

051119 19CT17571ANB 407

ARREST / NOTICE TO APPEAR

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

1

JUVENILE

N

AD M I N I S T R A T I O N	OBTS Number	Agency ORI Number <b>0501700</b>	Agency Name <b>Jupiter Police Department</b>	Agency Report Number (N.T.A.'s only) <b>5, 4   19-004274</b>			
D E F E N D A N T	Charge Type Check as many as apply:	<input type="checkbox"/> 1. Felony <input type="checkbox"/> 3. Misdemeanor <input type="checkbox"/> 5. Ordinance <input type="checkbox"/> 2. Traffic Felony <input checked="" type="checkbox"/> 4. Traffic Misdemeanor <input type="checkbox"/> 6. Other			If Weapon Seized	Multiple Clearance Indicator <b>01</b>	
	Location of Arrest (Including Name of Business)	Location of Offense (Business Name, Address) <b>3700 BLK CR 809, JUPITER FL 33458</b> <b>3999 MILITARY TR/W FREDERICK SMALL RD, JUPITER, FL</b>					
J U V E N I L E	Date of Arrest <b>09/22/2019</b>	Time of Arrest <b>22:56</b>	Booking Date <b>09/22/2019</b>	Booking Time <b>23:06</b>	Jail Date <b>// : : :</b>	Jail Time <b>EAST COAST TOWING</b>	
	Name (Last, First, Middle) <b>BOURGAULT, DIANE MARIE</b> Alias:						
C O D E F	Race W - White    I - American Indian B - Black    O - Original/Asian	Sex <b>F</b>	Date of Birth <b>03/29/1974</b>	Height <b>5'02</b>	Weight <b>125</b>	Eye Color <b>GREEN</b>	
	Scars, Marks, Tattoos, Unique Physical Features (Location, Type, Description)		Marital Status <b>S</b>	Religion	Complexion <b>LIGHT</b>	Hair Color <b>BLONDE /</b>	Build <b>Medium</b>
	Local Address (Street, Apt. Number) <b>4690 PORTOFINO WAY 210, WEST PALM BEACH, FL 33409</b>		(City)	(State)	(Zip)	Phone	
	Permanent Address (Street, Apt. Number) <b>4690 PORTOFINO WAY 210, WEST PALM BEACH, FL 33409</b>		(City)	(State)	(Zip)	Phone	
C H A R G E	Business Address (Name, Street) <b>B624173746090 / FL</b>		(City)	(State)	(Zip)	Phone	
	DL Number, State <b>B624173746090 / FL</b>	INS Number	Place of Birth (City, State) <b>GAINESVILLE FL</b>		Citizenship <b>USA</b>		
C O D E F	Co-Defendant Name (Last, First, Middle)	Race	Sex	Date of Birth			
	Co-Defendant Name (Last, First, Middle)	Race	Sex	Date of Birth			
J U V E N I L E	Name (Last, First, Middle)		Residence Phone				
	Address (Street, Apt. Number)		(City)	(State)	(Zip)	Business Phone	
C H A R G E	Notify by: (Name)	Date	Time	JUVENILE DISPOSITION 1. Handled/Processed within Department and Released    2. TOT JAC    3. Incarcerated			
	Released To: (Name)	Relationship	Date	Time			
C H A R G E	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 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	I. Unknown    2. Other		
C H A R G E	Charge Description <b>DUI - DRIVING UNDER INFLUENCE</b>			Statute Violation Number <b>316.193(1)*</b>	Violation of ORD #		
	Drug Activity	Drug Type	Amount / Unit	Offense #	Counts	Domestic Violence <input type="checkbox"/> Y <input checked="" type="checkbox"/> N	
C H A R G E	Charge Description			Statute Violation Number	Violation of ORD #		
	Drug Activity	Drug Type	Amount / Unit	Offense #	Counts	Domestic Violence <input type="checkbox"/> Y <input type="checkbox"/> N	
C H A R G E	Charge Description			Statute Violation Number	Violation of ORD #		
	Drug Activity	Drug Type	Amount / Unit	Offense #	Counts	Domestic Violence <input type="checkbox"/> Y <input type="checkbox"/> N	
I N F O R M A T I O N	Health / Apparent Physical Condition of Defendant			Any knowledge of the following: <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"/> Released to Parent/Guardian <input type="checkbox"/> T.O.T. County Jail			PROPERTY - Received By	Released By	Released To	
N O T I C E T O A P P E A R	Transported By			Date Transported	Time Transported	Other	
	<input checked="" type="checkbox"/> INSTRUCTION NO. 1 - Mandatory appearance in court <input type="checkbox"/> INSTRUCTION NO. 2 - You need not appear in Court but must comply with instructions on Page 2.			Location (Court, Room) <b>North County    PALM BEACH GARD</b> Court Date and Time <b>10/23/2019 08:30:00</b>			
A D M I N I S T R A T I O N	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.			No Photo Available			
	Signature of Defendant (or Juvenile and Parent/Custodian)			Date Signed <b>9/23/19</b>			
A D M I N I S T R A T I O N	HOLD for Other Agency			Name Verification (Printed by Arrestor)			
	<input type="checkbox"/> Dangerous <input type="checkbox"/> Resisted Arrest <input type="checkbox"/> Suicidal <input type="checkbox"/> Other			(PRINT)			
I N F O R M A T I O N	Name of Arresting Officer (Print) <b>BORROWS, ANDREW</b>			I.D. # <b>1138</b>			
	Transporting Officer <b>OFC A BORROWS</b>			I.D. # Agency <b>380 JPD</b>			
Witness here if subject signed with an "X"							

