

Jct # 0494210

ARREST / NOTICE TO APPEAR

176 226 62h # 1920

NH JUVENILE

AD M I N I S T R A T I O N	OBTS Number		Agency ORI Number 0500200		Agency Name Boca Raton Police Department		Agency Report Number (N.T.A.'s only) 3 2 2017-017311		1. Arrest 2. N.T.A. 3. Request for Warrant 4. Request for Capias		1	JUVENILE
D E F E N D A N T	Charge Type: Check as many as apply.		Location of Arrest (Including Name of Business)		Location of Offense (Business Name, Address)		If Weapon Seized		Enter Type		Multiple Clearance Indicator	
	<input type="checkbox"/> 1. Felony <input type="checkbox"/> 2. Traffic Felony		751 W GLADES RD, BOCA RATON, FL		751 W GLADES RD, BOCA RATON, FL 33431		None/not Applicable		None/not Applicable		N	
C O D E F	Date of Arrest	Time of Arrest	Booking Date	Booking Time	Jail Date	Jail Time	Location of Vehicle					
	12/18/2017	01:09	12/18/2017	01:19	12/18/2017	00:00	EMERALD TOWING					
J U V E N I L E	Name (Last, First, Middle)		Alias:		Race		Eye Color		Hair Color		Complexion	
	LETSCHERT, IVONNE MARIA				W		BLUE		BLONDE		MEDIUM	
C H A R G E	Local Address (Street, Apt. Number)		Permanent Address (Street, Apt. Number)		Business Address (Name, Street)		D/L Number, State		Soc. Sec. Number		INS Number	
	1140 SW 21ST AVE, BOCA RATON, FL 33486		1140 SW 21ST AVE, BOCA RATON, FL 33486		NOBEL FINANCIAL,		L326413656501 / FL					
C H A R G E	Marital Status		Religion		Indication of: Alcohol Influence		Residence Type:		Address Source		Occupation	
	D		NONE		Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unk. <input type="checkbox"/>		1. City 3. Florida 2. County 4. Out of State		DEFENDANT		Accountant	
C H A R G E	Place of Birth (City, State)		Citizenship		Drug Influence		School Attended		Grade		Value of Property	
	Netherlands		Netherlands		Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Unk. <input type="checkbox"/>							
C H A R G E	Co-Defendant Name (Last, First, Middle)		Race		Sex		Date of Birth		Arrested		At Large	
									<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	
C H A R G E	Address (Street, Apt. Number)		City		State		Zip		Business Phone		Residence Phone	
C H A R G E	Notified by: (Name)		Date		Time		JUVENTILE DISPOSITION		1. Handled/Processed within Department and Released		2. TOT JAC 3. Incarcerated	
C H A R G E	Released To: (Name)		Relationship		Date		Time		Property Crime?		Description of Property	
									<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
C H A R G E	Drug Activity		Drug Type		Amount / Unit		Offense #		Counts		Domestic Violence	
	LEAVE SCENE OF ACCIDENT		N				2017-017311		1		<input type="checkbox"/> Y <input checked="" type="checkbox"/> N	
C H A R G E	Drug Activity		Drug Type		Amount / Unit		Offense #		Counts		Domestic Violence	
	DUI- PROPERTY DAMAGE/ INJURY TO PROPERTY OR PERSON ENHANCED		N				2017-017311		1		<input type="checkbox"/> Y <input checked="" type="checkbox"/> N	
C H A R G E	Drug Activity		Drug Type		Amount / Unit		Offense #		Counts		Domestic Violence	
											<input type="checkbox"/> Y <input type="checkbox"/> N	
I N T A K E	Health / Apparent Physical Condition of Defendant		Any knowledge of the following:		Mental		Escape Risk		Medication		Deformities	
	GOOD				<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	
I N T A K E	Check which applies:		Released O.R.		Released to Parent/Guardian		T.O.T. County Jail		PROPERTY - Received By		Released By	
			<input type="checkbox"/>		<input type="checkbox"/>		<input checked="" type="checkbox"/>		VAN CAMP		VAN CAMP	
I N T A K E	Transported By		Date Transported		Time Transported		Other		Released To		Bond	
	VAN CAMP		12/18/2017		00:00				PBCJ			
N O T I C E	<input checked="" type="checkbox"/> INSTRUCTION NO. 1 - Mandatory appearance in court		Location (Court, Room)		Court Date and Time		No Photo Available					
	<input type="checkbox"/> INSTRUCTION NO. 2 - You need not appear in Court but must comply with instructions on Page 2.		South County 200 W Atlantic Ave Delray Beach, FL 33444		01/22/2018 08:30:00							
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)		Date Signed							
A D M I N	HOLD for Other Agency		Signature of Arresting Officer		Name Verification (Printed by Arrestee)		Date					
					VAN CAMP, JEFFERY A.		DEC 18 AM 2:40					
A D M I N	Name of Arresting Officer (Print)		I.D. #		Agency		Witness		Page		1 OF 1	
	VAN CAMP		747		BRPD							

