

19CF435

ARREST / NOTICE TO APPEAR

1. Arrest
2. N.T.A.
3. Request for Warrant
4. Request for Copies
5. Juvenile Referral

1

JUVENILE

ADMI NIST RAT ION	OSTS Number	Agency ORI Number 0500200		Agency Name Boca Raton Police Department		Agency Report Number (N.T.A.'s only) 3, 2 2019-00577		Multiple Clearance Indicator		
D E P E N D A N T	Charge Type: Check as many as apply: <input checked="" type="checkbox"/> 1. Felony <input checked="" type="checkbox"/> 2. Traffic Felony <input checked="" type="checkbox"/> 3. Misdemeanor <input checked="" type="checkbox"/> 4. Traffic Misdemeanor <input type="checkbox"/> 5. Ordinance <input type="checkbox"/> 6. Other		If Weapon Seized Enter Type: None/not Applicable		Location of Arrest (Including Name of Business) 651 SW 17TH ST		Location of Offense (Business Name, Address) 651 SW 17TH ST, BOCA RATON, FL 33486		Date of Arrest 01/12/2019	
	Time of Arrest 05:32		Booking Date 01/12/2019		Booking Time 05:42		Jail Date 01/12/2019		Jail Time 00:00	
C O D E	Name (Last, First, Middle) HENNINGER, BEATRIZ		Alias: LOS TEQUESS, Ventura		Race W - White		Sex F		Date of Birth 08/30/1949	
	Height 5'05		Weight 125		Eye Color BROWN		Hair Color BROWN		Complexion LIGHT	
	Build Thin		Marital Status S		Religion NONE		Indication of Alcohol Influence Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		Indication of Drug Influence Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
	Local Address (Street, Apt. Number) 651 SW 17TH ST, BOCA RATON, FL 33486		City BOCA RATON		State FL		Zip 33486		Phone (561) 302-0160	
C H A R G E	Permanent Address (Street, Apt. Number) 651 SW 17TH ST, BOCA RATON, FL 33486		City BOCA RATON		State FL		Zip 33486		Phone (561) 302-0160	
	Business Address (Name, Street) RETIRED,		City BOCA RATON		State FL		Zip 33486		Phone (561) 302-0160	
	Business Address (Name, Street) RETIRED,		City BOCA RATON		State FL		Zip 33486		Phone (561) 302-0160	
	Business Address (Name, Street) RETIRED,		City BOCA RATON		State FL		Zip 33486		Phone (561) 302-0160	
DVI Number, State H552060498100 / FL		Sec. Sec. Number		INS Number		Place of Birth (City, State) LOS TEQUESS, Ventura		Citizenship US		
C O D E	Co-Defendant Name (Last, First, Middle)		Race		Sex		Date of Birth		<input type="checkbox"/> 1. Arrested <input type="checkbox"/> 2. At Large <input type="checkbox"/> 3. Felony <input type="checkbox"/> 4. Misdemeanor <input type="checkbox"/> 5. Juvenile	
	Co-Defendant Name (Last, First, Middle)		Race		Sex		Date of Birth		<input type="checkbox"/> 1. Arrested <input type="checkbox"/> 2. At Large <input type="checkbox"/> 3. Felony <input type="checkbox"/> 4. Misdemeanor <input type="checkbox"/> 5. Juvenile	
J U V E N I L E	<input type="checkbox"/> Parent <input type="checkbox"/> Other: _____		Name (Last, First, Middle)		Residence Phone					
	<input type="checkbox"/> Legal Custodian		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 IAC 3. Incarcerated	
	Relationship		Date		Time					
The above address was provided by <input type="checkbox"/> defendant and/or <input type="checkbox"/> 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.		School Attended		Grade						
Property Crime? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Description of Property		Value of Property						
C H A R G E	Drug Activity S. Sell N. N/A P. Possess		R. Smuggle D. Deliver E. Use		K. Disperse/ Distribute		M. Manufacture/ Produce/ Cultivate		Z. Other	
	Drug Type N. N/A A. Amphetamines		B. Barbiturates C. Cocaine E. Heroin		H. Hallucinogens M. Marijuana O. Opium/Deriv.		P. Paraphernalia/ Equipment S. Synthetic		U. Unknown Z. Other	
	Charge Description FLEEING OR ATTEMPTING TO ELUDE		State Violation Number 316.1935(1)		Violation of ORD #					
	Drug Activity N		Amount / Unit /		Offense #		Counts I		Domestic Violence <input type="checkbox"/> Y <input checked="" type="checkbox"/> N	
C H A R G E	Charge Description DUI		State Violation Number 316.193(1)		Violation of ORD #					
	Drug Activity N		Amount / Unit /		Offense #		Counts I		Domestic Violence <input type="checkbox"/> Y <input checked="" type="checkbox"/> N	
	Charge Description		State Violation Number		Violation of ORD #					
	Drug Activity		Amount / Unit		Offense #		Counts		Domestic Violence	
I N T A K E	Health / Apparent Physical Condition of Defendant GOOD		Any knowledge of the following: Explain: <input type="checkbox"/> Mental <input type="checkbox"/> Escape Risk <input type="checkbox"/> Medication <input type="checkbox"/> Deformities <input type="checkbox"/> Injuries							
	Check which applies: <input type="checkbox"/> Released O.R. <input type="checkbox"/> Posted Bond		<input type="checkbox"/> Released to Parent/Guardian <input type="checkbox"/> South County Mental Health		<input checked="" type="checkbox"/> T.O.T. County Jail		PROPERTY - Received By BISSON		Released By BISSON	
N O T I C E	Transported By L. Signal		Date Transported 1/12/19		Time Transported 0700		Other		Released To COUNTY JAIL	
	<input type="checkbox"/> INSTRUCTION NO. 1 - Mandatory appearance in court		<input checked="" type="checkbox"/> 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 33446					
T O A P P E A R	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) Beatriz Henninger		Date Signed					
	HOLD for Other Agency		Signature of Arresting Officer Leley		Name Verification (Printed by Arrestee) BISSON, S. R.					
A D M I N	<input type="checkbox"/> Dangerous <input type="checkbox"/> Suspect		<input type="checkbox"/> Restricted Arrest <input type="checkbox"/> Other		Name of Arresting Officer (Print) BISSON, S. R.		ID # 664		PAGE 1 OF 1	
	LD # 6015		Fouch #		Transporting Officer BRPD		ID # 823		Agency BRPD	