COURT STATE ATTORNEY AGENCY CENTRAL RECORDS JAIL CRIME ANALYSIS T.O. DEFENDANT

SCANNED SEP 23 2019

2019 SEP 23 11:15

PROBABLE CAUSE AFFIDAVIT

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	OBS Number		Agency ORI Number <b>FL 0501700</b>		Agency Name <b>JUPITER POLICE DEPARTMENT</b>		Agency Report Number <b>5   4   19-004274</b>	
	Charge Type: Check as many as apply.		Special Notes:		Name (Last, First, Middle) <b>BOURGAULT, DIANE MARIE</b>		Race <b>W</b>	Sex <b>F</b>
C H A R G E S	<input type="checkbox"/> 1. Felony		<input type="checkbox"/> 3. Misdemeanor		<input type="checkbox"/> 5. Ordinance		Date of Birth <b>03/29/1974</b>	
	<input type="checkbox"/> 2. Traffic Felony		<input checked="" type="checkbox"/> 4. Traffic Misdemeanor		<input type="checkbox"/> 6. Other			
V I C T I M	Charge Description <b>DUI 316.193(1)</b>		Charge Description		Victim's Name (Last, First, Middle) <b>State Of Florida</b>		Race	Sex
	Charge Description		Charge Description		Local Address (Street, Apt. Number) (City) (State) (Zip)		Phone	Address Source
P R O B A B L E	Business Address (Name, Street) (City) (State) (Zip)		Phone		Occupation			
	<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.</p> <p>The Person taken into custody</p> <p><input checked="" type="checkbox"/> committed the below acts in my presence. <input type="checkbox"/> was observed by _____ who told _____ 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>22</u> day of <u>September</u>, <u>2019</u> at <u>22:35</u> (Specifically include facts constituting cause for arrest.)</p> <p>On the above date at approximately 2235 hours I was on routine patrol in the area of West Frederick Small Road and Military Trail in the Town of Jupiter, Palm Beach County, Florida.</p> <p>I was west of Military Trail on westbound West Indiantown Road. This is a posted 45 miles per hour zone in both directions. I observed what I later found to be a 2016 Nissan bearing Florida license plate 21JJS traveling eastbound (towards me) at a high rate of speed. I visually estimated the vehicle's speed at 60 miles per hour. I activated my in car Stalker Dual SL radar in opposite direction moving mode. The patrol speed indicator matched my certified speedometer. The target speed indicated a speed of 59 miles per hour. I heard a clear audio Doppler tone. There were no other cars on the road in either direction. I turned around at the next median break and caught up to the Nissan at the traffic light for Military Trail. When the light turned, the Nissan turned north on Military Trail. I noticed just before I activated my lights the Nissan seemed to swerve in its lane. The vehicle was slow to react to my activated emergency lights but eventually stopped on the right hand shoulder.</p> <p>I walked up to the driver's side door. The driver, identified to me as Diane Bourgaault, was speaking on the phone. I noticed she had bloodshot glassy eyes. I could smell the odor of an unknown alcoholic beverage on Bourgaault's breath. Bourgaault's speech was slurred. When I asked her how much she'd had to drink Bourgaault stated she'd had, "a shot and a half." Bourgaault had some difficulty removing her license from her wallet. Bourgaault was repetitive.</p> <p>Upon the arrival of Officer Lowe, I positioned my vehicle to conduct roadside tasks safely. I asked Bourgaault if she had any medical conditions or took medication and she stated she did not. I asked Bourgaault to exit her vehicle. When she did so, Bourgaault seemed to lose her balance to the left and bumped against her vehicle. I asked</p>							
S W O R N	SWORN AND SUBSCRIBED BEFORE ME		JOSHUA BELL MY COMMISSION #GG346008 EXPIRES: JUN 18, 2023 Bonded through 1st State Insurance		SIGNATURE OF ARRESTING / INVESTIGATING OFFICER			
	NOTARY PUBLIC / CLERK OF COURT / OFFICER (F.S.S. 117.10)		DATE <b>09/23/2019</b>		NAME OF OFFICER (PLEASE PRINT) <b>BORROWS, ANDREW (1138)</b>		DATE <b>09/23/2019</b>	
COURT		STATE ATTORNEY		CENTRAL RECORDS		JAIL		
CRIME ANALYSIS		P. I. O.		SCANNED		PAGE 1 OF 3		

