had one drink. She did admit to drinking prior to driving several times. Once we arrived at the BAT, while attempting to obtain a breath sample, she reiterated she had a glass of wine.

ODORS:

I smelled an odor of an unknown alcoholic beverage coming from Grout.

GENERAL OBSERVATIONS

SPEECH: Slurred

ATTITUDE: Passive, talkative, asking a lot of questions.

CLOTHING: Black top, blue jeans

MEDICAL/OTHER: none

STATE OF FLORIDA
COUNTY OF PALM BEACH

(Signature of Arresting/Investigative Officer)

The foregoing instrument was sworn to or affirmed and subscribed before me this 20 day of January 20 24 by Ofc Mayor #1265

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

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

THOMAS HENRY LEAHEY
Notary Public - State of Florida
Commission # HH 408332
My Comm. Expires Jun 20, 2027
Bonded through National Notary Assn.

NOT A CERTIFIED COPY

SUBJECT: Grout, Samantha **CASE NUMBER** 24-000862

ROADSIDE TASKS

HORIZONTAL GAZE NYSTAGMUS:

- [x] LT EYE-LACK OF SMOOTH PURSUIT
- [x] 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:

WHILE ATTEMPTING TO CONDUCT THE HORIZONTAL GASE NYSTAGMUS TEST, GROUT REPEADTELY FOLLOWED THE PEN WITH HER HEAD, EVEN AFTER BEING INTRUCTED TO FOLLOW IT WITH HER EYES ONLY.

WALK & TURN:
REFUSED

ONE LEG STAND:
REFUSED

FINGER TO NOSE:
REFUSED

ROMBERG ALPHABET:
REFUSED

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

STATE OF FLORIDA
COUNTY OF PALM BEACH

(Signature of Arresting/Investigative Officer)

The foregoing instrument was sworn to or affirmed and subscribed before me this 20 day of June 20 24 by OR Mayor 1265 Kuny

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

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

THOMAS HENRY LEAHEY
Notary Public - State of Florida
Commission # HH 408332
My Comm. Expires Jun 20, 2027
Bonded through National Notary Assn.

NOT A CERTIFIED COPY

WITNESS LIST

CASE NUMBER: 24-000862

ARRESTING OFFICER: MUSLIU #1202

ADDRESS: 300 W ATLANTIC AVE DELRAY BEACH, FL 33444

PHONE NUMBERS (HOME): 561-243-7800 (WORK) _____

CAN TESTIFY TO: Driver behind the wheel

NAME: COOPER #1225

ADDRESS: 300 W ATLANTIC AVE DELRAY BEACH, FL 33444

PHONE NUMBERS (HOME) 561-243-7800 (WORK) _____

CAN TESTIFY TO: Driver behind the wheel

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: _____

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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: _____

NAME: _____

ADDRESS _____

PHONE NUMBERS (HOME) _____ (WORK) _____

CAN TESTIFY TO: _____

NOT A CERTIFIED COPY

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

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

TESTING FACILITY TASK REPORT

AGENCY: DBPD

SUBJECT: GROUT, SAMANTHA A

CASE NUMBER: 24-026797

DATE: Jan 20, 2024

VIDEO DVD NUMBER: N/A

BEGINNING TIME: 01:32

ENDING TIME: 01:54

BREATH TESTS RESULTS: 1) VNM TIME 01:40 A.M. ☒ P.M. ☐ 2) R TIME 01:45 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: P.POUND #24639

MAINTENANCE TECHNICAN: J. KARLECKE# 6467

TESTING OFFICER'S OBSERVATIONS

SPEECH: PRONOUNCED

ATTITUDE: CALM, QUIET

CLOTHING: BLUE JEANS , BLACK SHIRT , NO SHOES

MEDICAL CONDITIONS: NONE

MEDICATIONS: NONE

OTHER:

VNM.117

REFUSED

NOT A CERTIFIED COPY

COMMENTS:

ARRIVED AT CENTER A/O BEGAN THE 20 MINUTE OBSERVATION PERIOD AT 01:04 HRS.

SUBJECT: AGREED TO TAKE TEST

SUBJECT: ASKED WHAT HAPPENS IF SHE REFUSED TO TAKE TEST

A/O: READ I/C

SUBJECT: STATED SHE UNDERSTOOD I/C AND AGREED TO TAKE TEST

SUBJECT: REFUSED TO FOLLOW TECH INSTRUCTIONS KEPT BLOWING AND STOPPING

SUBJECT: REFUSED TO FOLLOW TECH INSTRUCTIONS AGAIN, KEPT BLOWING AND STOPPING

A/O: CALLED REFUSAL

A/O: READ RIGHTS

SUBJECT: STATED SHE UNDERSTOOD RIGHTS

A/O: CONDUCTED Q&A SUBJECT: ANSWER QUESTIONS

REFUSED

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

PBSO CASE # 24-026797 PBSO ZONE 4-11

AGENCY CASE # 24-000862 CRASH CASE # 24-000862

TIME OF STOP/CRASH 2349hrs DATE 01/[illegible]9/24 DAY _____

SUBJECT'S NAME Gaut, Samantha Ann RACE W SEX F

HGT 5'-09" WGT 175lb DOB 7/11/1975

LOCATION 166 SE 2nd Ave

ARRESTING OFFICER'S NAME & ID Mayor #1265 AGENCY DBPD

DIVISION: _____

NOTIFIED BY COMMO Y

ARRIVAL AT FACILITY 0104hrs

Arrest Time 0021hrs

BREATH RESULTS:

1. VNM .117
2. REFUSED
3. _____
4. _____

TESTING OFFICER'S ID 24639

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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: 80-006478 Software: 8100.27
Date of Test: 01/20/2024

Date of Last Agency Inspection: 01/12/2024
Observation Period Began: 01:04
Subject's Name: SAMANTHA A GROUT DOB: 07/11/1975 Sex: F

The subject was observed for at least twenty-minutes prior to the administration of the breath test to ensure that the subject did not take anything orally and did not regurgitate.

Results:

Test	g/210L	Time
Diagnostics Check	OK	01:35
Air Blank	0.000	01:36
Control Test	0.078	01:36
Air Blank	0.000	01:37
Subject Sample #1	VNM*	01:40
Air Blank	0.000	01:41
Air Blank	0.000	01:42
Subject Sample #2	REF**	01:45
Air Blank	0.000	01:46
Control Test	0.078	01:46
Air Blank	0.000	01:46
Diagnostics Check	OK	01:46

*Volume Not Met (0.117 - Breath Sample Not Reliable to Determine Breath Alcohol Level)
**Subject Test Refused

Cylinder Lot: 06723080A5
Exp: 04/05/2025

State of Florida, County of PALM BEACH.

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

I PARIS D POUND, 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: 01/20/2024
Signature

Sworn to (or affirmed) before me this 20th day of JANUARY, 2024

_____ OFC. S. MAYOR
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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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
DEPARTMENT OF HIGHWAY SAFETY & MOTOR VEHICLES
AFFIDAVIT OF REFUSAL TO SUBMIT TO
BREATH AND/OR URINE TEST

I, OFC. MAYOR #1265 , a duly certified Law Enforcement Officer or Correctional Officer,
(Name of Officer reading Implied Consent Warning)

am a member of Delray Beach Police Department , and I do swear
(Name of law enforcement agency)

or affirm that on or about the 19TH day of January , 20 24 , at 11:49 ☑ P.M ☐ A.M.

DRIVER Samantha Ann Grout ,
(Type or Print) FIRST NAME MIDDLE OR MAIDEN NAME LAST NAME

DL# G630-781-75-751-0 , state of Florida , was placed under lawful arrest for

the offense of DUI by OFC. Mayor #1265 and
(Name of Arresting Officer)

issued Citation # AIQCOBE .

That on or about the 19th day of January , 20 24 , at 11:49 ☑ 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)

THOMAS HENRY LEAHEY
Notary Public - State of Florida
Commission # HH 408332
My Comm. Expires Jun 20, 2027
Bonded through National Notary Assn.

(AFFIX SEAL)

The foregoing instrument was sworn and subscribed before me this 20 day of January , 20 24 .

by Ofc Mayor 1265 ,

who is personally known to me or who has produced _____ as identification

Notary Public _____

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

Palm Beach County Sheriff's Office

Florida State Statute Exemption Sheet

	X	Florida State Statute	Description	Page Number(s)
L/E Exemptions	☐	119.071(4)(c)	Undercover personnel	
	☐	119.071(2)(e)	Confession	
Public Info. Exemptions	☐	FL Const. Art. I, s. 16(b)(5)	Marsy's Law – victim information shall be redacted. The term "victim" also includes the victim's lawful representative, the parent or guardian of a minor, or the next of kin of a homicide victim. The term "victim" does not include the accused (ref. page 99 of the CRTM for additional information)	
	☐	119.071(2)(j)	Home/employment telephone number, home/employment address, or personal assets of a person who has been the victim of sexual battery, aggravated child abuse, aggravated stalking, harassment, aggravated battery or domestic violence	
	☐	119.0712(2)	Personal information contained in a motor vehicle record	
	☐	316.650(11)	Driver information contained in a uniform traffic citation	
	☐	119.071(4)(d)2.a.	Home addresses, telephone numbers, dates of birth, and photographs of active/former LE personnel, spouses, and children	
Florida Rules of Judicial Administration 2.420	☒	(iii) 119.0714(1)(i)-(j), (2)(a)-(e)	Social Security, bank account, charge, debit, and credit card numbers	2
	☐	(xii) 741.30(3)(b)	The victim's address in a domestic violence action on petitioner's request	
	☐	(xiii) 119.071(2)(h), 119.0714(1)(h)	Protected information regarding victims of child abuse or sexual offenses	
	☐			
	☐			
Other	☐			
	☐			
	☐			
	☐			

NOT A CERTIFIED COPY

REVIEW COMPLETED BY

Booking Number: 2024001825	**Date:** 1/21/2024
	Specialist Name/ID#: ANGELA PINKNEY/7796