048 046 8676

Signal 823

3124

PROBABLE CAUSE AFFIDAVIT

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

1 JUVENILE

A D M I N I S T R A T I V E	OBT# Number		Agency ORI Number FL 0500200		Agency Name BOCA RATON POLICE DEPARTMENT		Agency Report Number 3 2 2019-000577		
	Charge Type: Check as many as apply. <input checked="" type="checkbox"/> 1. Felony <input type="checkbox"/> 2. Traffic Felony		<input checked="" type="checkbox"/> 3. Misdemeanor <input checked="" type="checkbox"/> 4. Traffic Misdemeanor		<input type="checkbox"/> 5. Ordinance <input type="checkbox"/> 6. Other		Special Notes:		
D E F E N D E N T	Name (Last, First, Middle) HENNINGER, BEATRIZ						Race W	Sex F	Date of Birth 08/30/1949
	Charge Description 316.1935(1) FLEE/ATTEMPT TO ELUDE A POLICE OFCR				Charge Description 316.193(1) DUI				
V I C T I M	Victim's Name (Last, First, Middle) STATE OF FLORIDA,						Race	Sex	Date of Birth
	Local Address (Street, Apt. Number) 100 NW 2ND AVE, BOCA RATON, FL 33432				(City)	(State)	(Zip)	Phone (561) -	Address Source
	Business Address (Name, Street)				(City)	(State)	(Zip)	Phone (56) -	Occupation
P R O B A B L E	<p>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 ...</p> <p><input type="checkbox"/> committed the below acts in my presence. <input checked="" type="checkbox"/> was observed by <u>SGT FRENZ</u> who told <u>OFC BISSOON</u> that he/she saw the arrested person commit the below acts.</p> <p><input type="checkbox"/> confessed to _____ admitting to the below facts. <input type="checkbox"/> was found to have committed the below acts, resulting from my (described) investigation.</p> <p>On the <u>12</u> day of <u>January</u>, <u>2019</u> at <u>05:32</u> (Specifically include facts constituting cause for arrest.)</p>								
	<p>On 01/12/2019 I responded to 651 SW 17th St in reference to the driver of a 2013 Hyundai bearing Fl tag#GTEX23 who just left the scene of a traffic stop at 2100 St Andrews Blvd that as conducted by Sgt Frenz. Sgt Frenz advised that the female driver Beatriz Henninger took off from the traffic stop and he had probable cause for fleeing and eluding. I observed the vehicle as it drove to 651 SW 17th St and pulled into the driveway. I then initiated a traffic stop and met with the driver Beatriz Henninger.</p>								
	<p>I asked her why she left the scene of the traffic stop earlier and she started talking about a past encounter with the police which resulted in her being taken into police custody. Sgt Frenz, Ofc Renteria and Ofc T Codling arrived on scene a short time after. Sgt Frenz identified Henninger as the driver who left the scene of his traffic stop. While speaking with Henninger, I could smell an odor of an alcoholic beverage emanating from her person, her eyes were bloodshot and glossy, and her speech was slurred. I asked her if she had been drinking and she stated that she had something to drink earlier. Based on my observations as well as Sgt Frenz advising that he believed that the Henninger was also impaired, I then asked her if she would submit to roadside sobriety tasks and she stated no. I then advised her of her Taylor Warnings and then asked her again if she would submit to the tasks. Henninger once again stated that she would not submit to the tasks. I then placed her into custody for DUI and fleeing and eluding. Ofc Vezina arrived on scene and searched Henninger and she was then transported to BRPD.</p>								
A D M I N I S T R A T I V E	<p>Ofc. Renteria responded as my Breath Test operator and we both conducted the twenty-minute observation. Henninger was then taken into the BAT room where she was asked to provide a breath sample. Henninger provided two breath samples of .096 and .094. I then read her Constitutional Warnings which she advised she understood and refused to answer any questions. See DUI influence report.</p>								
	<p>SWORN AND SUBSCRIBED BEFORE ME</p> <p><u>GRAHAM, KEITH T</u> <i>gt</i> NOTARY PUBLIC / CLERK OF COURT / OFFICER (F.S.S. 117.10)</p> <p><u>01/12/2019</u> DATE</p>				<p><i>[Signature]</i> SIGNATURE OF ARRESTING / INVESTIGATING OFFICER</p> <p><u>BISSOON, STEPHEN R (664)</u> NAME OF OFFICER (PLEASE PRINT)</p> <p><u>01/12/2019</u> DATE</p>				