SEP 23 2019

PROBABLE CAUSE AFFIDAVIT  
SUPPLEMENT

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

1

JUVENILE

OBTS Number	Agency ORI Number <b>FL 0501700</b>		Agency Name <b>JUPITER POLICE DEPARTMENT</b>		Agency Report Number <b>5 4 19-004274</b>	
Charge Type: Check as many as apply				Special Notes:		
<input type="checkbox"/> 1. Felony		<input type="checkbox"/> 3. Misdemeanor		<input type="checkbox"/> 5. Ordinance		
<input type="checkbox"/> 2. Traffic Felony		<input checked="" type="checkbox"/> 4. Traffic Misdemeanor		<input type="checkbox"/> 6. Other		

Name (Last, First, Middle) <b>BOURGALT, DIANE MARIE</b>	Aliases	Race <b>W</b>	Sex <b>F</b>	Date of Birth <b>03/29/1974</b>
--	---------	------------------	-----------------	------------------------------------

Bourgault to complete roadside tasks. She agreed.

I first conducted Horizontal Gaze Nystagmus. I am a certified Drug Recognition Expert and conducted the task in a manner consistent with my training. At first, Bourgault would not follow the stimulus. I asked Bourgault to do so and she stated words to the effect that she was just joking with me. I told her it was not a good time to be joking around. I observed Lack of Smooth Pursuit in both of Bourgault's eyes. I observed Distinct and Sustained Nystagmus at Maximum Deviation in both of Bourgault's eyes. I did not observed Onset of Nystagmus prior to 45 degrees. I did not observe Vertical Gaze Nystagmus.


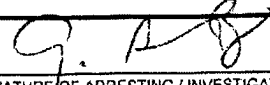
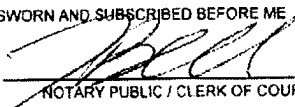
I next conducted the Walk and Turn task. Bourgault lost her balance in the starting position. Bourgault started the task early. Bourgault missed heel to toe on every step taking approximately normally spaced steps. Bourgault used her arms for balance throughout. Bourgault turned improperly, pivoting on her feet. On the return, Bourgault missed heel to toe on every step taking approximately normally spaced steps. Bourgault used her arms for balance throughout.

I then conducted the One Leg Stand Task. Bourgault immediately put her arms to an approximate 45 degree angle had them up (waving around often) throughout. Bourgault counted, "...1000-4, 1000-3, 5, 1000-6..." then later "1000-14, 15, 1000-16." Bourgault put her foot down just prior to 30 seconds expiring.

I then conducted Finger to Nose. I observed the following: L1: Bourgault touched her face under her nose and above her lip with the pad of her finger then moved it to the tip of her nose. Bourgault left her finger on her nose. I reminded her to bring her hand back down as soon as she touched her nose. R2: Bourgault touched the tip of her nose with her finger past the pad (near first knuckle). L3: Bourgault touched the bridge of her nose with the pad of her finger before putting the pad on the tip of her nose. R4: Bourgault touched under the tip of her nose with the side of her finger. R5: Bourgault touched the tip of her nose with the bottom of her finger near the first knuckle. L6: Bourgault touched the tip of her nose with the pad of her finger.

I then conducted the Romberg / Alphabet task. Bourgault stated the alphabet in the correct order. Bourgault rhymed the alphabet and danced as she was reciting it.

