

0480439

3584 NH

ARREST / NOTICE TO APPEAR  
Juvenile Referral Report

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

Juvenile

ADMINISTRATIVE	OBTS Number		Agency ORI Number FL0, 5, 0, 3, 7, 0, 0		Agency Name FLORIDA ATLANTIC UNIVERSITY POLICE DEPT.		Agency Report Number (N.T.A.'s only) 20-16-0616		Date 20-16-0616		
	Charge Type: Check as many as apply <input checked="" type="checkbox"/> 1. Felony <input type="checkbox"/> 2. Traffic Felony <input type="checkbox"/> 3. Misdemeanor <input checked="" type="checkbox"/> 4. Traffic Misdemeanor <input type="checkbox"/> 5. Ordinance <input type="checkbox"/> 6. Other		Weapon Seized / Type 2 1. Yes 2. No		Multiple Clearance Indicator 10.1		Location of Arrest (Including Name of Business) 5353 PARKSIDE DR JUPITER FL		Location of Offense (Business Name, Address) 5353 PARKSIDE DR JUPITER FL		
DEFENDANT	Date of Arrest 0.8.2.2.16	Time of Arrest 0.0.1.7	Booking Date 8/22/16	Booking Time 0130	Jail Date 8/22/16	Jail Time 0130	Location of Vehicle ALL HOOK UP		Name (Last, First, Middle) HALEK CHARLONE MARIE		
	Race W - White B - Black I - American Indian O - Oriental/Asian WF		Sex F	Date of Birth 7.0.13.80	Height 5'07"	Weight 156	Eye Color BRO	Hair Color BRO	Complexion MED	Build MED	Alias (Name, DOB, Soc. Sec. #, Etc.) N/A
CO-DEF	Scars, Marks, Tattoos, Unique Physical Features (Location, Type, Description) NONE				Marital Status SINGLE	Religion N/A	Indication of: Alcohol Influence Drug Influence Y <input checked="" type="checkbox"/> N <input type="checkbox"/> Unk. <input type="checkbox"/>		Local Address (Street, Apt. Number) (City) (State) (Zip) 18369 SE WOODHAVEN LN JUPITER FL 33469		
	Permanent Address (Street, Apt. Number) (City) (State) (Zip) 18369 SE WOODHAVEN LN JUPITER FL 33469				Phone (861)613-7138		Residence Type: 1. City 2. County 3. Florida 4. Out of State 12		Address Source 3. Florida DRIVERS LICENSE		
	Business Address (Name, Street) (City) (State) (Zip) UNKNOWN				Phone ( ) UNK		Occupation UNK		D/L Number, State H420-113-80-873-0		
					INS Number N/A		Place of Birth (City, State) WEST FLORIDA		Citizenship YES		
JUVENILE	Co-Defendant Name (Last, First, Middle) NONE		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) NONE		
	<input type="checkbox"/> Parent <input type="checkbox"/> Legal Custodian <input type="checkbox"/> Other: 1) OR		Name (Last) (First) (Middle)		Address (Street, Apt. Number) (City) (State) (Zip)		Residence Phone ( ) ( )		Business Phone ( ) ( )		
NOTICE TO APPEAR	Notified By: (Name) 2) 3000		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 <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. <input type="checkbox"/> Yes, by: (Name) <input type="checkbox"/> No: (Reason)				School Attended		Grade		Property Crime? <input type="checkbox"/> Yes <input type="checkbox"/> No		
	Description of Property		Value of Property		Drug Activity		Drug Type		B. Barbiturate		
CHARGE	Charge Description DUI		Counts 1	<input checked="" type="checkbox"/> FSS <input type="checkbox"/> ORD	Statute Violation Number 316.119.3		Violation of ORD # 11(1)		Warrant / Capias Number		
	Drug Activity / Drug Type / Amount / Unit U / U / UNK		Offense # 16-0616	Warrant / Capias Number		Bond		Charge Description BATTERY ON NONSWEPTED EMPLOYEE		Counts 1	<input checked="" type="checkbox"/> FSS <input type="checkbox"/> ORD
CHARGE	Drug Activity / Drug Type / Amount / Unit U / U / UNK		Offense # 16-0616	Statute Violation Number 784.107		Violation of ORD # 11(2)(b)		Warrant / Capias Number		Bond	
	Charge Description		Counts	<input type="checkbox"/> FSS <input type="checkbox"/> ORD	Statute Violation Number		Violation of ORD #		Warrant / Capias Number		Bond
CHARGE	Drug Activity / Drug Type / Amount / Unit		Offense #	Statute Violation Number		Violation of ORD #		Warrant / Capias Number		Bond	
	Charge Description		Counts	<input type="checkbox"/> FSS <input type="checkbox"/> ORD	Statute Violation Number		Violation of ORD #		Warrant / Capias Number		Bond
NOTICE TO APPEAR	Mandatory Appearance in Court		Location (Court, Room Number, Address) SOUTH COUNTY COURTHOUSE		Court Date and Time Month SEPT Day 19 Year 2016 Time 830 AM		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) (Signature)		
									Date Signed AUG 22 AM 5:44		
ADMIN	HOLD for other Agency Name:		Signature of Arresting Officer (Signature)		Name Verification (Printed by Arrestee) REFUSED		Witness here if subject signed AUG 22 2016		PAGE 1 OF 1		
	<input type="checkbox"/> Dangerous <input type="checkbox"/> Suicidal <input type="checkbox"/> Resisted Arrest <input type="checkbox"/> Other:		Name of Arresting Officer (Print) FRANK RICCIARDI		I.D.# 318		Agency 318				