WNEEDY Holden 7206 SCANNED 20 20 DEC 20 2017

PROBABLE CAUSE AFFIDAVIT

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

1

JUVENILE

OBTS Number Agency ORI Number Agency Name Agency Report Number

FL 0500200

BOCA RATON POLICE DEPARTMENT

3 | 2 | 2017-017311

Charge Type: 1. Felony 2. Traffic Felony 3. Misdemeanor 4. Traffic Misdemeanor 5. Ordinance 6. Other

Name (Last, First, Middle) Alias Race Sex Date of Birth LETSCHERT, IVONNE MARIA W F 04/30/1965

Charge Description 316.193(3C1) DUI- PROPERTY DAMAGE/ INJURY TO PROPERTY 316.061(1) LEAVE SCENE OF ACCIDENT

Victim's Name (Last, First, Middle) Race Sex Date of Birth STATE OF FLORIDA Local Address (Street, Apt. Number) (City) (State) (Zip) Phone Address Source 100 NW 2ND AVE, BOCA RATON, FL 33432 (561) - Business Address (Name, Street) (City) (State) (Zip) Phone Occupation (56) -

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 [] confessed to... admitting to the below facts. [] was found to have committed the below acts, resulting from my (described) investigation. On the 18 day of December, 2017 at 00:04 (Specifically include facts constituting cause for arrest.)

On 12-17-2017 at 2322 hours, I was dispatched to the area of W. Glades Rd. and N. Dixie Hwy in reference to a hit and run accident. The caller, Chase Bias, advised that a Black Audi vehicle bearing Fl Tag#DGJD95 had just collided with his vehicle as he was traveling northbound on N. Federal Hwy. Bias stated the vehicle struck the front passenger side of his car and continued traveling northbound and did not stop. Bias continued to follow the Audi vehicle west on W. Glades Rd. and notified 911. I caught up with both vehicles and observed them traveling westbound on W. Glades around the 600 block. I saw that the Audi was traveling without any headlights on. I positioned myself behind the car and conducted a traffic stop, we stopped at 751 W. Glades Rd. I walked to the driver's side portion of the car and made contact with the driver, Ivonne Letschert. While speaking with her, I immediately detected the odor of alcohol coming from her person. Letschert had a slurred speech and a delayed reaction time. I asked her to provide me with her FLDL, it appeared as if she was very slow and was having a hard time locating it. I asked Letschert if she remembered being in an accident and she responded that she did not. I continued speaking to Letschert who changed her story and now remembered hitting something but wasn't sure what it was. Letschert stated that she had just left Mizner Park in Boca Raton, Fl, but could not provide a valid reason as to why she did not stop after being involved in a vehicle accident.

I checked Letschert's vehicle and observed fresh paint on the front driver's side portion of her vehicle, consistent with Bias's story of the accident that had occurred.

I then requested that Letschert exit her vehicle so that I could ask her further questions. Letschert exited without incident. At this point, I read Letschert her constitutional rights from a pre-printed card so that I could ask her further questions about the accident. Letschert stated she understood her rights and did not want to speak about the accident. She advised she only wanted to know what was going on.

SWORN AND SUBSCRIBED BEFORE ME DUBINSKY, SETH W NOTARY PUBLIC / CLERK OF COURT / OFFICER (F.S. 117.10) 12/18/2017 SIGNATURE OF ARRESTING / INVESTIGATING OFFICER VAN CAMP, JEFFERY ALAN (747) NAME OF OFFICER (PLEASE PRINT) 12/18/2017 DATE PAGE 1 OF 2

Agency ORI Number: **FL 0500200** Agency Name: **BOCA RATON POLICE DEPARTMENT** Agency Report Number: **3 | 2 | 2017-017311**

Charge Type: Check as many as apply: 1. Felony 2. Traffic Felony 3. Misdemeanor 4. Traffic Misdemeanor 5. Ordinance 6. Other Special Notes: _____

Name (Last, First, Middle): **LETSCHERT, IVONNE MARIA** Alias: _____ Race: **W** Sex: **F** Date of Birth: **04/30/1965**

I informed Letschert that I was finished with my accident investigation and was now completing a DUI Investigation. I requested that she submit to the standard roadside exercises to dispel my alarm she was driving impaired, she provided consent. While speaking with Letschert she momentarily fell backward and had to regain balance. Letschert continued to have a slurred speech and the odor of alcohol was still strong.