Upon completion of the above described tasks, I determined I had probable cause for Bourgault's arrest based on the totality of the circumstances. I advised Bourgault she was under arrest and secured her in handcuffs which I checked for spacing and double locked. Bourgault expressed disbelief that she was being arrested. Bourgault became insulting as I secured her in the rear of my car. Bourgault maintained a self-centered belligerent demeanor throughout most of the rest of my contact with her.

A D M I N I S T R A T I V E	SWORN AND SUBSCRIBED BEFORE ME	 JOSHUA BELL MY COMMISSION #GG346008 EXPIRES: JUN 18, 2023 Bonded through 1st State Insurance	 SIGNATURE OF ARRESTING / INVESTIGATING OFFICER <b>BORROWS, ANDREW (1138)</b> NAME OF OFFICER (PLEASE PRINT)
	 NOTARY PUBLIC / CLERK OF COURT / OFFICER (P.S. 1)		
			PAGE 2 OF 3

SCANNED  
SEP 23 2019

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	OBTS Number	Agency Name		Agency Report Number
	FL 0501700	JUPITER POLICE DEPARTMENT		5   4   19-004274
Charge Type: Check as many as apply.				Special Notes:
<input type="checkbox"/> 1. Felony <input type="checkbox"/> 3. Misdemeanor <input type="checkbox"/> 5. Ordinance <input type="checkbox"/> 2. Traffic Felony <input checked="" type="checkbox"/> 4. Traffic Misdemeanor <input type="checkbox"/> 6. Other				

D E F	Name (Last, First, Middle)	Alias	Race	Sex	Date of Birth
	BOURGAULT, DIANE MARIE		W	F	03/29/1974

I transported Bourgault to the Palm Beach County Breath Alcohol Testing Facility. I conducted a 20 minute observation to make sure Bourgault did not regurgitate or take anything by mouth. I then requested Bourgault provide a sample of her breath. Bourgault refused. I then read Bourgault Implied Consent from a prepared text. Bourgault stated she understood (though she spoke over me several times) and again declined to provide a sample of her breath. I took a refusal at 2351 hours. I did not read Miranda Rights or attempt to interview Bourgault due to her belligerent attitude.

I secured Bourgault in a holding cell while I completed my paperwork. I then booked Bourgault into the Palm Beach County Jail where I charged her with DUI per FSS 316.193(1).

My on scene interaction with Bourgault was captured on my body worn camera. I later uploaded my dash camera footage to evidence.com for future use in this case.

P  
R  
O  
B  
A  
B  
L  
E  
  
C  
A  
U  
S  
E  
  
S  
T  
A  
T  
E  
M  
E  
N  
T

NOT A CERTIFIED COPY

A D M I N I S T R A T I V E	SWORN AND SUBSCRIBED BEFORE ME		<i>[Signature]</i>	SIGNATURE OF ARRESTING / INVESTIGATING OFFICER
	<i>[Signature]</i>		BORROWS, ANDREW (1138)	NAME OF OFFICER (PLEASE PRINT)
09/23/2019			09/23/2019	DATE
DATE			DATE	

PAGE 3 OF 3

# WITNESS LIST

CASE NUMBER: 19-004274

ARRESTING OFFICER: Ofc. A. Borrows 380 / 1138

ADDRESS: 210 Military Trail, Jupiter Fl 33458

PHONE NUMBERS (HOME): \_\_\_\_\_ (WORK) 561 746 6201

CAN TESTIFY TO: PC

NAME: Officer Chris Lowe

ADDRESS: 210 Military Trail, Jupiter Fl 33458

PHONE NUMBERS (HOME) \_\_\_\_\_ (WORK) 561 746 6201

CAN TESTIFY TO: Scene, tow of vehicle

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

ADDRESS \_\_\_\_\_

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

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

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

ADDRESS \_\_\_\_\_

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

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

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

ADDRESS \_\_\_\_\_

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

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

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

ADDRESS \_\_\_\_\_

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

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

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

ADDRESS \_\_\_\_\_

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

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

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

ADDRESS \_\_\_\_\_

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

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

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

ADDRESS \_\_\_\_\_

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

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

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

ADDRESS \_\_\_\_\_

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

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

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

ADDRESS \_\_\_\_\_

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

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

NOT A CERTIFIED COPY

SCANNED  
SEP 23 2019



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

PBSO CASE # 19-118189 PBSO ZONE 3-14

AGENCY CASE # 19-004274 CRASH CASE # \_\_\_\_\_

TIME OF STOP/CRASH 2235 DATE 09/22/2019 DAY Sunday

SUBJECT'S NAME Bourgault Diane Marie RACE W SEX F  
LAST FIRST MID

HGT 502 WGT 125 DOB 3/29/1974

LOCATION West Frederick Small Road / Military Trail, Jupiter Florida

ARRESTING OFFICER'S NAME & ID Ofc. A. Borrows 380 / 1138 AGENCY Jupiter Police Department