PROBABLE CAUSE AFFIDAVIT

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

Juvenile

OBTS Number	Agency ORI Number FLO 5 0 3 7 0 0		Agency Name FLORIDA ATLANTIC UNIVERSITY	Agency Report Number 20-16-0616
Charge Type: Check as many as apply.	<input checked="" type="checkbox"/> 1. Felony	<input type="checkbox"/> 2. Traffic Felony	<input type="checkbox"/> 3. Misdemeanor	<input type="checkbox"/> 4. Traffic Misdemeanor
	<input type="checkbox"/> 5. Ordinance	<input type="checkbox"/> 6. Other		

Name (Last, First, Middle) NONE	Alias	Race	Sex	Date of Birth
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Charge Description BATTERY ON NON SWORN LEO EMPLOYEE	Charge Description
Charge Description	Charge Description

Victim's Name (Last, First, Middle) BIGGS JAMES	Race W	Sex M
Local Address (Street, Apt. Number) 3228 GUN CLUB RD WEST PALM BEACH FL 33406	(City)	(State)
Business Address (Name, Street) SAME AS ABOVE	(City)	(State)
Address Source SELF	Phone 561-688-4469	Occupation TECH

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.  was observed by \_\_\_\_\_ who told \_\_\_\_\_ that he/she saw the arrested person commit the below acts.

confessed to \_\_\_\_\_ admitting to the below facts.  was found to have committed the below acts, resulting from my (described) investigation.



On the 22 day of AUGUST 2016 at 0145  A.M.  P.M. (Specifically include facts constituting cause for arrest.)

ON AUGUST 22, 2016 W/F CHARLENE MARIE HALEK WAS PLACED UNDER ARREST FOR DUI, ON THE JUPITER CAMPUS OF FLORIDA ATLANTIC UNIVERSITY.

AFTER BEING TRANSPORTED TO THE COUNTY JAIL FOR BREATH TEST AND DURING THE 20 MIN OBSERVATION PERIOD DEFENDANT HALEK KICKED BREATH TECH JAMES BIGGS ON HIS LEFT SIDE UPPER CHEST WITH HER FOOT.

DEFENDANT HALEK DID ACTUALLY AND INTENTIONALLY TOUCH OR STRIKE VICTIM BIGGS, A NON SWORN LAW ENFORCEMENT EMPLOYEE WHO WAS CERTIFIED AS AN AGENCY BREATH TEST OPERATOR.

VICTIM BIGGS DID NOT SUFFER PERMANENT INJURY.

SWORN AND SUBSCRIBED BEFORE ME 	SIGNATURE OF ARRESTING / INVESTIGATING OFFICER 
NOTARY PUBLIC / CLERK OF COURT / OFFICER (F.S. 117.10) 8/22/14	NAME OF OFFICER (PLEASE PRINT) FRANK RICCIARDI
DATE 8/22/14	DATE 8/22/16

SCANNED  
AUG 22 2016

**D.U.I. PROBABLE CAUSE AFFIDAVIT**

ON THE 22 DAY OF AUGUST 20 16 AT 1217 AM PM  
SUBJECT: CHARLENE MARIE HALEK CASE NUMBER: 16-0616  
AGENCY: FLORIDA ATLANTIC UNIVERSITY ARRESTING OFFICER: FRANK RICCIARDI  
POLICE DEPT PERSONAL CONTACT

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

DEFENDANT HALEK WAS OBSERVED DRIVING ONTO THE FAU CAMPUS (JUPITER). BY SEVERAL WITNESSES. WHILE IN THE PARKING LOT (TT) THE DEFENDANT STRUCK TWO PARKED CARS. DEFENDANT HALEK TRIED TO LEAVE THE SCENE DRIVING THE WRONG WAY ON STREET. DEFENDANT WAS STOPPED BY THE WITNESS JUST AS I ARRIVED. THE VEHICLE WAS RUNNING AND DEFENDANT WAS SEATED IN CAR.