I explained and demonstrated each task before she performed them. Letschert said that she has a hurt calf and was not taking medication. I told Letschert to inform me if her calf begins to hurt during the tasks.

The first task was the Horizontal Gaze Nystagmus. While observing HGN, each eye had a constant jerking while at maximum deviation. Lack of smooth pursuit was present in both eyes. Onset prior to 45 degrees was present. Letschert was also having trouble listening to instructions and kept moving her head from side to side.

The second task was the Walk and Turn. Letschert did not maintain the starting position. She did not count her steps out loud. Letschert did not go heel to toe at all. Letschert was confused after her first 9 steps and asked if she should turn around. I had to instruct her to turn around and complete the final 9 steps. She made an improper turn.

The fourth task was the Finger to Nose (L-R-L-R-R-L). Letschert was very confused during this task and failed to follow instructions. I had to re-explain the task several times and she still did not complete it correctly. Letschert also had her eyes open and head forward throughout the task. L- Letschert held her finger to nose. R- She began raising her right index finger before being told to do so. She was swaying. L- Held finger to nose. R- Held finger to nose. R- Held finger to nose. L- Held finger to nose.

The fifth task was the Rhomberg Alphabet. On the first attempt, Letschert did not complete the task correctly and said her alphabet out loud in a quick manner. Letschert restarted the task and did not say the alphabet correctly.

The fifth task was the Rhomberg Balance (30-60). Letschert completed this without incident.

Based on my investigation, I placed Letschert under arrest for DUI with property damage per F.S.S. 316.193(3C1) and leaving the scene of an accident without injuries per F.S.S. 316.061(1). Letschert was transported to the Boca Raton Police Dept. for processing. Ofc. R. White conducted the Intoxilyzer 8000. Letschert refused to provide a breath sample. I read her implied consent and again she refused.

Letschert was transported to the Palm Beach County Jail.

SWORN AND SUBSCRIBED BEFORE ME

DUBINSKY, SETH W
 NOTARY PUBLIC / CLERK OF COURT / OFFICER (F.S.S. 117(10))
 12/18/2017
 DATE

XAN CAMP, JEFFERY ALAN (747)
 SIGNATURE OF ARRESTING / INVESTIGATING OFFICER
 NAME OF OFFICER (PLEASE PRINT)
 12/18/2017
 DATE