PROBABLE CAUSE AFFIDAVIT
SUPPLEMENT

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

1

JUVENILE

A D M I N I S T R A T I V E	OSTS Number	Agency/ORI Number FL 0500200		Agency Name BOCA RATON POLICE DEPARTMENT	Agency Report Number 3 2 2019-000577
	Charge Type: Check as many as apply.	<input checked="" type="checkbox"/> 1. Felony <input type="checkbox"/> 2. Traffic Felony <input checked="" type="checkbox"/> 3. Misdemeanor <input checked="" type="checkbox"/> 4. Traffic Misdemeanor <input type="checkbox"/> 5. Ordinance <input type="checkbox"/> 6. Other			Special Notes:
D E F	Name (Last, First, Middle) HENNINGER, BEATRIZ				Race: W Sex: F Date of Birth: 08/30/1949

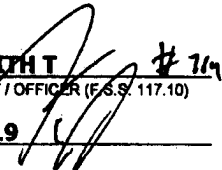

Beatriz Henninger is being charged under F.S.S. 316.193(1) for DUI and she is also being charged under F.S.S 316.1935(1) for fleeing and eluding. She was transported to Palm Beach County Jail for final disposition. The vehicle was left secured at her residence..

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A D M I N I S T R A T I V E	SWORN AND SUBSCRIBED BEFORE ME		
	GRAHAM, KEITH T NOTARY PUBLIC / CLERK OF COURT / OFFICER (F.S.S. 117.10)		SIGNATURE OF ARRESTING / INVESTIGATING OFFICER
	01/12/2019 DATE		BISSOON, STEPHEN R (664) NAME OF OFFICER (PLEASE PRINT)
			01/12/2019 DATE

10-15 0532
Obs. 0555
2019000577

DUI INFLUENCE REPORT



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

ARRESTING OFFICER: Bisson

Name: Sgt Frenz Phone # _____ Work # _____

Address: BRPD

Can testify to: Roadsides

Name: Renteria Phone # _____ Work # _____

Address: BRPD

Can testify to: Roadsides

Name: Coaling Phone # _____ Work # _____

Address: BRPD

Can testify to: Roadsides

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: _____



BOCA RATON POLICE SERVICES DEPARTMENT
DUI INFLUENCE REPORT - PART II

To be filled out at testing facility

Agency Case # 2019000577

I. INTRODUCTION (Instrument Operator faces video camera)

A. The day is 12th Saturday, January, 12th, 2019.
(day) (month) (date) (year)

B. The time is now approximately 6:15 AM/PM.

C. The following is in reference to case number 2019000577.

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

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

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

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

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

NOT A CERTIFIED COPY



BOCA RATON POLICE SERVICES DEPARTMENT
TESTING FACILITY TASK REPORT

SUBJECT: Beatriz Henninger

CASE #: 2019000577 DATE: 01/12/19

BREATH TEST RESULTS

- 1) TIME .096 / 0620 AM/PM
- 2) TIME .094 / 0623 AM/PM
- 3) TIME — AM/PM
- 4) TIME — AM/PM

BREATH OPERATOR: Renteria

MAINTENANCE TECHNICIAN: Van Camp

TESTING OFFICER'S OBSERVATIONS

SPEECH: Slurred

ATTITUDE: Angry, Calm

CLOTHING: blk shirt, blk pants

MEDICAL CONDITION: None

OTHER: _____

COMMENTS: Beatriz has an odor of alcohol emanating from her person.