OBSERVATION OF DRIVER: THE DEFENDANT WAS UNSTEADY ON HER FEET, HER WORDS WERE SLURRED AND HER CLOTHING WAS UNKEPT. WHILE SPEAKING WITH THE DEFENDANT I NOTICED A STRONG ODOR OF ALCOHOLIC BEVERAGE COMING FROM HER BREATH.

DRIVER'S STATEMENTS: DEFENDANT STATED SHE HAD BEEN DRINKING AND STATED SHE STRUCK TWO OR THREE VEHICLES.

ODORS: ALCOHOLIC BEVERAGE ODOR VERY STRONG.

**GENERAL OBSERVATIONS**

SPEECH: SLURRED

ATTITUDE: COMBATIVE CRYING

CLOTHING: NO SHOES, SHORTS, BLUE SHIRT. MESSY

MEDICAL/OTHER: UNKNOWN POSSIBLY BI-POLAR

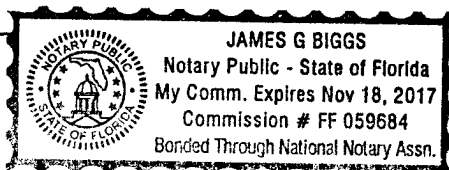
STATE OF FLORIDA  
COUNTY OF PALM BEACH

(Signature of Arresting/Investigative Officer)

The foregoing instrument was sworn to or affirmed and subscribed before me this 22 day of AUG 20 16 by OFIC FRANK RICCIARDI

(Print name of Arresting/Investigative Officer), who is personally known to me and/or produced identification. Type of identification produced 318

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



**SCANNED**  
**AUG 22 2016**

SUBJECT: CHARLENE MARIE HALCK CASE NUMBER: 16-0616

**ROADSIDE TASKS**

**HORIZONTAL GAZE NYSTAGMUS:**

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

**Other Observations:**

**WALK & TURN:**

**ONE LEG STAND:**

**FINGER TO NOSE:**

**ROMBERG/ALPHABET:**

**BREATH TEST RESULTS:**

NOT A CERTIFIED COPY

REFUSED

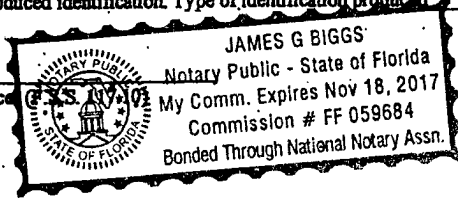
STATE OF FLORIDA  
COUNTY OF PALM BEACH

*[Signature]* 318

(Signature of Arresting/Investigative Officer)

The foregoing instrument was notarized or sworn before me this 22 day of AUG, 2016 by OFC FRANK RICCIARDI

who is personally known to me and/or produced identification. Type of identification produced 318



**SCANNED**  
AUG 22 2016

SUBJECT: CHARLONC MARIE HALCK CASE NUMBER: 16-0616

## 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 detecting the presence of chemical or controlled substances.

-OR-

I am now requesting that you submit to a lawful test of your BLOOD for the purpose of detecting its alcohol content and the presence of chemical or controlled substances.

NOTE: READ ONLY IF THE SUBJECT DOES NOT COMPLY WITH YOUR REQUEST.

I am OFC. FRANK RICCIARDI #318 of the FAU. POLICE DEPT

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'S SIGNATURE: (X) \_\_\_\_\_

READ ON CAMERA

## 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.

**SCANNED**

**AUG 22 2016**

SUSPECT'S SIGNATURE: (X) \_\_\_\_\_

SUBJECT: CHARLENE MARIE HALEK CASE NUMBER: 16-0616

### 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: OFF. FRANK RICCIARDI # 318 TAU. PD.

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

**SCANNED**  
**AUG 22 2016**

# WITNESS LIST

CASE NUMBER: 16-0616

ARRESTING OFFICER OFC FRANK RICCIARDI #318 FAU PD.

ADDRESS 5353 PARKSIDE DR JUPITER FL 33458

PHONE NUMBERS (HOME) [REDACTED] (WORK) 561-339-0015

CAN TESTIFY TO: DEFENDANT BEHIND THE WHEEL, DUI INVESTIGATION.

NAME: AARON KENT

ADDRESS 1190 WEST MAIN RHT ROOM 309

PHONE NUMBERS (HOME) 904-570-1835 (WORK) STUDENT

CAN TESTIFY TO: DRIVING PATTERN & CRASH.