PAGE 2 OF 2

2017-017311

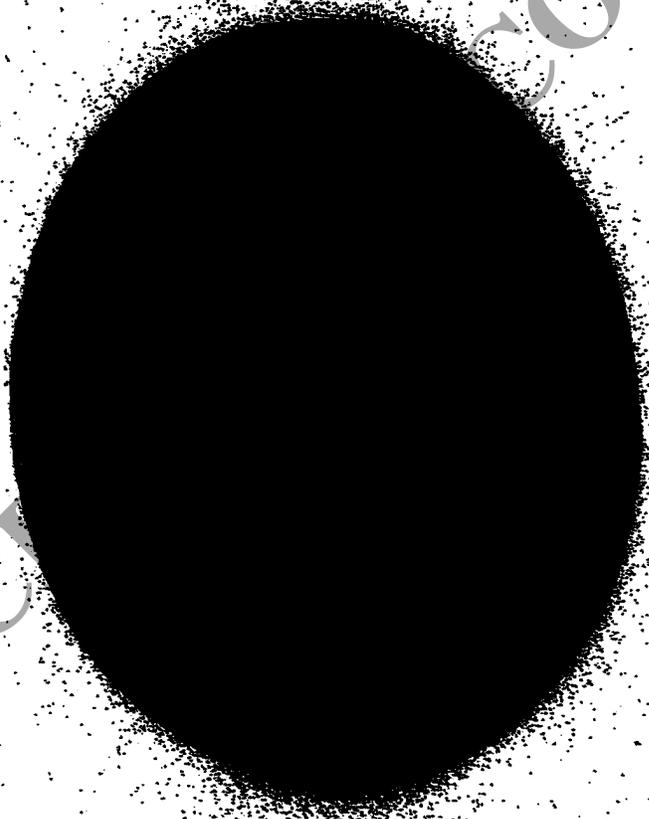
10-15 C. 2358

20 MIN OBSERVATION

C 0013

D. U. I. INFLUENCE

REPORT



NOT A COPY

Boca Raton Police Services Department

100 Northwest Second Avenue

Boca Raton, Florida 33432

CA
EC

ARRESTING OFFICER: JEFFERY VAN CAMP ID 747

OFC.
Name: KATYA COHEN ID 637 Phone # Home _____ Work _____

Address: _____

Can testify to: INVESTIGATION

Name: OFC. TIMOTHY FOWLER, ID 764 Phone # Home _____ Work _____

Address: _____

Can testify to: INVESTIGATION

Name: _____ Phone # Home _____ Work _____

Address: _____

Can testify to: _____

Name: _____ Phone # Home _____ Work _____

Address: _____

Can testify to: _____

Name: _____ Phone # Home _____ Work _____

Address: _____

Can testify to: _____

Name: _____ Phone # Home _____ Work _____

Address: _____

Can testify to: _____

Name: _____ Phone # Home _____ Work _____

Address: _____

Can testify to: _____

NOT A CERTIFIED COPY

BOCA RATON POLICE DEPARTMENT

Agency Case# 2017-017311

PART II D.U.I. REPORT
To be filled out at testing facility

I. INTRODUCTION

(Instrument Operator faces video camera)

A. The day is: MONDAY, DECEMBER, 18, 2017
(day) (month) (date) (year)

B. The time is now approximately 0036 AM PM

C. The following is in reference to case number: 2017-017311

D. Present at this time is JEFF VAN CAMP of the Boca Raton Police
Department. (Officer's Name)

E. Officer JEFF VAN CAMP Have you arrested IVONNE LETSCHERT
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?

G. Mr./Mrs./Ms. IVONNE LETSCHERT, I am required to
inform you these proceedings are being video taped.

Operator Note: Video tape breath request, breath sample, and interview.

SCANNED
DEC 20 2017

SC
n

H. 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.

X

- 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 its alcohol content.
- 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.

2. 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 signature: _____

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.

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

(IF REFUSAL THEN)

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

The date is December (Month) 18th (Day) 2017 (Year) and the time 00:00 AM/PM

A refusal form will be completed by the arresting officer.

Rights of suspects prior to custodial questioning.

Identify yourself and state:

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

- (1) You have the right to remain silent and not answer any questions. *Tell me in your own words what you think this means. (You do not have to talk to me or answer any questions about this offense. You can be quiet if you want.)*
- (2) Any statement you make must be freely and voluntarily given. *Tell me in your own words what you think this means (If you do talk to me it has to be because you want to and not because anyone is forcing you to speak.)*
- (3) You have a right to the presence and representation of a lawyer of your choice before you make any statement and during any questioning. *Tell me in your own words what you think this means. (You can talk to a lawyer before we ask you any questions and you can have him/her with you now, during our questioning.)*
- (4) If you cannot afford a lawyer, you are entitled to the presence and representation of a court appointed lawyer before you make any statement and during any questioning. *Tell me in your own words what you think this means. (If you do not have money for a lawyer and you want one, a lawyer will be given to you for free.)*
- (5) If at any time during the interview you do not wish to answer any questions, you are privileged to remain silent. *Tell me in your own words what you think this means. (If you decide to talk to me then change your mind, you can stop answering my questions at any time.)*
- (6) I can make no threats or promises to induce you to make a statement. This must be of your own free will. *Tell me in your own words what you think this means. (I am not allowed to threaten you or make you any promises to get you to talk to me. If you decide to talk, it must be because you want to.)*
- (7) Any statement can be and will be used against you in a court of law. *Tell me in your own words what you think this means (Anything you say to me can and will be told to the judge or a jury in court. A judge is a person who decides if you have done something wrong. Sometimes a group of people called a jury decide this, but the Judge is the person who decides what punishment you get.)*
- (8) Do you understand these rights as I have read them to you, and do you wish to speak to me?