DIVISION: Traffic

NOTIFIED BY COMMO Yes

ARRIVAL AT FACILITY 2328

ARREST TIME 2256

BREATH RESULTS:

RESULTS:

TESTING OFFICER'S ID 8656 PBSO VIDEOTAPE # N/A

NOT A CERTIFIED COPY

**SCANNED**  
SEP 23 2019

# TESTING FACILITY TASK REPORT

AGENCY: JPD

SUBJECT: BOURGAULT, DIANE M

CASE NUMBER: 19-118189

DATE: 09/22/19

VIDEO TAPE NUMBER: N/A

BEGINNING TIME: 2349

ENDING TIME: 2351

BREATH TESTS RESULTS: 1) R TIME 2351 A.M./P.M. 2) N/A TIME XX A.M./P.M.  
3) N/A TIME XX A.M./P.M. 4) N/A TIME XX A.M./P.M.

BREATH OPERATOR: J. BELL #8656

MAINTENANCE TECHNICIAN: J. KARLECKE #6467

## TESTING OFFICER'S OBSERVATIONS

SPEECH: SLURRED

ATTITUDE: UPSET, EMOTIONAL, CARYING, TALKATIVE, INQUISITIVE

CLOTHING: BLUE TEE SHIRT, BLUE JEAN SHORTS,

MEDICAL CONDITIONS: IM ON DISABILITY

MEDICATIONS: NONE

OTHER: EYES: BLOODSHOT, GLASSY

ODOR OF AN UNKNOWN ALCHOLIC BEVERAGE COMING FROM BREATH

COMMENTS: ARRIVED AT CENTER A/O BEGAN 20 MIN OBSERVATION AT 2328 HRS

SUBJECT STATED SHE WOULD NOT TAKE BREATH TEST

A/O READ I.C

SUBJECT STATED SHE UNDERSTOOD I.C. AND REFUSED TO TAKE BREATH TEST

A/O DID NOT READ RIGHTS

A/O DID NOT COUNDUCT Q AND A

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

I, Ofc. A. Borrows 380 / 1138, a duly certified Law Enforcement Officer or Correctional Officer,  
(Name of Officer reading Implied Consent Warning)

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

or affirm that on or about the 22nd day of September, 20 19, at 2256  P.M.  A.M.

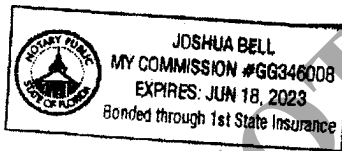
DRIVER Diane Marie Bourgault  
(Type or Print) FIRST NAME MIDDLE OR MAIDEN NAME LAST NAME

DL# B-624-173-74-609-0, state of Florida, was placed under lawful arrest for  
the offense of DUI by Ofc. A. Borrows 380 / 1138 and  
(Name of Arresting Officer)  
issued Citation # AATBMOE

That on or about the 22nd day of September, 20 19, at 2351  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]  
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:

\_\_\_\_\_  
Signature of Attesting Officer

Title \_\_\_\_\_

Date \_\_\_\_\_

(AFFIX SEAL)  
The foregoing instrument was sworn and subscribed before  
me this 23rd day of September, 20 19,

by Ofc. A. Borrows 380 / 1138,

who is personally known to me or who has produced  
**PERSONALLY KNOWN** as identification

Notary Public [Signature]

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  
SEP 23 2019

SUBJECT: Bourgault, Diane M CASE NUMBER: 19-004274

### 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: CFC, BOROWIS # 380

SCANNED  
SEP 23 2019

SUBJECT: Bourgault, Diane M CASE NUMBER: 19-004274

## 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 \_\_\_\_\_ of the \_\_\_\_\_

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.

SUSPECT'S SIGNATURE: (X) Not Read on camera

SCANNED  
SEP 23 2019



**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"/>	539.001 FS	Other: All records relating to pawnbroker transactions.	
	<input type="checkbox"/>	119.0712(2)	Other: Personal information contained within a motor vehicle record	

**REVIEW COMPLETED BY**

Booking Number: 2019031002	Date: 09/23/2019
	Specialist Name/ID: howardt7185

**SCANNED**  
**SEP 23 2019**