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 ofc. Bisson of the BRPD

If you fail to submit to the test I have requested of you, your privilege to operate a motor vehicle will be suspended for a period of one (1) year for a first refusal, or eighteen (18) months if your privilege has been previously suspended as a result of a refusal to submit to a lawful test of your breath, urine, or blood. Additionally, if you refuse to submit to the test I have requested of you and if your driving privilege has been previously suspended for a prior refusal to submit to a lawful test of your breath, urine, or blood, you will be committing a misdemeanor. Refusal to submit to the test I have requested of you is admissible into evidence in any criminal proceeding.

Subject Signature: _____

Note: Also read for CDL holders:

IN ADDITION, your refusal to submit will result in the loss of your commercial privileges for one year from today. If this is your SECOND REFUSAL, you will be permanently disqualified from operating a commercial motor vehicle.

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

(IF REFUSAL THEN)

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

The date is January, 12th, 2019, and the time is AM/PM.
(month) (day) (year)

A refusal form will be completed by the arresting officer.

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

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 6:27 AM PM.

The date is January (month), 12th (day), 2019 (year).



Palm Beach County Sheriff's Office – Arrests Only

	X	Florida State Statute	Description	Page Number(s)
L/E Exemptions	<input type="checkbox"/>	119.071(2)(d)	Surveillance techniques, procedures and personnel; inventory of law enforcement resources, policies or plans pertaining to mobilization deployment or tactical operations.	
	<input type="checkbox"/>	943.053, 943.0525	NCIC/FCIC/FBI and in-state FDLE/DOC.	
	<input type="checkbox"/>	119.071(4)(c)	Undercover personnel.	
	<input type="checkbox"/>	119.071(2)(f)	Confidential informants (CIs).	
	<input type="checkbox"/>	119.071(2)(e)	Confession.	
Public Info. Exemptions	<input type="checkbox"/>	985.04(1)	Juvenile offender records.	
	<input type="checkbox"/>	119.071(h)(i)	Assets of a crime victim.	
	<input type="checkbox"/>	395.3025(7)(a), 456.057(7)(a)	Medical information.	
	<input type="checkbox"/>	394.4615(7)	Mental health information.	
	<input type="checkbox"/>	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)	<input checked="" type="checkbox"/>	(iii) 119.0714(1)(i)-(j), (2)(a)-(e)	Social Security, bank account, charge, debit, and credit card numbers.	2
	<input type="checkbox"/>	(viii) 394.4615(7)	Clinical records under the Baker Act.	
	<input type="checkbox"/>	(xii) 741.30(3)(b)	The victim's address in a domestic violence action on petitioner's request.	
	<input type="checkbox"/>	(xiii) 119.071(2)(h), 119.0714(1)(h)	Protected information regarding victims of child abuse or sexual offenses.	
	<input type="checkbox"/>			
	<input type="checkbox"/>			
	<input type="checkbox"/>			
	<input type="checkbox"/>			
Other	<input type="checkbox"/>		Other:	
	<input type="checkbox"/>		Other:	

REVIEW COMPLETED BY

Booking Number: 2019001443

Date: 01/13/2019

Specialist Name/ID: AM/31562

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: 01/12/2019

Date of Last Agency Inspection: 12/27/2018

Observation Period Began: 05:55

Subject's Name: BEATRIZ HENNINGER

DOB: 08/30/1949 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	06:18
	Air Blank	0.000	06:19
	Control Test	0.079	06:19
	Air Blank	0.000	06:20
	Subject Sample #1	0.096	06:20
	Air Blank	0.000	06:21
	Air Blank	0.000	06:23
	Subject Sample #2	0.094	06:23
	Air Blank	0.000	06:24
	Control Test	0.078	06:24
	Air Blank	0.000	06:25
	Diagnostics Check	OK	06:25

Cylinder Lot: 13518080A5
Exp: 08/05/2020

State of Florida, County of Palme Beach

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

I BARTOLO BENTERIA, 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: [Signature]

Signature

Date: 1/12/19

Sworn to (or affirmed) before me this 12 day of January, 2019

[Signature]
Signature of Notary Public-State of Florida

Stephen Bisson
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.