Signed: _____ Date: _____ Time: _____

Revised 8/2006

BOCA RATON POLICE DEPARTMENT
TESTING FACILITY TASK REPORT

SUBJECT: IVONNE LETSCHEIT

CASE #: 2017-017311

DATE: 12/18/2017

BREATH TESTS RESULTS

1) TIME REFUSED (AM/PM) 2) TIME REFUSED (AM/PM)

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

BREATH OPERATOR: OFF. RYAN P. WHITE, ID 729

MAINTENANCE TECHNICIAN: OFF. BRIAN PARE, ID 671

TESTING OFFICER'S OBSERVATIONS

SPEECH: SLOW

ATTITUDE: GOOD

CLOTHING: PINK T-SHIRT, WHITE JEANS, BROWN SHOES

MEDICAL CONDITION: NONE

OTHER:

COMMENTS: QUESTIONS ABOUT LOCATION OF CAR

BLOODSHOT EYES, ODOOR OF ALCOHOLIC BEVERAGE

ADULT CONSTITUTIONAL WARNINGS
(Juvenile warning on reverse side)

"I am required to warn you before you make any statement that you have the following 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 the right to the presence of a lawyer 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 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.

DO YOU UNDERSTAND THESE RIGHTS AS I HAVE READ THEM TO YOU AND DO YOU WISH TO SREAK TO ME?

(X) _____

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 affects of alcohol? Yes No

Have you consumed alcohol since the accident? Yes No

Can you feel the affects 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? _____ Did you get a bump on the head? _____

Were you involved in an accident today? _____

Have you taken any drugs or smoked marijuana today? _____

What? _____ When? _____

Have you seen a doctor or dentist today? _____ Who? _____

Are you taking any prescription medicines? Yes No What? _____ When? _____

Do you have:	Epilepsy? Yes <input type="checkbox"/> No <input type="checkbox"/>	Inner ear trouble? Yes <input type="checkbox"/> No <input type="checkbox"/>
	Glass Eye? Yes <input type="checkbox"/> No <input type="checkbox"/>	Ear Infection? Yes <input type="checkbox"/> No <input type="checkbox"/>
	False Teeth? Yes <input type="checkbox"/> No <input type="checkbox"/>	Diabetes? Yes <input type="checkbox"/> No <input type="checkbox"/>

Any eye problems not correctable by glasses or contact lenses? _____

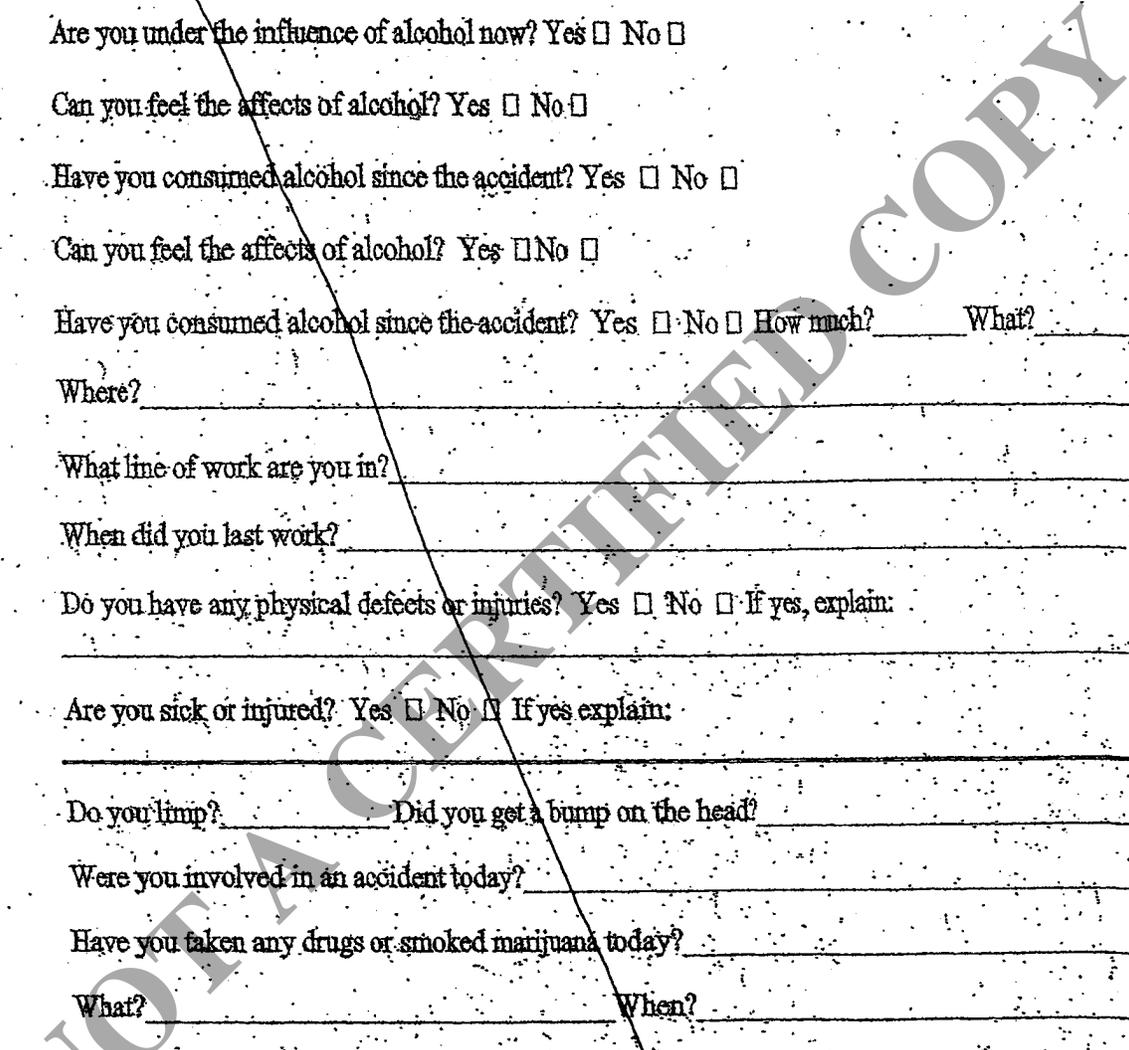
Do you take insulin? Yes No If yes, when was your last injection? _____