NAME: MATTHEW ROBINSON

ADDRESS 1190 WEST MAIN RHT ROOM 201

PHONE NUMBERS (HOME) 407-432-4439 (WORK) STUDENT

CAN TESTIFY TO: DRIVING PATTERN & CRASH.

NAME: BENJAMIN LAFLAMME

ADDRESS 1190 WEST MAIN RHT ROOM 201

PHONE NUMBERS (HOME) 772-233-9347 (WORK) STUDENT

CAN TESTIFY TO: DRIVING PATTERN & CRASH.

NAME: SCOTT HARRINGTON

ADDRESS 1205 VIA ROVALE JUPITER FL 33458

PHONE NUMBERS (HOME) 954-557-0483 (WORK) STUDENT

CAN TESTIFY TO: DRIVING PATTERN HEARD CRASH.

NAME: \_\_\_\_\_

ADDRESS \_\_\_\_\_

PHONE NUMBERS (HOME) \_\_\_\_\_ (WORK) \_\_\_\_\_

CAN TESTIFY TO: \_\_\_\_\_

NAME: \_\_\_\_\_

ADDRESS \_\_\_\_\_

PHONE NUMBERS (HOME) \_\_\_\_\_ (WORK) \_\_\_\_\_

CAN TESTIFY TO: \_\_\_\_\_

NAME: \_\_\_\_\_

ADDRESS \_\_\_\_\_

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ADDRESS \_\_\_\_\_

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CAN TESTIFY TO: \_\_\_\_\_

NAME: \_\_\_\_\_

ADDRESS \_\_\_\_\_

PHONE NUMBERS (HOME) \_\_\_\_\_ (WORK) \_\_\_\_\_

CAN TESTIFY TO: \_\_\_\_\_

**SCANNED**  
**AUG 22 2016**

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

I, FRANK RICCIARDI, a duly certified Law Enforcement Officer or Correctional Officer,  
(Person reading Implied Consent Warning)

am a member of FLORIDA ATLANTIC UNIVERSITY POLICE DEPT, and I do swear  
(Name of enforcement agency)

or affirm that on or about the 22 day of AUGUST, 20 16, at 1217 P.M. A.M.  
(Circle One)

NAME CHARLENE MARIE HALEK  
(Type or Print) FIRST MIDDLE OR MAIDEN LAST

DL# FL/H420-113-80-873-0, state of Florida, was placed under lawful arrest for  
the offense of DUI by FRANK RICCIARDI and  
issued Citation # A0ZZRIP  
(Name of Arresting Officer)

That on or about the 22 day of AUGUST, 20 16, at 0207 P.M. A.M.  
(Circle One)  
in Palm Beach County, [PLEASE CHECK THE BOX OR BOXES THAT APPLY] I did request said

person to submit to a  **breath**,  **urine**, or  **blood** test to determine the content of alcohol in his or her blood or breath or the presence of chemical or controlled substances therein. I did inform said person that any refusal to submit to such test or tests would result in the suspension of his or her privilege to operate a motor vehicle for a period of one (1) year for a first refusal, or for a period of eighteen (18) months if the driving privilege of such person had been suspended previously for refusing to submit to such test or tests. I did inform said person that he or she commits a misdemeanor, if said person refuses to submit to a lawful test as requested above, and his or her driving privilege has been previously suspended for a prior refusal to submit to a lawful test of his or her breath, urine, or blood. If driver holds a CDL or is operating a CMV, I did inform the driver that this refusal will result in the disqualification of the driver's Commercial Driver's License/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 such test.  
Said person did at that time and place refuse to submit to such test or tests.

[Signature] 318  
Signature of Law Enforcement Officer or  
Correctional Officer

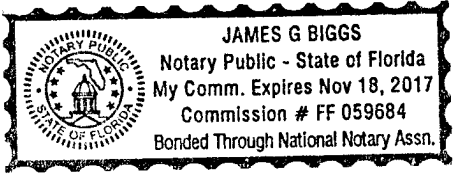
THE AFFIDAVIT MUST BE NOTARIZED OR ATTESTED TO (F.S. 117.10)

The foregoing instrument was sworn and subscribed before me:

(AFFIX SEAL)  
The foregoing instrument was sworn and subscribed before  
me this 22 day of August, 20 16,  
by \_\_\_\_\_,

Signature of Attesting Officer \_\_\_\_\_  
Title POLICE OFFICER  
Date 8/22/16

who is personally known to me or who has produced  
ID 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.

SCANNED  
AUG 22 2016