Have you ever had a driver's license in any other state? _____

I am now ending this videotaping. The time now is approximately _____ AM/PM

The date is _____ (month) _____ (day) _____ (year).

SCANNED
DEC 20 2017



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: 12/18/2017

Date of Last Agency Inspection: 11/17/2017
Observation Period Began: 00:13
Subject's Name: IVONNE M LETSCHERT

DOB: 04/30/1965 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	00:41
	Air Blank	0.000	00:41
	Control Test	0.078	00:42
	Air Blank	0.000	00:42
	Subject Sample #1	REF*	00:42
	Air Blank	0.000	00:43
	Control Test	0.079	00:43
	Air Blank	0.000	00:44
	Diagnostics Check	OK	00:44

*Subject Test Refused

Cylinder Lot: 01316080A1
Exp: 02/05/2018

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 RYAN P WHITE, 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] Date: 12/18/2017
Signature

Sworn to (or affirmed) before me this 18 day of DECEMBER, 2017

[Signature] Signature of Notary Public-State of Florida
J. VanCamp 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.

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

I, OFF. JEFF VANCAMP, a duly certified Law Enforcement Officer or Correctional Officer,
(Name of Officer reading Implied Consent Warning)

am a member of BOCA RATON POLICE SERVICES DEPT, and I do swear
(Name of law enforcement agency)

or affirm that on or about the 18 day of DECEMBER, 20 17, at 2358 P.M. A.M.

DRIVER IVONNE MARIA LETSCHERT,
(Type or Print) FIRST NAME MIDDLE OR MAIDEN NAME LAST NAME

DL# L326413656501, state of FL, was placed under lawful arrest for

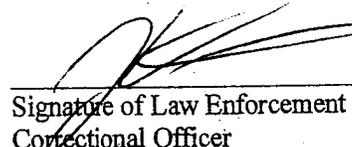
the offense of DUI by OFF. JEFF VANCAMP and
(Name of Arresting Officer)

issued Citation # AGL90AE.

That on or about the 18 day of DECEMBER, 20 17, at 0038 P.M. A.M.

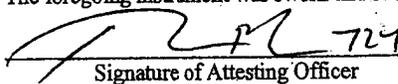
in PALM BEACH County,

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)

The foregoing instrument was sworn and subscribed before me:


Signature of Attesting Officer

Title OFF. RYAN P. WHITE

Date 12/18/2017

(AFFIX SEAL)
The foregoing instrument was sworn and subscribed before
me this _____ day of _____, 20_____,
by _____,
who is personally known to me or who has produced
_____ as identification
Notary Public _____

Note: Mail or hand deliver to the designated
Bureau of Administrative Reviews office,
Department of Highway Safety and Motor
Vehicles, with the driver's license, the
appropriate copy of the UTC, and the
probable cause affidavit.